

Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel

*Facility ID #: _____

*Date Entered: _____
Month/Year*For Season: _____
(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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*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

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