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## Influenza Immunization Rates Among Staff at Long Term Care Facilities and Acute Care Hospitals

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### Description

- Proportion of staff at long term care (LTC) facilities and acute care facilities who have received the influenza immunization for the current influenza season by the date specified in the MOHLTC reporting requirements.

### Specific Indicators

- Influenza immunization coverage among staff in long-term care facilities
- Influenza immunization coverage among staff in acute care facilities

### Method of Calculation

#### *Facility-level Indicator:*

Number of staff in a facility who have been immunized against influenza for the current influenza season by the date specified in the MOHLTC reporting requirements.

x 100

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Total number of staff in that facility on the reporting date

#### *Health-unit level Indicator:*

- Median value of immunization rates for LTC facilities
- Median value of immunization rates for acute care facilities

#### *Population-level Indicator:*

All staff in LTC or acute care facilities in the public health unit geography who have been immunized against influenza for the current influenza season by the date specified in the MOHLTC reporting requirements.

x 100

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Total number of staff in LTC or acute care facilities on the reporting date

### Basic Categories

- Geographic areas: PHU

### Data Sources

**Numerator:** Number of staff (defined in Indicator Comments below) in LTC facility or acute care facility who have been immunized against influenza for the current influenza season by the date specified in the MOHTLC reporting requirements

**Denominator:** Number of staff at LTC facility or acute care facility on the reporting date (see Indicator Comments)

Original source: Public Health Unit

Distributed by: Public Health Unit

Suggested citation (see [Data Citation Notes](#)):

Long Term Care Facility and Hospital Influenza Immunization Data [years], Date Collected: [date]

### Alternative Data Sources

- None

### Indicator Comments

- The influenza surveillance season starts on September 1 and ends on August 31 the following year.
- High levels of immunization rates result in “herd immunity” whereby unimmunized persons are protected because the chances of an infected person coming in contact with a susceptible person is very low.<sup>1</sup>
- Immunization against influenza is an annual event in Ontario and is recommended for the entire population.
- There is a decreased risk to residents / patients if health care workers are immunized.<sup>2, 3</sup>
- National objectives include 80% influenza immunization coverage among health care professionals.<sup>4</sup>
- Typically, influenza immunization coverage information is collected manually for staff working in acute care hospitals and long-term care facilities (LTC). Depending on the health unit, coverage rates may also be collected for staff working in retirement homes. The coverage rates will not include health care workers working in other facilities or in other positions (such as VON) or those working in other facilities where data is not routinely collected.
- Data from different types of facilities (i.e. acute care versus long term care) should not be combined and should be reported separately for the health unit level indicator. MOHLTC definitions of staff in LTC and acute care facilities have changed over time.<sup>5</sup> Caution should be taken when comparing rates over time and between geographies due to changes in definitions over time.
  - In 2008/09 and 2009/10 seasons, data was requested for “staff in the home” without further definition.
  - In 2010/11 and 2011/12 seasons, the definition included the following types of workers, but did not mention volunteers explicitly:

“All persons who carry on activities in the LTCH, including but not limited to employees (permanent, temporary), students, attending physicians and both health care and non-health care contract workers and any other staff (including persons with admitting/clinic privileges (MD, Mid-wives, Hearing Aid Centre); maintenance workers (e.g. janitorial, repair, etc.) or other workers who carry on activities in resident care areas or come into contact with residents (e.g. hairdressers).”
  - Since 2012/13, Staff are defined as “employees (permanent or temporary/full time or part time) on payroll, licensed independent practitioners, adult students/trainees, volunteers and contract workers.” Data on each of the following categories is collected separately; however, whether the category is required or optional varies from season to season:
    - employees on payroll,
    - licensed independent practitioners,
    - adults students/trainees,
    - volunteers
    - other contract staff

### Corresponding Health Indicator(s) from Statistics Canada and CIHI

- None

### Cross-References to Other Sections

- None

### **Ontario Public Health Standards (OPHS): Requirements for programs, services and accountability**

The role of boards of health is to support and protect the physical and mental health and well-being, resiliency and social connectedness of the health unit population, with a focus on promoting the protective factors and addressing the risk factors associated with health outcomes. The Ontario Public Health Standards (OPHS) define the responsibilities of boards of health in an integrated health system and are informed by the core public health functions, which include assessment and surveillance, health promotion and policy development, health protection, disease prevention and emergency management. The boards of health are responsible for programs and services in all core functional areas as well as demonstrating accountability to the ministry, and monitoring and measuring effectiveness, impact and the success of their programs and services.<sup>9</sup>

This indicator relates to the following Ontario Public Health Standards:

- Immunization
- Infectious and Communicable Diseases Prevention and Control

[http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Ontario\\_Public\\_Health\\_Standards\\_2018\\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf)

### **References**

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### Changes Made

Date	Type of Review  (Formal or Adhoc)	Changes made by	Changes
January, 2009	Formal Review	Infectious Disease subgroup	<ul style="list-style-type: none"> <li>Changed name from "Influenza Vaccination Rates Among Health Care Workers"</li> </ul>
June 13, 2011	Ad hoc	Sherri Deamond on behalf of CIWG	<ul style="list-style-type: none"> <li>Added acknowledgments section</li> </ul>
June 15, 2018	Formal Review	Core Indicators Immunization workgroup	<ul style="list-style-type: none"> <li>Changed name from "Influenza Vaccination Rates Among Health Care Workers" to "Influenza Immunization Rates Among Staff at Long Term Care Facilities and Acute Care Hospitals"</li> <li>Updated background information based on new Ontario Public Health Standards</li> <li>Revised Analysis Checklist</li> <li>Added population-level indicator</li> <li>Added clarification regarding facility versus health unit level reporting</li> <li>Added information on reporting of indicators</li> <li>Added clarification regarding staff definition and caution regarding comparison of rates over time</li> </ul>

			<ul style="list-style-type: none"><li>● Updated resources and references<ul style="list-style-type: none"><li>○ Removed outdated references</li><li>○ Added new resources (e.g. PIDAC, MOHLTC, PHAC)</li></ul></li><li>● Removed RRFSS as an alternative data source</li></ul>
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