

Health Officer Order Requiring Annual Influenza and Updated COVID-19 Immunization or Masking for Healthcare Personnel during the 2023–2024 Respiratory Virus Season—December 27, 2023 Update

1. What does this [Health Officer Order \(Order\)](#) require?

This Order requires every licensed healthcare facility and emergency medical services provider agency within the jurisdiction of the Los Angeles County Department of Public Health (LAC DPH) to require healthcare personnel (HCP) receive an annual influenza immunization for the current respiratory virus season (November 1, 2023–April 30, 2024) and an updated COVID-19 (2023-2024 Formula) immunization prior to or during the respiratory virus season or wear a respiratory mask for the duration of the season while in contact with patients or working in patient-care areas. HCP in these facilities who decline the influenza and/or COVID-19 vaccine must also provide their employer, on a form provided by their employer, a written declaration that they have declined the vaccination(s).

The HOO was updated on December 27, 2023, to include an additional protective measure in Licensed Healthcare Facilities that provide Inpatient Care when the [COVID-19 Hospital Admission Level in Los Angeles County](#) meets or exceeds the Medium Level as defined by the federal Centers for Disease Control and Prevention (CDC). Specifically, the updated HOO requires that when the CDC COVID-19 Hospital Admission Level in Los Angeles County meets or exceeds the Medium Level, Licensed Healthcare Facilities that provide Inpatient Care must require:

- All HCP working in Licensed Healthcare Facilities that provide Inpatient Care, regardless of COVID-19 or influenza vaccination status, wear a Respiratory Mask while in contact with patients or working in Patient-Care Areas.
- All visitors to Licensed Healthcare Facilities that provide Inpatient Care wear a Respiratory Mask when around patients and while in Patient-Care Areas.
- This masking requirement will be in place until Los Angeles County’s CDC COVID-19 Hospital Admission Level drops below the Medium Level for at least 2 consecutive weeks.

Licensed Healthcare Facilities that provide Inpatient Care are defined in the HOO and include acute care hospitals, skilled nursing facilities, intermediate care facilities, congregate living health facilities, chemical dependency recovery hospitals, acute psychiatric hospitals, and inpatient hospice facilities.

2. What is the purpose of the Health Officer Order?

The primary purpose of this Health Officer Order is to lower the risk of influenza and COVID-19 transmission to patients, residents, clients, and staff, by requiring all licensed healthcare facilities in Los Angeles County to, as a protective measure, require HCP who decline the influenza and/or updated COVID-19 immunization to wear a respiratory mask while in contact with patients or working in patient-care areas for the duration of the respiratory virus season. Additionally, the updated HOO aims to curb exposure to and transmission of respiratory illnesses in Licensed Healthcare Facilities that provide Inpatient Care when the CDC COVID-19 Hospital Admission Level meets or exceeds the Medium Level in Los Angeles County.

Influenza and COVID-19 are highly communicable diseases, which can lead to potentially severe health complications, including severe illness, hospitalization, and death. Patients in healthcare facilities—most especially young children, pregnant women, elderly individuals, and persons with chronic health conditions who are immunocompromised—are particularly vulnerable to influenza and COVID-19 infection and its complications. The protective measures required by this amended Order are important actions that HCP can take to protect fellow personnel, patients, and communities from influenza and COVID-19.

3. Which types of facilities are covered under the Health Officer Order?

All Licensed Healthcare Facilities in Los Angeles County must require HCP receive the influenza and updated COVID-19 vaccines or wear a respiratory mask while in contact with patients or working in patient-care areas for the duration of the respiratory virus season. Licensed Healthcare Facilities include:

- General Acute Care Hospitals*
- Skilled Nursing Facilities* (including Subacute Facilities)
- Intermediate Care Facilities*
- Emergency Medical Services (EMS) Provider Agencies
- Congregate Living Health Facilities*
- Chemical Dependency Recovery Hospitals*
- Acute Psychiatric Hospitals*
- Dialysis Centers
- Home Health Agencies
- Primary Care Clinics
- Ambulatory Surgery Centers
- Hospice Facilities*

Licensed Healthcare Facilities that provide Inpatient Care that must require masking in HCP (regardless of COVID-19 or influenza vaccination status) and visitors when the CDC COVID-19 Hospital Admission Level in Los Angeles County meets or exceeds the Medium Level, are noted above with an asterisk.

LAC DPH strongly encourages other unlicensed healthcare and direct care entities to voluntarily adopt the same measures for their employees to protect their personnel and patients during the respiratory virus season.

4. What is the definition of healthcare personnel?

For the purposes of this Order, healthcare personnel are all paid and unpaid employees, contractors, students, volunteers, and EMS healthcare personnel who have direct patient contact or work in patient-care areas in Licensed Healthcare Facilities subject to this Order (See Question 3) and the prehospital care setting (e.g., any setting in which medical care is provided prior to the patient's arrival at a hospital). This includes, but is not limited to, physicians, nurses, aides, physical therapists, emergency medical technicians (EMTs), paramedics, contract workers, students, volunteers, registration/reception staff, housekeeping, and maintenance personnel.

5. What is the definition of contact with patients?

This means being within 6 feet of a patient. However, some facility administrators and EMS providers may determine that different criteria are appropriate in their specific setting. These administrators and providers are aware of the unique features of their facility and/or setting that could result in exposure to patients and possible disease transmission. For this reason, they have an important role in defining the specific scenarios that could lead to contact with patients in their facility and/or setting.

Facility administrators also have the discretion to develop policies that allow personnel to *temporarily* remove the mask, if wearing it significantly inhibits their ability to communicate with patients or provide patient care. For instance, a facility or EMS provider may institute a policy that allows personnel to remove the mask when communicating with a hearing-impaired patient who reads lips or when modeling speech for a speech therapy patient. However, such exceptions should be few in number, time-limited, based on compelling patient needs, clearly documented, and consistently applied. Clear masks or cloth masks with a clear plastic panel that fit well are an alternative type of mask while providing services for people who are hearing impaired or have disabilities.

6. What is the definition of patient-care areas?

Patient-care areas in facilities include, but are not limited to, patient or resident rooms, as well as areas where patients receive diagnostic or treatment services, can be taken for procedures or tests, and are allowed to be present. This includes elevators, hallways, and nurses' stations in areas where patients are present or are likely to be present. It also includes any prehospital setting in which EMS personnel are in contact with patients, including ambulances, residences, commercial buildings, and outdoor locations. Administrators are aware of the unique features of their facility or setting that could result in exposure to patients and possible disease transmission. For that reason, they have an important role in defining the specific areas that are designated for patient care.

7. Has the CDC updated their "up-to-date" vaccine status to reflect the updated 2023-2024 COVID-19 vaccine?

Yes, the CDC now considers individuals aged 6 months and older to be up-to-date if they have received the updated 2023-2024 COVID-19 vaccine. Individuals who are not yet eligible for the updated 2023-2024 COVID-19 vaccine because they received the bivalent COVID-19 vaccine within the last 2 months are considered up-to-date. Individuals who received Novavax COVID-19 vaccine are up-to-date when they received the Novavax vaccine approved for their age group or when they received an updated 2023-2024 COVID-19 vaccine. For reference, please visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>.

8. What is the evidence that masks prevent transmission of influenza and other communicable diseases?

Vaccination remains the most effective method to prevent influenza. Additionally, various studies provide evidence that masks prevent the spread of respiratory agents from person-to-person:

- Masking has been found to reduce the exhalation of influenza virus from breathing and coughing. (1)
- One study found that surgical and N-95 masks, when worn by patients with suspected influenza, prevented its spread. (2)
- A large systemic review and meta-analysis suggests that masking can reduce the risk of respiratory virus infections by 80%. The odds of specifically contracting influenza and SARS-CoV2 were also reduced by masking (Odds Ratio = 0.55 and 0.04, respectively) in their analysis. (3) This means that the odds of contracting influenza were almost halved by wearing masks. The odds of contracting COVID-19 with a mask compared to unmasked were even lower, at 1:25.
- Transmission of COVID-19 was decreased by masking, hand washing and physical distancing in meta-analyses published in both Lancet and the British Medical Journal. (4, 5) Wearing masks has been associated with a reduction in influenza-like-illness in college dormitories and in households, when used in conjunction with hand hygiene. (6,7)

9. What kind of respiratory mask does this Health Officer Order require?

Respiratory masks can be a well-fitting surgical, procedure, or N-95 mask (also designated by some manufacturers as isolation, dental, or medical procedure facemasks).

The Order does not require nor recommend the use of N-95 masks to meet the requirement, although such masks should be used by healthcare personnel when indicated for other reasons (e.g., to protect against the spread of aerosol transmissible diseases such as Tuberculosis or COVID-19).

10. How often does a respiratory mask need to be changed?

When a respiratory mask is used, it should be changed between patients, whenever it is soiled, or per the health facility's or agency's protocol.

11. If healthcare personnel choose not to receive the influenza vaccine and/or the updated 2023-2024 COVID-19 vaccine, are they required to mask during the respiratory virus season?

Yes, HCP in all Licensed Healthcare Facilities are required to wear a respiratory mask throughout the duration of the respiratory virus season if they refuse one or both vaccines. Additionally, the latest HOO update directs Licensed Healthcare Facilities that provide Inpatient Care to require masking for all HCP (regardless of COVID-19 and influenza vaccination status) and visitors when the CDC COVID-19 Hospital Admission Level in Los Angeles County meets or exceeds the Medium Level.

12. How should covered facilities monitor compliance among healthcare personnel?

Covered facilities are expected to monitor compliance with the vaccination and masking requirement among healthcare personnel in the same way that they monitor compliance with other infection prevention and control activities (e.g., hand hygiene) and employee health requirements (e.g., tuberculin testing, vaccination against aerosol-transmissible diseases). Facilities and EMS providers should monitor and enforce the Order uniformly among all healthcare personnel. Standard personnel policies and procedures regarding discipline, should be followed when necessary.

13. Which covered facilities will be expected to report the vaccination status of their HCPs to LAC DPH?

Facilities covered by this Order should maintain documentation of their HCP's influenza immunization status to help monitor their HCPs compliance with this Order.

- **Licensed acute care hospitals** should continue to report their influenza data through the National Healthcare Safety Network (NHSN).
- **Skilled nursing facilities** are requested to report their HCPs influenza immunization status through NHSN. The Influenza Vaccination Coverage among HCP measure is a National Quality Forum-endorsed process measure (NQF#0431) developed by the Centers for Disease Control and Prevention to track influenza vaccination coverage among HCP in facilities such as SNFs. The measure reports on the percentage of HCP who receive an influenza vaccine any time from when it first became available through March 31st of the following year. SNFs will submit the measure data through NHSN with an initial data submission period from October 1, 2023, through March 31, 2024.
- **EMS providers** are required to track the influenza immunization status of their HCP. EMS provider agencies will be requested to report their HCPs influenza immunization status through a tool provided by the EMS Agency within 30 days of the conclusion of the influenza season.
- **Intermediate care facilities and all other licensed healthcare facilities covered by the Order** are encouraged to track their HCPs influenza and COVID-19 immunization rates.

References

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