



Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel

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*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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*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: ____ / ____ / ____
mm dd yyyy

Non-seasonal: ____ / ____ / ____
mm dd yyyy