



#### 4. Table 2. Instructions for Completion of Healthcare Personnel Influenza Vaccination Summary Form (CDC 57.214)

This form is used to collect information on summary influenza vaccination counts among healthcare personnel. Data can be entered monthly, but should represent cumulative counts for an entire influenza season. A monthly reporting plan for the influenza season for which data were collected (CDC 57.203) must be completed before a vaccination summary record can be entered in NHSN. A Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel (CDC 57.215) is also available and is optional but requested to be completed.

Data Fields	Instructions for Completion
Facility ID #	<i>Required.</i> The NHSN-assigned facility ID will be auto-entered.
Location	<i>Conditionally Required.</i> Hospitals with CMS IRF units must specify if they are reporting data for their hospital or their CMS IRF unit (s).
Vaccination Type	<i>Required.</i> Influenza is the default and only current choice.
Influenza Subtype	<i>Required.</i> Seasonal is the default and only current choice.
Influenza Season	<i>Required.</i> Select the influenza season years for which data were collected (e.g., 2012/2013).
Date Last Modified	The Date Last Modified will be auto-entered and will indicate the date that these data were last changed by a user.
Employee HCP (staff on facility payroll)	<i>Required.</i> Defined as all persons that receive a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.
Non-Employee HCP: Licensed independent practitioners: Physicians, advanced practice nurses & physician assistants	<i>Required.</i> Defined as physicians (MD, DO); advanced practice nurses; and physician assistants only who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category.
Non-Employee HCP: Adult students/trainees and volunteers	<i>Required.</i> Defined as adult students/trainees and volunteers: medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.
Non-Employee HCP: Other contract personnel	<i>Optional.</i> Defined as persons providing care, treatment, or services at the facility through a contract.
<b>Question 1</b> (Denominator)	The denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories.



Data Fields	Instructions for Completion
<p>1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31</p>	<p><i>Required.</i> Indicate the number of HCP that worked at this healthcare facility for at least 1 working day between October 1 and March 31 of the influenza season. This includes HCP who joined after October 1 or left before March 31, or who were on extended leave during part of the reporting period. Working for any number of hours a day counts as one working day.</p> <p>Both full-time and part-time persons should be included. HCP should be counted as individuals rather than full-time equivalents. If a healthcare worker (HCW) works in two or more facilities, each facility should include the HCW in their denominator.</p> <p>Licensed practitioners that receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees.</p>
<p><b>Questions 2-6</b> (Numerator)</p>	<p>The numerator data are mutually exclusive. The sum of the numerator categories should be equal to the denominator for each HCP group.</p>
<p>2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season</p>	<p><i>Required.</i> Enter the total number of HCP that received an influenza vaccination at this healthcare facility since the influenza vaccine became available this season.</p>
<p>3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season</p>	<p><i>Required.</i> Enter the total number of HCP that reported in writing (paper or electronic) or provided documentation of influenza vaccination outside this healthcare facility since the influenza vaccine became available this season. <u>For the purposes of this reporting measure, verbal statements are not acceptable.</u></p>
<p>4. Number of HCP who have a medical contraindication to the influenza vaccine</p>	<p><i>Required.</i> Enter the total number of HCP determined to have a medical contraindication to influenza vaccination. Documentation is not required for reporting a medical contraindication.</p> <p>For this measure, for inactivated influenza vaccine (IIV), accepted contraindications include (1) severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component, including egg protein, and (2) history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination.</p>



Data Fields	Instructions for Completion
	<p>Additional contraindications for live attenuated influenza vaccine (LAIV) include pregnancy; known severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy; patients with HIV infection who are severely immunocompromised); certain chronic medical conditions include asthma and chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic disorders. Individuals older than 49 years of age are also not eligible to receive LAIV.</p>
<p>5. Number of HCP who declined to receive the influenza vaccine</p>	<p><i>Required.</i> Enter the total number of HCP that were offered an influenza vaccination but declined to receive this. Documentation is not required for reporting a declination.</p> <p>The following individuals should be counted in this category:</p> <ul style="list-style-type: none"> <li>• HCP that declined vaccination because of conditions other than those included in Question 4.</li> <li>• HCP that declined vaccination and did not provide any other information.</li> <li>• HCP that did not receive vaccination because of religious or philosophical exemptions.</li> <li>• HCP that deferred vaccination for the entire measure reporting period (i.e., from October 1 through March 31).</li> </ul>
<p>6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)</p>	<p><i>Required.</i> Enter the total number of HCP with unknown vaccination status (or did not meet the criteria for Questions 2-5 above).</p>

Custom Fields & Comments	Instructions for Completion
<p>Custom fields</p>	<p><i>Optional.</i> Can be used to fulfill other reporting requirements not supported by the categories above; e.g., reporting vaccination rates by occupational group or by unit/department.</p>
<p>Comments</p>	<p><i>Optional.</i> Enter any additional information on the Influenza Vaccination Monthly Summary. This information may not be analyzed.</p>