

I. Resident Immunizations

1. *How many total residents received any type of medical care or services during the calendar year? Enter the number of all residents who received care or services during the calendar year being reported.*

2. Influenza Immunization Data

Influenza-like Illness - Fever (greater than or equal to 100 degrees Fahrenheit) and/or cough or sore throat in absence of any other cause than influenza http://www.acha.org/ILI_Project/ILI_case_definition_CDC.pdf

2.b. *How many residents at your facility were immunized with the influenza vaccine for the current (2013-2014) influenza season? (If none, enter zero.) Enter the total number of residents who received influenza immunizations through the facility's immunization program during the calendar year.*

2.c. *How many residents had the following reasons for not having documentation of receiving vaccine? Eight reasons for not receiving the influenza vaccine are listed on the questionnaire. Number of residents who did not receive the vaccine should be listed for each applicable reason and should contain numbers only.*

NOTE: The totals of all reasons for not receiving the appropriate vaccine plus the number of pertinent vaccines given plus the total of residents who died or were discharged before administration of the applicable vaccine must equal the total number of residents receiving care or services.

NOTE: The counts for lines 91 – 99 will sum to the count for line 90.

2.d. *(During the calendar year) How many residents died or were discharged prior to receiving the influenza immunization for the current influenza season? Enter the number of residents who expired or were discharged from the facility prior to the administration of the influenza immunization during the calendar year.*

2.e. *(During the calendar year) How many outbreaks of confirmed influenza or flu-like symptoms were at your facility, as determined by your medical director? Enter the total number of outbreaks during the calendar year. Outbreaks are determined by the medical director of the facility.*

28 Pa Code 211.1(c) Reportable diseases.

2.f. *(During the calendar year) How many residents had illness similar to flu-like symptoms, but not confirmed influenza? Enter the total number of residents who had flu-like symptoms, but not confirmed influenza during the calendar year.*

2.g. *(During the calendar year) How many residents had illness related to confirmed influenza (by laboratory testing)? Enter the total number of residents who experienced an illness during the calendar year related to flu confirmed by laboratory testing.*

- 2.h. *(During the calendar year) How many residents died while displaying flu-like symptoms, but not confirmed influenza?* Enter the total number of residents who died during the calendar year due to flu-like symptoms.
- 2.i. *(During the calendar year) How many residents died from causes related to confirmed influenza (by laboratory testing)?* Enter the total number of residents who died during the calendar year due to confirmed influenza.
- 2.j. *(During the calendar year) How many residents were admitted to hospitals due to flu-like symptoms?* Enter the total number of residents who experienced an illness and were admitted to a hospital because of flu-like illness during the calendar year related.
- 2.k. *(During the calendar year) How many residents, including those reported in item (g), were admitted to hospitals due to confirmed influenza?* Enter the total number of residents who experienced an illness during the calendar year related to flu confirmed by laboratory testing and were admitted to a hospital.

NOTE: The number should not be greater than 2.g.

- 2.l. *(During the calendar year) How many residents were admitted to hospitals due to complications of influenza?* Enter the total number of residents who experienced the flu or flu-like symptoms and developed a complication such as pneumonia that then needed to be transferred to a hospital during the calendar year.

NOTE: The number should not be greater than question 2.f plus question 2.g.

3. Pneumococcal Questions

- 3.a. *Identify the number of residents who are current as of December 31, 2013 on pneumococcal vaccination according to the latest CDC guidelines.* <http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
- 3.b. *How many residents had illness related to pneumococcal disease?* Enter the total number of residents who experienced an illness during the calendar year related to pneumococcal disease.
- 3.c. *How many residents died from causes related to pneumococcal disease?* Enter the total number of residents that died from causes related to pneumococcal infection such as pneumonia or sepsis.
- 3.d. *How many residents were admitted to hospitals due to pneumococcal disease?* Enter the total number of residents that were admitted because of pneumococcal infection where pneumococcal disease is the direct cause of the admission, such as pneumococcal pneumonia.
- 3.e. *How many residents were admitted to hospitals due to complications of pneumococcal disease?* Enter the total number of residents with pneumococcal infections that were not reported in question 3.d. and admitted to the hospital.

3.f. *Of those reported in items (d) and (e) above:*

a) How many residents had invasive pneumococcal disease (i.e. bacteremia, meningitis or infection of a normally sterile site)? Enter the total number of residents who had pneumococcal disease that resulted in bacteremia, meningitis or infection of a normally sterile site.

b) How many residents had an unknown invasive pneumococcal disease status? Enter the number of those who had pneumococcal disease but whose other diagnosis is not known.

EXAMPLE: A patient transferred to a hospital but the full treatment course was not known when the patient returned to nursing care facility.

3.g. *How many residents had the following reasons for not having documentation of receiving vaccine?* Eight reasons for not receiving the pneumonia vaccines are listed on the questionnaire. Number of residents who did not receive the vaccine should be listed for each applicable reason and should contain numbers only.

NOTE: The totals of all reasons for not receiving the appropriate vaccine plus the number of pertinent vaccines given plus the total of residents who died or were discharged before administration of the applicable vaccine must equal the total number of residents receiving care or services.

NOTE: The counts for lines 118 – 126 will sum to the count for line 117.

3.i. *How many residents died or were discharged prior to pneumococcal immunization?* Enter the number of residents who expired or were discharged from the facility prior to the administration of the pneumococcal immunization during the calendar year for those who needed the vaccine.

J. Health Care Workers (HCWs)

Volunteers: This includes medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.

Unpaid Employees include the following:

Licensed independent practitioners (LIPs): This includes physicians (MD, DO), advanced practice nurses, and physician assistants who are affiliated with the reporting facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Include attending staff and courtesy staff that have visited the facility during the influenza season. Post-residency fellows are also included in this category if they are not on the facility's payroll.

Other Contact Personal: Persons providing care, treatment, or services at the facility through a contract who do not meet the definition of employees, licensed independent practitioners, or volunteer.

2. *How many total employees and volunteers worked at your facility during the 2013 influenza season? Add the sum of the total number of employees in section H from all categories plus the number of volunteers and unpaid employees entered for question J1 above.*
- 3.a. *Of the Total number of employees included in question 2 above, how many have received an annual vaccination for influenza, regardless of the source of the vaccination? Act 95 of the Session of 2001 states in section 5(b): "The facility shall require documentation of annual immunization against influenza virus for each employee which includes written evidence from a health care provider indicating the date and location the vaccine was administered. These documents shall be maintained by the facility for not less than 18 months".*
- 3.d. *Of the total number of employees included in question 2 above, how many have a medical contraindication to the influenza vaccine? Report the total number of employee listed in question 2 that did not get the influenza vaccination because of a medical contraindication.*

Medical Contraindication - Documentation is not required for reporting a medical contraindication.

For this question include inactivated influenza vaccine (IIV) for which accepted contraindications include (1) severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component, including egg protein, and (2) history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination. Additional contraindications for live attenuated influenza vaccine (LAIV) include pregnancy; known severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy; patients with HIV infection who are severely immunocompromised); certain chronic medical conditions include asthma and chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic disorders. Individuals older than 49 years of age are also not eligible to receive LAIV.