

Healthcare Personnel (HCP) Influenza Vaccination Report: Frequently Asked Questions

Overview

Q: What is the HCP Influenza Vaccination Report, and why am I being asked to complete it?

A: The HCP Influenza Vaccination Report is a required report of your facility's HCP influenza vaccination, declination, and medical exemption data. New York Codes, Rules and Regulations, Title 10, Section 2.59 (10 NYCRR Section 2.59) requires any healthcare facility, residential facility or agency licensed under Article 28 or Article 36 of the Public Health Law and any hospice established pursuant to Article 40 of the Public Health Law to document the number and percentage of personnel vaccinated against influenza for the current season and complete and report these data to the New York State Department of Health (the Department) upon request.

Q: Who can I contact with questions about the HCP Influenza Vaccination Report?

A: Questions about the HCP Influenza Vaccination Report should be directed to the New York State Department of Health Bureau of Immunization at either (518) 473 – 4437 or immunize@health.state.ny.us. Technical questions about the Report or on the use of the Health Electronic Response Data System (HERDS) should be directed to the Health Emergency Preparedness Program at (518) 408 – 5163 or hseppny@health.state.ny.us.

Q: Who can I contact for further information about 10 NYCRR Section 2.59 (the “flu face mask” regulation)?

A: Questions about 10 NYCRR Section 2.59 should be directed to flumaskreg@health.state.ny.us. Further information regarding 10 NYCRR Section 2.59, including definitions of covered facilities and HCP, is available on the Department website at www.health.ny.gov/FluMaskReg.

Denominator (Total HCP)

Q: How should my facility prepare to collect and report data for different denominator categories, especially licensed independent practitioners and students?

A: Facilities/agencies may involve various departments, medical schools, and credentialing offices when developing strategies to collect data, including securing access to payroll and

occupational health records. Each facility should also ensure that staff who will be entering data can access HERDS.

Q: Should I count HCP who worked for the facility for only a few days during the reporting period?

A: All HCP who worked at the facility/agency for any amount of time should be counted in this report. This includes HCP who worked part-time, joined after the start of the reporting period, left before the end of the reporting period, or who were on extended leave during part of the reporting period.

Q: Many of our HCP also work at another facility in town. Must they be reported by every facility at which they work?

A: Yes. This report describes vaccination rates among HCP working at a specific facility/agency, so all eligible HCP must be counted by each facility where they work.

Q: Our organization contains more than one facility (e.g., a hospital and a nursing home). Can I enter a single combined HCP Influenza Vaccination Report for our organization as a whole since many of our HCP work at multiple facilities within our organization?

A: No. The separate facilities must each submit an individual report under its own Permanent Facility Identifier (PFI). Reports from facilities with different PFIs cannot be combined into a single report. If an HCP works in or is affiliated with more than one facility, then this individual should be counted in the total number of HCP for each facility where he/she works.

Q: Should physician fellows and residents be included?

A: Yes. Physician fellows (post-residency) and residents and interns that are on the facility's payroll are categorized as employees. Physician fellows that are not paid directly by the facility are categorized as licensed independent practitioners, and residents and interns not on the facility's payroll are categorized as students/trainees.

Q: When are physicians, nurses, and physician assistants counted as “employees” and when are they counted as “licensed independent practitioners”?

A: An “employee” is anyone on the payroll and receiving a paycheck from the facility/agency. The remaining physicians, advanced practice nurses, and physician assistants affiliated with the facility should be counted in the “licensed independent practitioners” category.

Numerator

Q: If a HCP was vaccinated in August, should he/she be counted as vaccinated during this influenza season?

A: Yes. This HCP should be counted as vaccinated this influenza season, since influenza vaccine for a given influenza season may be available as early as July or August. The reporting period applies to the time of employment or affiliation with the healthcare facility, not to the time of vaccination.

Q: How should facilities document the vaccination status of HCP who report that they were vaccinated off-site (e.g., at their primary care provider’s office, a health department, or pharmacy)?

A: Acceptable forms of documentation include a signed statement or form, New York State Immunization Information System (NYSIIS) record, or a note, receipt, vaccination card, etc., from the outside vaccinating entity stating that the HCP received the influenza vaccine at that location. Verbal statements are not acceptable for the purposes of this report.

Q: Is there a standard form for documenting off-site vaccination?

A: There is no single standard form for this purpose. Acceptable forms and cards for documenting off-site vaccination include:

- Use of NYSIIS is strongly encouraged; further information on NYSIIS available at http://www.health.ny.gov/prevention/immunization/information_system/
- The Department Adult Immunization Record Card, available for ordering at http://www.health.ny.gov/forms/order_forms/influenza_and_pneumococcal_prevention_campaign_materials.pdf
- The Department Influenza and Pneumococcal Consent Form, available for ordering at http://www.health.ny.gov/forms/order_forms/influenza_and_pneumococcal_prevention_campaign_materials.pdf
- Notification of Vaccination Letter, available at <http://www.immunize.org/catg.d/p3060.pdf>

Q: If a HCP verbally indicated that he/she received the influenza vaccine off-site but cannot provide any form of written documentation, how should he/she be categorized in the report?

A: This HCP would be counted in the “unknown vaccination status” category.

Q: How should a HCP that has a religious exemption to vaccination be categorized?

A: This HCP should be counted in the “declined influenza vaccination” category.

Q: Is there a standard form for documenting declination of influenza vaccine?

A: The Department offers a “Declination of Influenza Vaccination” statement, available at http://www.health.ny.gov/prevention/immunization/toolkits/docs/hospital_pg154.pdf. The use of this statement is **optional**.

Q: How should I categorize a HCP who never came to an influenza vaccination clinic, never submitted documentation of vaccination, and never submitted a declination or medical exemption form?

A: Such a HCP should be counted in the “unknown vaccination status” category.

Q: Is documentation required for medical exemptions?

A: Yes. A medical exemption is defined as a written statement by a New York State licensed physician, physician assistant, or nurse practitioner, documenting the patient's contraindication or precaution to influenza vaccination.

Q: Is there a standard form for documenting medical exemptions to influenza vaccination?

A: The Department offers an "Influenza Vaccine Medical Exemption Statement for Health Care Personnel" form, available at <http://www.health.ny.gov/forms/doh-4482.pdf>. The use of this specific form is **optional**.

Q: What conditions are contraindications or precautions to influenza vaccination?

A: Acceptable contraindications and precautions to receipt of influenza vaccination include:

- Severe allergic reaction to a previous dose or to a vaccine component,
- History of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination, or
- Current moderate or severe acute illness with or without fever (until symptoms have abated).

Q: How should I categorize a volunteer who was offered influenza vaccination, but verbally refused vaccination and stated that he/she had an egg allergy with history of an anaphylactic reaction?

A: The volunteer should be categorized as having declined influenza vaccination unless he/she can provide a written medical exemption to influenza vaccination.

Q: Our facility has a HCP with a medical exemption documenting a condition other than the three medical contraindications or precautions listed above; how should we categorize this individual?

A: This individual should be categorized as "declined to receive the influenza vaccine." Some physicians might write medical exemptions for HCP with other conditions besides those contraindications and precautions listed above. However, to ensure that data are comparable across different facilities, only those HCP with a written medical exemption documenting one of the three conditions stated above should be reported as having a medical exemption to influenza vaccination.

Q: My facility offers the live attenuated influenza vaccine (LAIV) to HCP who do not want to receive an injection. Should HCP with contraindications to LAIV, e.g., pregnancy or age older than 50 years, be counted as having medical exemptions to influenza vaccination?

A: Medical contraindications to LAIV should not be considered contraindications to receipt of influenza vaccine if those individuals can receive inactivated influenza vaccine (IIV).

The Department and Centers for Medicare & Medicaid Services (CMS) Reports

Q: I already submitted my Healthcare Personnel Influenza Vaccination Summary to CMS. Can the Department pull my facility's data from my CMS report?

A: The definitions of HCP covered under 10 NYCRR 2.59 do not fully overlap with those used by CMS. Therefore, it is necessary to complete the HCP Influenza Vaccination Report directly to the Department.

Q: I haven't yet submitted my Healthcare Personnel Influenza Vaccination Summary to CMS. Will the Department transmit my facility's data to CMS?

A: The Department is unable to transmit HCP Influenza Vaccination Report data to CMS. Furthermore, the definitions of HCP covered under 10 NYCRR 2.59 do not fully overlap with those used by CMS. Those facilities that are required to report HCP vaccination data to CMS will need to complete the Healthcare Personnel Influenza Vaccination Summary on the National Healthcare Safety Network (NHSN) and submit it to CMS separately from the Department HCP Influenza Vaccination Report. Further information on the CMS Healthcare Personnel Influenza Vaccination Summary is available at http://www.cdc.gov/nhsn/hps_Vacc.html.