

## **APPENDIX 5B. CONTACTING PATIENTS, PROXIES OR PARENTS/GUARDIANS FOR VACCINATION STATUS**

All participating FluSurv-NET sites may contact patients, proxies or patients' parent/guardian (family member) to obtain patient vaccination history if this information is not available from medical chart review, physician records or state vaccination registries. If patients are deceased or unable to answer for some reason an interview will be held with the patient's proxy (e.g., spouse, caregiver, or next of kin). The need for a proxy will be ascertained during the phone interview, unless the medical record admission note indicates the need for and identifies a proxy.

Participating sites will interview patients, proxies or family members by phone. Attempt to contact a patient at least three (3) times to obtain this information. If after these attempts the patient cannot be reached, the vaccination status questions should be marked as "UNKNOWN." Sites will use the following methods to try to locate patients or family members: 1) medical charts, 2) laboratory records, 3) directory assistance ("411") or phone books, and/or 4) internet phone/address searches (including name and address/reverse directories). If the patient is deceased or unable to answer the questions for some other reason, a proxy will be identified through 1) medical charts, 2) long term care facility records (if applicable), and/or 3) contact with someone living at the patient's residence. Sites will try to identify the family member or friend who is most familiar with the patient's medical history during the phone interview to serve as the proxy. If the proxy's name is found in the medical or long term care facility record, or given to a project staff member by someone living at the patient's house, but a correct phone number is not given, project staff will attempt to find a phone number from 1) directory assistance and/or 2) the internet.

Once a correct phone number is identified, sites will make multiple attempts to reach the patient, proxy or family member. These attempts should include calling during different daytime periods during the week and weekend. Sites will stop trying to call a case patient, proxy or family member if they cannot locate a correct phone number after using the search methods listed above or if successful contact is not made after three attempts at what appears to be a correct number.

Once a patient, proxy or family member is successfully contacted a project staff member will use a script to explain the evaluation/surveillance project and will obtain verbal informed consent, if required by local IRB to participate. A project staff member will then ask the patient a series of questions (phone scripts provided below) about receipt of influenza vaccine prior to their influenza hospitalization.

If case race/ethnicity and/or height and weight information is missing or unknown after review of the medical chart and the patient, proxy or family member is going to be contacted to obtain vaccination history, it is appropriate to query this information during the phone interview.

### Informed Consent

Informed consent in some FluSurv-NET sites may not be required because influenza hospitalization is a reportable condition in that state. Those FluSurv-NET sites should make modifications to the content of informed consent and its process as allowed by statutory authority and local IRB requirements.

**APPENDIX 5B.1: CONSENT FORM FOR PATIENT/PROXY INTERVIEW**

**Influenza Hospitalization Surveillance Project  
VERBAL CONSENT FORM**

Hello. My name is \_\_\_\_\_ from the [state] Department of Public Health. May I speak to [patient's name /parent of (child's name)]? We are working with the Centers for Disease Control and Prevention and other health departments to learn more about influenza disease or the flu. To do this, we are talking to people who have been in the hospital with flu. We want to look at things that may affect their illness and whether they were vaccinated against flu.

Because you/your child [or NAME if speaking with proxy] were in the hospital for the flu beginning on [day admitted], I would like to ask you a few questions about whether you/your child [or NAME if speaking with proxy] received the flu vaccine this season. This will take about five minutes. Your participation is voluntary and if you choose to refuse it will not affect any medical care or benefits you receive. All of your responses will be kept confidential as much as the law allows. You may refuse to answer any questions and may stop at any time. This information will help [State/Local Health Department] and CDC better describe influenza-associated hospitalizations. Additionally, this information may help us improve vaccination recommendations for flu and better protect the public's health. There is no other benefit to you for answering these questions. There is also no risk to you. If you have any questions about the study, you may call [state contact] at the Department of Public Health at XXX-XXX-XXXX. Do you have any questions before I begin?

May I continue with this interview?  Yes  No [If YES, go to Appendix F]

If NO: Thank you for your time. Have a good day.

Name of person obtaining verbal consent: \_\_\_\_\_ Date: \_\_\_\_\_

Flesch-Kincaid: 7.7

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**Influenza Hospitalization Surveillance Project Case and Proxy Identifying Information**

Patient Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Initial: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone Number: \_\_\_\_\_

Proxy Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Initial: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to case patient \_\_\_\_\_

**Note to collaborators: This is for your records only. Do not send this information to CDC. Keep this information in a secure locked place.**

**APPENDIX 5B.3: 2020-21 PEDIATRIC VACCINATION HISTORY QUESTIONNAIRE (ENGLISH)**

**Obtain verbal consent (Appendix E) before proceeding.** I'd like to ask you a few questions about [patient's name/ child's name]'s vaccination history before [he/she] was hospitalized for influenza or the flu. These questions will take about five minutes to answer.

**FOR CHILDREN 6 MONTHS OR OLDER**

1) Since August [flu season year], did [you/child's name] receive a flu shot or flu vaccine? This vaccine is offered every year to protect against the flu.

- Yes → go to Q1a
- No → If patient < 9 years go to Q2  
→ If patient ≥ 9 years go to Q3
- Unknown  
→ If patient < 9 years go to Q2  
→ If patient ≥ 9 years go to Q3

1a) For each dose received, can you tell me the date [you/child's name] received flu vaccine?

- 1) \_\_\_\_-\_\_\_\_-\_\_\_\_ [MM-DD-YYYY]       Unknown
- 2) \_\_\_\_-\_\_\_\_-\_\_\_\_ [MM-DD-YYYY]       Unknown

- If patient < 9 years go to Q1b
- If patient ≥ 9 years go to Q3

1b) Did [you/child's name] receive a shot (e.g., injected vaccine, trivalent inactivated influenza vaccine, TIV) or was it sprayed into your/his/her nose (e.g., nasal spray, FluMist, live-attenuated influenza vaccine, LAIV) or did you/he/she receive a combination of both vaccine types?

- Injected vaccine
- Nasal spray/FluMist
- Combination of both injected vaccine and nasal spray
- Unknown

2). Did [you/child's name] receive influenza vaccine in any previous years?

- Yes     No     Unknown

- If race needed, go to Q3
- If ethnicity needed, go to Q4
- If height needed, go to Q5
- If weight needed, go to Q6
- If no other information is needed, survey is complete

3) What is [your / child's name] race? (Check only one)

- White
- Black or African American
- Asian/Pacific Islander
- American Indian or Alaska Native
- Multiracial
- Not specified (refused)

- If ethnicity needed, go to Q4

- If height needed, go to Q5
- If weight needed, go to Q6
- If neither ethnicity nor height/weight needed, survey is complete

4) What is [your / child's name] ethnicity?

Hispanic or Latino     Non-Hispanic or Latino     Not Specified (refused to answer)

- If height needed, go to Q5
- If weight needed, go to Q6
- If height/weight not needed, survey is complete

5) What is [your / child's name] height?

HEIGHT: \_\_\_\_\_     Inches     Centimeters     Unknown height

- If weight needed go to Q6
- If weight not needed survey complete

6) What is [your / child's name] weight?

WEIGHT: \_\_\_\_\_     Pounds     Kilograms     Unknown weight

**These are all my questions. Do you have any questions for me? [If yes, answer.] Thank you for your time.**

**APPENDIX 5B.4: 2020-21 ADULT VACCINATION HISTORY QUESTIONNAIRE (ENGLISH)**

**Obtain verbal consent (Appendix E) before proceeding.** I'd like to ask you a few questions about [patient's name/ child's name]'s vaccination history before [he/she] was hospitalized for influenza or the flu. These questions will take about five minutes to answer.

**FOR ADULT PATIENTS (≥18 YEARS)**

1. Since August [flu season year], did [you/patient's name] receive a flu shot or flu? This vaccine is offered every year to protect against the flu.

- Yes → go to Q1a
- No
  - If race needed, go to Q2
  - If ethnicity needed, go to Q3
  - If height needed, go to Q4
  - If weight needed, go to Q5
  - If no other information is needed, survey is complete
- Unknown
  - If race needed, go to Q2
  - If ethnicity needed, go to Q3
  - If height needed, go to Q4
  - If weight needed, go to Q5
  - If no other information is needed, survey is complete

1a) Can you tell me the date [you/patient's name] received flu vaccine?

1) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ [MM-DD-YYYY]       Unknown

2) What is [your / patient's name] race? (Check only one)

- White
  - Black or African American
  - Asian/Pacific Islander
  - American Indian or Alaska Native
  - Multiracial
  - Not specified (refused)
- If ethnicity needed go to Q3  
→ If height needed go to Q4  
→ If weight needed go to Q5  
→ If neither ethnicity nor height/weight needed, survey is complete

3) What is [your / patient's name] ethnicity?

- Hispanic or Latino
  - Non-Hispanic or Latino
  - Not Specified (refused to answer)
- If height/weight needed go to Q3

→ If neither height nor weight is needed survey is complete

4) What is [your / patient's name] height?

HEIGHT: \_\_\_\_\_  Inches  Centimeters  Unknown height

→ If weight needed go to Q4

→ If weight not needed survey complete

5) What is [your /patient's name] weight?

WEIGHT: \_\_\_\_\_  Pounds  Kilograms  Unknown weight

**THE END. These are all my questions. Do you have any questions for me? [If yes, answer.] Thank you for your time.**