



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

Page 1 of 2

\*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

