



**University of California**  
**Executive Order – *Flu Vaccine Mandate***  
**Issued: October 8, 2021**

**Background and Findings**

As of this date, the world continues to face a severe health crisis in which the COVID-19 pandemic places millions of people at risk of serious illness or death. Last year, after the World Health Organization declared that this respiratory disease is a pandemic, Declarations of Emergency were issued by the President of the United States, the Governor of California, and California counties and other local jurisdictions, including those where the University maintains campuses and other significant operations.

In California alone, notwithstanding concerted statewide efforts to mitigate the spread of the disease, by September 1, 2021, nearly 4.25 million people had been diagnosed with COVID-19 and more than 65,000 had perished. During the prior week, August 22-August 28, the average case rate among unvaccinated Californians 16 and older was 80.12 per 100,000/day but only 10.33 per 100,000 for those who were vaccinated against the virus that causes COVID-19. Statewide positivity rates and hospitalizations were high; on any given day, over 8,000 were hospitalized and more than 2,000 were so sick with COVID-19 that they were being treated in intensive care units.

On March 19 2020, the State Public Health Officer [issued an order](#) directing all individuals living in the State to stay at home except as needed to facilitate authorized, necessary activities or to maintain the continuity of operations of critical infrastructure sectors. This order caused virtually every government agency and private organization in the State to transition to remote operations to the greatest extent possible. Since then, the State developed and refined a Pandemic Roadmap and [additional guidance](#) to guide prudent resumption of on-site or in-person operations and the University is transitioning remote activities back to its campuses consistent with applicable public health orders and directives and [Fall 2021 Guidance: COVID-19 Prevention Strategies](#).

According to the [Centers for Disease Control & Prevention](#), vaccination against the seasonal respiratory disease influenza or “flu” has long been accepted as a safe and effective way to prevent millions of illnesses and thousands of related doctor and hospital visits every year. In

recent years, [flu vaccines have reduced the risk of flu-associated hospitalizations among older adults by about 40% on average](#). A [2018 study](#) showed that from 2012 to 2015, flu vaccination among adults reduced the risk of being admitted to an intensive care unit (ICU) with flu by 82 percent. Flu vaccination has been associated with [lower rates of some cardiac events](#) among people with heart disease, especially among those who had had a cardiac event in the past year. It can mitigate against worsening and hospitalization for flu-related chronic lung disease. It has also been shown in [separate studies](#) to be associated with reduced hospitalizations among people with [diabetes](#) and [chronic lung disease](#). A [2018 study](#) that covered influenza seasons from 2010-2016 showed that getting a flu shot reduced a pregnant woman's risk of being hospitalized with flu by an average of 40 percent. Flu vaccination has been shown in several studies to reduce severity of illness in people who become ill after they get vaccinated. For example, a 2017 [study](#) showed that flu vaccination reduced deaths, intensive care unit (ICU) admissions, ICU length of stay, and overall duration of hospitalization among hospitalized flu patients. A [2018 study](#) showed that among adults hospitalized with flu, vaccinated patients were 59 percent less likely to be admitted to the ICU than those who had not been vaccinated. Among adults in the ICU with flu, vaccinated patients on average spent 4 fewer days in the hospital than those who were not vaccinated. Finally, by getting vaccinated, a person can protect those around them, including those who are more vulnerable to serious flu illness.

The CDC's Advisory Committee on Immunization Practices ("ACIP") has issued [recommendations](#) regarding influenza vaccination for the 2021-2022 season. Specifically, ACIP advises that the "2021-22 influenza season is expected to coincide with continued circulation of SARS-CoV-2, the virus that causes COVID-19. Influenza vaccination of persons aged  $\geq 6$  months to reduce prevalence of illness caused by influenza will reduce symptoms that might be confused with those of COVID-19. Prevention of and reduction in the severity of influenza illness and reduction of outpatient visits, hospitalizations, and intensive care unit admissions through influenza vaccination also could alleviate stress on the U.S. health care system."

During the SARS-CoV-2 pandemic, where COVID-19, like influenza, results in respiratory symptoms, it is even more critical than usual to assure widespread vaccination. As California has lifted COVID-19 restrictions, outbreaks have followed and the possibility of a surge that overwhelms the health care system and causes hospitals to adopt [crisis standards of care](#) necessarily increases. Population-level interventions that decrease the likelihood of absenteeism, disease transmission, hospitalization, and ICU utilization must therefore be considered and adopted where feasible.

As President of the University, I have concluded that critical steps must be taken to reduce the likelihood of severe disease among students, faculty and staff, particularly those on campus, and in turn to reduce the likelihood that our health systems will be overwhelmed.

## Executive Order

WHEREFORE AS PRESIDENT OF THE UNIVERSITY OF CALIFORNIA I DECLARE:

On the authority vested in me by Bylaw 30, Bylaw 22.1, Regents Policy 1500 and Standing Order 100.4(ee), and based on the foregoing circumstances, I hereby issue the following order, to be effective through the 2021-2022 flu season, and direct the following:

1. Proof of Flu Vaccination or Declination for Covered Individuals. On or before November 19, 2021, students, faculty, other academic appointees, and staff who are living, learning, or working on premises at any University facility (“Covered Individuals”) must: (i) receive education concerning influenza vaccine; and (ii) receive or affirmatively decline influenza vaccination, as further described below.
  - a. Education. Educational information must be provided to Covered Individuals and should be provided to other members of the University community, as appropriate and feasible, concerning:
    - The potential benefits of influenza vaccination;
    - The potential health consequences of influenza illness for themselves, family members and other contacts, coworkers, patients, and the community, particularly during the SARS-CoV-2 pandemic;
    - Potential occupational exposure to influenza;
    - The epidemiology and modes of transmission, diagnosis, and non-vaccine infection control strategies (such as the use of appropriate precautions, personal protective equipment, and respiratory hygiene/cough etiquette), in accordance with their level of responsibility in preventing influenza infection related to their University appointment or program;
    - The safety profile and potential risks of any influenza vaccine offered; and
    - Requirements for complying with this order and consequences of failing to do so.

Education may be conveyed through any combination of written information statements (e.g., a Vaccine Information Statement), verbal communications, or online or in-person training programs, consistent with applicable law and location policies and practices.

- b. Vaccination. Covered Individuals may receive or decline vaccination on or before November 19, 2021 in any of the following ways, and as available at their respective locations:
  - *On-Site Vaccination*: Vaccination on-site at any University location.
  - *Off-Site Vaccination*: Providing written documentation to the location vaccine authority of vaccination through an alternative clinical site

(e.g., at a private health care provider's office, local pharmacy, public health clinic, or during a vaccine fair).

- *Declination*: Formally and affirmatively declining the vaccine by completing and signing (on paper or electronically) a Vaccine Declination Statement and complying with the additional non-pharmaceutical interventions described in Section 1(c) below ("Vaccine Declination").

c. Vaccine Declination. Covered Individuals who choose to decline influenza vaccination must complete a Vaccine Declination Statement provided by their location and submit it to the location vaccine authority on or before November 19, 2021. A sample Vaccine Declination Statement that may be utilized by any location will be provided under separate cover. The following procedures apply to vaccine declinations:

- Any Covered Individual who is not vaccinated must observe additional non-pharmaceutical interventions (e.g., masks or specialized personal protective equipment; routine testing) as directed by the location vaccine authority to mitigate risk to members of the University community, patients, and others with whom they may interact.
- A Covered Individual who initially declines the influenza vaccine but later decides to become vaccinated may receive the vaccine through on-site or off-site providers at any time and provide documentation of the administration to the location vaccine authority.

d. Superseding Public Health Directives. In the event a federal, state, or local public health agency with jurisdiction issues an order or otherwise imposes a mandate restricting or eliminating participation options, the applicable public health order or mandate will be implemented at the affected location(s). Inconsistent directives issued by agencies with overlapping jurisdiction should be discussed with a location's office of legal affairs.

2. Health Benefits Coverage for the Flu Vaccine. The University's health plans provide coverage for routine health maintenance vaccinations, including seasonal influenza vaccine, without copays to any covered students, faculty, staff, or their covered families.

3. Universal Flu Vaccine Encouraged. Each location shall strongly encourage universal flu vaccination for all members of the University community, including those not covered by this Executive Order, for example by issuing promotional materials, offering vaccine fairs, or taking other reasonable steps to reduce barriers to vaccination.

4. Implementation.

- a. The Vice President for Systemwide Human Resources or designee shall ensure that any applicable collective bargaining requirements are met with respect to the implementation of this order.
- b. The Provost and Executive Vice President for Academic Affairs or designee shall immediately consult with the Academic Senate on implementation of this order with respect to members of the University's faculty and policy-covered academic appointees.
- c. The Executive Vice President for UC Health or designee shall provide technical guidance to the locations at their request to facilitate execution of this mandate.

All University policies contrary to the provisions of this Executive Order, except those adopted by the Regents, shall be suspended to the extent of any conflict, during the period of this Order. The Executive Vice President – UC Health shall have the authority to issue further guidance about the parameters and use of this mandate, in consultation with the Provost and the Vice President for Systemwide Human Resources.



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Michael V. Drake, MD  
President