



**2018 Annual Survey of Hospitals – Immunization Insights**

Background

The 2018 [Annual Survey of Hospitals](#) is a cooperative survey between the Texas Department of State Health Services (DSHS), the American Hospital Association (AHA), and the Texas Hospital Association (THA). The survey is sent to all licensed hospitals in Texas. It collects data on finances, utilization, and other measures which hospitals are required by Texas law to report. Questions about immunization policies and practices are included each year.

Immunization questions on the hospital survey fall into several categories including:

- Employee Immunization Policies
- Perinatal Hepatitis B Prevention
- Pertussis Immunization
- Participation in the Texas Vaccines for Children (TVFC) program
- Obtaining consent for the statewide immunization registry (ImmTrac2) at birth

The Healthcare Infection Control Practices Advisory Committee (HICPAC), the AHA, and the Centers for Disease Control and Prevention (CDC) all encourage comprehensive immunization programs for hospital employees, for the protection of workers and patients. Hospitals also play a critical role in many key immunization practices.



## 2018 Annual Survey of Hospitals – Immunization Insights

### Methodology

In the 2018 Annual Survey of Hospitals, the response rate for the survey was 97%, resulting in data from 599 hospitals. All data was self-reported by the hospitals.

Data on employee immunization policies were analyzed for all 599 hospitals. Survey respondents were asked about employee immunization policies using the following definitions:

- A *mandatory policy* requires that employees provide dates of immunization or laboratory evidence of immunity.
- A *recommended policy* recommends that employees get immunizations but does not require them for employment.
- A *combined policy* designates employees in specified areas as required to have immunizations but only recommends immunizations for others.

Analysis was also performed on a subset of 220 birthing hospitals. Birthing hospitals were defined as hospitals that reported having inpatient delivery services or hospitals without inpatient delivery services that reported delivering more than five babies in the past year. The goals were to assess practices related to perinatal Hepatitis B prevention, participation in the TVFC program, and policy for ImmTrac2 consent at birth.

Finally, vaccination practices were evaluated for pregnant women at a subset of 72 hospitals that reported providing outpatient prenatal services.

### Results

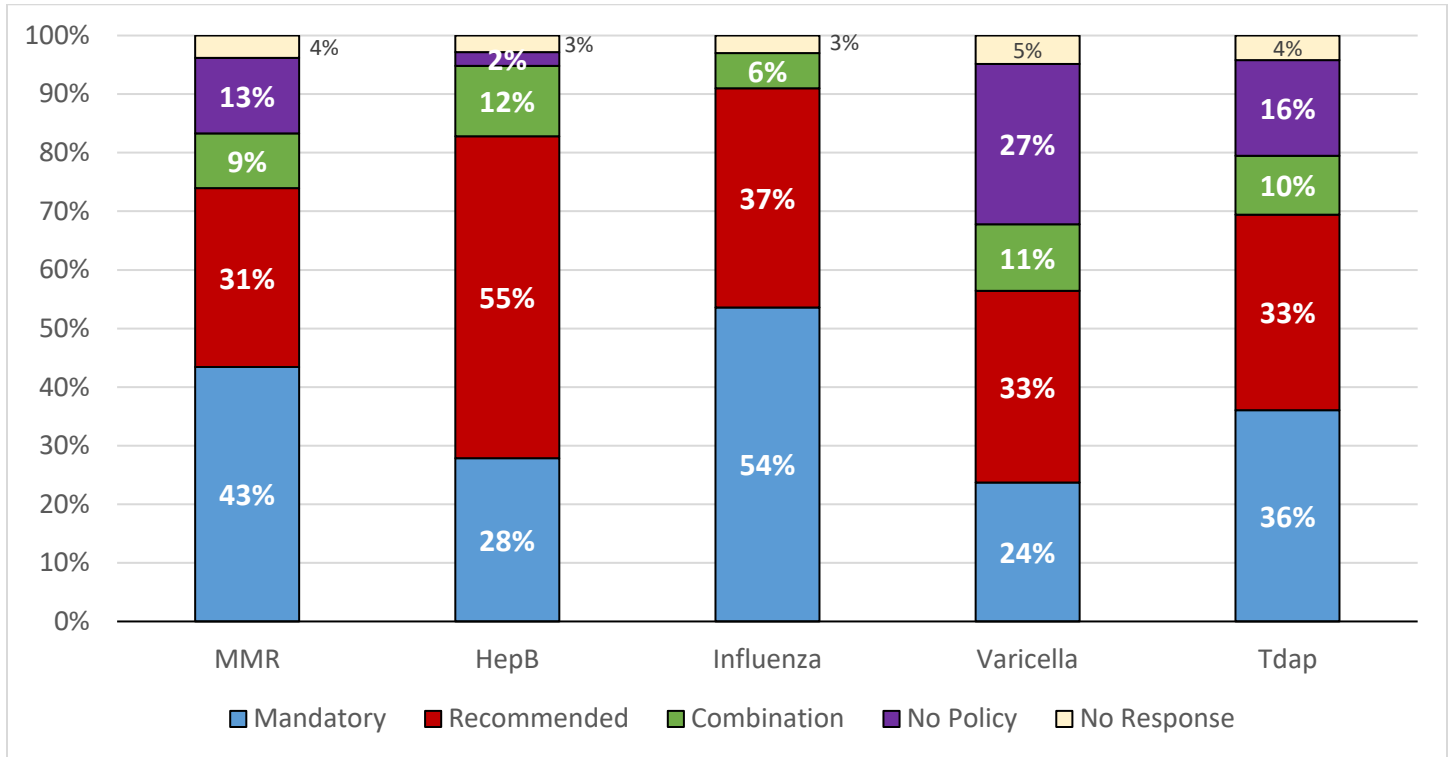
#### All Hospitals (n=599)

- 95.3% of hospitals had an employee immunization policy.
- The percentage of hospitals with a *mandatory* employee immunization policy varied by vaccine type (see also Figure 1).
  - Influenza 54%
  - Measles-Mumps-Rubella (MMR) 43%
  - Tetanus, diphtheria, and acellular pertussis (Tdap) 36%
  - Hepatitis B (HepB) 28%
  - Varicella 24%
- 13% of hospitals did not have a policy for MMR vaccine.
- 16% did not have a policy for Tdap vaccine.
- 27% of hospitals don't have a policy for varicella vaccine.



2018 Annual Survey of Hospitals – Immunization Insights

Figure 1. Percentage of Hospitals with an Employee Vaccination Policy by Policy Type and Vaccine.



Birthing Hospitals Only (n=220)

Hepatitis B Testing and Vaccination

- Hepatitis B is a virus that can be passed from mother to child during birth. About 90% of infants who are infected at birth will become chronically infected with Hepatitis B. Chronic Hepatitis B infections can cause cirrhosis, liver failure, and liver cancer. Texas law requires that all pregnant women be tested for (HBsAg) at their first prenatal exam and at time of admission for delivery.
  - 83.2% of women were screened at delivery for HBsAg.
- The Advisory Committee on Immunization Practices recommends that all infants, regardless of mother’s hepatitis B status, receive the HepB vaccine within 24 hours of birth.
  - 67.9% of infants, born to all women, received the recommended first dose of HepB within 24 hours of birth.

Policies and Standing Orders

The Community Preventive Services Task Force recommends the use of standing orders as a tool to improve vaccination rates. When allowed by a state law, standing orders



## 2018 Annual Survey of Hospitals – Immunization Insights

authorize nurses, pharmacists, and other appropriately trained healthcare personnel to administer vaccinations based on a patient's immunization status. These orders follow a protocol approved by a medical director or another authorized practitioner in a health care setting.

- 89.1% have a protocol to inform the pediatric care provider if a baby is born to a mom infected with Hepatitis B or to a mom of unknown status.
- 94.1% have a policy and standing orders to administer Hepatitis B immune globulin (HBIG) to infants born to moms infected with Hepatitis B.
- 95% have a policy and standing orders to administer 1 dose of HepB to infants born to moms infected with Hepatitis B.
- 90.5% have a policy and standing orders to administer 1 dose of HepB to all infants.
- 80.1% have a written policy to provide new parents with immunization information prior to hospital discharge.

### Texas Vaccines for Children (TVFC) Providers

The TVFC program provides low-cost vaccines to eligible children from birth through 18 years of age.

- 55.5% of birthing hospitals say they are registered as TVFC providers.

### The Texas Immunization Registry (ImmTrac2)

Texas state law requires that parents/guardians are granted the opportunity to consent or request exclusion from the state's immunization registry, ImmTrac2, at the time of birth certificate registration.

- 91.8% of birthing hospitals offer new parents the opportunity to grant consent for immunization registry participation, or request exclusion from the registry, during birth certification registration.

### Hospitals Providing Outpatient Prenatal Services (n=72)

To optimize protection of newborns against pertussis (whooping cough), women should receive a Tdap vaccine during the 27th through 36th week of each pregnancy, preferably during the earlier part of this period. The American College of Obstetricians and Gynecologists, CDC, and the American College of Nurse-Midwives support this recommendation.

- 68.1% of hospitals that reported providing outpatient prenatal clinic services have a policy and standing orders to vaccinate all pregnant women with Tdap.



## 2018 Annual Survey of Hospitals – Immunization Insights

### Conclusion

Texas hospital policies are an important tool for improving immunization rates among employees and patients. While most hospitals reported having an employee vaccination policy, the majority are not mandatory for most vaccines. Many organizations support mandatory influenza vaccination for healthcare workers (generally with provisions for medical exemption). This includes the American Hospital Association, the American Nurses Association, the American Public Health Association, the American Academy of Family Practice, and the American Academy of Pediatrics.

- For seasonal influenza, only 54 percent of hospitals reported mandatory influenza vaccination policies.

While 90.5 percent of the birthing hospitals reported having a policy and standing orders to administer hepatitis B vaccine to all newborns within 24 hours of birth, only 67.9 percent of infants received their first dose of HepB within 24 hours. The goal of Healthy People 2020 (HP2020) for the HepB birth dose is 85 percent.

The results of the survey provide an opportunity for the DSHS Immunization Unit to follow up with hospitals based on their answers to immunization questions and to provide education on immunization policies. Texas DSHS Immunization Unit remains dedicated to its goal of eliminating the spread of vaccine preventable diseases by increasing immunization coverage among Texans, including hospital employees and patients.