

-VFC Providers Influenza Vaccine and Preparedness Survey: Oregon-

Directions: Please fill out the below survey. Once completed please fax your responses back to **404-712-8345, Attn. Allison Chamberlain.**

Please provide the following contact information for our records:

Name of clinic: _____ Clinic zip code: _____

1. Please describe your practice:

- Private pediatric practice
- Private family medicine practice
- Private multi-specialty practice
- Public health agency clinic
- Other publically-supported clinic
- (e.g., Section 330, FQHC, etc.)
- Other: _____

2. What is your role within the practice?

- Physician
- Physician's assistant
- Nurse
- Nurse Practitioner
- Nurse Manager/Director
- Office Manager
- Other clinical: _____
- Other administrative staff: _____

3. How many physicians are in your practice?

- 3 physicians or less
- 4-6 physicians
- 7-9 physicians
- 10 or more physicians

4. Approximately how many pediatric patients (i.e. 18 years of age or younger) are seen in your practice during a **single day**?
- 10 children or less
 - 11-20 children
 - 21-30 children
 - 31-40 children
 - 41-to 50 children
 - 51 children or more
5. In your practice, who is the person(s) responsible for receiving and disseminating updates from public health officials to clinic staff regarding influenza vaccine administration? (You may check more than one response)
- A physician
 - A physician's assistant
 - A nurse
 - A nurse practitioner
 - A nurse manager/director
 - The office manager
 - The immunization coordinator
 - The VFC point-of-contact
 - Other administrative staff
 - Other: _____
6. To the best of your knowledge, which of the following entities does the person(s) specified above rely upon the most to obtain timely, accurate information regarding **outbreaks or public health threats** that affect your community?
- Federal government agencies (e.g. CDC)
 - News media (e.g. TV, internet news sites, newspapers)
 - Professional societies (e.g., American Academy of Pediatrics, American Medical Association)
 - State or local public health departments
 - Other sources, please indicate: _____

7. How does this person(s) disseminate information they receive from public health officials to clinic staff? (You may check more than one.)

- Face-to-face conversations with physicians and staff
- Routine staff meetings (e.g. daily or weekly)
- Email (e.g. mass email forward, scanning in a hard-copy document and emailing to practice)
- Hard-copy facsimiles or flyers
- Posting in common areas (e.g. kitchen, breakroom)
- Other: _____

8. In the matrix below, please indicate the **MOST EFFECTIVE** ways for public health departments to communicate information to your practice about the following public health emergencies. (You may check more than one communication method for each type of emergency.)

	Community outbreaks	Vaccine shortages for routine immunizations	H1N1 influenza vaccine
Blast faxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In person visits to provider offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notifications by postal mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Press releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posting information to Oregon's Immunization Information System (ALERT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posting information on general health department website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notifications through the Health Alert Network (HAN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sponsored conference call(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text message alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter feeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. In the matrix below, please indicate the **LEAST EFFECTIVE** ways for public health departments to communicate information to your practice about the following public health emergencies. (You may check more than one communication method for each type of emergency.)

	Community outbreaks	Vaccine shortages for routine immunizations	H1N1 influenza vaccine
Blast faxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In person visits to provider offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notifications by postal mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Press releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posting information to Oregon's Immunization Information System (ALERT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posting information on general health department website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notifications through the Health Alert Network (HAN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sponsored conference call(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text message alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter feeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Regarding preparedness for the upcoming H1N1 influenza vaccination campaign, how would you characterize the usefulness of information or guidance you have received from your state health department?

- Very useful**---the information and guidance we received is timely, accurate, and meets our needs
- Useful**---the information and guidance we received is helpful, but could be more frequent, accurate, or relevant to our needs
- Somewhat useful**---the information and guidance we received is somewhat helpful, but we often have questions about the information's accuracy, timeliness, or relevance
- Not useful**---the information and guidance is not helpful, and is often inaccurate or out-of-date
- Irrelevant**---the information and guidance we received is not relevant to our needs
- I cannot recall** receiving information on the H1N1 vaccination campaign from the state health department

Comment: _____

11. In terms of communicating information on influenza vaccination to your practice, what could your state health department be doing better for your practice?

12. Is your practice offering rapid influenza testing to patients?

- Yes No

Comment: _____

13. Has your practice been selected to receive and administer H1N1 vaccine this fall?

- Yes No

Comment: _____

13a. If "NO" to question 13, how will your practice inform your patients about where they can receive H1N1 vaccine? (Check all that apply, **then skip to Question 20**)

- Notice posted in clinic
- Mailed notice to all patients
- Provider will refer all patients to alternate vaccination locations
- Provider will refer patients in priority groups to alternate vaccination locations
- No communication will be provided on H1N1, unless patient asks
- Other (please specify): _____

14. Are you familiar with the CDC/Advisory Committee on Immunization Practices' (ACIP) recommended priority groups for H1N1 influenza vaccination?

- Yes No

15. How is your practice communicating information about H1N1 vaccine prioritization and availability with your patients? (Check all that apply)

- Email notifications
- Face to face during patient visits
- Flyers distributed to patients visiting the practice
- Phone calls to patients
- Postcards/mailings
- Posters in exam rooms
- Posters in waiting rooms/restrooms
- Postings on our practice's website
- Recorded message on answering service for patients who call-in
- Text message alerts
- Twitter feeds
- Other (please specify): _____

16. Are you or is anyone else in your practice concerned about having to deny healthy adults or adults over the age of 65 H1N1 influenza vaccine?

- Yes, please describe: _____
- No
- N/A – we are a pediatric practice

Comment: _____

17. Does your practice plan to extend hours (e.g., evenings, weekends) to vaccinate patients against H1N1 influenza this year?

- Yes No Not sure

Comment: _____

18. What barriers does your practice have to storing and administering H1N1 vaccine in your practice? (Check all that apply)

- Limited storage space for vaccine
- Limited storage space for ancillary supplies
- Lack of staff capacity to administer additional vaccines
- We do not anticipate having storage or staff barriers
- Other (please specify): _____

Comment: _____

19. Does your practice feel capable of vaccinating your pediatric patient population for both seasonal influenza and novel H1N1 influenza this fall?

- Yes No

Comment: _____

20. How important do you believe off-site H1N1 mass vaccination clinics (e.g. school-based clinics) are going to be for vaccinating children against H1N1 influenza this fall in a timely manner?

- Very important
- Important
- Moderately important
- Of little importance
- Unimportant

Rationale/Comment: _____

21. Do you plan to offer seasonal and H1N1 vaccines to your staff?

- Yes, we will offer both vaccines to staff
- We will only offer seasonal influenza vaccination to staff
- We will only offer H1N1 influenza vaccination to staff
- No, we will offer neither vaccine to staff

22. Does your practice require that your staff be vaccinated with seasonal influenza and/or H1N1 influenza vaccine?

- Yes, both vaccinations will be required of all staff
- Only seasonal influenza vaccine will be required of staff
- Only H1N1 influenza will be required of staff
- No, neither vaccination will be required of staff

Comment: _____

23. Is your practice planning to vaccinate or has your practice vaccinated any patient in a priority group with H1N1 vaccine, regardless of their capacity to pay?

- Yes, we are planning to vaccinate any patient who is within a priority group, and will waive any fees if they are unable to pay
- No, but we will refer patients who cannot pay to alternate vaccination locations
- N/A---Our practice is not administering H1N1 influenza vaccine.
- Other (please specify): _____

24. Is your practice willing to vaccinate individuals within other H1N1 vaccine priority groups (e.g. pregnant women, caregivers of infants <6 months) that are also seen in your practice environment?

- Yes, we will to offer vaccine to anyone who is in an H1N1 vaccine priority group
- Yes, we are willing to vaccinate anyone within a priority group who asks to be vaccinated
- Maybe, we are still discussing this issue
- No, we will not vaccinate anyone who is not one of our patients
- Our practice has not discussed this issue yet
- N/A---Our practice is not administering H1N1 influenza vaccine.
- Other (please specify): _____

25. Is your practice recommending H1N1 vaccine to all patients in target priority groups regardless of whether they have had or think they have had H1N1 influenza in 2009?

- Yes, we will recommend vaccination to everyone
- No, we will only recommend vaccination to those who have not had H1N1 influenza this year
- We have not discussed this issue in our practice
- Other (please specify): _____

26. Did your practice experience interruptions in providing scheduled Hib vaccines to pediatric patients during the 2008 – 2009 Hib shortage?

- Yes No Not sure

27. If "YES" to Question 26, what lessons learned from the Hib shortage may be most useful for helping your practice plan for and manage the upcoming influenza vaccination campaign?

28. In the past 5 years, have any members of your practice (e.g. doctors, nurses, physicians' assistants, administrative staff) participated in any **training sessions or preparedness drills** in response to large-scale public health disasters (e.g. hurricanes, earthquakes, pandemics, or terrorist events)?

- Yes No Not sure

28a. If "YES" to Question 28, please indicate which types of individuals have participated in disaster response training sessions (Check all that apply):

- Physicians
- Nurses
- Physicians' assistants
- Office manager(s)
- Administrative staff
- Other (please specify): _____

Comment: _____

29. Has anyone in your practice ever participated in an **actual response** to a large-scale public health disaster (e.g. hurricane, earthquake, terrorist event)?

- Yes, please describe: _____
- No
- Not sure

Comment: _____

30. Are any doctors, nurses, or physicians' assistants in your practice currently involved in any medical surge capacity initiatives (e.g. Medical Reserve Corp or volunteer advanced registration program for health professionals)?

- Yes, please describe: _____
- No
- Not sure

Comment: _____

31. Does your practice submit data to Oregon's Immunization Information System (IIS), ALERT?

- Yes No **(skip to Q.35)** Not sure

Comment: _____

32. For which of your pediatric patients does your practice submit data?

- All 0-18 year olds
 Only VFC patients 0 – 18 years of age
 Not sure

Comment: _____

33. Does your practice submit data to ALERT for adult patients?

- Yes, all adult patients
 Yes, only some adult patients
 No
 N/A---we do not administer vaccines to adults, only children

Comment: _____

34. Approximately how many immunizations administered in your practice get submitted to ALERT within 14 days of administration?

- All immunizations are submitted within 14 days of administration
 Most immunizations are submitted within 14 days of administration
 Some immunizations are submitted within 14 days of administration
 Immunizations are submitted, but not within 14 days of administration
 We do not submit data to ALERT
 Don't know

Comment: _____

35. Is your practice administering seasonal influenza vaccine this year?

- Yes No

35a. If “YES” to Question 35, is your practice submitting or planning to submit data to ALERT for patients who receive the seasonal influenza vaccine?

- Yes, we plan to submit data on all patients who receive the seasonal vaccine
- Yes, we plan to submit data on some patients who receive the seasonal vaccine
- No, we do not plan to submit data on patients who receive the seasonal vaccine

Comment: _____

35b. If “YES” to Question 35a, what method will your practice use to submit seasonal influenza vaccination data to the ALERT system?

- Electronic transfer into ALERT through existing submission method
- Hard copy submission to ALERT through existing submission method
- Online entry directly into ALERT
- Scannable VARs sent to ALERT
- Not sure

Comment: _____

36. Is your practice submitting or planning to submit data to ALERT for patients who receive the H1N1 influenza vaccine?

- Yes, we plan to submit data on all patients who receive the H1N1 vaccine
- Yes, we plan to submit data on some patients who receive the H1N1 vaccine
- No, we do not plan to submit data on patients who receive the H1N1 vaccine
- N/A---Our practice is not administering H1N1 influenza vaccine.

Comment: _____

36a. If “YES” to Question 36, what method will your practice use to submit H1N1 influenza vaccination data to the ALERT system?

- Electronic transfer into ALERT through existing submission method
- Hard copy submission to ALERT through existing submission method
- Online entry directly into ALERT
- Scannable VARs sent to ALERT
- Not sure

Comment: _____

37. Does your practice plan to use the ALERT website to check the vaccination status of patients coming in for influenza (seasonal and/or H1N1) vaccine this season?

- Yes, we will check vaccination status through ALERT for all patients
- We will check vaccination status through ALERT for patients who request an influenza vaccine
- No, we will not systematically use ALERT to assess vaccination status of incoming patients
- Not sure

Comment: _____

38. What are the greatest concerns among members of your practice regarding vaccine administration for the 2009 – 2010 influenza season?

39. What recommendations would you have for state and local public health officials to help you plan and manage the upcoming seasonal influenza/H1N1 vaccination campaigns as effectively as possible?

This is the end of the survey. Thank you for your participation!

Please provide any additional comments about the survey or about the survey material that you would like us to know:
