

## Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel

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

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).  
CDC 57.215 Rev. 1, NHSN v7.1

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Page 2 of 3

\*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