



# **INFLUENZA VACCINATION AMONG HEALTH CARE PERSONNEL IN CALIFORNIA GENERAL ACUTE CARE HOSPITALS FOR THE 2010-11 RESPIRATORY SEASON**

HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM  
CENTER FOR HEALTH CARE QUALITY  
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

December 5, 2011

# INFLUENZA VACCINATION AMONG HEALTH CARE PERSONNEL IN CALIFORNIA GENERAL ACUTE CARE HOSPITALS FOR THE 2010-11 RESPIRATORY SEASON

## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>i</b>
<b>INTRODUCTION.....</b>	<b>1</b>
<b>METHODS .....</b>	<b>2</b>
Influenza Vaccination of Health Care Personnel Surveillance System.....	2
Definitions .....	3
Quality Assurance .....	4
Analyses .....	4
<b>RESULTS .....</b>	<b>5</b>
Overall Response Percentage .....	5
Hospital-Specific Mean Percentages .....	5
Hospital Demographics .....	5
Survey .....	6
Healthy People 2010 and 2020 .....	6
<b>DISCUSSION.....</b>	<b>7</b>
<b>RECOMMENDATIONS.....</b>	<b>9</b>
<b>REFERENCES.....</b>	<b>11</b>
<b>DATA TABLES.....</b>	<b>13</b>
<b>APPENDIX.....</b>	<b>37</b>

## EXECUTIVE SUMMARY

This is the third California Department of Public Health (CDPH) report on healthcare personnel influenza vaccination in California hospitals. For the 2010-11 influenza season, CDPH's Healthcare Associated Infections (HAI) Program implemented measures that increased reporting compliance to 98% from 80.9% for 2009-10 and significantly improved the completeness and quality of the reported data, and conducted a survey of influenza vaccination policies and practices. Healthcare personnel (employee and non-employee) influenza vaccination was 60.4% and remained well below national target levels, in spite of the use by most hospitals of recommended strategies to increase voluntary vaccination. The few hospitals that implemented mandatory vaccination policies were able to meet the Healthy People 2020 target of 90% vaccination.

Health care personnel (HCP) are a source of transmission of influenza to coworkers and patients in hospitals [1-4]. Annual vaccination is the most effective strategy to prevent influenza and its transmission. For those at highest risk of influenza, such as infants, the elderly, and those with compromised immune function, the vaccine is the least effective. It is most effective among healthy young adults, which includes many HCP [4]. Influenza vaccination is a simple, safe, and cost effective way to prevent transmission of influenza from HCP to patients [4], yet national estimates of vaccination coverage in HCP remain low at 63.5% [1,5,6].

Senate Bill (SB) 739 (Chapter 526, Statutes of 2006) attempted to improve influenza acceptance among employees in California acute care hospitals by requiring them to be offered vaccine free of charge and to sign a declination form if they choose not to be vaccinated. Hospitals must report to CDPH on their implementation of SB 739, including the percentage of HCP vaccinated, and CDPH is required to make this information public.

The 2010-11 influenza season was the third for which hospitals submitted influenza vaccination information to CDPH. The influenza season is defined as September 1, 2010 through March 31, 2011. The mean hospital-specific employee vaccination percentage of 64.3% was only modestly higher compared with 2008-09 (55%) and 2009-10 (63%) [8-9]. This indicates that the statewide mandatory written declination policy has not significantly increased hospital HCP influenza vaccination coverage. Half of California hospitals failed to meet the Healthy People 2010 target of 60% HCP vaccination, and few reached the Healthy People 2020 target of 90% [7].

The HAI Program expended considerable effort during the 2010-11 influenza season to improve hospital reporting to CDPH. We implemented a real-time quality assurance process that increased reporting compliance from 80.9% for 2009-10 to 98% for the 2010-11 season. We also used specific, standard definitions for employees and non-employee HCP, which significantly improved the completeness and quality of reported employee influenza vaccination surveillance data. Despite the use of specific definitions, however, influenza vaccination surveillance data for non-employee HCP was incomplete, with the vaccination status for more than 50% of some non-employee HCP categories remaining unknown.

A comprehensive online survey of influenza vaccination policies and practices, in which 91.4% of California hospitals participated, found that most hospitals are using strategies recommended by the Healthcare Infection Control Practice Advisory Committee and Advisory

Committee on Immunization Practices (ACIP) to promote influenza vaccination among HCP. These strategies include comprehensive influenza vaccination campaigns, multiple vaccination opportunities during all shifts, education on influenza and vaccination, and including all personnel in vaccination promotion strategies and vaccination opportunities —. Hospitals that met the Healthy People 2020 target of 90% were more likely to use a mandatory participation vaccination policy with multiple enforcement strategies. However, fewer than 5% of hospitals exceeded 90% vaccination coverage, indicating that meeting the Healthy People 2020 target may not be feasible without some form of mandatory vaccination policy.

This report indicates that compliance with influenza vaccination reporting requirements by California hospitals has significantly improved, but more work is needed to improve data collection on vaccination status among non-employee HCP. While most hospitals use recommended strategies to promote influenza vaccination among HCP, influenza vaccination coverage among HCP in California remains low, and hospital monitoring of HCP vaccination status is inadequate. The current mandates have not achieved recommended influenza vaccination coverage among HCP in California general acute care hospitals. Hospitals should implement mandatory vaccination policies to significantly improve influenza vaccination coverage of HCP in California hospitals and achieve the Healthy People 2020 target of 90% vaccination.

## INTRODUCTION

Health care personnel (HCP) are an important source of transmission of the influenza in the health care setting [1-4]. Contributions to influenza transmission by HCP include the occurrence of asymptomatic infection and mild illness and working while ill [2-4]. Annual vaccination is the most effective strategy to prevent influenza and its transmission. In 2010, the Advisory Committee on Immunization Practices (ACIP) recommended vaccination for all persons aged six months and older, rather than based on the presence of risk factors [1]. For those at highest risk of influenza, such as infants, the elderly, and those with severely compromised immune function, the vaccine is the least effective. It is most effective among healthy young adults, which includes many HCP [4]. Influenza vaccination is a simple, safe, and cost effective way to prevent transmission of influenza from HCP to patients [4], yet national estimates of vaccination coverage in HCP remain low at 63.5% [1,5,6].

Senate Bill (SB) 739 (Chapter 526, Statutes of 2006) attempted to improve influenza acceptance among employees in California acute care hospitals by requiring them to be offered vaccine free of charge and to sign a declination form if they choose not to be vaccinated [Health and Safety Code section 1288.7 (a)]. Hospitals must report to the California Department of Public Health (CDPH) on their implementation of SB 739, including the percentage of HCP vaccinated, and CDPH is required to make this information public [Health and Safety Code section 1288.8 (b)].

The H1N1 pandemic in 2009-10 failed to increase appreciably HCP vaccination coverage, and transmission of H1N1 influenza was documented among HCP [10]. This resulted in a national focus on voluntary versus mandatory HCP vaccination policies. Traditional voluntary strategies recommended by the Healthcare Infection Control Practices Advisory Committee and ACIP [11], such as education on influenza risks and vaccination benefits, free accessible vaccination opportunities, and mandatory signed declination have not, with few exceptions, significantly increased vaccination coverage [12-15]. A mandatory vaccination policy, with only medical (or sometimes religious) exemption, requires termination for those declining vaccination [16]. Mandatory participation refers to a policy with consequences other than termination for the unvaccinated, such as wearing personal protective equipment (PPE) during the entire work shift [17]. Mandatory vaccination of HCP in some form is recommended or endorsed by the Infectious Diseases Society of America [18], Society for Healthcare Epidemiology of America [19], Association for Professionals in Infection Control and Epidemiology, Inc. [20], American Academy of Pediatrics [21], American College of Physicians [22], American Hospital Association [23], National Foundation for Infectious Diseases [24], and National Patient Safety Foundation [25]. In November 2010, the National Vaccine Advisory Committee established the Health Care Personnel Influenza Vaccination Subgroup to develop recommendations on strategies to achieve the Healthy People 2020 annual goal of 90% influenza vaccine coverage for HCP [26]. The committee has not yet issued its recommendations.

Beginning January 2013, the federal Centers for Medicare and Medicaid Services (CMS) will require nationwide reporting of HCP influenza vaccination by acute care hospitals through the Hospital Inpatient Quality Reporting Program [27]. Until then, California remains the only state with mandatory public reporting of this information. This report provides the results of the third year of mandatory public reporting of HCP influenza vaccination by California hospitals.

## **METHODS**

### **Influenza Vaccination of HCP Surveillance System**

#### *Pilot*

To resolve data quality issues identified in the 2009-10 report [9], we partnered with the Influenza Subcommittee of the HAI Advisory Committee to identify specific non-employee HCP categories for influenza vaccination surveillance in the 2010-11 season. We solicited input from employee and occupational health professionals in California hospitals and in other CDPH departments and reviewed two potential surveillance report forms, one based on specific groups of HCP (physicians, registry nurses, volunteers) and one based on groups of patient care areas (emergency department, intensive care, pediatrics). The HAI Advisory Committee recommended conducting surveillance on paid employees, licensed independent practitioners (persons legally permitted to provide care and services without direction or supervision, i.e. physicians), and volunteers. Based on these recommendations, we conducted a pilot study to test clarity and comprehension of a new influenza vaccination surveillance report form and to demonstrate the feasibility of collecting vaccination data on specific groups of HCP.

We randomly selected California general acute care hospitals based on the number of licensed beds, patient population (pediatric versus mixed), rurality, and teaching status. We recruited 21 hospitals plus correctional acute care hospitals. We received feedback questionnaires from 10 of 24 hospitals. Respondents stated that the surveillance report form was easy to read and follow and that instructions and definitions were clear. The results from the questionnaire indicated that hospitals were able to obtain data on paid employees. Some hospitals could collect data for volunteers and physicians. Data on non-employee nurse practitioners and physician assistants were very difficult to obtain for many hospitals. Respondents recommended the numerator categories of 'vaccinated elsewhere' and 'declination' are separate to avoid misclassifying personnel that are vaccinated outside the facility as declining vaccination.

#### *Influenza Vaccination Surveillance Report Form*

The reporting period for influenza vaccination surveillance for the 2010-11 influenza season was September 1, 2010 through March 31, 2011. Based on the results of the pilot, we developed a new paper influenza vaccination surveillance report form that included specific categories of non-employee HCP in addition to employees paid by hospitals and volunteers. The three non-employee HCP categories on the pilot form were physicians (MDs, DOs, dentists, podiatrists), advanced practice nurses (nurse practitioners, certified nurse-midwives, clinical nurse specialists, and certified registered nurse anesthetists), and physician assistants. Hospitals were required to submit influenza vaccination surveillance report forms via fax or email to CDPH.

## *Survey*

In addition to influenza vaccination surveillance data, we used an online survey instrument to collect information on activities that hospitals used to promote influenza vaccination among employees and non-employee HCP. The survey questions included:

- whether the facility had a mandatory vaccination policy and how long the policy was in place;
- employee and non-employee personnel targeted for the annual influenza vaccination program;
- full-time status of employees included in the program;
- cost of the influenza vaccination for employees and non-employee HCP;
- shifts during which vaccination was offered;
- methods used to deliver influenza vaccination;
- strategies to promote influenza vaccination;
- use and requirement of education programs on influenza vaccination;
- required documentation of off-site influenza vaccination for employees and non-employee HCP; and
- required signed declination statements for refusal of influenza vaccination.

We also asked questions regarding surveillance of influenza vaccination among non-employees and registry personnel. We used survey responses to identify specific strategies and policies used by hospitals with significantly higher vaccination percentages.

## **Definitions**

We defined a general acute care hospital as any health care facility in California licensed as a general acute care hospital by the CDPH Licensing and Certification Program, with active acute care beds in 2010. CDPH licenses hospitals as single hospitals or multiple campuses under one license, and hospitals could report as a single hospital or as a multi-campus license. However, we analyzed hospitals in one group regardless of whether they reported for one campus or multiple campuses under one license. Facilities with a general acute care hospital license that did not operate any acute care beds in 2010 were not considered to be subject to reporting requirements. The data and results presented in this report represent licensed hospitals as of 2010 that were open during the entire influenza season. Hospitals listed may no longer operate under a single license or may have closed since the end of the reporting period for these data. Additionally, new hospitals may have been licensed after the end of the reporting period.

We collected vaccination status (numerators) in four categories: number of staff who received vaccination at the facility, number of staff who received vaccination elsewhere, number of staff who declined vaccination and number of staff with unknown vaccination status. We collected data for five HCP categories (denominators): paid employees, non-employee physicians, advanced practice nurses, physician assistants, and volunteers. We defined all HCP categories as all employee and non-employee HCP that worked at the hospital during the reporting period. We defined paid employees as all employees that were on the facility payroll and not on extended leave or absence. We defined non-employee HCP as not receiving a direct paycheck from the reporting hospital; the categories of non-employee HCP included non-employee physicians (MDs, DOs, podiatrists, and dentists), non-employee

advanced practice nurses (nurse practitioners, certified nurse-midwives, clinical nurse specialists, and certified registered nurse anesthetists), and non-employee physician assistants.

We obtained data from additional sources on hospital demographics, including licensed bed size, rurality, patient population, and teaching status. We categorized hospitals in three equal groups as small, medium, or large. We defined rural hospitals as “a hospital located in an unincorporated place or census tract of 15,000 or less population according to the 1980 census,” based on the Rural Health Policy Council definition [28]. We defined pediatric hospitals according to the Welfare and Institutions Code list of children’s hospitals [Welfare and Institutions Code section 10727, 10728 (a)]. We used the Association of American Medical Colleges [29] and the Accreditation Council for Graduate Medical Education [30] to identify undergraduate and graduate medical facilities, respectively.

## **Quality Assurance**

For the 2010-11 reporting period, we implemented a real-time quality assurance process to track and correct errors on surveillance report forms. As we received each form, we reviewed the form for missing data. We also ensured that each vaccination status (numerator) category within each of the five HCP categories summed to the total reported by the hospital. For any missing data or errors in reporting, we contacted the hospital for follow-up and correction as appropriate. Hospitals either submitted a corrected surveillance report form or we corrected the original form with verbal approval from the hospital.

We implemented several measures to increase reporting from the 2009-10 season. We sent an email reminder to all hospitals approximately two weeks before the reporting deadline. We emphasized that reporting was mandatory to comply with Health and Safety Code section 1288.8 (b), and we included links to the surveillance report form and the survey website. After the reporting deadline, we identified all non-reporting hospitals and sent another email reminding them of the reporting requirement, including the survey. We provided the non-reporting hospitals a one-month extension to submit the surveillance report form and respond to the survey. We called non-reporting hospitals about one to two weeks before the final reporting deadline as a final reminder to submit the form and respond to the survey.

## **Analyses**

As described previously, hospitals reported data on four vaccination status categories (vaccinated at the facility, vaccinated elsewhere, declined, unknown) for five HCP categories (employees, non-employee physicians, non-employee advanced practice nurses, non-employee physician assistants, volunteers). For each hospital, we calculated vaccination status percentages for employees, non-employee HCP, and volunteers. For each HCP category and for all HCP combined, we calculated mean vaccination, declination, and unknown percentages. We also calculated the proportion of hospitals with an overall HCP vaccination percentage that met the Healthy People 2010 target of 60% and the Healthy People 2020 target of 90%.

We compared mean hospital-specific vaccination and declination percentages by hospital demographic using the independent samples t-test and ANOVA. For all comparisons, we used a p-value of less than 0.05 to determine statistical significance. The p-value is the



probability of concluding that there is a difference between two values (in this case vaccination percentages) for two populations (in this case groups of hospitals). By setting the p-value at 0.05, there is a 5% chance of observing a difference as large as we observed even if the vaccination percentage of the hospital groups are identical. We used SAS version 9.1 (SAS Institute; Cary, NC, USA) for all analyses.

## RESULTS

### Overall Response Percentage

For 2010-11, 427 general acute care hospitals operated under 383 single and multi-campus licenses in California (Table 1). We received 376 influenza vaccination surveillance reports representing single and multi-campus licenses, indicating that 98% of hospital licenses met the reporting mandate for influenza vaccination of HCP.

### Hospital-Specific Mean Percentages

Table 2 displays the hospital-specific mean vaccination, declination, and unknown percentages for all HCP and each personnel category in California general acute care hospitals. The mean hospital-specific influenza vaccination percentage among all HCP, regardless of hospital type, was 60.4%. Hospital employees had the highest percentage, 64.3%, followed by volunteers, non-employee physicians, non-employee physician assistants, and non-employee advanced practice nurses. The mean hospital-specific declination percentage for all HCP was 23.8%. Hospital employees had a declination percentage of 28.3%. Non-employee physicians had the lowest declination percentage, 7.3%, followed by non-employee physician assistants, non-employee advanced practice nurses, and volunteers. For all HCP, the mean hospital-specific unknown percentage was 16.6%. Hospital employees had the lowest mean unknown hospital-specific vaccination percentage, 7.8%. The highest unknown vaccination percentage was for non-employee advanced practices nurses at 50.5%, followed by non-employee physician assistants, non-employee physicians, and volunteers.

### Hospital Demographics

#### *Hospital-Specific Mean Vaccination Percentage*

Table 3 shows the mean hospital-specific influenza vaccination percentage by hospital demographic, including bed size, rurality, patient population, and teaching status. Mean hospital-specific vaccination percentages were higher in pediatric hospitals (76.7%) compared to hospitals with mixed populations (59.5%), which was statistically significant. Percentages were also higher in large, rural and teaching hospitals although these differences were not statistically significant.

#### *Hospital-Specific Mean Declination Percentage*

Table 4 shows the mean hospital-specific influenza declination percentage by hospital demographic. Mean hospital-specific declination percentages were lower in large (22.2%) hospitals compared with small (26.0%) and medium (23.4%) hospitals, and in pediatric hospitals (11.8%) compared with hospitals with mixed populations (24.3%); these differences

were statistically significant. Urban and teaching hospitals also had lower mean hospital-specific declination percentages but these were not statistically significant.

## **Healthy People 2010 and 2020**

For the 2010-11 season, 192 (50%) reporting hospitals met the Healthy People 2010 target of 60% vaccination for HCP, and 14 (4%) of hospitals met the Healthy People 2020 target of 90% (Table 5). Based on survey results, hospitals with HCP influenza vaccination coverage of at least 90% were more likely to have a mandatory participation policy in place than hospitals with lower vaccination percentages. Hospitals enforced the policy with badge indicators of vaccination status, reassignment to non-patient care areas, use of PPE, and meeting with human resources. High performing hospitals also required documentation from employees for off-site vaccination, required documentation from non-employee HCP, required vaccination for credentialing, and used influenza vaccination as a quality indicator for performance improvement.

## **Hospital-Specific Data**

Table 6 shows report status and vaccination, declination and unknown percentages for hospital employees, non-employee healthcare personnel (physicians, advanced practice nurses, physician assistants), and volunteers for each hospital that reported influenza vaccination surveillance data. The table includes hospitals that did not submit data to CDPH.

## **Survey**

There were 350 of 383 (91.4%) hospitals that responded to the survey (Appendix A). More than 95% of respondents reported that the hospital has a written policy on influenza vaccination for employees. Of those, 82% required employees to be vaccinated or provide a written declination statement, 13% of hospitals had a mandatory participation policy (vaccination or written declination is required for employees with consequences other than termination for those declining), and three hospitals reported having a mandatory vaccination policy for employees. Among hospitals with a mandatory participation policy, most required declining employees to wear PPE.

Survey results (Appendix A) also showed that most hospitals have implemented recommended strategies for improving influenza vaccination among HCP, such as comprehensive influenza vaccination campaigns, multiple vaccination opportunities during all shifts, education on influenza and vaccination, and including all personnel in vaccination promotion strategies and vaccination opportunities. Additionally, many hospitals require documentation from employees that are vaccinated outside the facility. A majority of hospitals also conduct surveillance on vaccination status of non-employee HCP, while fewer than half require them to provide documentation of vaccination status. Finally, a third of hospitals reported that contracts with registry agencies do not include a requirement that registry personnel are vaccinated against influenza and just over half require that registry personnel are vaccinated or provide a written declination statement.

Pediatric hospitals had significantly higher vaccination percentages than hospitals with mixed populations. Large hospitals also had higher vaccination coverage than small and medium hospitals. Survey data allowed for comparison of influenza vaccination coverage by hospital

size and patient population, and showed that large and pediatric hospitals were more likely to have a mandatory participation policy in place enforced by visual indicators on badges for vaccination status and required use of PPE for vaccination refusals. Large and pediatric hospitals also were more likely to use influenza vaccination percentages as a quality indicator for performance improvement. Additionally, large hospitals used influenza vaccination data to promote competition between patient care areas and were more likely to collect data on vaccination status for non-employee HCP, including requiring documentation of vaccination from registry personnel.

## DISCUSSION

The 2010-11 influenza season was the third season for which hospitals submitted influenza vaccination surveillance data to CDPH as required by statute. We implemented a real-time quality assurance process that included identifying a contact person at each hospital for influenza vaccination data and sending documentation to reporting hospitals that we had received their report form. Additionally, we compared the list of reporting hospitals with a master hospital list to ensure that all hospitals reported. As a result, 98% of all hospitals submitted an influenza vaccination surveillance report form to meet the reporting mandate.

The hospital-specific mean influenza vaccination percentages are higher among employees than non-employee HCP. This could be because even though hospitals provide and promote influenza vaccination to all HCP, their influenza vaccination policies usually apply to employees only. Separate policies may exist for certain non-employee HCP, such as through contracts with registry agencies. Additionally, hospitals are able to enforce influenza vaccination policies for employees, whereas enforcement of vaccination policies for non-employees may be inadequate. Finally, the hospital employee declination percentage is substantially higher than for all non-employee categories. This may be because statute requires hospitals to obtain a written declination statement from all employees but not from non-employees. Therefore, hospitals may have better systems for maintaining data on employee vaccination status.

Pediatric hospitals had significantly higher vaccination coverage and lower declination percentages compared with hospitals with mixed populations. Based on survey results, pediatric hospitals were significantly more likely to have a mandatory participation policy in place and used influenza vaccination percentages as a quality indicator for performance improvement. Because infants and young children are at increased risk for complications from influenza, pediatric hospitals implement more aggressive influenza vaccination policies and programs to achieve higher vaccination coverage among employees and non-employee HCP. Survey results also indicated that, compared with small and medium hospitals, large hospitals were more likely to have a mandatory participation policy in place and use a wide variety of strategies to promote influenza vaccination among employees and non-employee HCP. Large hospitals had significantly lower declination percentages compared with small or medium hospitals, but because so few had mandatory policies large hospitals had only slightly higher vaccination coverage.

The mean influenza vaccination percentages show that coverage in hospital employees and volunteers exceeded the Healthy People 2010 target of 60%. However, half of all California

hospitals failed to meet that goal, and non-employee HCP mean percentages are still below that target. The Healthy People targets are intended for each hospital to achieve. Additionally, non-employee HCP groups are still well below national influenza vaccination estimates for the 2010-11 season [6]. This suggests that a statewide mandatory written declination policy may not be adequate to significantly increase influenza vaccination coverage among HCP in California. Fewer than 5% of hospitals exceeded 90% vaccination, indicating that meeting the Healthy People 2020 target may not be feasible without implementing mandatory vaccination policies. Hospitals that did meet the Healthy People 2020 target of 90% during the 2010-11 influenza season were more likely to use a mandatory participation vaccination policy with multiple enforcement strategies.

Hospitals do not adequately monitor vaccination status among non-employee HCP. This is reflected in the high percentages of unknown vaccination status for non-employee HCP. Although 81% of hospitals collect influenza vaccination data on non-employee HCP and 44% require documentation of vaccination status for non-employee HCP, hospitals may not capture data electronically or manage it in a way that provides accurate data on influenza vaccination status for these personnel. Hospital data represent only select non-employee HCP groups and may not include all non-employee HCP working in the facility. Most hospitals also may not have collected vaccination status on non-employees vaccinated elsewhere, which suggests that the vaccination percentages among non-employee HCP may be underestimated. Additionally, just over half of hospitals include influenza vaccination in the contract for registry personnel or require a written declination for refusals, but a third of hospitals do not require influenza vaccination of registry personnel at all. This represents a gap in data on vaccination status among non-employee HCP. The reporting requirements for the 2011-12 influenza season include registry and contract personnel in order to address this issue.

At the request of the Centers for Disease Control and Prevention (CDC), CDPH participated in a pilot project during the 2010-11 influenza season to test a national quality measure for reporting influenza vaccination among HCP. This measure will collect influenza vaccination data among HCP who work in a variety of health care settings. The final measure, once endorsed by the National Quality Forum (NQF), will be incorporated into CMS-mandated national reporting beginning January 2013. CMS recently published a proposed rule for the Hospital Inpatient Quality Reporting Program stating that all reporting facilities will be required to submit summary HCP influenza vaccination data through CDC's National Healthcare Safety Network. Ambulatory surgery centers also will be required to report HCP influenza vaccination data beginning in January 2014. Given this upcoming national reporting requirement, CDPH has implemented for the 2011-12 season modified non-employee HCP categories based on the final NQF measure, which include licensed independent practitioners, students and trainees, and registry and contract personnel.

These data assess the reporting process for influenza vaccination among employees and non-employee HCP in California general acute care hospitals for the 2010-11 influenza season. Implementing a real-time quality assurance process significantly increased the proportion of hospitals that met the reporting mandate for influenza vaccination surveillance. The results also indicate that despite use of specific categories and definitions for non-employee HCP, many hospitals could not provide data on personnel other than employees. Finally, mandatory written declination for vaccination refusals and public reporting of vaccination coverage may not be sufficient to improve influenza vaccination among HCP in

California general acute care hospitals. Mandatory vaccination policies may be required for each hospital to attain the Healthy People 2020 target of 90%.

## **RECOMMENDATIONS**

Implementing the following recommendations could improve influenza vaccination coverage among HCP in California general acute care hospitals.

- Hospitals should consider more rigorous influenza vaccination policies, such as mandatory participation or vaccination, to increase influenza vaccination percentages.
- Hospitals should ensure that influenza vaccination status is a requirement of contracts with physician groups, registry organizations, fellowships, and student training programs.
- Hospitals should account for the vaccination status of all non-employee HCP, including registry and contract personnel, students, and trainees.
- Hospitals should implement robust data collection and management systems to document the vaccination status of all HCP.

## REFERENCES

1. Fiore AE, Uyeki TM, Broder K et al. Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010. *MMWR Recomm Rep* 2010;59(RR08):1-62.
2. Talbot TR, Bradley SF, Cosgrove SE, Ruef C, Siegel JD, Weber DJ. Influenza vaccination of healthcare workers and vaccine allocation for healthcare workers during vaccine shortages. *Infect Control Hosp Epidemiol* 2005;26:882-90.
3. Talbot TR, Dellit TH, Hebden J, Sama D, Cuny J. Factors associated with increased healthcare worker influenza vaccination rates: results from a national survey of university hospitals and medical centers. *Infect Control Hosp Epidemiol* 2010;31:456-62.
4. Pavia AT. Mandate to protect patients from health care associated-influenza. *CID* 2010;50:465-67.
5. Centers for Disease Control and Prevention. Use of influenza A (H1N1) 2009 monovalent vaccine. *MMWR Recomm and Rep* 2009;58(RR10):1-8.
6. Centers for Disease Control and Prevention. Influenza vaccination coverage among health-care personnel—United States, 2010-11 influenza season. *MMWR* 2011;60(32):1073-77.
7. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=23>. Accessed September 27, 2011.
8. California Department of Public Health. Influenza vaccination among employees in California general acute care hospitals for the 2008-2009 respiratory season. Available at [http://www.cdph.ca.gov/programs/hai/Documents/InfluenzaVaccination\\_Employees\\_CaliforniaGeneralAcuteCareHospitals\\_2008\\_2009RespiratorySeasonHAIProgramReport.pdf](http://www.cdph.ca.gov/programs/hai/Documents/InfluenzaVaccination_Employees_CaliforniaGeneralAcuteCareHospitals_2008_2009RespiratorySeasonHAIProgramReport.pdf). Accessed September 27, 2011.
9. California Department of Public Health. Influenza vaccination among employees in California general acute care hospitals for the 2009-2010 respiratory season. Available at [http://www.cdph.ca.gov/programs/hai/Documents/California\\_Hospital\\_Employee\\_Influenza\\_Vaccination\\_2009-2010.pdf](http://www.cdph.ca.gov/programs/hai/Documents/California_Hospital_Employee_Influenza_Vaccination_2009-2010.pdf). Accessed September 27, 2011.
10. Wise ME, De Perio M, Halpin J, Jhung M, Magill S, Black SR, Gerber SI, Harriman K, Rosenberg J, Borlaug G, Finelli L, Olsen SJ, Swerdlow DL, Kallen AJ. Transmission of pandemic (H1N1) 2009 influenza to healthcare personnel in the United States *Clin Infect Dis*. 2011 Jan 1;52 Suppl 1:S198-204.

11. Pearson ML, Bridges CB, Harper SA. Influenza vaccination of health-care personnel: recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep* 2006;55(RR02):1-16.
12. Polgreen PM, Septimus EJ, Parry MF, Beekmann SE, Cavanaugh JE, Srinivasan A, Talbot TR. Relationship of influenza vaccination declination statements and influenza vaccination rates for healthcare workers in 22 US hospitals. *Infect Control Hosp Epidemiol* 2008;29:675-77.
13. Ajenjo MC, Woeltje FK, Babcock HM, Gemeinhart N, Jones M, Fraser VJ. Influenza vaccination among healthcare workers: ten-year experience of a large healthcare organization. *Infect Control Hosp Epidemiol* 2010;31:233-40.
14. Hirsch P, Martinello R, Davey V, Hodgson M. (2010, March). Influenza vaccination in health care: a four-year intervention story. Poster session presented at the Fifth Decennial International Conference on Healthcare-Associated Infections, Atlanta, GA.
15. Rupp ME, Fitzgerald T, Short C, Castro P, Dinsmorr D. (2010, March). Successful healthcare worker influenza vaccination program without declination forms or mandates. Poster session presented at the Fifth Decennial International Conference on Healthcare-Associated Infections, Atlanta, GA.
16. Babcock HM, Gemeinhart N, Jones M, Claiborne Dunagan W, Woeltje KF. Mandatory influenza vaccination of health care workers: translating policy to practice. *CID* 2010;50:459-64.
17. Rakita RM, Hagar BA, Crome P, Lammert JK. Mandatory influenza vaccination of healthcare workers: a 5-year study. *Infect Control Hosp Epidemiol* 2010;31(9):882-88.
18. Infectious Diseases Society of America. IDSA policy on mandatory immunization of health care workers against seasonal and pandemic influenza. Available at [http://www.idsociety.org/uploadedFiles/IDSA/Policy\\_and\\_Advocacy/Current\\_Topics\\_and\\_Issues/Immunizations\\_and\\_Vaccines/Health\\_Care\\_Worker\\_Immunization/Statements/IDSA%20Policy%20on%20Mandatory%20Immunization%20Revision%20083110.pdf](http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Immunizations_and_Vaccines/Health_Care_Worker_Immunization/Statements/IDSA%20Policy%20on%20Mandatory%20Immunization%20Revision%20083110.pdf). Accessed September 27, 2011.
19. Talbot TR, Babcock H, Caplan AL, et al. Revised SHEA position paper: influenza vaccination of healthcare personnel. *Infect Control Hosp Epidemiol* 2010;31(10):988-95.

20. Association for Professionals in Infection Control and Epidemiology, Inc. APIC position paper: influenza immunization of healthcare personnel. Available at [http://www.apic.org/Content/NavigationMenu/PracticeGuidance/Topics/Influenza/APIC\\_Position\\_Paper\\_Influenza\\_11\\_7\\_08final\\_revised.pdf](http://www.apic.org/Content/NavigationMenu/PracticeGuidance/Topics/Influenza/APIC_Position_Paper_Influenza_11_7_08final_revised.pdf). Accessed September 27, 2011.
21. American Academy of Pediatrics Committee on Infectious Diseases. Policy statement—recommendation for mandatory influenza immunization of all health care personnel. *Pediatrics* 2010;126(4):809-15.
22. American College of Physicians. ACP policy on influenza vaccination of health care workers. Available at [http://www.acponline.org/clinical\\_information/resources/adult\\_immunization/flu\\_hcw.pdf](http://www.acponline.org/clinical_information/resources/adult_immunization/flu_hcw.pdf). Accessed September 27, 2011.
23. American Hospital Association. AHA Quality Advisory: AHA endorses patient safety policies requiring influenza vaccination of health care workers. Available at <http://www.aha.org/advocacy-issues/tools-resources/advisory/2011/110722-quality-adv.pdf>. Accessed September 27, 2011.
24. National Foundation for Infectious Diseases. Available at <http://www.nfid.org/>. Accessed September 28, 2011.
25. National Patient Safety Foundation. National Patient Safety Foundation supports mandatory flu vaccinations for healthcare workers [press release]. Available at <http://www.npsf.org/pr/pressrel/2009-11-18.php>. Accessed September 28, 2011.
26. NVAC - Health Care Personnel Influenza Vaccination Subgroup. Available at [http://www.hhs.gov/nvpo/nvac/subgroups/healthcare\\_personnel\\_influenza\\_vacc\\_subgroup.html](http://www.hhs.gov/nvpo/nvac/subgroups/healthcare_personnel_influenza_vacc_subgroup.html). Accessed October 4, 2011.
27. Centers for Medicare and Medicaid Services FY 2012 IPPS Final Rule Home Page. Available at <https://www.cms.gov/AcuteInpatientPPS/FR2012/list.asp#TopOfPage>. Accessed October 4, 2011.
28. Rural Health Policy Council. Rural Hospital Information. <http://www.oshpd.ca.gov/RHPC/Hospital/index.html>. Accessed on April 29, 2010.
29. Association of American Medical Colleges. Member Teaching Hospitals and Health Systems. [http://services.aamc.org/memberlistings/index.cfm?fuseaction=home.search&search\\_type=TH&state\\_criteria=ALL](http://services.aamc.org/memberlistings/index.cfm?fuseaction=home.search&search_type=TH&state_criteria=ALL). Accessed on April 29, 2010.
30. Accreditation Council for Graduate Medical Education. List of ACGME Accredited Programs and Sponsoring Institutions. <http://www.acgme.org/adspublic/default.asp>. Accessed on April 29, 2010.



**Table 1. Response percentages from single and multi-campus license general acute care hospitals, California, 2010-2011.**

<b>License Type</b>	<b>Total</b>	<b>Report (%)</b>	<b>No report (%)</b>
Single hospitals	346	339 (98.0)	7 (2.0)
Multi-campus licenses	37	37 (100)	0
Total	383	376 (98.2)	7 (1.8)

Source: Influenza Vaccination among Health Care Personnel in California General Acute Care Hospitals for the 2010-2011 Respiratory Season

**Table 2. Health care personnel mean hospital-specific influenza vaccination, declination, and unknown percentages in general acute care hospitals (n=376), California 2010-2011.**

Personnel Category	Mean hospital-specific % $\pm$ standard deviation		
	Vaccination	Declination	Unknown
All health care personnel	60.4 $\pm$ 15.5	23.8 $\pm$ 11.3	16.6 $\pm$ 14.8
Paid employees	64.3 $\pm$ 14.6	28.3 $\pm$ 12.7	7.8 $\pm$ 11.1
Non-employee physicians	56.0 $\pm$ 32.8	7.3 $\pm$ 10.1	42.3 $\pm$ 34.7
Non-employee advanced practice nurses	42.8 $\pm$ 36.8	10.1 $\pm$ 17.6	50.5 $\pm$ 39.8
Non-employee physician assistants	46.2 $\pm$ 36.9	8.1 $\pm$ 14.8	50.1 $\pm$ 38.8
Volunteers	61.9 $\pm$ 29.6	10.1 $\pm$ 14.5	31.3 $\pm$ 30.1

Note: Percentages do not add to 100 due to variability in individual hospital percentages used to calculate the mean of the hospital-specific percentages.

Source: Influenza Vaccination among Health Care Personnel in California General Acute Care Hospitals for the 2010-2011 Respiratory Season

**Table 3. Health care personnel mean hospital-specific influenza vaccination percentages in general acute care hospitals (n=376) by hospital demographic, California 2010-2011.**

<b>Hospital Demographic</b>	<b>Mean Hospital-specific Influenza Vaccination % ± standard deviation</b>	<b>P-value</b>
All reporting hospitals	60.4 ± 15.5	--
Bed size**		
Small (4-102)	59.8 ± 15.0	0.25
Medium (103-240)	59.2 ± 16.4	
Large (241+)	62.3 ± 15.1	
Rural	61.7 ± 13.9	0.39
Urban	59.7 ± 16.2	
Pediatric	76.7 ± 20.7	0.0007*
Mixed	59.5 ± 15.5	
Teaching	63.1 ± 17.0	0.15
Non-teaching	59.6 ± 15.7	

†P-value was obtained using a chi-square test

\*P less than 0.05 was considered statistically significant

\*\*Based on licensed beds from Licensing and Certification data, February 2011

Source: Influenza Vaccination among Health Care Personnel in California General Acute Care Hospitals for the 2010-2011 Respiratory Season

**Table 4. Health care personnel mean hospital-specific influenza declination percentages in general acute care hospitals (n=376) by hospital demographic, California 2010-2011.**

<b>Hospital Demographic</b>	<b>Mean Hospital-specific Influenza Declination % ± standard deviation</b>	<b>P-value</b>
All reporting hospitals	23.8 ± 11.3	--
Bed size		
Small	26.0 ± 11.6	0.03*
Medium	23.4 ± 11.8	
Large	22.2 ± 10.3	
Rural	24.3 ± 13.1	0.78
Urban	23.8 ± 11.2	
Pediatric	11.8 ± 10.2	0.0007*
Mixed	24.3 ± 11.4	
Teaching	22.0 ± 9.6	0.22
Non-teaching	24.2 ± 11.8	

†P-value was obtained using independent samples t-test or ANOVA;

\*P less than 0.05 was considered statistically significant

\*\*Based on licensed beds from Licensing and Certification data, February 2011

Source: Influenza Vaccination among Health Care Personnel in California General Acute Care Hospitals for the 2010-2011 Respiratory Season

**Table 5. Number and percent of licensed general acute care hospitals that met the Healthy People 2010 and Healthy People 2020 targets, California, 2010-2011.**

<b>Healthy People Target</b>	<b>Total</b>	<b>Met (%)</b>	<b>Not met (%)</b>
2010: 60%	383	192 (50.1)	191 (49.9)
2020: 90%	383	14 (3.7)	369 (96.3)

Source: Influenza Vaccination among Health Care Personnel in California General Acute Care Hospitals for the 2010-2011 Respiratory Season

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, decline, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
ADVENTIST HEALTH SYSTEMS	Report	42.5	31.5	26.0	29.0	3.5	67.5	46.8	6.5	46.8
Adventist Hospital Med Ctr										
Selma Community Hosp										
AHMC ANAHEIM REGIONAL MED CTR	Report	35.7	64.3	.	100.0		.	100.0	.	.
ALAMEDA COUNTY MED CTR	Report	58.1	41.8	0.1	52.9	36.0	11.1	46.8	53.2	0.0
Alameda County Med Ctr										
Fairmont Campus										
ALAMEDA HOSP	Report	63.2	36.8	0.0	56.0	7.5	36.5	61.2	4.7	34.1
ALHAMBRA HOSP MED CTR	Report	58.6	39.7	1.7	47.0	7.9	45.0	100.0	0.0	0.0
ALVARADO HOSP, LLC	Report	73.1	26.9	0.0	38.5	10.1	51.4	31.0	9.7	59.3
Alvarado Hosp, 6645 Alvarado Rd San Diego										
Alvarado Hosp, 6655 Alvarado Rd San Diego										
ANAHEIM GENERAL HOSP	Report	72.0	24.4	3.7	100.0	0.0	0.0	.	.	.
ANTELOPE VALLEY HOSP	Report	55.0	22.5	22.5	26.6	11.5	61.9	34.2	22.7	43.1
ARROWHEAD REGIONAL MED CTR	Report	45.0	20.5	34.4	30.9	2.7	66.4	40.1	2.4	57.5
ARROYO GRANDE COMMUNITY HOSP	Report	82.2	17.8	0.0	45.6	16.6	37.8	59.0	34.3	6.7
BAKERSFIELD HEART HOSP	Report	77.9	17.9	4.1	79.8	17.9	2.3	.	.	.
BAKERSFIELD MEMORIAL HOSP	Report	57.9	24.9	17.2	23.5	4.5	72.0	48.7	1.3	50.0
BALLARD REHABILITATION HOSP	Report	60.3	39.3	0.4	72.1	18.6	9.3	.	.	.
BANNER LASSEN MED CTR	Report	69.7	30.3	0.0	100.0	0.0	0.0	100.0	0.0	0.0
BARLOW RESPIRATORY HOSP	Report	62.7	28.9	8.4	3.2	0.5	96.4	80.0	20.0	.
BARSTOW COMMUNITY HOSP	No Report	.	.	.	.	.	.	.	.	.
BARTON MEMORIAL HOSP	Report	44.5	27.9	27.6	60.6	0.8	38.6	75.0	0.0	25.0

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, declination, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
BEAR VALLEY COMMUNITY HOSP	Report	67.5	21.5	11.0	25.9	1.2	72.9	34.7	2.0	63.3
BELLFLOWER MED CTR	Report	43.4	26.0	30.6	16.9	0.0	83.1	100.0	0.0	0.0
BEVERLY HOSP	Report	57.6	25.5	16.9	18.7	7.6	73.7	59.4	4.7	35.9
BIGGS GRIDLEY MEMORIAL HOSP	Report	82.0	14.7	3.3	43.7	9.9	46.5	48.3	11.7	40.0
BROTMAN MED CTR	Report	54.6	45.0	0.4	100.0	0.0	0.0	.	.	.
CALIFORNIA HOSPITAL MED CTR	Report	30.1	26.0	43.9	90.0	10.0	0.0	73.3	26.7	0.0
CALIFORNIA MEDICAL FACILITY	No Report	.	.	.	.	.	.	.	.	.
CALIFORNIA MENS COLONY	Report	65.1	34.6	0.3	.	.	.	.	.	.
ST. LUKE'S HOSP	Report	83.8	13.1	3.1	54.2	2.9	42.8	52.3	2.3	45.5
CASA COLINA HOSP FOR REHAB MEDICINE	Report	31.4	29.8	38.8	0.0	0.0	100.0	.	.	.
CATALINA ISLAND MED CTR	Report	71.0	29.0	0.0	100.0	0.0	0.0	.	.	.
CATHOLIC HEALTHCARE WEST Mercy Med Ctr Merced, Community	Report	64.5	33.1	2.4	54.8	15.6	29.6	39.9	9.7	50.4
CATHOLIC HEALTHCARE WEST Mercy Hosp, Bakersfield Mercy Southwest Hosp, Bakersfield	Report	53.7	46.3	0.0	67.9	32.1	0.0	100.0	0.0	0.0
CATHOLIC HEALTHCARE WEST,SANTA CRUZ Dominican Hosp, Frederick St Dominican Hosp, Soquel St	Report	76.3	23.7	0.0	37.3	4.4	58.3	77.3	10.5	12.1
CEDARS-SINAI MED CTR	Report	63.1	32.3	4.5	30.9	5.3	63.8	42.9	8.9	48.2
CENTINELA HOSP MED CTR	Report	35.2	63.1	1.8	13.2	2.7	84.1	0.0	0.0	100.0
CENTRAL VALLEY GENERAL HOSP	Report	56.6	28.7	14.7	24.6	1.6	73.8	58.5	1.9	39.6
CHAPMAN MED CTR	Report	58.9	40.9	0.2	33.5	12.3	54.2	64.3	21.4	14.3

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, declination, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
CHILDREN'S HOSP AT MISSION	Report	92.8	7.2	0.0	49.1	0.9	50.0	49.1	0.9	50.0
CHILDREN'S HOSP CENTRAL CA	Report	69.3	22.8	7.9	53.1	14.3	32.6	33.3	12.1	54.5
CHILDREN'S HOSP OF ORANGE	Report	97.6	2.4	0.0	76.6	2.4	21.0	71.4	1.3	27.2
CHILDRENS HOSP AND RSCH CTR AT OAKLAND	Report	75.9	18.4	5.8	67.2	16.5	16.3	56.6	21.3	22.1
CHILDRENS HOSP OF LOS ANGELES	Report	96.4	3.6	0.0	99.2	0.7	0.1	99.4	0.6	0.0
CHINESE HOSP	No Report	.	.	.	.	.	.	.	.	.
CHINO VALLEY MED CTR	Report	50.3	41.4	8.3	4.1	0.0	95.9	0.0	0.0	100.0
CITRUS VALLEY MED CTR, INC. Citrus Valley Med Ctr IC Campus, Covina Citrus Valley Med Ctr QC Campus, West Covina	Report	51.6	31.9	16.5	29.9	0.4	69.7	51.2	1.0	47.8
CITY OF HOPE HELFORD CLINICAL RSCH HOSP	Report	61.4	38.2	0.4	58.7	11.7	29.6	52.2	13.3	34.5
CLOVIS COMMUNITY MED CTR	Report	83.6	13.7	2.7	59.4	18.8	21.8	32.5	12.0	55.6
COALINGA REGIONAL MED CTR	Report	46.9	22.6	30.5	7.1	.	92.9	.	.	.
COAST PLAZA HOSP	Report	41.4	45.1	13.5	24.8	6.9	68.3	.	.	.
COASTAL COMMUNITIES HOSP	Report	53.5	46.5	0.0	4.8	0.8	94.4	0.0	100.0	.
COLLEGE HOSP COSTA MESA	Report	45.8	21.1	33.1	80.6	13.9	5.6	.	.	.
COLORADO RIVER MED CTR	Report	36.0	64.0	.	75.0	25.0	.	71.4	28.6	.
COLUSA REGIONAL MED CTR	Report	75.7	22.2	2.1	100.0	0.0	0.0	100.0	.	0.0
COMMUNITY HOSP OF HUNTINGTON PARK	Report	46.4	45.5	8.0	88.9	11.1	.	.	.	.
COMMUNITY HOSP OF LONG BEACH	Report	81.8	18.2	0.0	67.4	14.9	17.7	85.7	4.4	9.9
COMMUNITY HOSP OF SAN BERNARDINO	Report	39.8	44.1	16.1	28.7	6.5	64.7	67.5	12.5	20.0



**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, decline, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
COMMUNITY HOSP OF THE MONTEREY PENINSULA	Report	70.5	29.5	0.0	53.5	0.0	46.5	39.3	0.0	60.7
COMMUNITY MEM HOSP – SAN BEUNAVENTURA	Report	73.8	20.0	6.2	34.1	3.0	65.9	27.8	0.0	72.2
COMMUNITY REGIONAL MED CTR	Report	75.0	22.2	2.8	55.5	20.6	24.0	26.7	18.0	55.3
CONTRA COSTA REGIONAL MED CTR	Report	50.6	16.8	32.6	62.6	5.6	31.8	92.3	7.7	0.0
CORCORAN DISTRICT HOSP	No Report	.	.	.	.	.	.	.	.	.
COUNTY OF VENTURA	Report	58.3	15.2	26.5	64.8	5.7	29.5	45.0	5.0	50.0
Ventura County Med Ctr										
Ventura County Med Ctr , Santa Paula Hosp										
DAMERON HOSP	Report	75.7	24.3	0.0	89.9	10.1	0.0	89.6	10.4	0.0
DELANO REGIONAL MED CTR	Report	96.4	2.9	0.7	64.3	0.0	35.7	100.0	0.0	0.0
DESERT REGIONAL MED CTR	Report	90.3	5.9	3.8	56.2	6.4	37.4	91.6	0.0	8.4
DESERT VALLEY HOSP	Report	54.3	43.7	2.0	67.6	32.4	0.0	67.6	32.4	0.0
DOCTORS HOSP OF MANTECA	Report	84.8	14.3	0.9	95.2	4.8	0.0	94.0	6.0	0.0
DOCTORS HOSP OF WEST COVINA	Report	72.7	25.9	1.4	25.0	0.0	75.0	.	.	.
DOCTORS MED CTR	Report	95.8	3.8	0.4	90.1	3.0	6.9	87.8	4.3	7.8
DOCTORS MED CTR, SAN PABLO	Report	44.0	16.5	39.5	13.8	0.9	85.3	13.5	1.1	85.3
DOWNEY REGIONAL MED CTR	Report	79.3	20.1	0.6	62.2	13.6	24.2	45.0	18.3	36.7
EARL & LORAIN MILLER CHILDREN'S HOSP, LONG BEACH	Report	87.8	12.2	.	.	.	.	.	.	.
EAST LOS ANGELES DOCTORS HOSP	Report	60.3	33.5	6.2	41.5	9.4	49.1	.	.	.
EAST VALLEY HOSP MED CTR	Report	33.3	65.7	1.0	50.0	50.0	0.0	0.0	100.0	0.0
EASTERN PLUMAS HEALTH CARE	Report	65.8	27.8	6.4	.	.	.	.	.	.

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, declination, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
EDEN MED CTR Eden Med Ctr San Leandro Hosp	Report	53.1	44.1	2.9	41.3	3.8	54.9	53.0	.	47.0
EISENHOWER MED CTR	Report	42.0	46.6	11.4	100.0	.	.	100.0	.	.
EL CAMINO HOSP El Camino Hosp El Camino Hosp Los Gatos	Report	69.5	27.8	2.6	18.7	14.3	67.0	33.8	32.1	34.1
EL CENTRO REGIONAL MED CTR	Report	75.8	20.6	3.6	15.2	1.2	83.6	22.6	0.7	76.6
EMANUEL MED CTR INC	Report	69.3	26.9	3.8	25.9	0.6	73.6	40.9	0.9	58.2
ENCINO HOSPITAL MED CTR	Report	43.7	56.3	0.0	100.0	0.0	0.0	100.0	0.0	0.0
ENLOE MED CTR Enloe Med Ctr, Cohasset Enloe Med Ctr , Esplanade Enloe Rehabilitation Ctr	Report	66.4	29.2	4.4	56.1	13.2	30.7	47.2	5.0	47.8
FAIRCHILD MED CTR	Report	62.9	35.9	1.2	75.0	14.8	10.2	69.6	17.9	12.5
FAIRVIEW DEVELOPMENTAL CTR	Report	64.9	30.5	4.7	81.3	14.0	4.7	82.3	12.5	5.2
FALLBROOK HOSP DISTRICT	Report	80.7	18.7	0.6	47.7	8.9	43.4	44.0	0.0	56.0
FEATHER RIVER HOSP	Report	64.0	36.0	0.0	62.9	18.6	18.6	61.1	15.0	23.9
FOOTHILL PRESBYTERIAN HOSP	Report	52.5	29.1	18.4	32.5	4.6	36.9	29.5	0.0	.
FOUNTAIN VALLEY REGIONAL HOSP Fountain Valley Reg Hosp and Med Ctr, Euclid Fountain Valley Reg Hosp and Med Ctr, Warner Ave	Report	84.0	16.0	0.0	86.2	13.8	0.0	100.0	0.0	0.0
FRANK R. HOWARD MEMORIAL HOSP	Report	54.1	22.0	23.9	18.1	0.0	81.9	37.5	0.0	62.5

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, declination, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
FRENCH HOSPITAL MED CTR	Report	81.5	18.5	0.0	36.0	0.9	63.2	39.9	2.0	58.2
FRESNO HEART AND SURGICAL HOSP	Report	66.1	33.5	0.4	18.7	3.9	77.4	.	.	.
FRESNO SURGICAL HOSP	Report	74.1	25.5	0.4	100.0	0.0	0.0	.	.	.
GARDEN GROVE HOSP AND MED CTR	Report	59.4	40.6	0.0	94.1	5.3	0.6	81.8	13.6	4.5
GARFIELD MED CTR	Report	71.8	27.0	1.2	77.2	9.0	13.8	100.0	0.0	0.0
GEORGE L. MEE MEMORIAL HOSP	Report	44.1	10.1	45.8	35.1	3.0	61.9	45.6	8.8	45.6
GLENDALE ADVENTIST MED CTR	Report	48.8	43.7	7.5	94.2	5.8	.	93.7	6.3	.
GLENDALE MEM HOSP AND HEALTH CTR	Report	58.9	36.6	4.5	61.0	9.7	29.3	19.5	4.5	76.0
GLENN MED CTR	Report	80.1	19.9	0.0	75.8	12.1	12.1	.	.	.
GOLETA VALLEY COTTAGE HOSP	Report	72.4	26.7	0.9	17.5	3.6	78.9	77.4	22.6	0.0
GOOD SAMARITAN HOSP, BAKERSFIELD	Report	49.4	44.1	6.5	100.0	0.0	0.0	.	.	.
GOOD SAMARITAN HOSP, LOS ANGELES	Report	66.3	32.0	1.7	50.9	9.3	39.8	.	.	.
GOOD SAMARITAN HOSPITAL, LP	Report	91.3	8.7	0.0	100.0	.	.	100.0	.	.
Good Samaritan Hosp										
Mission Oaks Hosp										
GREATER EL MONTE COMMUNITY HOSP	Report	55.9	31.5	12.6	100.0	0.0	0.0	.	.	.
GROSSMONT HOSP	Report	70.2	22.3	7.5	36.6	10.7	52.8	33.1	18.3	48.7
HAZEL HAWKINS MEMORIAL HOSP	Report	56.1	7.5	36.5	21.5	0.6	77.8	19.9	0.9	79.2
HEALDSBURG DISTRICT HOSP	Report	70.7	26.4	2.9	98.1	0.0	1.9	100.0	0.0	0.0
HEALTHBRIDGE CHILDREN'S HOSP	Report	90.2	9.8	0.0	94.1	2.9	2.9	100.0	0.0	0.0
HEALTHSOUTH BAKERSFIELD REHAB HOSP	Report	43.0	49.2	7.8	0.7	0.0	99.3	.	.	.
HEALTHSOUTH TUSTIN REHAB HOSP	Report	51.2	38.8	10.0	100.0	0.0	0.0	.	.	.
HEMET VALLEY MED CTR	Report	96.6	3.4	.	100.0	.	.	100.0	.	.

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, decline, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
HENRY MAYO NEWHALL MEMORIAL HOSP	Report	71.8	28.2	0.0	100.0	0.0	0.0	100.0	0.0	0.0
HI-DESERT MED CTR	Report	48.1	30.4	21.5	12.1	0.0	87.9	28.8	0.0	71.2
HOAG MEMORIAL HOSP PRESBYTERIAN	Report	91.9	6.0	2.0	81.2	10.0	8.7	85.0	15.0	0.0
HOAG HOSP IRVINE, HOAG ORTHOPEDIC INSTITUTE	Report	96.0	3.5	0.5	87.9	0.9	11.2	98.9	1.1	0.0
HOLLYWOOD COMM HOSP OF HOLLYWOOD	Report	42.9	48.8	8.3	41.9	20.9	37.2	.	.	.
HOLLYWOOD PRESBYTERIAN MED CTR	Report	55.1	44.9	0.0	51.1	11.9	37.0	55.9	2.0	42.2
HUNTINGTON BEACH HOSP	Report	62.1	37.9	0.0	44.0	9.1	46.9	27.5	3.9	68.6
HUNTINGTON MEMORIAL HOSP	Report	50.5	37.6	11.9	100.0	.	.	100.0	.	.
JEROLD PHELPS COMMUNITY HOSP	Report	49.5	50.5	.	.	.	.	.	.	.
JOHN C. FREMONT HEALTHCARE DISTRICT	Report	61.8	35.9	2.3	70.5	9.1	20.5	100.0	0.0	0.0
JOHN D KLARICH MEMORIAL HOSP	Report	58.3	41.7	0.0	.	.	.	.	.	.
JOHN F. KENNEDY MEMORIAL HOSP	Report	83.4	14.9	1.8	74.0	4.1	21.9	57.1	4.8	38.1
JOHN MUIR MED CTR, WALNUT CREEK CAMPUS	Report	72.1	11.3	16.5	53.7	0.1	46.1	39.7	0.2	60.1
JOHN MUIR MED CTR, CONCORD	Report	70.8	11.4	17.9	27.2	0.0	72.8	10.6	0.0	89.4
KAISER FOUND HOSP& REHAB CTR VALLEJO	Report	62.4	37.3	0.3	81.9	1.4	16.7	.	.	.
KAISER FOUND HOSP, ANTIOCH	Report	63.0	34.4	2.6	89.0	8.6	2.4	.	.	.
KAISER FOUND HOSP, BALDWIN PARK	Report	69.8	30.2	.	89.9	10.1	.	.	.	.
KAISER FOUND HOSP, DOWNEY	Report	62.7	37.3	.	83.5	16.5	.	.	.	.
KAISER FOUND HOSP, FONTANA	Report	68.5	31.5	.	86.0	14.0	.	.	.	.
KAISER FOUND HOSP, FREMONT	Report	74.1	24.3	1.6	90.2	9.0	0.8	89.1	10.9	0.0
KAISER FOUND HOSP, FRESNO	Report	61.6	38.4	0.0	52.1	27.3	20.6	6.7	53.1	40.2
KAISER FOUND HOSP, HAYWARD	Report	72.8	25.7	1.5	80.8	6.6	12.6	65.3	2.7	32.0

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, decline, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
KAISER FOUND HOSP, MANTECA	Report	64.7	35.3	0.0	88.5	1.9	9.6	.	.	.
KAISER FOUND HOSP, MODESTO	Report	69.6	30.1	0.3	84.6	0.9	14.5	.	.	.
KAISER FOUND HOSP, OAKLAND	Report	61.8	37.1	1.1	84.2	3.3	12.5	.	.	.
KAISER FOUND HOSP, ORANGE COUNTY	Report	67.1	32.9	.	89.7	10.3	.	.	.	.
Kaiser Found Hosp Anaheim										
Kaiser Found Hosp Irvine										
KAISER FOUND HOSP, PANORAMA CITY	Report	71.0	29.0	.	98.6	1.4	.	.	.	.
KAISER FOUNDHOSP, REDWOOD CITY	Report	71.2	28.0	0.8	81.5	13.5	5.0	76.5	21.2	2.3
KAISER FOUND HOSP, RICHMOND	Report	65.5	33.0	1.5	91.4	3.9	4.7	.	.	.
KAISER FOUND HOSP, RIVERSIDE	Report	69.9	30.1	.	84.3	15.7	.	.	.	.
Kaiser Found Hosp, Moreno Valley										
Kaiser Found Hosp, Riverside										
KAISER FOUND HOSP, ROSEVILLE	Report	65.4	33.7	0.9	87.8	7.0	5.2	79.2	9.4	11.5
KAISER FOUND HOSP, SACRAMENTO	Report	60.2	39.2	0.6	70.6	9.0	20.4	58.8	14.3	26.9
KAISER FOUND HOSP, SAN DIEGO	Report	72.4	27.6	.	90.1	9.9	.	.	.	.
KAISER FOUND HOSP, SAN FRANCISCO	Report	82.8	13.7	3.5	84.0	1.7	14.3	.	.	.
KAISER FOUND HOSP, SAN JOSE	Report	74.3	25.7	0.0	87.5	7.5	5.0	.	.	.
KAISER FOUND HOSP, SAN RAFAEL	Report	72.9	26.8	0.4	94.7	3.6	1.6	.	.	.
KAISER FOUND HOSP, SANTA CLARA	Report	72.5	25.6	1.8	80.8	12.2	7.0	76.7	23.3	.
KAISER FOUND HOSP, SANTA ROSA	Report	76.0	24.0	0.0	80.3	8.0	11.7	73.2	8.1	18.7
KAISER FOUND HOSP, SO SACRAMENTO	Report	64.8	33.5	1.7	87.1	2.7	10.2	.	.	.
KAISER FOUND HOSP, SO SAN FRANCISCO	Report	77.5	22.1	0.4	87.1	5.6	7.3	87.4	12.6	0.0
KAISER FOUND HOSP, SOUTH BAY	Report	66.3	33.7	.	88.3	11.7	.	.	.	.

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, declination, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
KAISER FOUND HOSP, SUNSET, LOS ANGELES	Report	68.1	31.9	.	86.3	13.7	.	.	.	.
KAISER FOUND HOSP, VACAVILLE	Report	62.6	37.4	0.0	81.9	1.4	16.7	.	.	.
KAISER FOUND HOSP, WALNUT CREEK	Report	66.5	32.7	0.8	89.0	8.6	2.4	.	.	.
KAISER FOUND HOSP, WEST LOS ANGELES	Report	53.6	46.4	.	86.1	13.9	.	.	.	.
KAISER FOUND HOSP, WOODLAND HILLS	Report	66.8	33.2	.	84.0	16.0	.	.	.	.
KAWEAH DELTA MED CTR	Report	57.5	26.3	16.2	42.9	1.7	55.4	50.3	2.5	47.2
KENTFIELD REHAB & SPECIALTY HOSP	Report	67.9	32.1	0.0	.	.	.	.	.	.
KERN MED CTR	Report	65.8	28.3	5.9	32.6	9.5	57.9	50.5	14.7	34.8
KERN VALLEY HEALTHCARE DIST	Report	72.4	24.3	3.3	63.2	31.0	5.7	75.0	16.1	8.9
KINDRED HOSP, LA MIRADA	Report	59.7	40.3	0.0	85.1	14.9	0.0	100.0	0.0	0.0
KINDRED HOSP, LOS ANGELES	Report	47.3	52.7	0.0	100.0	0.0	0.0	.	.	.
KINDRED HOSP, SACRAMENTO	Report	71.8	28.2	.	100.0	0.0	0.0	.	.	.
KINDRED HOSP, SAN DIEGO	Report	70.6	25.5	3.9	100.0	0.0	0.0	.	.	.
KINDRED HOSP, SAN FRANCISCO	Report	60.3	25.3	14.4	54.2	0.0	45.8	.	.	.
KINDRED HOSP, SAN GABRIEL	Report	68.1	31.9	0.0	.	.	.	.	.	.
KINDRED HOSP, SANTA ANA	Report	55.6	30.9	13.5	.	.	.	.	.	.
KINDRED HOSP, BREA	Report	48.8	49.3	1.9	17.6	0.0	82.4	.	.	.
KINDRED HOSP, ONTARIO	Report	52.8	32.1	15.1	47.3	2.4	50.3	.	.	.
KINDRED HOSP, WESTMINSTER	Report	50.7	42.2	7.1	12.1	1.4	86.5	.	.	.
LA PALMA INTERCOMMUNITY HOSP	Report	68.8	29.6	1.6	36.4	8.1	55.4	50.0	16.7	33.3
LAC+USC MED CTR	Report	41.1	42.0	16.9	5.1	0.6	94.2	3.4	0.4	96.3
LAC/HARBOR-UCLA MED CTR	Report	57.3	37.4	5.4	32.6	15.1	52.3	36.9	34.4	28.7

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, decline, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
LAC/RANCHO LOS AMIGOS NATIONAL REHAB CTR, DOWNEY	Report	43.6	50.6	5.8	11.4	2.8	85.8	12.0	3.4	84.6
LAGUNA HONDA HOSPITAL & REHAB CTR, SAN FRANCISCO	Report	72.4	15.9	11.7	100.0	0.0	0.0	100.0	0.0	0.0
LAKEWOOD REGIONAL MED CTR	Report	91.6	5.9	2.6	76.2	3.5	20.3	95.7	4.3	0.0
LANTERMAN DEVELOPMENTAL CTR	Report	44.6	46.1	9.3	.	.	.	.	.	.
LODI MEMORIAL HOSP ASSOC INC	Report	68.1	31.1	0.8	45.3	13.5	41.2	74.0	26.0	0.0
Lodi Memorial Hosp - West										
Lodi Memorial Hosp										
LOMA LINDA UNIVERSITY MED CTR	Report	66.1	29.6	4.3	22.6	2.8	74.6	17.7	5.1	77.2
Loma Linda University Med Ctr										
Loma Linda University Med Ctr East Campus Hosp										
Loma Linda University Heart and Surgical Hosp										
LOMPOC VALLEY MED CTR	Report	73.5	20.0	6.6	52.4	26.2	21.4	28.6	31.6	39.8
LONG BEACH MEMORIAL MED CTR	Report	81.2	14.6	4.2	94.0	6.0	.	97.9	2.1	.
LOS ALAMITOS MED CTR	Report	85.9	6.1	8.1	62.1	4.4	33.5	54.1	15.3	30.6
LOS ANGELES COMMUNITY HOSP	Report	37.9	38.9	23.2	43.3	16.7	40.0	.	.	.
LOS ANGELES COUNTY OLIVE VIEW-UCLA MED CTR, SYLMAR	Report	60.1	37.1	2.8	19.0	0.2	80.8	8.0	0.3	91.7
LOS ANGELES METROPOLITAN MED CTR	Report	44.1	55.9	0.0	11.6	4.5	83.9	.	.	.
LOS ROBLES REGIONAL MED CTR	Report	92.0	6.5	1.5	49.9	1.3	4.7	90.3	2.4	7.3
Los Robles Hospital and Med Ctr										
Los Robles Hospital and Med Ctr East Campus										
MAD RIVER COMMUNITY HOSP	Report	61.5	32.4	6.1	48.9	2.2	48.9	94.7	5.3	.

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, decline, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
MADERA COMMUNITY HOSP	Report	60.9	29.2	9.9	32.6	4.6	62.9	45.1	8.5	46.3
MAMMOTH HOSP	Report	50.1	5.5	44.3	47.2	0.0	52.8	.	.	.
MARIAN MED CTR	Report	68.6	26.6	4.8	39.0	1.8	59.3	52.1	1.3	46.6
MARIN GENERAL HOSP	Report	74.2	25.8	0.0	81.6	18.4	0.0	93.6	6.4	.
MARINA DEL REY HOSP	Report	21.4	9.7	68.9	2.3	0.0	97.5	6.0	0.0	94.0
MARK TWAIN ST. JOSEPH'S HOSP	Report	68.8	31.3	0.0	83.7	16.3	0.0	85.2	14.8	0.0
MARSHALL MED CTR (1-RH)	Report	73.2	12.9	13.9	68.6	5.6	25.8	66.0	0.5	33.5
MAYERS MEMORIAL HOSP	Report	48.7	45.3	5.9	94.7	5.3	0.0	92.3	7.7	0.0
MEMORIAL HOSP LOS BANOS	Report	67.7	8.6	23.8	43.6	0.0	56.4	42.9	0.0	57.1
MEMORIAL HOSP OF GARDENA	Report	53.3	45.6	1.2	65.2	31.8	3.0	64.1	35.9	0.0
MEMORIAL MED CTR	Report	48.6	19.8	31.6	44.3	11.7	44.0	51.9	22.8	25.3
MENDOCINO COAST DIST HOSP	Report	59.1	27.1	13.7	24.6	2.1	73.3	19.9	1.7	78.4
MENIFEE VALLEY MED CTR	Report	98.0	2.0	.	100.0	.	.	100.0	.	.
MENLO PARK SURGICAL HOSP	Report	61.3	38.7	0.0	75.3	13.3	11.3	.	.	.
MERCY GENERAL HOSP	Report	72.6	27.4	0.0	32.6	1.7	65.7	100.0	0.0	0.0
MERCY HOSP OF FOLSOM	Report	69.8	27.1	3.1	59.4	29.4	11.1	65.9	19.3	14.8
MERCY MED CTR MT. SHASTA	Report	65.4	29.0	5.7	89.3	1.5	9.2	90.4	0.0	9.6
MERCY MED CTR REDDING	Report	64.9	26.4	8.7	66.5	29.4	4.2	75.1	13.6	11.4
MERCY SAN JUAN MED CTR	Report	65.4	33.7	0.9	16.1	0.4	83.5	29.7	1.3	69.0
METHODIST HOSP OF SACRAMENTO	Report	69.6	30.4	0.0	7.8	0.0	92.2	17.9	0.0	82.1
METHODIST HOSP OF SO CALIFORNIA	Report	57.9	32.0	10.1	41.5	12.3	46.2	22.9	2.8	74.4
MILLS-PENINSULA HEALTH SERVICES	Report	60.2	29.1	10.8	9.1	3.5	81.7	16.5	16.3	67.3
Mills Health Ctr										
Peninsula Med Ctr										



**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, declination, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
MIRACLE MILE MED CTR	No Report	.	.	.	.	.	.	.	.	.
MISSION COMM HOSP, PANORAMA CAMPUS	Report	53.4	28.5	18.1	0.6	0.0	99.4	0.0	0.0	100.0
MISSION HOSP REGIONAL MED CTR	Report	77.5	19.9	2.5	63.9	8.3	27.8	75.1	8.0	16.9
Mission Hosp Regional Med Ctr										
Mission Hosp Laguna Beach										
MODOC MED CTR	Report	51.5	45.4	3.1	46.2	53.8	0.0	46.2	53.8	0.0
MONROVIA MEMORIAL HOSP	Report	17.9	74.7	7.4	0.0	0.0	100.0	.	.	.
MONTCLAIR HOSP MED CTR	Report	60.4	32.8	6.8	56.0	16.0	28.0	.	.	.
MONTEREY PARK HOSP	Report	60.9	38.5	0.5	53.1	6.5	40.4	.	.	.
MOTION PICTURE & TELEVISION HOSP	Report	63.8	14.3	21.9	83.3	1.5	15.2	83.3	1.5	15.2
MOUNTAINS COMMUNITY HOSP	Report	61.1	11.1	27.8	80.3	0.0	19.7	100.0	0.0	0.0
NATIVIDAD MED CTR	Report	35.4	12.4	52.3	100.0	0.0	.	100.0	0.0	.
NEWPORT SPECIALTY HOSP	Report	84.6	15.4	0.0	27.9	4.5	67.6	100.0	0.0	0.0
NORTHBAY MED CTR	Report	68.9	31.1	0.0	35.5	1.3	63.3	55.9	3.7	40.4
Northbay Med CTR										
Northbay Vacavalle Hosp										
NORTHERN CALIFORNIA REHAB HOSP	Report	37.8	11.4	50.8	41.7	0.0	58.3	100.0	0.0	0.0
NORTHERN INYO HOSP	Report	85.6	14.1	0.3	84.2	5.3	10.5	100.0	0.0	0.0
NORTHRIDGE HOSP MED CTR	Report	51.1	29.7	19.2	37.0	3.7	59.2	49.3	5.9	44.8
NORWALK COMMUNITY HOSP	Report	51.0	19.0	30.0	61.1	5.6	33.3	.	.	.
NOVATO COMMUNITY HOSP	Report	72.9	20.6	6.5	60.7	3.3	36.1	29.0	0.0	71.0
O'CONNOR HOSP	Report	72.4	27.6	0.0	33.2	6.1	60.6	58.1	17.6	24.3
OAK VALLEY HOSP DIST	Report	67.9	32.1	0.0	27.8	.	72.2	38.1	.	61.9

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, decline, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
OJAI VALLEY COMMUNITY HOSP	Report	59.4	23.4	17.2	78.9	5.3	15.8	83.3	16.7	0.0
OLYMPIA MED CTR	Report	45.7	50.1	4.2	5.1	0.0	94.9	28.6	0.0	71.4
ORANGE COAST MEMORIAL MED CTR	Report	67.7	31.6	0.7	42.3	3.7	53.9	87.1	12.9	0.0
OROVILLE HOSP	Report	56.8	14.1	29.1	80.5	3.1	16.4	79.6	1.8	18.6
PACIFIC ALLIANCE MED CTR	Report	45.0	18.9	36.0	4.5	0.0	95.5	.	.	.
PACIFIC HOSP OF LONG BEACH	Report	60.9	39.1	.	100.0	.	.	.	.	.
PACIFICA HOSP OF THE VALLEY	Report	51.9	37.7	10.4	84.6	15.4	0.0	.	.	.
PALM DRIVE HOSP	Report	68.6	31.4	0.0	82.2	2.2	15.6	73.9	4.3	21.7
PALMDALE REGIONAL MED CTR	Report	51.3	33.3	15.4	11.3	2.9	85.8	61.1	16.7	22.2
PALO VERDE HOSP	Report	58.8	36.7	4.5	44.4	18.5	37.0	62.1	34.5	3.4
PALOMAR MED CTR	Report	52.5	30.9	16.6	43.5	14.2	35.5	60.7	39.3	.
PARADISE VALLEY HOSP	Report	61.9	34.8	3.2	82.5	2.5	15.0	97.3	2.7	.
PARKVIEW COMMUNITY HOSP MED CTR	Report	31.0	42.9	26.1	12.5	0.6	86.8	8.3	16.7	75.0
PATIENTS' HOSP OF REDDING	Report	88.6	8.9	2.5	56.8	18.4	24.8	.	.	.
PETALUMA VALLEY HOSP	Report	75.8	23.8	0.4	25.2	0.0	74.8	67.4	0.0	32.6
PIONEERS MEMORIAL HEALTHCARE DIST	Report	49.8	19.7	30.5	100.0	0.0	0.0	100.0	0.0	0.0
PLACENTIA LINDA HOSP	Report	96.5	3.5	0.0	49.5	1.3	49.2	100.0	0.0	0.0
PLUMAS DISTRICT HOSP	Report	78.5	21.5	0.0	62.5	37.5	0.0	80.0	20.0	0.0
POMERADO HOSP	Report	52.7	25.1	22.1	44.4	12.6	36.1	72.3	27.7	.
POMONA VALLEY HOSPITAL MED CTR	Report	52.1	13.6	34.2	26.3	7.1	66.6	9.3	0.0	90.7
PORTERVILLE DEVELOPMENTAL CTR	Report	43.8	25.0	31.3	.	.	.	.	.	.
PRESBYTERIAN INTERCOMMUNITY HOSP	Report	91.4	6.0	2.6	51.0	2.7	46.3	54.7	4.4	40.9
PROMISE HOSP OF EAST LOS ANGELES	Report	48.8	51.2	0.0	68.3	27.6	4.1	.	.	.

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, declination, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
PROMISE HOSP OF EAST LOS ANGELES, SUBURBAN MED CTR	Report	56.3	42.3	1.3	68.3	27.6	4.1	.	.	.
PROMISE HOSP OF SAN DIEGO	Report	69.9	30.1	0.0	100.0	0.0	0.0	100.0	0.0	0.0
PROVIDENCE HOLY CROSS MED CTR	Report	44.4	28.5	27.1	6.3	0.0	93.7	12.9	0.0	87.1
PROVIDENCE LITTLE COMPANY OF MARY, SAN PEDRO	Report	56.7	37.2	6.1	12.0	1.1	86.9	10.0	1.9	88.1
PROVIDENCE LITTLE COMPANY OF MARY, TORRANCE	Report	54.7	28.7	16.6	31.5	3.2	65.4	34.8	4.2	61.0
PROVIDENCE SAINT JOSEPH MED CTR	Report	44.6	30.2	25.2	12.6	0.1	87.3	9.7	0.0	90.3
PROVIDENCE TARZANA MED CTR	Report	61.8	37.2	1.0	10.8	5.9	83.3	34.9	28.9	36.2
QUEEN OF THE VALLEY MED CTR	Report	72.0	27.2	0.7	42.2	10.8	47.0	36.7	9.4	54.0
RADY CHILDREN'S HOSP, SAN DIEGO	Report	98.4	1.6	0.0	99.8	0.2	0.0	100.0	0.0	0.0
RANCHO SPECIALTY HOSP	No Report	.	.	.	.	.	.	.	.	.
REDLANDS COMMUNITY HOSP	Report	76.2	20.3	3.4	38.7	7.5	53.9	33.5	8.1	58.4
REDWOOD MEMORIAL HOSP	Report	87.9	11.2	1.0	83.7	16.3	0.0	100.0	0.0	0.0
REGIONAL MED CTR OF SAN JOSE	Report	89.4	10.6	.	97.7	2.3	.	100.0	.	.
RIDGECREST REGIONAL HOSP	Report	69.3	29.1	1.7	62.5	4.5	33.0	69.5	6.8	23.7
RIVERSIDE COMMUNITY HOSP	Report	83.8	14.1	2.1	56.0	6.0	38.0	86.6	10.5	2.8
RIVERSIDE COUNTY REG MED CTR	Report	63.1	26.0	10.9	65.5	23.0	11.5	70.4	17.4	12.2
RONALD REAGAN UCLA MED CTR	Report	62.4	37.6	0.0	.	.	.	.	.	.
SADDLEBACK MEMORIAL MED CTR	Report	64.1	12.1	23.8	61.6	7.3	31.1	60.5	3.9	35.5
Saddleback Memorial Med Ctr										
Saddleback Memorial Med Ctr, San Clemente										
SAINT AGNES MED CTR	Report	67.0	25.8	7.2	100.0	0.0	0.0	100.0	0.0	0.0

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, declination, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
SAINT FRANCIS MED CTR	Report	67.0	27.4	5.6	43.4	0.2	56.5	100.0	0.0	0.0
SAINT FRANCIS MEMORIAL HOSP	Report	68.1	25.6	6.3	72.9	10.6	16.5	67.5	12.3	20.2
SAINT JOHN'S HEALTH CTR	Report	52.9	46.8	0.4	42.8	5.5	51.7	42.8	5.5	51.7
SAINT LOUISE REGIONAL HOSP	Report	52.6	22.0	25.3	23.1	.	76.9	33.3	.	66.7
SAINT VINCENT MED CTR	Report	56.2	43.4	0.4	21.8	4.4	73.8	9.9	1.3	88.8
SALINAS VALLEY MEMORIAL HOSP	Report	69.2	30.8	0.0	39.8	8.4	51.9	45.7	13.4	40.9
SAN ANTONIO COMMUNITY HOSP	Report	68.2	31.4	0.3	54.6	11.8	33.6	71.1	9.1	19.8
SAN DIMAS COMMUNITY HOSP	Report	67.3	27.7	5.1	63.2	26.8	10.0	50.0	0.0	50.0
SAN FRANCISCO GENERAL HOSP	Report	81.6	10.1	8.3	56.6	0.7	42.6	79.6	2.0	18.4
SAN GABRIEL VALLEY MED CTR	Report	46.9	15.9	37.2	57.7	17.2	25.2	44.3	0.0	55.7
SAN GORGONIO MEMORIAL HOSP	Report	67.1	29.6	3.3	52.7	18.6	28.7	70.4	29.6	0.0
SAN JOAQUIN COMMUNITY HOSP	Report	68.4	28.6	3.0	20.0	10.1	69.9	50.0	43.5	6.5
SAN JOAQUIN GENERAL HOSP	Report	67.4	27.1	5.5	76.7	23.3	0.0	76.7	23.3	0.0
SAN JOAQUIN VALLEY REHAB HOSP	Report	58.1	41.9	0.0	53.8	46.2	0.0	40.0	60.0	0.0
SAN MATEO MED CTR	Report	54.5	17.2	28.3	46.2	9.7	44.1	56.3	20.7	23.0
SAN RAMON REGIONAL MED CTR	Report	85.7	10.1	4.2	61.1	.	38.9	62.6	.	37.4
San Ramon Regional Med Ctr										
San Ramon Regional Med Ctr South Building										
SANTA BARBARA COTTAGE HOSP	Report	68.1	31.1	0.7	35.9	9.4	54.6	51.0	18.9	30.1
SANTA CLARA VALLEY MED CTR	Report	60.7	23.6	15.7	49.2	2.2	48.6	35.5	2.8	61.8
SANTA MONICA, UCLA MED CTR	Report	63.2	36.8	0.0	100.0	0.0	0.0	100.0	.	.
SANTA ROSA MEMORIAL HOSP	Report	79.6	20.3	0.1	27.2	0.3	72.5	66.5	1.1	32.4
SANTA YNEZ VALLEY COTTAGE HOSP	Report	52.5	45.0	2.5	23.7	3.7	72.6	84.2	15.8	0.0

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, decline, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
SCRIPPS GREEN HOSP	Report	64.1	35.6	0.3	22.6	13.5	63.9	27.6	13.8	58.5
SCRIPPS HEALTH	Report	73.9	25.9	0.2	43.8	12.8	43.4	74.6	23.8	1.6
Scripps Mercy Hospital										
Scripps Mercy Hospital Chula Vista										
SCRIPPS MEMORIAL HOSP, ENCINITAS	Report	73.3	26.6	0.1	57.2	19.3	23.5	66.7	29.5	3.8
SCRIPPS MEMORIAL HOSP, LA JOLLA	Report	73.4	24.4	2.2	34.1	15.6	50.3	66.3	32.5	1.2
SENECA DISTRICT HOSP	Report	71.1	28.9	0.0	81.8	18.2	0.0	87.5	12.5	0.0
SEQUOIA HOSP	Report	74.6	25.4	0.0	73.0	15.2	11.9	67.3	18.2	14.5
SETON MED CTR	Report	64.1	32.9	3.0	39.3	0.0	60.7	18.0	0.0	82.0
SETON MED CTR, COASTSIDE	Report	78.4	18.1	3.5	100.0	0.0	0.0	100.0	0.0	0.0
SHARP CHULA VISTA MED CTR	Report	75.8	18.4	5.8	41.8	3.9	54.3	21.7	0.0	78.3
SHARP CORONADO HOSP	Report	72.2	20.3	7.5	54.6	14.4	31.0	78.6	0.0	21.4
SHARP MEMORIAL HOSP	Report	75.6	20.0	4.4	53.4	5.7	40.9	37.4	0.6	61.9
SHASTA REGIONAL MED CTR	Report	59.7	34.4	5.9	59.3	14.2	23.5	88.9	11.1	0.0
SHERMAN OAKS HOSP	Report	49.2	44.5	6.2	100.0	0.0	0.0	100.0	0.0	0.0
SHRINERS HOSP FOR CHILDREN	Report	58.7	41.3	0.0	46.9	16.8	36.3	46.9	16.8	36.3
SHRINERS HOSP FOR CHILDREN, NO CA	Report	64.1	31.6	4.3	5.2	0.0	94.8	5.0	.	95.0
SIERRA KINGS DIST HOSP	Report	37.4	53.1	9.4	43.6	6.8	49.6	77.1	5.7	17.1
SIERRA NEVADA MEMORIAL HOSP	Report	63.0	32.0	5.0	71.4	20.3	8.3	65.6	23.8	10.6
SIERRA VIEW DISTRICT HOSP	Report	87.6	8.3	4.1	38.0	0.4	61.6	76.1	1.1	22.7
SIERRA VISTA REGIONAL MED CTR	Report	95.9	4.1	0.0	85.2	2.8	12.1	96.7	3.3	0.0
SILVER LAKE MED CTR	Report	76.8	21.3	2.0	37.6	0.0	62.4	.	.	.
SIMI VALLEY HOSP & HEALTH CARE SVCS	Report	67.8	28.5	3.7	34.2	4.2	61.6	66.4	10.9	22.6

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, declination, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
SONOMA DEVELOPMENTAL CTR	Report	60.4	38.0	1.6	83.6	7.5	9.0	83.6	7.5	9.0
SONOMA VALLEY HOSP	Report	51.5	48.5	0.0	35.2	55.9	9.0	55.0	45.0	0.0
SONORA REGIONAL MED CTR	Report	67.1	31.2	1.7	71.1	20.8	8.2	72.2	21.0	6.8
SOUTHERN INYO	Report	51.3	28.3	20.4	14.3	14.3	71.4	.	.	.
ST BERNARDINE MED CTR	Report	72.0	28.0	0.0	21.4	2.1	76.5	90.2	9.8	0.0
ST ELIZABETH COMMUNITY HOSP	Report	64.6	34.1	1.4	65.5	26.3	8.2	60.9	26.1	13.0
ST JOHNS PLEASANT VALLEY HOSP	Report	46.2	24.4	29.4	22.0	0.4	77.6	22.2	0.0	77.8
ST JOHNS REGIONAL MED CTR	Report	43.5	14.8	41.8	19.0	0.0	81.0	17.9	0.0	82.1
ST ROSE HOSP	Report	82.8	10.4	6.8	73.5	14.7	11.8	.	.	.
ST. HELENA HOSP	Report	58.5	40.8	0.7	12.0	0.6	87.4	17.5	0.7	81.8
ST. HELENA HOSP, CLEARLAKE	Report	60.4	39.6	0.0	44.0	6.4	49.5	68.2	15.9	15.9
ST. JOSEPH HOSP, EUREKA	Report	83.1	16.4	0.5	99.5	0.5	0.0	99.3	0.7	0.0
St. Joseph Hosp										
The General Hosp										
ST. JOSEPH HOSP - ORANGE	Report	82.1	4.4	13.5	45.0	0.4	54.5	66.4	0.8	32.7
ST. JOSEPH'S MED CTR	Report	62.0	26.7	11.3	35.9	8.5	55.6	44.1	12.2	43.8
ST. JUDE MED CTR	Report	86.6	3.7	9.7	38.0	0.3	61.7	36.6	0.3	63.1
ST. MARY MED CTR	Report	54.3	45.7	0.1	95.2	4.8	0.0	94.0	6.0	0.0
ST. MARY MED CTR, LONG BEACH	Report	61.4	34.2	4.4	94.5	5.5	.	94.5	5.5	.
ST. MARY'S MED CTR, SAN FRANCISCO	Report	67.1	32.9	0.0	98.9	1.1	0.0	100.0	0.0	0.0
STANFORD HOSP	Report	80.1	19.9	0.0	88.2	11.8	0.0	78.3	21.7	0.0
Lucile Sattler Packard Children's Hosp at Stanford										
Stanford Hosp										

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, decline, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
STANISLAUS SURGICAL HOSP	Report	57.5	40.4	2.1	12.3	10.9	76.8	.	.	.
SURPRISE VALLEY COMMUNITY HOSP	Report	50.0	50.0	0.0	57.1	28.6	14.3	100.0	0.0	0.0
SUTTER AMADOR HOSP	Report	81.3	17.9	0.8	89.6	4.3	6.1	96.4	3.6	0.0
SUTTER AUBURN FAITH HOSP	Report	64.6	35.4	0.0	51.8	11.0	37.3	71.7	22.8	5.4
SUTTER COAST HOSP	Report	88.5	6.2	5.3	51.9	2.3	45.7	57.9	5.3	36.8
SUTTER DAVIS HOSP	Report	70.1	29.9	0.0	44.9	6.4	48.7	61.9	5.2	33.0
SUTTER DELTA MED CTR	Report	67.4	22.4	10.2	20.0	0.7	79.3	45.6	2.9	51.5
SUTTER EAST BAY HOSP										
Alta Bates Summit Med Ctr, Alta Bates Campus										
Alta Bates Summit Med Ctr, Herrick Campus										
Alta Bates Summit Med Ctr, Summit Campus	Report	54.2	44.6	1.2	29.5	4.9	65.7	34.4	65.6	.
Summit St										
Alta Bates Summit Med Ctr – Summit Campus										
Hawthorne Street										
SUTTER HLTH SACRAMENTO SIERRA REG	Report	72.8	25.0	2.2	39.9	6.7	53.3	18.2	8.2	73.6
Sutter Memorial Hosp										
Sutter General Hosp										
SUTTER LAKESIDE HOSP	Report	57.5	42.5	0.0	62.3	7.8	29.9	45.1	9.8	45.1
SUTTER MATERNITY & SURGERY CTR	Report	42.5	32.5	25.0	3.1	0.0	96.9	0.0	0.0	100.0
SUTTER MED CTR OF SANTA ROSA	Report	67.6	28.4	4.1	62.2	9.8	28.0	12.7	0.0	87.3
SUTTER ROSEVILLE MED CTR	Report	68.7	27.3	4.1	50.4	8.6	41.0	53.7	7.4	38.9
SUTTER SOLANO MED CTR	Report	69.3	30.7	0.0	76.7	12.8	10.6	47.7	9.1	43.2
SUTTER SURGICAL HOSP, NORTH VALLEY	Report	55.5	44.5	0.0	57.1	20.4	22.4	.	.	.
SUTTER TRACY COMMUNITY HOSP	Report	60.8	14.8	24.5	29.0	1.2	69.8	28.7	1.3	70.0
SUTTER WEST BAY HOSP	Report	78.0	11.7	10.3	54.1	2.9	43.0	52.1	1.7	46.2

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, declination, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
California Pacific Med Ctr, West Campus										
California Pacific Med Ctr, Davies Campus										
California Pacific Med Ctr , Pacific Campus										
TAHOE FOREST HOSP	Report	90.5	6.1	3.3	80.3	3.4	16.3	78.0	3.4	18.6
TEHACHAPI HOSP	Report	41.2	43.3	15.5	93.3	6.7	0.0	100.0	0.0	0.0
TEMPLE COMMUNITY HOSP	Report	46.0	43.8	10.2	46.2	11.5	42.3	.	.	.
THE FREMONT-RIDEOUT HEALTH GROUP	Report	53.5	33.0	13.5	100.0	0.0	.	100.0	0.0	.
Fremont Med Ctr										
Rideout Memorial Hosp										
THOUSAND OAKS SURGICAL HOSP	Report	74.6	25.4	0.0	36.1	9.9	54.0	50.0	50.0	0.0
TORRANCE MEMORIAL MED CTR	Report	61.7	36.5	1.8	33.5	2.7	63.9	59.3	5.3	35.5
TRI-CITY MED CTR	Report	88.6	11.4	0.0	98.4	1.6	0.0	98.0	2.0	0.0
TRI-CITY REGIONAL MED CTR	Report	48.2	42.3	9.5	40.8	5.8	53.4	.	.	.
TRINITY HOSP	Report	62.2	37.8	0.0	94.6	5.4	0.0	92.3	7.7	0.0
TULARE REGIONAL MED CTR	Report	54.8	13.8	31.5	19.8	1.0	79.2	100.0	0.0	0.0
TWIN CITIES COMMUNITY HOSP	Report	94.3	5.0	0.7	56.8	0.0	43.2	90.0	0.0	10.0
UHS-CORONA, INC.	Report	58.7	33.9	7.4	34.2	7.8	58.0	29.3	1.9	68.8
Corona Regional Med Ctr – Magnolia Ave										
Corona Regional Med Ctr – South Main Street										
UKIAH VALLEY MED CTR	Report	57.7	16.5	25.8	24.3	.	75.7	50.0	.	50.0
UNIVERSAL HEALTH SVCS OF RANCHO SPRINGS, INC	Report	59.5	40.5	.	76.7	23.3	.	80.6	19.4	.
Southwest Healthcare System - Murrieta										
Southwest Healthcare System - Wildomar										



**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, declination, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
UNIVERSITY OF CALIFORNIA DAVIS	Report	87.0	13.0	0.0	100.0	.	0.0	100.0	.	0.0
UNIVERSITY OF CALIFORNIA IRVINE	Report	90.8	4.4	4.7	99.2	0.8	0.0	99.2	0.8	0.0
UNIVERSITY OF CALIFORNIA, SAN DIEGO	Report	64.9	16.8	18.3	40.4	0.2	59.5	14.8	0.2	85.1
University of California, San Diego Med Ctr										
UCSD-La Jolla, John M. & Sally B Thornton Hosp										
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	Report	86.7	13.3	0.0	82.7	0.9	16.4	100.0	.	.
UCSF Med Ctr, San Francisco										
UCSF Med Ctr at Mount Zion, San Francisco										
USC KENNETH NORRIS JR. CANCER	Report	58.8	40.5	0.7	35.1	11.7	53.2	35.1	11.7	53.2
USC UNIVERSITY HOSP	Report	55.2	42.7	2.2	42.2	18.0	39.8	34.3	42.9	22.8
VALLEYCARE HEALTH SYSTEM	Report	74.7	25.3	0.0	54.3	3.9	41.9	91.8	6.2	2.0
Valley Memorial Hosp										
Valleycare Med Ctr										
VALLEY PRESBYTERIAN HOSP	Report	50.6	49.4	0.0	30.9	35.5	33.6	29.9	36.0	34.1
VERDUGO HILLS HOSP	Report	65.7	30.0	4.3	46.7	8.6	44.7	62.5	.	37.5
VIBRA HOSP OF SAN DIEGO	Report	66.9	22.6	10.5	34.8	1.9	63.3	100.0	0.0	0.0
VICTOR VALLEY COMMUNITY HOSP	Report	44.7	55.3	0.0	57.7	21.2	21.2	51.1	24.4	24.4
VISTA HOSP OF SAN GABRIEL	Report	77.2	22.8	0.0	100.0	0.0	0.0	.	.	.
VISTA HOSP OF RIVERSIDE	No Report	.	.	.	.	.	.	.	.	.
VISTA HOSP OF SOUTH BAY	Report	41.0	59.0	.	86.2	13.8	.	.	.	.
WASHINGTON HOSP	Report	73.9	26.1	0.0	99.1	0.9	0.0	98.6	1.4	0.0
WATSONVILLE COMMUNITY HOSP	Report	48.5	15.2	36.3	53.7	0.0	46.3	53.7	0.0	46.3
WEST ANAHEIM MED CTR	Report	43.4	31.7	24.9	.	.	.	.	.	.

**Table 6. Influenza vaccination surveillance report status and hospital-specific mean influenza vaccination, declination, and unknown percentages for employees, non-employee health care personnel and volunteers in general acute care hospitals, California, 2010-2011.**

Hospital Name	Report Status	Employees			Non-employee Health Care Personnel			Volunteers		
		Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
WEST HILLS HOSP & MED CTR	Report	82.4	17.6	0.0	92.6	7.4	0.0	95.7	4.3	0.0
WESTERN MED CTR ANAHEIM	Report	50.3	28.9	20.8	5.2	0.8	94.0	100.0	0.0	.
WESTERN MED CTRSANTA ANA	Report	54.4	32.0	13.6	52.5	12.6	34.9	.	.	.
WHITE MEMORIAL MED CTR	Report	41.4	45.0	13.6	5.7	.	94.3	5.9	.	94.1
WHITTIER HOSP MED CTR	Report	68.5	23.6	7.9	39.0	4.5	56.4	46.0	16.0	38.0
WOODLAND MEMORIAL HOSP	Report	73.5	22.3	4.3	97.8	2.2	0.0	97.8	2.2	0.0

Source: Influenza Vaccination among Health Care Personnel in California General Acute Care Hospitals for the 2010-2011 Respiratory Season

## Appendix A. 2010-2011 Survey on Influenza Vaccination of Healthcare Personnel in California General Acute Care Hospitals: Questions and Results.

Survey Question	Percent of Hospitals Responding
Please indicate which of the following best describes your facility's current policy on influenza vaccination for employees.	
Influenza vaccination is recommended; a signed declination is not required and there are no consequences for declining	3
Influenza vaccination is required OR signed declination statements are required for unvaccinated employees with no consequences for declining vaccination	82
Influenza vaccination is required OR written declination statements are required for unvaccinated employees with consequences other than termination for declination vaccination (mandatory participation)	13
Influenza vaccination is required with an exemption for medical contraindications (mandatory vaccination)	1
Unknown	1
What are the consequences or arrangements your facility uses for employees that DO NOT comply with (fulfill) the vaccination requirement? Check all that apply.	
Visual indicator of vaccination status displayed on employee badge or similar	7
Reassign to a non-patient care area or job duty	<1
Require participation in influenza vaccination education	3
Require mask/PPE use	11
Receive leave without pay	<1
Meet with human resources	1
Does your facility require a signed declination for employees that decline influenza vaccination?	99
Does your facility require a statement from the employee regarding why he/she is declining vaccination?	80
What does your facility consider to be acceptable reasons for declining influenza vaccination? Check all that apply.	
Philosophical belief	63
Religious belief	66
Medical contraindication including allergy	71
Fear of needles	55
We do not track reasons for declining vaccination	4
Does your facility require employees who receive off-site influenza vaccination to provide documentation of vaccination status?	47
What type of documentation is required?	
Written or electronic documentation from another healthcare provider (e.g. pharmacy receipt, physician's note, etc.)	11
Copy of the 2010-11 Vaccine Information Statement given upon receipt of vaccination	36
A written or electronic document from the employee	2
A verbal declaration from the employee	39
Does your facility collect surveillance data on influenza vaccination status for non-employee healthcare personnel?	81
Does your facility require non-employee healthcare personnel to provide documentation of vaccination status?	44
What type of documentation is required?	
Written or electronic documentation from another healthcare provider (e.g. pharmacy receipt, physician's note, etc.)	6
Copy of the 2010-11 Vaccine Information Statement given upon receipt of vaccination	33
A written or electronic document from the employee	1
A verbal declaration from the employee	44

## Appendix A. 2010-2011 Survey on Influenza Vaccination of Healthcare Personnel in California General Acute Care Hospitals: Questions and Results.

Does your facility require registry personnel to be vaccinated for influenza as part of the contract with the registry agency?	34
Does your facility require registry personnel to be vaccinated for influenza or provide signed declination statements?	55
Which personnel groups does your facility include in your annual influenza vaccination program?	
All personnel who work in the facility	2
All personnel who work in clinical areas, including personnel without direct patient care duties (clerks, housekeepers, etc.)	91
Only personnel with direct patient care duties (physicians, nurses, respiratory therapists, etc.)	7
Which of the following types of employees does your facility include in your annual vaccination program? Check all that apply.	
Full time employees	96
Part time employees	96
Contractors	74
Registry personnel	65
Students and trainees	68
Volunteers	84
Which of the following strategies does your facility use to promote/enhance influenza vaccination at your facility? Check all that apply.	
Incentives to individual	13
Incentives to groups of employees	7
Reminders by mail, email or pager	84
Coordination of vaccination with other annual programs (TB skin testing)	53
Require receipt of vaccination for credentialing (if no contraindications)	5
Campaign including posters, flyers, buttons, fact sheets	87
Publicizing vaccination of senior medical staff and/or decision makers	31
Use of influenza vaccination percentages as a quality indicators	41
Provide regular feedback on influenza vaccination coverage by patient care area, unit, or occupational group	43
Promote competition between units, care areas	13
Does your facility conduct formal educational programs on influenza and influenza vaccination for employees, such as seminars, online trainings, etc.?	57
Are employees required to attend formal educational programs on influenza and influenza vaccination?	43
At what cost does your facility provide influenza vaccination to employees?	
No cost	99
Reduced cost	
Full cost	1
At what cost does your facility provide influenza vaccination to non-employee healthcare personnel?	
No cost	96
Reduced cost	2
Full cost	2
Is influenza vaccination offered during all works shifts, including nights and weekends?	95
Which of the following does your facility use to offer influenza vaccination? Check all that apply.	
Mobile carts	75
Centralize mass vaccination fairs	72

**Appendix A. 2010-2011 Survey on Influenza Vaccination of Healthcare Personnel in California General Acute Care Hospitals: Questions and Results.**

Peer vaccinators	100
Offer vaccination in congregate areas (conferences, meetings, cafeteria, etc.)	77
Offer vaccination at workstation	67
Offer vaccination at occupational health clinic	66
Use live attenuated influenza vaccine for eligible employees/non-employees	24

Source: Influenza Vaccination among Health Care Personnel in California General Acute Care Hospitals for the 2010-2011 Respiratory Season