



Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel

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*required for saving

Facility ID #: _____

*Date Entered: _____
(Month/Year)

*For Season: _____ - _____
(Specify years)

*Vaccination campaign for: (check one)

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

*1. Which personnel groups do you plan to include in your annual influenza vaccination program?

- 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 do you plan to include in your annual influenza vaccination program? (check all that apply)

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

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

- No cost
 Reduced cost
 Full cost

*4. Will influenza vaccination be available during all work shifts (including nights and weekends)?

- Yes
 No

*5. Which of the following methods do you plan to use this influenza season to deliver vaccine to your healthcare workers? (check all that apply)

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

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CDC 57.211 (Front), Rev 1, v6.6

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*6. Which of the following strategies do you plan to 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)
- Require receipt of vaccination for credentialing (if no contraindications)
- Campaign including posters, flyers, buttons, fact sheets
- Other, specify:

*7. Do you plan to conduct formal educational programs on influenza and influenza vaccination for your healthcare workers?

- Yes
- No

8. If you plan to conduct formal educational programs on influenza and influenza vaccination, will your healthcare workers be required to attend?

- Yes
- No

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

- Yes
- No

*10. Will you require signed declination statements from healthcare workers who refuse influenza vaccination?

- Yes
- No

*11. Vaccine information statement edition date:

Seasonal: ___ / ___ / _____
mm dd yyyy

Non-seasonal: ___ / ___ / _____
mm dd yyyy