Section I. Practice Demographics

1. Please describe your practice:
   - [ ] Private pediatric practice
   - [ ] Private family medicine practice
   - [ ] Private OB/GYN practice
   - [ ] Pharmacy – national/regional chain pharmacy
   - [ ] Pharmacy – local/independent pharmacy
   - [ ] Specialty practice (e.g., neurology, oncology, multi-specialty)
   - [ ] Local Health Jurisdiction (LHJ)/public health agency clinic
   - [ ] Tribal clinic
   - [ ] Other publically-supported clinic (e.g., Section 330, FQHC, etc.)
   - [ ] Other:

2. Does your practice participate in the Vaccines for Children (VFC) Program?
   - [ ] Yes
   - [ ] No
   - [ ] Not currently, but we are considering participation
   - [ ] Don’t know

3. What is your role within your practice or pharmacy branch?
   - [ ] Medical assistant
   - [ ] Medical Director
   - [ ] Nurse (RN, LPN)
   - [ ] Nurse Manager/Director
   - [ ] Nurse Practitioner
   - [ ] Office or pharmacy manager
   - [ ] Pharmacist
   - [ ] Pharmacy technician
   - [ ] Physician
   - [ ] Physician’s assistant (PA)
   - [ ] Other clinical:
   - [ ] Other administrative staff:

4. How many physicians are in your practice or pharmacy branch?
   - [ ] None
   - [ ] 1-3
   - [ ] 4-6
   - [ ] 7-9
   - [ ] 10 or more

5. How many pharmacists are in your practice or pharmacy branch?
   - [ ] None
   - [ ] 1-2
   - [ ] 3-4
   - [ ] 5 or more

Section II. Communications with Public Health and the Public

7. In your practice or pharmacy branch, 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.)
   - [ ] Medical assistant
   - [ ] Medical Director
   - [ ] Nurse (RN, LPN)
   - [ ] Nurse Manager/Director
   - [ ] Nurse Practitioner
   - [ ] Office or pharmacy manager
   - [ ] Pharmacist
   - [ ] Pharmacy technician
   - [ ] Physician
   - [ ] Physician’s assistant (PA)
   - [ ] Other clinical:
   - [ ] Other administrative staff:

8. 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 and 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 health departments
   - [ ] Local health departments
   - [ ] Other sources:

9. How does this person(s) disseminate information they receive from public health officials to practice or pharmacy branch staff? (You may check more than one.)
   - [ ] Face-to-face conversations with physicians and/or staff
   - [ ] Routine staff meetings (e.g. daily or weekly)
   - [ ] Email (e.g. mass email forward, scanning in a hard-copy document and emailing to physicians and/or staff)
   - [ ] Hard-copy facsimiles or flyers
   - [ ] Posting in common areas (e.g. kitchen, break room, common area)
   - [ ] Other:

6. For each of the following patient categories, please indicate, on average, how many individuals are seen in your practice or pharmacy branch within a single day.

<table>
<thead>
<tr>
<th>Category</th>
<th>Children &lt;5 years</th>
<th>Children 5-18 years</th>
<th>Adults 19+ years</th>
<th>Pregnant women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 10 or more</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. 7-9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. 4-6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. 1-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. In the matrix below, please indicate the MOST EFFECTIVE ways for public health departments to communicate information to your practice or pharmacy branch about the following public health emergencies. (You may check more than one communication method for each type of emergency.)

<table>
<thead>
<tr>
<th></th>
<th>Community outbreaks</th>
<th>Vaccine shortages for routine immunization</th>
<th>Pandemic influenza vaccine supply (e.g. H1N1 vaccine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blast faxes</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Email</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>In person visits to provider offices</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Newsletters</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Notifications by postal mail</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Phone calls</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Press releases</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Posting information to WA’s Immunization Information System (CHILD Profile)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Posting information on general health department website</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Notifications through the Health Alert Network (HAN/SECURES)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Sponsored conference calls</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Text message alerts</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Twitter feeds</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

11. Regarding preparedness for the 2009 H1N1 influenza vaccination campaign, how would you characterize the usefulness of information or guidance you received from the health department?

<table>
<thead>
<tr>
<th></th>
<th>Very Useful</th>
<th>Useful</th>
<th>Somewhat Useful</th>
<th>Not Useful</th>
<th>Irrelevant</th>
<th>I cannot recall</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Health Department</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Local Health Department</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

12. In terms of communicating information on seasonal or H1N1 influenza vaccination to your practice or pharmacy branch:

a. What could your state health department have done better?

b. What could your local health department have done better?

Section III. 2009 H1N1 Vaccination Administration

13. At the beginning of the H1N1 vaccination campaign when vaccine was limited, please describe your practice’s ability to adhere to the priority group guidelines:

- □ Easy The guidelines made it easy for our practice to make decisions on who should or should not receive the vaccine.
- □ Moderate The guidelines gave us general guidance, but we still had to make some case-by-case decisions that we were not sure were covered by the guidelines.
- □ Hard In most cases, the guidelines were not specific enough to help our practice make decisions on who should receive vaccine.

14. How did your practice communicate information about H1N1 vaccine prioritization and availability with your patients or customers? (Check all that apply.)

- □ Email notifications
- □ Face to face during patient/customer visits
- □ Flyers distributed to patients/customers visiting the practice
- □ Phone calls to patients/customers
- □ Postcards/mailings
- □ Posters in exam rooms
- □ Hotline or recorded message on phone answering service
- □ Text message alerts
- □ Twitter feeds
- □ Other (please specify): ______________________________

15. Were you or was anyone else in your practice concerned about denying H1N1 influenza vaccine to those in the lowest priority group (i.e. healthy adults and adults over the age of 65)?

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

Comment:______________________________________________________________
16. In what ways did your practice or pharmacy branch extend services to vaccinate additional patients or customers against H1N1 influenza? (Check all that apply.)
- Hired additional staff to help vaccinate
- We extended our Monday – Friday business hours beyond our normal hours
- We opened on weekends when we do not normally open on weekends
- We extended our normal weekday and weekend hours
- We participated in mass vaccination clinics
- We did not extend our services
- Other
- I don’t know
Comment:______________________________________________________________
______________________________________________________________________

17. What barriers did your practice or pharmacy branch have to storing and administering H1N1 vaccine? (Check all that apply.)
- Limited storage space for vaccine
- Limited storage space for ancillary supplies
- Lack of staff capacity to administer additional vaccines
- We did not have any storage or staff barriers
- Other (please specify): ___________________
Comment:______________________________________________________________
______________________________________________________________________

18. Which prioritized groups benefitted most from off-site mass vaccination clinics (check all that apply)?
- Children under 18 years old
- Healthy young adults 18-24
- Adults with underlying conditions
- Healthcare workers
- Pregnant women
- Persons 65+
- Uninsured or underinsured populations
- Minority populations
- Healthy adults age 24+

19. Did your practice or pharmacy branch offer seasonal and H1N1 vaccines to your staff?
- Yes, we offered both vaccines to staff
- We only offered seasonal influenza vaccine to our staff
- We only offered H1N1 influenza vaccine to staff
- No, we offered neither vaccine to staff
- Don’t know

20. Did your practice require that your staff be vaccinated with seasonal influenza vaccine and/or H1N1 influenza vaccine?
- Yes, both vaccinations were required of staff
- Only seasonal influenza vaccine was required of staff
- Only H1N1 influenza vaccine was required of staff
- No, neither vaccine was required of staff
Comment:______________________________________________________________
______________________________________________________________________

21. During the 2009 influenza season, approximately what percentage of your staff received each vaccine?
Seasonal Influenza Vaccine: __________% of our staff received this vaccine during the 2009 Flu Season
H1N1 Influenza Vaccine: __________% of our staff received this vaccine during the 2009 Flu Season

22. Did your practice vaccinate any patient or customer in an H1N1 vaccine target group, regardless of their capacity to pay?
- Yes, we vaccinated any patient or customer within a priority group, and waived any fees if they were unable to pay
- No, but we referred patients or customers who could not pay to alternate vaccination locations
- Other (please specify): ___________________
26. What lessons learned from previous vaccine shortages were most useful for helping your practice plan for and manage the vaccination campaigns for 2009 seasonal and H1N1 influenza vaccines?

27. For each of the following statements, please indicate your level of agreement or disagreement:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using the Vaccines for Children (VFC) Program distribution model for the 2009 H1N1 vaccine made sense for our practice/pharmacy branch.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The H1N1 vaccination campaign illustrated that our practice/pharmacy branch is capable of responding to large scale public health events.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Our practice/pharmacy branch is willing to work with local and state health departments should another vaccine-related public health emergency arise.</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Our practice/pharmacy branch is willing to work with public health in the future to distribute non-vaccine countermeasures (e.g. antivirals, masks, antibiotics) in the event of an emergency.</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>Our practice/pharmacy branch believes staying in regular communication with local public health departments is important to prepare for any future large scale public health emergencies.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

28. In the past 5 years, have any members of your practice or pharmacy branch (e.g. doctors, nurses, pharmacists, 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

29. If “YES” to the above question, please indicate which types of individuals have participated in disaster response training sessions (Check all that apply):

- Medical assistant
- Medical Director
- Nurse (RN, LPN)
- Nurse Manager/Director
- Nurse Practitioner
- Office or pharmacy manager
- Pharmacist
- Pharmacy technician
- Physician
- Physician’s assistant (PA)
- Other clinical:
- Other administrative staff:

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

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

Comment:______________________________________________________________

31. Are any physicians, nurses, pharmacists, or physicians’ assistants in your practice currently involved in any medical surge capacity initiatives (e.g. Medical Reserve Corps or volunteer advanced registration program for health professionals)?

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

Comment:_____________________________________________________________
Section V. Immunization Information System – CHILD Profile

32. Did your practice submit data to CHILD Profile, WA’s Immunization Information System (IIS) vaccine registry, for H1N1 vaccine administration?
   □ Yes  □ No  □ Not sure
   Comment: ________________________________________________________________
____________________________________________________________________________

33. For which of your patients or customers did your practice or pharmacy branch submit H1N1 administration data to CHILD Profile?
   □ All 0-18 year olds
   □ Only VFC patients 0-18 years old
   □ All adult patients
   □ Some adult patients (i.e. healthcare workers or parents of pediatric patients)
   □ Not sure

34. For your practice or pharmacy branch, how easy was it to upload H1N1 vaccine administration data to CHILD Profile within 7 days of administration?
   □ Very Easy
   □ Easy
   □ Neutral
   □ Difficult
   □ Very Difficult
   □ N/A - we did not upload data to CHILD Profile

35. What method did your practice or pharmacy branch use to submit H1N1 influenza vaccination data to the CHILD Profile system?
   □ Electronic transfer into CHILD Profile through existing submission method
   □ Internet based entry directly into CHILD Profile
   □ Not sure
   Comment: ________________________________________________________________
____________________________________________________________________________

36. Did your practice or pharmacy branch use the CHILD Profile website to check the vaccination status of patients coming in for influenza (seasonal and/or H1N1) vaccine this season?
   □ Yes  □ No  □ Not sure
   Comment: ________________________________________________________________
____________________________________________________________________________

37. What is the most significant barrier to your practice’s or branch’s efficient use of Child Profile?
____________________________________________________________________________
____________________________________________________________________________

38. What is the most significant facilitator to your practice’s or branch’s efficient use of Child Profile?
____________________________________________________________________________
____________________________________________________________________________

39. What were the greatest concerns among members of your practice or pharmacy branch regarding vaccine administration for the 2009 – 2010 influenza season?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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