



# Healthcare Personnel Vaccination Reporting

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Acute Communicable Disease Control





# Outline

- New reporting requirement
- Employee vaccination tracking tool
- Reporting instructions



# Healthcare Personnel Vaccination Reporting

## **New reporting requirement**





# Annual Influenza Season Health Officer Order

- Reporting of HCP vax status required for 2019-20 flu season
- Within 30 days of end of flu season (May 30<sup>th</sup>)

**ORDER:** Pursuant to my authority under §120175 of the California Health and Safety Code, for the purpose of limiting the spread of influenza, I hereby order every licensed acute care hospital, skilled nursing facility, intermediate care facility, and emergency medical services provider agency within the County of Los Angeles public health jurisdiction to implement a program under which healthcare personnel receive an annual influenza immunization for the current season or wear a respiratory mask for the duration of the influenza season while in contact with patients or working in patient-care areas.

**PERSONS COVERED:** For the purposes of this Order, “health care personnel” are all persons, including paid and unpaid employees, contractors, students, volunteers, and EMS healthcare personnel who work in a prehospital setting or in areas where patient care is provided in a licensed facility subject to this Order or who otherwise have direct contact with patients at such a facility or prehospital settings.

**DURATION OF ORDER:** Until rescinded, this Order applies to each influenza season, defined as November 1 of one year to April 30 of the following year. If surveillance data in a particular year demonstrate that the influenza season is different than November 1 to April 30, this period may be amended by a further order.

**REPORTING:** If requested by the Los Angeles County Department of Public Health, facilities must report their HCP influenza immunization rates within the requested timeframe.



# Healthcare Personnel

Type of HCP	Category	Definition
Staff on facility payroll	Employee	Full time or part time employees
Licensed independent practitioners	Non-Employee	Physicians (MD, DO), advanced practice nurses, and physician assistants
Students, trainees and volunteers	Non-Employee	Adult medical, nursing, or other health professional students, interns, medical residents, or volunteers
Other contract personnel	Non-Employee	Anyone providing care, treatment, or services at facility through a contract



## Accepted Contraindications

- Inactivated (IIV) and recombinant (RIV) influenza vaccines
  - Severe allergic reaction (e.g. anaphylaxis)
  - Guillain-Barre Syndrome within 6 weeks of previous dose
- Live attenuated influenza vaccine (LAIV)
  - Same as IIV and RIV plus\*:
    - Adults over 50 years
    - People allergic to eggs
    - Pregnant women
    - Immunosuppression/Immunodeficiency

1. For more information regarding vaccine contraindications: [https://www.cdc.gov/flu/professionals/vaccination/vaccine\\_safety.htm](https://www.cdc.gov/flu/professionals/vaccination/vaccine_safety.htm)



# Healthcare Personnel Vaccination Reporting

## Tracking Tool





## What is it?

- Excel spreadsheet to track employee vaccination status
- Three pages
  - First page: Definitions
  - Second page: Line list
  - Third page: Automatically calculates the numbers necessary for reporting
- Must have macros enabled to work





# Sheet 1: Definitions

Data Field	Category	Definition
<b>DATA DICTIONARY</b>		
<i>Please read: Instructions for the completion of Healthcare Personnel (HCP) influenza vaccination line list</i>		
<b>Employment</b>	Employees	All persons that receive a <b>direct paycheck</b> from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.
	Licensed independent practitioners	Include physician (MD, DO); advanced practice nurses; and physician assistants only who are affiliated either the healthcare facility, but are not directly employed by it (i.e., they <b>do not</b> receive a paycheck from the facility), regardless of clinical responsibility or patient contact.
	Other contractor personnel	Other persons providing care, treatment, or services at the facility through a contract.
	Adult students/trainees/ volunteers	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 <b>not directly employed</b> by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.
<b>Vaccination Status</b>	In-house	Received an influenza vaccination <b>at this healthcare facility</b>
	Other healthcare facility	Provide documentation of influenza vaccination <b>outside this healthcare facility</b>
	Medical contraindication	Documentation is not required for reporting a medical contraindication. Accepted contraindications for <b>inactivated influenza vaccine</b> include: (1) severe allergic reacting (e.g., anaphylaxis) after a previous vaccine dose or to vaccine component, and (2) history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination. Additional accepted contraindications for <b>live attenuated influenza vaccine</b> include: (1) pregnancy, (2) known severe immunodeficiency, (3) certain medical conditions (e.g., asthma, chronic pulmonary, renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic disorders), and (4) individuals older than 49 years of age.
	Declined vaccination	Either: (1) declined vaccination because of conditions other than those included in " <i>Medical contraindication</i> ", (2) declined vaccination and did not provide any other information, (3) did not receive vaccination because of religious or philosophical exemptions, or (4) deferred vaccination for the entire measure reporting reporting
	Other criteria not met	Unknown vaccination status or did not meet any category listed above.





# Sheet 2: Employee roster

Your facility

(Facility Name) 

Influenza Season: 2019-2020

**Reported By:** 

Employee ID	Last Name	First Name	Date of Birth	Employment Category	Employment Start Date	Employment End Date	Vaccinated?	Vaccination Status/Reason	Vaccination Date

You! (The person tracking employee vaccination)



## Sheet 2: Employee roster

(Facility Name)									
Influenza Season: 2019-2020									
Reported By:									
Employee		Date of	Employment	Employment	Employment	Vaccination	Vaccination		
ID	Last Name	First Name	Birth	Category	Start Date	End Date	Vaccinated?	Status/Reason	Date

- Need to complete:**
- **Employment category**
  - **Employment start date**
  - **Vaccinated**
  - **Vaccine status/reason**



# Sheet 2: Employee roster (example)

LACDPH  
Influenza Season: 2019-2020

Reported By: Elizabeth Traub

Employee ID	Last Name	First Name	Date of Birth	Employment Category	Employment Start Date	Employment End Date	Vaccinated?	Vaccination Status/Reason	Vaccination Date
12345	Curie	Marie	11/7/1967	Employees	10/1/2019		Yes	Vaccinated In-House	11/1/2019
33228	Lovelace	Ada	12/10/1980	Other contract personnel	11/27/2019	1/1/2020	No	Not Vaccinated Medical Contraindication	
68751	Carson	Rachel	5/27/2007	Licensed independent practitioners	12/14/2018		Unknown	Unknown	
19458	Barton	Clara	12/25/1921	Employees	8/17/2019		Yes	Vaccinated at Other Healthcare Facility	12/2/2019
88888	Dix	Dorthea	4/4/1987	Adult students/trainees/volunteers	4/4/2019		No	Not Vaccinated Declined Vaccination	
58436	Nightingale	Florenza	4/12/1976	Other contract personnel	12/18/2016		Yes	Vaccinated In-House	10/31/2019

- Unvaccinated staff will be red
- Must use drop down menus



# Sheet 3: Vaccination summary

Vaccination Summary for Influenza Season 2019-2020	
Employment Start (Month/Year)	All
Count of Vaccinated	Total Vaccinated
Employment Category	
Employment Start (Month/Year)	(All)
Count of Vaccination	Status or Reason
Employment Category	Total
<b>Total</b>	

Refresh

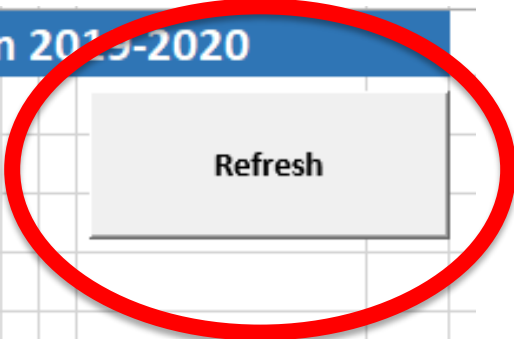
Filter by employment start date. Set to "all" by default

Calculates number vaccinated by employee category

Calculates number that fall into each vaccine status/reason

## Sheet 3: Vaccination summary

Vaccination Summary for Influenza Season 2019-2020	
Employment Start (Month/Year)	All
Count of Vaccinated	Total Vaccinated
Employment Category	
Employment Start (Month/Year)	(All)
Count of Vaccination	Status or Reason
Employment Category	Total
<b>Total</b>	



- Updates counts
- Must refresh every time you update employee roster!!!



# Sheet 3: Vaccination summary (example)

Employment Start (Month/Year)	All			
Count of Vaccinated	Total Vaccinated			
Employment Category	Yes	Unknown	No	Total
Adult students/trainees/volunteers			1	1
Employees	2			2
Licensed independent practitioners		1		1
Other contract personnel	1		1	2
<b>Total</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>6</b>

Employment Start (Month/Year)	(All)					
Count of Vaccination	Status or Reason					
Employment Category	Not Vaccinated Declined Vaccination	Not Vaccinated Medical Contraindication	Unknown	Vaccinated at Other Healthcare Facility	Vaccinated In-House	Total
Adult students/trainees/volunteers	1					1
Employees				1	1	2
Licensed independent practitioners			1			1
Other contract personnel		1			1	2
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>6</b>





# Healthcare Personnel Vaccination Reporting Reporting Instructions





## How to report

- Link to survey will be sent at end of flu season
- Complete by May 30<sup>th</sup> (unless season was extended)
- Track employee vaccination status through season



# COUNTY OF LOS ANGELES **Public Health**

## **Los Angeles County Department of Public Health Healthcare Personnel Influenza Vaccination Summary 2019-2020**

1 / 8

13%

As part of the 2019-2020 influenza vaccination [Health Officer Order \(HOO\)](#), skilled nursing facilities must report the influenza immunization status of their HCPs to LAC DPH within 30 days of the conclusion of the influenza season. The influenza season in Los Angeles County is defined as November 1, 2019 to April 30, 2020 unless extended by a further order. More information regarding the HOO can be found at [http://publichealth.lacounty.gov/ip/influenza\\_providers.htm](http://publichealth.lacounty.gov/ip/influenza_providers.htm).

This questionnaire has been provided as a way for skilled nursing facilities to complete this requirement.

This survey will take approximately 15 minutes to complete and must be completed in a single setting. You may want to refer to the instructions provided in PDF form with the survey invitation.

Next



\* 1. First Name

\* 2. Last Name

\* 3. Title

\* 4. Contact Information

Email Address

Phone Number

\* 5. Facility Information

Facility Name

Address

Address 2

City

State

ZIP



For this questionnaire, please use the following definitions:

### **Employee HCP**

#### ***Staff on facility payroll***

Defined as all persons employed full or part-time 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***

Defined as physician (MD, DO); advanced practice nurses; and physician assistants 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.

#### ***Adult students/trainees and volunteers***

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.

#### ***Other contract personnel***

Defined as persons providing care, treatment, or services at the facility through a contract.



\* 6. Please indicate the total number of healthcare personnel (both employee and non-employee) who worked at this healthcare facility for at least ONE day between November 1 and April 30

\* 7. Of the healthcare personnel indicated above, how many were...

Employees (staff on facility payroll)

Licensed independent practitioners

Adult students/trainees & volunteers

Other contract personnel





\* 8. How many healthcare personnel have received the 2019-20 influenza vaccine at this facility?

Employees (staff on facility payroll)

Licensed independent practitioners

Adult students/trainees & volunteers

Other contract personnel

\* 9. How many healthcare personnel have provided written documentation of receiving the 2019-20 influenza vaccine someplace other than this healthcare facility (e.g. pharmacy, private doctor, other workplace)?

Employees (staff on facility payroll)

Licensed independent practitioners

Adult students/trainees & volunteers

Other contract personnel



\* 10. How many healthcare personnel did not receive an influenza vaccine this season due to an accepted **medical contraindication**?

Employees (staff on facility payroll)

Licensed independent practitioners

Adult students/trainees & volunteers

Other contract personnel

\* 11. How many healthcare personnel **declined** to receive the influenza vaccine for reasons other than an accepted medical contradiction?

Employees (staff on facility payroll)

Licensed independent practitioners

Adult students/trainees & volunteers

Other contract personnel

\* 12. How many healthcare personnel at your facility have an **unknown influenza vaccination status**?

Employees (staff on facility payroll)

Licensed independent practitioners

Adult students/trainees & volunteers

Other contract personnel





13. (Optional) Did you use the "Healthcare Personnel (HCP) influenza vaccination line list" tool that was provided for use at the beginning of the influenza season?

- Yes
- No

**Thank you for your participation!**

14. Do you have anything else you want to add?



Questions?

