

September 25, 2023

Dear NCHC Employee,

Getting vaccinations is an easy way to protect yourself, your family, friends, coworkers, and those we serve. The flu and Covid vaccinations are fast, affordable, and safe, and can prevent severe illness and even death. The Centers for Disease Control and Prevention recommends that all people 6 months of age and older get vaccinated against the flu and Covid.

To ensure that staff who work with our most vulnerable elderly populations receive access to the Covid vaccine, only staff that work in the MVCC, Pine Crest, Food Services, Housekeeping and Transportation will be offered **both** the Covid and Influenza vaccinations. All other staff will be offered the influenza shot only at this time.

Based on your job duties and the population of individuals that you serve and/or interact with at work, NCHC will be offering you the influenza vaccination only.

NCHC's Vaccination Policy requires ALL employees to participate in the vaccination process by either receiving vaccinations OR completing the required declination form.

You must complete the vaccination process by Dec. 4, 2023. The information you need to participate in this year's vaccination process is included with this communication.

[Where Can I Get My Flu Shot?](#)

Flu vaccines will be available this fall for you to receive easily at work!

There are a few easy ways to get your flu vaccinations at **NO COST**:

- **Employee Vaccination Clinic** - Sign-up online at www.norcen.org/ForEmployees
Appointments are available Oct. 11 – Nov. 15
- **In Your Department:** Designated nurses in direct care programs will be offering vaccinations. Please speak with your manager about your designated nurse vaccinator. Arrangements will be made directly with the nurse vaccinator in your department.



You may also choose to get your vaccination outside of NCHC, **at your expense**:

- **Employee Health & Wellness Center on Wausau Campus**
Call 715.843.1256 to schedule your appointment. You must be covered by the NCHC Health Plan to utilize this option.
- **Primary Care Clinic of your choice**
- **Community Pharmacy locations** - Please contact your local pharmacy for information.

[What Do I Need to Do to BEFORE December 4, 2023?](#)

1. Make an appointment and get your Flu Shot.
2. Complete the required forms.
3. Return forms to NCHC Employee Health.

Employees who do not participate in this process by Dec. 4 will be removed from the schedule.

NOTE: If you are under the age of 18, you will need a parent or guardian to complete the forms and follow steps above.

Instructions are provided on the back of this sheet to assist you with your required forms. ALL employees must complete and return the *Influenza Vaccination Employee Statement* and *TB Risk Assessment & Symptom Evaluation* forms. The *Declination of Vaccinations* form is only required if you are declining a vaccination.

If you have any questions, please contact NCHC Employee Health at 715.848.4396

www.norcen.org

2023 Vaccination Form Instructions

You should have 3 forms included in your packet that need to be **returned to NCHC Employee Health before December 4, 2023.**

1. Influenza Vaccination Employee Statement (*required to return*)
2. WI TB Risk Assessment and Symptom Evaluation (*required to return*)
3. Declination of Influenza Vaccine (*return only if declining the influenza vaccine*)

Influenza Vaccination Employee Statement REQUIRED

Complete all areas other than the gray Administrative Use Only box at bottom of form.

Influenza Vaccination Employee Statement

I am aware of the influenza policy and have had a choice to have my questions answered about influenza vaccination. I understand the benefits and risks of the vaccine. By signing below I agree to have the influenza vaccine for the 2023 influenza season.

Print Name: _____ Date of Birth: _____ Today's Date: _____

Signature: _____ Program: _____

Parent/Guardian signature (if under age 18): _____ Today's Date: _____

Influenza Vaccination Administration

1) Are you sick today? Yes No

2) Do you have any life-threatening allergies to a component of the influenza vaccine? Yes No

3) Have you had a life-threatening reaction to an influenza vaccine in the past? Yes No

4) Have you ever had Guillain-Barre syndrome? Yes No

5) Is this the first time you have received an influenza vaccine? Yes No

ADMINISTRATIVE USE ONLY

I have already been vaccinated against influenza this season. Please provide proof.

Date of vaccination: _____ Place vaccine was received: _____

Please provide a copy of influenza vaccination with this form.

Administrative Use Only

Name of Vaccination: Influenza Vaccine Date of VIS: 8/06/2021

Date administered/VIS given: _____

Vaccine: Fluairix Quadrivalent 2023/2024 Formula

Lot # _____ Mfg. _____ Site: Left Deltoid Right Deltoid

Q2M4 GSK

Volume: 0.5 mL Exp. Date: 6/30/2024 Name and title of vaccine administrator: _____

Documented in WIR Date and Initials: _____

WI TB Risk Assessment and Symptom Evaluation REQUIRED

Complete the YES/NO questions only AND the Patient Name box in the lower right corner.

DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH
F 42314 (06/2021)

STATE OF WISCONSIN
Page 1 of 2

WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT AND SYMPTOM EVALUATION

All of the information on this form shall be kept confidential.

Perform testing by Interferon gamma release assay (IGRA) or tuberculin skin test (TST) if there are TB risk factors and/or symptoms identified by the questions below, or if testing is required (e.g., baseline employment testing).

Do not perform testing by IGRA or TST if the patient has previously confirmed latent tuberculosis infection (LTBI) or tuberculosis (TB) disease.

Do not treat for LTBI until active TB disease has been excluded.

Evaluate for active TB disease with a chest x-ray, symptom evaluation, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

If any of the following boxes are checked, recommend LTBI testing. See page 2 for more detailed information on the risk assessment questions below.

SYMPTOM EVALUATION

YES NO
 Persistent cough lasting three or more weeks AND one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue

RISK FOR TB INFECTION

YES NO
 Birth, residence or travel (for ≥ 1 month) in a country with a high TB rate (includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.)

YES NO
 Close contact of extended duration or including likely contact with infectious TB.

RISK FOR PROGRESSION TO TB DISEASE

YES NO
 Human immunodeficiency virus (HIV) infection

YES NO
 Current or planned immunosuppression including receipt of an organ transplant, treatment with an α-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥10 mg/day for ≥1 month), or other immunosuppressive medication in combination with risk for infection from above

A TB risk assessment and symptom evaluation have been completed for the individual named below. No risks or symptoms for TB were identified.

A TB risk assessment and symptom evaluation have been completed for the individual named below. Risk factors and/or symptoms for TB have been identified. Further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.

Health Care Provider Name (Print): _____ Individual/Patient Name (Print): _____

Date of Birth: _____

Health Facility Name: _____ Telephone Number: _____

Street Address: _____

Assessment Date: _____ (Place sticker here if applicable)

SIGNATURE — Health Care Provider

Declination of Influenza Vaccination OPTIONAL

ONLY complete this form if you are declining flu, Covid, or both vaccines. Fill out form completely.

Declination of Influenza Vaccination

North Central Health Care has recommended that I receive influenza vaccination in order to protect myself and the patients I serve.

- I acknowledge that I am aware of the following facts:
 - influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year from flu-related illness.
 - influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
 - if I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to patients in this facility.
 - if I become infected with influenza, even when my symptoms are mild, I can spread the severe illness to others.
 - I understand that the strains of the virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
 - I cannot get the influenza disease from the influenza vaccine.

The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:

- Residents/patients in this healthcare setting
- My coworkers
- My family
- My community

Despite these facts, I am choosing to decline influenza vaccination right now.

I understand that I may change my mind at any time and accept the influenza vaccination if the vaccine is available.

I have read and fully understand the information on this declination form.

Signature: _____ Date: _____

Parent/Guardian Signature (if under age 18): _____ Date: _____

Name (print): _____

Department: _____

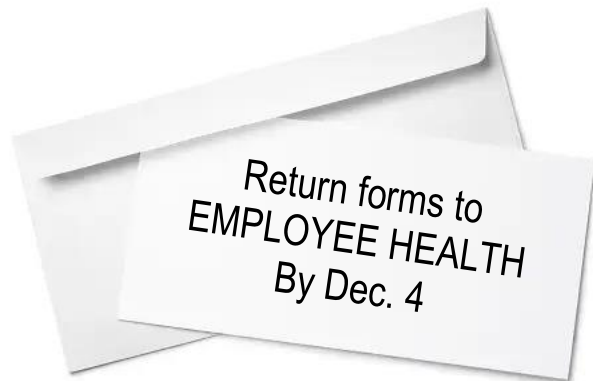
Resource: <http://www.health.state.mn.us/divs/dep/diseases/flu/vaccine/vacbcw/>

Form No. 190203

If you are declining the influenza vaccine, you must complete and turn in 3 forms!

Employees who do not participate in the vaccination process and return forms by December 4, will be removed from the schedule.

Questions? Talk with your manager or call Employee Health at 715.848.4396.



How Can I Return Forms to Employee Health?

Return at your NCHC vaccination clinic appointment; OR

If you are receiving your vaccination in your department, return forms to your nurse vaccinator in the sealed envelope; OR

If you are receiving your vaccination outside NCHC, be sure to get a proof of vaccination from the provider and return with forms above to Employee Health in the sealed envelope via interoffice mail; OR

If you are declining the influenza vaccine, return all forms to Employee Health via interoffice mail.

Risk Assessment Details

USE OF THIS FORM

Use this form to assess individual risks for *M. tuberculosis* infection in adults (age ≥ 15 years).

SYMPTOM EVALUATION

TB symptoms are listed on the front of this form. TB can occur anywhere in the body but the most common areas include; lungs, pleural space, lymph nodes and major organs such as heart, liver, spleen, kidney, eyes and skin. Clinical judgement should be accompanied by careful evaluation of patient history including residence in a country with high TB incidence, history of previous treatment for TB or LTBI and history of TB in the family.⁴

RISK FOR TB INFECTION

Birth, travel or residence (for ≥ 1 month) in a country with a high TB rate

The World Health Organization (WHO) estimates TB incidence around the world in the *Global Tuberculosis Report*. Please see this report for countries with high TB rates, or call the Wisconsin Tuberculosis Program.^{1, 5}

Leisure travel to most countries in the world poses little risk of TB infection. Prolonged stays or work in the health sector in an endemic country increase the risk of infection.²

Close Contact to someone with infectious TB disease

Infectious TB includes pulmonary, culture-positive disease and disease with pulmonary cavitation on radiograph. High Priority contacts include household members (1 in 3 chance of infection), children < 5 years of age and immunosuppressed individuals (HIV-positive, organ transplant, cancer, diabetes). Also consider those exposed for shorter duration in a more confined space (exam room, dormitory room, office or vehicle).³

Other Risks

Wisconsin has very low incidence of TB in healthcare, homeless, corrections, and long-term care settings. Higher-risk congregate settings occur in Alaska, California, Florida, Hawaii, New Jersey, New York, Texas, or Washington DC.⁵

Consult with local health departments for other locally identified high-risk groups: <https://www.dhs.wisconsin.gov/lh-depts/counties.htm>.

Consult with the Centers for Disease Control and Prevention (CDC) annual TB reports and the Wisconsin TB Program website for state and local epidemiology data.^{6, 7, 8, 9}

RISK FOR PROGRESSION TO TB DISEASE

Immune suppression is a risk factor for reactivation and progression to active TB disease. Immune suppression alone is not a risk for acquiring TB infection.

- LTBI treatment should be strongly considered in HIV-infected individuals; significant immune suppression can cause inaccuracy of diagnostic TB tests.
- LTBI treatment can be considered for other immune suppression (e.g., cancer, organ transplant, medications, or diabetes) **when in combination with risk for infection (see above)**.

References:

- 1) World Health Organization Global Tuberculosis Report 2018. http://www.who.int/tb/publications/global_report/en/
- 2) Cobelens, F.G.J., et al (2000). Risk of infection with *Mycobacterium tuberculosis* in travelers to areas of high tuberculosis endemicity. *The Lancet*, 356, 461-465.
- 3) CDC. Guidelines for the investigation of contacts of persons with infectious tuberculosis: recommendations from the National Tuberculosis Controllers Association and CDC. *MMWR* 2005; 54(No. RR-15).
- 4) Lewinsohn, D. et al. Official American Thoracic Society/Infectious Diseases Society of America/CDC Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. *Clinical Infectious Diseases*, 2017; 62(2):111-115.
- 5) Wisconsin Tuberculosis Program. <https://www.dhs.wisconsin.gov/tb/index.htm>. Phone: 608-261-6319.
- 6) CDC. Reported Tuberculosis in the United States. <https://www.cdc.gov/tb/statistics/>
- 7) CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR* 2005; 54(No. RR-17).
- 8) CDC. Tuberculosis screening, testing, and treatment of U.S. health care personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. *MMWR* 2019; 68(No. 19).
- 9) CDC. Prevention and control of tuberculosis in correctional facilities: Recommendations from CDC. *MMWR* 2006; 55(No. RR-9).



Declination of Influenza Vaccination

North Central Health Care has recommended that I receive influenza vaccination in order to protect myself and the patients I serve.

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 - Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year from flu-related illness.
 - Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
 - If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to patients in this facility.
 - If I become infected with influenza, even when my symptoms are mild, I can spread the severe illness to others.
 - I understand that the strains of the virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
 - I cannot get the influenza disease from the influenza vaccine.

The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:

- Residents/patients in this healthcare setting
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Despite these facts, I am choosing to decline influenza vaccination right now.

I understand that I may change my mind at any time and accept the influenza vaccination if the vaccine is available.

I have read and fully understand the information on this declination form.

Signature: _____ Date: _____

Parent/Guardian Signature (if under age 18): _____ Date: _____

Name (print): _____

Department: _____

Resource: <http://www.health.state.mn.us/divs/idepc/diseases/flu/vaccine/vaxhcw/>