College of Allied Health Professions (CAHP) Influenza (Flu) Vaccination Policy

Introduction

The Centers for Disease Control and Prevention (CDC) recommends that health care workers caring for patients at high risk for complications from flu are annually vaccinated against influenza ¹. All CAHP students performing rotations through USA medical facilities (USA Medical Center and/or Children's and Women's Hospital) are now required to be vaccinated against influenza (per VP for Health Sciences Memorandum dated 17 Nov 08). Similarly, the flu vaccine is highly recommended for students performing rotations at non-USA healthcare facilities although it is not mandatory.

Reactions

According to CDC¹, life-threatening allergic reactions are very rare and usually occur in persons with a severe allergy to eggs. However, two instances when a vaccination is not warranted include:

- A severe allergic reaction to eggs or to a previous flu shot
- A history of Guillain-Barré syndrome (GBS).

A history of mild reactions is <u>not</u> a justifiable reason to avoid flu vaccination. They usually occur after the shot lasting 1-2 days occurs and commonly include:

- Soreness, redness, or swelling at shot site
- Fever (low grade)
- Aches

Students should talk with his or her doctor before getting a flu shot if they are sick and have a fever. However, they can still get a flu shot even if they have a respiratory illness without fever or if they have another mild illness ¹. Students should also talk to his or her doctor about any prior reactions if they do no match above listed mild reactions.

Documentation

Each student will need to complete a CAHP Influenza Student Vaccination Policy Form (Attachment 1). Students shall present proof of annual vaccination to his or her department. This will usually be a physician's note indicating the date and place of vaccine administration. This information shall be annotated onto the retained student immunization form. Exemptions are stipulated on the following form (Attachment 1).

Sources

Vaccination is available at USA Student Health Service, your County Health Department or your family physician office. You are responsible for all vaccination costs although it may be covered by your health insurance policy.

Attachment 1

CAHP Influenza Student Vaccination Policy Form

(to be distributed to students at acceptance into their professional program)

Name

JAG#

I understand that as a College of Allied Health Professions (CAHP) student that I am required to get an annual influenza (flu) vaccination before performing rotations in USA medical facilities. I also understand that proof of flu vaccination shall be submitted to my department. *Initials:* ______

Vaccination exemptions:

I request an exemption from flu vaccination due to a documented reason. I have been notified that granting of a flu vaccination exemption may place me at risk of not completing all academic program requirements. I also understand that affiliated non-USA training sites may also require proof of flu vaccination prior to my entry into a clinical component. I have been advised that my inability to complete any or all required clinical component(s) will prevent program degree award. *Initials:*

Medical Exemption:

I have been advised to seek additional medical advice on the benefits & risks of flu vaccination for my particular medical condition from a licensed physician. *Initials:* _____

Personal Exemption:

I have been advised that if I am granted a flu vaccine exemption, for religious or other reason, it does not excuse me from completing all portions of required clinical training. *Initials:* _____

By signing below, I acknowledge that I understand the information contained within this document. I also acknowledged that I was given an opportunity to ask questions concerning flu vaccination.

Student Signature:	Date:

Witnesses Signature (also print name):

Notes:

^{1.} All information regarding my health status will remain confidential.

^{2.} Flu vaccine is available through USA Student Health Services, Public Health Department, or family physician office.