

-Emory/AIM Immunization Program Managers' Survey-

Please provide the following contact information for our records. Thank you.

Name: _____ **[NAME]**
Title: _____ **[TITLE]**
Email: _____ **[EMAIL]**
Phone number : _____ **[PHONE]**

Please select the state/city/territory that you represent. (list of immunization program locations is provided) **[JURIS]**

Section 1: Immunization Program Structure and Management Approaches to Vaccine Shortages

1. Where is your Immunization Program (IP) located within the public health department? **[IPLOC]**
- Maternal and Child Health
 - Communicable/Infectious Diseases
 - Disease Control and Prevention
 - Epidemiology
 - Clinical Services
 - Other (please indicate): _____ **[IPLOCOTH]**

*Optional: Please attach an organizational chart of your public health department, showing the organizational location of the immunization program with respect to the health officer, communicable diseases, MCH, and emergency preparedness activities. **[ORGCHA]**

Comment: _____ **[IPLOCCOM]**

2. Does your health department have an established protocol for managing vaccine shortages? **[PROTO]**

- Yes
- No
- We are in the process of establishing a written protocol

Comment: _____ **[PROTCOM]**

2a. (If yes to above), is the protocol a formal, written protocol? **[FORMPROT]**

- Yes
- No

*Optional: Please attach a copy of the protocol if possible. **[PROTODOC]**

2b. When was the protocol developed? **[PROTODATE]**

Year developed: _____

3. During the 2008 Hib shortage, please rate your IP's ability to conduct the following activities: **[IPAB]**

	Very successful	Successful	Somewhat successful	Attempted activity, but unsuccessful	Did not attempt activity	Comment: [COMIPAB]
3a. Communicate with providers about the shortage [IPAB_TALKPROV]						[IPAB_TALKPROVCOM]
3b. Communicate with the public about the shortage [IPAB_TALKPUB]						[IPAB_TALKPROVCOM]
3c. Monitor whether or not providers followed your IP's recommendations regarding vaccine schedules [IPAB_FOLREC]						[IPAB_FOLRECCOM]
3d. Monitor providers' use of alternate vaccine (i.e., Pentacel) [IPAB_ALTVAC]						[IPAB_ALTVACCOM]
3e. Monitor provider inventory [IPAB_PROVINVENT]						[IPAB_PROVINVENTCOM]
3f. Monitor providers' doses administered [IPAB_PROVDOSES]						[IPAB_PROVDOSESCOM]
3g. Redistribute vaccine among providers [IPAB_REDISTRIBPROV]						[IPAB_REDISTRIBPROVCOM]
3h. Redistribute vaccine to other states [IPAB_REDISTRIBST]						[IPAB_REDISTRIBSTCOM]
3i. Maintain adequate IP staff [IPAB_STAFF]						[IPAB_STAFFCOM]

4. During the 2008 Hib vaccine shortage, please indicate which mechanism(s) you found to be the most effective in communicating shortage-related information from the IP to:

4a. Providers (Check up to **three** mechanisms you found to be most effective): **[TALKTYPEPROV_1, TALKTYPEPROV_2, TALKTYPEPROV_3, ECT.]**

- We called providers **[11]**
- We sent blast faxes **[1]**
- We sent blast emails **[7]**

- We sent notifications by postal mail [2]
- We put the information in a newsletter [3]
- We posted the information on our general health department website [4]
- We posted the information on our immunization information system website [8]
- We sponsored conference call(s) [5]
- We made in person visits to providers and provider programs [10]
- We used the Health Alert Network [9]
- Other (please describe): _____ [TALKTYPEPROVOTH] [6]

Comment: _____ [TALKTYPEPROVCOM]

4b. Public (Check up to **three** mechanisms you found to be most effective): [TALKTYPEPUB_1, TALKTYPEPUB_2, TALKTYPEPUB_3]

- The health department issued press release(s) [1]
- We posted information on our health department website [2]
- We included shortage-related information in a newsletter [3]
- We set up an informational telephone service (e.g. hotline) [4]
- We supplied providers with communication materials (e.g. pamphlets, flyers, etc.) about the shortage. [5]
- Other, please explain: _____ [TALKTYPEPUBOTH] [6]

Comment: _____ [TALKTYPEPUBCOM]

5. During the 2008 Hib shortage, how did you monitor whether or not providers followed your IP's schedule recommendations? (Check all that apply.) [HOWMON_1, HOWMON_2, HOWMON_3, HOWMON_4, HOWMON_5]

- We used information from our IIS [1]
- We followed-up with phone calls or emails [2]
- We relied on anecdotal reports [3]
- We did not have a way to monitor providers' adoption of schedule recommendations [4]
- Other (please describe): _____ [HOWMONOTH] [5]

Comment: _____ [HOWMONCOM]

6. Within the VFC program, did your state have enough vaccine during the 2008 Hib shortage to fulfill the 3-dose revised recommendation for Hib vaccine? [ENOUGH]

- Yes, please describe: _____ [ENOUGHYES] [1]
- No, please describe: _____ [ENOUGHNO] [0]

Comment: _____ [ENOUGHCOM]

7. During the 2008 Hib shortage, did you consult with or seek advice from your immunization advisory committee in determining how to respond to the shortage? [ADVISORY]

- Yes
- No
- We do not have an immunization advisory committee

If yes, please describe your immunization committee's role during the 2008 Hib shortage, including key recommendations provided by the committee: _____ [ADVISORYROLE]

Comment: _____ [AVISORYCOM]

8. During the 2008 Hib shortage, did your IP consult legal counsel for any reason(s) regarding your response to the shortage (e.g. liability concerns, authority to depart from standard protocol, school eligibility implications, etc.)? If so, please describe the issues of concern. [LEGAL]

- Yes
- No

If yes, please describe: _____ [LEGALYES]

Comment: _____ [LEGALCOM]

9. During the 2008 Hib shortage, did your IP seek consultation regarding any ethical concerns arising from the shortage? [ETHICAL]

- Yes
- No

If yes, please describe the type of ethical concern(s) and the entities sought for advice: _____ [ETHICALYES]

Comment: _____ [ETHICALCOM]

10. Were you aware of any differences in the availability of Hib vaccines for children who received privately-purchased vaccine versus those who received VFC purchased vaccine? [DIFFERENCE]

- Yes
- No

If yes, please describe: _____ [DIFFERENCEYES]

Comment: _____ [DIFFERENCECOM]

11. During the 2008 Hib Shortage, please rate the effectiveness of CDC in: **[CDC]**

	Very successful	Successful	Somewhat successful	Attempted activity, but unsuccessful	Comments [CDCTBCOM]
11a. Determining a fair allocation of Hib vaccine for your IP [CDC_CDCFAIR]					[CDC_CDCFAIRCOM]
11b. Communicating the rationale for your IP's Hib allocation [CDC_CDCTALK]					[CDC_CDCTALKCOM]
11c. Managing the distribution of Hib vaccine to your IP [CDC_CDCDISTRIB]					[CDC_CDCDISTRIBCOM]

Comment: _____ **[CDCCOM]**

12. In June, 2009, CDC issued updated recommendations regarding the reinstatement of the booster dose of Hib vaccine for children aged 12 - 15 months. Regarding these updated recommendations:

12a. What is the current availability of Hib vaccines in your area? **[AVAILABILITY]**

- Sufficient to allow full implementation of CDC recommendations
- Sufficient to allow partial or staged implementation of CDC recommendations
- Insufficient to allow for change in booster dose deferral policy

Comment: _____ **[AVAILABILITYCOM]**

- 12b. How has your IP responded to these updated recommendations (actions taken or imminent)? **[IMPLE]**
- Full implementation. IP has issued recommendations to reinstate administration of booster dose per updated CDC recommendations, please describe: _____ **[IMPLEFUL]**
 - Partial or staged implementation of CDC recommendations. IP has issued a recommendation that modifies updated CDC recommendations, please describe: _____ **[IMPLEPART]**
 - Implementation postponed. IP has issued recommendations to continue suspension of booster dose pending further changes in vaccine availability, please describe: _____ **[IMPLEPOST]**
 - No implementation to date. IP has not taken any action or sent any recommendations to providers in response to this recommendation, please describe: _____ **[IMPLENO]**
 - Other, please describe: _____ **[IMPLEOTH]**

Comment: _____ **[IMPLECOM]**

12c. Was the availability of Pentacel (combination vaccine) and the unavailability of single antigen Hib vaccine a barrier to re-instating the 4th Hib dose in your area? **[PENTAHIB]**

- Yes
- No

Comment: _____ **[PENTAHIBCOM]**

13. What were your IP's biggest successes in managing the 2008 Hib shortage?

Please describe: _____ **[SUCCESS]**

14. What were your IP's biggest challenges/barriers in managing the 2008 Hib shortage? **[BARRIER]**

Please describe: _____

15. Based on your experience with vaccine shortages, including the recent Hib shortages, what recommendations would you make for improving the response to future shortages?

Recommendations to CDC: _____ **[RECCDC]**

Recommendations within your health department (including local health departments within your state): _____ **[RECHD]**

Recommendations to provider organizations (e.g., state/local AAP, AAFP chapters or national organizations): _____ **[REC PROV]**

Section 2: Immunization Information Systems (IIS) and Emergency Preparedness

16. Does your state have an operational Immunization Information System (IIS)? **[IIS]**

- Yes
- No

Comment: _____ **[IISCOM]**

17. Within which unit or program is your IIS located? (Check option that best applies.) **[IISLOC]**

- Immunization
- Emergency Preparedness
- Maternal and Child Health
- Surveillance/Epidemiology
- Public Health Information Technology
- Information Technology (outside Public Health)
- Other (please indicate): _____ **[IISLOCOTH]**
- N/A – No IIS

*Optional: Please attach an organizational chart showing organizational location of IIS relative to IP. **[IISORG]**

Comment: _____ **[IISLOCCOM]**

18. Does your health department's pandemic influenza preparedness plan define a role for IIS in managing the use of a pandemic influenza vaccine? **[IISROLE]**

- Yes
- No
- N/A – No IIS

Comment: _____ **[IISROLECOM]**

19. Is provider participation in your IIS a precondition for receiving pandemic influenza vaccine? **[PROVJOIN]**

- Yes
- Not currently, but we are planning to implement this requirement
- No
- N/A – No IIS

If yes, please describe: _____ **[PROVJOINYES]**

Comment: _____ **[PROVJOINCOM]**

20. Do you have authority to include information on adults in your IIS? **[ADULT]**

- Yes
- Not currently, but we are seeking expanded authority to include adults
- No
- N/A – No IIS

Comment: _____ **[ADULTCOM]**

21. Does your state's IIS have any of the following modules or functional components? (Check all that apply.) **[IISFUNCT_1....]**

- Track distribution of vaccine inventory **[8]**
- Track administration of vaccine inventory **[7]**
- Track distribution of antibiotics/anti-virals/other countermeasures **[5]**
- Track dispensing of antibiotics/anti-virals/other countermeasures **[9]**
- Reminder recall **[1]**
- First responder vaccination status **[2]**
- High-risk or vaccine priority classification **[3]**
- Need or risk mapping (GIS) **[4]**
- Track adverse events **[11]**
- Other: _____ **[IISFUNCTOTH] [6]**
- N/A – No IIS **[10]**

Comment: _____ **[IISFUNCTCOM]**

Note: For each checked response above, the following would pop-up:

If checked, please rate your IIS' current capacity to serve this purpose:

Track distribution of vaccine inventory	NOT CHECKED (MISSING)	Fully operational and successfully tested	Operational but not yet tested	Prototype or preliminary version available	Under development	Comment
[DISVAC]						[DISVACCOM]
Track administration of vaccine inventory	NOT CHECKED (MISSING)	Fully operational and successfully tested	Operational but not yet tested	Prototype or preliminary version available	Under development	Comment
[ADMINVAC]						[ADMINVACCOM]
Track distribution antibiotics/anti-virals/other countermeasures	NOT CHECKED (MISSING)	Fully operational and successfully tested	Operational but not yet tested	Prototype or preliminary version available	Under development	Comment

[DISOTH]						[DISOTHCOM]
Track dispensing antibiotics/anti-virals/other countermeasures	NOT CHECKED (MISSING)	Fully operational and successfully tested	Operational but not yet tested	Prototype or preliminary version available	Under development	Comment
[ADMINOTH]						[ADMINOTHCOM]
Reminder recall	NOT CHECKED (MISSING)	Fully operational and successfully tested	Operational but not yet tested	Prototype or preliminary version available	Under development	Comment
[REMIND]						[REMINDCOM]
First responder vaccination status	NOT CHECKED (MISSING)	Fully operational and successfully tested	Operational but not yet tested	Prototype or preliminary version available	Under development	Comment
[FIRST]						[FIRSTCOM]
High-risk or vaccine priority classification	NOT CHECKED (MISSING)	Fully operational and successfully tested	Operational but not yet tested	Prototype or preliminary version available	Under development	Comment
[HIGHRISK]						[HIGHRISKCOM]
Need or risk mapping (GIS)	NOT CHECKED (MISSING)	Fully operational and successfully tested	Operational but not yet tested	Prototype or preliminary version available	Under development	Comment
[GIS]						[GISCOM]

Track adverse events	NOT CHECKED (MISSING)	Fully operational and successfully tested	Operational but not yet tested	Prototype or preliminary version available	Under development	Comment
[ADVERSE]						[ADVERSECOM]
Other: [IISFUNCTOTH]	NOT CHECKED (MISSING)	Fully operational and successfully tested	Operational but not yet tested	Prototype or preliminary version available	Under development	Comment [IISFUNCTOTHCOM]
[OTHIISTB]						[OTHIISTBCOM]

Section 3: Immunization Programs and Emergency Preparedness

22. Have funds from the CDC Public Health Emergency Preparedness cooperative agreement been used by your IP to support any of the following? (Check all that apply.) [CDCFUND_1, CDCFUND_2, CDCFUND_3, CDCFUND_4, CDCFUND_5]

- Staff or contractor salaries [1]
- IIS support or modules [2]
- Mass vaccination or dispensing exercises [3]
- Other (please describe): _____ [CDCFUNDOTH] [5]
- N/A - Immunization program has not received preparedness funds [4]

Comment: _____ [CDCFUNCOM]

23. Aside from direct funding, has your capacity to communicate with providers or other key constituents been improved by health department investments in communication capacities that are part of emergency preparedness activities (e.g. communications technologies, communications expertise)? [HDCOMMUN]

- Yes _____ [HDCOMMUNYES]
- No _____ [HDCOMMUNNO]

Comment: _____ [HDCOMMUNCOM]

24. What is the level of involvement of the immunization program staff in the following emergency preparedness activities? (Note: Please consider your involvement/engagement prior to the emergence in April 2009 of the novel H1N1 influenza strain (swine flu). Separate questions below address the response to this H1N1 outbreak.) **[IPSTAFFINEP_]**

	Full partners (e.g., share responsibility for key decisions and resource use)	Routine consultants (e.g., participation in planning groups)	Ad hoc or occasional consultants	Rarely involved	Not involved	Comment
24a. Pandemic influenza planning [IPSTAFFINEP_PANFLU]						[PANFLUCOM]
24b. Bioterrorism/all-hazards planning [IPSTAFFINEP_BIOTER]						[BIOTERCOM]
24c. Cities Readiness Initiative (CRI) or other mass vaccination/dispensing exercises [IPSTAFFINEP_MASSVAC]						[MASSVACCOM]
24d. Other Strategic National Stockpile activities [IPSTAFFINEP_STOCKPILE]						[STOCKPILECOM]
24e. Participation in training in use of incident command (National Incident Management System) [IPSTAFFINEP_TRAINIC]						[TRAINICCOM]
24f. Smallpox vaccination program (during early 2000s) [IPSTAFFINEP_SMALLPOX]						[SMALLPOXCOM]
24g. Other (please specify in comments) (IPSTAFFINEP_EMERGACTOTH)						[EMERGACTOTHCOM]

25. Within your health department's emergency preparedness efforts, has the expertise of the IP been engaged in the following areas? (Note: Please consider your involvement/engagement prior to the emergence in April 2009 of the novel H1N1 influenza strain (swine flu). Separate questions below address the response to this H1N1 outbreak.) **[IPENGAGEP_]**

	IP expertise has been substantially considered and engaged in this activity	IP experience/resources are considered in most aspects of this activity	IP experience/resources are considered in some aspects of this activity	IP experience/resources are rarely considered for this activity	IP experience/expertise has not been considered in this activity	Comment
25a. Management of large-scale vaccination efforts [LARGEVAC]						[LARGEVACCOM]
25b. Tracking vaccine administration or distribution of other countermeasures [TRACKCOUNTER]						[TRACKCOUNTERCOM]
25c. Engaging or communicating with healthcare providers [COMMUNPROV]						[COMMUNPROVCOM]
25d. Managing potential shortages of vaccines or other medical countermeasures [SHORTAGE]						[SHORTAGECOM]
25e. Communicating with the public [COMMUNPUB]						[COMMUNPUBCOM]
25f. Addressing child health needs [CHILD]						[CHILDCOM]
25g. Other (please specify in comments) [OTHIPEXPER]						[OTHIPEXPERCOM]

Section 4: Doses Administered Exercise (DAX) Participation

26. To what extent did your IP participate in the 2008 Doses Administered Exercises (DAX) of the CDC's Countermeasure and Response Administration (CRA)? **[DAXPART]**

- Our IP was in charge
- Our IP was very engaged, but not in charge
- Our IP was somewhat engaged
- Our IP knew about the exercise, but did not participate
- Our IP did not know about the exercise

Comment: _____ **[DAXPARTCOM]**

27. In your opinion, do the DAX exercises enhance preparedness for mass vaccination during public health emergencies? **[DAXHELP]**

- Yes
- No

Comment: _____ **[DAXHELPCOM]**

28. Did you use your IIS as the information collection/reporting option in the 2008 DAX? **[DAXIIS]**

- Yes, (please describe why) _____ **[DAXIISYES]**
- No, (please describe why) _____ **[DAXIISNO]**

If No, which option did you use?: **[DAXTYPE]**

- Manual data collection with aggregate data entry into the CRA reporting screen, (please describe why) _____ **[DAXYPEMAN]**
- Direct patient-level data entry into CRA application, (please describe why) _____ **[DAXYPEDIR]**

Comment: _____ **[DAXIISCOM]**

29. Excluding the DAX, has your IIS been used as part of other emergency preparedness exercises or as part of the response to an actual public health emergency response activity? (Check all that apply.) **[IISUSE_1, IISUSE_2, IISUSE_3]**

- Yes, our IIS has been used in another exercise(s). Please describe: _____ **[IISUSEEXER] [1]**
- Yes, our IIS has been used in the response to an actual emergency response situation(s). Please describe: ____ **[IISUSEREAL] [2]**
- No **[3]**

Comment: _____ **[IISUSECOM]**

Section 5: Immunization Program and IIS Roles in Response to the Emergence of Novel H1N1 Influenza Strain

30. Following the initial recognition and emergence of the novel H1N1 influenza strain, during May-June, 2009, what was the role of the Immunization Program, including the Immunization Information System, in the following? **[IPROLEH1N1_]**

	We were the lead office	We had a large role but were not the lead office	We had somewhat of a role	We had a small role	We had no role	Comments
30a. Developing school closure policies [SCHOOL]						[SCHOOLCOM]
30b. Developing laboratory testing policies for H1N1 [LAB]						[LABCOM]
30c. Developing policies regarding the use of surgical or N-95 masks [MASKS]						[MASKSCOM]
30d. Developing an antiviral allocation plan [ALLOCATION]						[ALLOCATIONCOM]
30e. Distributing antiviral medication [DISMED]						[DISMEDCOM]
30f. Monitoring antiviral inventory [MONINVENT]						[MONINVENTCOM]
30g. Tracking antiviral administration [TRACKADMIN]						[TRACKADMINCOM]
30h. Reviewing pertinent emergency rules or laws [LAWS]						[LAWSCOM]
30i. Communicating with the public [H1N1COMPUB]						[H1N1COMPUBCOM]

30j. Communicating with providers [H1N1COMPROV]						[H1N1COMPROVCOM]
30k. Conducting H1N1 case surveillance [SURVEIL]						[SURVEILCOM]
30l. Revising the state/territory influenza preparedness plan [REVISEPLAN]						[REVISEPLANCOM]
30m. Other (please specify in comments) [H1N1OTH]						[H1N1OTHCOM]

31. During May-June 2009, did your health department activate an incident command system (ICS) protocol for managing its response to the situation?
[ICS]

- Yes
- No

COMMENT: _____ [ICSCOM]

31a. If yes, what was the level of ICS activation? [ICSLEVEL]

- Highest level under our ICS protocol
- ICS activated but not at highest level
- ICS activated, not sure of level

Comment: _____ [ICSLEVELCOM]

31b. If yes, briefly describe what, if any, role IP staff had in the ICS leadership structure: [ICSIPSTAFF]

31c. If yes, based on your experience or observations regarding your health department's use of an ICS during this situation, what recommendations would you offer regarding the application of ICS by health departments in future crises? [ICSREC]

32. Did your health department activate an Emergency Operations Center (EOC)? [If you are in a city/county health department, answer only for your city/county, not for your state]. [EOC]

- Yes. If yes, briefly describe the role, if any, of IP staff in the health department EOC: _____ [EOCYES]
- No

Comment: _____ [EOCCOM]

33. Did another government agency, such as the Emergency Management Agency, in your area activate an EOC that supported coordination of public health and other Emergency Support Functions? [If you are in a city/county health department, answer only for your city/county, not the state].

[OTHEOC]

- Yes
- No

Comment: _____ **[OTHEOCCOM]**

34. Which health agency program area (e.g. immunization, preparedness, SNS) is the lead for H1N1 vaccination planning in your state/territory?

[LEADH1N1]

- Immunization
- Preparedness (Community /Public Health/Emergency)
- Communicable Disease Program
- Shared or Equal Responsibility with other state health agency program area(s) (Please specify)_____
- Other (Please specify)_____ **[LEADH1N1OTH]**
- Not yet determined

[LEADH1N1SHARE]

Comment: _____ **[LEADH1N1COM]**

35. In this survey, we had originally planned to include questions about immunization programs' plans for the anticipated pandemic H1N1 vaccine. However, because national policies for the pandemic H1N1 vaccine are still evolving, we have decided to postpone this section of survey. In the meantime, if you have concerns regarding pandemic H1N1 planning that you that you would like to bring to AIM's attention or topics that you would like to see addressed in the subsequent survey, we welcome your comments: **[H1N1]**

Please provide any additional comments about the survey or about the survey material that you would like us to know. **[ADDCOM]**
