



4. Table 3. Instructions for Completion of Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel (CDC 57.215)

This survey is used to collect information on the influenza vaccination programs at each healthcare facility. Facilities are encouraged to complete this survey, but it is not required at this time. Only one survey should be completed per facility per year, at the end of each influenza season.

Data Fields	Instructions for Completion
Facility ID #	<i>Required.</i> The NHSN-assigned facility ID will be auto-entered.
Date Entered	<i>Required.</i> The month and year of the seasonal survey will be auto-entered.
For Season	<i>Required.</i> Enter the years of the vaccination season for which the survey was completed. This is entered in the format: yyyy – yyyy. Vaccination season is July 1 of the current year to June 30 of the following year.
1. Which personnel groups are included in your facility’s annual influenza vaccination campaign?	<p><i>Required.</i> Select the personnel group(s) you included in your campaign or program.</p> <p><u>Employee healthcare personnel (staff on facility payroll):</u> Defined as all persons that receive a direct paycheck from the healthcare facility (i.e., on the facility’s payroll), regardless of clinical responsibility or patient contact. (This is a required denominator category for reporting healthcare personnel influenza vaccination summary data.)</p> <p><u>Non-employee healthcare personnel: Licensed independent practitioners:</u> Defined as physicians (MD, DO); advanced practice nurses; and physician assistants only who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category. (This is a required denominator category for reporting healthcare personnel influenza vaccination summary data.)</p> <p><u>Non-employee healthcare personnel: Adult students/trainees and volunteers:</u> Defined as medical, nursing, or other health professional students, interns, medical residents, or volunteers</p>



Data Fields	Instructions for Completion
	<p>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. (This is a required denominator category for reporting healthcare personnel influenza vaccination summary data.)</p> <p><u>Non-employee healthcare personnel: Other contract personnel:</u> Defined as persons providing care, treatment, or services at the facility through a contract. (This is an optional denominator category for reporting healthcare personnel influenza vaccination summary data.)</p>
2. Are healthcare personnel at your facility required to pay out-of-pocket costs for influenza vaccination received at your facility?	<i>Required.</i> Select Yes or No. If yes, indicate the exact amount of out-of-pocket costs that the personnel groups were required to pay for influenza vaccination at your facility.
3. Which of the following methods is your facility using this influenza season to deliver vaccine to your healthcare personnel?	<i>Required.</i> Select all methods that your facility used this influenza season to deliver influenza vaccine to your healthcare personnel.
4. Which of the following strategies does your facility use to promote/enhance healthcare personnel influenza vaccination at your facility?	<i>Required.</i> Select all strategies that your facility used to promote/enhance healthcare personnel influenza vaccination at your facility.
5. Does your facility require healthcare personnel who receive off-site influenza vaccination to provide documentation of their vaccination status?	<i>Required.</i> Select Yes or No. If yes, select all types of documentation for off-site influenza vaccination that your facility accepted. (Please note that for the Healthcare Personnel Vaccination Module, healthcare personnel who received vaccination outside this healthcare facility are required to provide a written report or documentation of influenza vaccination.)
6. What does your facility require from healthcare personnel who refuse influenza vaccination?	<i>Required.</i> Select the one option that best describes what your facility requires from healthcare personnel who refused influenza vaccination.