

### General FAQs: CMS Reporting Requirements

<b>Which groups are required to be reported to CMS?</b>	CMS requires reporting on three categories of healthcare personnel (HCP): employees (regardless of patient contact), licensed independent practitioners (non-employee physicians, advanced practice nurses, and physician assistants), and adult students/trainees and volunteers (aged 18 and over). In other words, there is one category pertaining to all employees, and two separate categories of non-employees. NHSN also includes a space to enter data on influenza vaccination coverage among contract workers, but currently these data are NOT required by CMS and are optional according to the NHSN protocol. Facilities wishing to track influenza vaccination rates among their contract personnel, can choose to use this optional reporting capacity.
<b>Which data collection forms are facilities required to complete for reporting HCP influenza vaccination summary data?</b>	<p>In order to report HCP influenza vaccination summary data, staff members all facilities must complete two required forms: 1) the <b>HCP Safety Monthly Reporting Plan Form</b>; and 2) the <b>HCP Influenza Vaccination Summary Form</b>.</p> <p>In addition to these two forms, dialysis centers that do not provide in-center hemodialysis are required to complete a third form before they can enter HCP influenza vaccination summary data. This form is called the <b>Home Dialysis Center Practices Survey</b>. The survey captures information about various topics such as surveillance practices, vaccination, and vascular access.</p> <p>The Seasonal Survey on Influenza Vaccination Programs for HCP is <u>not</u> required at this time. However, facilities are encouraged to complete this short survey, as the information will be very helpful for CDC.</p>
<b>Are the data reporting timeframes the same for the denominator and numerator?</b>	The timeframes for the denominator and numerator are different. The denominator includes HCP who are physically present in the healthcare facility for at least 1 working day from October 1 through March 31, because October 1 through March 31 is the reporting period. The numerator timeframe begins “as soon as vaccine is available.” Therefore, vaccinations given any time during the influenza season from the time that vaccine is available at a facility through March 31 should be reported. For example, if a HCW was vaccinated in September but then ceased to work at the facility before October 1, he/she would not be counted. However, a vaccination given in September would be counted for a HCW who physically works at the facility for at least 1 day from October 1 through March 31. The reason the numerator and denominator cover different timeframes is to account for potential delays in vaccine availability.



<p><b>What is the monthly reporting plan in NHSN?</b></p>	<p>The monthly reporting plan indicates to the NHSN system which modules and protocols a user intends to follow for surveillance purposes in a specific month. The plan must be completed before data are entered for that month. Monthly reporting plans must be created or updated to include HCP influenza vaccination summary reporting, i.e., HCP influenza vaccination must be “in-plan” in order for data to be shared with CMS. Once the “Influenza Vaccination Summary” box is checked on a monthly reporting plan, then the system will auto-check that same box on every monthly reporting plan throughout the entire NHSN-defined influenza season (defined as the 12 months from July 1 – June 30).</p>
<p><b>Do I need to report data each month?</b></p>	<p>HCP influenza vaccination summary reporting in NHSN consists of a single data entry screen per influenza season, and this can be entered at any time during the influenza season, which is defined by NHSN as July 1 to June 30. Therefore, monthly reporting in NHSN is not required, and entering a single influenza vaccination summary report at the end of the reporting period for the influenza season will meet the minimum data requirements for NHSN participation. However, CDC/NHSN encourages that HCP influenza vaccination summary counts be updated on a monthly basis so they can be used at the facility level to impact influenza vaccination activities. For the purposes of fulfilling CMS quality measurement reporting requirements, the summary report will only be submitted once to CMS.</p>
<p><b>How long will facilities be able to edit the vaccination data?</b></p>	<p>For the purposes of fulfilling CMS quality measurement reporting requirements, the HCP influenza vaccination summary report for each influenza season must be entered no later than May 15. In other words, each facility’s HCP influenza vaccination summary data must be entered into NHSN by May 15 for data to be shared with CMS. However, the influenza season is defined by NHSN as July 1 to June 30. Facilities can edit data any time after May 15, but these changes will <u>not</u> be sent to CMS. In addition, changes after June 30 of an influenza season may not be used for national reporting by CDC for that season.</p>
<p><b>When is the deadline for submitting data to CMS?</b></p>	<p>To meet CMS requirements, the HCP influenza vaccination summary data report must be entered into NHSN no later than May 15 for each influenza season. Reporting facilities will be able to edit their data after May 15, but revised data will not be sent to CMS.</p>
<p><b>I have entered my HCP influenza vaccination data into NHSN. How can I confirm that my data were entered correctly and will be transmitted to CMS?</b></p>	<p>Facilities can review step-by-step instructions on how they can confirm their data submission by accessing the following document: (We will include a link to this document once it has been posted on the NHSN website.)</p>



<b>General FAQs: Data Reporting</b>	
<b>What identity proofing documents are required for the Secure Access Management Services (SAMS) process?</b>	Users submit identity proofing documentation as part of the SAMS process. This includes an identity verification form and supporting documents (i.e., driver's license, passport). More information about the SAMS process can be found here: <a href="http://www.cdc.gov/nhsn/sams/about-sams.html">http://www.cdc.gov/nhsn/sams/about-sams.html</a> .
<b>What do I have to do to report to NHSN for the HCP Influenza Vaccination Summary Measure?</b>	Facilities reporting to NHSN for the HCP Influenza Vaccination Summary Measure must follow the HCP Vaccination Module: Influenza Vaccination Summary Protocol ( <a href="http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf">http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf</a> )
<b>Where can I find training on collecting HCP influenza vaccination summary data?</b>	CDC conducted live training webinars for facilities on the HCP Vaccination Module for the 2014-2015 influenza season in August 2014. PowerPoint slides and a recording of this training are available at: CDC's Vaccines & Immunizations webpage ( <a href="http://www2.cdc.gov/vaccines/ed/nhsn/">http://www2.cdc.gov/vaccines/ed/nhsn/</a> ).
<b>Does NHSN require data to be reported on each individual employee?</b>	No. Facilities are required to report summary-level data and not individual-level data. Therefore, information such as demographic data on employees is not required.
<b>I have logged into my NHSN facility, but I do not have the option to add a monthly reporting plan or enter HCP influenza vaccination data on the left-hand navigation bar. How can I enter my data?</b>	This is most likely because your NHSN Facility Administrator has not conferred the proper user rights to you. You would need to contact your Facility Administrator so that he/she can confer the proper rights for you to view and enter data in the Healthcare Personnel Safety Component.
<b>The HCP Influenza Vaccination Summary Form in NHSN defines the influenza season as July 1 to June 30. Does this mean that my facility is required to report on twelve months of data when we do not vaccinate for all twelve months?</b>	No. Although influenza may occur any time of the year, you should report data for the period specified in the NHSN protocol, which is from October 1 through March 31 for the denominator, including all vaccinations given during the influenza season in the numerator. The July 1 to June 30 time period is used by NHSN to clearly define the end of one influenza season and the beginning of the next influenza season.
<b>Which month and year should I select on the monthly reporting plan for the HCP Vaccination Module?</b>	You can select any month within the current influenza season. Therefore, it is fine if you enter a single summary data report for one month (e.g., March 2015). Unlike the other NHSN components and modules, when "Influenza Vaccination Summary" is selected on one reporting plan, the information is automatically updated on all reporting plans for the entire influenza season as defined by NHSN (which is July 1 to June 30). Therefore, adding other reporting plans after the initial plan has been added for that influenza season is <u>not</u> necessary.
<b>If my facility reported influenza vaccination summary data for the 2016-2017 influenza season, do I need to create another monthly reporting plan for the 2017-2018 influenza season?</b>	Yes, a monthly reporting plan must be completed once for each influenza season. You will not be able to enter or save any influenza vaccination summary data until you create a monthly reporting plan for that influenza season.



<p><b>When trying to enter data in NHSN, why do I receive an error message stating that a “plan does not exist with Influenza Vaccination Summary for Flu Season entered?”</b></p>	<p>You are receiving this message because you have not added a monthly reporting plan. Note that a monthly reporting plan must be added in order to report the Influenza Vaccination Summary data. To add this plan, click “Reporting Plan” and then “Add” on the NHSN navigation bar after logging in to the Healthcare Personnel Safety Component. Next, select a month and year from the dropdown menus; you can select any month and year during the current influenza season. Then, check the box next to “Influenza Vaccination Summary” under the “Healthcare Personnel Vaccination Module” and click “Save.” You can then proceed to enter your influenza vaccination summary data.</p>
<p><b>Can facilities review the data that are entered into NHSN by each month?</b></p>	<p>No. Each time a user enters updated data for a particular influenza season, all previously entered data for that season will be overwritten and a new modified date will be auto-filled by the system. For example, aggregate vaccination data entered at the end of November would include summed data from both October and November. You should be entering cumulative data into NHSN, as the system does not add the numbers each month. Facilities wishing to maintain monthly records should save their own copies of each data entry.</p> <p>Monthly reporting in NHSN is not required, and entering a single influenza vaccination summary report at the end of the reporting period for the influenza season will meet the minimum data requirements for NHSN participation. However, CDC/NHSN encourages that HCP influenza vaccination summary counts be updated on a monthly basis so they can be used at the facility level to impact influenza vaccination activities.</p>
<p><b>How can I modify the HCP influenza vaccination summary data that have been entered in NHSN?</b></p>	<p>To edit the data, first click “Edit” at the bottom of the HCP influenza vaccination summary data entry screen. Next, you will proceed to enter the updated data. Once this is complete, you must save the updated data by clicking the “Save” button at the bottom of the screen. You should then see a message at the top of your screen confirming that your data have been saved.</p>
<p><b>Is each facility required to calculate vaccination percentages when using the NHSN module?</b></p>	<p>No. Facilities will not need to calculate vaccination percentages. You will only need to enter the number of HCP that fall into the numerator and denominator categories. The system will calculate the percentage for vaccination coverage for you.</p>
<p><b>Can I create reports with the HCP influenza vaccination summary data I entered in NHSN?</b></p>	<p>Yes. Facilities can view data and run reports on their HCP influenza vaccination summary data within NHSN. To view data, you should go into the Healthcare Personnel Safety Component. After generating a new data set, go to “Output Options” under “Analysis” on the navigation bar. You will see several folders on the screen; click on “HCW Vaccination Module,” “Influenza,” and “CDC Defined Output.” (Please note that IRF units within acute care facilities should click on “HCW Vaccination Module,” “Influenza,” “IRF Influenza” and</p>



	“CDC Defined Output.”) To view the default output, click “Run” to view line listings, bar charts, and pie charts.
<b>My facility would like to track influenza vaccination for nurses. Is there are way we can track this group separately in NHSN?</b>	Yes, you can use the Custom Field option in NHSN to track specific healthcare worker level data that you would like to collect and analyze consistently.
<b>When using the group function, why am I unable to view the HCP influenza vaccination data for all influenza seasons?</b>	You need to make sure your user rights are defined so that you are able to view the HCP influenza vaccination data for all influenza seasons. Please contact your Facility Administrator for more information about your user rights. Group Users can also define which influenza season data are available in NHSN. On the “Define Rights- Healthcare Personnel” page in NHSN (Facility > Define Rights), Group Users can select the appropriate influenza seasons to appear in the Group’s data.
<b>I oversee several facilities, and I would like to set up a group function to view data for these facilities in NHSN. How can I accomplish this?</b>	Resources and instructions on the group function in NHSN can be found at the following links: <a href="https://www.cdc.gov/nhsn/group-users/index.html">https://www.cdc.gov/nhsn/group-users/index.html</a> and <a href="https://www.cdc.gov/nhsn/group-users/enroll-group-user.html">https://www.cdc.gov/nhsn/group-users/enroll-group-user.html</a> .
<b>Who do I contact for questions related to NHSN reporting?</b>	Questions should be sent via e-mail to <a href="mailto:NHSN@cdc.gov">NHSN@cdc.gov</a> . Please include “HPS Flu Summary” in the subject line of the e-mail and specify your facility type, as this will help us to better assist you. For example, an acute care facility sending a question to NHSN would have “HPS Flu Summary-Acute Care” in their e-mail subject line.

<b>General FAQs: Denominator-specific</b>	
<b>What types of nurses are counted as licensed independent practitioners?</b>	All advanced practice nurses should be included in the licensed independent practitioner category. Advanced practice nurses include nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists.
<b>What types of HCP are included in the “other contract personnel” category?</b>	A suggested list of contract personnel who might work in a healthcare facility is located in Appendix A of the Healthcare Personnel Vaccination Module: Influenza Vaccination Summary Protocol ( <a href="http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf">http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf</a> ).
<b>Should employees who always work off-site or out-of-state be counted, such as employees practicing telemedicine?</b>	No. Only HCP physically working at the healthcare facility for at least 1 day from October 1 through March 31 are included.



<p><b>Should I count HCP who are not working with patients, but because of staff meetings, etc. are physically in the facility?</b></p>	<p>You should count HCP who physically work in the facility, who perform any work duty in the facility for at least 1 day from October 1 through March 31, and who meet protocol definitions, regardless of clinical responsibility or patient contact. For example, you should count a healthcare worker (HCW) who has official responsibilities in the facility for at least 1 day from October 1 through March 31, such as attending regularly scheduled meetings. However, you would not need to count HCP who are not officially in the facility for work duties (e.g., coming into the facility for lunch, etc.).</p>
<p><b>My healthcare system has two facilities, A and B. If a HCW works at facility A for 1 day during the influenza season and works at facility B for 15 days during the influenza season, should I count the HCW in the influenza vaccination summary data for both facilities?</b></p>	<p>Yes, all employees, non-employee licensed independent practitioners, and non-employee adult students and volunteers who physically work at the facility for at least 1 day from October 1 through March 31 should be counted, for <u>each</u> facility where they work. Therefore, you would count the individual in your influenza vaccination summary data reporting for facility A and facility B. These reports describe influenza vaccination rates among HCP working at a specific facility. In order for this to be accurate, all eligible HCP must be counted by each facility where they work.</p>
<p><b>There are three facilities within our healthcare system. Can I collect and enter the HCP influenza vaccination summary data as a system since many of our staff members work at multiple facilities?</b></p>	<p>No, each of the system’s facilities need to be enrolled as separate facilities in NHSN and need to report their influenza vaccination summary data separately. If a HCW physically works in multiple facilities in the healthcare system for at least 1 day from October 1 through March 31, this individual should be counted in the total number of HCP for each facility where he/she works.</p>
<p><b>Should I count an employee who starts working at my facility after October 1, or leaves their position after October 1?</b></p>	<p>Yes. All employees, non-employee licensed independent practitioners, and non-employee students and volunteers aged 18 and older who physically work at the facility for at least 1 day from October 1 through March 31, regardless of exact stop and start dates, should be counted.</p>
<p><b>In the protocol for the HCP Influenza Vaccination Summary, licensed independent practitioners are defined as physicians, advanced practice nurses, and physician assistants who are affiliated with the reporting facility, but are not directly employed by it, regardless of clinical responsibility or patient contact. What does it mean when HCP are “affiliated” with a facility?</b></p>	<p>HCP who are affiliated with the healthcare facility are those who perform a work duty in the facility, but are not directly employed by the facility (i.e., they do not receive a paycheck from the facility).</p>
<p><b>How is a facility owner, particularly a physician owner, categorized?</b></p>	<p>Any owner, even a physician owner, is categorized as an “employee” and included in this measure if he/she is present in the facility for at least 1 day from October 1 through March 31.</p>





<b>Should physician fellows and residents be included?</b>	Yes. Physician fellows (post-residency) are categorized as licensed independent practitioners, unless they are paid directly by the facility, in which case they are employees. Residents and interns not on the facility's payroll are categorized as students/trainees.
<b>When are licensed independent practitioners counted as "employees" and when are they counted as "licensed independent practitioners"?</b>	An "employee" is anyone on the payroll and receiving a paycheck from the facility. Regardless of their job duties, if they work at the facility for at least 1 day from October 1 through March 31, these HCP are reported as "employees." The remaining licensed independent practitioners working at the facility for at least 1 day from October 1 through March 31 who do not receive a paycheck directly from the facility should be counted in the "non-employee, licensed independent practitioners" category which includes physicians, advanced practice nurses, and physician assistants. Post-residency fellows are also included in this category, unless they are paid directly by the facility, in which case they are employees.
<b>Would you count a licensed independent practitioner who rarely comes into a facility during the influenza season?</b>	He/she would be included in the measure if he/she works in the facility for at least 1 working day from October 1 through March 31.
<b>Should you count licensed independent practitioners who work in the facility under a contract?</b>	Yes. It is necessary to track contract physicians, advanced practice nurses, and physician assistants and report them as licensed independent practitioners. Other types of contract personnel who do not fall into the licensed independent practitioner category can be reported in the optional "other contract personnel" category, if desired.
<b>Are other licensed contract workers/non-employees such as nurses, technicians, therapists, etc. reported?</b>	Non-employee licensed or credentialed providers other than physicians, advanced practice nurses, and physician assistants who work under a contract with the facility are not required to be reported, but can be reported in the optional "other contract personnel" category, if desired.
<b>Are contractors such as housekeeping staff, environmental services staff, construction workers, etc. required to be included?</b>	No. Non-licensed contract personnel can be reported in the optional "other contract personnel" category, if desired.
<b>Vendors or sales representatives occasionally come into my facility, and may be present during surgeries or other patient care activities. Should we count these vendors in the optional, other contract personnel category?</b>	No. Vendors are not considered to be HCP for the purposes of NHSN HCP influenza vaccination summary reporting, since their primary role is to sell a product or service rather than to provide care or services to patients. Therefore, vendors would not be counted in your data, including the other contract personnel category.
<b>Should students who work a half-day shift for one day during the reporting period be included?</b>	Yes. You would count the students since they worked at least 1 day from October 1 through March 31. Working any part of a day counts as working 1 day.
<b>Would you count instructors who accompany students to a healthcare facility if the instructors do not otherwise work at the facility?</b>	Yes, you would count these individuals in your HCP influenza vaccination summary data as adult students/trainees and volunteers since they are in the facility to provide instruction to the students/trainees.



<p><b>High school students who are age 18 or older are allowed to volunteer at our facility. Should these students be counted, or do we only report vaccination among health professional students?</b></p>	<p>All students/trainees and volunteers aged 18 and over should be counted if they are physically in the facility for at least 1 day from October 1 through March 31. It does not matter if the student is in high school, college, medical school, etc.</p>
<p><b>How should we count ‘shadowers’ who visit our facility on a short-term basis to explore a possible career in healthcare? Would they be counted as students/trainees? Most of them are not enrolled in school when they visit.</b></p>	<p>You <u>would not</u> count shadowers who are touring the facility since they are not in the facility for a work-related or training-related purpose; however, CDC encourages these individuals to obtain influenza vaccination since they have potential exposure to infectious agents including influenza while in the facility. The students/trainees and volunteers category should include only <u>current</u> medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the facility for work or training purposes (e.g. clinical rotations).</p>
<p><b>Should clergy members be included in the volunteer category of the non-employee group?</b></p>	<p>Yes. If they are physically in the facility for at least 1 day from October 1 through March 31, any unpaid personnel who are in the facility in a formal capacity (board member, auxiliary member, etc.) are considered volunteers.</p>
<p><b>There are some HCP who work in the facility as part-time employees during the day and work as students by night. How should I classify these individuals?</b></p>	<p>The following hierarchy should be used to classify HCP at your facility: if a HCW who works in the facility is on payroll, he/she should be counted as an employee (even if he/she works as a student or volunteer at other times). If a HCW is not on the facility payroll, you should determine whether he/she meets the definition of a licensed independent practitioner. If not, you should finally determine whether the HCW is a student/trainee or volunteer. If none of those are the case, then you do not need to count that particular HCW in your reports of HCP influenza vaccination.</p>
<p><b>My healthcare system uses multiple payroll systems. Should I count corporate employees of the facility who are paid through a corporate payroll in the employee category?</b></p>	<p>Some healthcare systems use multiple payroll systems; for example, certain individuals within a particular facility may be corporate employees paid directly through a corporate payroll, while others at the facility are facility employees paid directly through a facility payroll. For healthcare systems using multiple payroll systems, a facility would only count employees of the facility who are paid directly through a facility payroll. Corporate employees who are not paid directly through the facility payroll would not be counted in the employee category, although they could be counted in the licensed independent practitioner or other contract personnel categories, if they meet protocol definitions for either group. However, if a facility is part of a system that has only one payroll for the entire system, then each facility would count all paid employees in the employee category, if they physically work in that facility for at least 1 day from October 1 through March 31.</p>
<p><b>My facility is part of a multi-facility healthcare system that has one corporate payroll. Each facility</b></p>	<p>Each facility should report the total number of HCP who physically work in that facility. If a HCW physically works in multiple facilities in the healthcare system for at least 1 day from</p>





<b>has its own NHSN number, so how should each facility report its total number of HCP?</b>	October 1 through March 31, this individual should be counted in the total number of HCP for each facility where he/she works.
<b>What does it mean when it is stated that “denominators are to be calculated separately for the three required categories”?</b>	The instruction to calculate the denominator data separately means that a facility is required to count and report the number of employees, licensed independent practitioners, and adult students/trainees and volunteers separately instead of reporting a total number of HCP working at the facility. That way, vaccination status can be determined for each of the three groups. For example, to determine the declination rate for employees, you would divide the number of employees who reported a declination by the total number of employees who worked in your facility for at least 1 day from October 1 through March 31. You would then multiply this by 100 to obtain a percentage.

<b>General FAQs: Numerator-specific</b>	
<b>If a healthcare worker (HCW) was vaccinated at his/her doctor’s office in August, should he/she be included?</b>	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.”
<b>What is acceptable documentation for a HCW vaccinated outside of the healthcare facility?</b>	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.
<b>If a HCW can only be reached by phone, and he/she states they were vaccinated elsewhere, how is this reported?</b>	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.
<b>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”?</b>	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.



<p><b>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?</b></p>	<p>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.</p>
<p><b>What conditions allow categorizing HCP as having a medical contraindication?</b></p>	<p>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>
<p><b>Is documentation required for medical contraindications or vaccine declinations?</b></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><b>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?</b></p>	<p>The volunteer should be categorized as having a medical contraindication. Written documentation is not required for contraindications.</p>
<p><b>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?</b></p>	<p>They are reported as “declined to receive the influenza vaccine.”</p>
<p><b>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?</b></p>	<p>For this measure, vaccination with LAIV4 is medically contraindicated for the following groups: persons aged &gt;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>
<b>How should I categorize a pregnant HCW who states that her provider recommended against influenza vaccination?</b>	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 receive the influenza vaccine.”
<b>What is the distinction between the “declined, deferred all reporting period” and “unknown” categories?</b>	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.
<b>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?</b>	They are reported as “declined to receive the influenza vaccine.”
<b>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?</b>	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.
<b>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?</b>	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.
<b>How should I categorize HCP who never came to a clinic or returned a declination form?</b>	If you were unable to confirm a HCW's influenza vaccination status for any reason, he/she should be counted in the "unknown" category.
<b>If I use a survey to collect the numerator information, how should persons who did not respond to the survey be counted?</b>	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.

