

## ATTACHMENT A

### Influenza Vaccination Surveillance

Collection Start Date: October 1, 2018; End Date: March 31, 2019

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 <sup>a</sup> : Seasonal	*Influenza Season <sup>b</sup> : 2018/2019	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)
<b>Denominator Information:</b> (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				
<b>Numerator Information</b>				
2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season <sup>b</sup>				
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 <sup>b</sup>				
4. Number of HCP who have a medical contraindication <sup>c</sup> to the influenza vaccine				

5. Number of HCP who declined to receive the influenza vaccine this season <sup>b</sup>				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above) this season <sup>b</sup>				
<b>Total of Numerator Information: (Should be the same total provided in Question 1)</b> 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

<sup>a</sup> 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.

<sup>b</sup> For the purposes of NHSN, a flu season is defined as July 1 to June 30.<sup>c</sup> 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.