

California Health Care Providers & Practices Vaccine and Preparedness Survey

Please complete this survey one of the following ways:

1. Mail this completed copy using the postage paid envelope enclosed in the survey kit
2. Fax this completed copy to 404-712-8345, Attn: Katy Seib
3. Online at www.vaccinesurvey.com, enter optional pin # EU0XXX (to identify duplicates)

Please provide the following information for our tracking purposes:

Name of Clinic: _____ Clinic ZIP Code: _____

Section 1. Practice Demographics

1. Please describe your practice:

- | | |
|--|---|
| <input type="checkbox"/> Women's Health (OB/GYN) | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Pediatric | <input type="checkbox"/> Family Practice |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Government (e.g., Local Health Dept, VA, IHS) | <input type="checkbox"/> Specialty Practice (please specify): _____ |
| <input type="checkbox"/> Other (please specify): _____ | |

2. Does your practice or pharmacy participate in the Vaccines for Children (VFC) Program?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not currently, but we are considering participation |
| <input type="checkbox"/> No | <input type="checkbox"/> Do not know |

3. What is your primary role within your practice or pharmacy location?

- | | |
|---|--|
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Medical Director | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Nurse (RN, LPN) | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Nurse Manager/Director | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Office or Pharmacy Manager |
| <input type="checkbox"/> Other Clinical Staff: | <input type="checkbox"/> Other Administrative Staff: |

4. Who administers vaccines within your practice or pharmacy location? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Nurse (RN, LPN) | <input type="checkbox"/> Other (please specify): _____ |

5. At your practice or pharmacy location, please indicate how many people fit into the following practitioner categories:

Number of Physicians	Number of Nurse Practitioners and Physician Assistants	Number of Pharmacists
#	#	#

6. For each of the following patient categories, please indicate, on average, how many individuals receive clinical services in your practice or pharmacy location within a single day:

Children <5 years	Children 5-18 years	Adults 19+ years	Pregnant women
per day	per day	per day	per day

7. Pharmacies: please select services your location offers (check all that apply):

- Flu immunizations
- Medical clinic services
- Routine childhood vaccinations (other than influenza)
- Zoster immunizations
- Pneumococcal immunizations
- Adult or travel vaccinations (please specify): _____
- Other immunization services (please specify): _____
- N/A (we are not a pharmacy)

8. Is it part of standard care at your practice or pharmacy location to ask adult patients about any of the following (check all that apply)?

- Pertussis vaccine
- Zoster vaccine
- General vaccination history (e.g., MMR, Hep B)
- We don't discuss vaccines with our adult patients
- Seasonal/H1N1 flu vaccine
- Pneumococcal vaccine
- Other adult vaccines (please specify): _____
- Not Applicable (we do not see adult patients)

9. What system do you use for identifying patients who are not up to date on their immunizations (check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> No system | <input type="checkbox"/> California Immunization Registry (CAIR) |
| <input type="checkbox"/> Paper chart review | <input type="checkbox"/> Electronic health records |
| <input type="checkbox"/> Index card system | <input type="checkbox"/> Other (please specify): _____ |

10. How do you remind patients to come back for multiple dose immunizations (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Phone calls | <input type="checkbox"/> Postcard reminders |
| <input type="checkbox"/> Email reminders | <input type="checkbox"/> Text messaging |
| <input type="checkbox"/> Scheduling next appointment at the first dose | |
| <input type="checkbox"/> Other (please describe): _____ | |

Section 2. Surge Capacity, Training and Public Health

11. In the past 5 years, have any members of your practice or pharmacy location (e.g., physicians, nurses, pharmacists, physician assistants, administrative staff) participated in any training sessions or preparedness drills to respond to a large-scale public health disaster (e.g., flood, hurricane, earthquake, terrorist event, wildfire, pandemic)?

- Yes No Not sure

12. If “YES” to the above question, please indicate who has participated in disaster response training sessions or drills (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Medical Director | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Nurse (RN, LPN) | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Nurse Manager/Director | <input type="checkbox"/> Physician Assistant (PA) |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Office or Pharmacy Manager |
| <input type="checkbox"/> Other Clinical Staff: | <input type="checkbox"/> Other Administrative Staff: |

13. 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, wildfire, pandemic)?

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

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

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

15. Please rate how much of a barrier the following are to providing vaccinations during an outbreak (e.g., H1N1, pertussis) (check all that apply):

A major barrier Somewhat of a barrier Not a barrier

	A major barrier	Somewhat of a barrier	Not a barrier
Supply issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccine delivery process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage space for vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage space for supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No relationship with public health departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting information from health departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of public interest in vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited legal authority to provide vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. During disease outbreaks (e.g., H1N1, pertussis), did your practice or pharmacy change policies in any of the following ways (check all that apply):

- Flexible leave policies for ill employees
- Require employees to use protective equipment (e.g., mask, gloves)
- Modify family leave policies
- Intensify cleaning and sanitation practices
- Measures to isolate or separate ill patients or customers
- Other (please describe): _____

17. During a public health emergency involving administration of vaccines or other countermeasures (e.g., anti-virals), would most of the staff in your practice or pharmacy be willing to do the following (check all that apply):

- Work extra hours to extend services to patients
- Work extra hours to fill in for ill staff (e.g., in a severe pandemic)
- Perform normal duties in an unfamiliar setting (e.g., mass vaccination clinic)
- Perform duties outside normal roles
- Restructure staffing plans
- Assist the response to a bioterrorist attack involving anthrax or other agent
- Assist the response to a natural disaster

18. What would be the biggest barriers for your practice or pharmacy location to respond to the above scenarios?

19. What would make it easier for your practice or pharmacy location to respond to the above scenarios?

Section 3. Communication

20. In your practice or pharmacy location, who is the person(s) responsible for **receiving and distributing** updates from public health officials to staff **regarding vaccine administration**? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Medical Director | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Nurse (RN, LPN) | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Nurse Manager/Director | <input type="checkbox"/> Physician Assistant (PA) |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Office or Pharmacy Manager |
| <input type="checkbox"/> Other Staff: | _____ |

21. How does this person(s) distribute information they receive from public health officials to **practice or pharmacy staff**? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Email | <input type="checkbox"/> Hard-copy fax or flyers |
| <input type="checkbox"/> Routine staff meetings | <input type="checkbox"/> Postings in staff common areas |
| <input type="checkbox"/> Face-to-face conversations | <input type="checkbox"/> Other (please specify): _____ |

22. Please choose the **three (3) MOST EFFECTIVE** ways for public health departments to communicate information to you for each category:

<i>Choose 3 in each category</i>	Emergency Notifications	Routine Updates
Blast faxes	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
In person visits	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	<input type="checkbox"/>
Notifications by postal mail	<input type="checkbox"/>	<input type="checkbox"/>
Phone calls	<input type="checkbox"/>	<input type="checkbox"/>
Press releases	<input type="checkbox"/>	<input type="checkbox"/>
Posting information on the California Immunization Registry	<input type="checkbox"/>	<input type="checkbox"/>
Posting information on health department website	<input type="checkbox"/>	<input type="checkbox"/>
California Health Alert Network (CAHAN)	<input type="checkbox"/>	<input type="checkbox"/>
Conference calls	<input type="checkbox"/>	<input type="checkbox"/>
Text message alerts	<input type="checkbox"/>	<input type="checkbox"/>
Twitter feeds	<input type="checkbox"/>	<input type="checkbox"/>

23. If your office or location is **unable** to receive communication by any of the above methods, please list the ways you cannot get communication:

24. In the **recent 2010 pertussis outbreak in California**, how useful was the information or guidance you received from the following **health departments**?

	Very Useful	Useful	Neutral	Not Useful	Not at All Useful	I Cannot Recall
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4. Pertussis Vaccination Administration

25. Did your practice or pharmacy location see patients with pertussis between January 1 and December 31, 2010? Yes No

26. Did your practice or pharmacy location experience increased demand for pertussis vaccine (e.g., DTaP, Tdap) during 2010? Yes No

27. To whom did your practice or pharmacy location administer pertussis vaccine (e.g., DTaP, Tdap) in 2010 (check all that apply)?

- Infants
- Children under age 6
- Middle school and high school age adolescents
- Healthcare workers
- Adults who have close contact with infants
- Older adults aged 65 and above

California has passed a new law for the 2011-2012 school year requiring students entering 7th-12th grades to get the Tdap booster shot before starting school this fall

28. What new challenges regarding pertussis vaccination have your practice or pharmacy location faced as a result of the above law?

- Scheduling
- Reimbursement
- Documentation for schools
- Other: _____
- Ability to recall or remind patients
- Patient education
- Increased vaccine exemptions

29. Please describe your practice's ability to adapt to new laws and guidelines regarding pertussis vaccine administration:

<input type="checkbox"/> Easy	The new laws and guidelines are easy to adapt to and are not a burden on our practice.
<input type="checkbox"/> Moderate	The new laws and guidelines are moderately difficult to adapt to.
<input type="checkbox"/> Hard	The new laws and guidelines are difficult to adapt to and are a significant burden on our practice.
<input type="checkbox"/> Not Applicable	This law does not impact our practice (e.g., we do not vaccinate children).

30. Please describe any changes or adaptations that your practice or pharmacy location implemented as a result of the above law:

31. Going forward, what lessons learned from previous vaccine shortages (e.g., H1N1, Hib, meningitis) will help your practice or pharmacy location plan for any future vaccine shortages or emergencies?

Section 5. Influenza Vaccine Administration

32. What is your practice or pharmacy location policy regarding staff vaccination with seasonal flu vaccine?

- Required in all cases
- Required unless staff complete a waiver process
- Not required but those not vaccinated must wear protective gear (e.g., face masks, gloves) during flu season or outbreaks
- Not required but is encouraged
- Not required but is offered
- Neither required nor offered
- Other (please describe): _____

33. During the most recent influenza season (2010-2011), approximately what percentage of your staff received the flu vaccine: _____%

34. To whom did your practice provide H1N1 vaccine in the 2009-2010 influenza season?

- Both Staff and Patients Patients Only
- Staff Only Neither Staff nor Patients

Section 6. Lessons Learned

35. What were the greatest concerns among members of your practice or pharmacy location regarding vaccine administration for:

- | | |
|---|---|
| <u>2009-2010 H1N1 Vaccine?</u> | <u>Recent Pertussis Outbreaks?</u> |
| <input type="checkbox"/> Vaccine safety | <input type="checkbox"/> Vaccine safety |
| <input type="checkbox"/> Scheduling | <input type="checkbox"/> Scheduling |
| <input type="checkbox"/> Costs | <input type="checkbox"/> Costs |
| <input type="checkbox"/> Other (please describe): | <input type="checkbox"/> Other (please describe): |
| _____ | _____ |
| _____ | _____ |

36. What changes have your practice or pharmacy location made in vaccine administration as a result of your experiences responding to:

- | | |
|--------------------------------|------------------------------------|
| <u>2009-2010 H1N1 Vaccine?</u> | <u>Recent Pertussis Outbreaks?</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

37. In terms of partnering with public health agencies on the pertussis outbreak and vaccination campaign:

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

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

c. What kind of information would be most useful to receive from public health agencies?

Section 7. California Immunization Registry (CAIR)

38. Did your practice or pharmacy location submit data to a Regional Immunization Registry or to CAIR (California Immunization Registry) for:

- 2009-2010 H1N1 Influenza
- 2010-2011 Seasonal Influenza
- Pertussis
- Routine childhood vaccines
- Other vaccines (please specify): _____
- We do not submit data to a Regional Immunization Registry or CAIR

Which registry did you submit to? _____

39. For which patients or customers does your practice or pharmacy submit vaccine data to the CAIR system?

- All patients under 18 years old
- Only VFC patients under 18 years old
- All adult patients
- Some adult patients (e.g., healthcare workers, parents of pediatric patients)
- N/A, we do not submit data to vaccine registries

40. What method did your practice or pharmacy branch use to submit H1N1 influenza vaccination data during the 2009-2010 flu season to the CAIR system?

- Internet based entry to regional immunization registry database
- Internet based entry directly into CAIR
- Paper-based submission method (e.g., mail, fax)
- N/A, we do not submit data to vaccine registries
- Other (please describe): _____

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

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