



State of New Jersey
DEPARTMENT OF HEALTH

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JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

October 7, 2020

TO: Administrators of general hospitals, special hospitals, nursing homes, and home health care agencies

FROM: Judith M. Persichilli, R.N., B.S.N., M.A.
Commissioner

RE: Compliance with N.J.S.A. 26:2H-18.79 - Influenza vaccination in health care facilities

On January 13, 2020, Governor Murphy signed P.L. 2019 c. 330 (codified at N.J.S.A. 26:2H-18.79 and referred to hereafter as "the Statute"). The Statute requires certain healthcare facilities to establish and implement an annual influenza vaccination program. The New Jersey Department of Health (Department) is required by the Statute to promulgate rules and designate a medical exemption form to be distributed to the covered healthcare facilities. This memo and the attached form are intended to assist general or special hospitals, nursing homes (long-term care facilities licensed pursuant to N.J.A.C. 8:39), and home health care agencies, collectively referred to as "facility" or "facilities," in understanding and meeting their obligations under the Statute, until the rules and the medical exemption form can be adopted through rulemaking.

While the Department is in the process of developing the rules and the final medical exemption form, the attached form, entitled "Medical Exemption Statement for Health Care Personnel," must be placed on facility letterhead and used as the medical exemption form required under the Statute.

Providing Influenza Vaccination

Each facility shall provide an on-site or off-site influenza vaccination to each of its employees. The vaccine must be administered to all employees before December 31, 2020. Employees who wish to receive the influenza vaccine outside the facility must receive the vaccination and provide an attestation to the facility which includes the lot number of the vaccine before December 31, 2020. The employee attestation shall be submitted in a form and manner designated by the facility.

Covered Employees

All facility employees are required to be vaccinated, including employees who are not responsible for direct patient care. Per diem and contract employees are to be considered facility employees and are required to be vaccinated.

Medical Exemption Form

The attached form is to be placed on your facility's letterhead and used as the medical exemption form.

Medical Exemption Review

Facilities are required to review and confirm each medical exemption to ensure the exemption is consistent with standards enumerated by the Advisory Committee on Immunization Practices, which can be found at: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>.

Record Keeping

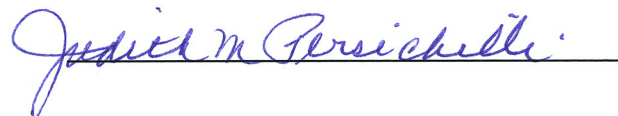
Facilities must maintain a record or attestation, as applicable, of influenza vaccinations and medical exemptions for each employee. The Department will address through rulemaking proper procedures for submitting data to the Department.

Non-vaccinated Staff

The facility must require any employee who does not receive an influenza vaccination to wear a surgical or procedural mask when in direct contact with patients and in common areas, as specified in facility policy, or to be removed from direct patient care responsibilities during influenza season.

Educational Program

The Statute requires facilities to provide an educational component that is designed to inform employees about: influenza vaccination; non-vaccine influenza control measures; and the symptoms, transmission, and potential impact of influenza. Facilities are to begin creating and implementing an educational component immediately. Facilities are to annually evaluate the program with the goal of increasing rate of vaccination among its employees.



Judith M. Persichelli

Influenza Vaccine

Medical Exemption Statement for Health Care Personnel

Instructions:

1. Complete information (name, DOB, etc.).
 2. Complete contraindication/precaution information.
 3. Complete date exemption ends, if applicable.
 4. Complete medical provider information. **Retain copy for file. Return original to facility or person requesting form.**
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1 Patient Name _____ Date of Birth _____

Patient Address _____

Name of Health Care Facility _____

Guidance for medical exemptions for influenza vaccination can be obtained from the contraindications, indications, and precautions described by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Morbidity and Mortality Weekly Report. They can be found at the following website: <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

Contraindications are conditions that indicate when vaccines should not be given. A **contraindication** is a condition that increases the chance of a serious adverse reaction. A **precaution** is a condition that might increase the chance or severity of an adverse reaction or compromise the ability of a vaccine to produce immunity. An **indication** is a condition that increases the chance of serious complications due to influenza infection. If an individual has an indication for influenza vaccination, it is recommended that they be immunized.

The following are *not* considered contraindications to influenza vaccination:

- Minor acute illness (e.g., diarrhea and minor upper respiratory tract illnesses, including otitis media).
- Mild to moderate local reactions and/or low-grade or moderate fever following a prior dose of the vaccine.
- Sensitivity to a vaccine component (e.g. soreness, redness, itching, swelling at the injection site).
- Current antimicrobial therapy.
- Disease exposure or convalescence.
- Pregnant or immunosuppressed person in the household.
- Breastfeeding.
- Family history.
- Any condition which is itself an indication for influenza vaccination.

Contraindications to all influenza vaccines include the following:

- Severe allergic reaction after a previous dose or to a vaccine component.*

Precautions to all influenza vaccines include the following:

- History of Guillain Barré Syndrome.
- Current moderate or severe acute illness with or without fever (until symptoms have abated).

*A severe allergic reaction is characterized by a sudden or gradual onset of generalized itching or erythema (redness), hives; angioedema (swelling of the lips, face or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.

2 Please document the patient's contraindication/precaution here:

3 Date exemption ends (only if applicable): _____

4 By signing below, I affirm that I have reviewed the current ACIP Contraindications and Precautions and that the stated contraindication(s)/precaution(s) is/are enumerated by the ACIP and consistent with established national standards for vaccination practices. I understand that I might be required to submit supporting medical documentation. I also understand that any misrepresentation might result in referral to the New Jersey State Board of Medical Examiners and/or appropriate licensing/regulatory agency.

Healthcare Provider Name (please print): _____

Specialty: _____

NPI Number: _____ License Number: _____

State of Licensure: _____ Phone: _____

Fax: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____

Signature: _____ Date: _____

For Facility Use ONLY Medical Exemption Status: Accepted Not Accepted Date _____
Reason: _____