

## Former MHCC HCP Influenza Vaccination Survey Questions:

1. Total number of paid full-time and part-time HCP working in your facility at least one day between October 1 and March 31

2. Of the total number of paid full-time and part-time HCP listed in question 1, provide the number who received any influenza vaccine on-site or off-site (and provided written documentation).

3. Of the total number of paid full-time and part-time HCP listed in question 1, provide the number who did not receive influenza vaccine due to **medical** contraindications.

Note: in order to qualify as a medical reason for not receiving flu vaccine, the individual must have a documented medical contraindication **diagnosed by a physician or requiring medical treatment** such as a severe egg allergy, severe reaction to any vaccine component, severe reaction after a previous dose of influenza vaccine, or a history of Guillian-Barre Syndrome after vaccination.

4. Of the total number of paid full-time and part-time HCP listed in question 1, provide the number who did not receive influenza vaccine due to **religious** objections.

5. Of the total number of paid full-time and part-time HCP listed in question 1, provide the number who did not receive influenza vaccine due to **other** objections **or no documentation** was provided.

## **Revised HCP Influenza Vaccination Survey Questions:**

Notes: HCP must be physically present in the facility for at least 1 working day between October 1 through March 31. Working for any number of hours a day counts as one working day. Include both full-time and part-time HCP.

	Requ	uired	Required	Required	Optional
	Tota	l # of	Total # of Non-Employee	Total # of Non-Employee	Total # of <b>Othe</b>
	Employ	ee HCP:	HCP (Licensed Indepen-	HCP (Adult Students/	Contract
			dent Practitioners):	Trainees & Volunteers):	Personnel:
Q1. Number of HCP who worked at	this healthcare facility for at least 1 day				
between October 1 and March 31					
Q2. Number of HCP who received a	an influenza vaccination at this healthcare				
facility since influenza vaccine beca	ame available this season:				
Q3. Number of HCP who received a	an influenza vaccination <b>outside this</b>				
healthcare facility since influenza	vaccine became available this season:				
(Written documentation required)					
Q4. Number of HCP who declined due to a medical contraindication to the					
influenza vaccine:					
(Written documentation NOT required)					
	e allergic reaction after a previous vaccine dose or to a va a previous influenza vaccination.	ccine com	ponent, including egg pr	otein, and history of Guilla	in-Barré
Q5. Number of HCP who declined t	•				
(Written documentation NOT requ					
Include HCP that declined:	due to conditions other than medical contraindications		<ul> <li>due to religious or philosophical exemptions</li> </ul>		
<ul> <li>and did not provide any other information</li> </ul>			<ul> <li>because they deferred vaccination for the reporting period</li> </ul>		
Q6. Number of HCP with unknown					

Center for Quality Measurement and Reporting Maryland Health Care Commission

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