



MANDATORY INFLUENZA VACCINATION FOR ALL STUDENTS, FACULTY AND STAFF WHO WILL ASSUME ON-CAMPUS ACTIVITY

Updated November 19, 2020

INTRODUCTION

Influenza, or the flu, is a serious respiratory illness that can affect children and adults, regardless of pre-existing health concerns. For the safety of our staff, faculty, physicians, trainees, students and patients, a mandatory flu vaccination policy is in effect across Johns Hopkins University and Medicine. JHM implemented this requirement in 2012 and it is in line with a national movement to increase immunization rates among health care workers. We are expanding this requirement during the COVID-19 pandemic to now include all university affiliates who will be participating in on-campus activities, regardless if the affiliate has patient or clinical responsibilities. This also includes non-employees who provide services to the university community and whose primary work location is on university properties located in Maryland or Washington, D.C., regardless of employer, with the exception of contractors or vendors whose presence at any JHU property is solely limited to the delivery of goods.

The overlap in symptoms of both influenza and COVID-19 may make it difficult to distinguish between these two diseases. The most common symptoms of COVID-19 include fever, dry cough, and fatigue. Other symptoms include shortness of breath, which can range from mild to severe, generalized muscle aches and sore throat. Diarrhea, nausea, runny nose, and red eyes are reported but less common. Because flu shares many of these same symptoms and due to the high prevalence of flu symptoms every fall in our Hopkins population, university leadership, in consultation with the Faculty Health Advisory Board for COVID-19, decided that it was prudent to expand the policy to include all affiliates.

PURPOSE

Johns Hopkins is committed to providing students and employees a workplace free of recognized hazards. This policy is intended to maximize vaccination rates against influenza among Johns Hopkins students and personnel ("Johns Hopkins affiliates"). The goal is to protect employees, employees' family members, students, patients, others affiliated with Johns Hopkins, and the broader community, from influenza infection and to help the University manage COVID-19.

II. SCOPE

This expanded Health, Safety & Environment policy applies to the following:

1. All Employees of JHU who will be performing duties on campus in JH properties or leased facilities in Maryland or Washington DC;
2. All students across the nine schools who will be participating in on-campus activities (classes, research, work, etc.) in Maryland and Washington, D.C. Students, faculty and staff who are participating in on-campus activities at one of Johns Hopkins' international campuses are strongly encouraged to receive the influenza vaccination as well; and
3. Non-employee personnel who provide services in JHU buildings and/or leased properties, such as food service, childcare, transportation, custodian, security, property management, construction, etc.

For the duration of the COVID-19 public health emergency, all School of Medicine faculty, staff and students, regardless of whether or not they have clinical duties, will be covered by the following policy, including the compliance provisions established within the policy that are applicable to health care personnel (HCP) –

https://hpo.johnshopkins.edu/hse/policies/156/10939/policy_10939.pdf.

Other Johns Hopkins entities may have companion policies governing personnel at their institutions. All JHH, JHHSC and JHU employees must adhere to all relevant Johns Hopkins companion policies while engaged at those sites. This policy does not cover patients and visitors.

III. DEFINITIONS

A. *Hopkins Property*: Any section of a building, property, or site that is owned, leased, rented, or operated by JHH, JHHSC, or JHU.

B. *Influenza Season*: An annually recurring time period characterized by the prevalence of outbreaks of influenza. The season typically occurs during the fall and winter months.

IV. POLICY

A. This policy requires that all JHU faculty and staff, who will be performing on-campus duties, and enrolled students who elect to participate in on-campus activities, receive an influenza vaccination for the duration of the COVID-19 pandemic, or receive an exception to the requirement (See Section V of this policy). This policy also applies to contractors, vendors and volunteers, regardless of employer, who:

- a. Perform work on any JH owned or leased property; or

b. Work on any JH owned or leased property for more than one hour.

B. To be compliant with the requirement, all personnel and students must:

1. Comply with the designated procedure for obtaining a permissible exception by November 10, 2020, as described in this policy; or
2. Receive the influenza vaccine(s) by November 20, 2020, which will be provided free of charge to Johns Hopkins' affiliates; or
3. Provide proof of immunization if vaccinated through services other than Occupational Health and Safety (OHS) or from a designated Walgreens pharmacy or provider (e.g., private physician office, public clinics) by November 20, 2020. Proof of immunization must include a copy of documentation indicating the vaccine was received.
 - a. Employees must provide such proof to OHS and students must provide such proof to the appropriate Health Services Department (the Student Health and Wellness Center ("SHWC") for non East Baltimore students, and University Health Services ("UHS") for School of Nursing ("SON"), School of Medicine ("SOM") and Bloomberg School of Public Health ("BSPH") students).
 - b. Vendors will submit such proof to their procurement/contracting official PRIOR to working on site at a Johns Hopkins owned or leased facility.

C. Prior to the annual onset of influenza season and when the most current vaccination recommendations are published by the Centers for Disease Control and Prevention (CDC), the university will inform personnel about the following:

1. Requirement(s) for vaccination;
2. Dates when influenza vaccine(s) are available;
3. Procedure for receiving vaccination;
4. Procedure for submitting written documentation of vaccine obtained outside Johns Hopkins;
5. Procedure for declining due to a qualified exception; and
6. Consequences of refusing vaccination.

V. EXCEPTIONS

1. Medical

- a. An exception to the requirement for annual immunization may be granted for certain medical contraindications. Standard criteria will be established and include:

- 1) Severe allergy to the vaccine or components as defined by the most current recommendations of the CDC's Advisory Committee on Immunization Practices (ACIP) <http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#tab>; and

- 2) Developing Guillain-Barré syndrome within six weeks of a prior influenza vaccine.
- b. Personnel and students must submit a Request for Vaccine Medical Exception form and provide documentation of medical contraindications by the first Tuesday in November.
- 1) Employee and faculty requests for medical exceptions from all schools, and students from SOM, SON and BSPH should use the appropriate form at the following site:
<https://www.hopkinsmedicine.org/hse/forms/fluform/exceptions.html>, (which is included in this policy as Appendix B and D).
 - 2) Students from the Kriger School of Arts and Sciences (“KSAS” (including Academic Advanced Programs (“AAP”), Whiting School of Engineering (“WSE” (including the Engineering for Professionals Program (“EP), the Peabody Institute (“Peabody”), the Carey Business School (“Carey”), the School of Advanced International Studies (“SAIS”) and the School of Education (“SOE”) requesting a medical exception must submit a medical exception form (included as Appendix C in this policy) and provide documentation of medical contraindications to the SHWC: email: rkessle5@jhu.edu; Fax: 410-516-4784; Mail: 1 E 31st Street, N200, Baltimore, MD 21218.
- c. A request for a medical exception will be evaluated individually by OHS for employees, faculty, and students from SON, SOM and BSPH, and the SHWC for students from KSAS (including AAP), WSE (including EP), Peabody, Carey, SAIS, SOE, within twenty (20) business days after the request is presented to OHS or the SHWC. If the exception is for an allergy to eggs, the most current CDC ACIP recommendations will be followed.
- 1) The requestor must wear a mask and stay a minimum of 6 feet from a patient until the exception review process is concluded. Please refer to the JHU policy below regarding individuals who have not received the vaccine:
https://hpo.johnshopkins.edu/hse/policies/156/10939/policy_10939.pdf?_af=0.692536714876
 - 2) A failure of the requestor to submit the appropriate documentation will result in a denial.
- d. Medical exceptions for students in SON, SOM and BPSH that are denied will be communicated to the Student Affairs office at SON, SOM and BSPH associated with the student. The SHWC will communicate medical exceptions that are denied for KSAS (including AAP), WSE (including EP), Peabody, Carey, SAIS and SOE students to their respective student affairs office

- e. The respective Student Affairs office should follow the school and university enforcement policy currently in place through the student conduct code. All who are denied exceptions must follow the JHU policy requirements or may be denied access to on-campus activities, such as lab work and living in residencies.

2. Religious

If personnel decline immunization because it conflicts with sincerely held religious beliefs, they must contact the Office of Institutional Equity (OIE) to request a religious exemption. Requests to OIE must be received by the first Tuesday in November and may be submitted to OIE via online form: <https://oie.jhu.edu/religious-accommodations/>

Students should submit vaccine exemption requests to OIE at least 30 days in advance of [Pre-Entrance Health Requirement Deadlines](#). Once OIE has received all supporting documentation, the requestor should be notified of the exemption status within 5 business days.

Additional information regarding religious accommodation requests is located on OIE's website at www.oie.jhu.edu. University personnel can also contact OIE by phone (410-516-8075) or email (oie@jhu.edu).

3. Vendors

If any vendor personnel requests a medical or religious exception, the request will be forwarded, with justification, to their respective procurement/contracting official who will coordinate review with OHS or OIE as appropriate.

VI. COMPLIANCE

1. Any person covered by this policy who fails to comply with the vaccination requirement may be denied access to Johns Hopkins property and JH electronic resources during the annual influenza season. Such persons may also be subject to the relevant disciplinary procedures established by their respective institutional entity, as it relates to conditions of employment, appointment, student enrollment or access. Contractors or vendors who fail to comply with the vaccination requirement will be banned from doing business with JH during the pandemic.

APPENDIX A: CRITERIA FOR MEDICAL EXCEPTIONS

Medical exceptions include:

1. Severe allergy to vaccine components; and
2. Developing Guillain-Barré syndrome within six weeks of receiving an influenza vaccine.

Students from KSAS (including AAP), WSE (including EP), Peabody, Carey, SAIS, SOE, requesting exception must submit a declination form (Appendix C) and provide documentation of medical contraindications to the SHWC, while students from SON, SOM and BSPH requesting exception must submit a declination form (Appendix D) and provide documentation of medical contraindications to the Occupational Health & Safety. The relevant office will evaluate the requester's allergy history and determine a course of action based on the severity. If the relevant office determines that the requester has a history of developing an allergic reaction to the vaccine or its components, an allergy consultation may be offered.

For personnel with a history of severe allergic reactions, (i.e., those involving symptoms such as angioedema or respiratory distress; or, who required epinephrine or other emergency medical intervention), referral to an allergist for further risk assessment will be made prior to receipt of the vaccine. If the exception is for allergy to eggs, the most current CDC ACIP recommendations will be followed by OHS, <http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#tab>. If the requester reports a history of Guillain-Barré syndrome from any cause in the past six weeks, the individual may be referred to a neurologist with expertise in this area.

APPENDIX B: EMPLOYEE MEDICAL EXCEPTION FORM



**VACCINE MEDICAL EXCEPTION FORM
REQUEST FOR MEDICAL EXCEPTION FROM INFLUENZA VACCINATION**

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____ Date of Birth: ____/____/____
E-mail address: _____ Phone/Pager No.: _____
Department/School: _____ Supervisor/Manager: _____
Physician Name: _____ Physician Phone No.: _____

Dear Physician:

Johns Hopkins requires influenza vaccination similar to other required vaccinations such as MMR and varicella. For decades influenza vaccination has been recommended for healthcare workers because they have been shown to be effective in reducing the incidence of influenza in inpatient populations. Influenza vaccination has also been recommended in pregnancy by the Centers for Disease Control to protect pregnant women (who are at increased risk of severe disease) and to protect the baby after it is born. The above named person is requesting an exception from this vaccination requirement. A medical exception from influenza vaccination is allowed for certain recognized contraindications (CDC MMWR Early Release 2011; Vol. 60. Available online: <http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf>).

Please complete the form below. Should you have any questions, please contact Johns Hopkins Medicine Occupational Health Services at 410-955-6211. Thank you.

The above person should not be immunized for influenza for the following reasons (Please check all that apply.):

- History of previous allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine. **Please attach supporting DOCUMENTATION or MEDICAL RECORDS.**
- History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine. Please provide and attach a detailed narrative that describes the event.
- Other – Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on a case-by-case basis).

I certify that _____ has the above contraindication and request a medical exception from influenza vaccination.

Physician Signature: _____ Date: _____
(Note: Signature Stamp Not Acceptable)

Physician Medical License No.: _____

**PLEASE FAX, E-MAIL OR MAIL THIS TO
OCCUPATIONAL HEALTH SERVICES AT THE JOHNS HOPKINS UNIVERSITY**

East Baltimore Campus Johns Hopkins Medicine Occupational Health Services The Church Home Professional Office Building 98 North Broadway, Room 421 Baltimore, MD 21231 Office 410.955.6211 Fax 410.955.1617 ocoley2@jhmi.edu	Homewood Campus The Johns Hopkins University Occupational Health Services 3400 North Charles Street W-601 Wyman Park Building Baltimore, MD 21218 Office 410.516.0460 Fax 410.516.0452 oshpman@jh.edu
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DESIGNATED OFFICE USE ONLY:
Medical Exception Approved on: ____/____/____ Approving Staff Signature: _____

APPENDIX C: UNIVERSITY HEALTH SERVICES FORM



**JOHNS HOPKINS
MEDICINE**

**JHU VACCINE MEDICAL EXCEPTION FORM
REQUEST FOR MEDICAL EXCEPTION FROM INFLUENZA VACCINATION**

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____	Date of Birth: ____/____/____
Email: _____	Phone/Faxer No.: _____
Department/School: _____	Supervisor/Manager: _____
Physician Name: _____	Physician Phone No.: _____

Have you ever been granted a medical exception through Occupational Health? YES NO
If YES, please list years: _____ (Note: No additional notes from provider below are needed)
If NO, please have provider complete below:

Dear Physician:

Johns Hopkins Hospital requires influenza vaccination similar to other required vaccinations such as MMR and varicella. For decades influenza vaccination has been recommended for healthcare workers because they have been shown to be effective in reducing the incidence of influenza in inpatient populations. Influenza vaccination has also been recommended in pregnancy by the Centers for Disease Control to protect pregnant women (who are at increased risk of severe disease) and to protect the baby after it is born. The above named person is requesting an exception from this vaccination requirement. A medical exception from influenza vaccination is allowed for certain recognized contraindications ([CDC MMWR Early Release 2011; Vol. 60](#)).

Please complete the form below. Should you have any questions, please contact Johns Hopkins Medicine Occupational Health Services at 410-955-6211. Thank you.

The above person should not be immunized for influenza for the following reasons (Please check all that apply):

History of previous allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine. Please attach supporting DOCUMENTATION or MEDICAL RECORDS.

History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine. Please provide and attach a detailed narrative that describes the event.

Other – Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on a case-by-case basis).

I certify that _____ has the above contraindication and request a medical exception from influenza vaccination.

Physician Signature: _____ Date: _____
(Note: Signature Stamp Not Acceptable)

Physician Medical License No.: _____

**PLEASE FAX, E-MAIL OR MAIL THIS TO
OCCUPATIONAL HEALTH SERVICES AT THE JOHNS HOPKINS UNIVERSITY**

East Baltimore Campus Johns Hopkins Medicine Occupational Health Services The Church Home Professional Office Building 98 North Broadway, Room 421 Baltimore, MD 21231 Office 410.955.6211 Fax 410.955.1617 jdooler3@jhmi.edu	Homewood Campus The Johns Hopkins University Occupational Health Services 1101 East 33rd Street C-160 Eastern H.S. Building Baltimore, MD 21218 Office 443.997.1700 Fax 443.997.1701 cchoorman@jh.u.edu
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DESIGNATED OFFICE USE ONLY:
Medical Exception Approved on: ____/____/____ Approving Staff Signature: _____

I drive 9/18/2018 Reference Johns Hopkins Mandatory Influenza Vaccination Policy

APPENDIX D: RELIGIOUS EXCEPTION FORM, JHU

<https://oie.jhu.edu/religious-accommodations/>

Religious Accommodation Request

A reasonable religious academic/workplace accommodation is a change in the academic/work environment or in the way academics, tasks or responsibilities are customarily done that enables a student/employee to participate in his/her religious practice or belief without undue hardship on the conduct of Johns Hopkins University's business or operation.

To consider your request for a religious academic/workplace accommodation, please provide the following information:

Name

Pronouns (i.e. she, they, he, ze, per, etc.)

Date of Request

School

Department/Work Unit (please do not abbreviate)

If you are a student, what year are you in?

Telephone or Cell Phone Number

Email Address

Hopkins Affiliation

Are you requesting an influenza vaccine exemption?

Are you requesting an exemption from JHU's required immunizations (measles, mumps, rubella, or meningitis)?

Reason for Request (please explain how your need for a religious accommodation is connected to your sincerely held religious beliefs): *

Religious Accommodation Request

Before approving religious accommodation requests, we are required to engage in an interactive process where you share the reason for your request. In this way, please explain in as much detail as possible how your request is connected to your sincerely held religious beliefs. Should we require additional information, we will contact you via e-mail and/or phone.

Suggested reasonable accommodation to meet your requirements or limitations:

Is this a temporary or permanent accommodation (i.e., annual religious event, daily religious requirement)?

Length of Time

Days Affected

Shifts (if applicable)

If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice or belief?

Yes

No


Religious Accommodation Request

Verification and Accuracy *

- I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.*
 - I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship on my employer/academic environment.*
-

Signature

Date

 / / 

MM DD YYYY

Upload Additional Information

Summary of Next Steps:

1. This request will be reviewed with you and acknowledged by the Office of Institutional Equity
2. You will be notified of the decision regarding your requested exception.
3. If you disagree with the decision regarding your request, please contact the JHU Office of Institutional Equity for assistance at 410-516-8075