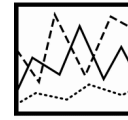


Att A

American Academy  
 of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



**PERIODIC  
 SURVEY**  
 OF FELLOWS #99

**The American Academy of Pediatrics (AAP) is collaborating with the Centers for Disease Control and Prevention (CDC) to learn about pediatricians' experiences with and attitudes toward infectious disease and disaster preparedness, with a focus on Zika virus.**

**Thank you for your participation in the Periodic Survey.**

**Infectious Disease and Natural Disaster Preparedness**

**1. Thinking about infectious disease and natural disaster preparedness at your main practice site, how prepared is your main practice site to respond to outbreaks of infectious disease or natural disasters (e.g., hurricanes, tornados, earthquakes)?** For each of the following, please indicate A) if your main practice site has a preparedness plan and B) how prepared your main practice site is to respond.

	A) Main practice site has preparedness plan for:			B) How prepared is main practice site to respond?			
	Yes	No	Unsure	Not at all prepared	Slightly prepared	Moderately prepared	Very prepared
Infectious disease outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural disaster (e.g., hurricane, tornado, earthquake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Thinking about infectious disease and natural disaster preparedness at your main practice site, please indicate the extent to which you think the following resources would be helpful to your main practice site.** For each of the following, please select one response for A) infectious disease outbreak and B) natural disaster.

	A) Infectious disease outbreak				B) Natural disaster			
	Not at all helpful	Slightly helpful	Moderately helpful	Very helpful	Not at all helpful	Slightly helpful	Moderately helpful	Very helpful
Assistance with developing practice-based guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational materials for health care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational materials for parents of affected children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methods to connect pediatricians with local health departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public reporting burden of this collection of information is estimated to average 20 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1154).

Methods to connect pediatricians with national health organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies for communicating with patients during response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guidance on practice-based exercises or drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **Thinking about barriers to infectious disease and natural disaster preparedness for your main practice site, to what extent do you feel that the following are barriers to preparing for outbreaks of infectious disease and natural disasters?** For each of the following, please select one response for A) infectious disease outbreak and B) natural disaster.

	A) Infectious disease outbreak				B) Natural disaster			
	Not a barrier	Slight barrier	Moderate barrier	Significant barrier	Not a barrier	Slight barrier	Moderate barrier	Significant barrier
Financial costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of administrative buy-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infectious Disease and Natural Disaster Training

4. **In the past 2 years, have you personally participated in any education or training events on any of the following?** Please select one response for each item.

	Yes	No
Natural disaster (e.g., hurricane, tornado, earthquake)	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease outbreak	<input type="checkbox"/> —	<input type="checkbox"/> → Skip to Q6

Note: While the previous sections of the survey asked generally about infectious disease and natural disaster preparedness, the remaining questions refer specifically to Zika virus.

Did this include education or training on Zika virus?  
 Yes      Go to Q5  
 No      Skip to Q6

### Zika Virus Training

5. **In the past 2 years, which of the following education or training events specific to Zika virus have you personally participated in?** Please indicate A) if you have participated in any of the following events and B) the sponsor of the event.

	A) Participated in event?		B) If yes, please indicate the event sponsor				
	Yes	No	CDC	AAP	State/local government agency	Academic medical center	Other (specify) _____ _____
Grand Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In-person lecture or presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webinar, conference call, or telementoring program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Attitudes toward Zika Virus**

6. Thinking about your attitudes toward Zika, please indicate to what extent you agree or disagree with the following statements. Please select one response for each item.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Zika was <u>previously</u> a critical issue for my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zika is <u>currently</u> a critical issue for my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zika could be a critical issue for my community <u>in the future</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to discuss risk factors and prevention strategies for Zika virus with my patients and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnering with local public health departments and community agencies is important to <u>prevent</u> Zika	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnering with local public health departments and community agencies is important to <u>manage</u> Zika	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Zika Virus Counseling**

7. How comfortable are you talking with patients and their families about Zika virus? (Consider risks, travel, screening, transmission, prevention, etc.)

- Not at all comfortable
- Slightly comfortable
- Moderately comfortable
- Very comfortable

8. Over the past 12 months, how frequently have you received questions from patients and their families on the following topics regarding Zika virus? Please select one response for each item.

	Never	Rarely	Sometimes	Often
Risk factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening and testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection and transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preventive measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Knowledge about Zika Virus

### 9. Overall, how knowledgeable are you about Zika virus?

- Not at all knowledgeable → Skip to Q12
- Slightly knowledgeable
- Moderately knowledgeable
- Very knowledgeable

### 10. Thinking about your current knowledge of Zika virus, how important have each of the following been in informing your current knowledge? Please select one response for each item.

	Not at all important	Somewhat important	Moderately important	Very important
CDC professional resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AAP professional resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State or local health departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic medical centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical education (e.g., medical school, residency, CME)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic or technical literature (e.g., journal articles, reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
News media (e.g., newspapers, online news, radio, TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with other pediatricians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 11. How familiar are you with each of the following Zika virus resources? Please select one response for each item.

	Not at all familiar	Slightly familiar	Moderately familiar	Very familiar
Current CDC Guidance about Evaluation and Management of Infants with Possible Congenital Zika Virus Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zika reports in CDC's Morbidity and Mortality Weekly Report (MMWR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AAP online resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AAP webinar series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Zika Virus Resources

### 12. Overall, how interested are you in learning more about Zika virus?

- Not at all interested → Skip to Q14
- Slightly interested
- Moderately interested
- Very interested

### 13. How interested are you in learning more about the following related to Zika virus? Please select one response for each item.

	Not at all interested	Slightly interested	Moderately interested	Very interested
Preventive measures to discuss with patients and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing and referral procedures for Zika infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical manifestation of Zika virus infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting infants born to women with laboratory evidence of possible Zika virus infection to health department officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of or reporting to the U.S. Zika Pregnancy Registries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling parents of infants affected by Zika virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of infants affected by Zika virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating public health information to your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying local and state public health resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Zika Virus Screening and Treatment

### 14. Over the past 12 months, how frequently have you or your practice site done the following? Please select one response for each item.

	Never	Rarely	Sometimes	Often
Screened or recommended a patient be tested for Zika	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated a patient who is reported to be infected with Zika virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated an infant patient born with congenital Zika virus syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took Zika exposure histories from parents of infant patients (including travel, sexual transmission, or mosquito)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received post-partum/discharge summaries from post-delivery that contain Zika testing results during pregnancy from parents or parents' OB/GYN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducted developmental screens of infant patients with possible Zika virus exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. Have you personally ever done the following?** Please select one response for each item.

	Yes	No
Screened or recommended a patient be tested for Zika	<input type="checkbox"/>	<input type="checkbox"/>
Treated a patient who is reported to be infected with Zika virus	<input type="checkbox"/>	<input type="checkbox"/>
Treated an infant patient born with congenital Zika virus syndrome	<input type="checkbox"/>	<input type="checkbox"/>

### Zika Virus Preparedness

**16. How prepared do you feel to address each of these areas in relation to Zika virus?** Please select one response for each item.

	Not at all prepared	Slightly prepared	Moderately prepared	Very prepared
Providing travel advice to patients that may be travelling to areas affected by Zika virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informing patients of preventive measures to avoid Zika virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommending testing for Zika virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing clinical referrals for infected infant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing potential birth defects with pregnant women who may be exposed to Zika virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing data to the CDC's U.S. Zika Pregnancy Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing infants exposed to Zika prenatally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informing patients of social services for Zika-affected infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Barriers to Zika Testing and Referral

**17. Thinking about barriers to testing patients for Zika virus, to what extent do you feel that the following are barriers?** Please select one response for each item.

	Not a barrier	Slight barrier	Moderate barrier	Significant barrier	Don't know
Poor communication from the OB/GYN practice to the pediatric care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor communication from the delivering hospital to the pediatric care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of reimbursement for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients' inability to pay for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reluctance from patients or patients' families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate screening and testing resources (e.g., staff, time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lack of information about CDC guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty following testing procedures recommended in CDC guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. Thinking about barriers to referring patients for Zika virus, to what extent do you feel that the following are barriers?** Please select one response for each item.

	Not a barrier	Slight barrier	Moderate barrier	Significant barrier	Don't know
Not enough subspecialty providers for consultation and follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncertainty about where to refer patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care coordination with subspecialists for infant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients' inability to pay for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Physician Characteristics

**19. During a typical work week, how many hours do you spend in the following professional activities?** If you do not spend any time in an activity, please enter zero (0) hours.

<u>Activity</u>	<u>Hours</u>
Direct patient care .....	_____ hours
Administration.....	_____ hours
Academic Medicine.....	_____ hours
Research.....	_____ hours
Fellowship training.....	_____ hours
Other (specify)_____	_____ hours

Total hours per week: \_\_\_\_\_

**20. Please indicate yes or no to the following questions:** Please select one response for each item.

	Yes	No
Are you currently a resident?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently work part-time?	<input type="checkbox"/>	<input type="checkbox"/>

**21. Approximately what percentage of your professional time is spent in the following areas?** Note: percentages should sum to 100%.

General Pediatrics.....	_____ %
Other specialty/subspecialty (specify)_____	_____ %
	<b>100%</b>

**22. Please indicate your primary employment setting, that is, the setting where you spend most of your time.** Please check only one response.

- Solo or two physician practice
- Pediatric group practice
- Subspecialty group practice
- Multispecialty group practice
- Medical school or university affiliated hospital or clinic
- Community or non-university hospital or clinic
- Federal, state, or local government hospital or clinic
- Other

**23. At your primary employment setting, are you a(n):**

- Employee
- Full- or part-owner
- Independent contractor
- Other

**24. Please answer the following questions by filling in a number. Please fill in one response for each item.**

In what year did you begin practice (excluding formal training)? Please fill in the year. \_\_\_\_\_

What is the zip code of your primary practice/position? Please fill in the zip code. \_\_\_\_\_

**25. Where was your medical school located?**

- United States
- Other → Please specify which country: \_\_\_\_\_

**26. Do you currently hold an academic appointment?**

- No
- Yes, full-time academic faculty
- Yes, part-time academic faculty
- Yes, adjunct, volunteer, and/or courtesy faculty

**27. Please describe the community in which your primary practice/position is located.**

- Urban, inner city
- Urban, not inner city
- Suburban
- Rural

**28. Approximately what percentage of your patients would you estimate are covered by the following insurance sources and systems? Note: If you have no patients covered by a specific insurance source/system, please enter a "0" in that space; percentages should sum to 100%.**

Private insurance..... \_\_\_\_\_ %

Public insurance (Medicaid, SCHIP, or other)..... \_\_\_\_\_ %

TRICARE (military insurance)..... \_\_\_\_\_ %

Uninsured..... \_\_\_\_\_ %

**100%**

Don't know patients' insurance sources.....

**29. What is your gender?**

- Male
- Female
- Prefer to self-describe \_\_\_\_\_

**30. In what year were you born? Please fill in the year. 19 \_\_\_\_\_**

**Thank you for your participation in the Periodic Survey**  
 Please return in the enclosed envelope to:  
 Periodic Survey, Division of Health Services Research  
 American Academy of Pediatrics, PO Box 927  
 Elk Grove Village, IL 60009-9920



