

September 8, 2011

TO: Hospital, Long-Term Care Skilled Nursing Facilities, and Free-Standing Ambulatory Surgical Centers

SUBJECT: Annual Survey on Influenza Vaccination of Staff for 2011-2012

We are writing to provide you with the content for the 2011-2012 healthcare worker influenza survey, so you can prepare to collect this data for the survey. We have revised the survey to include definition updates from the Centers for Disease Control and Prevention (CDC). We plan to send you an electronic version of this survey in April 2012.

Healthcare facilities are required to report influenza vaccination, documented contraindication, and informed declination rates for staff in accordance with ORS 442.425 and OARs 409-023-0000 through 409-023-035.

We have attached three documents to assist you in collecting data during the 2011-2012 flu season:

- Attachment A represents the content of the annual healthcare worker influenza vaccination survey. At this time, we are sending you this form so you can understand the data that will be collected in the survey. **In April 2012, we plan to send you an electronic version of this survey.**
- Attachment B includes definitions for the data fields in the survey form (Attachment A).
- Attachment C is a **sample** influenza consent/declination form that can be used to support the data to be collected for the survey. Note that influenza vaccination, medical contraindication, and refusal of vaccination must be documented. In addition, if your staff members are vaccinated outside of your facility, you need to document this fact so that these staff can be counted as vaccinated. The sample form in Attachment C provides a means to document this information.

In addition to meeting the requirements of the reporting program reporting program cited above, the information collected in the survey will also be provided to the Public Health Division to inform public health policy and interventions to increase health care worker vaccination rates. Hospitals and long-term care facilities with strong health care worker vaccination rates will be highlighted on the Public Health Division's Health Facility Best Practice Honor Roll at flu.oregon.gov.

If you have any questions about this survey, please contact Jeanne Negley, HAI Program Coordinator, at Jeanne.Negley@state.or.us or phone (503) 373-1793.

Sincerely,

Elyssa Tran, MPA
Health Systems Research and Data Manager
Office for Oregon Health Policy and Research

ATTACHMENT A

Influenza Vaccination/Declination Surveillance
 Collection Start Date: July 1, 2011; End Date: March 31, 2012

Facility Name: _____

Facility Address/City: _____

Name and Title of Person Completing Form: _____

The undersigned certifies that the information in this form is accurate and true to the best of their knowledge.

Signature of Person Completing Form: _____ **Date:** _____

Contact Information: Email: _____ **Phone:** _____

Components		Counts		
		Employees	Non-Employees, Credentialed	Non-Employees, Other
<u>Denominator Information</u>				
1. Worked at this healthcare institution between July 1, 2011 and March 31, 2012.				
<u>Numerator Information</u>				
2. Received an influenza vaccine at this healthcare institute between July 1, 2011 and March 31, 2012.				
3. Have a documented influenza vaccine elsewhere				
4. Have a documented medical contraindication for the influenza vaccine				
5. Have a documented declination form to not receive the influenza vaccine for non-medical reasons				
6. Unknown status				
7: For declinations other than for medical contraindication, input the following counts:				
Counts	Reason checked			
	I believe I will get the flu if I get the shot			
	I don't like needles			
	I never get the flu			
	My philosophical or religious beliefs prohibit vaccination			
	I am concerned about side effects			
	I decline to provide a reason			
	Other			
List reasons for Other: _____				

8. Which of the following methods did you use during the influenza season to deliver vaccine to your healthcare workers? (check all that apply)				
<input type="checkbox"/> Mobile carts <input type="checkbox"/> Centralized mass vaccination fairs <input type="checkbox"/> Peer vaccinators <input type="checkbox"/> Provided vaccination in congregate areas (e.g., conferences/meetings or cafeteria)				

ATTACHMENT A

<input type="checkbox"/> <input type="checkbox"/> Provided vaccination at occupational health clinic <input type="checkbox"/> <input type="checkbox"/> Other, specify: _____
9. Which of the following strategies did you use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply) <input type="checkbox"/> No formal promotional activities are planned <input type="checkbox"/> <input type="checkbox"/> Incentives <input type="checkbox"/> Reminders by mail, email or pager <input type="checkbox"/> Coordination of vaccination with other annual programs (e.g., tuberculin skin testing) <input type="checkbox"/> Required receipt of vaccination for credentialing (if no contraindications) <input type="checkbox"/> Campaign including posters, flyers, buttons, fact sheets <input type="checkbox"/> Required vaccination or wearing of mask during influenza season <input type="checkbox"/> Other, specify: _____
10. Did you conduct any formal educational programs (i.e., a course or program) on influenza and influenza vaccination for your healthcare workers? <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No
11. Comments: _____ _____ _____
If you have any questions regarding data collection for this form, contact Jeanne Negley at Jeanne.Negley@state.or.us or (503) 373-1793.

NOT FOR SUBMISSION

ATTACHMENT B

Definitions for Influenza Vaccination/Declination Survey 2011-2012

Denominator Statement: Number of HCP who are working in the healthcare facility for at least 30 working days between July 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.

Denominators are to be calculated separately for:

- a. Employees: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).
- b. Non-Employees, Credentialed: This consists of licensed independent practitioners: include physicians (MD, DO, MBBS), advanced practice nurses, and physician assistants only who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility.
- c. Non-Employees, Other: Students/trainees and volunteers: include all students/trainees and adult volunteers who don't receive a direct paycheck from the reporting facility.

Numerator Statement: HCP in the denominator population who during the time from July 1 (or when the vaccine became available) through March 31 of the following year:

- a. Received an influenza vaccination administered at the healthcare facility,
- b. Reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
- c. were offered but declined the vaccination; or
- d. were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillian-Barré Syndrome within 6 weeks after a previous influenza vaccination; or
- e. Unknown: Persons with unknown vaccination status or who do not otherwise meet any of the definitions of the above-mentioned numerator categories.

Numerators are to be calculated separately for each of the above groups.

Exclusions: None.

Data Source: Medical or administrative records.

Denominator Codes:

1. Include all HCP in each of the three denominator categories who have worked at the facility between July 1 and March 31 for at least 30 working days. This includes persons who joined after July 1 or who left before March 31, or who were on extended leave during part of the reporting period. Work for any number of hours a day should be counted as a working day.
2. Include both full-time and part-time persons. If a person works in two or more facilities, each facility should include the person in their denominator.
3. Count persons as individuals rather than full-time equivalents.
4. Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees.
5. The denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the three denominator categories.

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Numerator Codes:

1. Persons who declined vaccination because of conditions other than those specified as medical contraindication (in the fourth numerator category above) should be categorized as declined vaccination.
2. Persons who declined vaccination and did not provide any other information should be categorized as declined vaccination.
3. Persons who did not receive vaccination because of religious or philosophical exemptions should be categorized as declined vaccination.
4. Persons who deferred vaccination all season should be categorized as declined vaccination.
5. The numerator categories are mutually exclusive. The sum of the four numerator categories should be equal to the denominator.

SAMPLE INFLUENZA VACCINE CONSENT

Print name: _____ **Department:** _____

Response 1: **I request that the vaccine be given to me.**

Signature: _____ Date: _____

Response 2: **I decline the vaccine today because I have already had a flu shot for the 2010-2011 flu season.**

Clinic where vaccinated: _____ Date vaccinated: _____ (Approximate is OK.)

Signature: _____ Date: _____

Response 3: **I decline the vaccine today because I have a medical contraindication. I have been determined to have a medical contraindication condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillian-Barré Syndrome within 6 weeks after a previous influenza vaccination.**

Signature: _____ Date: _____

Response 4: **I decline the vaccine today. If Response 4 is selected, complete the declination form below and page 2 of the declination form.**

Influenza vaccine declination

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 23,607 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 protect our patients from influenza disease, its complications, and 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 disease to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild or non-existent, 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 understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including my patients and other patients in this healthcare setting, including my coworkers, my family, and my community.

I understand that I can 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: _____ Date: _____

For Facility Use Only:

- Staff Type: Employees (receives paycheck from healthcare facility)
 Non-employees, Credentialed
 Non-employees, Other

ATTACHMENT C

If response 4 is selected, complete the following section. (Providers can store this information in a separate file to collate data at a later date):

I decline the vaccination for the following reason(s). Please check all that apply:

- I believe I will get the flu if I get the shot
- I don't like needles
- I never get the flu
- My philosophical or religious beliefs prohibit vaccination
- I am concerned about side effects
- I decline to provide a reason.
- Other: _____