

June 24, 2010

TO: Accrediting and Licensing Department, Hospitals

SUBJECT: Annual Survey on Influenza Vaccination of Staff for 2009-2010

Each hospital is requested to report influenza vaccination, documented contraindication, and informed declination rates for all staff for the 2009-2010 flu season and to submit this data to the Office of Health Policy and Research (OHPR) by July 31, 2010.

This document provides the survey forms for Reporting of Influenza Vaccination, Medical Contraindication and Declination Rates for Staff, 2009-2010, for compliance with Oregon Administrative Rule 409-023-0013(4).

The following information is provided to complete this form:

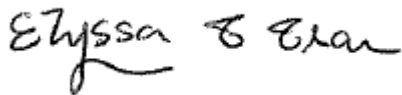
1. Staff is defined as healthcare personnel (HCP), which refers to all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.

HCP might include (but are limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by health-care facility, and persons (e.g., clerical, dietary, house-keeping, laundry, security, maintenance, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

2. The cutoff date for tabulation of the data Attachment A is the count of vaccinations, declinations, or documented medical contraindications between September 1, 2009 and March 31, 2010. The total count of staff is the count on March 31, 2010.
3. Attachment A is due to OHPR by July 31, 2010. Upon completion, please email to ohpr.datasubs@state.or.us or fax to Jeanne Negley at (503) 378-5511.

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 Data and Research Manager
Oregon Health Policy and Research

cc: HAI Advisory Committee
Oregon Association of Hospitals and Health Systems

ATTACHMENT A

Influenza Vaccination/Declination Surveillance for Hospitals

Collection Start Date: September 1, 2009; End Date: March 31, 2010

Hospital Name: _____

By printing your name below you certify that the information in this form is accurate and true.

Name and Title of Person Completing Form: _____

_____ **Date:** _____

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

Components	Number	
<p>1. Can you provide influenza vaccination data for all staff categories according to the Healthcare worker definition provided in the cover letter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, proceed to question 2.</p> <p>1a. Estimate percentage of healthcare workers not counted:</p> <p><input type="checkbox"/> < 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50%+</p> <p>1b. List categories of healthcare workers not counted: _____</p>		
2. Total number of staff with a documented influenza vaccination during the influenza season (includes influenza vaccines administered in settings other than reporting facility).	Seasonal	H1N1
3. Total number of staff (include part-time; total count as of March 31, 2010).		
4. Total number of staff with a documented medical contraindication of influenza vaccination during the influenza season.	Seasonal	H1N1
5. Total number of staff with a documented refusal of influenza vaccination during the influenza season.	Seasonal	H1N1
6. Which of the following methods did you use during the influenza season to deliver vaccine to your healthcare workers? (check all that apply)		
<p><input type="checkbox"/> Mobile carts</p> <p><input type="checkbox"/> Centralized mass vaccination fairs</p> <p><input type="checkbox"/> Peer vaccinators</p> <p><input type="checkbox"/> Provided vaccination in congregate areas (e.g., conferences/meetings or cafeteria)</p> <p><input type="checkbox"/> Provided vaccination at occupational health clinic</p> <p><input type="checkbox"/> Other, specify: _____</p>		
7. Which of the following strategies did you use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)		
<p><input type="checkbox"/> No formal promotional activities are planned</p> <p><input type="checkbox"/> Incentives</p> <p><input type="checkbox"/> Reminders by mail, email or pager</p> <p><input type="checkbox"/> Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)</p> <p><input type="checkbox"/> Required receipt of vaccination for credentialing (if no contraindications)</p> <p><input type="checkbox"/> Campaign including posters, flyers, buttons, fact sheets</p> <p><input type="checkbox"/> Other, specify: _____</p>		
8. Did you conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Upon completion, please email this to ohpr.datasubs@state.or.us or fax to Jeanne Negley at (503) 378-5511. For questions, contact Jeanne Negley (503) 373-1793.</p>		