

Use these materials for your healthcare personnel influenza vaccination campaign

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First do no harm Protect patients by making sure all staff receive yearly influenza vaccine!

Healthcare employers are not only strongly encouraged to increase their employees' influenza immunization rates, in some instances, their organization's accreditation depends on it! The Centers for Disease Control and Prevention (CDC) published recommendations for healthcare settings, and the Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) has established influenza infection control standards.

Big changes have taken place in influenza vaccination of healthcare personnel (HCP). The responsibility for increasing the rates of HCP influenza vaccination is rapidly shifting from the employee to the employer.

What's happened?

At CDC: In February 2006, CDC published "Influenza Vaccination of Health-Care Personnel." These recommendations "apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, long-term care centers, urgent care centers, home healthcare, and emergency medical services." They were issued jointly by HCPAC (the Healthcare Infection Control Practices Advisory Committee) and ACP (the Advisory Committee on Immunization Practices). The summary box in the right column presents an overview, including the new infection control standard of the Joint Commission at the work site at no cost. To obtain a copy of the complete recommendations, go to: www.cdc.gov/mmwr/PDF/nr506.pdf.

At the Joint Commission: In January 2007, a new infection control standard of the Joint Com-

The committees that developed and endorsed these recommendations included persons with expertise in infectious diseases, public health, internal medicine, and public health. The recommendations are as follows:

- **Educate HCP regarding the benefits of influenza vaccination.** The 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.
- **Offer influenza vaccine annually to all eligible HCP** to protect staff, patients, and family members and to decrease the risk of influenza illness. An eligible vaccine (inactivated [TIV] or live attenuated influenza vaccine [LAIV]) is recommended for eligible persons. During periods when TIV is in short supply, use of LAIV is especially encouraged when feasible for eligible HCP.
- **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 vaccination rates, such as:
 - offering vaccination during all work shifts, and modeling and support by institutional leaders,
 - offering vaccination in mobile clinics, mobile carts, vaccination access during all work shifts, and modeling and support by institutional leaders,
 - offering vaccination in mobile clinics, mobile carts, vaccination access during all work shifts, and modeling and support by institutional leaders.
- **Obtain a signed declination form from HCP who decline influenza vaccination** for reasons other than medical contraindications.
- **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.
- **Use the level of HCP influenza vaccination coverage as one measure of a patient-safety quality program.**

Practical resources for vaccinating HCP against influenza

- Centers for Disease Control and Prevention**
Read "Influenza Vaccination of Health-Care Personnel" at www.cdc.gov/mmwr/PDF/nr506.pdf. See CDC's influenza web page: www.cdc.gov/flu.
- National Influenza Vaccine Summit (NIVS)**
Workers home page: www.preventinfluenza.org/profs_workers.asp.
- The Joint Commission**
"Strategies for Implementing Successful Influenza Immunization Programs for Health-Care Personnel" at www.jointcommission.org/patientSafety/InfectionControl/07_monograph.htm.
- U.S. Dept. of Health & Human Services (HHS)**
See the HHS "Health Care Personnel Initiative to Improve Influenza Vaccination Toolkit" at www.govtoprograms/initiatives/vacc-stoolkit.
- Immunization Action Coalition**
Get these IAC print materials online:
Vaccine to Adults: www.immunize.org/catg.d/p3074.pdf
Screening Questionnaire for Injectable Influenza Vaccine: www.immunize.org/catg.d/p4066.pdf
Screening Questionnaire for Intranasal Influenza Vaccine: www.immunize.org/catg.d/p4069.pdf
"Declination of Influenza Vaccination" form: www.immunize.org/catg.d/p4068.pdf

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Declination of Influenza Vaccination

My employer or affiliated health facility, _____, has recommended that I receive influenza vaccination to protect the patients I serve.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to protect our patients from influenza disease, its complications, and death.
- If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including
 - my patients and other patients in this healthcare setting
 - my coworkers
 - my family
 - my community

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons: _____

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is available.

I have read and fully understand the information on this declination form.

Signature: _____ Date: _____
Name (print): _____
Department: _____

Reference: CDC. Prevention and Control of Seasonal Influenza with Vaccines—Recommendations of ACP. At www.cdc.gov/flu/professionals/acip/index.htm

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