Annual influenza vaccination of all healthcare personnel (HCP) is recognized as the standard of care and is recommended by the Advisory Committee on Immunization Practices (ACIP), along with numerous professional organizations, including the American College of Physicians, American Medical Association, and American Hospital Association. Healthcare workers with asymptomatic influenza disease may transmit virus to coworkers and patients at high risk for complications from influenza. Vaccination of HCP is associated with reductions in work absenteeism and in deaths among elderly hospitalized patients in long-term care facilities, and may be considered one part of a patient safety quality program. However, vaccination rates in New York City are only 42%\(^1\), and only 63%\(^2\) nationally, falling well below the 90% target set in Healthy People 2020.

Beginning January 2013, acute-care facilities will be required to report facility level influenza vaccination data using the Healthcare Personnel Safety Component of the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) web-based surveillance platform. The reporting measure utilized in the HCP Influenza Vaccination module is designed to ensure that reported HCP influenza vaccination rates are consistent over time within a single facility and comparable across facilities. Details on the reporting specifications, protocols and frequently asked questions are available on the NHSN web site at: [http://www.cdc.gov/nhsn/hps_Vacc.html](http://www.cdc.gov/nhsn/hps_Vacc.html). Facilities failing to report are subject to payment reduction and quality data reported through the IQR program will be made publically available at HospitalCompare.gov beginning in the 2013-14 season.

The New York City Department of Health and Mental Hygiene is available to assist facilities in their implementation efforts. For questions or recommendations related to the HCP influenza vaccination measure, please contact:

Bureau of Immunization  
New York City Department of Health and Mental Hygiene  
(347) 396-2400  
nycflu@health.nyc.gov

\(^1\) New York City Community Health Survey, 2009  
\(^2\) Centers for Disease Control and Prevention. “Influenza Vaccination Among Health-Care Personnel – United States, 2010-11 Influenza Season.” MMWR 2011; 60:1073-77
Denominator Specifications

General Specifications

The denominator for this measure consists of healthcare personnel (HCP) who are physically present in the healthcare facility for at least 30 working days between October 1 and March 31 (i.e., the measure reporting period) of the following year.

- Includes both full-time and part-time personnel
- Includes all HCP regardless of clinical responsibility or patient contact
- Includes HCP who join after October 1 or left before March 31, or who were on extended leave during part of the reporting period
- Working for any number of hours a day counts as one working day
- HCP should be counted as individuals rather than full-time equivalents
- If a health care worker (HCW) works in two or more facilities, each facility should include the HCW in their denominator.

Denominators are to be calculated separately for three required categories and can also be calculated for a fourth optional category. Denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories. Each HCP should only be counted once in the denominator.

Reporting Categories

<table>
<thead>
<tr>
<th>Employees</th>
<th>Includes all persons who receive a direct paycheck from the reporting facility (i.e., on the facility’s payroll), regardless of clinical responsibility or patient contact.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licensed Independent Practitioners</th>
<th>Includes physicians (MD, DO), advanced practice nurses, and physician assistants who are affiliated with the reporting facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Post-residency fellows are also included in this category if they are not on the facility’s payroll.</td>
</tr>
</tbody>
</table>

| Adult Student/Trainees and Volunteers | Includes medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. |

| Other Contract Personnel (Optional) | Facilities may also report on individuals who are contract personnel. However, reporting for this category is optional at this time. Contract personnel are defined as persons providing care, treatment, or services at the facility through a contract who do not fall into any of the above-mentioned denominator categories. See NHSN HCP Vaccination Module Appendix A for a suggested list of contract personnel. |
# Numerator Specifications

## General Specifications

The numerator for this measure consists of HCP in the denominator population, who during the time from when the vaccine became available (e.g., August or September) through March 31 of the following year. The sum total of all numerator categories should equal the total number of HCP reported in the denominator category.

## Reporting Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received influenza vaccination at the healthcare facility</td>
<td>Vaccination was administered at the reporting facility.</td>
</tr>
<tr>
<td>Received influenza vaccine elsewhere</td>
<td>Includes persons who reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere.</td>
</tr>
<tr>
<td></td>
<td>• For the purposes of this measure, verbal statements are not acceptable.</td>
</tr>
<tr>
<td>Determined to have medical contraindication</td>
<td>Includes people who meet one of the following criteria:</td>
</tr>
<tr>
<td></td>
<td>1. Severe allergic reaction to eggs or other component(s) of the vaccine</td>
</tr>
<tr>
<td></td>
<td>2. History of Guillain-Barre Syndrome (GBS) within 6 weeks after a previous influenza vaccination</td>
</tr>
<tr>
<td></td>
<td>• People with specific contraindications to live-attenuated influenza vaccine (LAIV), other than those listed above, should be offered trivalent inactivated influenza vaccine (TIV), and should not be included in this category.</td>
</tr>
<tr>
<td></td>
<td>• To ensure comparability of data across different facilities, people with contraindications to TIV other than those listed above, should not be included in this category.</td>
</tr>
<tr>
<td>Declined influenza vaccination</td>
<td>People who were offered influenza vaccination but declined to receive it.</td>
</tr>
<tr>
<td></td>
<td>• Includes those who continually defer vaccination all season</td>
</tr>
<tr>
<td></td>
<td>• Includes people who defer vaccination because of conditions other than those specified as valid medical contraindications</td>
</tr>
<tr>
<td></td>
<td>• Those who defer vaccination because of religious exemptions</td>
</tr>
<tr>
<td>Unknown vaccination status</td>
<td>Includes people with an unknown vaccination status or those who do not otherwise meet any of the definitions of the above-mentioned numerator categories</td>
</tr>
</tbody>
</table>
Tips for a successful HCP flu vaccination program

• Start organizing and implementing your flu vaccination campaigns and data collection methods ASAP!
  – Plan early
  – Get different departments involved to make it an interdisciplinary effort.
  – Get department heads and administration involved.
  – If an internal policy exists, ask that the administrator and/or department heads communicate that to all staff members.
    • Do you require mandatory vaccination of all HCP?
    • Do you require mandatory participation in the influenza vaccination program (allow for certain exemptions and declinations)?
    • Will you require unvaccinated HCP to wear masks while in patient care areas?

• Data collection - Consider strategies to collect both denominator and numerator data.
  – Denominator – Access Human Resources, Payroll, or Occupational Health records, etc.
  – Numerator – Consider use of an all-inclusive form, making sure that information on all numerator categories may be collected using this form.

• Improve access - Offer flu vaccine to all HCP and keep track of who accepts it.
  – Use mobile carts.
  – Offer it at all shifts, including nights and weekends.
  – Ask others to help get their co-workers to accept the vaccine (peer vaccinators).
  – Use a “push/pull” model1 – arrange for teams to go to each unit to offer vaccination and arrange a day where every employee who enters the facility is offered vaccine.
  – Be assertive about following-up with those who defer vaccination.

• Education – Offer multiple educational opportunities for all HCP.
  – One-on-one education, in-services with each department, general orientation meetings.
  – Use these opportunities to dispel common myths regarding flu vaccination.
  – Include culturally sensitive and appropriate messages tailored to your audience.

• Promotion – Get the word out early.
  – Vaccination of department heads or prominent faculty members and providers.
  – Use badge stickers to highlight those who chose to be vaccinated.
  – Offer incentives - Pizza parties, raffles, departmental recognition, department competitions, etc.

According to the CDC, successful healthcare personnel vaccination programs are multifaceted and combine publicity and education (to combat misconceptions about influenza and influenza vaccines), role modeling, and monitoring and feedback on vaccination coverage, among other interventions.2

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Person was on the facility payroll for at least 30 days/received a paycheck during the reporting period October 1 through March 31. Do not consider patient contact or job duties.

Yes - Count as an Employee HCP for Line 1

No

Person is a Non-employee licensed independent physician (including post-residency fellows), advanced practice nurse, or physician assistant who worked at the facility 30 days or more during the reporting period

Yes - Count as a Non-employee HCP, Licensed Independent Practitioner for Line 1

No

Person is a Non-employee adult Student/trainee (including resident or intern) or volunteer (age 18 or over) who worked at the facility 30 days or more during the reporting period

Yes - Count as a Non-employee HCP, Student/trainee & volunteer for Line 1

No or unknown - Don't include in the denominator
Healthcare Personnel Influenza Vaccination Logic Diagram - Numerator/Vaccination Status

Healthcare personnel at this facility who were included in the denominator (Line 1)

Received influenza vaccination at this facility this season

Yes - Count under Line 2
No

Received influenza vaccination at another facility this season and has provided written or electronic documentation

Yes - Count under Line 3
No

Has valid medical contraindication*

Yes - Count under Line 4
No

Declined influenza vaccination, has non-valid medical exemption, has religious exemption or deferred for entire influenza season

Yes - Count under Line 5
No or vaccination status unknown - Count under Line 6

* Valid Medical Contraindications include ONLY:
(1) History of severe allergic reaction to eggs or another component of the vaccine OR
(2) History of Guillain-Barre Syndrome within 6 weeks of a previous influenza vaccination
Consent for Influenza Vaccination

1. I have read the Vaccine Information Statement and have had an opportunity to ask any questions that I may have regarding the vaccine.
2. I understand that the vaccine(s) has been offered to me, at no charge, due to my affiliation with the healthcare facility.
3. I have voluntarily requested that I receive the influenza vaccine and I understand that I am under no pressure to do so.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have a severe allergy (mouth or throat swelling, difficulty breathing) to eggs or another component of influenza vaccine (i.e. – Latex)?</td>
<td></td>
</tr>
<tr>
<td>2. Have you ever had Guillain-Barré Syndrome within 6 weeks of after a previous influenza vaccine? If yes obtain MD order to vaccinate.</td>
<td></td>
</tr>
<tr>
<td>3. Have you ever had a life-threatening reaction to the influenza vaccine?</td>
<td></td>
</tr>
</tbody>
</table>

**INFLUENZA VACCINE INDICATION**

- Yes I would like to have the influenza vaccination given to me.
  - I authorize designated staff of the hospital to administer to me the vaccine.
  - I understand that if I should develop any symptoms of an allergic reaction (hives, difficulty breathing, mouth or throat swelling, dizziness, paleness, fast heartbeat), I should: Seek medical attention immediately or call 911

- I am not able to receive the vaccination due to contraindication(s) #1-3 above.

- I have already had my influenza vaccination this year. (Please provide documentation if available)
  Date Vaccinated: __________  Provider: _________________________________

- I decline the influenza vaccine for reasons not listed above in the medical contraindications section. (See declination form on reverse side)

**Signature:** ____________________________  **ID #:** ____________________________

**Name (Print Legibly):** ____________________________  **Date:** ____________________________

Please check one of the following:

- Hospital Employee (direct employee on facility payroll)
- Licensed independent Practitioner – Physicians, Physician assistants, Advanced practice nurses only
- Student/Trainee
- Volunteer
- Contract Employee: ____________________________ (employer)
- Other_______________________________

**Department Name:** ____________________________

**FOR VACCINATOR USE ONLY:** Administration of Influenza Virus Vaccine

**Manufacturer:** ____________________________  **Lot Number:** ____________________________  **Exp Date:** __________

**Administration:**
- 0.5mL IM Right Deltoid
- 0.5mL IM Left Deltoid
- 0.2mL Intranasal

**VIS Date:** 7/2/2012

**Signature of HCP Administering Vaccine:**

**Name (print):** ____________________________  **Title:** ____________________________  **Date:** ____________________________
Declination of Influenza Vaccination
(Complete this side only if declining the vaccine)

My employer or affiliated health facility: _____________________________________________ has recommended that I receive influenza vaccination in order to protect myself and the patients I serve.

I acknowledge that I am aware of the following facts:

• Influenza is a serious respiratory disease that kills 3000-49,000 persons and hospitalizes more than 200,000 persons in the United States each year.
• Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
• If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to patients in this facility.
• If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
• I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
• I cannot get the influenza disease from the influenza vaccine.
• The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:
  o patients in this healthcare setting
  o my co-workers
  o my family
  o my community

Despite these facts, I am choosing to decline influenza vaccination right now.

• I understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available.
• I have read and fully understand the information on this declination form.

Signature: ____________________________________________ ID #: __________

Name (Print Legibly): ____________________________________________ Date: _________

Please check one of the following:

- Hospital Employee
- Licensed independent Practitioner – Physicians, Physician assistants, Advanced practice nurses only
- Student/Trainee
- Volunteer
- Contract Employee: __________________________ (employer)
- Other __________________________

Department Name:

Please Indicate Reason for Declination:
Resources

National Healthcare Safety Network:

- Healthcare Personnel Safety Component, Vaccination Module Main Page
- Healthcare Personnel Safety Component, Training slides (includes screen shots)
- Healthcare Personnel Vaccination Module: Influenza Vaccination Summary Protocol
- Healthcare Personnel Influenza Vaccination Summary Form and Instructions
- Operational Guidance for Acute Care Hospitals - Flu Vaccination Summary
- Frequently Asked Questions - Healthcare Personnel Influenza Vaccination Summary Reporting in NHSN

Influenza Vaccination Measure:

- National Quality Forum: http://www.qualityforum.org/QPS/0431

Healthcare Worker Influenza Vaccination:

- American Nurses Association Influenza Toolkit: http://www.anaimmunize.org/Flutoolkit
- Influenza Vaccination of Healthcare Personnel, CDC Recommendations: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm