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State of California—Health and Human Services Agency
California Department of Public Health



ARNOLD SCHWARZENEGGER
Governor

AFL REVISION NOTICE

Subject: Regulatory Requirements for Compliance with Senate Bill 739: Mandatory Reporting of Influenza Vaccination/Declination of Hospital Personnel, 2010-2011 Influenza Season

Revision To: AFL 08-17

Revision Date: September 16, 2010

Attachments: AFL 10-29

This notice is to inform you that the California Department of Public Health has revised All Facilities Letter (AFL) 08-17 with the attached AFL 10-29, which supersedes AFL 08-17.

The revised AFL has been updated to clarify General Acute Care Hospital reporting requirements relating to influenza vaccinations of hospital personnel. The Influenza Vaccination/Declination Surveillance Form has been revised to include various categories of non-employee personnel in order to allow CDPH to obtain a more complete assessment of the vaccination rate of hospital personnel. These categories were selected based on input from a number of hospitals.

The updated AFL also advises that during the 2010-2011 influenza season, General Acute Care Hospitals must ensure all employees are offered education on influenza and the opportunity to receive the influenza vaccine at no cost to them. Additionally, GACH influenza vaccination programs must conduct outreach to all hospital personnel regardless of employment status.

Please review the AFL and contact your local District Office if you have further questions.



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September 16, 2010

AFL 10-29
(Supersedes AFL 08-17)

TO: General Acute Care Hospitals

SUBJECT: Regulatory Requirements for Compliance with Senate Bill 739: Mandatory Reporting of Influenza Vaccination/Declination of Hospital Personnel, 2010-2011 Influenza Season

DISTRIBUTION LIST –
Accrediting and Licensing

This is the **only** copy being sent to your facility. **Please distribute copies to all of the following persons:**

**Chief Executive Officer
Chief Nurse Executive
Chief Medical Officer
Director, Medical Staff Office
Director, Quality Management Department
Infection Control Committee Chair
Infection Prevention and Control Professionals
Employee Health Professionals
Director, Volunteer Department**

Authority:

Senate Bill (SB) 739 (Speier, Chapter 526, Statutes of 2006)
California Code of Regulations, Title 22, Section 70739

Attachments:

- A. 2010-2011 Influenza Vaccination/Declination Surveillance Form for California General Acute Care Hospitals
- B. Sample 1: Influenza Vaccination Consent
- C. Sample 2: Influenza Vaccination Received Elsewhere
- D. Sample 3: Influenza Vaccine Written Declination

Background:

Health and Safety Code Section 1288.5 et.seq. has required California general acute care hospitals to report influenza vaccination and declination rates to the California Department of Public Health (CDPH) since the 2008-2009 influenza season. The statute requires that each hospital annually offer onsite influenza vaccinations, if available, to all hospital employees at no cost to the employee. Each general acute care hospital must require its employees to be vaccinated, or if the employee elects not to be vaccinated, to declare in writing that he or she has declined the vaccination.

In order to comply with this mandate, during the 2010-2011 influenza season, each general acute care hospital must ensure **that ALL employees are offered education on influenza and the opportunity to receive the influenza vaccine at no cost to the employee. In order to meet these requirements, influenza vaccination programs must perform outreach to 100% of hospital personnel.**

Additionally, Health and Safety Code Section 1288.8(b) also requires that hospitals report to the department the influenza vaccination status of all healthcare personnel (HCP) and requires the department to make this information public. The Centers for Disease Control and Prevention (CDC) clarifies the term HCP refers to all paid and unpaid persons working in health-care settings who have the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include (but are not 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 the health-care facility, and persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP.

In order to improve the quality of the data reported to the department, reporting requirements have been clarified for the upcoming season. At the same time, the department recognizes that many hospitals have not yet put into place systems to collect influenza vaccination information from all categories of employee and non-employee HCP. To address this issue, the department has established preferred categories for reporting this season. These categories were selected based on input from a number of hospitals.

Facility Reporting Requirements for 2010-2011 Influenza Season:

The requirements below apply to the 2010-2011 influenza season (beginning September 1, 2010 and ending March 31, 2011).

- 1) Each general acute care hospital in California is required to report influenza vaccination and declination data to the department. While not mandatory, the

department requests that hospitals the use the attached 2010-2011 Influenza Vaccination/Declination Surveillance Form (Attachment A) to ensure consistency statewide. The required reportable data must be submitted to CDPH no later than April 30, 2011.

a) To ensure consistency, all vaccination and declination data should be reported using the following categories:

1. Paid employees (employees not on extended leave or absence).
2. Non-employee physicians (MD, DO), podiatrists, dentists.
3. Non-employee advanced practice nurses.
4. Non-employee physician assistants.
5. Hospital volunteers.

b) For each of the categories (1 through 5) above, the following data must be compiled according to the influenza season, September 1, 2010 through March 31, 2011, and submitted to the department by April 30, 2011:

- Total number vaccinated at your facility.
- Total number that received a vaccination outside of your facility.
- Total number that declined vaccination *and* were not vaccinated elsewhere.
- Total number with unknown vaccination status.
- The "Total" column should be the total number of staff in each of the categories above.

2) Attachments B – D are sample templates that may be used to create forms specific to your facility. The use of these templates is not mandatory. However, the department recommends that the vaccination forms and declination forms be distinct and separate from each other.

3) Education is required for employees regarding benefits of influenza vaccination and potential health consequences of influenza infection for the employees and their patients. The Centers for Disease Control and Prevention (CDC) provides messaging to address the 2010-2011 influenza recommendations in several languages. This may be downloaded at: <http://www.cdc.gov/flu/freeresources/>.

Facilities may incorporate the following components into the required influenza education offered prior to staff signing a vaccination consent or informed declination:

- Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.
- Influenza virus may be shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.

- Influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months. In California, influenza usually begins circulating in early January and continues through February or March.
- The influenza vaccine cannot transmit influenza. It does not, however, prevent all disease.

4) The department recommends that facilities incorporate the following phrase into all informed declination forms:

“I have declined to receive the influenza vaccine for the 2010-2011 season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all healthcare workers in order to prevent infection from and transmission of influenza.”

5) It is advisable that general acute care hospitals establish a process to ensure that they can provide evidence of influenza vaccination and/or verification of informed declination for all staff including registry and contracted personnel. Hospital leadership can take steps to ensure that appropriate language is inserted into contracts and credentialing renewals in order to achieve certainty that all registry and contract personnel have been vaccinated or signed an informed declination. An assessment may be sent out to ascertain if this process has been established in your hospital.

6) Hospital-specific staff vaccination/informed declination rates gathered for the 2010-2011 influenza season will be publicly posted per legislative requirements.

If you have questions about this All Facilities Letter, please contact the Healthcare-Associated Infections Program at infectioncontrol@cdph.ca.gov or phone 510-412-6060.

Sincerely,

Original Signed by Kathleen Billingsley, R.N.

Kathleen Billingsley, R.N.
Deputy Director
Center for Health Care Quality

cc: California Hospital Association
California Conference of Local Health Officers
HAI Advisory Committee

ATTACHMENT A

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH HEALTHCARE ASSOCIATED INFECTIONS PROGRAM

2010-2011 Influenza Vaccination/Declination Surveillance Form California General Acute Care Hospitals

Reporting period: September 1, 2010 through March 31, 2011

Due to CDPH by April 30, 2011

Fax to: CDPH Healthcare Associated Infections Program (510) 620-3989

ADDITIONAL INSTRUCTIONS AND DEFINITIONS ON BACK OF FORM

☐ First Report

☐ Revised report

Date this form completed

Hospital NHSN ID _____ Name of Hospital

Number of licensed beds _____

Name of Person completing form _____

Department responsible for data collection

Phone _____ Fax _____

Please provide an email address for confirmation that CDPH received your hospital's report:

Email _____

Please indicate numbers of persons in each of the following categories as of March 31, 2011. Please do not leave any blank cells; enter '0' or 'N/A' (not available) as appropriate.

	Vaccinated by facility ^f	Vaccinated elsewhere ^g	Declinations ^h	Unknown ⁱ	Total ^j
Paid employees^a					
Non-employee physicians (MD, DO), podiatrists, dentists^b					
Non-employee advanced practice nurses^c					

ATTACHMENT A

Non-employee physician assistants^d					
Volunteers^e					

a. All employees that were on the facility payroll as of March 31, 2011, not on extended leave or absence

b. All physicians (MD and DO), podiatrists, and dentists at the reporting facility as of March 31, 2011 but who did not receive a direct paycheck from the reporting facility

c. All advanced practice nurses including nurse practitioners, certified nurse-midwives, clinical nurse specialists and certified registered nurse anesthetists at the reporting facility as of March 31, 2011 but who did not receive a paycheck from the reporting facility

d. All physician assistants at the reporting facility as of March 31, 2011 but who did not receive a direct paycheck from the reporting facility

e. All volunteers at the reporting facility as of March 31, 2011

f. The total number that received a vaccine at the reporting facility

g. The total number that received a vaccine outside the facility

h. The total number that declined vaccine and **did not** receive it elsewhere

i. The total number with unknown vaccine status

j. This is the sum of the numbers in the preceding four columns: Vaccinated by facility + Vaccinated elsewhere + Declinations + Unknown

ATTACHMENT A

Instructions and Definitions

California Health and Safety Code (HSC) requires that all general acute care hospitals (GACH) licensed according to HSC Section 1250 must:

- annually offer onsite influenza vaccinations, upon availability, to all hospital employees at no cost to the employee;
- require its employees to be vaccinated, or if the employee elects not to be vaccinated, to obtain a written declaration that the employee declined vaccination; and
- annually report to CDPH infection prevention process measures as recommended by the Centers for Disease Control and Prevention Healthcare Infection Control Practices Advisory Committee, including but not limited to influenza vaccination measures of healthcare personnel.

This report form should be used to report to CDPH influenza vaccination rates among employees and healthcare personnel for the reporting period September 1, 2010 through March 31, 2011. CDPH will not accept these data in any other format. CDPH will send an email confirming receipt of the report, as long as an email address is provided on the front of this form as indicated.

First Report: Indicate if this is the first report from the reporting facility for this reporting period

Revised Report: Indicate if this is a revision of a previously submitted report

Date this form completed: Indicate the date that this form was completed

Hospital NHSN ID: The five-digit number assigned to the reporting facility upon enrollment in NHSN. If your facility has not enrolled in NHSN and therefore has not received an NHSN ID, CDPH assigned an ID to your facility. This ID will be 5 digits and will begin with a 9.

Name of Hospital: The name of the reporting hospital

Number of licensed beds: The number of licensed acute care beds in the reporting facility

Name of person completing form: The name of the person reporting the information and/or the main contact for the information

Phone: The phone number for the reporting person listed above

Fax: The fax number for the reporting person listed above

Email: The email address for the reporting person listed above

Provide the following data as indicated in the table:

Vaccinated by the facility: The total number that received a vaccine at the reporting facility

Vaccinated elsewhere: The total number that received a vaccine outside the facility

Declinations: The total number that declined vaccine and **did not** receive it elsewhere

Unknown: The total number with unknown vaccine status

Total: This is the sum of the numbers in the preceding four columns: Vaccinated by facility + Vaccinated elsewhere + Declinations + Unknown.

Paid employees: All employees that were on the facility payroll as of March 31, 2011, not on extended leave or absence

Non-employee physicians (MD, DO), podiatrists, dentists: All non-employee physicians (MD and DO), podiatrists, and dentists at the reporting facility as of March 31, 2011 but who did not receive a direct paycheck from the reporting facility

Non-employee advanced practice nurses: All advance practice nurses including nurse practitioners, certified nurse-midwives, clinical nurse specialists and certified registered nurse anesthetists at the reporting facility as of March 31, 2011 but who did not receive a paycheck from the reporting facility

Non-employee physician assistants: All physician assistants at the reporting facility as of March 31, 2011 but who did not receive a direct paycheck from the reporting facility

Volunteers: All volunteers at the reporting facility as of March 31, 2011

ATTACHMENT B

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH HEALTHCARE ASSOCIATED INFECTIONS PROGRAM

2010-2011 Influenza Vaccination Consent Form California General Acute Care Hospitals

I WANT TO RECEIVE THE FLU SHOT TODAY.

I have read the "Influenza Vaccine Information Statement, 2010-2011 Season." I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccination.

I request that the vaccine be given to me.

Print Name _____

Department _____

Signature _____

Date _____

Lot number _____

Expiration date _____

Site 0.5 ml IM L ☐ R ☐

Given By _____

ATTACHMENT C

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH HEALTHCARE ASSOCIATED INFECTIONS PROGRAM

2010-2011 Influenza Vaccination Received Elsewhere Form California General Acute Care Hospitals

I HAD THE FLU SHOT ELSEWHERE.

Print Name _____

Department _____

Signature _____

Date signed _____

(We will count you as vaccinated.)

Clinic where vaccinated

Date vaccinated _____

ATTACHMENT D

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH HEALTHCARE ASSOCIATED INFECTIONS PROGRAM

2010-2011 Influenza Vaccine Written Declination Form California General Acute Care Hospitals

I DO NOT WANT A FLU SHOT.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.
- Influenza virus may be shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months. In California, influenza usually begins circulating in early January and continues through February or March.
- I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease.
- I have declined to receive the influenza vaccine for the 2010-2011 season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all healthcare workers in order to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

Knowing these facts, I choose to decline vaccination at this time. I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information on this declination form.

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

- ☐ I believe I will get influenza if I get the vaccine.
- ☐ I do not like needles.
- ☐ My philosophical or religious beliefs prohibit vaccination.
- ☐ I have an allergy or medical contraindication to receiving the vaccine.
- ☐ I do not wish to say why I decline.
- ☐ Other reason – please tell us.

Print Name _____

Department _____

Signature _____

Date _____