

Numerator FAQs

General	
If a healthcare worker (HCW) was vaccinated at his/her doctor’s office in August, should he/she be included?	Yes. This HCW should be counted in the numerator, since influenza vaccine for a given influenza season may be available as early as July or August. The strict reporting period for the measure (October 1 through March 31) applies to the denominator. This HCW would be required to provide documentation of influenza vaccination and would be counted in the “vaccinated outside of the healthcare facility” category. If the HCW did not provide acceptable documentation as described below, his/her vaccination status would be counted as “unknown.”
What is acceptable documentation for a HCW vaccinated outside of the healthcare facility?	Acceptable forms of documentation include a signed statement or form, or an electronic form or e-mail from the HCW indicating when and where he/she has received the influenza vaccine, or a note, receipt, vaccination card, etc. from the outside vaccinating entity stating that the HCW received the influenza vaccine at that location. Verbal statements are not acceptable for the purposes of this measure.
If a HCW can only be reached by phone, and he/she states they were vaccinated elsewhere, how is this reported?	Their vaccination status is reported as “unknown” unless documentation is provided. Verbal statements are not acceptable for the purposes of this reporting measure. However, this HCW could send an e-mail or mail a written statement attesting that he/she was vaccinated outside the facility.
My healthcare system includes numerous healthcare facilities. A HCW received influenza vaccine within our healthcare system; however, we are unable to identify the specific facility. Should this be counted as a vaccination received “at the facility” or “outside the facility”?	If the influenza vaccine was received at any facility within your larger healthcare system and you are unable to determine at which facility they were vaccinated, you can count the HCW as receiving vaccination “at the facility.” Therefore, the HCW would not need to provide written documentation of this vaccination. This only applies to attribution of the influenza vaccine for an individual HCW; facilities are expected to report separate numerator and denominator counts to NHSN for each individual facility in a healthcare system.
My health system administers influenza vaccination in an acute care hospital. A HCW working in an IRF unit of the acute care facility that is part of the system and receives influenza vaccination in the acute care hospital. How should I categorize the vaccination status of this HCW?	Some health systems have a single group responsible for providing influenza vaccination to HCP working at several types of healthcare facilities and units that are a part of their system. If the HCW receives influenza vaccination that is administered under the umbrella of the health system, then he/she should be documented as “receiving influenza vaccination at the healthcare facility” (#2 on the Healthcare Personnel Influenza Vaccination Summary report form) as part of the total counts for the IRF facility reporting.
What conditions allow categorizing HCP as having a medical contraindication?	Only HCP who have a severe allergic reaction to eggs or other components of the influenza vaccine or a history of Guillain-Barré Syndrome (a severe paralytic illness, also called GBS) within 6 weeks after a previous influenza vaccination can be reported as having a medical contraindication to vaccination with inactivated influenza vaccines.

<p>Is documentation required for medical contraindications or vaccine declinations?</p>	<p>No. Documentation is not required for reporting a medical contraindication or a declination; therefore, verbal statements are acceptable for reporting these numerator categories. Documentation is only required for those vaccinated outside the facility.</p>
<p>How should I categorize a volunteer who was offered influenza vaccination, but verbally refused vaccination and stated that he/she had an egg allergy with history of an anaphylactic reaction?</p>	<p>The volunteer should be categorized as having a medical contraindication. Written documentation is not required for contraindications.</p>
<p>How do I categorize HCP who report that they have a medical contraindication but do not confirm that it is one of the two defined by the measure?</p>	<p>They are reported as “declined to receive the influenza vaccine.”</p>
<p>My facility offers the live attenuated influenza vaccine (LAIV4) to HCP who do not want to receive an injection. Are the acceptable medical contraindications the same for LAIV4 as for the inactivated influenza vaccine?</p>	<p>For this measure, vaccination with LAIV4 is medically contraindicated for the following groups: persons aged >49 years; persons who have experienced severe allergic reactions to the vaccine or any of its components, or to a previous dose of any influenza vaccine; pregnant women; immunosuppressed persons; persons with a history of egg allergy; and persons who have taken influenza antiviral medications within the previous 48 hours. In addition to the groups for whom LAIV is not recommended, the following conditions are precautions for the use of LAIV: chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, and metabolic disorders (including diabetes mellitus) and asthma. Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV, or should avoid contact with such persons for 7 days after receipt, given the theoretical risk for transmission of the live attenuated vaccine virus.</p> <p>HCP who have a medical contraindication to LAIV other than a severe allergic reaction to a vaccine component or history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination, should be offered trivalent inactivated influenza vaccine (IIV3) or quadrivalent inactivated influenza vaccine (IIV4) by their facility, if available. If IIV3 or IIV4 is then offered, but declined because of aversion to an injection, a HCW would be categorized as “declined to receive the influenza vaccine.” Therefore, contraindications to LAIV4 other than a severe allergic reaction after a previous vaccine dose or to a vaccine component, including egg protein, and history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination, are not acceptable medical contraindications for this measure.</p> <p>Recombinant influenza vaccine (RIV) is another option for HCP; RIV can be given to persons with any severity of egg allergy as there are no eggs involved in any step of the manufacturing process of this vaccine. RIV is approved for persons 18 years and older.</p>
<p>How should I categorize a pregnant HCW who states that her provider recommended against influenza</p>	<p>A HCW who does not receive the influenza vaccine because of pregnancy, or any other medical reason other than the two specified contraindications, should be categorized as “declined to</p>

vaccination?	receive the influenza vaccine.”
What is the distinction between the “declined, deferred all reporting period” and “unknown” categories?	HCP who deferred vaccination throughout the entire measure reporting period should be categorized as “declined,” because it is known they were offered the opportunity to be vaccinated. HCP should be categorized as “unknown” if their vaccination status was unable to be confirmed or they did not otherwise meet the criteria for the other numerator categories.
How should I categorize HCP who decline vaccination because they are ill at the time the influenza vaccine is initially offered and then never have another opportunity to receive it?	They are reported as “declined to receive the influenza vaccine.”
How should I categorize a HCW who was granted a religious or personal belief exemption to influenza vaccination according to his/her facility’s policy?	A HCW who declines to receive vaccination for any reason other than the two specified medical contraindications for the HCP Vaccination Module should be categorized as “declined to receive the influenza vaccine.” This is true even if your facility permits religious or philosophical exemptions for influenza vaccination.
How should I categorize a HCW who received a medical exemption for influenza vaccination under his/her facility’s policy, which permits exemptions for conditions other than those specified in the NHSN protocol?	A HCW who declines to receive vaccination for any reason other than the two specified medical contraindications for HCP influenza vaccination summary reporting should be categorized as “declined to receive the influenza vaccine.” This is true even if your facility permits medical exemptions for reasons other than those defined in the NHSN protocol. In some cases, HCP who are considered medically exempt from vaccination by the facility where they work will be counted as declining vaccination for the purposes of NHSN reporting. Counting only HCP with one of the two specified conditions as having a medical contraindication to influenza vaccination ensures that the data reported to NHSN can be compared across different facilities.
How should I categorize HCP who never came to a clinic or returned a declination form?	If you were unable to confirm a HCW's influenza vaccination status for any reason, he/she should be counted in the "unknown" category.
If I use a survey to collect the numerator information, how should persons who did not respond to the survey be counted?	If your facility decides to use a survey to collect vaccination status, HCP who do not respond to the survey should be counted in the “unknown” category. The measure was not pilot-tested for use with a survey, and facilities are strongly encouraged to track influenza vaccination data from written records instead of using a survey. Surveys should never be used to collect denominator data.