

Seasonal 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)

*1. Which personnel groups are included in your facility's annual influenza vaccination campaign? (*check all that apply*)

- Full-time employees
- Part-time employees
- Licensed independent practitioners:
 - Non-employee physicians
 - Non-employee advanced practice nurses
 - Non-employee physician assistants
- Students and trainees (for example, interns, residents)
- Adult volunteers
- Other contract personnel
- Other, specify: _____

*2. Are healthcare personnel at your facility required to pay out-of-pocket costs for influenza vaccination received at your facility?

- Yes
- No

If yes, how much do each of the following groups need to pay for influenza vaccination?

- Full-time employees: \$ _____
- Part-time employees: \$ _____
- Non-employee physicians: \$ _____
- Non-employee advanced practice nurses: \$ _____
- Non-employee physician assistants: \$ _____
- Students and trainees: \$ _____
- Adult volunteers: \$ _____
- Other contract personnel \$ _____
- Other, specify: _____

*3. Which of the following methods is your facility using this influenza season to deliver vaccine to your healthcare personnel? (*check all that apply*)

- Have mobile vaccination carts
- Provide vaccination in Occupational/Employee Health
- Provide vaccination in wards, clinics, cafeterias, or common areas
- Provide vaccination during nights and weekends
- Provide vaccination at any meetings or grand rounds
- Provide visible vaccination of any key personnel/leadership
- Other, specify: _____
- None of the above

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CDC 57.215 Rev. 1, NHSN v7.1

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*4. Which of the following strategies does your facility use to promote/enhance healthcare personnel influenza vaccination at your facility? *(check all that apply)*

- Send vaccination reminders by mail, e-mail, and/or pager
- Coordinate vaccination with other annual programs (for example, tuberculin skin testing)
- Require receipt of vaccination for credentialing (if no contraindications)
- Require receipt of vaccination as a condition of employment
- Advertise vaccination with a campaign including posters, flyers, buttons, and/or fact sheets
- Provide education on the benefits and risks of vaccination
- Track unit-based vaccination rates for some or all units/departments
- Plan to provide feedback on vaccination rates to facility administration
- Provide incentives for vaccination
- Track vaccination on a regular basis for targeting purposes
- Other, specify: _____
- No formal promotional activities are planned

*5. What is your facility's influenza vaccination policy for healthcare personnel? *(check one)*

- Influenza vaccination is required; unvaccinated personnel are terminated from employment
- Influenza vaccination is required with consequences other than termination for unvaccinated personnel
- Influenza vaccination is recommended but not required
- My facility does not have a specific influenza vaccination policy for personnel
- Other, specify: _____

*6. Which personnel groups are covered by your facility's influenza vaccination policy? *(check all that apply)*

- Full-time employees
- Part-time employees

Licensed independent practitioners:

- Non-employee physicians
- Non-employee advanced practice nurses
- Non-employee physician assistants

- Students and trainees (for example, interns, residents)
- Adult volunteers
- Other contract personnel
- Other, specify: _____

*7. Does your facility require healthcare personnel who receive off-site influenza vaccination to provide documentation of their vaccination status?

- Yes
- No

If yes, what type of documentation is acceptable? *(check all that apply)*

- Receipt or other proof of purchase from pharmacy or other vaccinator
- Insurance claim for receipt of influenza vaccination
- Note from person or organization that administered the vaccination
- Handwritten statement or e-mail from healthcare worker
- Signature of healthcare worker on standard facility form attesting to vaccination
- Other, specify: _____

*8. What does your facility require from healthcare personnel who refuse influenza vaccination? (*check one*)

- Standardized paper or electronic declination form completed by healthcare worker
- Reading a statement about the risks of non-vaccination (no signature required)
- Verbal declination of vaccination by healthcare worker
- Facility does not track vaccine declinations
- Other, specify: _____

*9. Does your facility require healthcare personnel who refuse influenza vaccination to wear a mask or other personal protective equipment (PPE)?

- Yes
- No