

The following are recommendations developed by the Influenza Subcommittee for Public Reporting.

1. The proposed surveillance system is targeted for employees only. While the subcommittee recognizes that using employee data alone will not capture other members of the healthcare delivery team (e.g. licensed independent practitioners, volunteers, contact personnel), using employee data will facilitate the information collection process. Furthermore, employees will not be stratified according to whether they have patient contact or no patient contact, and whether the scope of their work includes a patient care environment even in the absence of direct patient contact. Data elements for collection could be refined at a later date.
2. All healthcare facilities should complete the surveillance information included in NHSN forms (pre/post season survey and facility survey, the latter the first page only). Facilities will not receive credit for participation in the influenza module since not all the required forms will be completed, but each institution is encourage to proceed on their own.
3. For implementation Jan 2008, we will recommend use of CMS influenza screening for patients to avoid duplication of efforts.
4. Change the language of the mandate: to assure that each employee was given the opportunity to receive the vaccine vs. "have to" approach.
5. To follow the intent of the legislation, i.e. to educate and to assure that each employee is given the opportunity to receive the vaccine, insert a clause to stipulate that declinations should only be obtained during influenza season vs. at the time of the annual employee review that might fall outside of the influenza period.
6. Consider use of an education module before the consent/declination phase to streamline the vaccination program.
7. Include samples of consent form and education module (web-based) as part of a toolkit for healthcare institutions.

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