ATTACHMENT A

Influenza Vaccination Surveillance

Collection Start Date: October 1, 2016; End Date: March 31, 2017

Facility Name: _____

Facility Address/City: _____

Name and Title of Person Completing Form: _____

Facility Type: ☐ Hospital (including acute, critical access and long-term acute care)
☐ Long-term Care Facility (including assisted living, skilled nursing, and inpatient rehab)
☐ Free-standing Ambulatory Surgical Center

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: _____

Record the number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

*Vaccination type: Influenza	*Influenza subtype[a]: Seasonal	*Influenza Season[b]: 2016/2017	**CMS ID# (optional):**

PLEASE BE SURE THAT QUESTION 7 (TOTAL OF QUESTIONS 2 - 6) IS THE SAME TOTAL PROVIDED IN QUESTION 1 FOR EACH CATEGORY OF HEALTHCARE WORKER.	**Employee HCP**	**Non-Employee HCP**		
	*Employees (staff on facility payroll)	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	*Adult students/ trainees & volunteers	Other contract personnel (optional)
Denominator Information: (Should be the same total provided in Question 7) 1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 & March 31				
Numerator Information 2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season[b]				
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season[b]				
4. Number of HCP who have a medical contraindication[c] to the influenza vaccine				
5. Number of HCP who declined to receive the influenza vaccine this season[b]				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above) this season[b]				
Total of Numerator Information: (Should be the same total provided in Question 1) 7. The numbers reported in Questions 2 through 6 should add up to the denominator reported in Question 1 for each type of employee/non-employee				

*required

[a] For the purposes of NHSN, influenza subtype refers to whether seasonal or non-seasonal vaccine is used. Seasonal is the default and only current choice.

[b] For the purposes of NHSN, a flu season is defined as July 1 to June 30.

[c] Among those receiving trivalent influenza vaccine (TIV), a medical contraindication is a condition of severe allergic reaction (anaphylactic hypersensitivity) to eggs or to other components of the vaccine. Among those receiving live,attenuated influenza vaccine (LAIV), medical contraindications also include asthma or a history of Guillian-Barré Syndrome.