



**West Virginia Health Care Authority**

**Healthcare-Associated Infection  
Public Reporting Program**

**2014**

**Healthcare Personnel Safety  
Influenza Graphs - 2014  
for 2012-2013 Season**

**Earl Ray Tomblin  
Governor**

**James L. Pitrolo, Board Chair  
West Virginia Health Care Authority**

**West Virginia Health Care Authority**  
**Healthcare-Associated Infection Public Reporting Program**  
**2014 Seasonal Influenza Graphs**

**West Virginia Health Care Authority Board**

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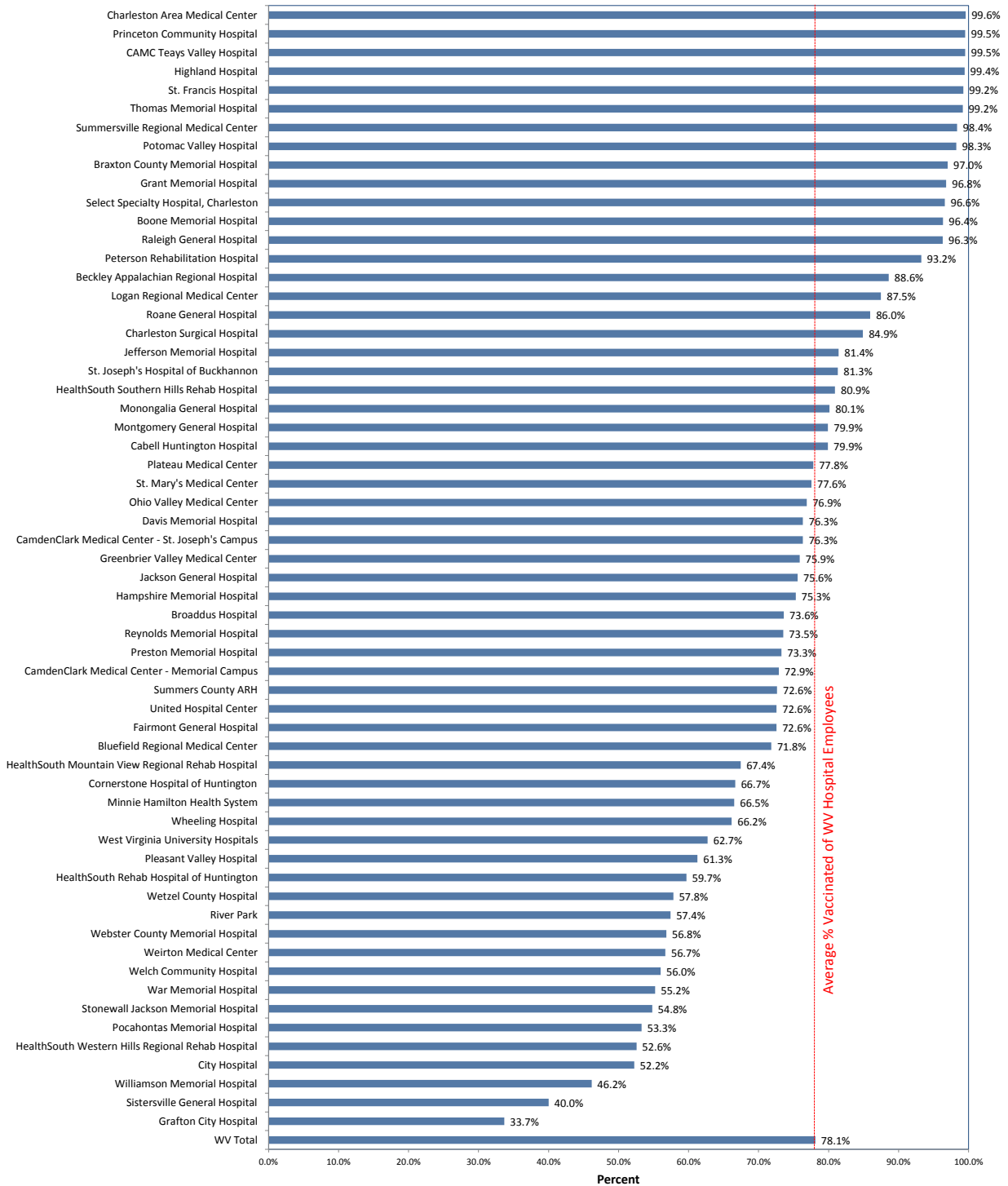
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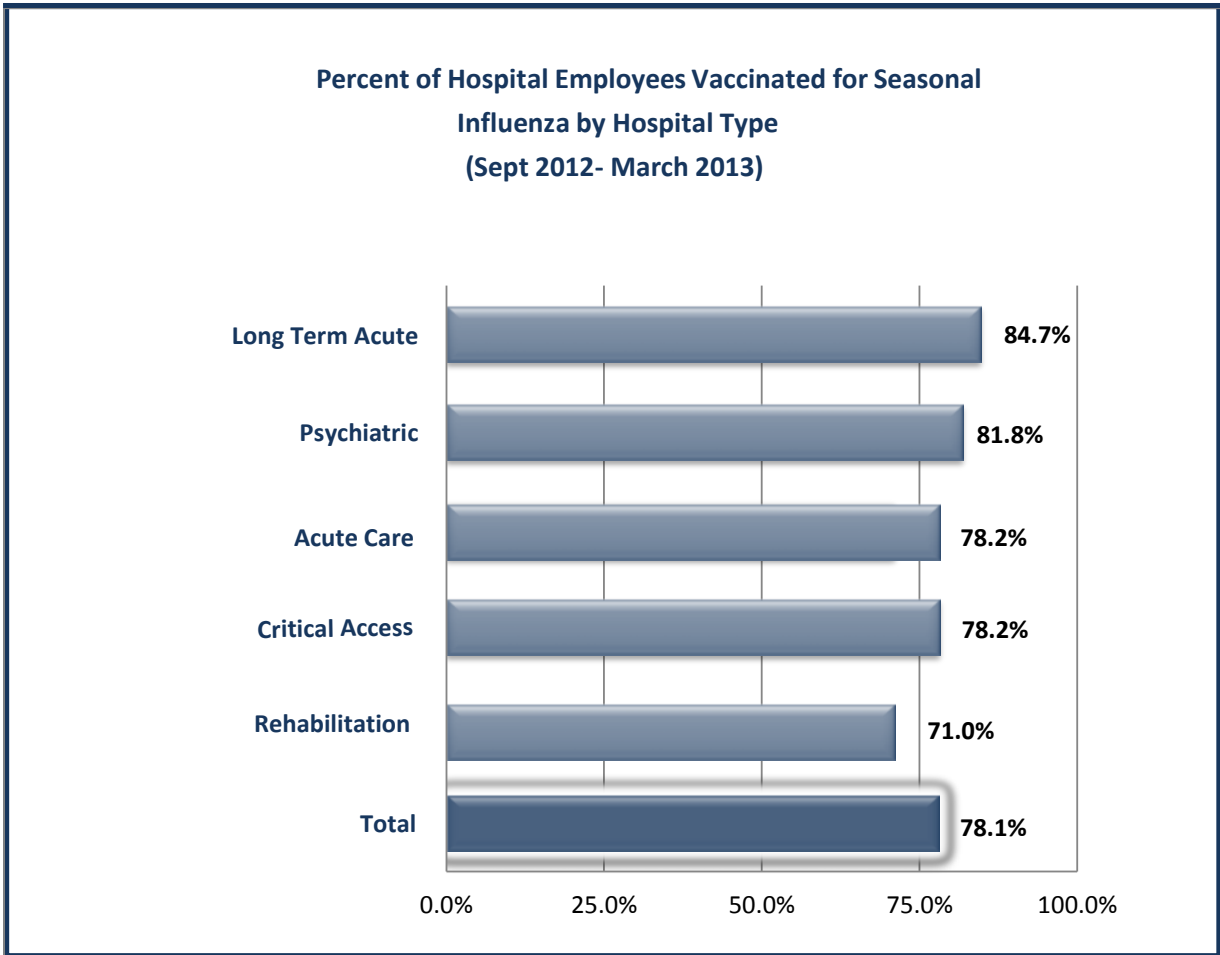
Figure 4

**West Virginia Healthcare-Associated Infection Public Reporting  
Percent of Hospital Employees Vaccinated For Seasonal Influenza  
September 2012 - March 2013**



Note: Results may not be directly comparable across time due to differences in data reporting methodologies. The 2010-2011 and 2011-2012 data represent vaccinations among personnel employed at any time during the influenza season, regardless of length of employment. Personnel that terminated employment prior to being vaccinated are included in the results. The 2012-2013 data was collected through and using NHSN methodologies. Therefore, the results may not represent the vaccination rate among current personnel.  
West Virginia Healthcare Authority, August 2013

**Figure 5**



## West Virginia Healthcare-Associated Infection Public Reporting Hospital Seasonal Influenza Vaccination Survey Results

West Virginia Health Care Authority • August 15, 2013

Question	Response	2012-2013
		% (# Hospitals)
1. Which personnel groups are included in your facility's annual influenza vaccination campaign? <i>(check all that apply)</i>	Full-time employees	100% (60)
	Part-time employees	100% (60)
	Non -employee physicians	82% (49)
	Non -employee advanced practice nurses	73% (44)
	Non -employee physician assistants	70% (42)
	Students and trainees	75% (45)
	Adult volunteers	77% (46)
	Other, specify: _____	30% (18)
2. Are healthcare personnel at your facility required to pay out-of-pocket costs for influenza vaccination received at your facility?	Yes	2% (1)
	No	98% (59)
2a. If yes, how much do each of the following groups need to pay for influenza vaccination?	Full-time employees	\$0.00
	Part-time employees	\$0.00
	Non -employee physicians	\$25.00
	Non -employee advanced practice nurses	\$25.00
	Non -employee physician assistants	\$25.00
	Students and trainees	\$25.00
	Adult volunteers	\$0.00
	Other, specify: _____	\$0.00
3. Which of the following methods is your facility using this influenza season to deliver vaccine to your healthcare personnel? <i>(check all that apply)</i>	Have mobile vaccination carts	73% (44)
	Provide vaccination in Occupational/Employee Health	90% (54)
	Provide vaccination in wards, clinics, cafeterias, or common areas	82% (49)
	Provide vaccination during nights and weekends	92% (55)
	Provide vaccination at any meetings or grand rounds	57% (34)
	Provide visible vaccination of any key personnel/leadership	48% (29)
	Other, specify: _____	12% (7)
	None of the above	0
4. Which of the following strategies does your facility use to promote/enhance healthcare personnel influenza vaccination at your facility? <i>(check all that apply)</i>	Send vaccination reminders by mail, e-mail, and/or pager	85% (51)
	Coordinate vaccination with other annual programs(e.g. tuberculin skin testing)	33% (20)
	Require receipt of vaccination for credentialing (if no contraindications)	7% (4)
	Require receipt of vaccination as a condition of employment	17% (10)
	Advertise vaccination with a campaign including posters, flyers, buttons, and/or fact sheets	95% (57)
	Provide education on the benefits and risks of vaccination	95% (57)
	Track unit-based vaccination rates for some or all units/departments	60% (36)
	Plan to provide feedback on vaccination rates to facility administration	83% (50)
	Provide incentives for vaccination	38% (23)
	Track vaccination on a regular basis for targeting purposes	58% (35)
	Other, specify: _____	5% (3)
No formal promotional activities are planned	0	
5. Does your facility require healthcare personnel who receive off-site influenza vaccination to provide documentation of their vaccination status?	Yes	87% (52)
	No	13% (8)
5a. If yes, what type of documentation is acceptable? <i>(check all that apply)</i>	Receipt or other proof of purchase from pharmacy or other vaccinator	69% (36)
	Insurance claim for receipt of influenza vaccination	21% (11)
	Note from person or organization that administered the vaccination	77% (40)
	Handwritten statement or e-mail from healthcare worker	33% (17)
	Signature of healthcare worker on standard facility form attesting to vaccination	54% (28)
	Other, specify: _____	8% (4)
6. What does your facility require from healthcare personnel who refuse influenza vaccination? <i>(check one)</i>	Standardized paper or electronic declination form completed by healthcare worker	77% (46)
	Reading a statement about the risks of non-vaccination (no signature required)	3% (2)
	Verbal declination of vaccination by healthcare worker	5% (3)
	Facility does not track vaccine declinations	3% (2)
	Other, specify: _____	12% (7)