Emory Preparedness and Emergency Response Research Center
2012 Immunization Program Manager 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 # EUXXX (to identify duplicates)*

Please provide the following information for our tracking purposes:

Name:_____ **E-mail:**_____

Section 1. Post H1N1 Policy Changes

1. **What was the legal requirement in your jurisdiction regarding data entry or data submission into the IIS prior to the pandemic H1N1 vaccination campaign?**

□ Mandatory   □ Encouraged

□ Permitted   □ Not Permitted

□ Other (please describe): _____

2. **During or after the H1N1 vaccination campaign, did your state or territory change the law/statute or policy/practice (non-statute/non-regulatory change) that requires providers to enter data or submit data for direct entry into the IIS?**

	No, we have never had such a law or practice	No, we had this law or practice in place before H1N1	*Yes, we changed during/after H1N1	Other
Law/Statute	□	□	□	□
Policy/Practice	□	□	□	□

*Please describe any policy changes: _____
_____

*What challenges did providers face as a result of any changes?
_____
_____

3. **During or after the H1N1 vaccination campaign, was there a change in the law/statute or policy/practice (non-statute/non-regulatory change) that gives the authority to pharmacists to administer vaccine?**

	No, we have never had such a law or practice	No, we had this law or practice in place before H1N1	*Yes, we changed during/after H1N1	Other
Law/Statute	□	□	□	□
Policy/Practice	□	□	□	□

What was the rationale behind any changes?
_____
_____

4. **During the H1N1 Vaccination campaign, what budget-related challenges (hiring freezes, contract approvals, procurement delays, etc.) did your program face that might have limited the programs' ability to increase staff and operational activities under a disaster scenario?**

_____
_____

Please explain how you overcame these challenges:
_____
_____

Please explain who or what most helped you overcome these challenges:
_____
_____

5. **During a future hypothetical pandemic event similar to H1N1 would you change your vaccine allocation strategy?**

□ Yes   □ No   □ Do not know

Please describe how you would change your strategy and why or why not:
_____
_____

6. **Has your pandemic influenza plan been updated due to your experiences in the H1N1 influenza vaccination campaign?**

□ No   □ Yes

What are the 3 most important ways your pandemic plan has changed (e.g. incorporated mutual aid agreements, made roles more explicit)?

1)_____

2)_____

3)_____

7. **Does your immunization program have plans to increase the number of providers offering seasonal influenza vaccines?**

	*Yes	No	N/A-We already have a strong relationship with this provider group
Community Vaccinators	□	□	□
Pharmacies	□	□	□
Women's health providers	□	□	□
Hospitals	□	□	□
High risk clinics (e.g. asthma clinics, dialysis centers)	□	□	□
School located vaccination clinics	□	□	□

Please describe how you plan to increase the number of providers offering influenza vaccine:
_____
_____

8. Please describe other relevant policy changes have you made since the H1N1 influenza pandemic that you feel are important?
_____
_____

II. Post H1N1 Infrastructure Changes

9. How does the current organizational structure of your health department promote or hinder collaboration between immunization and emergency preparedness programs?
_____
_____

10. How long have the following cross-program activities been standard practice?

	Since before H1N1	Instituted during/after H1N1	Currently	This is not standard practice at our health department
Preparedness staff participates in immunization committees	☐	☐	☐	☐
Immunization staff participates in preparedness committees	☐	☐	☐	☐
Immunization staff participates in Incident Command System training	☐	☐	☐	☐
Immunization staff have a functional role in the emergency operations center	☐	☐	☐	☐

11. During H1N1, was there an increase in VFC provider enrollment?

☐ No   ☐ Yes

12. Which types of providers became a VFC provider during H1N1 and which types are still active?

	Became a VFC provider during the H1N1 Vaccination Campaign?	Still active as VFC Providers?		
OBGYN	☐	☐ Most	☐ Some	☐ None
Pharmacies	☐	☐ Most	☐ Some	☐ None
Pediatricians	☐	☐ Most	☐ Some	☐ None
High risk clinics	☐	☐ Most	☐ Some	☐ None
General practitioners	☐	☐ Most	☐ Some	☐ None
Specialists	☐	☐ Most	☐ Some	☐ None
Correctional facilities	☐	☐ Most	☐ Some	☐ None
Hospitals	☐	☐ Most	☐ Some	☐ None
Other	<open text>	☐ Most	☐ Some	☐ None

III. Post H1N1 Relationships

13. Currently, do you think the Emergency Preparedness Program has a good understanding of the role/structure of your immunization program?

☐ No, they still do not fully understand what we do
☐ Yes, they have a good understanding of what we do
☐ Don't know

What do you think should be done in order for Emergency Preparedness Programs to have a good understanding of the role and structure of immunization programs?
_____
_____

14. After the H1N1 Vaccination campaign, what steps were taken to establish/maintain routine communication and relationships between immunization programs and emergency preparedness program? (Check all that apply)

☐ No steps have been taken to maintain communication and relationships
☐ Participating in regular meetings
☐ Maintaining contact lists and staff directories
☐ Sharing reports between both programs
☐ Social events
☐ Participation in scheduled preparedness activities
☐ Participation in scheduled immunization activities (e.g. seasonal influenza vaccination campaigns)
☐ Other:_____

15. Overall, do you think your relationship with Emergency Preparedness was strengthened as a result of the H1N1 vaccination campaign?

☐ Remained the same   ☐ Strengthened
☐ Don't know   ☐ Weakened
What factors contributed to a change in your relationship with the Emergency Preparedness program?
_____
_____

16. What are the challenges your program faces in participating in future preparedness activities such as tabletop, functional or full scale exercises with both programs? (check all that apply)

☐ Not enough funding to participate
☐ Not enough staffing to participate
☐ There are too many other activities that take priority
☐ Other _____
☐ N/A-we have no known challenges at this time
☐ This is the role of local health departments
☐ The preparedness program did not ask us to participate

Comment:_____
_____

17. Does the immunization program and emergency preparedness program have plans to meet routinely regarding how to improve collaborations?

□ No

□ Yes   *How many times per year:* _____

Comment: _____

18. After the H1N1 Vaccination Campaign, has the immunization program continued to receive funding, staffing support or other resources from the Emergency Preparedness Program?

□ No   □ Yes

What activities are preparedness funds used towards? Please explain:
_____
_____

19. After the H1N1 Vaccination campaign, has the immunization program had discussions or made plans with the emergency preparedness program regarding funds and/or resources that can be shared during a future pandemic event?

□ No   □ Don't know

□ Yes (*Briefly describe*): _____
_____

20. Does the immunization program have any plans to investigate how to improve budget-readiness in preparation of a future pandemic event (use of contract workers, use of coalitions, agreements with preparedness programs)?

□ No   □ Don't know

□ Yes *(Briefly describe):* _____
_____

21. Are there autonomous/self-rule local health departments in your state or territory?

□   No   □   Yes

Did the immunization program experience any challenges specific to autonomous/self-rule during the H1N1 Vaccination Campaign?

□   No   □   Yes

*Please explain the challenges and describe how you overcame them and/or plan to overcome them in a future pandemic response:*_____
_____

22. Did the immunization program experience any challenges specific to Department of Defense facilities during the H1N1 Vaccination Campaign?

*Please explain the challenges and describe how you overcame them and/or plan to overcome them in a future pandemic response):*_____
_____

IV.   Immunization Information Systems

23. Indicate if your program has plans to improve provider participation in the IIS for the following groups?

	*Yes	No	N/A- This group already largely participates in IIS	Do not know at this time
Community Vaccinators	□	□	□	□
Pharmacies	□	□	□	□
Women's health providers	□	□	□	□
Hospitals	□	□	□	□
High risk clinics (e.g. asthma clinics, dialysis centers)	□	□	□	□
School located clinics	□	□	□	□
Pediatricians	□	□	□	□
General Practitioners	□	□	□	□
Medical Specialists	□	□	□	□
Correctional Facilities	□	□	□	□

**Please describe how you plan to increase the number of providers participating in the state IIS:*_____

24. For each age group listed, please indicate the IIS data entry requirements in your jurisdiction.

	Entry permitted	Entry Mandated by legislation	Entry opt-out available
Infants and Young Children (Birth to <6 years)	□	□	□
Adolescents (6 to <18 years)	□	□	□
Adults (>18 years)	□	□	□

25. For each age group listed, please indicate the type of consent required for IIS data entry (e.g. Check One: Written, Verbal, Implied or None):

	Written	Verbal	Implied	None
Infants and Young Children (Birth to <6 years)	□	□	□	□
Adolescents (6 to <18 years)	□	□	□	□
Adults (>18 years)	□	□	□	□

26. Indicate the functionality changes that occurred to the IIS during or after the H1N1 Vaccination Campaign or if the functionality is planned for the future:

	N/A – this was a function before H1N1	*Occurred During/After H1N1	This is planned for the future	N/A- we do not have plans to add this function
Online IIS provider enrollment	☐	☐	☐	☐
Vaccine Ordering	☐	☐	☐	☐
Communicating to providers	☐	☐	☐	☐
Identify high risk recipients	☐	☐	☐	☐
Documenting VFC Eligibility	☐	☐	☐	☐
Reporting adverse events	☐	☐	☐	☐
Billing for vaccine, antivirals and/ or administration fees	☐	☐	☐	☐
Transferring vaccine to other states / jurisdictions	☐	☐	☐	☐
Geographic information systems (Risk mapping)	☐	☐	☐	☐
Mass vaccination clinic module	☐	☐	☐	☐
Smallpox module	☐	☐	☐	☐
First responders module	☐	☐	☐	☐
Integration with insurance company records	☐	☐	☐	☐
Integration with hospital records	☐	☐	☐	☐

If you made changes to your IIS, how were they funded?

_____

27. What Software is your IIS based on? _____

28. Is it HL7 compatible? ☐ No ☐ Yes Version _____

For the purposes of the next few questions, the term "research" is defined to mean *an activity that involves a research plan and data analysis to answer a research question intended to contribute to generalizable knowledge*. (i.e., not only for internal program or evaluation purposes)

29. Has your Immunization Information System (IIS) been used for research purposes?
☐ No (skip to Q28)   ☐ Yes

For what kind of analysis is your IIS used?
☐ Vaccine effectiveness   ☐ Determinants of coverage (e.g., age, geography, demography etc.)
☐ Adverse events
                                       ☐ Other:_____

30. Who has used this data for research? (select all that apply)
☐ An internal research unit
         How many fulltime employees work in the internal research unit?
         _____. *(e.g. if 1 full-time + 1half-time employee, enter 1.5)*
☐ Research groups from collaborating organizations (e.g. universities)\
         Who:_____?
☐ Researchers asking for data related to their projects
☐ Students needing data for theses or dissertations

31. What are the barriers to conducting research with your IIS data? (select all that apply)
☐ Funding
☐ Time
☐ Too few employees
☐ Concerns about the security /confidentiality of protected personal health information
☐ Hiring freeze
☐ Other research priorities
☐ Concerns about data quality
☐ Not in the scope of activities
☐ Other:_____

32. Please rank your level of agreement with the following statement (check one).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Conducting research with the IIS data is part of the mission of immunization programs					

33. What needs to be done in order to obtain access to data from your IIS for research purposes? *Check all that apply.*

	Internal research	External research	Describe
Submit to an IRB	☐	☐	
Submit to a data use oversight committee, specific to the IIS	☐	☐	
Submit to an agency data use oversight committee, <u>not</u> specific to the IIS	☐	☐	
Technical requirements to secure the data for use	☐	☐	\<open text>
Obtain a formal data sharing agreement	☐	☐	\<open text>
Pay a fee	☐	☐	\<open text>
Obtain publication review or clearance	☐	☐	\<open text>
Other	☐	☐	\<open text>

34. Do you have data sharing agreements with the following (check all that apply):

	Sharing agreement?	Bi-directional sharing permitted?	Frequency of Data Transfer (per year)	What criteria must be met for sharing (e.g., registration process, etc.)
Health departments (city/state level)	☐	☐	\<##>	\<open text>
Other agencies (e.g., State Medicaid, other state or local agencies)	☐	☐	\<##>	\<open text>
Schools	☐	☐	\<##>	\<open text>
Patients	☐	☐	\<##>	\<open text>
Pharmacies	☐	☐	\<##>	\<open text>
Online Electronic Health Records	☐	☐	\<##>	\<open text>
HMO / Insurance/ Medical Billing	☐	☐	\<##>	\<open text>
Health Information Exchanges	☐	☐	\<##>	\<open text>
Physician Practices	☐	☐	\<##>	\<open text>
Higher Education Institutions	☐	☐	\<##>	\<open text>
Other	☐	☐	\<##>	\<open text>

35. What top three barriers prevent IIS data from being shared with other health departments?

1. _____.

2. _____ .

3. _____ .

36. Please explain three decisions that occurred during the H1N1 that you would manage differently in a future pandemic.

_____

_____

37. Has your program been significantly impacted by the increase in pertussis cases?
☐ No
☐ Yes *(Please explain what changes have been made to prepare for outbreaks)*
_____
_____

38. Does your immunization program have plans to increase the number of providers offering Tdap?

	*Yes	No	N/A-We already have a strong relationship with this provider group	Do not know at this time
Community Vaccinators	☐	☐	☐	☐
Pharmacies	☐	☐	☐	☐
Women's health providers	☐	☐	☐	☐
Hospitals	☐	☐	☐	☐
High risk clinics (e.g. asthma clinics, dialysis centers)	☐	☐	☐	☐
School located vaccination clinics	☐	☐	☐	☐

*Please describe how you plan to increase the number of providers offering Tdap:
_____
_____

39. Has the emergency preparedness program contacted the immunization program about managing anthrax vaccine?

☐ Yes   ☐ No   ☐ Don't know

Please explain if/how the immunization program will be involved in the

*management?*_____

_____