

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					
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

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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