**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: \_\_\_\_\_\_\_\_\_ | |
|  | | | | |
| \*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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**Healthcare Personnel**

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| Page 2 of 2 | |
| \*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: \_\_\_ /\_\_\_ /\_\_\_\_\_\_ | Non-seasonal: \_\_\_ /\_\_\_ /\_\_\_\_\_\_ |
| mm dd yyyy | mm dd yyyy |
|  | |