

**Survey on Influenza Vaccination among Healthcare Personnel  
in California General Acute Care Hospitals**

Hospitals operating in California are required to annually report to the California Department of Public Health (CDPH) on process measures that include the Centers for Disease Control and Prevention guidelines for influenza vaccination of healthcare personnel. Each year, this survey will be sent to all California general acute care hospitals to comply with the California Health and Safety Code requirement. This survey will replace the pre- and post-season surveys used in previous years.

The results of this survey will provide information on strategies used in influenza vaccination programs in hospitals reporting low or high influenza vaccination coverage. The data may help hospitals with lower percentages improve strategies used in their influenza vaccination campaigns.

**Please note that completing this survey is mandatory.** Questions marked with an asterisk (\*) and labeled “(required)” are required. You will NOT be able to move to the next question(s) if the required questions are not completed. This survey includes questions that identify hospitals which will enable CDPH to track and compare hospitals that do and do not respond. It is not the intent of CDPH to publicly report this information for individual hospitals; CDPH plans to report survey results in aggregate form only.

Your response to this survey is due on or before **May 11, 2012**. If you report influenza vaccination data for more than one facility, please complete a survey for each individual facility.

The survey will take approximately 15 minutes to complete. Thank you for your time and participation.

**Facility Demographics**

1. \*Facility Name officially registered with Licensing and Certification (required)  
\_\_\_\_\_
2. \*Facility city (required) \_\_\_\_\_
3. NHSN ID \_\_\_\_\_
4. Is your facility a teaching hospital?
  - a. Yes
  - b. No
  - c. Don't Know

**Local Ordinance Mandating Influenza Vaccination in Healthcare Personnel**

5. Is there a city or county mandate for hospital HCP to receive influenza vaccination?
  - a. Yes
  - b. No
  - c. Don't Know
6. Did the influenza vaccination policy change at your facility in order to be consistent with the county requirement?
  - a. Yes
  - b. No
  - c. Don't Know

## Facility Influenza Vaccination Policy

7. Please indicate which department(s) is responsible for the influenza vaccination reporting at your facility. Check all that apply.
  - a. Infection control only
  - b. Employee/occupational health only
  - c. Joint infection control employee/occupational health
  - d. Quality improvement
  - e. Other, please specify
  
8. Does your facility have a written policy for influenza vaccination of employees?
  - a. Yes
  - b. No
  - c. Don't Know
  
9. \*If yes, please indicate which of the following best describes your facility's current policy on influenza vaccination for employees. (required)
  - a. Influenza vaccination is recommended; a signed declination is not required and there are no consequences for declining
  - b. Influenza vaccination is required AND signed declination statements are required for unvaccinated employees with no consequences for declining vaccination (mandatory declination)
  - c. Influenza vaccination is required AND signed declination statements are required for unvaccinated employees with consequences other than termination for declining vaccination (mandatory participation)
  - d. Influenza vaccination is required with an exemption for medical contraindications only (mandatory vaccination)
  - e. We have no policy for influenza vaccination of employees.
  
10. If option c or d above, in what year was this policy implemented? \_\_\_\_\_
  
11. If option c above, what are the consequences or arrangements your facility uses for employees that **do not comply with (fulfill)** the vaccination requirement? Check all that apply.
  - a. Display a sticker or other visual indicator of vaccination status
  - b. Reassign to a non-patient care area or job duty
  - c. Require participation in influenza vaccination education
  - d. Require mask/PPE use
  - e. Take leave without pay
  - f. Meet with human resources
  - g. Other, please specify
  
12. If option c or d above, does your facility require a statement from the employee regarding why he/she is declining vaccination?
  - a. Yes
  - b. No
  - c. Don't Know
  
13. What does your facility consider to be acceptable reasons for declining influenza vaccination? Check all that apply.
  - a. Philosophical belief
  - b. Religious belief
  - c. Medical contraindication including allergy
  - d. Fear of needles
  - e. We do not track reasons for declining vaccination
  - f. Other, please specify

14. Does your facility require employees who receive off-site influenza vaccination to provide documentation of vaccination status?
- Yes
  - No
  - Don't Know
15. If yes, what type of documentation is required? Check one.
- Written or electronic documentation from another healthcare provider (e.g. pharmacy receipt, physician's note, etc).
  - Copy of the 2010-11 Vaccine Information Statement given upon receipt of vaccination
  - A written or electronic document from the employee
  - A verbal declaration from the employee

<b>Non-Employee Healthcare Personnel</b>
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16. \*Does your facility collect surveillance data on influenza vaccination status for non-employee healthcare personnel? (required)
- Yes
  - No
  - Don't know
17. Does your facility require non-employee healthcare personnel to provide documentation of vaccination status?
- Yes
  - No
  - Don't know
18. If yes, what type of documentation is required?
- Written or electronic documentation from another healthcare provider (e.g. pharmacy receipt, physician's note, etc).
  - Copy of the 2010-11 Vaccine Information Statement given upon receipt of vaccination
  - A written or electronic document from the non-employee
  - A verbal declaration from the non-employee
  - Other
19. As part of the contract with the registry agency, does your facility require registry personnel either to be vaccinated for influenza or to provide written declination statements to the registry?
- Yes
  - No, but we will have this in place for the next influenza season
  - No, but we are considering this for future contracts with registry agencies
  - No, and this is not something we have nor are considering at this time
  - Don't know
20. Does your facility require that the registry agency provide vaccination status of registry personnel?
- Yes
  - No
  - Don't know
21. Does your facility require registry personnel to be vaccinated for influenza?
- Yes
  - No
  - Don't know

## Facility Influenza Vaccination Campaign

22. \*Which personnel groups does your facility include in your annual influenza vaccination program? Check one. (required)
- All personnel who work in the facility
  - All personnel who work in clinical areas, including personnel without direct patient care duties (clerks, housekeepers, etc)
  - Only personnel with direct patient care duties (physicians, nurses, respiratory therapists, etc)
  - Other, please specify
23. \*Which of the following types of employees does your facility include in your annual vaccination program? Check all that apply. (required)
- Full time employees
  - Part time employees
  - Contractors
  - Registry personnel
  - Students and trainees
  - Volunteers
  - Other, please specify
24. \*Which of the following strategies does your facility use to promote/enhance influenza vaccination at your facility? Check all that apply. (required)
- Incentives to individuals (e.g., candy, prizes)
  - Incentives to groups of employees (e.g., a pizza party)
  - Reminders by mail, email or pager
  - Coordination of vaccination with other annual programs (TB skin testing)
  - Require receipt of vaccination for credentialing (if no contraindications)
  - Campaign including posters, flyers, buttons, and fact sheets
  - Publicizing vaccination of senior medical staff and/or decision makers
  - Use of influenza vaccination percentages as a quality indicator
  - Provide regular feedback on influenza vaccination coverage by patient care area, unit, or occupational group
  - Promote competition between units/care areas
  - No formal promotional activities
  - Other, please specify
25. \*Does your facility conduct formal educational program on influenza and influenza vaccination for employees, such as seminars, online trainings, etc? (required)
- Yes
  - No
  - Don't know
26. If yes, are employees required to attend?
- Yes
  - No
  - Don't know
27. \*Is influenza vaccination offered during all work shifts, including nights and weekends? (required)
- Yes
  - No
  - Don't know

28. \*Which of the following does your facility use to offer influenza vaccination? Check all that apply. (required)

- a. Mobile carts
- b. Centralized mass vaccination fairs
- c. Peer vaccinators
- d. Offer vaccination in congregate areas (conferences, meetings, cafeteria, etc)
- e. Offer vaccination at work station
- f. Offer vaccination at occupational health clinic
- g. Offer influenza vaccine during new employee physicals (during influenza season)
- h. Use live attenuated influenza vaccine for eligible employees/non-employee healthcare personnel
- i. Other, please specify

29. \*Does your facility offer free influenza vaccination to **non-employee healthcare personnel**? (required)

- a. No cost
- b. Reduced cost
- c. Full cost

30. Please indicate the department or office in your facility that is responsible for collecting data on vaccination status for each of the following non-employee healthcare personnel groups.

	Specific personnel office	Infection control	Employee health	Joint infection control/employee health	Quality improvement	None
Physicians						
Nurse practitioners						
Physician assistants						
Registry						
Contract						
Students						
Trainees						
Volunteers						

31. How does the department or office indicated in question 30 collect data on vaccination status for each of the following non-employee healthcare personnel groups?

	No data collection	Each individual provides documentation	Personnel office with the employer or agency	Student health office with the educational institution
Physicians				
Nurse practitioners				
Physician assistants				
Registry				
Contract				
Students				
Trainees				

32. We recognize that collecting data on non-employee healthcare personnel is complicated. Please let us know if you have other good ideas for healthcare personnel influenza vaccination data collection.

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**Thank you for completing this survey.**