

Healthcare Personnel Influenza Vaccination Report

Introduction

As of Friday, November 1, 2013, the Healthcare Personnel Influenza Vaccination Report is available for facilities to complete through the Health Electronic Response Data System (HERDS). Completion of this report is required pursuant to 10 NYCRR Section 2.59.

Definitions

Reporting period: September 1, 2013 through October 31, 2013.

Healthcare Personnel (HCP): All persons employed by or affiliated with a healthcare or residential facility or agency during the reporting period, 09/01/13-10/31/13, whether paid or unpaid, including but not limited to employees, members of the medical and nursing staff, contract staff, students, and volunteers, who engage in activities such that if they were infected with influenza, they could potentially expose patients or residents to the disease. This includes HCP who joined after September 1 or left before October 31, or who were on extended leave during part of the reporting period.

Employees: All HCP that receive a direct paycheck from the healthcare facility or agency (i.e., on the facility or agency's payroll). Licensed practitioners, interns, medical residents, and fellows that receive a direct paycheck from the reporting facility or agency, or who are owners of the reporting facility or agency, should be counted as employees.

Licensed independent practitioners: Physicians (M.D., D.O.), advanced practice nurses, and physician assistants who are affiliated with the healthcare facility or agency but are not directly employed by it (i.e., do not receive a paycheck from the facility).

Students, trainees, and volunteers: Medical, nursing, or other health professional students, interns, medical residents, or volunteers that are affiliated with the healthcare facility or agency but are not directly employed by it (i.e., do not receive a paycheck from the facility).

Contract personnel: Persons providing care, treatment, or services through a contract with the agency or at the facility through a contract.

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 the receipt of influenza vaccination. 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).

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

A sample Influenza Vaccine Medical Exemption Statement for Health Care Personnel is posted on the New York State Department of Health Web site at <http://www.nyhealth.gov/forms/doh-4482.pdf>.

Questions 1 – 4: Enter contact information for the person primarily responsible for completing this report.

Question 5: Indicate the number of HCP that worked at this healthcare facility/agency during the reporting period (September 1, 2013 through October 31, 2013). Both full-time and part-time persons should be included. This includes HCP who joined after September 1 or left before October 31, or who were on extended leave during part of the reporting period. Count HCP as individuals rather than as full-time equivalents. If an HCP works in two or more facilities, each facility should include the HCP in their answer to question 5.

Note: Questions 6 – 10 are mutually exclusive. **The sum of the HCP in questions 6 – 10 should equal the number of HCP in question 5.**

Question 6: Report the total number of HCP meeting the definition for question 5 above who were vaccinated against influenza **at this facility/agency** after July 1, 2013.

Question 7: Report the total number of HCP that provided documentation of influenza vaccination **outside this healthcare facility/agency** after July 1, 2013. Documentation for all vaccines should include, at a minimum, a signed immunization card or statement from the provider of the vaccine giving the date the vaccine was given and the name and address of the provider.

Question 8: Report the total number of HCP determined to have a **medical exemption** to influenza vaccination.

Question 9: Report the total number of HCP that were **offered** an influenza vaccination but **declined to receive this**. A sample influenza declination statement is posted at the New York State Department of Health Web site at http://www.health.ny.gov/prevention/immunization/toolkits/docs/hospital_pg154.pdf.

The following individuals should be counted in this category:

- HCP that did not receive vaccination because of religious exemptions.
- HCP that declined vaccination for personal (non-medical) reasons.
- HCP that deferred vaccination indefinitely.
- HCP that declined vaccination and did not provide any other information.

Question 10: Report the total number of HCP with unknown influenza vaccination status, or who did not meet the criteria for questions 6 – 9 above.

Timeline / Support

The Healthcare Personnel Influenza Vaccination Report must be completed and submitted by November 15, 2013.

Questions regarding the content of this report may be directed to the New York State Department of Health Bureau of Immunization at (518) 473 – 4437 or via email to Immunize@health.state.ny.us.

Technical questions regarding the use of HERDS may be directed to the Health Emergency Preparedness Program at (518) 408 – 5163 or via email to hseppny@health.state.ny.us.

Questions regarding the face mask regulation should be directed to flumaskreg@health.state.ny.us.