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California Department of Public Health



ARNOLD SCHWARZENEGGER
Governor

October 14, 2010

AFL 10-35

TO: General Acute Care Hospitals

SUBJECT: Mandatory Reporting of Influenza Vaccination/Declination of Hospital Personnel

AUTHORITY: Senate Bill (SB) 739 (Speier, Chapter 526, Statutes of 2006)
Health and Safety Code Section 1288 et. Seq.

This letter is being sent to remind hospitals of the statutory reporting requirements for reporting influenza vaccinations of hospital personnel and to inform hospitals of the CDC recommendations for healthcare personnel vaccination programs.

Statutory Requirements

Health and Safety Code Section 1288.5 et seq. requires California general acute care hospitals (GACHs) to report influenza vaccination and declination rates to the California Department of Public Health (CDPH). The law requires that each hospital annually offer onsite influenza vaccinations, if available, to all hospital employees at no cost to the employee. Each GACH must require its employees to be vaccinated, or if the employee elects not to be vaccinated, to declare in writing that he or she has declined the vaccination.

Health and Safety Code Section 1288.8(b) requires that each hospital report to the department on its implementation of infection surveillance and infection prevention process measures that have been recommended by CDC. This includes the reporting of the influenza vaccination status of **all** healthcare personnel (HCP). The department is required to make this information public. The Centers for Disease Control and Prevention (CDC) clarifies the term "HCP" refers to all paid and unpaid persons working in health-care settings who have the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g. clerical, dietary, housekeeping, maintenance,

and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP.

AFL 10-29 contains forms which can be used to comply with these reporting requirements and can be located at:

<http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-10-29.pdf>

CDC Recommendations

The CDC recommendations are as follows (Influenza Vaccination of Health-Care Personnel, MMWR February 24, 2006 / 55(RR02);1-16, <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm>):

- Educate HCP regarding the benefits of influenza vaccination and the potential health consequences of influenza illness for themselves and their patients, the epidemiology and modes of transmission, diagnosis, treatment, and nonvaccine infection control strategies, in accordance with their level of responsibility in preventing health-care-associated influenza (category IB).
- Offer influenza vaccine annually to all eligible HCP to protect staff, patients, and family members and to decrease HCP absenteeism. Use of either available vaccine (inactivated and live, attenuated influenza vaccine [LAIV]) is recommended for eligible persons. During periods when inactivated vaccine is in short supply, use of LAIV is especially encouraged when feasible for eligible HCP (category IA).
- Provide influenza vaccination to HCP at the work site and at no cost as one component of employee health programs. Use strategies that have been demonstrated to increase influenza vaccine acceptance, including vaccination clinics, mobile carts, vaccination access during all work shifts, and modeling and support by institutional leaders (category IB).
- Obtain a signed declination from HCP who decline influenza vaccination for reasons other than medical contraindications (category II).
- Monitor HCP influenza vaccination coverage and declination at regular intervals during influenza season and provide feedback of ward-, unit-, and specialty-specific rates to staff and administration (category IB).
- Use the level of HCP influenza vaccination coverage as one measure of a patient safety quality program (category II).

Failure to comply with the aforementioned reporting requirements may result in a deficiency. Facilities are responsible for following all applicable laws. CDPH's failure to expressly notify facilities of legislative changes does not relieve facilities of their responsibility for following all laws and regulations. Facilities should refer to the full text of all applicable sections of the HSC and Title 22 of the California Code of Regulations.

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If you have any questions regarding data reporting please see AFL 10-29 or contact your respective District Office.

Thank you for your cooperation.

Sincerely,

Original Signed by Kathleen Billingsley, R.N.

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