

Guidance on Tracking and Reporting Health Care Personnel Seasonal Influenza Vaccination 2020-2021

Since 2015, IHS has had a mandatory policy to promote vaccination of health care personnel (HCP) with seasonal influenza vaccine, and to track influenza vaccine coverage among HCP employed in IHS, Tribal and Urban Indian facilities. For the 2019-2020 influenza season, we collected data on the seasonal vaccine coverage for 22,926 HCP and achieved an 89.0% coverage level for all I/T/U's; which is 94.8% for IHS facilities, 86.7% for Tribal facilities, and 86.1% for Urban facilities respectively. The full report on IHS HCP influenza vaccine coverage can be found at: <https://www.ihs.gov/epi/immunization-and-vaccine-preventable-diseases/statistics-and-reports>.

IHS adopted the National Quality Forum (NQF) Healthcare Personnel influenza vaccination measure and reporting process. The Centers for Medicare and Medicaid Services (CMS) has adopted this measure, and a subset of CMS sites (IPPS hospitals) are required to report using this measure. For the purposes of this initiative, HCP is defined as **any civil service employees, Commissioned Corps personnel, contract staff, temporary employees, students, and volunteers whose duties and responsibilities require them to work permanently, temporarily or occasionally in an IHS health care facility, regardless of their job category or level of patient contact.** This includes security, housekeeping, CHRs, medical records clerks, administrative staff, etc. The personnel groups are broken into 4 different categories and data are collected separately on each group (see sample reporting form listed below). Each facility will be asked to provide the total number of HCP in their facility by group, and how many were vaccinated, had an approved medical exemption (policy states that medical exemptions require approval of exemption based on medical contraindication), had an approved religious exemption, refused the seasonal influenza vaccine or had an unknown vaccination status. In addition, we will be asking four questions related to methods used for tracking, vaccine supply, and compliance with the IHS Mandatory Influenza policy. The IHS Mandatory Influenza policy can be found at the following website: <https://www.ihs.gov/ihs/circulars/2016/mandatory-seasonal-influenza-immunizations-for-civilian-health-care-personnel/>

Below is an example of the information we will be requesting from each facility. The 1st report will be **DUE ON JANUARY 22, 2021**, and should reflect influenza vaccines given through December 31, 2020. A second report to capture vaccines given through March 31, 2021 will be **DUE ON APRIL 22, 2021**. The web-based reporting module in the National Immunization Reporting System (NIRS) will be used to submit the data. Information on accessing the NIRS system can be found at the following website under Vaccine Preventable Diseases-Resources, IHS Immunization Software Resources: <https://www.ihs.gov/epi/immunization-and-vaccine-preventable-diseases/resources-for-providers>. We have also developed an Excel spreadsheet to assist sites in tracking influenza coverage. There are 2 worksheets – the TRACKING worksheet can be used by the facility to enter employee names and document receipt, approved medical exemption, approved religious exemptions, unknown vaccination status, and refusals for the vaccine. This worksheet should NOT be sent for reporting – it is a tool for on-site tracking. At the end of the reporting period, enter the TOTAL number of responses for each category on the 2nd worksheet, entitled “Report Form”. You can then enter these data directly into NIRS or send it to your Area Immunization Coordinator.

Thank you for your support for this initiative – we welcome your feedback and thoughts on how to assist you with this initiative to make it even more successful than last year!

Sample Reporting Form

Healthcare Personnel (HCP) Influenza Reporting Form

Please complete and send this form to your Area contact by **JANUARY 22, 2021** and **APRIL 22, 2021**

Name of person reporting: _____
Facility Name: _____
Facility Type (IHS, Tribal or Urban): _____
Report Date: _____

Please enter information regarding the influenza vaccination status of all your HCP.

HCP Categories	Employee HCP	Non-Employee HCP			Total HCP
	Employees (Staff on facility payroll, including Commissioned Corps personnel)	Licensed independent practitioners: Physicians, advanced practice nurses & physician assistants	Adult students/trainees & volunteers	Other Contract Personnel	
Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31 *1st Quarter: Oct. 1st to Dec. 31st *2nd Quarter: Oct. 1st to Mar. 31st					0
Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season					0
Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season					0
Number of HCP who have a Medical Contraindication					0
Number of HCP who have a Religious Exemption					0
Number of HCP who refused to receive the influenza vaccine					0
Number of HCP who did not receive the influenza vaccine due to medical contraindication, religious exemption or refusal.	0	0	0	0	0
Number of HCP with unknown vaccination status (or criteria not met for questions 14-19 above)					0

Additional Questions:

To help us with our on-going efforts to monitor and increase HCP influenza vaccination coverage, please answer the following questions.
 [Please place an X next to your answer]

1. What method did you use to monitor HCP influenza vaccination coverage?
 _____ Manual
 _____ RPMS
 _____ Other Electronic Health Record/Database

2. Did your facility receive sufficient vaccine to vaccinate all your HCP?
 _____ YES
 _____ NO
 _____ N/A

3. How many HCP received disciplinary action for refusal to comply with the IHS mandatory flu policy? _____

4. How many HCP left the facility because they did not want to comply with the IHS mandatory flu policy? _____