



Hospital Personnel Seasonal Influenza Vaccination Report 2009 - 2010

A report by the
Executive Office of Health and Human Services
Department of Public Health
Healthcare-Associated Infection
Prevention and Control Program

November 2010

Questions about this report should be directed to:

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Acknowledgments

Annual vaccination of all HCP is a matter of patient safety and is necessary to significantly reduce healthcare associated influenza infections. The Massachusetts Department of Public Health would like to acknowledge healthcare personnel (HCP) throughout the Commonwealth who are implementing patient safety practices and policies that will result in 100% annual immunization for all.

Background

In 2006, the Massachusetts legislature enacted the Massachusetts Health Reform Law (Chapter 58 of the Acts of 2006) directing the Massachusetts Department of Public Health (MDPH) and the Betsy Lehman Center for Patient Safety and Medical Error Reduction (the Lehman Center) to develop a statewide healthcare associated (HAI) infection prevention and control program. MDPH and the Lehman Center convened an Expert Panel which helped to guide program development. The Expert Panel process culminated in a final report containing a comprehensive set of best practices as well as recommendations for the reporting of selected process and outcome measures by licensed acute care hospitals. Reporting seasonal influenza vaccination rates of healthcare workers in Massachusetts's acute care hospitals was among the recommended measures.

Since healthcare workers are at high risk of exposure to influenza, vaccination serves to protect them and their loved ones from infection and its consequences. Vaccination of healthcare workers also improves patient safety by protecting patients from exposure to influenza in their care-givers. Finally, vaccination of healthy workers has been shown to reduce worker illness and absenteeism, reducing staff shortages and healthcare costs. All major public health agencies, professional societies and healthcare organizations recommend annual, universal immunization of healthcare workers against influenza.

In adopting the Expert Panel recommendation, MDPH amended the hospital licensure regulations in 2008 to require data collection and reporting of seasonal influenza vaccination levels. The amended regulation states: "Each hospital shall ensure that every employee is vaccinated with seasonal influenza vaccine unless such employee declines vaccination in accordance with 105 CMR 130.325(F)". In 2009, the regulation was further amended to state that "Each hospital shall ensure that all personnel are vaccinated. . ." The definition of who is to be vaccinated was changed to better reflect the entirety of the healthcare workforce in hospitals.

The first data were collected as a pilot for the 2008-2009 influenza season with the results reported to the Lehman Center. Data reported to the Lehman Center is confidential by statute which allowed MDPH to study the measure and to evaluate its feasibility for public reporting. The reporting process was refined for the 2009-2010 influenza season.

Seasonal Influenza Report for 2009-2010

This is the first report on seasonal influenza vaccination rates of healthcare personnel in Massachusetts acute care hospitals by hospital. It includes overall vaccination rates, rates by bed size and teaching status as well as the percentage of personnel who declined immunization. The report compares the aggregate 2008-2009 rates to those of the current season. All acute care hospitals provided the mandated data in this report. MDPH further required the state's four public health hospitals to report their rates for the 2009-2010 season and these rates are also provided.

Methodology

1. 2008-2009

Following promulgation of the amended hospital regulations, a circular letter was mailed to acute care hospitals in October of 2008 requesting information on their vaccination rates for employees. An employee was defined as an "individual who is a volunteer with direct patient contact or an individual employed (whether directly, by contract with another entity, as an independent contractor or as a member of the medical staff) by a hospital on a part-time or full-time basis, whether or not such individual provides direct patient care." Influenza vaccine was to be administered by hospitals at no cost to employees.

Hospitals were required to submit the number of influenza vaccinations administered and the number of employees for two time periods: beginning September 1, 2008 1) through January 30, 2009 and 2) through March 30, 2009. Hospitals were given the option of voluntarily reporting the cumulative number of vaccine doses and the number of employees who received their vaccine outside of the hospital. They also reported the number of employees on the payroll on a specified day.

2. 2009-2010

A circular letter was sent on December 10, 2009 informing acute care hospitals of the mandatory requirement to report seasonal influenza vaccination rates for the 2009-2010 influenza season. Although 2009 saw the emergence of pandemic influenza A H1N1 and deployment of a vaccine designed to prevent infection with this novel strain, the reporting was only for seasonal influenza vaccine.

Hospitals were required to provide MDPH with the following data:

1. Number of hospital personnel (broadened from employees) who received seasonal influenza vaccination from the hospital from August 1, 2009 through March 31, 2010.
2. Number of hospital personnel on August 1, 2009.
3. Number of hospital personnel who were known to have received seasonal influenza vaccination outside of the hospital from August 1, 2009 through March 31, 2010.
4. Number of personnel who declined the current season's influenza vaccine during the same period.

The Department, being aware of potential shortages of vaccine for the 2009-2010 season, gave hospitals the latitude to prioritize vaccination of personnel providing direct and regular care to patients.

Findings

The average vaccination rate for personnel among Massachusetts 71 acute care hospitals during the 2009 -2010 influenza immunization season was 68.1(95% confidence interval: 65.1-71.0)¹ including vaccinations given by the hospital and vaccinations received from outside of the hospital. The similar rate for 2008-2009 was 53.7% (95% CI: 51.2-56.2%)². A preliminary article issued by the Centers for Disease Control and Prevention reported interim influenza vaccination coverage among healthcare personnel was 62% for seasonal influenza vaccine in 2009-2010, but this was self-reported and included non-hospital based healthcare personnel. Among a smaller sample of hospital-based healthcare workers surveyed the rate was 71.7% (95% CI: 65.3-78.1%), not significantly different from the Massachusetts result.

The Department was interested in seeing what characteristics might differentiate immunization rates among hospitals. Four characteristics were analyzed: 1) where the vaccine was administered (given by the hospital or received outside of the hospital); 2) hospital type (major teaching and all other); 3) size of hospital (fewer than 300 beds and greater than or equal to 300 beds); 4) declinations.

1. Location of Vaccination

Of the vaccinations administered to hospital personnel, 54% were administered by hospitals and 16% were vaccinated outside of the hospital. In 2008-2009, 50% of the personnel were vaccinated by the hospital and 4% received their vaccination outside of the hospital. However, there was great variation in documentation of outside hospital vaccination.

2. Hospital Type

There was little difference in vaccination rates for major teaching hospitals and non-teaching hospitals. The rates for 2009-2010 were 64% and 57% respectively.

¹ The 95% confidence interval is a statistical measure that represents the range of possible values of the mean (average) for which there is a 95% probability that the "true" value lies. If two 95% confidence intervals do not overlap, then they are statistically different at a probability of at least $p < 0.05$, a general measure of statistical significance.

² 95% CIs do not overlap, the 2009-2010 rate is statistically significantly higher than the 2008-2009 rate of at least $p < 0.05$.

3. Hospital Size

There was little difference when comparing hospitals with fewer than 300 beds and those with greater than 300 beds in 2009-2010. Larger hospitals had a rate of 63% and smaller hospitals had a rate of 66%.

4. Declinations

In 2009-2010, 12% of personnel declined vaccine. Personnel may decline vaccination if the vaccine was medically contraindicated or for any other reason. The reasons for declinations were not recorded. Hospitals were not asked to collect the information in 2008-2009.

The public health hospitals had an overall vaccination rate of 72% in 2009-2010 (range 62.2-90.3%). They were not asked to report in the previous reporting period.

Discussion

Massachusetts acute care hospitals have made some progress in increasing influenza vaccine administered to healthcare workers. In 2008-2009, over one third of the hospitals (30 hospitals out of 76) reported average rates of 50% or less. In 2009-2010, only two hospitals reported rates of 50% or less. In 2008-2009, rates ranged from a low of 34% to a high of 75% and in 2009-2010, rates ranged from a low of 47% to a high of 109%³. Fifty three hospitals improved their rates over the two reporting periods and 14 had decreased rates.

When drawing conclusions about the data, caution is in order. First, the 2008-2009 season was a pilot year to test the process and definitions. Secondly, the definition was changed in 2009-2010 from employee to personnel to include those not on the hospital payroll. Because of the change in definition, some hospitals were confused about who should be counted. Additionally, not all hospitals keep flu vaccination records of physicians who are on their staff, but not employees. Third, the reporting period was longer in 2009-2010. Fourth, at the beginning of the 2009-2010 season, Massachusetts experienced a shortage of vaccines, which hospitals cited when submitting their information. Fifth, it is unknown what affect the A H1N1 pandemic had on overall vaccination rates in 2009-2010. And lastly, the data was not independently validated; however, outliers were contacted for an explanation.

The goal of the Healthcare Associated Infection Prevention and Control Program is the reduction of healthcare associated infections. A significant contribution to that reduction can be made by vaccinating 100% of all healthcare workers against influenza. Achieving the goal of 100% will require:

1. Hospitals exercising on-going vigilance in promoting the importance of immunizations.
2. Healthcare workers practicing due diligence in getting vaccinated so that they, their families, patients and their colleagues are protected.
3. MDPH continuing to address policy and procedural issues that will contribute to the 100% goal including having MDPH Infection Preventionists encourage hospitals in their vaccination initiatives.

Next Steps

The Department will continue to collect influenza vaccination rates for acute care hospitals for the next influenza season (2010-2011). The Department will review the procedures used to collect the data to see what, if any, changes can be made to make the process as efficient and reliable as possible. With an additional year of data reporting, it will be possible to look at trends.

³ Because personnel was reported for one point in time and numbers may have varied over the period of immunization due to changes in numbers of employees, volunteers and students, hospitals may have rates higher than 100%.

Tables

1. Vaccination rates and declensions, by hospital, 2009-2010 (including public health hospitals)
2. Vaccination rates, by hospital type, 2009-2010
3. Vaccination rates, by bed size, 2009-2010

Figures

1. Vaccination rates by hospital, including those administered by the hospital and documented administrated elsewhere
2. Change in vaccination rates, 2008-2009 to 2009-2010

Other

1. Circular Letter DHCQ 08-10-500
2. Circular Letter DHCQ 09-12-525 (Attachment A contains the amended regulations)

Table 1
TOTAL INFLUENZA VACCINATIONS 2009 - 2010, including public health hospitals
VACCINATION RATES AND DECLINATIONS, BY HOSPITAL

Acute Care Hospitals	Percent Vaccinated by the Hospital	Percent Vaccinated external to Hospital	Total Percent Vaccinated§	Percent Declined
Anna Jacques	60%	1%	60%	6%
Athol Hospital	95%	3%	98%	2%
Baystate Franklin	59%	1%	60%	16%
Baystate Mary Lane	67%	n/a	67%	1%
Baystate Medical Center	61%	n/a	61%	13%
Berkshire Med Ctr, Berkshire & Hillcrest	73%	3%	76%	18%
Beth Israel Deaconess, East & West	54%	5%	60%	5%
Beth Israel Deaconess, Needham	66%	2%	68%	3%
Beverly, Addison Gilbert	58%	4%	62%	12%
Beverly	68%	5%	73%	12%
Boston Med Ctr, Menino & Newton Pavilions	64%	7%	71%	22%
Brigham & Women's	39%	13%	52%	12%
Cambridge Health Alliance, all campuses	51%	8%	59%	13%
Cape Cod Hospital	71%	0%	71%	6%
Caritas Carney	53%	3%	57%	8%
Caritas Good Samaritan	51%	8%	59%	12%
Caritas Holy Family	64%	4%	68%	15%
Caritas Norwood	60%	2%	62%	27%
Caritas St. Elizabeth's	51%	7%	58%	19%
Children's Hospital	45%	8%	53%	7%
Clinton Hospital	52%	1%	54%	18%
Cooley Dickenson	42%	19%	61%	8%
Dana Farber	50%	8%	58%	3%
Emerson Hospital	69%	14%	82%	14%
Fairview Hospital	85%	3%	88%	12%
Falmouth Hospital	63%	0%	63%	3%
Faulkner Hospital	39%	28%	67%	0%
Hallmark Health, Lawrence Memorial	67%	11%	78%	8%
Hallmark Health, Melrose-Wakefield	66%	12%	77%	12%
Harrington Memorial	61%	0%	61%	4%
Healthcare Alliance, Leominster	57%	1%	58%	13%
Heywood Hospital	66%	2%	68%	5%
Holyoke Medical Center	64%	5%	68%	22%
Jordan Hospital	81%	n/a	79%	13%
Lahey Clinic	70%	4%	74%	16%
Lawrence General*	83%	26%	109%	15%
Lowell General	61%	16%	77%	9%
Marlborough Hospital	64%	10%	74%	8%
Martha's Vineyard Hospital	82%	0%	82%	13%
Mass Eye & Ear	45%	9%	53%	12%
Mass General Hospital	47%	23%	70%	13%
Mercy Medical Center	49%	1%	51%	5%
Merrimack Valley Hospital	68%	0%	68%	4%
Metrowest, Framingham & L Morse	64%	8%	72%	12%
Milford Regional Medical Center	46%	12%	57%	23%
Milton Hospital	73%	11%	84%	16%
Morton Hospital & Med Ctr	52%	14%	66%	18%

Table 1 (Continued)
TOTAL INFLUENZA VACCINATIONS 2009 - 2010, including public health hospitals
VACCINATION RATES AND DECLINATIONS, BY HOSPITAL

Acute Care Hospitals	Percent Vaccinated by the Hospital	Percent Vaccinated external to Hospital	Total Percent Vaccinated§	Percent Declined
Mount Auburn Hospital	63%	9%	72%	13%
Nantucket Cottage Hospital	64%	9%	73%	18%
Nashoba Valley Medical Center	61%	5%	66%	15%
New England Baptist	67%	5%	72%	26%
Newton-Wellesley Hospital	45%	29%	73%	11%
Noble Hospital	53%	5%	58%	19%
North Adams Regional Hospital	61%	4%	65%	39%
North Shore, Salem & Union	27%	34%	60%	12%
Quincy Hospital	54%	1%	55%	7%
Saints Memorial	58%	6%	63%	21%
Shriner's, Boston	67%	10%	78%	22%
Shriner's, Springfield	39%	40%	79%	14%
Signature Healthcare, Brockton	45%	10%	55%	4%
South Shore Hospital	77%	3%	79%	13%
Southcoast Hospital, Charlton	55%	1%	56%	14%
Southcoast Hospital, St. Lukes	49%	1%	51%	6%
Southcoast Hospital, Tobey	56%	3%	58%	7%
St. Anne's Hospital	48%	2%	50%	28%
St. Vincent Hospital*	96%	7%	103%	38%
Sturdy Memorial	89%	9%	98%	11%
Tufts Medical Center	72%	3%	75%	1%
U Mass Memorial, Memorial & Univ	51%	1%	52%	6%
Winchester Hospital	45%	3%	47%	2%
Wing Memorial	77%	4%	81%	27%
Total	54%	16%	68%	12%
Rate 2008-2009	53%	4%	53%	n/a
Public Health Hospitals				
Lemuel Shattuck	43%	19%	62%	37%
Mass Hospital School	84%	6%	90%	4%
Western Mass	55%	16%	70%	30%
Tewksbury	60%	14%	74%	20%
Total	57%	15%	72%	21%

Hospital specific data was not publicly reported for 2008-2009 and public health hospitals were not asked to report.

The definition of individuals who must be offered vaccine was changed to personnel for 2009-2010 which is a more inclusive number than the previous definition of employee.

*The number of personnel used for calculating rates was determined at one point of time in August, though the actual number can vary throughout the six month time period in which personnel were vaccinated. In the cases of Lawrence General and St. Vincent Hospitals, the number of personnel vaccinated exceeded the number of personnel counted in August and most likely included contractors, students, residents and volunteers.§Percents do not add to 100 due to rounding.

Table 2
INFLUENZA VACCINATIONS 2009 - 2010
VACCINATION RATES BY HOSPITAL TYPE

Major Teaching Hospitals	
Hospital	Vaccination Rate
Baystate Medical Center	61%
Berkshire Med Ctr, Berkshire & Hillcrest	76%
Beth Israel Deaconess, East & West	60%
Boston Med Ctr, Menino & Newton Pavilions	71%
Brigham & Women's	52%
Cambridge Health Alliance, all campuses	59%
Caritas St. Elizabeth's	58%
Children's Hospital	53%
Faulkner Hospital	67%
Lahey Clinic	74%
Mass Eye & Ear	53%
Mass General Hospital	70%
Milford Regional Medical Center	57%
Mount Auburn Hospital	72%
Newton-Wellesley Hospital	73%
St. Vincent Hospital	103%
Tufts Medical Center	75%
U Mass Memorial, Memorial & Univ	52%
Major Teaching Hospitals Total	64%
Rates for 2008-2009	54%

Non-Teaching Hospitals	
Hospital	Vaccination Rate
Anna Jacques	60%
Athol Hospital	98%
Baystate Franklin	60%
Baystate Mary Lane	67%
Beth Israel Deaconess, Needham	68%
Beverly	73%
Beverly, Addison Gilbert	62%
Cape Cod Hospital	71%
Caritas Carney	57%
Caritas Good Samaritan	59%
Caritas Holy Family	68%
Caritas Norwood	62%
Clinton Hospital	54%
Cooley Dickenson	61%
Dana Farber	58%
Emerson Hospital	82%
Fairview Hospital	88%
Falmouth Hospital	63%
Hallmark Health, Lawrence Memorial	78%
Hallmark Health, Melrose-Wakefield	77%
Harrington Memorial	61%
Healthcare Alliance, Leominster	58%
Leominster Public Health	

Table 2 (Continued)
INFLUENZA VACCINATIONS 2009 - 2010
VACCINATION RATES BY HOSPITAL TYPE

Non-Teaching Hospitals	
Hospital	Vaccination Rate
Heywood Hospital	68%
Holyoke Medical Center	68%
Jordan Hospital	79%
Lawrence General	109%
Lowell General	77%
Marlborough Hospital	74%
Martha's Vineyard Hospital	82%
Mercy Medical Center	51%
Merrimack Valley Hospital	68%
Metrowest, Framingham & L Morse	72%
Milton Hospital	84%
Morton Hospital & Med Ctr	66%
Nantucket Cottage Hospital	73%
Nashoba Valley Medical Center	66%
New England Baptist	72%
Noble Hospital	58%
North Adams Regional Hospital	65%
North Shore, Salem & Union	60%
Quincy Hospital	55%
Saints Memorial	63%
Shriner's, Boston	78%
Shriner's, Springfield	79%
Signature Healthcare, Brockton	55%
South Shore Hospital	79%
Southcoast Hospital, Charlton	56%
Southcoast Hospital, St. Lukes	51%
Southcoast Hospital, Tobey	58%
St. Anne's Hospital	50%
Sturdy Memorial	98%
Winchester Hospital	47%
Wing Memorial	81%
Non-Teaching Hospital Total	57%
Rates 2008-2009	33%

Table 3
INFLUENZA VACCINATIONS 2009 - 2010
VACCINATION RATES BY BED SIZE

<100-299 BEDS	
Hospital	Vaccination Rate
Anna Jacques	60%
Athol Hospital	98%
Baystate Franklin	60%
Baystate Mary Lane	67%
Beth Israel Deaconess, Needham	68%
Beverly	73%
Beverly, Addison Gilbert	62%
Cambridge Health Alliance, all campuses	59%
Cape Cod Hospital	71%
Caritas Carney	57%
Caritas Good Samaritan	59%
Caritas Holy Family	68%
Caritas Norwood	62%
Clinton Hospital	54%
Cooley Dickenson	61%
Dana Farber	58%
Emerson Hospital	82%
Fairview Hospital	88%
Falmouth Hospital	63%
Faulkner Hospital	67%
Hallmark Health, Lawrence Memorial	78%
Hallmark Health, Melrose-Wakefield	77%
Harrington Memorial	61%
Healthcare Alliance, Leominster	58%
Heywood Hospital	68%
Holyoke Medical Center	68%
Jordan Hospital	79%
Lawrence General	109%
Lowell General	77%
Marlborough Hospital	74%
Martha's Vineyard Hospital	82%
Mass Eye & Ear	53%
Mercy Medical Center	51%
Merrimack Valley Hospital	68%
Metrowest, Framingham & L Morse	72%
Milford Regional Medical Center	57%
Milton Hospital	84%
Morton Hospital & Med Ctr	66%
Mount Auburn Hospital	72%
Nantucket Cottage Hospital	73%
Nashoba Valley Medical Center	66%
New England Baptist	72%
Newton-Wellesley Hospital	73%
Noble Hospital	58%
North Adams Regional Hospital	65%

Table 3 (Continued)
 INFLUENZA VACCINATIONS 2009 - 2010
 VACCINATION RATES BY BED SIZE

<100-299 BEDS	
North Shore, Salem & Union	60%
Quincy Hospital	55%
Saints Memorial	63%
Shriner's, Boston	78%
Shriner's, Springfield	79%
Signature Healthcare, Brockton	55%
Southcoast Hospital, Charlton	56%
Southcoast Hospital, St. Lukes	51%
Southcoast Hospital, Tobey	58%
St. Anne's Hospital	50%
St. Vincent Hospital	103%
Sturdy Memorial	98%
Winchester Hospital	47%
Wing Memorial	81%
<100-299 Beds Total	66%
Rates 2008-2009	51%
300+ BEDS	
Hospital	Vaccination Rate
Baystate Medical Center	61%
Berkshire Med Ctr, Berkshire & Hillcrest	76%
Beth Israel Deaconess, East & West	60%
Boston Med Ctr, Menino & Newton Pavilions	71%
Brigham & Women's	52%
Caritas St. Elizabeth's	58%
Children's Hospital	53%
Lahey Clinic	74%
Mass General Hospital	70%
South Shore Hospital	79%
Tufts Medical Center	75%
U Mass Memorial, Memorial & Univ	52%
300+ Beds Total	63%
Rates 2008-2009	51%

Figure 1
Influenza Vaccination Rates in Massachusetts Acute Care Hospitals 2009-2010,
Administered by Hospital and Documented Administered Elsewhere

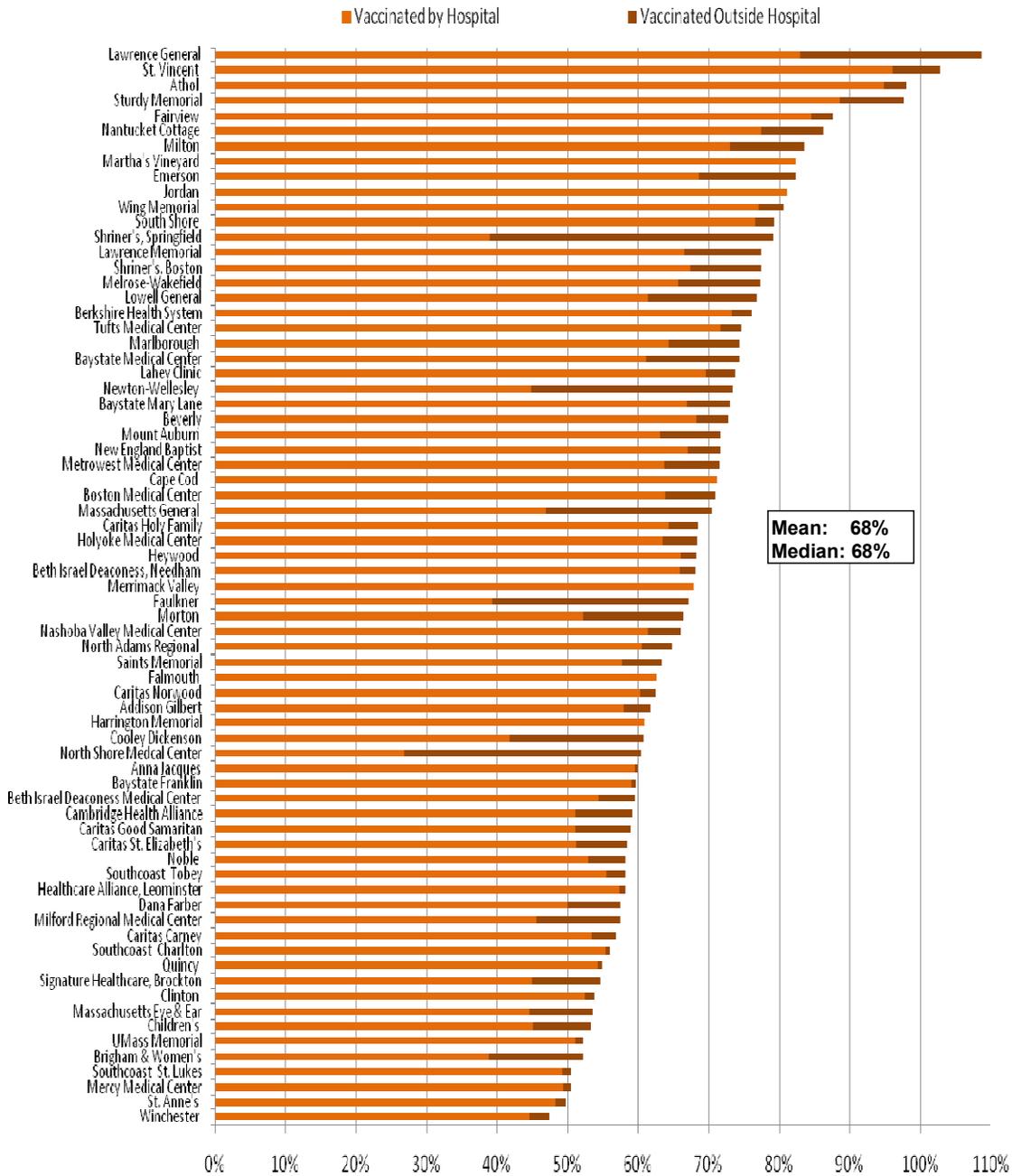
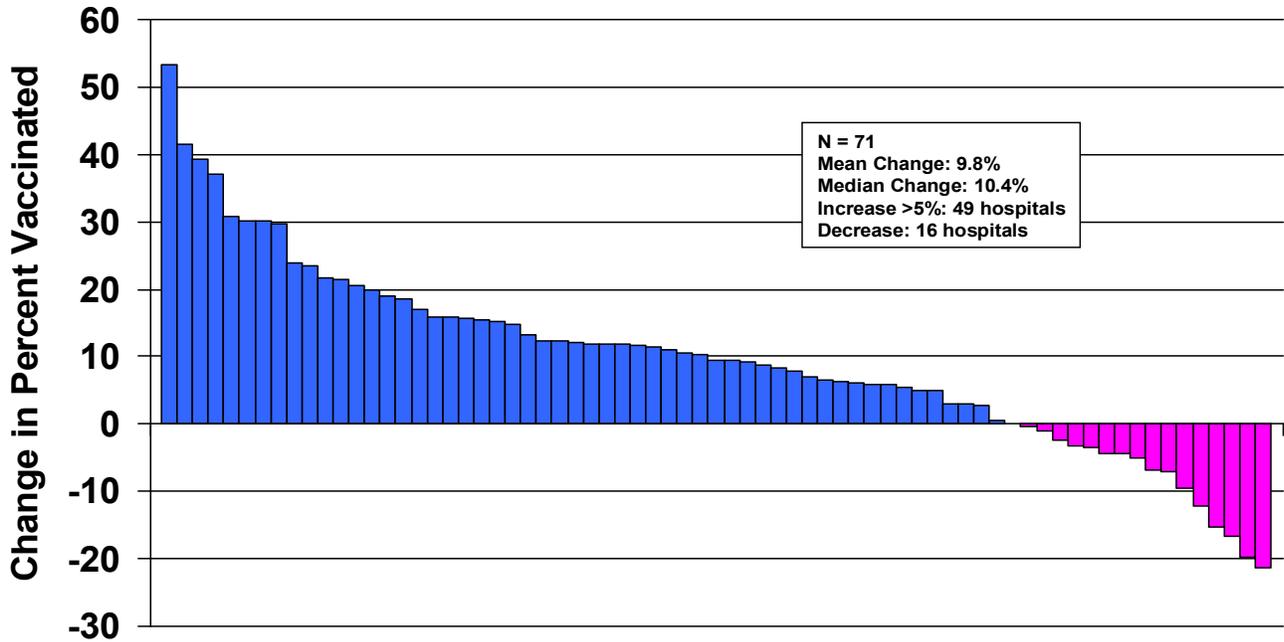
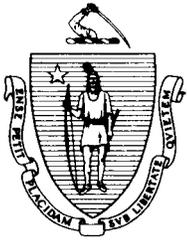


Figure2
Change in Percent of Employees/Personnel Vaccinated by Massachusetts
Acute Care Hospitals Between 2008-2009 and 2009-2010
 (Note: These data only include those vaccinated by the hospital and
 between the two years the definition of employee/personnel changed.)





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JOHN AUERBACH
COMMISSIONER

CIRCULAR LETTER: DHCQ 08-10-500

TO: Chief Executive Officers
Acute Care Hospitals
Massachusetts Public Health Hospitals

FROM: Paul Dreyer, Ph.D., Bureau Director

DATE: October 17, 2008

RE: Influenza Vaccination Data Collection

Similar to the Centers for Disease Control and Prevention and the Joint Commission, the Department of Public Health encourages hospitals to offer influenza vaccine to their personnel including hospital staff and independent practitioners working in the hospital. As you launch your vaccine program for this year, acute care hospitals and State hospitals will be required to report the number of vaccinations given in 2008-09 to the Betsy Lehman Center as part of the Healthcare Associated Infection Program. This year is a pilot year in which the Department will evaluate its approach to collecting influenza vaccination rates and consider the potential for public reporting in future years.

The following steps should be taken immediately:

- 1) Designate a lead person responsible for influenza vaccine tracking in your organization this season (e.g., senior staff from your Occupational Health, Quality or Infection Prevention Department).
- 2) Submit an email message to the technical support center at haihelp@jsi.com (JSI support center on behalf of DPH) or call 617-385-3992 to register this lead person for the upcoming training program and other technical communications related to the influenza vaccination reporting. Provide name, title, phone and email contact information.
- 3) As you administer influenza vaccine for this season, track whether the person is an employee of your hospital as defined by their inclusion on your payroll at the time of vaccination and incorporate this data element into your records.

Note: Other personnel working within your facility who are independent practitioners, employees of other organizations (i.e., universities, practice groups, temporary agencies, etc.) or who are unpaid (i.e., students, volunteers, etc.) should also have access to influenza vaccine but tracking of these individuals is not a requirement for this year.

Detailed training on the new reporting requirement and specification of the measure will be provided during a conference call on Tuesday December 9, 2008 at 11:00 am. The person designated as the hospital's lead for this effort should plan to participate in this call.

The first date for reporting on influenza vaccinations administered will be February 15, 2009. At that time, hospitals will be required to submit two numbers:

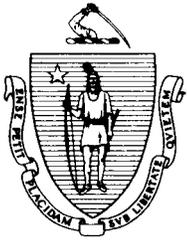
- 1) Number of employees immunized by the hospital between October 1, 2008 and January 30, 2009.
- 2) Number of hospital employees on the payroll on January 30, 2009.

On April 15, 2009, hospitals will again submit data on employees immunized through March 30, 2009 and the total employees on the payroll on March 30, 2009.

We recognize that facilities are taking various approaches to monitoring the impact of their immunization programs. Optional data elements that can also be submitted on April 15 include:

- 1) Total personnel immunized through March 30, 2009: the cumulative number of vaccine doses given to hospital workers or volunteers, whether or not they are hospital employees.
- 2) The total number of hospital employees who received their vaccine outside of the hospital's program.

Hospitals may have conducted surveys of staff to determine immunization patterns and reasons for declining a vaccination. Hospitals who wish to submit the optional data elements to gain a more comprehensive estimate of their immunization rate are encouraged to do so at the end of the season, but these elements are NOT required this year.



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CIRCULAR LETTER: DHCQ 09-12-525

TO: Clinic Chief Executive Officers
Dialysis Center Chief Executive Officers
Hospital Chief Executive Officers
Long Term Care Facility Administrators

FROM: Alice Bonner, PhD, RN, Director
Bureau of Health Care Safety and Quality

DATE: December 4, 2009

RE: Update on Regulations Regarding Influenza Vaccination of Employees and
Annual December 15th Deadline

Amendments to the Regulations

At its meeting on November 18, 2009, the Public Health Council (PHC) approved final promulgation of the amendments to the hospital, clinic and long term care facility licensure regulations relating to the influenza vaccination of health care workers in hospitals, clinics, dialysis centers, and long term care facilities (hereinafter referred to as health care facilities). In addition, the PHC approved amendments to the regulations implementing the Controlled Substances Act relating to the administration of influenza vaccines by designated health care professionals. These amendments had been previously approved on an emergency basis and were effective on September 14, 2009. In response to public comments, the Department proposed revisions to the amendments. These revisions (see Attachment A) were approved by the Public Health Council. The regulations will be final upon publication in the Massachusetts Register on December 11, 2009.

Availability of Vaccine and the Annual December 15 Deadline for Vaccinating Personnel

Each set of regulations includes a requirement that the health care facility shall ensure that all personnel are vaccinated with the seasonal influenza vaccine, unless an individual declines the vaccination, no later than December 15, 2009 and annually thereafter. The regulations also include a requirement that the facility shall ensure that all personnel are vaccinated against other pandemic or novel influenza viruses as specified in guidelines of the Commissioner of Public Health. Previously issued guidelines directed health care facilities to "begin H1N1 2009 vaccination of all employees immediately upon receipt of the vaccine. Licensed health care facilities may determine the order in which employees are vaccinated against H1N1, and should complete vaccination as rapidly as the supply and vaccination schedule allow."

Given the continuing shortages of H1N1 and seasonal influenza vaccine, health care facilities are faced with difficult decisions regarding how much vaccine of the limited supply to allocate to their employees and how much to allocate to their patients in the target groups. These decisions may be complicated by the intent of facilities to comply with the

new Department of Public Health regulations that require facilities to vaccinate all personnel against seasonal influenza no later than December 15, 2009 and to offer H1N1 vaccine to all of their employees as that vaccine becomes available.

The Department recognizes that many - if not most – facilities will not be able to fully comply with these regulations until seasonal and H1N1 vaccine shipments increase. Furthermore, the Department wants to balance the need to vaccinate front-line health care workers with the need to vaccinate those patients at disproportionate risk. **Therefore, the Department recommends that health care facilities initially only prioritize the vaccination of those health care workers who are involved in direct and regular care-giving to patients in such settings as the inpatient care, emergency department, and outpatient clinics, particularly where the patient population may be at risk for complications.**

By mid-January, 2010, we are hopeful that the quantities of H1N1 vaccine will be sufficient that all health care workers can be vaccinated – including those employees who are not involved in direct, day-to-day patient care. Health care facilities may want to plan accordingly to offer the H1N1 vaccine to all employees at that time. **Facilities should not be concerned with meeting the December 15, 2009 timeline this year and will be deemed to be in compliance with the regulations as long as they are making good faith efforts to obtain and administer seasonal and H1N1 vaccine when supply becomes available.** Facilities should maintain documentation of their efforts to obtain and offer vaccine.

Thank you for your continuing efforts to protect the health of your employees and patients. If you have any questions concerning this guidance, please contact the Bureau of Health Care Safety and Quality at DPH.DHCQ@massmail.state.ma.us .

Attachment A
Final Amendments to
105 CMR 130.000: Hospital Licensure
Approved by MA Public Health Council 11/18/09

Section 105 CMR 130.325 is amended to read as follows:

130.325: Requirement that Personnel Be Vaccinated Against Influenza Virus

(A) Definitions

(1) For purposes of 105 CMR 130.325, "personnel" means an individual or individuals employed by or affiliated with the hospital, whether directly, by contract with another entity, or as an independent contractor, paid or unpaid, including but not limited to employees, members of the medical staff, contract employees or staff, students, and volunteers who either work at or come to the licensed hospital site, whether or not such individual(s) provides direct patient care.

(2) For purposes of 105 CMR 130.325, the requirement for "influenza vaccine" or "vaccination" means immunization by either influenza vaccine, inactivated or live; attenuated influenza vaccine including seasonal influenza vaccine pursuant to 105 CMR 130.325(B); and/or other influenza vaccine pursuant to 105 CMR 130.325(C).

(B) Each hospital shall ensure that all personnel are vaccinated with seasonal influenza vaccine unless an individual declines vaccination in accordance with 105 CMR 130.325(F). When feasible, and consistent with any guidelines of the Commissioner of Public Health or his/her designee, each hospital shall ensure that all personnel are vaccinated with seasonal influenza vaccine no later than December 15, 2009 and annually thereafter.

(C) Each hospital also shall ensure that all personnel are vaccinated against other pandemic or novel influenza virus(es) as specified in guidelines of the Commissioner or his/her designee, unless an individual declines vaccination in accordance with 105 CMR 130.325(F). Such guidelines may specify:

- (1) the categories of personnel that shall be vaccinated and the order of priority of vaccination of personnel, with priority for personnel with responsibility for direct patient care;
- (2) the influenza vaccine(s) to be administered;
- (3) the dates by which personnel must be vaccinated; and
- (4) any required reporting and data collection relating to the personnel vaccination requirement of 105 CMR 130.325(C).

(D) Each hospital shall provide all personnel with information about the risks and benefits of influenza vaccine.

(E) Each hospital shall notify all personnel of the influenza vaccination requirements of 105 CMR 130.325 and shall, at no cost to any personnel, provide or arrange for vaccination of all personnel who cannot provide proof of current immunization against influenza, as required pursuant to 105 CMR 130.325(B) and (C), unless an individual declines vaccination in accordance with 105 CMR 130.325(F).

(F) Exceptions

(1) A hospital shall not require an individual to receive an influenza vaccine pursuant to 105 CMR 130.325(B) or (C) if:

- (a) the vaccine is medically contraindicated, which means that administration of influenza vaccine to that individual would likely be detrimental to the individual's health;
- (b) vaccination is against the individual's religious beliefs; or
- (c) the individual declines the vaccine.

(2) An individual who declines vaccination for any reason shall sign a statement declining vaccination and certifying that he or she received information about the risks and benefits of influenza vaccine.

(G) Unavailability of Vaccine. A hospital shall not be required to provide or arrange for influenza vaccination during such times that the vaccine is unavailable for purchase, shipment, or administration by a third party, or when complying with an order of the Commissioner which restricts the use of the vaccine. A hospital shall obtain and administer influenza vaccine in accordance with 105 CMR 130.325 as soon as vaccine becomes available.

(H) Documentation

(1) A hospital shall require and maintain for each individual proof of current vaccination against influenza virus pursuant to 105 CMR 130.325(B) and (C) or the individual's declination statement pursuant to 105 CMR 130.325(F).

(2) Each hospital shall maintain a central system to track the vaccination status of all personnel.

(3) If a hospital is unable to provide or arrange for influenza vaccination for any individual, it shall document the reasons such vaccination could not be provided or arranged for.

(I) Reporting and Data Collection

Each hospital shall report information to the Department documenting the hospital's compliance with the personnel vaccination requirements of 105 CMR 130.325, in accordance with reporting and data collection guidelines of the Commissioner or his/her designee.

Authority: M.G.L. c. 111, §§ 5, 6, and 51 through 56

Section 105 CMR 140.150 is amended to read as follows:

140.150: Requirement That Personnel Be Vaccinated Against Influenza Virus

(A) Definitions

(1) For purposes of 105 CMR 140.150, "personnel" means an individual or individuals employed by or affiliated with the clinic, whether directly, by contract with another entity, or as an independent contractor, paid or unpaid, including but not limited to employees, members of the clinical staff, contract employees or staff, students, and volunteers who either work at or come to the licensed clinic site, whether or not such individual(s) provides direct patient care.

(2) For purposes of 105 CMR 140.150, the requirement for "influenza vaccine" or "vaccination" means immunization by either influenza vaccine, inactivated or live; attenuated influenza vaccine including seasonal influenza vaccine pursuant to 105 CMR 140.150(B); and/or other influenza vaccine pursuant to 105 CMR 140.150(C).

(B) Each clinic shall ensure that all personnel are vaccinated with seasonal influenza vaccine unless an individual declines vaccination in accordance with 105 CMR 140.150(F). When feasible, and consistent with any guidelines of the Commissioner of Public Health or his/her designee, each clinic shall ensure that all personnel are vaccinated with seasonal influenza vaccine no later than December 15, 2009 and annually thereafter.

(C) Each clinic also shall ensure that all personnel are vaccinated against other pandemic or novel influenza virus(es) as specified in guidelines of the Commissioner or his/her designee, unless an individual declines vaccination in accordance with 105 CMR 140.150(F). Such guidelines may specify:

- (1) the categories of personnel that shall be vaccinated and the order of priority of vaccination of personnel, with priority for personnel with responsibility for direct patient care;
- (2) the influenza vaccine(s) to be administered;
- (3) the dates by which personnel must be vaccinated; and
- (4) any required reporting and data collection relating to the personnel vaccination requirement of 105 CMR 140.150(C).

(D) Each clinic shall provide all personnel with information about the risks and benefits of influenza vaccine.

(E) Each clinic shall notify all personnel of the influenza vaccination requirements of 105 CMR 140.150 and shall, at no cost to any personnel, provide or arrange for vaccination of all employees who cannot provide proof of current immunization against influenza, as required pursuant to 105 CMR 140.150(B) and (C), unless an individual declines vaccination in accordance with 105 CMR 140.150(F).

(F) Exceptions.

(1) A clinic shall not require an individual to receive an influenza vaccine pursuant to 105 CMR 140.150(B) or (C) if:

- (a) the vaccine is medically contraindicated, which means that administration of influenza vaccine to that individual would likely be detrimental to the individual's health;
- (b) vaccination is against the individual's religious beliefs; or
- (c) the individual declines the vaccine.

(2) An individual who declines vaccination for any reason shall sign a statement declining vaccination and certifying that he or she received information about the risks and benefits of influenza vaccine.

(G) **Unavailability of Vaccine.** A clinic shall not be required to provide or arrange for influenza vaccination during such times that the vaccine is unavailable for purchase, shipment, or administration by a third party, or when complying with an order of the Commissioner which restricts the use of the vaccine. A clinic shall obtain and administer influenza vaccine in accordance with 105 CMR 140.150 as soon as vaccine becomes available.

(H) Documentation.

(1) A clinic shall require and maintain for each individual proof of current vaccination against influenza virus pursuant to 105 CMR 140.150(B) and (C) or the individual's declination statement pursuant to 105 CMR 140.150(F).

(2) Each clinic shall maintain a central system to track the vaccination status of all personnel.

(3) If a clinic is unable to provide or arrange for influenza vaccination for any individual, it shall document the reasons such vaccination could not be provided or arranged for.

(I) Reporting and Data Collection.

Each clinic shall report information to the Department documenting the clinic's compliance with the personnel vaccination requirements of 105 CMR 140.150, in accordance with reporting and data collection guidelines of the Commissioner or his/her designee.

Authority: M.G.L. c. 111, §§ 5, 6, and 51 through 56

105 CMR 150.002(D)(8) is amended to read as follows:

(8) Requirement That Personnel Be Vaccinated Against Influenza Virus

(a) Definitions

1. For purposes of 105 CMR 250.002(D)(8), "personnel" means an individual or individuals employed by or affiliated with the facility, whether directly, by contract with another entity, or as an independent contractor, paid or unpaid, including but not limited to employees, members of the medical staff, contract employees or staff, students, and volunteers who either work at or come to the licensed facility site, whether or not such individual(s) provides direct patient care.

2. For purposes of 105 CMR 150.002(D)(8), the requirement for "influenza vaccine" or "vaccination" means immunization by either influenza vaccine, inactivated or live; attenuated influenza vaccine including seasonal influenza vaccine pursuant to 105 CMR 150.002(D)(8)(b); and/or other influenza vaccine pursuant to 105 CMR 150.002(D)(8)(c).

(b) Each facility shall ensure that all personnel are vaccinated annually with seasonal influenza vaccine unless an individual declines vaccination in accordance with 105 CMR 150.002(D)(8)(f). When feasible, and consistent with any guidelines of the Commissioner of Public Health and his/her designee, each facility shall ensure that all personnel are vaccinated with seasonal influenza vaccine no later than December 15, 2009 and annually thereafter.

(c) Each facility also shall ensure that all personnel are vaccinated against other pandemic or novel influenza virus(es) as specified in guidelines of the Commissioner or his/her designee, unless an individual declines vaccination in accordance with 105CMR 150.002(D)(8)(f). Such guidelines may specify:

1. The categories of personnel that shall be vaccinated and the order of priority of vaccination of personnel, with priority for personnel with responsibility for direct patient care;
2. The influenza vaccine(s) to be administered;
3. The dates by which personnel must be vaccinated; and
4. Any required reporting and data collection relating to the personnel vaccination requirement of 105 CMR 150.002(D)(8)(c).

(d) Each facility shall provide all personnel with information about the risks and benefits of influenza vaccine.

(e) Each facility shall notify all personnel of the influenza vaccination requirements of 105 CMR 150.002(D)(8) and shall, at no cost to any individual, provide or arrange for vaccination of all personnel who cannot provide proof of current immunization against influenza unless an individual declines vaccination in accordance with 105 CMR 150.002(D)(8)(f).

(f) Exceptions.

1. A facility shall not require an individual to receive an influenza vaccine pursuant to 105 CMR 150.000(D)(8)(b) or (c) if:
 - a. the vaccine is medically contraindicated, which means that administration of influenza vaccine to that individual would likely be detrimental to the individual's health.
 - b. vaccination is against the individual's religious beliefs; or
 - c. the individual declines the vaccine.
2. An individual who declines vaccination for any reason shall sign a statement certifying that he or she received information about the risks and benefits of influenza vaccine.

(g) Unavailability of Vaccine. A facility shall not be required to provide or arrange for influenza vaccination during such times that the vaccine is unavailable for purchase, shipment, or administration by a third party or when complying with an order of the Commissioner of Public Health which restricts the use of the vaccine. A facility shall obtain and administer influenza vaccine in accordance with 105 CMR 150.002(D)(8) as soon as vaccine becomes available.

(h) Documentation.

1. A facility shall require and maintain for each individual proof of current vaccination against influenza virus pursuant to 105 CMR 150.008(D)(8)(b) and (c), or the individual's declination statement pursuant to 105 CMR 150.002(D)(8)(f).
2. Each facility shall maintain a central system to track the vaccination status of all personnel.
3. If a facility is unable to provide or arrange for influenza vaccination for any individual, it shall document the reasons such vaccination could not be provided or arranged for.

(i) Reporting and Data Collection.

Each facility shall report information to the Department documenting the facility's compliance with the personnel vaccination requirements of 105 CMR 150.002(D)(8), in accordance with reporting and data collection guidelines of the Commissioner or his/her designee.

Authority: M.G.L. c. 111, §§ 5, 6, and 51 through 56

Section 105 CMR 700.003(H) is amended as follows:

(H) Notwithstanding any other Department regulation, a health care professional duly licensed or certified by the Department, or a medical or nursing student duly enrolled in an approved or accredited program for licensure and acting in accordance with the policies of that program, may possess and administer vaccine for the prevention of a pandemic, novel or seasonal influenza virus, provided the Commissioner determines that there are or will be insufficient health care professionals available for timely vaccine administration and issues an order authorizing such administration.

- (1) To the extent authorized by 105 CMR 700.003(H), a health care professional duly licensed or certified by the Department, or a medical or nursing student duly enrolled in an approved or accredited program for licensure and acting in accordance with the policies of that program, may administer vaccine if:
 - (a) authorized to administer vaccine by order of the Commissioner;
 - (b) administration is in accordance with the Commissioner's order and the order or prescription of a duly registered practitioner authorized to issue an order or prescription for a vaccine pursuant to 105 CMR 700.000; and
 - (c) with respect to a student administering vaccine pursuant to 105 CMR 700.003(H), authorized and supervised by a licensed and qualified health care professional.
- (2) In accordance with the Commissioner's order, a person administering vaccine shall:
 - (a) receive proper training and supervision in the administration of the vaccine;
 - (b) comply with written protocols to ensure proper storage, handling and return of vaccine, record keeping regarding administration, response to adverse events, and safe and appropriate administration of vaccine.

Section 105 CMR 700.004(B)(7) is amended as follows:

(7) A health care professional duly licensed or certified by the Department or a student duly enrolled in an approved or accredited program for such licensure or certification and authorized by 105 CMR 700.003(H) to possess and administer vaccine is exempt from registration for purposes of administering vaccine pursuant to 105 CMR 700.003(H).