Healthcare Personnel Influenza Vaccination in New Hampshire during the 2018-19 Influenza Season

Introduction
Influenza and pneumonia combined are among the leading cause of death in the United States. Serious illness and deaths occur most frequent among those 65 years or older, two years or younger, or those with medical conditions that may increase complications. Healthcare personnel (HCP) can become infected with influenza 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 below the national Health People 2020 target of 90%. Because HCP provide care to patients at high risk for complications of influenza, they should be offered influenza vaccine each year. Currently there are no regulations requiring vaccination in New Hampshire (NH); however, some healthcare facilities have implemented policies requiring HCP vaccination. Monitoring of vaccination rates in certain NH HCP has been required by law since 2008, though the availability of historical data varies by facility type.

Hospital data

Hospital Influenza Vaccination Rates
Vaccination rates by hospital ranged from 65.9%–99.0% during the 2018-19 influenza season, and the overall vaccination rate was 94.0%. Ten hospitals had vaccination rates similar to the overall vaccination rate, 13 hospitals reported vaccination rates that were significantly higher than the overall vaccination rates that were significantly higher than the overall vaccination rate, and 10 hospitals reported vaccination rates that were significantly lower than the overall vaccination rate.

Figure 1. Statewide influenza vaccination rates for hospital HCP by influenza season

Note: Each season spans October 1-March 31 of the following calendar year.

Overall, five hospitals increased HCP influenza vaccination in 2018-19 compared to 2017-18, 24 hospitals had similar vaccination rates, and four hospitals decreased influenza vaccination rates.

Influenza Vaccination Policies for HCP at Hospitals
During the 2018-19 influenza season, 31 (93.9%) of 33 hospitals had a HCP vaccination policy in place, two (6.1%) did not have a policy in place and were not considering one. Hospitals with vaccination policies had significantly higher rates of influenza vaccination as a whole (94.3%) than hospitals without policies (77.1%).

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1 77.3% during the 2016-17 influenza season.
Ambulatory Surgery Center Data

**Ambulatory Surgery Center (ASC) Influenza Vaccination Rates**
Vaccination rates by ASC ranged from 20.3%–100.0%, and the overall vaccination rate was 83.6%. Thirteen ASCs had vaccination rates similar to the overall vaccination rate, nine ASCs reported vaccination rates that were significantly higher than the overall vaccination rate, and five ASCs reported vaccination rates that were significantly lower than the overall vaccination rate.

Note: Influenza seasons span October 1st to March 31st of the following calendar year.

There was a slight increase in statewide ASC HCP vaccination from 2017-18 to 2018-19, however it was not statistically significant. Nineteen ASCs had similar HCP influenza vaccination rates, two ASC had lower HCP vaccination rates, and three ASC had higher HCP vaccination rates in 2018-19 when compared to 2017-18.

**ASC Influenza Vaccination Policies for HCP**
During the 2018-19 influenza season, 18 (64.3%) of 28 ASCs had a HCP vaccination policy in place. ASCs with vaccination policies had significantly higher rates of influenza vaccination as a whole (89.4%) than ASCs without policies (72.3%).

Assisted Living, Adult Day Care, and Adult Residential Care Facility (ALF) Data

**ALF Influenza Vaccination Rates**
Vaccination rates by ALF ranged from 0%–100% during the 2018-19 influenza season, and the overall vaccination rate was 60.7%. Fifty-seven (43.5%) ALFs had vaccination rates similar to the overall vaccination rate, 35 (26.7%) ALFs reported vaccination rates that were significantly higher than the overall vaccination rate, and 39 (29.8%) ALFs reported vaccination rates that were significantly lower than the overall vaccination rate.
The overall statewide ALF HCP vaccination rate increased from 2017-18 to 2018-19; rates have varied among ALFs over the five seasons for which data was collected, with Figure 5 showing both statistically significant increases and decreases between the past 5 influenza seasons. Overall, seven ALFs increased HCP influenza vaccination in 2018-19 compared to 2017-18, 95 ALFs had similar vaccination rates, and 15 decreased influenza vaccination rates. Forty-nine ALF could not be compared with the previous season.

**Influenza Vaccination Policies for HCP at ALFs**

During the 2018-19 influenza season, 40 (23.7%) of 169 ALFs had a HCP vaccination policy in place, 19 (11.2%) did not have one in place but were considering one, and 77 (45.6%) did not have one in place and were not considering one. ALFs with vaccination policies had significantly higher rates of influenza vaccination as a whole (85.2%) than ALFs without policies (49.5%).

**Comparison Data: Hospitals, ASCs, and ALFs**

For the past five years hospitals have had the highest influenza vaccination rate. ALFs had the lowest vaccination rates during all seasons during which these data were collected.

Hospital data shows a consistent rate in HCP vaccination rates between 2014-15 and 2018-19 influenza seasons. ASCs HCP vaccination rates represent a statistically significant change between influenza seasons. ALFs observe constantly lower rates when compared to other facility types.
Figure 8. HCP Influenza Vaccination Rates for Hospitals, ASCs and ALFs with and without Vaccination Policies, 2018-19 Season

As demonstrated in Figure 8, facilities with policies had higher vaccination rates than facilities of the same type without policies, for all three facility types analyzed. However, ALFs with policies had statistically significantly lower rates than the other two facility types with policies.

Conclusions
Hospitals had the highest vaccination rates during 5 of the 5 seasons for which data were shown, followed by ASCs; ALFs consistently had the lowest vaccination rates of all three facility types. Hospital vaccination rates remain between 93% and 94% since 2014-15 influenza season. However, ASCs influenza vaccination rates fluctuate while ALF rates have remained more consistent. The 2013-14 season was the first influenza season during which a statistically significant increase was seen for all three facility types. This pattern suggests that influences, such as public reporting of vaccination rates and facility policies promoting HCP vaccination, play an important role in HCP vaccination uptake. The analysis showing increased HCP vaccination rates in facilities with policies across all three facility types suggests that such policies are an effective way to increase rates. Finally, because ALF data are newly collected by the HAI Program, and the response rate of this facility type increased substantially from 2015-2018 with more active surveillance, future seasons of data collection will allow for more accurate comparison. While HCP influenza vaccination rates have increased significantly in recent years, vaccination rates can be further improved through implementation of vaccination policies that educate HCP, promote vaccination, and ensure availability of vaccine. In particular, vaccination rates in ALFs are well below the Healthy People 2020 goal of 90%; enhanced vaccine availability and HCP education in this setting is recommended. It is important to continue to monitor HCP vaccination rates to ensure that rates continue to improve. For facility-specific data as well as details regarding data collection methods and analyses, please refer to the 2018 HAI reports for hospitals and ASCs and the 2018-19 influenza vaccination coverage report for ALF HCP.

References
1. https://www.cdc.gov/mmwr/volumes/67/wr/mm6738a2.htm

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This report was funded in part by the Centers for Disease Control and Prevention Cooperative Agreement Number 3U50CK000427. Its contents are solely the responsibility of the authors and do not represent the official views of the Centers for Disease Control and Prevention.