



Healthcare Personnel Safety Component

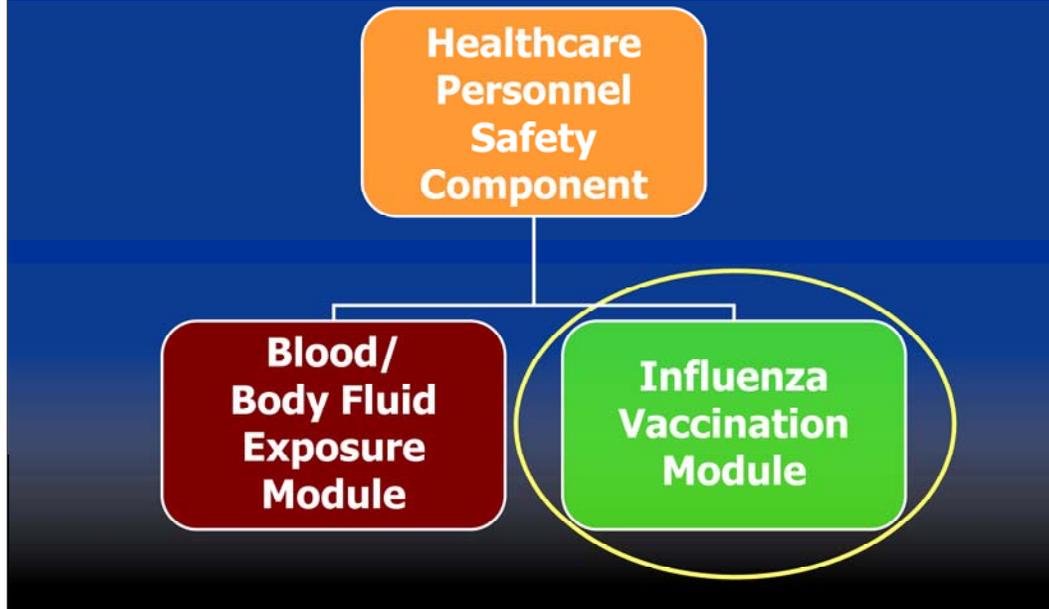
Influenza Vaccination Modules

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This presentation will provide an overview of the Influenza Vaccination Modules of the National Healthcare Safety Network Healthcare Personnel Safety Component (HPS).

HPS Component Modules



The Healthcare Personnel Safety Component currently consists of Blood/Body Fluid Exposure Modules and Influenza Modules. This presentation will focus on the Influenza Modules.



Target Audience



- Personnel who enter and analyze data in the NHSN Healthcare Personnel Safety (HPS) Component Influenza Modules.
 - ◆ NHSN facility administrators
 - ◆ Occupational health professionals
 - ◆ Infection preventionists
 - ◆ Epidemiologists
- Should have completed the following:
 - ◆ Enrolling in NHSN
 - ◆ Overview of HPS Component
 - ◆ HPS Component: Setting up a facility



This training has multiple targets; it is designed for those who will collect and analyze Healthcare Personnel Safety (or HPS) Component data for NHSN. The personnel involved in this activity may include those listed here.

Please note that this training assumes you have completed the courses *Enrolling in NHSN*, *Overview of HPS Component* and *HPS Component: Setting up a Facility*.

Objectives

- Describe purposes of using the Influenza Modules
- Describe how to enter data about influenza vaccination and antiviral medication use into NHSN, consistent with your chosen Monthly Reporting Plan
- Indicate requirements for various types of data fields
- Show examples of data entry

The objectives of this training are to enable use of the Influenza Modules of the Healthcare Personnel Safety Component to record information about influenza vaccinations and antiviral medication use after exposure to influenza in your facility. We will review the purposes of using the Influenza Modules; describe how to record data about influenza vaccinations and anti-viral medication use consistent with your Monthly Reporting Plan; describe the requirements for various types of data fields; and show examples of data entry.

Why vaccinate against influenza?

- Recommended since 1997
- Mandatory in some facilities
- Benefits of vaccination
 - ◆ Reduce staff influenza infection
 - ◆ Reduce absenteeism
 - ◆ Prevent transmission and outbreaks
 - ◆ Prevent influenza-related mortality in patients
- Vaccination uptake <50%
- Misconceptions about adverse reactions to vaccination need to be addressed

Annual influenza vaccination of HCP has been recommended since 1997.

In addition, offering influenza vaccination to HCP may be mandatory in some states and/or facilities.

There are several benefits of vaccination, including reducing staff influenza infection and preventing influenza-related mortality in patients. Influenza infects an average of 5%-20% of the U.S. population each year. Over 200,000 people are hospitalized and 36,000 people die of influenza or its complications each year. Healthcare-associated transmission of influenza has occurred in acute and long-term care facilities from patients-to-healthcare workers (HCWs), HCWs-to-patients, and HCWs-to-HCWs.

Vaccination is the primary measure to prevent influenza and prevent transmission. Despite the benefits of vaccination are evident, the influenza vaccination rate among HCP is generally less than 50%.

HCP offer various reasons for not receiving vaccination, including misconceptions about vaccination producing flu-like illness.

Influenza Vaccination Modules National-Level Purposes

- Continue and expand occupational exposure and infection surveillance
- Collect data from U.S. healthcare facilities to
 - ◆ estimate participation in seasonal and non-seasonal influenza vaccination campaigns
 - ◆ estimate the severity and magnitude of adverse reactions to influenza vaccine among healthcare personnel (HCP)
 - ◆ monitor treatment and prophylaxis administered for influenza
- Assess adoption and effect of strategies to increase vaccination uptake

The HPS Component is a continuation and expansion of occupational exposure and infection surveillance that was started with the National Surveillance System for Healthcare Workers or NaSH. At the national level, the purposes of the Influenza Modules are to collect data from a sample of U.S. healthcare facilities to estimate healthcare personnel participation in seasonal and non-seasonal flu vaccination campaigns, to examine adverse reactions to influenza vaccine among HCP, and to monitor trends in the treatment and prophylaxis for influenza among HCP. The module can also be used to assess the adoption and effect of strategies to increase flu vaccination uptake in healthcare personnel.

Influenza Vaccination Modules Facility-Level Purposes

- Provide a record of influenza vaccination and adverse reactions for HCP in the facility
- Meet requirement for record-keeping for adult vaccine administration
- Monitor trends in vaccination and declination rates
- Monitor treatment and prophylaxis administered for influenza infections
- Assess efficacy of facility influenza vaccination programs

At the facility level, the purposes of using the Influenza Modules are to provide a record of flu vaccinations and treatment/prophylaxis for influenza for healthcare personnel in the facility. The data collected in NHSN is designed to help facilities meet the federal requirement for record keeping for adult vaccine administration as set forth in the Instructions for the Mandatory Use of Vaccine Information Statements (<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-Instructions.pdf>).

Use of the Influenza Vaccination Module will also permit the monitoring of trends in vaccination uptake rates to permit targeting interventions to areas or occupational groups with lower vaccination rates. In addition, one can characterize the reasons why HCWs decline vaccination which may be useful to improve future vaccination rates. Facilities can monitor antiviral medication use for treatment and prophylaxis and assess the efficacy of their vaccination programs.

Why use NHSN for surveillance?

- Systematic and standardized collection of information
- Secure, confidential, electronic format
- Compare facility data to national aggregate data
- Free of charge
- May already be implemented in your facility

There are additional benefits of using these modules. Because the data from all participating facilities nationwide are collected in a systematic and standardized manner that is secure and confidential, individual participating facilities can compare their rates with national aggregate data.

Although facilities must maintain minimum data reporting requirements in order to remain active, participation and software is free of charge and open to all US healthcare facilities. In fact, NHSN may already be implemented in your facility for the Patient Safety Component modules. You may only have to activate the HPS Component to get started. To determine if your facility is already active in NHSN, please talk to your Infection Prevention or Infection Control Department.

NHSN HPS Component: Influenza Modules

- Influenza vaccination with exposure management
 - ◆ Seasonal and non-seasonal influenza vaccination measurement
 - ◆ Use of antiviral medications for chemoprophylaxis/treatment
- Influenza exposure management only
 - ◆ Use of antiviral medications for chemoprophylaxis/treatment

In the NHSN Healthcare personnel safety component, facilities can participate and report data pertaining to influenza among HCP in two ways. First, a facility can report influenza vaccination with exposure management. This module collects data on seasonal and non-seasonal influenza vaccination on an individual HCW level. In addition, facilities can report and monitor the use of antiviral medications for chemoprophylaxis and/or treatment for exposure to influenza. Second, the facility may report influenza exposure management only without reporting influenza vaccinations. This may be useful in a pandemic or outbreak event where widespread chemoprophylaxis may be implemented to control the spread of influenza.

Types of Data Entered in HPS

- Healthcare worker demographics
- Events (e.g., blood/body fluids exposure) and interventions (e.g., PEP)
- Denominators
 - ◆ Measures of facility size (e.g., # beds, in-patient days)
 - ◆ Denominators for exposure rates, including facility size measures, numbers of HCW and FTEs
- Custom data
- Comments

The types of data that may be entered into NHSN HPS Component are listed here:

Demographics data must be recorded for each healthcare worker in NHSN, including an ID number, age, gender, occupation, and assigned work location.

Events, in the context of HPS, include BBF exposures and interventions, including laboratory tests as well as influenza vaccinations, and post-exposure prophylaxis (or PEP), and treatment for a healthcare worker.

Denominators for expressing rates, such as number of beds, admissions, or healthcare personnel by occupation, are recorded once per year via the Annual Facility Survey.

Custom data are those of your choosing that can be entered into custom fields on NHSN forms. Instructions on customizing HPS forms are found in the online NHSN Help system. Customized data are not included in NHSN aggregate analyses.

Comments can be entered in an open text field at the end of many HPS forms. These are also not included in NHSN aggregate analyses.

Forms Used in the Influenza Vaccination Modules

- Printable pdfs and web-based forms
- Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel
- Healthcare Worker Demographic Data
- Healthcare Worker Influenza Vaccination
- Healthcare Worker Prophylaxis/Treatment
- Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel
- Other required forms
 - ◆ Facility Survey
 - ◆ Monthly Reporting Plan

There are five printable forms, located online at www.cdc.gov/nhsn, which correspond to each web-based form. Throughout this session, we'll be showing screen shots of the web-based forms.

The Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel form, which records information on how you propose to vaccinate HCP in your facility.

The Healthcare Worker Demographic Data form, which records personal information on each healthcare worker in your facility.

The Healthcare Worker Influenza Vaccination form, which records individual influenza vaccination information on each healthcare worker.

The Healthcare Worker Prophylaxis/Treatment form, which records any prophylaxis and/or treatment for influenza infection in an individual healthcare worker.

And the Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel form, which records any changes in your facility's influenza vaccination program over the course of the influenza season.

There are two other forms that need to be entered before you can start entering data for the Influenza Vaccination Module: the annual Facility Survey and the Monthly Reporting Plan that was covered in the *Overview to HPS Component* training. You cannot proceed with entering data for the Influenza Modules until these data are entered.

Requirements for Data Fields

- Required:
 - ◆ Must be completed for record to be saved
 - ◆ Marked by a red asterisk*
- Conditionally required: Requirement to complete depends on a response given in another field (e.g., clinical specialty for physician occupation)
- Optional: Data not required to save record and will not be used in analyses by CDC (e.g., number of hours on duty)

Every field in NHSN is designated as required, conditionally required, or optional. Required fields are marked on the screen with a red asterisk next to the field label. You cannot save the record until a value is recorded in all required fields.

A conditionally required field is one in which the requirement depends on the response given in another field (e.g., if the occupation is physician, then clinical specialty is a required field).

And finally, optional fields are those that are not required. For example, the HCW name is an optional field. Data may be entered into these fields, but will not be error-checked. These data are available for a facility to analyze but will not be used in national aggregate analyses.

Key Terms (1)

- Healthcare personnel (HCP)
- Healthcare worker (HCW)
- Seasonal influenza vaccine
- Non-seasonal influenza vaccine
- Vaccination year = influenza season

Because NHSN uses the information that you enter to produce aggregate rates that are used for comparison by hospitals all over the United States and in other countries, it is important that the data you report are collected using exactly the same definitions.

Healthcare Personnel (HCP) refers to all paid and unpaid persons working in healthcare settings at your facility.

A Healthcare Worker (HCW) is an individual who works in the facility, whether paid or unpaid. Healthcare worker is the singular form of healthcare personnel.

Seasonal influenza vaccine is the vaccine for seasonal influenza virus strains that is offered on an annual basis.

Non-seasonal influenza vaccine is the vaccine for additional/novel influenza virus strains not included in the seasonal influenza vaccine (e.g., 2009 H1N1) which may or may not be offered on an annual basis.

Vaccination year (i.e., influenza season) is the 12 month period starting from September 1, 2xxx to the start of the next traditional influenza season (i.e., August 31 of the following year).

Key Terms (2)

- Work location
- Adverse reaction to vaccine
- Direct patient care
- Antiviral medications for influenza
- Severe adverse reaction to antiviral medications

The work location is HCW's current permanent work location. This refers to physical work location rather than to department assignment.

An adverse reaction to the influenza vaccine is a reaction experienced by the healthcare worker that is attributable to the influenza vaccine.

Direct patient care refers to hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and monitoring.

Antiviral medications for influenza are drugs used to treat or to prevent influenza infections, not necessarily to treat the symptoms of influenza (e.g., analgesics).

Severe adverse reactions to antiviral medications that are severe enough to affect daily activities and/or resulted in the discontinuation of the antiviral medication.

Required Data Elements for Both Influenza Modules

- Annual facility survey
- Monthly reporting plan
- Individual HCW demographic data
 - ◆ HCW demographic data form
 - ◆ Import HCW data from existing database
 - ◆ Adding HCW demographic data “on the fly” when adding vaccination records or antiviral prophylaxis/treatment records

Two data forms are required whether you participate in HPS influenza vaccination with exposure management module or in HPS influenza exposure management only module: the annual facility survey and the monthly reporting plan which will be addressed in following slides. Individual HCW demographic data are required and can be entered into NHSN by three methods: 1) Using the demographic data form; 2) Importing HCW demographic data as an ASCII comma delimited text file from an existing database (please refer to Importing HCWs in the *HPS Setting Up a Facility* training); and 3) Entering demographic data “on the fly” as you are entering the individual HCW vaccination records or antiviral prophylaxis/treatment records.

Facility Survey

The screenshot shows the NHSN (National Healthcare Safety Network) interface for finding a facility survey. The page title is "Find Facility Survey". The left-hand navigation menu is visible, with "Facility" selected. A red arrow points to the "Facility" menu item with the text "Click here". The main content area shows search criteria: "Facility: Brattleboro Memorial Hospital (ID 10067)" and "Survey year:". There are "Find" and "Back" buttons.

The annual Facility Survey collects denominator data for expressing vaccination rates. An annual Facility Survey must be completed for the year previous to the influenza season (i.e., vaccination year) for which you are entering data. For example, in order to enter data for January 2009, a 2008 annual Facility Survey must be entered. To see if an annual Facility Survey was completed for the influenza season of interest, select Surveys → Facility → Find from the left-hand navigation, or nav bar in NHSN. A user with administrative rights (e.g., the NHSN Facility Administrator) at your facility must enter the annual survey if it has not already been done. Please refer to the *Overview of HPS Component* training for more detailed instructions on how to complete a Facility Survey.

Monthly Reporting Plan

CDC Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ISO-CLFT-NHSN1)

Logged into Doctors Hospital (ID 10552) as CAROL.
Facility Doctors Hospital (ID 10552) is following the HPS component.

Reporting Plan
Add
Find

HCW
Vaccination
Lab Test
Exposure
Prophy/Treat
Surveys
Users
Facility
Group
Log Out

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID*: Doctors Hospital (ID 10552)

Month*: [dropdown]

Year*: [dropdown]

No NHSN Healthcare Personnel Safety Modules Followed this Month

Healthcare Personnel Exposure Modules

Blood/Body Fluid Exposure Only
 Blood/Body Fluid Exposure with Exposure Management
 Influenza Exposure Management

Healthcare Personnel Vaccination Module

Influenza Vaccination with Exposure Management/Treatment

Save Back

A Monthly Reporting Plan must be completed for every month that you intend to enter influenza vaccination and/or exposure management (i.e., antiviral medication use) data. Users must follow at least one HPS module (including blood and body fluid exposure modules) for at least 6 months per calendar year. From the nav bar, click on Reporting Plan→Add. Select the month and year from the dropdown list. If you only intend on following antiviral medication use after exposure to influenza and not influenza vaccination, then check the Influenza Exposure Management box under Healthcare Personnel Exposure Modules. If you intend on following influenza vaccination and antiviral medication use, then check the Influenza Vaccination with Exposure Management/Treatment box under Healthcare Worker Vaccination Module. Please refer to the *Overview of HPS Component* training for more detailed instructions.

HCW Demographic Data

Click here

Add Healthcare Worker

Mandatory fields marked with *

Worker Information

Facility ID*: Doctors Hospital (ID 10552)

HCW ID*:

Secondary ID:

Last Name:

Middle Name:

Address Line 1:

Social Security #:

First Name:

Employment Information

Work Phone:

Start Date*:

Type of employee*:

Work Location*:

CDC Location: PT - Part-time

Department: CONTRACT - Contract employee

Supervisor: VOL - Volunteer

Supervisor: OTHER - Other

Occupation*:

CDC Occupation Code:

Title:

Performs direct patient care: (i.e.,

Work Status*:

ACTIVE - Active

INACTIVE - Inactive

NOAFF - No longer affiliated

To enter an individual HCW's demographic data, from the nav bar, click on HCW→Add. HCW ID, gender, date of birth, start date, type of employee (full-time employee, part-time, contract, volunteer, other), work location, occupation and work status are required. If the HCW is a physician, fellow or intern/resident, then clinical specialty will also be required. Although "Performs direct patient care" is not required on this screen, it will be required to enter a vaccination or antiviral medication use record.

HCW Vaccination: Seasonal and Non-seasonal Influenza

If you intend on following influenza vaccination for either (or both) seasonal and non-seasonal influenza vaccines, you can record individual vaccination details in NHSN. You will also be required to tell us about your vaccination campaigns.

Pre-season Survey on Flu Vaccination Programs for HCW

NHSN Home Logged into Doctors Hospital (ID 10552) as RUBY.
Facility Doctors Hospital (ID 10552) is following the HPS component.

Add Survey on Influenza Vaccination Programs for Healthcare Workers

Pre-Flu Season

Facility ID: Doctors Hospital (ID 10552) Flu Season: Vaccination campaign for: Non-seasonal Seasonal Both

Continue Back

Click here

Use this form to report how your facility intends or plans to implement an influenza vaccination campaign. From the nav bar, click on Survey->Pre-Flu Add. Enter the Flu Season (i.e., vaccination year) and type of vaccination campaign (seasonal, non-seasonal, or both), and click on Continue. Select Both if the vaccination program/campaign and target population for both vaccines are the same. If either the vaccination program/campaign or the target population (e.g., if the non-seasonal influenza campaign targets only HCW with direct patient care) for seasonal and non-seasonal influenza vaccines, then you must complete two separate pre-season surveys to reflect the difference.

The Pre-season Survey includes types of employees eligible to participate in vaccination campaign, cost to the employee, implementation, vaccine promotion strategies and handling of off-site vaccinations/declinations. Complete the 11-question pre-season survey and click the Save button. Please refer to the Pre-season Survey Form to view all 11 questions. Questions 1-7 and 9-10 are required. Question 8, regarding required attendance at formal education programs is conditionally required only if you answered "Yes" to question 7.

After the end of your campaign or at the end of the flu season, you will report what was actually done at your facility using the Post-season Survey on Influenza Vaccination Programs for Healthcare Workers. We'll cover that a little later in this session.

Pre-season Survey on Flu Vaccination Programs for HCW

Pre-Flu Season [Print PDF Form](#)
Facility ID: * Doctors Hospital (ID 10552) Flu Season: * 2009/2010

Date Entered: * 08/07/2009 

1. Which personnel groups do you plan to include in your annual influenza vaccination program:*

- All personnel who work in the facility
- All personnel who work in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g., physicians, nurses, respiratory therapists)

2. Which of the following types of employees do you plan to include in your annual influenza vaccination program? (check all that apply)*

<input checked="" type="checkbox"/> Full-time employees	Number:	<input type="text" value="400"/>
<input checked="" type="checkbox"/> Part-time employees	Number:	<input type="text" value="23"/>
<input checked="" type="checkbox"/> Contract employees	Number:	<input type="text" value="12"/>
<input type="checkbox"/> Volunteers	Number:	<input type="text"/>
<input checked="" type="checkbox"/> Others, specify <input type="text" value="delivery men"/>	Number:	<input type="text" value="12"/>

11. Vaccine information statement edition date = 

The Pre-season survey will also be used to establish the denominator for influenza vaccination rates among the HCP in your facility. For question 1, please indicate which kinds of HCW you intend to include in your influenza vaccination program. For question 2, please estimate the number of employees by type, who you plan to include in your program. If you have more than one employee type for "Others," please list all of them, separated by commas. Then add together all the "Others" and enter the total number of "Others" employees.

If you intend on using NHSN for federal record-keeping requirements for administration of vaccine covered by the Vaccine Injury Compensation Program, then the edition date of the Vaccine Information Statement will be used. In Question 11, Enter the edition date for the official vaccine information statement (VIS) for the seasonal and non-seasonal influenza vaccines that you will be distributing to your employees at ONSITE vaccinations. VISs can be found on the CDC website at <http://www.cdc.gov/vaccines/pubs/vis/>. Enter the VIS edition date of the primary type of vaccine (e.g., inactivated) that your facility will be using. If the pre-season survey reflects "Both" seasonal and non-seasonal influenza vaccines, then enter the edition dates for both vaccines. This date will be used to auto-fill the HCW vaccination records that are entered for the applicable edition dates. You can edit the date on the vaccination record to reflect a secondary type of vaccine (e.g., live attenuated).

HCW Influenza Vaccination Form

- Healthcare worker demographic data
- Vaccination details
 - ◆ Influenza season
 - ◆ Onsite, Off-site or Declined vaccination
 - ◆ Vaccine product
 - ◆ Adverse reactions to vaccine
 - ◆ Vaccinator

The HCW Influenza Vaccination form collects information on HCW demographics and the details of an individual HCW's influenza vaccination including the influenza season, influenza subtype (i.e., seasonal or non-seasonal) where the vaccine was administered (onsite, off-site, or declined), reasons for declination, vaccine product information, if there were any adverse reactions to the vaccine, and the details of the person administering the vaccine (i.e., the vaccinator). Before we examine this form in more detail, remember that you cannot enter an influenza vaccination record until location and occupation codes have been set-up for your facility. Please refer to *HPS Component: Setting Up a Facility* training session for more details on setting up location and occupation codes.

HCW Influenza Vaccination Form

HCW Demographics

The screenshot displays the CDC NHSN web interface for adding a vaccination record. The top navigation bar includes the CDC logo and the text 'Department of Health and Human Services, Centers for Disease Control and Prevention'. Below this, the user is logged into Brattleboro Memorial Hospital (ID 10067) as CRAO. The left sidebar contains a navigation menu with options: NHSN Home, Reporting Plan, HCW, Vaccination (with sub-options: Add, Add (Batch), Find), Lab Test, Exposure, Prophy/Treat, Analysis, Surveys, Users, Facility, Group, and Log Out. The 'Vaccination' menu item is highlighted, and a red arrow labeled 'Click here' points to the 'Add' sub-option. The main content area is titled 'Add Vaccination' and contains a form for 'Healthcare Worker Demographics'. The form includes fields for Facility ID (Brattleboro Memorial Hospital (ID 10067)), Vaccination # (914), HCW ID # (with a 'Find HCW' button), Social Security #, Secondary ID, Last Name, First Name, Middle Name, Gender (dropdown), Date of Birth (calendar icon), Work Location (dropdown), Occupation (dropdown), Performs direct patient care (dropdown), and Ethnicity (checkboxes for American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, and White). A note indicates 'Mandatory fields marked with *'.

When you are ready to add an influenza vaccination record, go to the nav bar and click on Vaccination->Add or Add (Batch) (we'll discuss this distinction shortly). You'll be taken to the top of the Add Vaccination page and where you will enter the required demographic information of the HCW who was either vaccinated or declined influenza vaccine. It may help you to be familiar with the drop down lists on the Web-based form as you are filling out the hard copy data form.

Adding HCW Demographic Data

- Use “Find HCW” to populate the demographic data fields
- Or
- Use HCW ID # to populate the demographic data fields of influenza vaccination form (See training on HPS setting up a facility for importing HCP data.)
- Or
- Enter HCW demographic data “on the fly.”

HCW demographic data needs to be entered before the vaccination details can be entered. If you imported data at set up, you can either use the HCW ID# or use the “Find HCW” function to find an HCW already in the database. Once you find the HCW, the demographic data fields will be automatically populated on the Add Vaccination screen. The *HPS Component: Setting Up a Facility* training describes how to import HCW demographic data.

Demographic data can also be entered “on the fly” when entering a vaccination event or prophylaxis/treatment record if the HCW is not already in the database.

First, we will discuss using the HCW ID#.

Adding HCW Demographics Using “Find HCW” function

The screenshot shows the NHSN 'Add Vaccination' form. The title is 'Add Vaccination'. Below the title, it says 'Mandatory fields marked with *'. A red arrow points to a 'Find HCW' button next to the 'HCW ID #' field, with the text 'Click here' above it. The form is titled 'Healthcare Worker Demographics' and includes the following fields:

- Facility ID*: Brattleboro Memorial Hospital (ID 10067)
- Vaccination #: 914
- HCW ID#*: [Text Input] Find HCW
- Social Security #*: [Text Input]
- Secondary ID: [Text Input]
- Last Name: [Text Input]
- First Name: [Text Input]
- Middle Name: [Text Input]
- Gender*: [Dropdown]
- Date of Birth*: [Text Input]
- Work Location*: [Dropdown]
- Occupation*: [Dropdown]
- Performs direct patient care*: [Dropdown]
- Ethnicity: [Dropdown]
- Race: American Indian/Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White

If the HCW is already in the database and you do not know his/her HCW ID#, you can search for the HCW using the “Find HCW” function.

Adding HCW Demographics Using “Find HCW” function

Department of Health and Human Services
Centers for Disease Control and Prevention

NHCN - National Healthcare Safety Network (ISD-CLFT-NHCN1)

Logged into Brattleboro Memorial Hospital (ID 10067) as CRAO.
Facility Brattleboro Memorial Hospital (ID 10067) is following the HPS component.

Find Healthcare Worker

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Facility ID: Brattleboro Memorial Hospital (ID 10067) ▾

HCW ID:

Last Name: Jones

First Name:

SSN:

Secondary ID:

Date of Birth: To

Find Clear Back

Enter known data here

Then, click here

From this page, you can enter as much information as you know about the HCW in order to find someone already in the database. For example, if you search on “Jones,” then all HCW with the last name of Jones will be retrieved.

If you do not enter data into any of the data fields and click “Find,” then all of the HCWs in the database will be retrieved.

Adding HCW Demographics Using “Find HCW” function

View Healthcare Worker

Mandatory fields marked with *

Worker Information

Facility ID*: Brattleboro Memorial Hospital (10067) Social Security #:

HCW ID*: 1454

Secondary ID: Last Name*: Jones First Name*: marge

Middle Name: Address, line 1: Address, line 2: Address, line 3: City: State: Zip Code: Home Phone: Gender*: F - Female E-mail: Date of birth*: 08/08/1980

Born in U.S.: Ethnicity: Race: American Indian/Alaska Native Black or African American Asian Native Hawaiian/Other Pacific Islander White

Employment Information

Work Phone: Start Date: Work Status:

Work Location*: LOC-103 - ALL INPATIENT

CDC Location: All Inpatient Areas (not ICU or SCA)

Department: Supervisor: Occupation*: RNU7 - Nurse

CDC Occupation Code: RNU - Registered Nurse

Title*: RN

Performs direct patient care: (i.e., hands on, face to face contact with patients for the purpose of monitoring)

Custom Fields

TEST1:

Comments

Immune Status

Click here

Since Marge Jones is the only HCW with the last name of Jones, her demographic data will appear in the data fields. Click on “Submit” to bring her demographic data into the vaccination record.

Adding HCW Demographics Using "Find HCW" function

CDC Department of Health and Human Services
 Centers for Disease Control and Prevention

NHCN - National Healthcare Safety Network (ISO-CLFT-NHCN1) | NHCN Home | My Info | Contact us | Help | Log Out

Logged into Brattleboro Memorial Hospital (ID 10067) as CRAO.
 Facility Brattleboro Memorial Hospital (ID 10067) is following the HPS component.

Healthcare Worker List

First | Previous | [Next](#) | Last Displaying 1 - 10 of 13

Submit	Facility ID	HCW ID	Last Name	First Name	SSN	Date of Birth	Secondary ID
<input type="checkbox"/>	10067	1A				03/15/1995	
<input type="checkbox"/>	10067	12245				07/30/1980	
<input type="checkbox"/>	10067	1454	jones	marge		08/08/1980	
<input type="checkbox"/>	10067	1342	cahen	misty			
<input type="checkbox"/>	10067	1653	rose	jane		03/01/1975	
<input type="checkbox"/>	10067	9478	Winston	Cecily		12/03/1975	
<input type="checkbox"/>	10067	6574				09/16/1958	
<input type="checkbox"/>	10067	2A	Phillips	Jessica	255551001	08/14/1985	
<input type="checkbox"/>	10067	1640	Winfield	Justin		09/15/1978	
<input type="checkbox"/>	10067	VACC123	Wicker	Bradley		08/29/1983	

First | Previous | [Next](#) | Last Displaying 1 - 10 of 13

If there is more than one HCW who fulfills your search criteria, then a list of the HCWs will be retrieved. Select the HCW ID, highlighted in blue, for the HCW you are searching. Their demographic data will be brought into the vaccination record.

Adding HCW Demographics Using HCW ID#

The screenshot shows the NHSN interface for adding a vaccination. The main heading is "Add Vaccination". Below it, the "Healthcare Worker Demographics" section is highlighted. A red arrow points to the "HCW ID #" field with the text "Enter ID# here". The form includes various fields for demographic information, such as Facility ID, Social Security #, Last Name, Middle Name, Gender, Work Location, Occupation, Performs direct patient care, and Ethnicity. There are also checkboxes for Race: American Indian/Alaska Native, Black or African American, White, Asian, and Native Hawaiian/Other Pacific Islander. The form is titled "Add Vaccination" and shows "Vaccination #: 914".

If you know that an HCW Demographic record exists for this HCW, you can use his/her HCW ID# to automatically populate the Healthcare Worker Demographics data fields. Just enter the HCW ID# and move your cursor off the field. The *HPS Component: Setting Up a Facility* training describes how to import HCW demographic data.

If you don't know whether this HCW's demographic record exists, simply enter the ID # and move your cursor off the field. NHSN will search for the record and notify you if it does not exist – see the next slide for this screen shot.

Adding HCW Demographics Using HCW ID#

The screenshot shows the NHSN (National Healthcare Safety Network) interface. At the top, it displays the CDC logo and the text 'Department of Health and Human Services, Centers for Disease Control and Prevention'. Below this, it indicates the user is logged into Mount Sinai Medical Center (ID 10127) as TCH. The main heading is 'Add Vaccination'. A left-hand navigation menu includes options like 'Reporting Plan', 'HCW', 'Vaccination', 'Lab Test', 'Exposure', 'Prophy/Treat', 'Analysis', 'Surveys', 'Users', 'Facility', 'Group', and 'Log Out'. The 'Vaccination' section is expanded, showing 'Add', 'Add (Batch)', and 'Find' options. The form fields include 'Healthcare Worker' information: Facility ID, HCW ID, Social Security, Last Name, Middle Name, Gender, Date of Birth, Work Location, Occupation, Performs direct patient care, and Ethnicity. There are also checkboxes for 'Race' with options 'American Indian/Alaska Native' and 'Asian'. A 'Print PDF Form' link is visible in the top right. A yellow error message box is overlaid on the form, stating: 'Could not find HCW. You can directly enter a new HCW from this screen or Click "Add HCW" to enter a new HCW with additional fields.' The error box has an 'OK' button.

If the HCW demographic record doesn't exist, the pop-up message will notify you and instruct you either to enter the data "on the fly" either directly from this screen or by clicking on the "Add HCW" button to enter a new HCW record with additional fields, such as address and employment information.

Adding HCW Demographics “on the fly”

The screenshot shows the CDC NHSN interface for adding vaccination records. The main heading is "Add Vaccination". Below it, the "Healthcare Worker Demographics" section is visible. The "Add HCV" button is circled in red. The form includes fields for Facility ID, HCV ID#, Social Security #, Secondary ID, Last Name, First Name, Middle Name, Gender, Date of Birth, Work Location, Occupation, Performs direct patient care, and Ethnicity. A sidebar on the left contains navigation options like "Reporting Plan", "Vaccination", "Lab Test", etc.

If you did not import HCW demographic data, or the HCW’s demographic data are not already in your database, then you can enter the data “on the fly.”

HCW demographic data can be added directly via the “Add Vaccination” screen by entering the data into the fields. The six required fields are marked with a red asterisk*. If you indicate that the HCW’s occupation is a physician/fellow/resident/surgeon, then a new “Clinical specialty” field will appear and must be completed (i.e., it is a conditionally required field). Note that work location and occupation codes must be set up before adding HCW demographics. Please see the *HPS Component: Setting Up a Facility* training for instructions on setting up work locations and occupations for your facility. Finally, name, social security number, secondary ID and Ethnicity/Race are all optional fields; they are never required.

If you prefer to enter a full HCW demographic record, you may do so by clicking on the HCW Add button that will pop up once you enter the HCW ID#. Once you enter the data and save it, you will be returned to this Add Vaccination screen, which will display the demographic data you just entered.

HCW Influenza Vaccination Form

Vaccination Details

Vaccination

Type of vaccination*: Influenza

Influenza subtype*: SEASONAL - Seasonal

Season*: NONSEASONAL - Non-seasonal

Do you plan to use this information for record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program?*: Y - Yes

Vaccine administered*: ONSITE - At this facility

Date of vaccination*: OFFSITE - Not at this facility

DECLINEMED - Declined due to medical contraindications

DECLINEPER - Declined due to personal reasons

Next you'll enter the details of the vaccination. Select the Influenza subtype that this vaccination record represents (i.e., seasonal or non-seasonal influenza). If the facility plans to use NHSN to satisfy federal record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program, select "Yes." Specific data elements regarding vaccinator data and vaccine information statement edition dates will be required.

Different data elements will be required depending upon where the vaccine was administered (Onsite, Offsite or Declined). You can use either single entry or batch entry modes.

Vaccination Details Single versus Batch Data Entry

- Single entry: Every data field manually entered for each HCW vaccination record
- Batch entry: Some data fields in vaccination details carried over from one vaccination record to the next
 - ◆ Only data from the immediate prior record during a given data entry session are carried over
 - ◆ Different data fields carried over for declined, offsite, and onsite vaccinations

For the vaccination details, you can enter the data for each HCW one at a time (single entry mode) or in groupings (batch entry mode). In batch entry mode, only the HCW demographics change from one influenza vaccination record to the next.

For example, if only one vaccine product was administered for all HCWs in your facility, then you would only have to enter the vaccine product once in batch entry mode. The vaccine product entry would carry over into subsequent HCW vaccination records in batch entry mode. In single entry mode, you would have to re-enter the vaccine product for each HCW.

Only data from the entry immediately prior will be carried over. In addition, different data fields are carried forward for declination, offsite, and onsite vaccinations. We'll look at each of these situations in more detail after reviewing some general features of Batch mode.

Vaccination Details

Single versus Batch data entry

Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

Logged into Brattleboro Memorial Hospital (ID 10067) as CRAO.
Facility Brattleboro Memorial Hospital (ID 10067) is following HCW component.

Add Vaccination

Mandatory fields marked with *

Healthcare Worker Demographics

Facility ID*: Brattleboro Memorial Hospital (ID 10067) Vaccination #: 914

HCW ID#*: Find HCW

Social Security #: Secondary ID:

Last Name: First Name:

In Batch Mode only

Last 10 records added			
HCW ID#	Vaccination	Administered	Date
1001	FLU	ONSITE	01/18/2007
1002	FLU	ONSITE	01/18/2007
1005	FLU	OFFSITE	01/09/2007
1006	FLU	DECLINED	
1003	FLU	DECLINED	
1004	FLU	ONSITE	01/29/2007

The screen will look identical whether you select either “Add” or “Add (Batch)” mode. The only difference will be at the bottom of the screen where in Batch mode, you will be able to see the last 10 records added for this data entry session. Remember that in Batch mode, data from the record entered immediately prior will be carried forward. For example, no data were carried forward between HCW ID#1003 (Declined vaccination) and ID#1004 (Onsite vaccination) since the HCW who declined vaccination would not have vaccination details to carry forward (e.g., vaccine product, adverse reaction to vaccine).

We recommend that if you decide to enter data by batch, that you enter all of the declinations together and all of the onsite vaccinations together to maximize the usefulness of Batch mode. We do **not** recommend entering offsite vaccinations using Batch mode (more about this when we get to offsite vaccinations).

Having an advance plan to group all the paper forms together will greatly facilitate the data entry task. For example, for onsite vaccinations, you could have the vaccinators sort the forms for different vaccine products as they are administering the different vaccines. That way, you could enter all the HCWs that received a particular vaccine product, from a particular lot on a particular day (e.g., the data that can be carried forward), more efficiently in the Batch mode.

Vaccination Details Declination

Vaccination

Type of vaccination*: Influenza

Influenza subtype*: NONSEASONAL - Non-seasonal

Season*: 2008/2009

Do you plan to use this information to satisfy federal record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program*? N - No

Vaccine administered*: [Dropdown menu]

Date of vaccination*:

Select DECLINEMED or DECLINEPER

Vaccine administered*: DECLINEPER - Declined due to personal reasons

Reasons for declining (check all that apply)

- Fear of needles/injections
- Fear of side effects
- Perceived ineffectiveness of vaccine
- Religious or philosophical objections
- Concern for transmitting vaccine virus to contacts
- Other (specify):

If the HCW declined vaccination, you need to select “DECLINEMED” if the HCW declined vaccination due to medical contraindications for the “Vaccine Administered” field. If the HCW declined due to personal reasons, select “DECLINEPER” and a list of reasons will pop up; check all reasons that apply. At least one reason must be selected. No other vaccination details data can be entered for this HCW if “Declined” is selected.

Click the Save button to save this flu vaccination record.

If you are entering declinations in Batch entry mode, the “Type of vaccination” and the “Season” will be auto-filled from the previous record. You will need to fill in the HCW demographic information and the “Reasons for declining” for this new HCW vaccination record. Then click the Save button.

Vaccination Details

Offsite Vaccination

Vaccination	
Type of vaccination*:	Influenza
Influenza subtype*:	SEASONAL - Seasonal
Season*:	2008/2009
Do you plan to use this information to satisfy federal record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program*?	
N - No	
Vaccine administered*:	OFFSITE - Not at this facility
Date of vaccination*:	01/01/2009
<hr/>	
Details	
Product:	
Lot number:	
Type of influenza vaccine:	
Route of administration:	
Manufacturer:	
Adverse reaction to vaccine:	
Vaccine information statement provided to the vaccinee?:	
<input type="radio"/> Live, Attenuated Influenza Vaccine Information Statement	
<input type="radio"/> Inactivated Influenza Vaccine Information Statement	
<input type="radio"/> Unknown Vaccine Information Statement	
Edition Date:	09/01/2008

If the vaccination was administered offsite, the only required fields are: 1) the influenza season (i.e., vaccination year), 2) the influenza sub-type, 3) that the vaccine was administered offsite, and 4) the date that the vaccine was administered. The date of vaccination is required and must be within certain dates for a specific season. For example, vaccination date must be between 9/1/2008 – 8/31/2009 for the 2008/2009 season. The software will warn you if the dates entered are not within the acceptable range. The type of vaccination (i.e., Influenza) is pre-filled.

When the vaccination was administered offsite, the details, such as product, lot number, etc., are optional. You may enter as much of the remaining vaccination details as you like.

We recommend that you use Single Entry mode rather than Batch mode for entering offsite vaccination records since many details will differ from HCW to HCW.

Vaccination Details

Onsite Vaccination

Vaccination

Type of vaccination*: Influenza
Influenza subtype*: NONSEASONAL - Non-seasonal
Season*: 2008/2009
Do you plan to use this information to satisfy federal record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program*? N - No
Vaccine administered*: ONSITE - At this facility
Date of vaccination*: 01/01/2009

Details

Product*:
Lot number*:
Type of influenza vaccine*:
Route of administration*:
Vaccine information statement provided to the vaccinee?:
 Live, Attenuated Influenza Vaccine Information Statement
 Inactivated Influenza Vaccine Information Statement
Edition Date*: 09/01/2008

Manufacturer:
Adverse reaction to vaccine*:

Person Administering Vaccine

Vaccinators: Select a Vaccinator or add a new one below...
Vaccinator ID: Find HCW (This is the HCW ID # for the vaccinator)
Last Name: First Name:
Middle Name:
Title:

If the vaccine was administered at your facility (i.e., ONSITE) then the vaccination details are required. The required data fields are indicated with a red asterisk. For the Vaccination section, select the flu season, then select "ONSITE – At this facility" and enter Date of vaccination. As before, the date of vaccination must be within certain dates for a specific season. For example, vaccination date must be between 9/1/2008 – 8/31/2009 for the 2008/2009 season.

If you select "Y-Yes" for using NSHN for federal record-keeping requirements, then details on the "Person Administering Vaccine" (i.e., the vaccinator) will be required. This will be addressed later in the training.

Many of the data elements will be auto-entered by the application once a product is selected.

Vaccination Details Onsite Vaccination

Details

Product*: Manufacturer:

Lot number*:

Type of influenza vaccine*:

Route of administration*:

Vaccine information statement provided to the vaccinee*:
 Live, Attenuated Influenza Vaccine Information Statement
 Inactivated Influenza Vaccine Information Statement

Adverse reaction to vaccine*:

Edition Date*:

Selecting "Product" auto-fills most data fields

Details

Product*: Manufacturer:

Lot number*:

Type of influenza vaccine*:

Route of administration*:

Vaccine information statement provided to the vaccinee*:
 Live, Attenuated Influenza Vaccine Information Statement
 Inactivated Influenza Vaccine Information Statement

Adverse reaction to vaccine*:

Edition Date*:

For the Details section of the screen, select the vaccine product that was administered from the dropdown list. The Manufacturer, Type of influenza vaccine, Route of administration, and Vaccine information statement type provided to the vaccinee, and Edition date of the vaccine information statement will be filled automatically. If the vaccine is not listed (for example, for a non-seasonal influenza vaccine), select "OTHER" and specify the product name and manufacturer. You must manually enter the Lot number of the vaccine and whether there was an Adverse reaction to vaccine (see next slide). If you do not know whether there was an adverse reaction, select "D - Don't know."

Even though the edition date of the vaccine information statement is auto-filled based on your answer to question 11 on the Pre-season Survey, you may override the date.

Vaccination Details

Onsite Vaccination

Details

Product*: AFLUR - Alluria®
Lot number*: 11111
Manufacturer: CSL - CSL Biotherapies

Type of influenza vaccine*: INA - Inactivated vaccine (injectable)
Route of administration*: MUSC - Intramuscular
Adverse reaction to vaccine*: Y - Yes

Adverse reaction to vaccine (check all that apply)

<input type="checkbox"/> ARTHRALG - Arthralgia	<input type="checkbox"/> CHILLS - Chills
<input type="checkbox"/> COUGH - Cough	<input type="checkbox"/> FEVER - Fever
<input type="checkbox"/> HEADACHE - Headache	<input type="checkbox"/> HIVES - Hives
<input type="checkbox"/> MALAISE - Malaise/fatigue	<input type="checkbox"/> MYALGIA - Myalgia
<input type="checkbox"/> CONGEST - Nasal congestion	<input type="checkbox"/> PAIN - Pain/soreness
<input type="checkbox"/> RASHGEN - Rash, generalized	<input type="checkbox"/> RASHLOC - Rash, localized
<input type="checkbox"/> RHINO - Rhinorrhea	<input type="checkbox"/> BREATH - Shortness of breath/difficulty breathing
<input type="checkbox"/> THROAT - Sore throat	<input type="checkbox"/> SWELLING - Swelling
<input type="checkbox"/> OTHER - Other adverse reaction	

Vaccine information statement provided to the vaccinee?*:
 Live, Attenuated Influenza Vaccine Information Statement
 Inactivated Influenza Vaccine Information Statement

Edition Date*: 03/07/2006

If there was an adverse reaction to the vaccine select “Y – Yes” from the dropdown menu. Check all adverse reactions; at least one adverse reaction must be selected.

Vaccinator Onsite Vaccination

Person Administering Vaccine

Vaccinators: Select a Vaccinator or add a new one below...
Vaccinator ID*: Select a Vaccinator or add a new one below...
Last Name*: 1454 - jones, marge
Middle Name: 1342 - cahen, misty
Title*: VACC123 - Wicker, Bradley
1234 - brown, james
1001 - Mouse, Minnie

HCW ID # for the vaccinator)
[]

Work address: []
City: []
State: [] Zip code: []

If Marge Jones selected...

Person Administering Vaccine

Vaccinators: Select a Vaccinator or add a new one below...
Vaccinator ID*: 1454 Find HCW (This is the HCW ID # for the vaccinator)
Last Name*: jones First Name*: marge
Middle Name: []
Title*: RN
Work address: 17 Belmont Avenue
City: BRATTLEBORO
State: VT Zip code: 05301

...then her details will auto-populate the fields.

If the vaccine was administered onsite and you selected “Y-Yes” to the question regarding using NHSN to satisfy federal record-keeping requirements for vaccine administration, then information on the vaccinator must also be entered into NHSN. If the person administering the vaccine has been previously entered as a vaccinator, then his/her name will be listed in the “Vaccinators” drop down menu. When you select a vaccinator from the drop down list, the rest of the vaccinator data will be automatically filled.

Vaccinator Onsite Vaccination

Person Administering Vaccine

Vaccinators:

Vaccinator ID*: (This is the HCW ID # for the vaccinator)

Last Name*: First Name*:

Middle Name:

Title*:

Work address:

City:

State: Zip code:

If the vaccinator does not appear in the drop down menu but is already in the NHSN database, then you can search for him/her.

If you know the HCW ID# for the vaccinator (i.e., the Vaccinator ID#), you can just enter the number into the "Vaccinator ID" field. All of the other fields (i.e., Last Name, First Name, Title and work address) will be automatically filled once the HCW ID# for the vaccinator is found.

If you know the name but not the HCW ID# for the vaccinator, then you can click on "Find HCW" to search for the vaccinator. When you find and "Submit" the HCW, you will return to the vaccination details webpage and all of the vaccinator data fields will be automatically filled.

If the vaccinator is not in the NHSN database, then you can enter her/his information directly on this webpage. Enter the Vaccinator ID (i.e., the HCW ID#), the name, and the title of the vaccinator. NHSN assumes that the vaccinator is a healthcare worker at the facility and will automatically fill the work address (i.e., the facility address).

Vaccination Details

Onsite Vaccination – Batch Mode

Vaccination

Type of vaccination*: Influenza

Influenza subtype*: SEASONAL - Seasonal

Season*: 2008/2009

Do you plan to use this information to satisfy federal record-keeping requirements for the administration of vaccine covered by the Vaccine Injury Compensation Program*? N - No

Vaccine administered*: ONSITE - At this facility

Date of vaccination*: 01/01/2009

Details

Product*: AFLUR - AfluriaA®

Manufacturer: CSL - CSL Biotherapies

Lot number*: 1111

Type of influenza vaccine*: INA - Inactivated vaccine (injectable)

Route of administration*: MUSC - Intramuscular

Adverse reaction to vaccine*: N - No

↓ At bottom of screen

Last 10 records added

HCW ID#	Vaccination	Administered	Date
123987	FLU	ONSITE	10/15/2008
876987	FLU	ONSITE	10/15/2008
768098	FLU	ONSITE	10/15/2008

For Batch entry for Onsite vaccinations, data in the Vaccination and Details sections will be filled from the previous ONSITE record. As before, you will need to enter the HCW demographics for each HCW.

While the Batch mode should help save time during data entry, you should be aware that some information may need to be edited from record to record even if the vaccination administration details do not change. For example, "Adverse reaction to vaccine" is a data field that may change from one vaccinee to the next. In addition, data fields do not default back to a specific answer. For example, if you enter "Don't know" for Adverse reaction to vaccine, "Don't know" will also be auto-filled for the subsequent vaccination record. Therefore, as stated earlier, to minimize data entry errors while using Batch mode, it is best to organize the forms in advance. For example, it would be wise to group all records for onsite vaccinations without adverse reactions given by a certain vaccinator using a specific lot number of the product on a particular date.

Finally, once all required data have been entered using either mode, you must save the record by clicking the Save button at the bottom of the screen. Note again that you can tell you are in Batch mode because there will be a list of the last 10 records added at the bottom of the screen.

Vaccination Details

Editing Previous Entries

The screenshot shows the NHSN interface for finding vaccination records. On the left is a navigation menu with options like Reporting Plan, HCW, Vaccination, Lab Test, etc. The 'Vaccination' section is expanded, and the 'Find' option is highlighted with a red arrow and the text 'Click here'. The main content area is titled 'Find Vaccination' and contains a form with two sections: 'Vaccination Information' and 'HCW Information'. The 'Vaccination Information' section includes fields for Facility ID (pre-filled with 'Brattleboro Memorial Hospital (ID 10067)'), Vaccination ID, Vaccination Type (pre-filled with 'FLU - Influenza'), and Date of Vaccination (with 'From' and 'To' date pickers). The 'HCW Information' section includes fields for HCW ID, Last Name, First Name, Social Security #, Secondary ID, and Occupation. A red bracket on the right side of the form is labeled 'Enter known data here'. At the bottom of the form are three buttons: 'Find' (circled in red), 'Clear', and 'Back'. A user login notice is visible at the top of the page.

If you have to add an adverse reaction to the vaccine or edit a previously saved vaccination record for any other reason (including deleting the record), you can search for the record. Select Vaccination→Find and enter your search criteria. Click on “Find” at the bottom of the screen to retrieve the vaccination record.

Post-season Survey

As mentioned earlier, once your flu vaccination campaign has ended, you will need to complete the Post-season Survey.

Post-season Survey on Flu Vaccination Programs for HCP

The screenshot shows the NHSN web application interface. At the top, there is a blue header with the text "Post-season Survey on Flu Vaccination Programs for HCP" in yellow. Below this is the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". The main content area has a blue sidebar on the left with a navigation menu. The menu items are: NHSN Home, Reporting Plan, HCW, Vaccination, Lab Test, Exposure, Prophyl/Treat, Surveys, Facility (with sub-items Add and Find), Pre-Flu (with sub-items Add and Find), Post-Flu (with sub-items Add and Find), Users, Facility, Group, and Log Out. The main content area is titled "Add Survey on Influenza Vaccination Programs for Healthcare Workers". It contains a "Post-Flu Season" section with a "Facility ID" dropdown menu set to "Doctors Hospital (ID 10552)", a "Flu Season" dropdown menu, and a "Vaccination campaign for:" dropdown menu with options "Non-seasonal", "Seasonal", and "Both". There are "Continue" and "Back" buttons. A red circle highlights the "Continue" button. A red arrow points from the "Add" link under "Post-Flu" in the sidebar to the "Continue" button. The text "Click here" is written in red next to the arrow.

From the nav bar, click on Survey→Post-Flu→Add. Enter the Flu Season (i.e., vaccination year) and click on Continue. Complete the 10-question post-season survey (see next slide) and click the Save button.

Post-season Survey on Flu Vaccination Programs for HCP

Post-Flu Season [Print PDF Form](#)

Facility ID: * Doctors Hospital (ID 10552) Flu Season: * 2008/2009

Date Entered: * 07/01/2009

1. Which of the following personnel groups did you include in your annual influenza vaccination program this past season: *

- All personnel who worked in the facility
- All personnel who worked in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g., physicians, nurses, respiratory therapists)

2. Which of the following types of employees did you include in your influenza vaccination program this season? (check all that apply) *

<input checked="" type="checkbox"/> Full-time employees	Number: <input type="text" value="300"/>
<input checked="" type="checkbox"/> Part-time employees	Number: <input type="text" value="200"/>
<input checked="" type="checkbox"/> Contract employees	Number: <input type="text" value="100"/>
<input checked="" type="checkbox"/> Volunteers	Number: <input type="text" value="100"/>
<input checked="" type="checkbox"/> Others, specify <input type="text" value="Delivery men, Candy Strippers"/>	Number: <input type="text" value="50"/>

This form is used to report what your facility did for its influenza vaccination campaign. The first 10 questions from the Pre-season Survey are included in the Post-season Survey, except they are posed in the past tense.

This form captures the difference between what your facility intended to do versus what your facility actually did by the end of the season. For example, perhaps your facility intended to conduct formal education programs but since vaccination uptake was high, your facility decided that it did not need a formal education program. This change in influenza campaign will be captured by this post-season survey. In addition, if your target population changed over the course of the vaccination program/campaign, you can indicate the change in Question 2. For example, if you intended to include volunteers in your Pre-season survey but then decided not to, you can unselect "Volunteers" in the Post-season Survey. Remember that this is the denominator data that will be used to calculate vaccination coverage rates.

HCW Antiviral Prophylaxis and Treatment

For both the modules, Influenza Vaccination with Exposure Management and for the Influenza Exposure Management Only, you can record information for HCP who receive antiviral medications as prophylaxis against and/or treatment for influenza and any serious adverse reactions associated with taking antiviral medications. The HCW Prophylaxis/Treatment form is provided for this purpose.

HCW Prophylaxis/Treatment

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1) | NHSN Home | My Info | Contact us | Help

Logged into Doctors Hospital (ID 10552) as CAROL.
Facility Doctors Hospital (ID 10552) is following the HPS component.

Add Prophylaxis/Treatment

Mandatory fields marked with *
Conditionally required fields marked with ^

Healthcare Worker Demographics

Facility ID*: Doctors Hospital (ID 10552) | Med Admin ID #: 979

HCW ID#: | Find HCW

Social Security #: | Secondary ID:

Last Name: | First Name:

Middle Name:

Gender*: | Date of Birth*: [Date]

Work Location*: | Occupation*:

Performs direct patient care*:

Information about the Antiviral Medication

Infectious agent*: FLU - Influenza | Season*:

Select FLU - Influenza

Select vaccination year

Print PDF

If an HCW received prophylaxis to prevent influenza infection or treatment for influenza infection, then you can complete an HCW Prophylaxis/Treatment form for her/him. This is a screen shot of that form, which can be accessed from the nav bar by clicking on Prophy/Treat → Add. Select 'FLU-Influenza' as the infectious agent from the drop down list. Select Season (i.e., vaccination year).

Enter the HCW ID#. If the HCW is already in NHSN, then the red asterisk fields (i.e., Gender, Date of Birth, Work Location, Occupation) will automatically populate. If you have not already entered the value for Performs direct patient care, please enter it here. If the HCW is not already in NHSN, then you can enter the red asterisk fields "on the fly" as we've shown you previously.

HCW Prophylaxis/Treatment

The screenshot shows a web application interface for recording HCW prophylaxis and treatment. The interface is divided into two sections. The top section shows a single row of data with the following values: Indication: Prophylaxis, Influenza Subtype: Seasonal, Antiviral Medication: AMAN - Amantadine, Start Date: 01/05/2009, Stop Date: (empty), and Adverse reaction: D - Don't know. The bottom section shows a table with three rows of data. The first row has Indication: Prophylaxis, Influenza Subtype: Seasonal, Antiviral Medication: AMAN - Amantadine, Start Date: 01/05/2009, Stop Date: (empty), and Adverse reaction: D - Don't know. The second row has Indication: Treatment, Influenza Subtype: Non-seasonal, Antiviral Medication: OSELT - Oseltamivir, Start Date: 04/30/2009, Stop Date: (empty), and Adverse reaction: (empty). The third row is empty. A red arrow points to the 'Start a new medication' button with the text 'Click here'.

Indication*	Influenza Subtype*	Antiviral Medication*	Start Date*	Stop Date^	Adverse reaction*
Prophylaxis	Seasonal	AMAN - Amantadine	01/05/2009		D - Don't know
Treatment	Non-seasonal	OSELT - Oseltamivir	04/30/2009		

Select the Season (i.e., vaccination year) from the drop down list and select the reason why the HCW is receiving antiviral medication (i.e., Indication). You can choose either “Prophylaxis” or “Treatment” as the Indication.

Using the dropdown list, then select the Influenza Subtype for which the HCW is receiving antiviral medication. If the causative agent is unknown, select “Unknown.”

Using the dropdown lists, select the antiviral medication.

Enter the Start and Stop dates of the medication. Since medications are being recorded by influenza season, the Start date must be within certain dates for that specific season. For example, Start date must be between 9/1/2008 – 8/31/2009 for the 2008/2009 season. In addition, there must be a Monthly Reporting Plan for the month/year of the Start date. There are no date limitations on the Stop Date.

For Adverse reaction, select “No” from the drop down list if there was no known reaction to the antiviral medication or “Don’t know” if you do not know.

If more than one antiviral medication was administered for prophylaxis and treatment in response to that specific influenza season, you can click on “Start a new medication” to add more records. You can enter up to 10 antiviral medication starts for a single HCW in a single season (i.e., 9/1/2008-8/31/2009). You can also delete medication row by clicking on the trashcan on the left of “Indication”. When you save the record, the medication rows with all empty fields will be deleted. In this example, only the first two medications would be saved since row 3 is empty.

HCW Prophylaxis/Treatment

Indication*	Influenza Subtype*	Antiviral Medication*	Start Date*	Stop Date^	Adverse reaction*
Prophylaxis	Seasonal	AMAN - Amantadine	01/05/2009		Y - Yes
Adverse Reaction (check all that apply)					
<input type="checkbox"/> RESPFAIL - Acute respiratory failure	<input type="checkbox"/> ANAPHYL - Anaphylactic reactions				
<input type="checkbox"/> ARRHYTH - Arrhythmia	<input type="checkbox"/> BEHAVIOR - Behavior disturbances				
<input type="checkbox"/> BRONCHO - Bronchospasm	<input type="checkbox"/> CARDARREST - Cardiac arrest				
<input type="checkbox"/> CARDFAIL - Cardiac failure	<input type="checkbox"/> COMA - Coma				
<input type="checkbox"/> CONVULS - Convulsions; seizure	<input type="checkbox"/> DELIRIUM - Delirium, delusions, stupor				
<input type="checkbox"/> ERYMULTI - Erythema multiforme	<input type="checkbox"/> HEMORRHAG - Hemorrhagic colitis				
<input type="checkbox"/> HEPATITIS - Hepatitis	<input type="checkbox"/> HYPOTENS - Hypotension; orthostatic hypotension				
<input type="checkbox"/> LEUKONEUTRO - Leukopenia; neutropenia	<input type="checkbox"/> OVERDOSE - Life-threatening overdose				
<input type="checkbox"/> LIVER - Liver function test elevation	<input type="checkbox"/> MYDRIASIS - Mydriasis (in patients with untreated angle closure glaucoma)				
<input type="checkbox"/> NEUROMALIG - Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction	<input type="checkbox"/> OROPHARYNG - Oropharyngeal edema				
<input type="checkbox"/> PSYCHOSIS - Psychosis	<input type="checkbox"/> PULMEDEMA - Pulmonary edema				
<input type="checkbox"/> RASHSKIN - Serious skin rash	<input type="checkbox"/> SUICIDE - Suicide or self-harm attempt				
<input type="checkbox"/> SWELLFACE - Swelling of face or tongue	<input type="checkbox"/> SYNCOPES - Syncope				
<input type="checkbox"/> TACHYCARDIA - Tachycardia	<input type="checkbox"/> TEN - Toxic epidermal necrolysis; Stevens Johnson Syndrome				
<input type="checkbox"/> URINARY - Urinary retention	<input type="checkbox"/> OTHER - Other adverse reaction				

If there was a severe adverse reaction to the antiviral medication, select 'Y – Yes' from the drop down list. A list of serious adverse reactions to antiviral medications will pop up. Check all of the reactions attributed to that specific antiviral medication that were reported by the HCW.

Analysis*

- Line listings
- Frequency tables and charts
- Rate tables and charts
- Customizable outputs
- Export data for more sophisticated analyses of facility data

*Coming soon

Finally, as you enter your flu vaccination records, you'll want to periodically analyze your data. By analyzing your data on vaccine uptake by work location and/or occupation several times during the season, you'll be able to target low uptake areas or groups with more educational efforts or incentives to help boost vaccination rates.

Some of standard analyses that you will be able to perform with the HCP influenza vaccination data include the following:

Line listings

Frequency tables and charts

Rate tables and charts

Customizable outputs

Export data for more sophisticated analyses of facility data

For more information....

- NHSN website: <http://www.cdc.gov/nhsn/hps.html>
- Healthcare Personnel Safety Component
 - ◆ Manual/Protocol
 - ◆ Tables of instruction for completing all forms
 - ◆ Printable NHSN data collection forms
 - ◆ Key terms
- NHSN
 - ◆ Purposes, data collection requirements and assurance of confidentiality
 - ◆ Facility enrollment

For more information about these topics, please visit the NHSN Website.



Thank you.