Table 2. Survey on Influenza Vaccination of Healthcare Personnel in California General Acute Care Hospitals for 2011-12 & 2010-11: Questions and Results

Survey Question	Percent of Hospitals Responding 2011-2012	Percent of Hospitals Responding 2010-2011
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	5.3	3.3
Influenza vaccination is required AND signed declination statements are required for unvaccinated employees with no consequences for declining vaccination (mandatory declination)	72.6	80.6
Influenza vaccination is required AND signed declination statements are required for unvaccinated employees with consequences other than termination for declining vaccination (mandatory participation)	21.1	14.2
Influenza vaccination is required with an exemption for medical contraindications only (mandatory vaccination)	0.0	0.7
We have no policy for influenza vaccination of employees	1.1	1.2
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	49.4	54.5
Reassign to a non-patient care area or job duty	1.3	1.8
Require participation in influenza vaccination education	23.4	29.1
Require mask/PPE use	84.4	87.3
Receive leave without pay	10.4	5.5
Meet with human resources	1.3	7.3
Other (please specify)	15.6	27.3
Does your facility have a written policy for influenza vaccination of employees?		
Does your facility require a statement from the employee regarding why he/she is declining vaccination?	78.9	78.6
What does your facility consider to be acceptable reasons for declining influenza vaccination? Check all that apply.		
Philosophical belief	62.7	82.2
Religious belief	83.1	86.7
Medical contraindication including allergy	94.9	93.4
Fear of needles	44.1	73.1
We do not track reasons for declining vaccination	1.7	5.1
Other (please specify)	23.7	30.1
Does your facility require employees who receive off-site influenza vaccination to provide documentation of vaccination status?	59.3	45.1
What type of documentation is required?		
Written or electronic documentation from another healthcare provider (e.g. pharmacy receipt, physician's note, etc.).	51.2	38.5
Copy of the 2011-12 Vaccine Information Statement given upon receipt of vaccination	3.7	2.2
A written or electronic document from the employee	31.2	38.5
A verbal declaration from the employee	9.3	11.0
Other (please specify)	4.7	9.9
Does your facility collect surveillance data on influenza vaccination status for non-employee healthcare personnel?	82.3	80.2
Does your facility require non-employee healthcare personnel to provide documentation of vaccination status?	53	42.6
What type of documentation is required?		
Written or electronic documentation from another healthcare provider (e.g. pharmacy receipt, physician's note, etc.).	49.5	34.1
Copy of the 2011-12 Vaccine Information Statement given upon receipt of vaccination	3.1	1.2
A written or electronic document from the employee	36.1	43.9
A verbal declaration from the employee	8.2	16.2
Other (please specify)	3.1	4.6
Does your facility offer free influenza vaccination to non-employee healthcare personnel?	93.4	97
As part of the contract with a registry agency, does your facility require registry personnel either to be vaccinated for influenza or to provide written declination statements to the registry?	56.4	35.5
Does your facility require that the registry agency provide documented vaccination status of registry personnel?	81.7	55.6
Does your facility require registry personnel to be vaccinated for influenza?	46.9	55.6
Which personnel groups does your facility include in your annual influenza vaccination program? Check one.		
All personnel who work in the facility	94.3	2.0
All personnel who work in clinical areas, including personnel without direct patient care duties (clerks, housekeepers, etc.)	5.5	91.0
Only personnel with direct patient care duties (physicians, nurses, respiratory therapists, etc.)	0	7.0
Other (please specify)	0.3	
Which of the following types of employees does your facility include in your annual vaccination program? Check all that apply.		
Full time employees	100	96.0
Part time employees	99.5	96.0
Contractors	87.2	74.0
Registry personnel	74.6	65.0
Students and trainees	79.0	68.0
Volunteers	86.1	84.0
Other (please specify)	25.7	
Which of the following strategies does your facility use to promote/enhance influenza vaccination at your facility? Check all that apply.		
Incentives to individual	23.0	14.8
Incentives to groups of employees (e.g., a pizza party)	13.9	7.9

Table 2. Survey on Influenza Vaccination of Healthcare Personnel in California General Acute Care Hospitals for 2011-12 & 2010-11: Questions and Results

Survey Question	Percent of Hospitals Responding 2011-2012	Percent of Hospitals Responding 2010-2011
Reminders by mail, email or pager	88.5	86.5
Coordination of vaccination with other annual programs (TB skin testing)	54.1	54.9
Require receipt of vaccination for credentialing (if no contraindications)	14.8	5.4
Campaign including posters, flyers, buttons, and fact sheets	91.0	90.1
Publicizing vaccination of senior medical staff and/or decision makers	35.2	31.8
Use of influenza vaccination percentages as a quality indicator	50.3	42.1
Provide regular feedback on influenza vaccination coverage by patient care area, unit, or occupational group	49.5	42.6
Promote competition between units/care areas	15.3	12.8
No formal promotional activities	2.2	2.5
Other (please specify)	12.3	13.8
Does your facility conduct formal educational programs on influenza and influenza vaccination for employees, such as seminars, online trainings, etc.?	58.5	56.4
Are employees required to attend formal educational programs on influenza and influenza vaccination?	42.3	41
Is influenza vaccination offered during all work shifts, including nights and weekends?	95.1	94.4
Which of the following does your facility use to offer influenza vaccination? Check all that apply.		
Mobile carts	81.6	77.7
Centralized mass vaccination fairs	79.7	76.6
Peer vaccinators	55.9	55.8
Offer vaccination in congregate areas (conferences, meetings, cafeteria, etc.)	82.5	81.7
Offer vaccination at work station	77.0	70.1
Offer vaccination at occupational health clinic	71.0	69.3
Use live attenuated influenza vaccine for eligible employees/non-employees	25.8	24.1
Other	7.7	7.6

Source: Influenza Vaccination among Health Care Personnel in California General Acute Care Hospitals for the 2011-2012 Respiratory Season

Healthcare Associated Infections Program, California Department of Public Health