**Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel**

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| Page 1 of 2 | \*required for saving |
| 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 are the same for both subtypes) |
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| \*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) |
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| \*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: \_\_\_\_\_\_\_\_\_ |
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| \*3. At what cost will you provide influenza vaccine to your healthcare workers? |
| □ No cost |
| □ Reduced cost |
| □ Full cost |
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| \*4. Will influenza vaccination be available during all work shifts (including nights and weekends)? |
| □ Yes |
| □ No |
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| \*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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**Healthcare Personnel**

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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: |
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| \*7. Do you plan to conduct formal educational programs on influenza and influenza vaccination for your healthcare workers? |
| □ Yes |
| □ No |
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| 8. If you plan to conduct formal educational programs on influenza and influenza vaccination, will your healthcare workers be required to attend? |
| □ Yes |
| □ No |
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| \*9. Will you require healthcare workers who receive off-site influenza vaccination to provide documentation of their vaccination status? |
| □ Yes |
| □ No |
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| \*10. Will you require signed declination statements from healthcare workers who refuse influenza vaccination? |
| □ Yes |
| □ No |
|  |
| \*11. Vaccine information statement edition date:  |
| Seasonal: \_\_\_ /\_\_\_ /\_\_\_\_\_\_ | Non-seasonal: \_\_\_ /\_\_\_ /\_\_\_\_\_\_ |
| mm dd yyyy | mm dd yyyy |
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