OMB No. 0920-0666
Exp. Date: xx-xx-xxxx

Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel

Facility ID #:_____

*Date Entered:_____ *For Season:_____-_____
(Month/Year) (Specify years)

*Vaccination campaign for:(check one)

☐ Seasonal influenza subtype ☐ Non-seasonal influenza subtype ☐ Both (campaign and target populations were the same for both subtypes)

*1. 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)

*2. Which of the following types of employees did you include in your annual influenza vaccination program this past season? (check all that apply)

- ☐ Full-time employees Number _____
- ☐ Part-time employees Number _____
- ☐ Contract employees Number _____
- ☐ Volunteers Number _____
- ☐ Others, specify:_____ Number _____

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

- ☐ No cost
- ☐ Reduced cost
- ☐ Full cost

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

- ☐ Yes
- ☐ No

*5. 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:_____

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*6. 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 are planned
- ☐ Incentives
- ☐ Reminders by mail, email or pager
- ☐ Coordination of 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:

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No