

**STATE OF NEW HAMPSHIRE**

**LONG-TERM CARE INFLUENZA VACCINATION COVERAGE**  
**REPORT**  
**2022-2023 INFLUEZA SEASON**

December 2023

*New Hampshire Department of Health and Human Services*  
*Division of Public Health Services*

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### Facilities Included in This Report

ArtAban House
Assisted Living at Sugar Hill
Austin Home
Bedford Falls
Bellamy Fields
Benchmark at Rye
Benchmark Senior Living at Nashua Crossings
Bowman Place of Olde Bedford
Bridges by Epoch at Nashua
Brookdale Spruce Wood
Carlyle Place
Carriage Hill Assisted Living
Cedar Healthcare Center
Colonial Fox Den
Columbia House
Cross Road Farm
Echo Farm
Epsom Healthcare Center
Ernest P. Barka Assisted Living
Evergreen Place
Four Winds Community – St. Oran House
Fox Meadow Retirement Home
Gilpin Residence
Golden View Health Care Center
Grace House of Windham
Greystone Farm at Salem
Harmony Homes by the Bay
Harmony Homes LLC
Havenwood Heritage Heights
Hunt Community
Inn at Deerfield Inc
Inn at Parker Station

**State of New Hampshire Healthcare-Associated Infections 2022 Long Term Care Report**

Iona House
Jovis House
Kendal at Hanover
Laurel Place Assisted Living
Ledgewood
Ledgewood Bay Assisted Living and Memory Care
McCoy Home for the Elderly
Meadow View Manor
Merrimack County Nursing Home
Myrtle Manor II Inc
Neurorestorative New Hampshire
Neurorestorative NH – Wentworth House
Next Steps Community Services LLC- Bethlehem
Next Steps Community Services LLC - Wakefield
Partridge House
Peabody Home Assisted Living Unit
Peaceful Harvest Home LLC
Poplin Way
Pyareo Home
Red Farm House
Riverglen House
RiverMead
RiverWoods at Exeter
RiverWoods at Durham
RiverWoods at Manchester
Rose Meadow Acres
Rose Meadow Farm
Rose Meadow Garden
Sartwell Place
Scott-Farrar at Peterborough
Studley Home
Summercrest
Summercrest Assisted Living, LLC
Summit by Morrison
Taylor Community
The Arbors of Bedford
The Birches at Concord

**State of New Hampshire Healthcare-Associated Infections 2022 Long Term Care Report**

The Boulders at RiverWoods
The Huntington at Nashua
The Inn at Meredith Bay
The Residence at Salem Woods
The Ridge at Riverwoods
Villa Crest Nursing Home and Retirement Center
Vintage Hill, LLC
Warde Health Center Supported Residential Care Facility
Washington Manor
Watson Fields
Wayne's Place
Webster at Rye
Wellstone House
Wentworth Home for the Aged
Wentworth Senior Living
Wheelock Terrace
Windham Terrace

Note: Facilities listed above are not a comprehensive list of all the Long-Term Care Facilities in New Hampshire. A facility was omitted from this list if data was not reported, the data had errors, or the data was not reported on time.

**ABBREVIATIONS USED IN THIS DOCUMENT**

a-IPC	Associate Infection Prevention and Control
APIC	Association for Professionals in Infection Control and Epidemiology
CBIC	Certification Board of Infection Control and Epidemiology
CDC	U.S. Centers for Disease Control and Prevention
CIC	Certified in Infection Control
CMS	Centers for Medicare and Medicaid Services
DHHS	New Hampshire Department of Health and Human Services
HAI	Healthcare-associated infection(s)
HCP	Healthcare personnel
HHS	U.S. Department of Health and Human Services
IV	Intravenous
LNA	Licensed Nursing Assistant
LTC	Long-Term Care
LTC-CIP	Long-Term Care Certification in Infection Prevention
NH	New Hampshire
NHHCQAC	New Hampshire Health Care Quality Assurance Commission
NHSN	National Healthcare Safety Network
NQF	National Quality Forum
RSA	Revised Statutes Annotated
TAW	Healthcare-Associated Infections Technical Advisory Workgroup

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**EXECUTIVE SUMMARY**

A healthcare-associated infection (HAI) is an infection that a patient acquires during the course of receiving treatment for another condition within a healthcare setting. Long-Term Care facilities are required to report Healthcare Personnel Influenza Vaccination data in accordance with (RSA) 151:32-35. This report represents the sixth summary of HAI-related data reported by Long-Term Care (LTC) in NH. Healthcare personnel (HCP) can become infected with the influenza virus through contact with infected patients and can transmit influenza to patients and other HCP. Because HCP provide care to patients at high risk for complications of influenza, they should be offered influenza vaccine each year. In accordance with RSA 151: 9-b, HCP vaccination monitored in Long-Term Care settings since 2006. Compared with acute care facilities, these types of facilities have the lowest vaccination percentage. The overall Influenza vaccination rate for Long-Term Care Facilities during the 2022-2023 season was 37.8%. Likewise, Long-Term Care facilities typically report more influenza-related clusters and outbreaks than other healthcare settings.

**Healthcare-Associated Infections in New Hampshire Long-Term Care Facilities**

All LTC Facilities are required to report in accordance with RSA 151:32-35. New Hampshire licenses Long Term Care in four categories, Community Residence, Assisted Living Residence - Residential Care Facility, Supported Residential Healthcare Facility, and Nursing Home. The New Hampshire Veterans Home is also identified within RSA 151:32-35 and is included in this report as a Nursing Home.

**Influenza Vaccination Coverage in Long-Term Care Healthcare Personnel**

LTC licensed at any point during the 2022-23 influenza season were required to report healthcare personnel (HCP) influenza vaccination percentages. In the 2021-22 Flu season, due to the COVID-19 global pandemic, not all LTC reported their vaccination percentages. As a result, the HAI Program directed facilities to prioritize COVID-19 prevention activities over reporting influenza data. While this was not explicitly repeated for the 2022-23 influenza season, it is reasonable to say that LTC remained focused on these efforts during the 2022-23 season.

## **COVID-19 Limitations**

In response to the COVID-19 pandemic, many state and local health resources were reassigned to support COVID-19 containment and mitigation. The NH HAI Program was also redirected and remains heavily involved with outbreak response in healthcare settings, due to staff expertise in conducting infection control assessments. Many healthcare facilities statewide had to prioritize and reduce surveillance activities that were unrelated to COVID-19. Due to these factors and prioritizing COVID-19 activities, many of the standard data collection and validation activities for this report were limited, unable to be completed, or delayed. Though the Covid-19 Public Health emergency has ended, there is still the potential for incomplete data in some areas and reporting errors.

## **National Healthcare Safety Network (NHSN) LTC Module**

NHSN implemented a module for Healthcare Personnel (HCPs) called the Healthcare Personnel Safety Component (HCPSC). The HCPSC allows all healthcare facilities to report mandated, as well as optional measures, by using one web-based secure reporting system. This system contains two distinct modules: Influenza Vaccination Reporting and Covid-10 Vaccination Reporting.

All data presented in this report is mandated by the State of New Hampshire RSA 151:32-35. Facilities have the option to report additional information into NHSN based of the facility's individual needs.

## **Conclusion**

This is the sixth report of NH LTC data, and it is an important part of continuing progress toward the goal of eliminating HAI in NH. This report provides selected HAI data that may be used by healthcare facilities to identify areas for improvement as well as by healthcare consumers to make informed healthcare decisions.

## **I. INTRODUCTION**

### **Purpose**

This report represents the first summary of healthcare-associated infection (HAI)-related data reported by Long-Term Care (LTC) in New Hampshire (NH) during calendar year 2022. This report can be used by healthcare facilities in the State to identify areas for improvement as well as by healthcare consumers to make informed healthcare decisions.

### **Audience**

The intended audience may include but is not limited to: healthcare personnel (HCP), infection control and prevention staff, facility leadership and management, clinicians, and healthcare consumers.

### **How to Use This Document**

This document includes aggregate data reported by all licensed LTC in NH. The document consists of six sections:

- I) Introduction
- II) Surveillance methods
- III) Statewide data
  - a. Overall NH data in LTC
  - b. Percentage of HCP receiving influenza vaccination
- IV) Conclusions
- V) Appendices
  - a. Technical notes
  - b. Influenza vaccination survey questions, 2022-2023 season
  - c. Understanding the relationship between HAI comparison metrics

Please contact the NH Department of Health and Human Services (DHHS) HAI Program (603-271-4496) with any questions about the content or how to use this document.

### **New Hampshire Healthcare-Associated Infections Program**

DHHS has been developing and improving a HAI surveillance program since 2007. During the 2006 legislative season, the NH Legislature passed a bill creating NH Revised Statutes Annotated (RSA) 151:32-35, which requires hospitals to identify, track, and report HAI to DHHS. The intent of the bill is to provide HAI data by hospital, ASC, dialysis, LTC in a publicly accessible forum. The bill did not identify funding to carry out these activities, mandatory reporting was not fully implemented until January 2009.

DHHS, with consideration of the law, required that eligible LTC report the following measures:

- Influenza vaccination in HCP (via NHSN and DHHS web survey). All LTC are required to report influenza vaccination in HCP.

### **State of New Hampshire Healthcare-Associated Infections Plan**

In response to increasing concerns about the public health impact of HAI, the U.S. Department of Health and Human Services (HHS) developed its “Action Plan to Prevent Healthcare-Associated Infections” (HHS Action Plan) in 2009. The HHS Action Plan includes recommendations for surveillance, research, communication, and metrics for measuring progress toward national goals. In a concurrent development, the 2009 Omnibus Appropriations Act was developed. This act required states receiving Preventive Health and Health Services Block Grant funds to certify that they would submit a plan to reduce HAI to the Secretary of HHS not later than January 1, 2010. In order to assist states in responding within the short timeline required by that language and to facilitate coordination with national HAI prevention efforts, CDC provided a template to assist state planning efforts in the prevention of HAI. The template targeted four areas: 1) Development or Enhancement of HAI Program Infrastructure; 2) Surveillance, Detection, Reporting, and Response; 3) Prevention; and 4) Evaluation, Oversight, and Communication. In 2009, DHHS drafted a State HAI Plan and submitted it to HHS.

### **Overview of Healthcare-Associated Infections Prevention Efforts**

DHHS participates in statewide prevention activities through the NH Health Care Quality Assurance Commission (NHHQCAC), on which the Division of Public Health Services director serves. DHHS is active in various projects coordinated by the NHHQCAC and the HICP Quality Innovation Network-Quality Improvement Organization (QIN-QIO). Major statewide initiatives through these organizations have included hand hygiene campaigns, patient safety checklists, programs to prevent bloodstream infections, antimicrobial resistance, and *Clostridioides difficile*. Additionally, the Foundation for Healthy Communities received a large grant through the Partnership for Patients program to conduct additional large, statewide prevention initiatives. For additional information on these various efforts, the following websites may be helpful:

New Hampshire Health Care Quality Assurance Commission:

[NH Health Care Quality & Patient Safety Commission - FHC \(healthynh.org\)](http://www.healthynh.org)

CMS QIN-QIO for Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont:

<https://ipro.org>

Foundation for Healthy Communities Partnership for Patients:

<http://www.healthynh.org/>

## **II. SURVEILLANCE METHODS**

### **2022 Healthcare-Associated Infections Reporting Requirements for New Hampshire LTC**

Reporting requirements are governed by RSA 151:33 with authority given to DHHS to develop administrative rules to provide specific reporting instructions and methodology. Administrative rules, “He-P 309 Healthcare Associated Infections,” were drafted in 2010 with stakeholder input and approved January 14, 2011, by the Joint Legislative Committee on Administrative Rules. Reporting requirements for 2012-2022 included the following required measures for LTC:

- Influenza vaccination for HCP

### **Accuracy of Reported Healthcare-Associated Infections Surveillance Data**

External data validation activities have not been performed on this data. Data submitted to the HAI Program undergoes an internal review as part of the quality assurance process. HAI contacts facilities if there are any questions regarding data presentation, accuracy, or other related issues. External data validation plans are in development and set for implementation in future editions of this report.

### **National Healthcare Safety Network**

NHSN is a voluntary, secure, internet-based surveillance system for healthcare facilities to monitor patient safety and infection prevention measures. Enrollment is open to all types of healthcare facilities in the United States Department of Health and Human Services selected NHSN because it is widely used across the U.S., offers already developed and accepted surveillance definitions and methods, provides national comparison data, and there is no cost to use or join the system.

More information about NHSN is available at: <http://www.cdc.gov/nhsn/index.html>.

### **Influenza Vaccination Percentage Monitoring**

HCP may become infected with the influenza virus through contact with infected patients and can transmit influenza to patients and other HCP. Despite documented benefits of HCP influenza vaccination on patient outcomes and HCP absenteeism, vaccination coverage among HCP remains low nationally. A CDC survey showed HCP influenza vaccination coverage to be low, nationally, at 78.8% over the 2017-18 Influenza Season<sup>1</sup>. A similar study was done for the 2022-2023 season where it showed HCP Influenza Vaccination Coverage was 75.9%. Long-Term Care facilities had the lowest rate of Influenza vaccination among HCP during the 2022-2023 season. This study found that only 28.1% of HCP surveyed were vaccinated for Influenza during the 2022-2023 season<sup>2</sup>. HCP should be offered influenza vaccination yearly because they provide care to patients at high risk for complications related to influenza. Currently, there are no regulations requiring vaccination in NH, and HCP are free to decline vaccination for any reason. However, some LTC do have policies requiring mandatory HCP vaccination.

All LTC are required to report HCP vaccination aggregate data directly to DHHS via an online survey that is provided to facilities or through NHSN with a DHHS supplemental online survey. See Appendix 2 for the 2022-2023 survey questions regarding influenza vaccination. Submission of these data meets the requirements of both the HAI law (RSA 151:32-35) and the Healthcare Immunization law (RSA 151:9-b).

HCP influenza vaccination percentages were calculated by dividing the total number of HCP that worked or volunteered in each facility, for at least one working day, between October 1, 2022 and March 31, 2023, by the total number of HCP immunized against influenza for the 2022-23, influenza season.

Limitations for influenza vaccination monitoring:

- The survey asks for the total number of HCP vaccinated. This may not reflect the number of HCP to whom the vaccine was offered. LTC may vary in the refusal rate for vaccination among HCP and the reasons for such refusal. Additionally, some HCP may not be eligible to receive the vaccine. The survey attempted to assess why unvaccinated HCP did not receive the vaccine, however, not all LTC were able to report this information.
- The survey did not include options for facilities to report unknown vaccination status, patients and HCP with unknown vaccination status were analyzed as though they were not vaccinated. This results in a conservative estimate of vaccination status (e.g., lower than in reality).
- Vaccination status is not available by location where the vaccination was received (e.g., at the reporting facility or elsewhere).
- Data collection techniques at LTC may vary from season to season, potentially affecting comparison of data. DHHS continues to work towards improving the validity and utility of this measure in order to eliminate issues that pose problems for such comparison.
- Some LTC have very few HCP and may be unable to achieve a vaccination percentage significantly higher than the State percentage, due to sparse data.

**Influenza Vaccination Percentages**

Table 1 below shows the total number of HCP and the number of HCP vaccinated against seasonal influenza at each LTC during the 2022-23 influenza season. Vaccination rates by LTC facility ranged from 0% to 100%. Figure 1 below depicts HCP influenza vaccination percentages since Fall, 2018. Vaccination coverage by year ranged from 37.8% to 68.5%. The overall State vaccination percentage for the 2022-23 season was 37.8%.

**Table 1. Influenza vaccination percentages for HCP by LTC, 2022–23 influenza season, Oct 1, 2022–Mar 31, 2023**

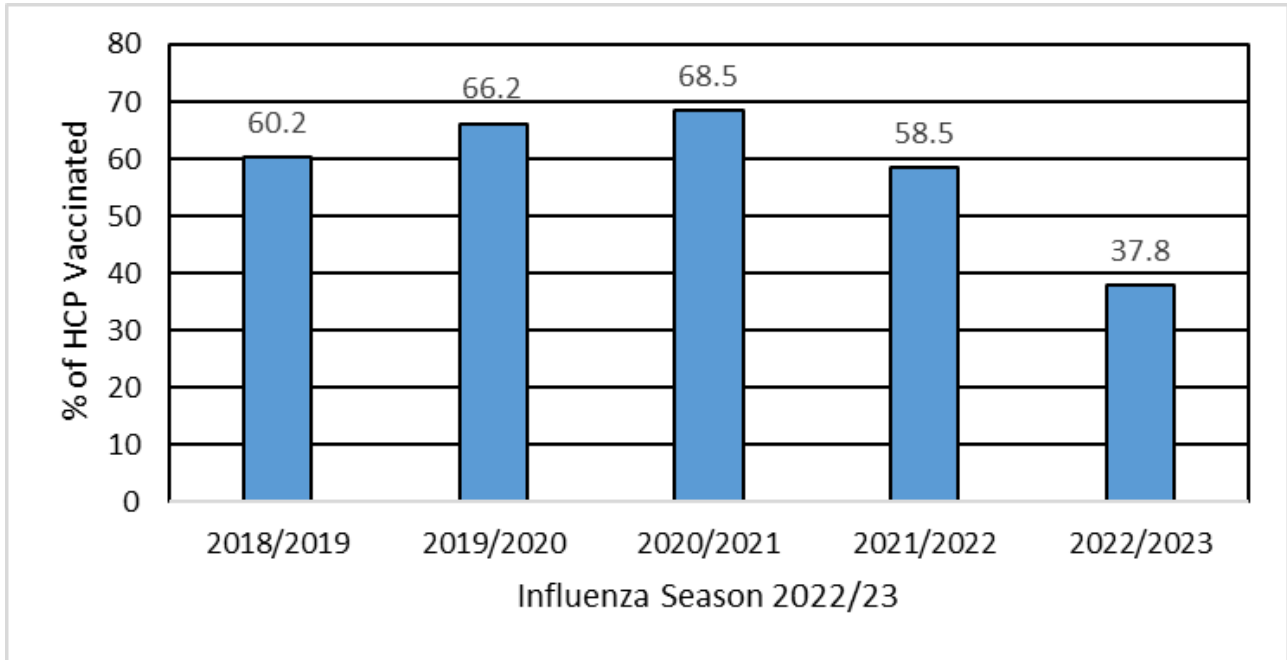
Long-Term Care	HCP Vaccinated	Total HCP	% HCP Vaccinated	95% Confidence Interval	LTC % Compared to State %
Artaban House	1	4	25.0	1.3 , 75.8	Similar
Assisted Living at Sugar Hill	44	55	80.0	67.9 , 89.0	Higher
Bedford Falls	26	117	22.2	15.4 , 30.4	Lower
Bellamy Fields	10	72	13.9	7.3 , 23.4	Lower
Benchmark at Rye	42	64	65.6	53.4 , 76.5	Higher
Benchmark Senior Living at Nashua Crossings	36	84	42.9	32.6 , 53.6	Similar
Bowman Place of Olde Bedford	3	84	3.6	0.9 , 9.4	Lower
Bridges by Epoch at Nashua	84	92	91.3	84.2 , 95.9	Higher
Brookdale Spruce Wood	20	37	54.1	38.0 , 69.5	Similar
Carriage Hill Assisted Living	29	44	65.9	51.1 , 78.7	Higher
Cedar Healthcare Center	3	8	37.5	10.6 , 72.2	Similar
Colonial Fox Den	3	18	16.7	4.4 , 39.0	Similar
Crossroad Farm	4	8	50.0	18.4 , 81.6	Similar
Echo Farm	5	9	55.6	24.0 , 84.0	Similar
Epsom Healthcare Center	17	165	10.3	6.3 , 15.7	Lower
Ernest P. Barka Assisted Living	10	30	33.3	18.3 , 51.4	Similar
Evergreen Place	18	46	39.1	25.9 , 53.7	Similar
Four Winds Community - St. Oran House	2	6	33.3	6.0 , 73.8	Similar
Fox Meadow Retirement Home	3	7	42.9	12.3 , 78.4	Similar
Golden View Health Care Center	40	75	53.3	42.0 , 64.4	Higher
Grace House of Windham	13	28	46.4	28.8 , 64.8	Similar
Greystone Farm at Salem	20	90	22.2	14.5 , 31.7	Lower
Harmony Homes By the Bay	66	91	72.5	62.7 , 80.9	Higher
Harmony Homes LLC	9	12	75.0	45.9 , 93.2	Higher
Hunt Community	6	54	11.1	4.6 , 21.7	Lower
Inn at Deerfield Inc	15	39	38.5	24.3 , 54.3	Similar
Inn at Parker Station	1	10	10.0	0.5 , 40.3	Similar
Iona House	2	6	33.3	6.0 , 73.8	Similar
Jovis House	0	6	0.0	0.0 , 39.3	Similar
Laurel Place Assisted Living	14	17	82.4	59.1 , 95.3	Higher
Ledgewood	4	7	57.1	21.6 , 87.7	Similar
Ledgewood Bay Assisted Living and Memory Care	23	84	27.4	18.7 , 37.6	Similar
McCoy Home for the Elderly	5	8	62.5	27.8 , 89.4	Similar
Meadow View Manor	0	2	0.0	0.0 , 77.6	Similar
Merrimack County Nursing Home	184	634	29.0	25.6 , 32.6	Lower
Myrtle Manor II Inc	8	15	53.3	28.7 , 76.8	Similar
Partridge House	8	38	21.1	10.3 , 36.1	Lower
Peaceful Harvest Home LLC	13	13	100.0	79.4 , 100.0	Higher
Pyareo Home	8	18	44.4	23.2 , 67.3	Similar

**Table 1. Continued**

Red Farm House	2	3	66.7	13.2 , 98.3	Similar
Riverglen House	50	100	50.0	40.3 , 59.7	Higher
RiverMead	36	36	100.0	92.0 , 100.0	Higher
RiverWoods at Exeter	62	122	50.8	42.0 , 59.6	Higher
RiverWoods Durham	74	117	63.2	54.2 , 71.6	Higher
RiverWoods Manchester	43	159	27.0	20.6 , 34.3	Lower
Rose Meadow Acres	6	23	26.1	11.3 , 46.6	Similar
Rose Meadow Farm	4	24	16.7	5.5 , 35.5	Lower
Rose Meadow Garden	12	25	48.0	29.2 , 67.2	Similar
Scott-Farrar at Peterborough	8	68	11.8	5.6 , 21.1	Lower
Studley Home	4	24	16.7	5.5 , 35.5	Lower
Taylor Community	30	35	85.7	71.1 , 94.6	Higher
The Arbors of Bedford	50	131	38.2	30.1 , 46.7	Similar
The Birches at Concord	9	96	9.4	4.7 , 16.5	Lower
The Boulders at RiverWoods	41	100	41.0	31.7 , 50.8	Similar
The Inn At Meredith Bay	23	42	54.8	39.6 , 69.2	Higher
The Ridge at Riverwoods	42	111	37.8	29.2 , 47.1	Similar
Villa Crest Nursing and Retirement Center	59	63	93.7	85.4 , 98.0	Higher
Vintage Hill, LLC	2	9	22.2	3.9 , 56.2	Similar
Warde Health Center Supported Residential Care Facility	35	61	57.4	44.8 , 69.3	Higher
Watson Fields	7	98	7.1	3.2 , 13.6	Lower
Webster at Rye	21	44	47.7	33.4 , 62.4	Similar
Wentworth Home for the Aged	10	25	40.0	22.4 , 59.8	Similar
Wentworth Senior Living	10	73	13.7	7.2 , 23.1	Lower
Windham Terrace	13	53	24.5	14.4 , 37.4	Similar
<b>State Total</b>	<b>1,452</b>	<b>3,839</b>	<b>37.8</b>	<b>36.3 , 39.4</b>	<b>Similar</b>



**Figure 1. Statewide influenza vaccination percentages for LTC HCP by influenza season 2018-19 through 2022-23**



Note: Influenza season represents data for HCP between October 1st and March 31st the following calendar year.

### **Influenza Vaccination Percentages: Comparison to 2021-22 Data**

The overall statewide LTC HCP vaccination percentage was lower between the 2021-22 and 2022-22 influenza seasons (see Table 2). The analysis presented in Table 2 shows that, overall, four LTC had a higher HCP influenza vaccination rates, twenty-two LTC had similar HCP influenza vaccination rates, and seven LTC had lower HCP influenza vaccination rates in the 2022-23 influenza season compared to the 2021-22 influenza season. Thirty-two LTC could not be compared to previous seasons due to having no data reported in one of the years of comparison or closure of the facility.

**Table 2. Influenza vaccination percentages for LTC HCP by LTC, comparison between 2021-22 and 2022-23 influenza seasons**

Long-Term Care	% HCP Vaccinated 2021-2022	95% Confidence Interval 2021-2022	% HCP Vaccinated 2022-2023	95% Confidence Interval 2022-2023	2021-2022 Compared to 2022-2023
Artaban House	0.0	0.0 , 45.1	25.0	1.3 , 75.8	Similar
Assisted Living at Sugar Hill	55.0	42.3 , 67.2	80.0	67.9 , 89.0	Higher
Austin Home	28.6	5.1 , 67.0	-	-	-
Bedford Falls	-	-	22.2	15.4 , 30.4	-
Bellamy Fields	63.0	51.5 , 73.5	13.9	7.3 , 23.4	Lower
Benchmark at Rye	-	-	65.6	53.4 , 76.5	-
Benchmark Senior Living at Nashua Crossings	-	-	42.9	32.6 , 53.6	-
Bowman Place of Olde Bedford	-	-	3.6	0.9 , 9.4	-
Bridges by Epoch at Nashua	92.9	85.7 , 97.1	91.3	84.2 , 95.9	Similar
Brookdale Spruce Wood	-	-	54.1	38.0 , 69.5	-
Carlyle Place	93.3	82.9 , 98.3	-	-	-
Carriage Hill Assisted Living	71.1	56.7 , 82.9	65.9	51.1 , 78.7	Similar
Cedar Healthcare Center	-	-	37.5	10.6 , 72.2	-
Colonial Fox Den	4.3	0.2 , 19.6	16.7	4.4 , 39.0	Similar
Columbia House	29.4	11.7 , 53.7	-	-	-
Crossroad Farm	-	-	50.0	18.4 , 81.6	-
Echo Farm	-	-	55.6	24.0 , 84.0	-
Epsom Healthcare Center	-	-	10.3	6.3 , 15.7	-
Ernest P. Barka Assisted Living	34.3	20.1 , 51.0	33.3	18.3 , 51.4	Similar
Evergreen Place	-	-	39.1	25.9 , 53.7	-
Four Winds Community - St. Oran House	50.0	14.7 , 85.3	33.3	6.0 , 73.8	Similar
Fox Meadow Retirement Home	40.0	14.2 , 70.9	42.9	12.3 , 78.4	Similar
Gilpin Residence	66.7	26.2 , 94.0	-	-	-
Golden View Health Care Center	-	-	53.3	42.0 , 64.4	-
Grace House of Windham	84.6	66.9 , 94.9	46.4	28.8 , 64.8	Lower
Greystone Farm at Salem	-	-	22.2	14.5 , 31.7	-
Harmony Homes By the Bay	66.2	54.6 , 76.5	72.5	62.7 , 80.9	Similar
Harmony Homes LLC	68.8	43.7 , 87.5	75.0	45.9 , 93.2	Similar
Havenwood Heritage Heights	62.1	57.2 , 66.9	-	-	-
Hunt Community	8.3	2.2 , 21.0	11.1	4.6 , 21.7	Similar
Inn at Deerfield Inc	68.8	51.3 , 82.9	38.5	24.3 , 54.3	Similar
Inn at Parker Station	-	-	10.0	0.5 , 40.3	-
Iona House	50.0	14.7 , 85.3	33.3	6.0 , 73.8	Similar
Jovis House	0.0	0.0 , 34.8	0.0	0.0 , 39.3	Similar
Kendal at Hanover	45.3	37.5 , 53.4	-	-	-
Laurel Place Assisted Living	64.7	40.5 , 84.3	82.4	59.1 , 95.3	Similar
Ledgewood	-	-	57.1	21.6 , 87.7	-
Ledgewood Bay Assisted Living and Memory Care	9.1	4.1 , 17.2	27.4	18.7 , 37.6	Higher
McCoy Home for the Elderly	-	-	62.5	27.8 , 89.4	-

N/A or not applicable: Comparison between two years of data at a given facility is not applicable if no data were reported by that facility and/or if data must be censored for one or more of the years presented.  
 - Facility closed or data unavailable during this influenza season

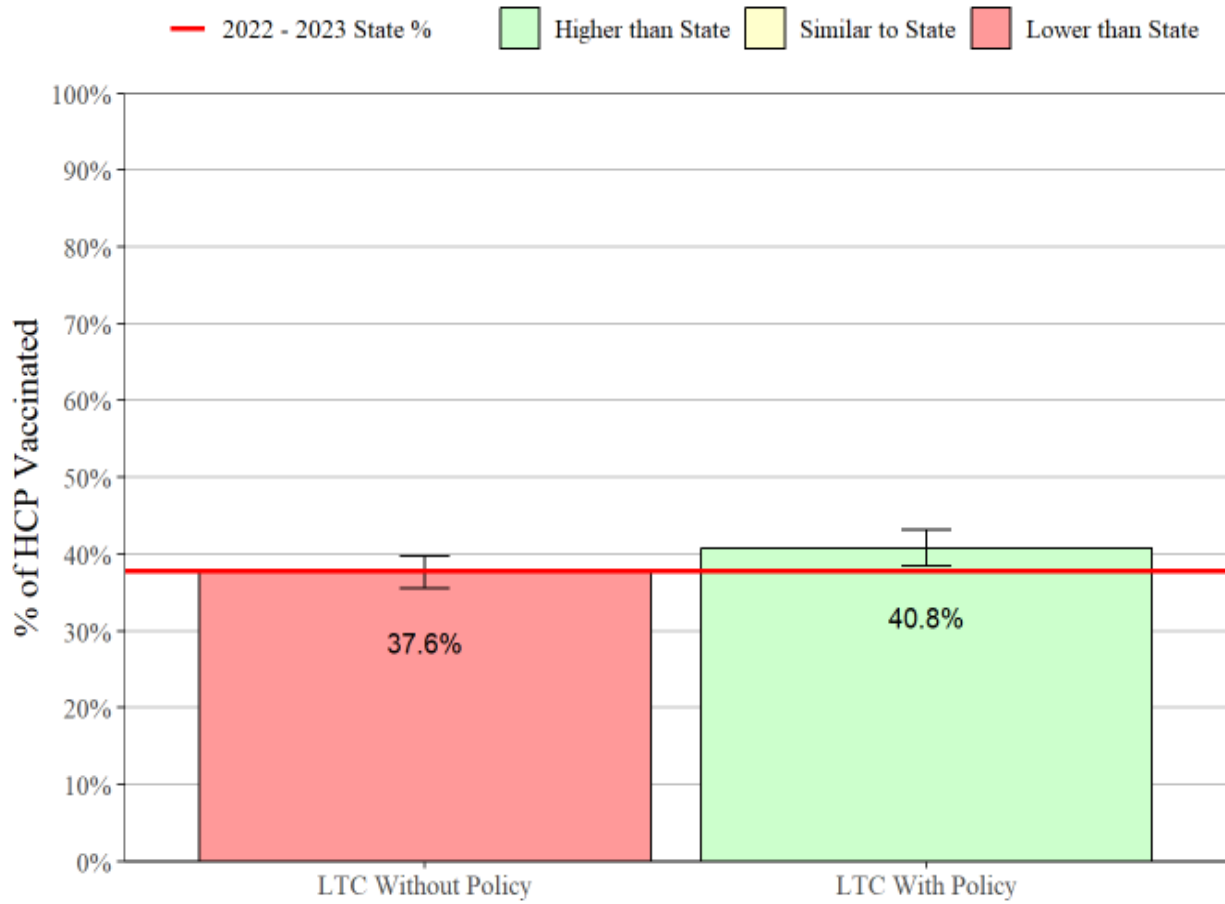
**Table 2. Continued**

Meadow View Manor	0.0	0.0 , 77.6	0.0	0.0 , 77.6	Similar
Merrimack County Nursing Home	-	-	29.0	25.6 , 32.6	-
Myrtle Manor II Inc	-	-	53.3	28.7 , 76.8	-
Neurorestorative New Hampshire	66.7	37.7 , 88.4	-	-	-
Neurorestorative NH- Wentworth House	33.3	11.6 , 62.3	-	-	-
Next Steps Community Services LLC- Bethlehem	26.7	15.3 , 40.9	-	-	-
Next Steps Community Services LLC-Wakefield	32.0	16.1 , 51.9	-	-	-
Partridge House	-	-	21.1	10.3 , 36.1	-
Peabody Home Assisted Living Unit	53.1	35.9 , 69.8	-	-	-
Peaceful Harvest Home LLC	-	-	100.0	79.4 , 100.0	-
Poplin Way	100.0	86.1 , 100.0	-	-	-
Pyareo Home	-	-	44.4	23.2 , 67.3	-
Red Farm House	0.0	0.0 , 52.7	66.7	13.2 , 98.3	Similar
Riverglen House	-	-	50.0	40.3 , 59.7	-
RiverMead	75.8	68.6 , 82.1	100.0	92.0 , 100.0	Higher
RiverWoods at Exeter	-	-	50.8	42.0 , 59.6	-
RiverWoods Durham	76.1	66.6 , 84.0	63.2	54.2 , 71.6	Similar
RiverWoods Manchester	81.7	75.0 , 87.2	27.0	20.6 , 34.3	Lower
Rose Meadow Acres	36.4	12.8 , 66.4	26.1	11.3 , 46.6	Similar
Rose Meadow Farm	66.7	37.7 , 88.4	16.7	5.5 , 35.5	Lower
Rose Meadow Garden	100.0	54.9 , 100.0	48.0	29.2 , 67.2	Similar
Sartwell Place	81.0	60.2 , 93.6	-	-	-
Scott-Farrar at Peterborough	33.8	23.2 , 46.0	11.8	5.6 , 21.1	Lower
Studley Home	71.4	49.8 , 87.5	16.7	5.5 , 35.5	Lower
Summercrest	54.5	33.8 , 74.1	-	-	-
Summercrest Assisted Living, LLC	68.2	53.4 , 80.6	-	-	-
Summit by Morrison	78.8	66.2 , 88.3	-	-	-
Taylor Community	-	-	85.7	71.1 , 94.6	-
The Arbors of Bedford	-	-	38.2	30.1 , 46.7	-
The Birches at Concord	-	-	9.4	4.7 , 16.5	-
The Boulders at RiverWoods	-	-	41.0	31.7 , 50.8	-
The Huntington at Nashua	35.7	26.0 , 46.4	-	-	-
The Inn At Meredith Bay	-	-	54.8	39.6 , 69.2	-
The Residence at Salem Woods	67.5	56.5 , 77.3	-	-	-
The Ridge at Riverwoods	-	-	37.8	29.2 , 47.1	-
Villa Crest Nursing and Retirement Center	75.8	67.7 , 82.7	93.7	85.4 , 98.0	Higher
Vintage Hill, LLC	33.3	9.3 , 66.8	22.2	3.9 , 56.2	Similar
Warde Health Center Supported Residential Care Facility	-	-	57.4	44.8 , 69.3	-
Washington Manor	66.7	26.2 , 94.0	-	-	-
Watson Fields	40.9	32.0 , 50.3	7.1	3.2 , 13.6	Lower
Wayne's Place	92.9	69.5 , 99.6	-	-	-
Webster at Rye	43.5	31.6 , 56.1	47.7	33.4 , 62.4	Similar
Wellstone House	60.0	29.1 , 85.8	-	-	-
Wentworth Home for the Aged	-	-	40.0	22.4 , 59.8	-
Wentworth Senior Living	-	-	13.7	7.2 , 23.1	-
Wheelock Terrace	32.4	22.3 , 43.9	-	-	-
Windham Terrace	-	-	24.5	14.4 , 37.4	-
<b>State Total</b>	<b>58.5</b>	<b>56.6 , 60.4</b>	<b>37.8</b>	<b>36.3 , 39.4</b>	<b>Lower</b>

## **Influenza Vaccination Policies for Healthcare Personnel**

Figure 2 shows the difference between vaccination percentages for facilities that have influenza vaccination policies and those that do not. It was discovered through analysis of the data that the majority of LTC do not have vaccination policies written. In response, the HAI program plans to engage facilities that do not have a policy in an effort to encourage these facilities to implement a vaccination policy. This will include education for those creating and implementing policies as well as education for staff at facilities with low vaccination rates. Table 3 displays all of the LTC that reported having an influenza vaccination policy, the exemptions allowed, and consequences.

**Figure 2. Influenza vaccination percentages for LTC with and without vaccination policies, 2022-23 influenza season**



**Table 3. Influenza vaccination policies and consequences for HCP by LTC, 2022-2023 influenza season**

Long-Term Care	Exemptions Allowed in Policy*	Requirements for Unvaccinated HCP with Accepted Exemption	Consequences for Unvaccinated HCP without Accepted Exemption
Assisted Living at Sugar Hill	Medical, Religious, Personal/philosophical	Wear a mask	Wear a mask
Bedford Falls	Medical, Religious, Personal/philosophical	Wear a mask	Wear a mask
Benchmark at Rye	Medical, Religious	Wear a mask, Receive verbal and/or written education	Progressive discipline, potentially including termination
Bridges by Epoch at Nashua	Medical, Religious	Wear a mask, Receive verbal and/or written education	Wear a mask, Progressive discipline, potentially including termination, Receive verbal and/or written education
Cedar Healthcare Center	Medical, Religious, Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask
Four Winds Community - St. Oran House	Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask, Receive verbal and/or written education
Golden View Health Care Center	Medical, Religious, Personal/philosophical	Wear a mask	Wear a mask, Progressive discipline, potentially including termination, Receive verbal and/or written education
Greystone Farm at Salem	Medical, Religious, Personal/philosophical	Receive verbal and/or written education	Receive verbal and/or written education
Harmony Homes LLC	Medical, Religious, Personal/philosophical	Wear a mask	Wear a mask
Iona House	Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask, Receive verbal and/or written education
Merrimack County Nursing Home	Medical, Religious, Personal/philosophical, Staff May Simply Choose to Decline	No Current Requirement, Under Review for Next Season	No Consequences Currently
Partridge House	Medical, Religious, Personal/philosophical	Wear a mask	Wear a mask
Peaceful Harvest Home LLC	Medical, Religious	Wear a mask	Progressive discipline, potentially including termination
RiverWoods at Exeter	Medical, Religious, Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask
Rose Meadow Acres	Medical, Religious	Wear a mask, Receive verbal and/or written education	Progressive discipline, potentially including termination
Rose Meadow Farm	Medical, Religious, Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask, Receive verbal and/or written education
Rose Meadow Garden	Medical, Religious	Wear a mask, Receive verbal and/or written education	Wear a mask, Progressive discipline, potentially including termination, Receive verbal and/or written education
Taylor Community	Medical, Religious, Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask, Receive verbal and/or written education
The Boulders at RiverWoods	Medical, Religious, Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask
The Ridge at Riverwoods	Medical, Religious, Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask

\* Exemptions include Medical, Religious, Personal/philosophical, and Other.

Note: All other LTC that filled out influenza reporting for the 2022-2023 influenza season did not have a policy in place.

### **III. CONCLUSIONS**

This sixth report of LTC HAI data is an important component in the continuing process of New Hampshire's goal to eliminate HAI. This report provides a picture of selected data that facilities may use to identify areas for improvement and prevention. Additionally, the information may enable healthcare consumers to make better informed health care decisions.

Key findings described in this report include the following:

- Compliance in reporting in accordance with (RSA) 151:32-35 was lower than previous reporting years.
- The overall State rate of infection was significantly lower than the national rate among facilities that provided data.
- Vaccination coverage by LTC during the 2022-23 influenza season ranged from 0% to 100.0%. The overall State percentage was 37.8% during the 2022-23 influenza season. This was lower than the 2021-22 influenza season when the statewide vaccination rate was 58.5%.
- Twenty NH LTC had mandatory influenza vaccination policies for HCP during the 2022-23 season.

While this report is limited to only a subset of HAI, the information provided may serve as an important indicator of healthcare quality, and infection prevention efforts in NH LTC.

### **IV. Strike Grant Relationship Building**

The State of New Hampshire Healthcare Associated Infections Program was awarded the Strike Grant in 2020. The Strike Grant was designed to rebuilding the infrastructure in Long Term Care facilities and assist in infection prevention by providing resources, such as free fit testing kits and free Glo Germ kits. Training for use of the kits is provided by grant funding. A resident-based (no caps) community of practice call is also offered as a grant resource. This call is a virtual and informal gathering of LTC residents, where they may discuss infection prevention procedures and engage in activities, in a comfortable setting. The calls provide an exceptional learning and sharing experience between homes of varied LTC communities.

The Strike Grant has given the HAI program the ability to hire a Long-term Care Liaison, a contracted position in the HAI program, and outside vendors. This has allowed the HAI program and its partners to engage stake holders in trainings, education sessions, and networking opportunities. Because of Strike funds, between February 2023 and September of 2023, 262 new Licensed Nursing Assistants (LNA) have committed to working in a Skilled Nursing Home or Long-Term-Care setting. Additionally, Strike Grant funds have been able to provide certifications from CBIC (Certification Board of Infection Control and Epidemiology). From June 2023-September 2023, 61 professionals were enrolled in a CBIC certification such as CIC (Certified in Infection Control), LTC-CIP (Long-Term Care Certification in Infection Prevention), a-IPC (Associate Infection

Prevention and Control). Lastly, 16 individuals have received a ServSafe Food Protection Manager Certificate.

## APPENDIX 1: Technical Notes

1. The majority of data in this report were extracted from NHSN on 10/17/2023; additional influenza vaccination data was extracted from other data sources on the same date. Changes after this date are not reflected in this report.
2. All confidence intervals presented in this report are 95% confidence intervals. A confidence interval is a measure of certainty (usually with 95% confidence) of an estimate (such as a percentage). Because we can never obtain a facility's true "population" data (e.g., all patients for all time), we use statistical procedures to estimate various measurements using "sample" data. Since estimates are variable, we use 95% confidence limits to describe the variability around the estimate. The confidence interval gives us the range within which the TRUE value will fall 95% of the time, assuming that the sample data are reflective of the true population. If the confidence intervals for the two rates overlap, then it is reasonably possible that the REAL rates are not different from one another.
3. Statistical significance is affected by sample size. Small sample sizes are more prone to fluctuations in the data.

### Process Measure Percentages

4. Calculating an influenza vaccination percentage: Influenza vaccination percentages are presented as the number of HCP vaccinated divided by the total number of HCP expressed as a percent.

Influenza vaccination (%) = (number of HCP vaccinated / total number of HCP) x 100

B. Calculating a corresponding confidence interval for an influenza vaccination percentage: Confidence intervals for influenza vaccination data presented in this report are mid-p exact 95% confidence intervals, which were calculated using a statistical software program.

5. Interpreting a proportion confidence interval for vaccination data: A confidence interval is a measure of certainty (usually with 95% confidence) of an estimate (such as a percentage). Confidence intervals can be used to assess whether differences in the percentages observed for each group (for example, LTC vs. State) are statistically significant.
  - a. Confidence intervals that overlap the State confidence interval are considered "Similar" to the overall State percentage.
  - b. Confidence intervals that are lower than and do not overlap the State confidence interval are considered "Lower" than the overall State percentage.
  - c. Confidence intervals that are higher than and do not overlap the State confidence interval are considered "Higher" than the overall State percentage.



## APPENDIX 2: Influenza Vaccination Survey Questions, 2022-2023 Season

1. Background information (facility and survey respondent)
2. How many HCP worked or volunteered in your facility for at least one working day between October 1, 2022 and March 31, 2023?
3. How many HCP received a seasonal influenza vaccination (at your facility or elsewhere) for the 2022-23 season? Influenza vaccine for a given influenza season may be available as early as July or August. Include all immunized HCP that received the 2022-23 vaccine product, even if administered prior to October 1, 2023.
  - 3a. Total number of HCP immunized against influenza for the 2022-23 season:
  - 3b. Total number of HCP not immunized against influenza for the 2022-23 season:
4. Of the HCP not immunized against influenza for the 2022-23 influenza season, how many HCP did not receive the seasonal influenza vaccine for each of the following reasons (medical contraindications, religious, other (e.g., personal/philosophical), unknown)?
5. Does your facility have a seasonal influenza vaccination policy? Such a policy means that the facility requires all or some portion of HCP working at that facility to receive a seasonal influenza vaccine. If NO, skip to item 10.
  - 5a. Yes, there is a policy currently in place.
  - 5b. No, but we are considering a policy.
  - 5c. No, and we are not considering a policy.
  - 5d. Other
6. If your facility has a seasonal influenza vaccination policy, what reasons for exemption are acceptable (medical, religious, personal/philosophical, other)? Check all that apply.
7. If your facility has a seasonal influenza vaccination policy, what do you require of unvaccinated HCP with an acceptable reason for exemption (wear a mask, receive verbal and/or written education, other)? Check all that apply.
8. If your facility has a seasonal influenza vaccination policy, what are the potential consequences for unvaccinated HCP without an acceptable reason for exemption (wear a mask, progressive discipline, potentially including termination, receive verbal and/or written education, other)? Check all that apply.
9. If your facility has a seasonal influenza vaccination policy, how many people were terminated, suspended, resigned, or dismissed as a result of noncompliance with the policy during the 2022-23 influenza season?
  - 9a. Terminated:
  - 9b. Temporarily suspended:
  - 9c. Resigned:
  - 9d. Dismissed permanently:
10. Please enter any comments you would like to share.

## APPENDIX 3: Preventing Healthcare-Associated Infections

### What You Can Do to Prevent Healthcare-Associated Infections

There are several prevention tips you can follow all the time to reduce your chance of getting an infection or spreading your infection to others.

1. Clean your hands.
  - Use soap and warm water. Rub your hands for at least 20 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
  - If your hands do not look dirty, you can clean them with alcohol-based hand rub. Rub the gel all over your hands, especially under your nails and between your fingers, until your hands are dry.
  - Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.
2. Make sure healthcare providers clean their hands first, even if they wear gloves, before touching you or performing any procedure.
  - Doctors, nurses, dentists, and other healthcare providers come into contact with many bacteria and viruses. If you do not see your healthcare provider wash their hands or use an alcohol-based hand rub before they treat you, ask them if they have cleaned their hands.
  - Healthcare providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids, while suctioning tubes, and examining your mouth or genitalia. Don't be afraid to ask if they should wear gloves.
3. Cover your mouth and nose.
  - Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel three feet or more. Cover your mouth and nose to prevent the spread of infection to others.
  - Use a tissue. Keep tissues handy at home, at work, and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.
  - If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away.
4. If you are sick, avoid close contact with others.
  - If you are sick, stay away from other people or stay home. Don't shake hands or touch others.
  - When you go for medical treatment, call ahead and ask if there is anything you can do to avoid infecting people in the waiting room.
5. Get shots to avoid disease and fight the spread of infection.
  - Make sure that your vaccinations are current—even for adults. Check with your doctor about shots you may need.
6. If you are prescribed an antibiotic for an illness, take them exactly as directed by your doctor.

7. If you are prescribed an antibiotic for an illness, take them exactly as directed by your doctor.
  - Don't take half-doses or stop before you complete your prescribed course even if you feel better. Not taking them as directed can lead to infections that become resistant to antibiotics, making them more difficult to treat.

### **Other Useful Resources**

Access the New Hampshire Healthcare-Associated Infections (HAI) Program website for public reports, guidelines, and other materials at: [Healthcare-Associated Infections | New Hampshire Department of Health and Human Services \(nh.gov\)](#)

For more information about HAI nationally and patient safety, visit the Centers for Disease Control and Prevention (CDC) website at: <http://www.cdc.gov/HAI/> and [Patient Safety: What You Can Do to Be a Safe Patient | HAI | CDC](#)

The Agency for Healthcare Quality and Research (AHRQ) has information for patients including care planning, diagnosis and treatment, and patient engagement. Visit their website at: [Home | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)

The Society for Healthcare Epidemiology of America (SHEA) has several patient resources and guides. Visit their website at: [SHEA – The Society for Healthcare Epidemiology of America \(shea-online.org\)](#)

The Association of Professionals in Infection Control and Epidemiology (APIC) have infection prevention updates, materials for healthcare facilities, and information about HAI. Visit their website to learn more: [Home - APIC](#)

To learn more about accreditation, certification and standards, visit the Joint Commission Website at: [A Trusted Partner in Patient Care | The Joint Commission](#)

## REFERENCES

<sup>1</sup> CDC. Influenza Vaccination Coverage Among Health-Care Personnel – United States, 2017-18 Influenza Season. Morbidity and Mortality Weekly Report September 2018; 67(38);1050-1054. Accessed online from: <https://www.cdc.gov/nhsn/pdfs/datastat/hcp-flu-vax-data-tables-asc-2018-508.pdf>

<sup>2</sup> CDC. Influenza vaccination coverage among health care personnel - United States, 2022–23 influenza season. Centers for Disease Control and Prevention. [https://www.cdc.gov/flu/fluview/hcp-coverage\\_22-23-estimates.htm](https://www.cdc.gov/flu/fluview/hcp-coverage_22-23-estimates.htm)