

**Recommendations from the Influenza Vaccination Subcommittee of the California Department of Public Health Healthcare-Associated Infections Advisory Committee**

**May 29, 2008**

- A. Each acute care hospital in California is required to report influenza vaccination/informed declination rates for employees for the 2007-2008 influenza season and submit to CDPH (*see Attachment A*).
1. The cutoff date for tabulation of the numerator (number of employees who received a vaccination at their facility or another facility) OR who signed a mandatory informed declination form (*see Attachment B for examples*) is March 31, 2008. The denominator is based on the total number of employees on March 31, 2008.
  2. In addition to a vaccination/informed declination rate, each acute care hospital will submit a vaccination rate (number of employees who received a vaccination at their facility or another facility) with total number of employees (using March 31, 2008 as the cut off date for numerator and denominator).
- B. Beginning with the 2008-2009 influenza season, each acute care hospital shall:
1. Incorporate the following phrase into all informed declination and attestation forms, "I have declined the influenza vaccination for the xxx influenza season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all healthcare personnel to prevent infection from and transmission of influenza and its complications, including death, to my patients, my coworkers, my family, and my community".
  2. Recommended components for influenza education prior to signing informed declination:
    - a) Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
    - b) Influenza virus may be shed for up to 48 hours before symptoms begin, allowing transmission to others.
    - c) Up to 30% of people with influenza have no symptoms, allowing transmission to others.
    - d) The vaccine cannot transmit influenza.
    - e) Despite an occasional mismatch of the vaccine with the circulating strains, vaccination offers SOME protection.
    - f) For those who fear injections, the intranasal vaccine (Flumist®) may be an option (please review CDC guidance on appropriate candidates).
  3. Complete demographic data for acute care facilities and submit to NHSN (*See Attachments C* - selected from healthcare personnel influenza vaccination module).
  4. Have employees complete informed declination forms only during the influenza vaccination season (September through March).
  5. By September 1, 2008 (for the 2008-09 Influenza Season) CDPH will communicate the recommendation to acute care hospitals that—
    - a) Each acute care hospital should develop a list of healthcare personnel not included in the facility's roster of employees AND who have frequent patient contact (e.g., volunteers, students, trainees, licensed independent practitioners [LIPs]) or who work in patient care areas (e.g. environmental services and dietary personnel) and establish baseline vaccination/informed declination rates. Examples of LIPs who might be prioritized include emergency department physicians, intensivists, oncologists, cardiologists,

hospitalists, and neonatologists. (See Attachment D – example of an LIP attestation).

**OR**

- b) Facilities may choose to report vaccination and informed declination rates for all healthcare personnel not included in “employees”.
  - c) Acute care hospitals should also establish a process that assures contract agencies provide evidence of or documentation of influenza vaccination and/or verification of declination for all contracted healthcare personnel.
  - d) The definition of healthcare personnel is found in the National Foundation of Infectious Disease document, “Influenza Vaccination Among Health Care Personnel” (<http://www.nfid.org/pdf/publications/fluhealthcarecta08.pdf>) and extends to all persons working in health care settings, including home health care, who have contact with patients. This includes not only traditionally identified medical staff (e.g., physicians, nurses, physician assistants, etc.), but also therapists, technicians, laboratory personnel, pharmacists, students and trainees, volunteers and non-medical personnel who may come into contact with vulnerable patients (e.g., housekeeping, plant operations, dietary, secretarial, administrative, etc.).
- C. For the 2009-10 Influenza Season: Each acute care hospital should have a written process to establish targets to increase vaccination/informed declination rates over the 2008-09 baseline rates for all health care personnel, including but not limited to: volunteers, physicians; nurses; those in training for healthcare professions; and other workers in the acute care setting.
- D. By September 1, 2010—CDPH should design a method for public reporting of immunization/informed declination rates for all healthcare personnel.
- E. Influenza Vaccination of In-Patients
- 1. For the 2008-2009 Influenza season:
    - a) For those hospitals participating in reporting of process measures to the Centers of Medicare and Medicaid Services (CMS) on community acquired pneumonia (CAP), CDPH will accept the current reporting of patient influenza vaccination processes, displayed on the “Hospital Compare” site as adequate evidence of participation.
    - b) For those hospitals not reporting to CMS on CAP process measures, CDPH would identify the few hospitals not currently reporting on inpatient influenza vaccination for CAP patients by accessing an annual report from Hospital Compare, and send a letter to those not appearing, requesting a report on their process for inpatient influenza vaccination. (Based on the SCIP survey, the number of hospitals not reporting is very small; see Attachment E – example of an influenza vaccination collection tool).
  - 2. Beginning with the 2009-2010 influenza season, each acute care facility will report the vaccination/informed declination rates of inpatients 50 years of age and over in a reporting format developed by CMS.

**Attachment A**

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Employee Influenza Vaccination/Declination Surveillance  
For Acute Care Hospitals

Data Collection End Date: March 31, 2008

Facility NHSN ID#: \_\_\_\_\_

Components	Number
1. Total number of employees (include part-time)	
2. Total number of vaccination <sup>1</sup> /declinations	
3. Vaccination/declination rate (Item 2/Item 1)	( %)
4. Total number of vaccinations <sup>1</sup>	
5. Vaccination rate (Item 4/Item 1)	( %)

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<sup>1</sup> Includes influenza vaccines administered in settings other than the reporting hospital.

### **Influenza vaccine consent**

I have read the "Influenza Vaccine Information Statement, date XXXX". I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine.

**Print name** \_\_\_\_\_ **Department** \_\_\_\_\_

I request that the vaccine be given to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I decline the vaccine today because I have already had a flu shot this year.**

Clinic where vaccinated \_\_\_\_\_ Date vaccinated \_\_\_\_\_ (Approximate is OK.)

Signature \_\_\_\_\_ Date signed \_\_\_\_\_ We will count you as vaccinated.

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### **Influenza vaccine declination**

**Written declination is required by new California law (SB 739) beginning in 2007.**

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
- Influenza virus may be shed for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with influenza have no symptoms, allowing transmission to others.
- Flu virus changes often, making annual vaccination is necessary. Immunity following vaccination is strongest for 2 to 6 months. In CA, influenza usually arrives around New Year through February or March.
- I understand that flu vaccine cannot transmit influenza. It does not, however, prevent all disease.
- I have declined to receive the influenza vaccine for the xxxx-xxxx season. I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

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

**Print name** \_\_\_\_\_ **Department** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

- I believe I will get the flu if I get the shot.
- I do not like needles.
- My philosophical or religious beliefs prohibit vaccination.
- I have a medical contraindication to receiving the vaccine.
- Other reason – please tell us. \_\_\_\_\_
- I do not wish to say why I decline.

**Attachment B2 (Influenza Information on Intra-hospital Website)**

**Hospital  
Employee Occupational Health Department**

**DATE INFLUENZA CONSENT FORM (INJECTABLE VACCINE)**

I have read or have had explained to me the information on the Vaccine Information Statement [VIS] about the influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and:

- Request that the vaccine is given to me, or the person named below, for whom I am authorized to make this request **OR**
- Decline the vaccine at this time. **I acknowledge that influenza vaccination is recommended by the Centers for Disease Control (CDC) for all healthcare personnel to prevent infection from and transmission of influenza and its complication, including death, to patients, coworkers, family, and community OR**
- I have already received the vaccination at \_\_\_\_\_ [where]

**STRAINS:**

**INFORMATION ON PERSON TO RECEIVE DATE xxxx VACCINE:** Please Print

<b>Last Name (Print):</b>	<b>First Name (Print):</b>	<b>Initial:</b>
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<b>Signature (Person to receive vaccine or person authorized to make request):</b>	<b>Today's Date: (Date VIS given):</b>
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<b>Date of Birth:</b>	<b>Age Group:</b>	<b>Facility:</b>	<b>Please Mark One:</b>
<b>Street Address:</b>	<input type="checkbox"/> 18-49	<b>Unit/Dept.:</b>	<input type="checkbox"/> Employee
<b>City:</b>	<input type="checkbox"/> 50-59		<input type="checkbox"/> Volunteer
<b>State:</b>	<input type="checkbox"/> 60-64		<input type="checkbox"/> Physician
	<input type="checkbox"/> 65+ years		<input type="checkbox"/>
	<b>Zip:</b>		

**PLEASE ANSWER THE FOLLOWING:**  
 Do you have a serious allergy to eggs?  Yes  No  
 Have you ever had a serious allergic reaction or other problem after getting an influenza vaccine?  Yes  No  
 Were you ever paralyzed by Guillain-Barre syndrome?  Yes  No  
**Are you pregnant or think you may be pregnant?**  Yes\*  No \*If so, please go to EOHD for single dose vaccine without thimerosal.  
 Do you now have a moderate or severe illness?  Yes  No  
 Have you ever had a reaction or an allergy to latex?  Yes  No  
 Do you have a serious allergy to thimerosal  Yes  No

**DO NOT WRITE BELOW THIS LINE – FOR CLINICAL USE ONLY**

<b>Facility or EOHD clinical Site where given:</b>	<b>Date Vaccinated:</b>	<b>VIS Date: 06/30/2006</b>
	<b>Lot Number:</b>	<b>EXP:</b>
		<b>MFR:</b>
<b>Dose:</b> 0.5ml <b>Right Deltoid</b> <input type="checkbox"/> <b>Route:</b> IM <b>Left Deltoid</b> <input type="checkbox"/>	<b>Nurse's Signature:</b>	

**Employee who can transmit influenza to persons at high risk:**  Yes  No  
 (Physicians, nurses, and other personnel in hospitals, outpatient settings, nursing homes/SNF and providers of home care to persons in high-risk groups.)

# SAMPLE

## Summary of DATE xxxx Influenza Information for Hospital Employees

Please indicate your understanding of the information below. (Complete influenza information is included in the pandemic influenza safety module. Please refer to the safety module for complete information. )

Influenza is an annual respiratory illness with symptoms of fever, cough, achiness, and fatigue. Influenza is transmitted from person to person by large droplets expelled into the air or by hands/objects contaminated with the virus that touch the face (nose, mouth, eyes). It is associated with 36,000 deaths each year in the U.S and can be best prevented by annual vaccination which is available at no cost to employees on site each year through roaming carts/ buckets, employee flu clinics, and on a walk-in basis in Employee and Occupational Health Department.



Additionally, practicing hand hygiene, covering the mouth/nose when coughing/sneezing, avoiding touching facial areas, and staying home when ill can also help protect patients, family and others from influenza and other illnesses.



Example of web-based influenza education

Please click on the "Take Test" button on the left to indicate your understanding.



## Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0666  
Exp. Date: xx-xx-20xx

Page 1 of 2

Facility ID #: \_\_\_\_\_

Date Entered: \_\_\_\_\_

(Month/Year)

For Season: \_\_\_\_\_ - \_\_\_\_\_

(Specify years)

Which personnel groups do you plan to include in your annual influenza vaccination program?

- All personnel who work in the facility
- All personnel who work in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g., physicians, nurses, respiratory therapists)

Which of the following types of employees do you plan to include in your annual influenza vaccination program? (check all that apply)

- Full-time employees
- Part-time employees
- Contract employee
- Volunteers
- Others, specify: \_\_\_\_\_

At what cost will you provide influenza vaccine to your healthcare workers?

- No cost
- Reduced cost
- Full cost

Will influenza vaccination be available during all work shifts (including nights and weekends)?

- Yes
- No

Which of the following methods do you plan to use this influenza season to deliver vaccine to your healthcare workers? (check all that apply)

- Mobile carts
- Centralized mass vaccination fairs
- Peer-vaccinators
- Provide vaccination in congregate areas (e.g., conferences/meetings or cafeteria)
- Provide vaccination at occupational health clinic
- Other, specify: \_\_\_\_\_

**Assurance of Confidentiality:** The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 305 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).  
CDC 57.75HH (Front) Effective date xx/xx/20xx



# Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0666  
Exp. Date: xx-xx-20xx

Page 2 of 2

Which of the following strategies do you plan to use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)

- No formal promotional activities are planned
- Incentives
- Reminders by mail, email or pager
- Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
- Require receipt of vaccination for credentialing (if no contraindications)
- Campaign including posters, flyers, buttons, fact sheets
- Other, specify:

Do you plan to conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?

- Yes
- No

If you conduct formal educational programs on influenza and influenza vaccination, will your healthcare workers be required to attend?

- Yes
- No

Will you require healthcare workers who receive off-site influenza vaccination to provide documentation of their vaccination status?

- Yes
- No

Will you require signed declination statements from healthcare workers who refuse influenza vaccination?

- Yes
- No

CDC 57.75HH (Back) Effective date xx/xx/200x



# Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0666  
Exp. Date: xx-xx-20xx

Page 1 of 2

Facility ID #: \_\_\_\_\_

Date Entered: \_\_\_\_\_

(Month/Year)

For Season: \_\_\_\_\_ - \_\_\_\_\_

(Specify years)

Which personnel groups did you include in your annual influenza vaccination program this past season?

- All personnel who work in the facility
- All personnel who work in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g., physicians, nurses, respiratory therapists)

Which of the following types of employees did you include in your annual influenza vaccination program this past season? (check all that apply)

- Full-time employees
- Part-time employees
- Contract employee
- Volunteers
- Others, specify: \_\_\_\_\_

At what cost did you provide influenza vaccine to your healthcare workers?

- No cost
- Reduced cost
- Full cost

Did you provide influenza vaccination during all work shifts (including nights and weekends)?

- Yes
- No

Which of the following methods did you use during influenza season to deliver vaccine to your healthcare workers? (check all that apply)

- Mobile carts
- Centralized mass vaccination fairs
- Peer-vaccinators
- Provide vaccination in congregate areas (e.g., conferences/meetings or cafeteria)
- Provide vaccination at occupational health clinic
- Other, specify: \_\_\_\_\_

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CDC S7.75II (Front) Effective date xx/xx/20xx



# Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0666  
Exp. Date: xx-xx-20xx

Page 2 of 2

Which of the following strategies did you use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)

- No formal promotional activities are planned
- Incentives
- Reminders by mail, email or pager
- Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
- Require receipt of vaccination for credentialing (if no contraindications)
- Campaign including posters, flyers, buttons, fact sheets
- Other, specify:

Did you conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?

- Yes
- No

If you conduct formal educational programs on influenza and influenza vaccination, did you require your healthcare workers to attend?

- Yes
- No

Did you require healthcare workers who received off-site influenza vaccination to provide documentation of their vaccination status?

- Yes
- No

Did you require signed declination statements from healthcare workers who refused influenza vaccination?

- Yes
- No

CDC 57.75II (Back) Effective date xx/xx/200x



## Healthcare Personnel Safety Component Facility Survey

OMB No. 0920-0666  
Exp. Date: xx-xx-20xx

Page 1 of 2

Tracking#: _____																								
Facility ID#: _____	*Survey Year: _____																							
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# HOSPITAL

## MEDICAL STAFF OFFICE

### Screening for Influenza Vaccination for Physicians

<b>Name:</b>	<b>Physician ID#:</b>	<b>Today's Date:</b>	
<b>Address:</b>	<b>Office Phone:</b> ( )	<b>Office FAX:</b> ( )	

#### Attestation for Receipt of Influenza Vaccination

I have received the influenza vaccine for the xxxx-xxxx season.

Setting where vaccine was administered:

Hospital     Clinic     MD office     Other

**Attestation:** Signature \_\_\_\_\_

#### Declination

I have declined to receive the influenza vaccine for the xxxx-xxxx season. I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

#### Reasons for declination:

- I am allergic to components of the vaccine (specify) \_\_\_\_\_
- I don't believe in vaccines.
- I won't take the vaccine because of side effects.
- I don't believe it is important.
- I never get influenza.
- I have had Guillen Barre or other medical problems that preclude me from receiving the vaccine.
- I got severe influenza-like symptoms from the influenza vaccine and won't get it again.
- I am afraid of needles
- Other (specify) \_\_\_\_\_

**Attestation:** Signature \_\_\_\_\_

I authorize release of the information above to the Medical Staff Office **and its agents** for credentialing purposes only. This authorization is to be renewed annually and I understand that I may revoke this authorization in writing. I understand I have the right to receive a copy of this signed form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Attachment E

**Influenza Vaccination Collection Tool**  
**Time Period: Discharges March through October**

**Denominator:**

Total number of patients admitted age 50 years and older meeting criteria for influenza screening: \_\_\_\_\_

**Numerator A:**

Total number of patients screened for Influenza vaccination: \_\_\_\_\_

**Numerator B:**

Total number of patients who received influenza vaccination during admission or at another healthcare facility (current season): \_\_\_\_\_

**Screening:**

1. Documentation of patient's refusal of influenza vaccine
2. Allergy/sensitivity to influenza vaccine
3. Receipt of influenza vaccination during admission
4. Receipt of influenza vaccination before current admission.

<b>Influenza Vaccination Status</b>	Patients age 50 years and older, hospitalized during October, November, December, January, or February who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated	Documentation of screening and administration of influenza vaccine for patients 50 years and older. Exceptions include patients who:  • Had a principal or secondary diagnosis of influenza with pneumonia	<p><b>Numerator:</b> Patients discharged during October, November, December, January, or February who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated.</p> <p><b>Denominator:</b> Patients 50 years of age and older without a principal diagnosis of influenza</p>
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