

## 2011-2012 INFLUENZA VACCINATION/DECLINATION SURVEILLANCE FORM CALIFORNIA GENERAL ACUTE CARE HOSPITALS

**Due to CDPH by April 30, 2012.**

**Additional instructions and definitions on page 2.**

Date this form completed \_\_\_\_\_

First Report

Revised report

This report is for *one* hospital

This report is for *more than one* hospital

NHSN ID for *primary* hospital \_\_\_\_\_

Hospital Name(s)

Number of Licensed Beds

_____	_____
_____	_____
_____	_____
_____	_____

Name of Person completing form \_\_\_\_\_

Department responsible for data collection \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please provide an email address for confirmation that CDPH received your hospital's report:

Email \_\_\_\_\_

Indicate numbers of persons in **all** of the following categories as of March 31, 2012. For any blank fields, please explain why the data are not provided.

Personnel Categories	Vaccinated by Hospital	Vaccinated Elsewhere	Declinations	Unknown	Total
<b>A. Paid Employees</b>					
<b>Non-employees</b>	<b>B. Licensed Independent Practitioners</b> <input type="checkbox"/> Do not work at this hospital				
	<b>C. Registry Personnel</b> <input type="checkbox"/> Do not work at this hospital				
	<b>D. Contractors</b> <input type="checkbox"/> Do not work at this hospital				
	<b>E. Students/Trainees</b> <input type="checkbox"/> Do not work at this hospital				
	<b>F. Volunteers</b> <input type="checkbox"/> Do not work at this hospital				

## Instructions and Definitions

California Health and Safety Code (HSC) requires that all general acute care hospitals (GACH) licensed according to HSC Section 1250 must:

- annually offer onsite influenza vaccinations, upon availability, to all hospital employees at no cost to the employee;
- require its employees to be vaccinated, or if the employee elects not to be vaccinated, to obtain a written declaration that the employee declined vaccination; and
- annually report to CDPH infection prevention process measures as recommended by the Centers for Disease Control and Prevention Healthcare Infection Control Practices Advisory Committee, including but not limited to influenza vaccination measures of healthcare personnel.

This report form must be used to report to CDPH influenza vaccination data among employees and non-employee healthcare personnel for the 2011-2012 influenza season as of March 31, 2012. CDPH will not accept these data in any other format. CDPH will send an email confirming receipt of the report, as long as an email address is provided on the front of this form as indicated.

**Date this form completed:** Indicate the date that this form was completed

**First report:** Indicate if this is the first report from the reporting hospital for this reporting period

**Revised report:** Indicate if this is a revision of a previously submitted report

**This report is for one hospital:** Indicate if this report represents data from one hospital only

**This report is for more than one hospital:** Indicate if this report represents combined data from multiple hospitals

**NHSN ID for primary hospital:** The five-digit number assigned to the reporting hospital upon enrollment in NHSN. If reporting data for multiple hospitals, include only *one* NHSN ID on this report.

**Hospital name(s):** The name of the reporting hospital or the names of all hospitals included on this report

**Number of licensed beds:** The number of licensed acute care beds in the reporting hospital

**Name of person completing form:** Person reporting the information and/or the main contact for the information

**Department responsible for data collection:** The department in the hospital that is primarily responsible for collecting and reporting influenza vaccination surveillance data

**Phone:** The phone number for the reporting person listed above

**Fax:** The fax number for the reporting person listed above

**Email:** The email address for the reporting person listed above

### Provide the following data as indicated in the table:

**A. Paid Employees:** All employees that were on the hospital payroll as of March 31, 2012 and not on extended leave or absence. This should include any licensed practitioners or trainees that receive a direct paycheck from the hospital.

**B. Non-employee Licensed Independent Practitioners:** All non-employee licensed independent practitioners (physicians (MD and DO), podiatrists, dentists, fellows, nurse practitioners, certified nurse-midwives, clinical nurse specialists, certified registered nurse anesthetists, physician assistants) at the reporting hospital as of March 31, 2012 but who did not receive a direct paycheck from the reporting hospital. Do not include non-employee medical students, interns, or residents in this category (see E below). **If any of the above categories are paid by the reporting hospital, they should be included in the Paid Employees category.**

**C. Non-employee Registry Personnel:** All personnel that are employed by a registry (nurses, occupational therapists, respiratory therapists, etc.) and who are at the reporting hospital as of March 31, 2012 but who did not receive a paycheck from the reporting hospital

**D. Non-employee Contractors:** All personnel that are employed under a contract (construction, food service, housekeeping, security, etc.) at the reporting hospital as of March 31, 2012 but who did not receive a direct paycheck from the reporting hospital

**E. Non-employee Students/Trainees:** All personnel that are students or trainees (medical students, interns, residents, nursing students, therapy students, etc.) at the reporting hospital as of March 31, 2012 but who did not receive a direct paycheck from the reporting hospital. **If any trainees are paid by the reporting hospital as part of a training program, they should be included in the Paid Employees category.**

**F. Volunteers:** All volunteers 18 years or older at the reporting hospital as of March 31, 2012

**Vaccinated by Hospital:** The total number that received vaccination at the reporting hospital

**Vaccinated Elsewhere:** The total number that received vaccination outside the hospital

**Declinations:** The total number that declined vaccination and **did not** receive it elsewhere

**Unknown:** The total number with unknown vaccination status

**Total:** This is the sum of the numbers in the preceding four columns: Vaccinated by Hospital + Vaccinated Elsewhere + Declinations + Unknown.