



Facility ID #: \_\_\_\_\_ **Post-season Survey on Influenza Vaccination Programs for  
Healthcare Workers**

Date Entered: \_\_\_\_\_ For Season: \_\_\_\_\_  
Month/Year (Specify years)

Which personnel groups did you include in your annual influenza vaccination program this past season?

- All personnel who work in the facility
- All personnel who work in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g., physicians, nurses, respiratory therapists)

Which of the following types of personnel did you include in your influenza vaccination program this season? (check all that apply)

- Full-time personnel
- Part-time personnel
- Contract personnel
- Volunteers
- Others, specify: \_\_\_\_\_

At what cost did you provide influenza vaccine to your healthcare workers?

- No cost
- Reduced cost
- Full cost

Did you provide influenza vaccination during all work shifts (including nights and weekends)?

- Yes
- No

Which of the following methods did you use during influenza season to deliver vaccine to your healthcare workers? (check all that apply)

- Mobile carts
- Centralized mass vaccination fairs
- Peer-vaccinators
- Provided vaccination in congregate areas (e.g., conferences/meetings or cafeteria)
- Provided vaccination at occupational health clinic
- Other, specify \_\_\_\_\_

Which of the following strategies did you use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)

- No formal promotional activities were conducted
- Incentives
- Reminders by mail, email or pager
- Coordinated vaccination with other annual programs (e.g., tuberculin skin testing)
- Required receipt of vaccination for credentialing (if no contraindications)
- Campaign including posters, flyers, buttons, fact sheets
- Other, specify \_\_\_\_\_

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Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Did you conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?

Yes

No

If you conducted formal educational programs on influenza and influenza vaccination, did you require your healthcare workers to attend?

Yes

No

Did you require healthcare workers who received off-site influenza vaccination to provide documentation of their vaccination status?

Yes

No

Did you require signed declination statements from healthcare workers who refused influenza vaccination?

Yes

No