



Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel

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Exp. Date: xx-xx-20xx

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Facility ID #: _____

Date Entered: _____
(Month/Year)

For Season: _____ - _____
(Specify years)

Which personnel groups did you include in your annual influenza vaccination program this past season?

- 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)

Which of the following types of employees did you include in your annual influenza vaccination program this past season? (check all that apply)

- Full-time employees
- Part-time employees
- Contract employee
- Volunteers
- Others, specify: _____

At what cost did you provide influenza vaccine to your healthcare workers?

- No cost
- Reduced cost
- Full cost

Did you provide influenza vaccination during all work shifts (including nights and weekends)?

- Yes
- No

Which of the following methods did you use during 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 57.7511 (Front) Effective date xx/xx/200x

Which of the following strategies did you 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:

Did you conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?

- Yes
- No

If you conduct formal educational programs on influenza and influenza vaccination, did you require your healthcare workers to attend?

- Yes
- No

Did you require healthcare workers who received off-site influenza vaccination to provide documentation of their vaccination status?

- Yes
- No

Did you require signed declination statements from healthcare workers who refused influenza vaccination?

- Yes
- No