

EVIDENCE SYNTHESIS BRIEFING NOTE

TOPIC: MANDATORY COVID-19 VACCINATION POLICIES FOR HEALTH CARE WORKERS

Information finalized as of August 13, 2021.^a This Briefing Note was completed by the Evidence Synthesis Unit (Research, Analysis and Evaluation Branch, Ministry of Health).

Purpose: To examine mandatory COVID-19 vaccination policies for health care workers (HCWs), including the impacts on vaccination rates and unintended consequences.

Key Findings:

- A study (July 31, 2021) from the University of Pennsylvania found that a mandatory COVID-19 vaccine policy, along with frequent and personalized outreach, resulted in high staff vaccination rates and minimal staff turnover in one community nursing home. Fewer than half of the staff were vaccinated prior to the policy. The facility reached 100% compliance with the policy, with 18 people who chose to resign and seven people who were exempt or on a leave of absence.
- A review (April 26, 2021) reported that 12 of 30 (40%) European countries currently have mandatory vaccination policies, however they are highly heterogeneous in their requirements, target groups, sanctions, and penalties. Overall, there is evidence that mandatory vaccination policies (from 2010-20) increases vaccine uptake over time in HCWs; but impacts on rates vary by setting and immunization programs.
- **Government-Implemented COVID-19 Vaccine Mandates (Internationally):** Australia, England, Iceland, Italy, France, Greece, Hungary, Turkmenistan, Moscow, Quebec, Prince Edward Island, and some jurisdictions in the US (Department of Veterans Affairs, California, Massachusetts, New York City, New Jersey, Oregon, and Washington) have mandates.
 - **Types of HCWs:** Ranges from all HCWs in any setting, LTC settings only, employees across different sectors (including health), and all adults.
 - **Exemptions:** Some jurisdictions allow exemptions for religious or qualifying medical reasons.
 - **Non-Compliance Consequences:** Staff have a set deadline to be fully vaccinated, or otherwise face fines, reassignment to other low-risk duties, suspension without pay, or termination in some jurisdictions, while others require masking or one to three COVID-19 tests per week.
 - **Vaccination Rates:** Information was only identified about vaccination rates just before implementation of COVID-19 mandates in England, Italy, and Australia, where significant portions of the HCW population remain unvaccinated.
 - **Unintended Consequences:** These include a petition against the mandate (England), several court challenges (Italy), and workplaces struggling to re-staff positions vacated by those who refused vaccination (Moscow).
- **Employer-Implemented COVID-19 Vaccine Mandates (US):** Health facilities in the US have mandates, including Mayo Clinic Health System (Mayo), Indiana University Health, North Carolina's Duke University Health System and UNC Health, University of Pennsylvania Health System, Texas Houston Methodist (Methodist), and several LTC operators.
 - **Types of HCWs:** All employees working at all of the identified health facilities.
 - **Exemptions:** Some facilities allow exemptions for religious or qualifying medical reasons.
 - **Non-Compliance Consequences:** Unvaccinated employees could face suspension without pay or termination at Methodist, or have to complete education modules, wear masks, and physically distance at Mayo.
 - **Vaccination Rates:** Vaccine mandates have increased vaccination rates among staff, ranging from 72% to 100%, in some of the identified health facilities, with few staff having quit or been terminated rather than being vaccinated.
 - **Unintended Consequences:** At Methodist, 117 employees sued the hospital over its mandate, but it was dismissed by a federal judge; it is currently being appealed.

Ontario Analysis: Ministry of Health guidance strongly recommends COVID-19 vaccination for HCWs, but it is voluntary. An employer may choose to create their own policies regarding mandatory staff immunization.

Implementation Implications: Mandatory vaccine policies likely increase vaccination rates, but responding to potential negative impacts on individual HCWs and wider public perceptions should also be considered.

^a This briefing note includes current available evidence as of the noted date. It is not intended to be an exhaustive analysis, and other relevant findings may have been reported since completion.

Supporting Evidence

[Table 1](#) lists and describes scientific evidence and jurisdictional experiences regarding mandatory COVID-19 vaccination policies for health care workers (HCWs), including the unintended consequences and expected/reported outcomes relating to vaccination rates before/after such policies are implemented. In the Appendix, [Table 2](#) provides detailed summaries of the policies identified from Canadian and international jurisdictions. The majority of the information presented is taken directly from the identified sources.

Please refer to the following previously completed Evidence Synthesis Briefing Notes for other relevant information on the topics of interest:

- [66. Evidence Synthesis Briefing Note on Guidance and Jurisdictional Evidence Regarding the Use of Vaccine Passports \(June 16, 2021\)](#)
- [67. Evidence Synthesis Briefing Note on COVID-19 Immunization Policies for Hospitals and Health Care Workers \(June 8, 2021\)](#)

Table 1: Summary of Scientific Evidence and Jurisdictional Experiences Regarding Mandatory COVID-19 Vaccination Policies for Health Care Workers (HCWs)

Scientific Evidence	<p><u>Support for Mandatory COVID-19 Vaccination Policies</u></p> <ul style="list-style-type: none"> • A Canadian study (Feb 8, 2021) recommended that provincial governments should put in place rules for mandatory vaccination of HCWs across all public and private settings, and should not leave this to the discretion of individual employers. The rationale for this is that vaccination will protect individual HCWs, and the patients for whom they care, from acquiring SARS-CoV-2, reducing the overall burden of COVID-19 on services, and ensuring adequate personnel to minister to people’s health needs through the pandemic. <ul style="list-style-type: none"> ○ If individual employers were to require vaccination among their staff, the legality of these mandates would likely be determined via labour law that considers the “reasonableness” of the employer’s directive, as is evident from case law related to mandatory influenza vaccination. ○ Government mandates for the vaccination of HCWs may be challenged under the Canadian Charter of Rights and Freedoms, but these challenges, on the extant evidence, likely will not succeed if provisions are made for those who cannot receive the vaccination because of underlying health issues and for those who object to vaccination on bona fide religious or conscientious objection grounds. ○ Challengers may argue that HCWs have the right to wear personal protective equipment (PPE) in lieu of receiving vaccination, which means that governments must support vaccine surveillance and keep abreast of emerging evidence of the effectiveness and safety of the various SARS-CoV-2 vaccines relative to evidence of the effectiveness of PPE in reducing transmission of SARS-CoV-2.¹ <p><u>Impact of Mandatory Vaccination Policies on Vaccination Rates for COVID-19</u></p> <ul style="list-style-type: none"> • A preprint study (Jul 31, 2021) from researchers at the University of Pennsylvania found that a COVID-19 vaccine condition of employment (COE) policy, in combination with frequent and personalized outreach, resulted in high staff vaccination rates and minimal staff turnover in one community nursing home. Fewer than half of the staff were vaccinated prior to the decision to pursue a vaccine COE on February 9, 2021, which was supported by executive leadership and nursing home staff to protect the health and safety of each other and their residents. By May 1, 2021, a total of 221 of the 246 (89.8%) nursing home staff members received a COVID-19
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	<p>vaccination. The facility reached 100% compliance with the policy, with 18 people who chose to resign and seven people who were exempt or on a leave of absence.²</p> <p><u>Impact of Mandatory Vaccination Policies on Vaccination Rates for Other Diseases</u></p> <ul style="list-style-type: none"> • A review (Apr 26, 2021) examined the health, political, and ethical aspects of mandatory vaccination laws in Europe, which are the responsibility of member states. Out of 30 European Union/European Economic Area countries, 12 (40%) currently have mandatory vaccination policies in place, including Italy, France, and Germany which passed new laws on mandatory vaccination, respectively in, 2017, 2018, and 2020. However, the laws are highly heterogeneous in their requirements, target groups, sanctions, and penalties. A review of the literature also found evidence that mandatory vaccination policies (from 2010-20) increases vaccine uptake over time in children, adolescents, and HCWs; however, impacts on rates vary by setting and immunization programs.^b Limited and inconclusive evidence is available on the impact of mandatory vaccination policies on norms' acceptance and attitudes towards vaccinations.³
<p>International Scan</p>	<p><u>Government-Implemented COVID-19 Vaccine Mandates (Internationally)</u></p> <ul style="list-style-type: none"> • Australia, England, Iceland, Italy, France, Greece, Hungary, Turkmenistan, some jurisdictions in the US (Department of Veterans Affairs, California, Massachusetts, New York City, New Jersey, Oregon, and Washington), and Russia (Moscow and other cities) have implemented mandatory COVID-19 vaccine policies to address low vaccination rates, the spread of the Delta variant, and rebounds in outbreaks in health settings. <ul style="list-style-type: none"> ○ Settings and Types of HCWs: <ul style="list-style-type: none"> ▪ <u>All Types of HCWs (including those in hospitals and high-risk congregate settings such as long-term care [LTC] facilities, homeless shelters, and jails):</u> Iceland, Italy, France, Greece, Hungary, the US Department of Veteran Affairs, California, New York City, New Jersey, and Oregon.^{4,5,6,7,8,9,10,11,12,13,14} ▪ <u>HCWs in LTC Settings Only:</u> Australia, Massachusetts, and England.^{15,16,17} ▪ <u>Employees across Sectors (e.g., health, retail, transportation, government):</u> Washington, Moscow, and other local governments in Russia.^{18,19} ▪ <u>Adults:</u> Turkmenistan is the first country to legally require all residents over 18 years of age to be vaccinated against coronavirus.²⁰ ○ Exemptions: Exemptions are allowed for religious or qualifying medical reasons in California, Massachusetts, and Washington, and only for medical reasons in Iceland.^{21,22,23,24} ○ Non-Compliance Consequences: Employees have a set deadline to be fully vaccinated, or otherwise face fines, reassignment to other low-risk duties, suspension without pay, or termination in England, Iceland, France, Greece, and Moscow.^{25,26,27,28,29,30} California, New

^b The review identified four studies assessing the impact of mandatory influenza vaccination policies for HCWs, all conducted in the US. Three studies evaluated the impact among HCWs in hospital facilities between 2008-10. Medical and religious exemptions were accepted, and non-compliant employees were terminated. Vaccination coverage the year before mandatory policy implementation ranged between 68.8% and 71% in the three study settings, all with annual influenza campaigns providing incentives and educational programs. All three studies reported mandatory policies to increase vaccination rates, reaching vaccination coverage rates between 95.5% and 98%, with an average improvement of 27.5%. The fourth study, conducted in 2016, evaluated the impact of state laws on influenza vaccination among HCWs in the US and vaccination rates, both in the period before the adoption of many state laws (2000-05), and in 2006-11 when such legislations were implemented in an increasing number of states. The overall influenza vaccination rate for HCWs was 22.5% in 2000-05 and 50.9% in 2006. The odds of vaccination associated to the presence of a state law regarding HCWS in LTC facilities increased by 84%, and in acute care facilities by 73% ([Odone et al., Apr 26, 2021](#)).

	<p>York City, New Jersey, and Oregon require once- or twice-weekly testing for HCWs who refuse vaccination.^{31,32,33,34} California also requires unvaccinated HCWs to wear masks in health facilities.³⁵</p> <ul style="list-style-type: none"> ○ Oversight: Health facility and business operators in California, England, and Moscow must maintain records of vaccination, exemption statuses, and/or test results of exempt workers.^{36,37,38} ○ Vaccination Rates: Information was only identified about vaccination rates just before implementation of mandatory COVID-19 vaccination policies in three jurisdictions: <ul style="list-style-type: none"> ▪ England: As of July 8, 2021, 85% of 1,378,502 HCWs had received both doses of vaccine, leaving 209,422 not fully protected.³⁹ ▪ Italy: As of April 1, 2021, about one in 10,000 medical staff is refusing to be vaccinated, and greater reluctance is seen among less skilled HCWs in health facilities and care homes.⁴⁰ ▪ Australia: As of June 25, 2021, two-thirds of LTC staff have yet to be vaccinated.⁴¹ ○ Unintended Consequences: A petition against the vaccine mandate has attracted more than 72,000 signatures in England,⁴² several court challenges were launched by those who do not want to get vaccinated in Italy,⁴³ and some workplaces are struggling to re-staff positions vacated by those who refused vaccination in Moscow.⁴⁴ No further details were identified about these issues. • As of July 29, 2021, 10 US states have enacted 11 laws with prohibitions on COVID-19 vaccine mandates.^{45,c} <p><u>Employer-Implemented COVID-19 Vaccine Mandates (US)</u></p> <ul style="list-style-type: none"> • A US commentary (Jul 30, 2021) on mandating COVID-19 vaccination for HCWs noted that vaccination rates vary greatly across the country: 96% of physicians, 55% of nursing home staff, fewer than 50% of nurses, and 26% of home health aides have been fully vaccinated.⁴⁶ • As of March 25, 2021, the Food and Drug Administration (FDA) does not mandate vaccination under Emergency Use Authorizations (EUA). However, whether a state, local government, or employer, may require or mandate COVID-19 vaccination is a matter of state or other applicable law. If an employer requires employees to provide proof that they have received a COVID-19 vaccination from a pharmacy or their own health care provider, the employer cannot mandate that the employee provide any medical information as part of the proof. Medical and religious exemptions can be implemented.⁴⁷ The US Equal Employment Opportunity Commission (EEOC; May 28, 2021) also ruled that employers have the right to require vaccination as a COE; this right extends to vaccines under EUA and those that have been fully approved by FDA.⁴⁸ <ul style="list-style-type: none"> ○ As of July 29, 2021, 88 US professional societies and organizations signed a joint statement in support of COVID-19 vaccine mandates for all employees in health and LTC settings.⁴⁹ • Health facilities in the US (Mayo Clinic Health System, Indiana University Health, North Carolina Duke University Health System and UNC Health, University of Pennsylvania Health System, Texas Houston Methodist, and a number of LTC operators across the country) have implemented mandatory COVID-19 vaccine policies as a result of increasing cases of COVID-19 nationally, poor vaccination rates in many communities, and the threat of variants.
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^c The 10 states are: Arizona, Arkansas, Michigan, Montana, New Hampshire, North Dakota, Ohio, Tennessee, Texas, and Utah. In seven of these states, the governor has already signed the bills. In three states, the bills have passed in the House of Representative and Senate, but are awaiting the governor's final approval ([Mitchell, Aug 9, 2021](#)).

	<ul style="list-style-type: none"> ○ Types of HCWs: All employees working at all of the identified health facilities.^{50,51,52,53,54,55,56,57,58} ○ Exemptions: Exemptions are allowed for religious or qualifying medical reasons at Indiana University Health and the University of Pennsylvania Health System.^{59,60} ○ Non-Compliance Consequences: At Mayo Clinic Health System, staff who decline to be vaccinated must complete education modules, wear masks, and physically distance.⁶¹ At Houston Methodist, employees who do not comply first have a discussion with their supervisor, then could face suspension, and subsequently later face termination.⁶² As of June 7, 2021, Methodist suspended 178 workers who failed to get vaccinated, giving them an additional two weeks to prove they had been immunized; 25 of those employees did.⁶³ No other information was identified for the other health facilities. ○ Oversight: No information identified. ○ Vaccination Rates: Mandatory COVID-19 vaccination policies have increased vaccination rates in some of the identified health facilities: <ul style="list-style-type: none"> ▪ North Carolina Duke University Health System and UNC Health: At Duke University Health System, more than 75% of 22,300 staff were vaccinated before the mandate was announced on July 22, 2021. Between July 26 and August 1, the vaccination rate was nearing 80% as 470 employees received their first vaccination and 73 employees received their second one. Since July 22, 2021, at least 650 of 40,000 (approximately 2%) UNC Health employees were vaccinated, and as of August 3, 2021, more than 72% of employees had been vaccinated.^{64,d} ▪ Houston Methodist: The mandatory vaccine policy was announced on April 1, 2021. As of March 31, 95% of management and all executives already had at least one dose of a COVID-19 vaccine, and as April 15, 2021, 99.4% of the management team had complied with the mandate.^{65,66} As of April 15, 2021, more than 84% of system employees and 96% of employed physicians had received at least one vaccine dose. As of July 26, 2021, 97% of 26,000 employees complied, approximately 2% obtained exemptions or deferrals, and approximately 0.6% (153 employees) who refused to get vaccinated were fired or resigned.^{67,68} ▪ LTC Operators: According to data collected by the Centers for Medicare and Medicaid Services, greater than 38% of LTC staff across the US were not fully vaccinated as of July 11, 2021.⁶⁹ After months of declines since February 2021, infections among residents rose nearly four-fold from the weeks ending July 4 to August 1 when 2,092 cases were reported. COVID-19 cases among LTC staff members are also on the rise, with 3,317 new infections and one death reported in the week ending August 1. Some LTC facilities reported that unvaccinated staff were driving the high infection rates.⁷⁰ As such, several companies that own LTC facilities across the country mandated COVID-19 vaccination (e.g., IntegraCare, Enlivant, Atria Senior Living, Healthcare Association of Hawaii). The majority of workers, and 100% in some cases, have been vaccinated, and few have quit rather than being vaccinated.^{71,72,73,74} For example: <ul style="list-style-type: none"> ● IntegraCare reached a 100% vaccination rate among staff members at its 13 senior living communities in Maryland, Virginia, and Pennsylvania after introducing a vaccine mandate.⁷⁵
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^d Vaccination statistics for UNC Health may not be fully accurate because detailed vaccination data is just starting to be collected (e.g., information about employees who have been vaccinated in the community outside of UNC Health) ([Gooch, Aug 3, 2021](#)).

	<ul style="list-style-type: none"> • Enlivant, a senior living operator with 216 sites in 26 states, implemented a mandatory COVID-19 vaccination policy in March 2021. As of March 3, almost 80% of staff and residents were vaccinated, and as of June 14, a 90% vaccination rate was achieved for both staff members and residents, with several sites reporting a 100% staff vaccination rate. Enlivant will continue to mandate employee vaccination with a goal of reaching 100%.⁷⁶ ○ Unintended Consequences: <ul style="list-style-type: none"> ▪ The nursing home industry is hesitant about supporting a vaccine mandate for facility staff due to concerns that such a requirement would worsen existing labour shortages.⁷⁷ ▪ At Houston Methodist, a group of 117 employees sued the hospital over its mandate and to prevent them from terminating unvaccinated workers.⁷⁸ A federal judge dismissed the lawsuit, ruling that the hospital was “trying to do their business of saving lives without giving [patients] the COVID-19 virus.”⁷⁹ The decision is being appealed by a former employee, who has already found a new job at a private nurse-staff company.⁸⁰
<p>Canadian Scan</p>	<ul style="list-style-type: none"> • Quebec and Prince Edward Island (PEI) have implemented COVID-19 vaccine mandates: <ul style="list-style-type: none"> ○ Settings and Types of HCWs: <ul style="list-style-type: none"> ▪ <u>All Types of HCWs:</u> In PEI, HCWs employed by Health PEI.⁸¹ ▪ <u>HCWs in Specific Settings:</u> In Quebec, employees who work in health and social services institutions in: emergency units, except psychiatric emergency units; intensive care units, except psychiatric intensive care units; clinics specific to COVID-19, including screening, evaluation, and vaccination clinics; units identified by an institution as reserved for persons with a positive COVID-19 diagnosis; residential and LTC centres; other residential units; pneumology units; and oncology units.⁸² ○ Exemptions: None identified. ○ Non-Compliance Consequences: In Quebec, unvaccinated employees must undergo three COVID-19 tests per week. Employees who refuse/neglect to undergo the screening tests or provide test results or proof of vaccination are reassigned to duties within their job title in another environment. If reassignment is not possible or is refused, employees are not allowed to reintegrate into the work environment and are not paid until they comply.⁸³ In PEI, unvaccinated employees must always wear a mask while at work and/or may be subject to work restrictions at the employer’s discretion.⁸⁴ ○ Oversight: Employees must provide employers with a record of their immunization in both Quebec and PEI.^{85,86} Employees must also provide employers with COVID-19 screening test results in Quebec.⁸⁷ ○ Vaccination Rates: No information identified. ○ Unintended Consequences: No information identified.
<p>Ontario Scan</p>	<ul style="list-style-type: none"> • The Ministry of Health’s Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination (Mar 17, 2021) noted that COVID-19 vaccination is strongly recommended for all HCWs but remains voluntary. An employer may choose to create their own policies regarding mandatory staff immunization as a protective measure for residents and patients.⁸⁸

Appendix

Table 2: Summary of Mandatory COVID-19 Immunization Policies for Health Care Workers across Jurisdictions

Jurisdiction	Description of Immunization Policy
Canada	
<p>Ontario – Ministry of Health</p> <p>COVID-19: Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination (Mar 17, 2021)</p>	<ul style="list-style-type: none"> COVID-19 vaccination is strongly recommended for all health care workers but remains voluntary. An employer may choose to create their own policies regarding mandatory staff immunization as a protective measure for residents and patients.⁸⁹
<p>Quebec – Minister of Health and Social Services</p> <p>Ordering of measures to protect the health of the population amid the COVID-19 pandemic situation (Quebec’s Public Health Act; Apr 9, 2021)</p>	<ul style="list-style-type: none"> In a Ministerial Order, Quebec became the first province in Canada to require COVID-19 vaccination and testing for certain employees. Under the Order, the targeted employees are required to provide proof of a COVID vaccination or undergo no less than three COVID tests per week and provide the results to their employer. The Order applies to “salaried persons” in health and social services institutions who work in the following environments: <ul style="list-style-type: none"> Emergency units, except psychiatric emergency units; Intensive care units, except psychiatric intensive care units; Clinics specific to COVID-19, including screening, evaluation, and vaccination clinics; Units identified by an institution as reserved for persons with a positive COVID-19 diagnosis; Residential and long-term care centres; Other residential units; Pneumology units; and Oncology units. If any employee refuses or neglects to undergo mandatory screening tests or to provide test results or proof of vaccination, they will be reassigned to duties within their job title in another environment. Where the person refuses reassignment or reassignment is not possible, that person will not be allowed to reintegrate into the work environment and will receive no remuneration until they comply.⁹⁰
<p>Prince Edward Island (PEI) – Health PEI</p> <p>Policies and Procedures Manual: COVID-19 Immunization and Management (Dec 16, 2020)</p>	<ul style="list-style-type: none"> This policy (scheduled to be reviewed December 2021) requires HCWs to provide a record of their immunization upon initial hire or upon request by the Employee Health Registered Nurse (RN) or RN Designate at any time while employed by Health PEI. They must participate in the COVID-19 immunization program. HCWs who have refused the COVID-19 immunization and have signed the mandatory Acknowledgement of Immunization form must always wear a mask while at work. Employees working in direct patient care are always required to wear medical masks at work. These requirements remain in place until the policy is deactivated. <ul style="list-style-type: none"> This policy also applies to HCWs who have only received the first dose of the COVID-19 vaccine and are either awaiting or have refused the second dose. HCWs who have not been immunized may be subject to work restrictions at the employer’s discretion.⁹¹

United States (US)	
<p>Centers for Disease Control and Prevention (CDC)</p> <p>Workplace Vaccination Program (Mar 25, 2021)</p>	<ul style="list-style-type: none"> The Food and Drug Administration (FDA) does not mandate vaccination under Emergency Use Authorizations. However, whether a state, local government, or employer, for example, may require or mandate COVID-19 vaccination is a matter of state or other applicable law. If an employer requires employees to provide proof that they have received a COVID-19 vaccination from a pharmacy or their own health care provider, the employer cannot mandate that the employee provide any medical information as part of the proof. Two types of exemptions can be implemented: <ul style="list-style-type: none"> Medical exemptions: Some people may be at risk for an adverse reaction because of an allergy to one of the vaccine components or a medical condition. Religious exemptions: Some people may decline vaccination because of a religious belief. Employers offering vaccination to workers should keep a record of the offer to vaccinate and the employee's decision to accept or decline vaccination.⁹²
<p>US Equal Employment Opportunity Commission (EEOC)</p> <p>Technical Assistance – What You Should Know About COVID-19 and the Americans with Disabilities Act (ADA), the Rehabilitation Act, and Other EEO Laws (May 28, 2021)</p>	<ul style="list-style-type: none"> Employers can legally require employees physically entering the workplace to receive a COVID-19 vaccine. An employer would not violate EEOC laws by implementing a mandate if it complies with the reasonable accommodation provisions of the Americans with Disabilities Act and Title VII of the Civil Rights Act of 1964 and other equal employment opportunity considerations.⁹³ Federal EEO laws do not prevent or limit employers from offering incentives to employees to voluntarily provide documentation or other confirmation of vaccination obtained from a third party (not the employer) in the community, such as a pharmacy, personal health care provider, or public clinic. If employers choose to obtain vaccination information from their employees, employers must keep vaccination information confidential pursuant to the ADA. Employers that are administering vaccines to their employees may offer incentives for employees to be vaccinated, as long as the incentives are not coercive. Because vaccinations require employees to answer pre-vaccination disability-related screening questions, a very large incentive could make employees feel pressured to disclose protected medical information. Employers may provide employees and their family members with information to educate them about COVID-19 vaccines and raise awareness about the benefits of vaccination. The technical assistance highlights federal government resources available to those seeking more information about how to get vaccinated.⁹⁴
<p>Department of Veterans Affairs (VA; July 26, 2021)</p>	<ul style="list-style-type: none"> The VA became the first federal agency to require COVID-19 vaccination for HCWs. COVID-19 vaccines are mandatory for health care personnel, including physicians, dentists, podiatrists, optometrists, registered nurses, physician assistants, expanded-function dental auxiliaries, and chiropractors, who work in Veterans Health Administration (VHA) facilities, visit VHA facilities, or provide direct care to those VA serves.⁹⁵ The mandate applies to more than 100,000 front-line workers.⁹⁶ Each employee will have eight weeks to be fully vaccinated. Agency officials said the decision was driven by the determination to protect both workers and patients, noting that four unvaccinated employees recently died of COVID-19 and that there was an outbreak among staff and unvaccinated trainees at a VA training centre. All VA employees have been deemed eligible to be vaccinated at no personal expense at any of the VHA facilities and will also receive four hours of paid administrative leave after demonstrating they have been vaccinated.⁹⁷
<p>Mayo Clinic Health System (July 26, 2021)</p>	<ul style="list-style-type: none"> Mayo Clinic is requiring all employees, regardless of work location, to be fully vaccinated for COVID-19 or complete a declination process by September 17, 2021. Staff who decline to be vaccinated for COVID-19 must complete education modules and will be required to wear masks and socially distance when on campus. Mayo Clinic states that while they have had high rates of voluntary staff vaccination, Mayo is requiring mandatory vaccination as a result of increasing cases of COVID-19 nationally, poor vaccination rates in many communities, and the threat of variants.⁹⁸

<p>LTC Operators</p>	<ul style="list-style-type: none"> • According to data collected by the Centers for Medicare and Medicaid Services and analyzed by LeadingAge, which represents non-profit nursing homes and other providers of elder care, greater than 38% of nursing home staff were not fully vaccinated as of July 11, 2021 despite caring for patients at elevated risk of COVID-19.⁹⁹ • According to Centers for Medicare and Medicaid Services' data, after months of declines, infections among residents have risen nearly four-fold from the week ending July 4, 2021 to the week ending August 1, 2021 when 2,092 cases were reported – the highest number since February 2021. <ul style="list-style-type: none"> ○ 59.3% of nursing home staff members are vaccinated. ○ The following states have less than 50% of current nursing home staff vaccinated: Georgia, Mississippi, Kentucky, Tennessee, Oklahoma, Missouri, Florida, and Louisiana. ○ COVID-19 cases among nursing home staff members are also on the rise, with 3,317 new infections and one death reported in the week ending August 1, 2021. Some nursing home facilities say unvaccinated staff are driving breakthrough infections among fully vaccinated residents. ○ The nursing home industry has stopped short of supporting a vaccine mandate for facility staff due to concerns that such a requirement would worsen existing labour shortages.¹⁰⁰ • As of August 9, 2021, media sources suggest that the Biden administration is considering withholding funds from LTC providers that may not be doing enough to encourage employee vaccinations. However, regardless if they support vaccine mandates or not, most of the industry is opposed to the withholding of federal funds for this purpose because funds are needed to support critical operations and manage the exponential and unexpected expenses of the pandemic.¹⁰¹ • As of early August 2021, at least 40 senior living providers are mandating vaccinations for all staff members, which translates to one in four senior living employees being covered under an employee mandate.¹⁰² For example: <p><u>IntegraCare (Maryland, Virginia, and Pennsylvania)</u></p> <ul style="list-style-type: none"> • IntegraCare, a senior living company, has reached a 100% vaccination rate among staff members at its 13 senior living communities in the three states after introducing a vaccine mandate.¹⁰³ <p><u>Enlivant (26 states)</u></p> <ul style="list-style-type: none"> • The Chicago-based senior living operator has 216 communities in 26 states. • Mandatory staff vaccinations were announced in March 2021, with a goal of having most of its staff vaccinated by June 1, 2021. According to the company: <ul style="list-style-type: none"> ○ Almost 80% of staff and residents were vaccinated by March 3, 2021. Several of its communities are reporting a 100% staff vaccination rate. ○ As of June 14, 2021, the operator reached a 90% vaccination rate for both staff members and residents through its “Together We Can Do It” campaign. ○ They will continue to mandate employee vaccination with a goal of reaching 100%.¹⁰⁴ <p><u>Atria Senior Living (28 US states + seven Canadian provinces)</u></p> <ul style="list-style-type: none"> • On January 11, 2021, the company announced a staff mandate for COVID-19 vaccinations. • As of May 7, 2021, the operator achieved a 98% vaccination rate among approximately 10,000 staff members, crediting an employee mandate, on-site clinics, and its Sleeve-Up campaign which provided education, support, and encouragement to employees and residents through open communication and information on vaccine facts.¹⁰⁵ <p><u>Healthcare Association of Hawaii</u></p> <ul style="list-style-type: none"> • As of May 27, 2021, the organization achieved an average 84% staff COVID-19 vaccination rate across their assisted living and other long-term care facilities. The vaccination rate was up six percentage points from a February 2021 survey of assisted living communities, adult residential care homes, and skilled nursing facilities.¹⁰⁶
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<p>California – California Department of Public Health (Aug 5, 2021)</p>	<ul style="list-style-type: none"> • All state employees and health care workers who provide services or work in health care facilities and high-risk congregate settings (e.g., residential facilities, homeless shelters, jails) must be fully vaccinated by September 30, 2021.^{107,108} The mandate applies to more than 2.2. million state employees and health workers.¹⁰⁹ • Workers may be exempt from the vaccination requirements only upon providing the operator of the facility a declination form, signed by the individual stating either of the following: 1) the worker is declining vaccination based on religious beliefs; or 2) the worker is excused from receiving any COVID-19 vaccine due to qualifying medical reasons. <ul style="list-style-type: none"> ○ To be eligible for a qualified medical reasons exemption, the worker must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate). ○ Testing must occur twice weekly for unvaccinated exempt workers in acute health care and long-term care settings, and once weekly for such workers in other health care settings. They must also wear a surgical mask or higher-level respirator at all times while in the facility. • Consistent with applicable privacy laws and regulations, the operator of the facility must maintain records of workers' vaccination or exemption status. If the worker is exempt, the operator of the facility then also must maintain records of the workers' testing results.¹¹⁰ • Despite California leading the nation in vaccinations, with more than 44 million doses administered and 75% of the eligible population having received at least one dose, the state is seeing increasing numbers of people who refused to get the vaccine being admitted to the ICU and dying. This increase is heavily due to the Delta variant, which is more contagious and deadlier. As of July 19, 2021, the state reported: <ul style="list-style-type: none"> ○ California's statewide case rate more than quadrupled from a low in May 2021 of 1.9 cases/100,000/day to at least 9.5 cases/100,000. ○ The statewide testing positivity was at a low of 0.7% in June 2021, now it has risen to 5.2%. ○ Hospitalizations were at a low in June of under 900, and is now approaching 3,000. ○ The vast majority of new cases are among the unvaccinated, with 600% higher case rates among the unvaccinated than for those who are vaccinated.¹¹¹
<p>Indiana – Indiana University (IU) Health (Jun 1, 2021)</p>	<ul style="list-style-type: none"> • This 16-hospital system in Indianapolis will require employees to be vaccinated for COVID-19 by Sept 1, 2021 to protect patients and help reduce the spread of COVID-19 in facilities and in the community. • Employees may apply for a deferral or exemption from the COVID-19 vaccine based on medical or religious reasons. Applications will be reviewed and granted individually. • IU Health has required annual flu shots for employees for nearly a decade.¹¹²
<p>Massachusetts – Executive Office of Health and Human Services (Aug 4, 2021)</p>	<ul style="list-style-type: none"> • All unvaccinated LTC personnel are to receive a first dose of a two-dose series by September 1, 2021; and be fully vaccinated by October 10, 2021. The requirement will provide exemptions for those with medical restrictions or sincerely held religious beliefs that prevent them from receiving vaccination. • There are 378 skilled nursing facilities, as well as two Soldiers' Homes in Massachusetts. As of August 2, 2021, 155 facilities had less than 75% of their staff fully vaccinated.¹¹³ • The mandate comes amid a national rebound in nursing home outbreaks, largely attributed to unvaccinated staff resulting in breakthrough infections and some deaths among the facilities' older, more vulnerable residents.¹¹⁴
<p>New York City – Health Worker COVID-Safe Requirement (July 21, 2021)</p>	<ul style="list-style-type: none"> • Beginning August 2, 2021, the City will require employees of NYC Health + Hospitals and employees working in Department of Health and Mental Hygiene clinical settings to provide either a one-time verification of immunization, or weekly proof of a negative COVID-19 test.¹¹⁵ • The mandate applies to approximately 45,000 city employers and contractors.¹¹⁶
<p>New Jersey – Executive Order 252 (Aug 6, 2021)</p>	<ul style="list-style-type: none"> • All workers in certain state and private health care facilities and high-risk congregate settings (e.g., corrections facilities, LTC homes) are required to be fully vaccinated against COVID-19 by September 7, 2021 or be subject to COVID-19 testing at minimum one to two times per week.¹¹⁷

<p>North Carolina – Duke University Health System and UNC Health (Aug 3, 2021)</p>	<ul style="list-style-type: none"> • As of July 22, 2021, these hospital systems require vaccination for employees, with a compliance deadline of September 21, 2021. • Duke University Health System has about 22,300 employees. More than 75% of staff were vaccinated before the mandate. With additional vaccinations between July 26 and August 1, where 470 employees received their first vaccination and 73 employees received their second one, the vaccination rate is nearing 80%. • Since July 22, 2021, at least 650 UNC Health employees have been vaccinated. As of August 3, 2021, more than 72% of about 40,000 employees across UNC Health had been vaccinated. But numbers are likely to change as UNC Health begins to gather more detailed vaccination data (e.g., collecting information about employees who have been vaccinated in the community, outside of UNC Health).¹¹⁸
<p>Oregon – Oregon Health Authority (Aug 4, 2021)</p>	<ul style="list-style-type: none"> • Starting September 30, 2021, a ruling requires weekly COVID-19 testing for personnel in health care settings to prevent the spread of COVID-19 within these settings, which can be waived with a proof of vaccination.¹¹⁹
<p>Pennsylvania – University of Pennsylvania Health System (May 19, 2021)</p>	<ul style="list-style-type: none"> • The COVID-19 vaccine will be mandatory for all employees and clinical staff by no later than September 1, 2021. • New hires must provide proof of at least one dose two weeks before beginning work. • There are exemptions for medical or religious reasons, similar to the health system's long-standing flu vaccine policy. • As of May 19, 2021, more than 33,000 of employees (nearly 70%) are fully vaccinated.¹²⁰
<p>Texas – Houston Methodist (Mar 31 – Jun 1, 2021)</p>	<ul style="list-style-type: none"> • As of April 1, 2021, Methodist (with 26,000 employees and employed physicians) became the first major integrated hospital system in the US to announce that it is requiring employees to be vaccinated. It made the COVID-19 vaccine mandatory for employees, with the first phase including managers and new hires, in order to prioritize safety by helping stop the spread of COVID-19 and keeping patients, visitors, and colleagues safe.¹²¹ Those who do not comply would first have a discussion with their supervisor, then could face suspension, and then termination.¹²² <ul style="list-style-type: none"> ○ As of March 31, 95% of management and all executives have already received at least one dose of a COVID-19 vaccine. Managers who have not been vaccinated had until April 15, 2021 to receive at least one dose or get an approved exemption.¹²³ As of Apr 15, 2021, 99.4% of the management team has complied.¹²⁴ ○ June 7, 2021 was the next deadline for all 26,000 employees to get the COVID-19 vaccine. As of April 15, 2021, more than 84% of system employees and 96% of employed physicians have received at least one shot.¹²⁵ As of June 7, 2021, Houston Methodist suspended 178 workers who failed to get vaccinated, giving them an additional two weeks to prove they had been immunized; 25 of those employees did.¹²⁶ • As of June 1, 2021, a group of 117 employees is suing Houston Methodist over its COVID-19 vaccination mandate for workers. The lawsuit seeks to prevent the health system from terminating unvaccinated workers. <ul style="list-style-type: none"> ○ The lawsuit, filed May 28, 2021, alleges the hospital is "illegally requiring its employees to be injected with an experimental vaccine as a condition of employment". It specifically cites that the COVID-19 vaccines are authorized for emergency use by the FDA but have not been fully approved. The employees allege that Houston Methodist is violating Texas public policy and the Nuremberg Code, a medical ethics code for human experimentation drafted in 1947 because of the Nuremberg trials at the end of World War II.¹²⁷ ○ A federal judge dismissed the lawsuit, ruling that Houston Methodist was "trying to do their business of saving lives without giving [patients] the COVID-19 virus."¹²⁸ The decision is being appealed by a former employee, who has already found a new job at a private nurse-staff company.¹²⁹ • As of July 26, 2021, 153 workers who refused to get vaccinated were fired or resigned. However, 97% of workers complied, with about 2% obtaining exemptions or deferrals.¹³⁰
<p>Washington – Emergency Proclamation (Aug 9, 2021)</p>	<ul style="list-style-type: none"> • Because of the current state of the COVID-19 pandemic and the Delta variant, most state executive branch employees and on-site contractors and volunteers, along with public and private health care and long-term care workers, must be fully vaccinated against COVID-19 by October 18, 2021. • Individuals included in the proclamation's mandate must receive the final dose of their vaccination no later than October 4 so as to be fully vaccinated two weeks later on October 18 to comply with the proclamation.

	<ul style="list-style-type: none"> Exemptions from the vaccine requirement are allowed for those individuals who are entitled to a disability-related reasonable accommodation or a sincerely held religious belief accommodation.¹³¹
United Kingdom (UK) and Europe	
<p>England – Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 (Aug 4, 2021)</p>	<ul style="list-style-type: none"> The government introduced new legislation, effective from November 11, 2021, that requires people working in Care Quality Commission-regulated care homes (for residents who require nursing or personal care) to be COVID-19 vaccinated unless they have a medical exception. The regulations were laid in Parliament on June 22, 2021.^{132,133} If a worker is unable to provide proof of vaccination or exemption, then their manager should explore all options available, including moving them to an alternative role for which vaccination is not required. However, the regulations may provide a fair reason for dismissal if the worker is not vaccinated or medically exempt.¹³⁴ This will impose a new duty on all registered providers of residential care to verify the medical status of each worker. It will give responsibility for compliance and enforcement to the Care Quality Commission.¹³⁵ This decision follows an extensive public consultation with over 13,500 staff, providers, residents, and families. Further consultation will be launched on whether to extend to other health and social care settings.¹³⁶ Friends, family (who also may be unpaid carers), and essential care givers will not need to show proof of vaccination or medical exemption.¹³⁷ While the majority of care home workers have now been vaccinated, only 65% of older care homes in England are currently meeting the minimum level of staff uptake for one dose needed to reduce the risk of outbreaks in these high-risk care settings – falling to 44% of care homes in London.¹³⁸ As of July 14, 2021, data from NHS England show that 85% of health care workers (1,169,080 of 1,378,502) had received both doses of vaccine by July 8, 2021, leaving 209,422 not fully protected. That figure covers people directly employed by the NHS and does not include agency staff or NHS bank staff. In London, the vaccination levels are lower at 76%, with 46,227 staff not fully vaccinated.¹³⁹ As of July 13, 2021, a petition against the plan to make vaccines compulsory has attracted more than 72,000 signatures.¹⁴⁰ A commentary (August 5, 2021) noted that the mandatory vaccination regulation could exacerbate the underlying chronic issues of underfunding and workforce shortages. If staff who have not yet had a vaccine were to leave – potentially an additional 13% – care services would be unsustainable.¹⁴¹
<p>Iceland – Directorate of Health</p> <p>Vaccination against COVID-19 - FAQs (May 17, 2021)</p>	<ul style="list-style-type: none"> Health care professionals can expect employers to require vaccination if there are no medical reasons for not being vaccinated (e.g., allergies). Health care professionals who do not receive vaccinations may be transferred internally according to the rules of each institution (e.g., from an emergency department job to a job where the unvaccinated worker is less likely to be infected by a patient with COVID-19 or to infect others). Vaccination status can also affect new hires in health care institutions. There are no rules on employers' requirements for vaccinations in the general labour market within Iceland, but the rights of people in the labour market are comparable to health care workers and other workers who are within the Icelandic trade unions.¹⁴²
<p>Italy – Government Emergency Decree (Apr 1, 2021)</p>	<ul style="list-style-type: none"> Italy became the first country in Europe to make vaccination against COVID-19 mandatory for health care workers, as its government approved an emergency decree on 1 April to contain a third wave of the disease. Health professionals who refuse to have the vaccine will have the option to be transferred to duties that do not risk spreading the virus or to be suspended without pay for as much as a year. The Order of Doctors, Surgeons and Orthodontists (FNOMCeO), which backs the new decree, says that most doctors, nurses, and dentists in Italy have already received, or will soon receive, the COVID-19 vaccine. Only about one in 10,000 medical staff is refusing to be vaccinated, it said, and greater reluctance is seen among less skilled workers in medical facilities and care homes. Whether the decree is constitutional is still not clear, and many commentators believe that future legal cases regarding vaccination are likely.

	<ul style="list-style-type: none"> The National Bioethics Committee generally supports voluntary vaccination but has said that it accepts the value of mandatory vaccination of health care workers when necessary.¹⁴³ Several court challenges launched by those who do not want to get vaccinated were being heard the week of July 12, 2021, but no further information was identified.¹⁴⁴
France (July 12, 2021)	<ul style="list-style-type: none"> On July 12, 2021, mandatory vaccination by September 15, 2021 applies to all health care workers.^{145,146} Unvaccinated health care workers will be banned from going to work and will not be paid after the deadline.¹⁴⁷
Greece (July 14, 2021)	<ul style="list-style-type: none"> As of July 14, 2021, nursing home staff must be vaccinated effective immediately, and those who refuse will be suspended from work starting August 16. From September 1, 2021, vaccinations will be compulsory for all health care workers in both public and private sectors.^{148,149}
Hungary (July 30, 2021)	<ul style="list-style-type: none"> Effective August 15, 2021, vaccination is mandatory for health care workers in public and private settings.¹⁵⁰
Turkmenistan	<ul style="list-style-type: none"> Turkmenistan is the first country to legally require all residents over 18 years of age to be vaccinated against coronavirus.¹⁵¹
Moscow, Russia (June 28, 2021)	<ul style="list-style-type: none"> As of June 28, 2021, Moscow and other local governments have made vaccinations mandatory for workers in sectors such as retail, health care, and transportation. At least 60% must have received a first dose by July 15, and the same proportion must be fully vaccinated by August 15. Although Russia's leaders have said the campaign is not "forced vaccination" and that Russians still have the right to refuse to be vaccinated, employers have the right to suspend workers without pay who refuse to be vaccinated. <ul style="list-style-type: none"> The 40% of workers who are not vaccinated should consist of employees who are unable to receive the vaccine for medical reasons and others "at the employer's discretion". In Moscow, the Deputy Mayor estimated between 3.5-4 million people work in the categories subject to the mandatory vaccination decree, meaning at least 2.1-2.4 million of them will need to be vaccinated by the deadlines.¹⁵² The burden of the requirement falls on employers, who must prove that at least 60% of their staff have been vaccinated. Businesses will be required to submit a roster of employees, their relevant personal data and job function through a government web portal before July 15. City authorities will then cross-check this list against the national vaccine database to ensure each business has reached the 60% requirement. <ul style="list-style-type: none"> Moscow authorities have the right to fine businesses who do not meet the requirements and/or shutter their locations in the capital for up to 90 days.¹⁵³ In Moscow, some managers say their employees have quit rather than get vaccinated, and some workplaces are struggling to fill open spots.¹⁵⁴
Australia	
Australia – Federal Department of Health (Aug 6, 2021)	<ul style="list-style-type: none"> Effective June 28, 2021, from September 17, 2021, COVID-19 vaccination will be mandatory for all residential aged care workers, in which workers will be required to have received a minimum first dose of a COVID-19 vaccine by this time. This is based on advice from medical experts and the Australian Health Protection Principal Committee (AHPPC). Medical exemptions will align with the Australian Technical Advisory Group on Immunisation clinical guidance on COVID-19 vaccine in Australia in 2021. Exemptions on religious, political, and personal grounds will be finalized through State and Territory public health orders and directions. Currently, no exemptions will be made on these grounds.¹⁵⁵ As of June 25, 2021, Department of Health data showed two-thirds of Australian aged-care staff were yet to receive one dose. Of 263,000 workers, just over 88,000 (33.6%) had received their first shot and about 43,000 (16.3%) had received both doses.¹⁵⁶

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