1. What is your principal work setting? (Choose setting that best applies)

- Federal prison—contracted
- Federal prison—non-contracted
- Detention center
- State prison
- Jail system
- Other (circle one): (Juvenile system) (Federal ICE facility) (Fill in: ______________________________)

Which of the following would best classify your work setting? (Choose one)

- Central office (see below)
- Facility level

If central office, are there facility level health service/infection control administrators at the correctional facility that you oversee in your zip code?

☐ Yes (please provide contact information below) ☐ No

Contact Information for Health Service/Infection Control Administrators

Name: ________________________________________________________________
Email: ___________________________________________________________________
Fax: ___________________________________________________________________
Facility: __________________________________________________________________
Zip code: __ __ __ __ __

What type of healthcare does your facility have?

☐ Privatized healthcare ☐ Non-privatized healthcare

2. What is your primary role? (Choose one)

**Healthcare**
- Physician (including physician serving as medical director)
- Physician assistant
- Nurse practitioner
- Nurse manager/director
- Infection control nurse
- Nurse, other
- Health Service Administrator, non-clinical
- Other: __________________________

**Non-healthcare**
- Sheriff
- Jail administrator
- Warden
- Superintendent
- Other: __________________________

Which of the following would best classify your role at this setting? (Choose one)

☐ Full-time ☐ Part-time

3. In your clinic, who was responsible for receiving and disseminating updates from public health officials to clinic staff regarding H1N1 influenza vaccine administration? (Check all that apply)

- A physician
- A physician assistant or nurse practitioner
- A nurse manager/director
- The infection control nurse
- A nurse
- The health service administrator, non-clinical
- The immunization coordinator
- Other: __________________________
4. To your knowledge, which of the following external entities did you and your facility rely upon the most to obtain timely, accurate information regarding the H1N1 influenza outbreak and vaccination campaign? (Check all that apply)

- Central office
- Corporate office
- Federal government agencies (e.g. CDC)
- Local hospital/healthcare system
- Medical Supply Representative
- News media (e.g. TV, internet news sites, newspapers)
- Professional societies (e.g. American Medical Association)
- State or local public health departments
- World Health Organization
- Other sources, please indicate: ________________________________

5. How was H1N1 influenza outbreak and vaccination information primarily disseminated to clinic staff? (Check “None” or all that apply)

- Face-to-face conversations with physicians and staff
- Routine staff meetings (e.g. daily or weekly)
- Email (e.g. mass emails scanning in a hard-copy document and emailing)
- Hard-copy facsimiles or flyers
- Posting in common areas (e.g. kitchen, break room)
- Newsletters in mailbox
- Other: __________________________________________
- Don’t know
- None (information was not disseminated)

6. In the matrix below, please rate the effectiveness of the following methods for public health departments to communicate information to your facility about outbreaks or general public health emergencies.

<table>
<thead>
<tr>
<th>COMMUNICATION METHOD</th>
<th>(1) Very ineffective</th>
<th>(2) Ineffective</th>
<th>(3) Neutral</th>
<th>(4) Effective</th>
<th>(5) Very effective</th>
<th>No basis for comment or unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blast faxes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Emails</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In-person visits to facility offices</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Newsletters</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Notifications by postal mail</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Phone calls</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Press releases</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Posting information to your state’s immunization Information System (IIS)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Posting information on general health department website</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Notifications through the Health Alert Network (HAN)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Organized conference call(s)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Text message alerts</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Twitter feeds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
7. Is there a designated person in your facility who monitors state/local health departments and CDC websites daily for current information about disease outbreaks?

☐ Yes  ☐ No  ☐ Not sure

8. Regarding preparedness for the H1N1 influenza vaccination campaign, how would you characterize the usefulness of information and guidance your clinic received from your state/local health department?

☐ Very useful—The information and guidance we received was timely, accurate, and met our needs
☐ Useful—the information and guidance we received was helpful, but could have been more frequent, more accurate, or more relevant to our needs
☐ Somewhat useful—the information and guidance we received was somewhat helpful, but we often had questions about the information’s accuracy, timeliness, or relevance
☐ Not useful—the information and guidance was not helpful, and was often inaccurate or out-of-date
☐ Irrelevant—the information and guidance we received was not relevant to our needs
☐ I cannot recall receiving information on the H1N1 vaccination campaign from the state/local health department

9. How could this health department better communicate information on influenza vaccination to you and your facility?

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

10. Did your correctional facility have a pandemic influenza plan in place prior to April 2009?

☐ Yes  ☐ No  ☐ Not sure

A. If no to Question 10, do you have one now?

☐ Yes  ☐ No  ☐ Not sure

B. If yes to Question 10, has the healthcare staff been educated and trained on this pandemic plan?

☐ Yes  ☐ No  ☐ Not sure

C. If yes to Question 10, how helpful did you find the pandemic influenza plan to be in planning for H1N1 influenza in your correctional facility?

☐ Very helpful  ☐ Helpful  ☐ Neutral  ☐ Unhelpful  ☐ Very unhelpful

D. If yes to Question 10, has your pandemic influenza plan been modified since the outbreak?

☐ Yes  ☐ No  ☐ Not sure

If yes, how has it been changed?

_____________________________________________________________________________________________
_____________________________________________________________________________________________

11. Does your correctional facility have contact names and numbers for the following key positions to contact during a pandemic influenza outbreak? Please indicate using the matrix below.

<table>
<thead>
<tr>
<th>Contact</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Control at facility</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Local Health Department</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>State Health Department (see below)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you chose State Health Department above, please choose which of the following best describes the contact:

☐ Director of public health preparedness
☐ Immunization program manager (IPM)
☐ Other: please specify __________________________
☐ Not sure
12. On a given day, what is the approximate average population of your facility (inmates only)? _____________

13. In your month of most vaccination last flu season, what percentage of inmates (combined high risk and low risk) in your facility received the **seasonal influenza vaccine**?

   - [ ] None (0%)
   - [ ] 1-20%
   - [ ] 21 – 40%
   - [ ] 41 – 60%
   - [ ] 61 – 80%
   - [ ] 81 – 100%

**Part II: H1N1 Preparedness and Response**

14. After April 2009, did your facility use antiviral medications (e.g. oseltamivir (Tamiflu), zanamivir (Relenza)) as H1N1 influenza prophylaxis for staff/patients at any point before your facility received H1N1 influenza vaccine (if at all)? (check one)

   - [ ] Yes, we provided antiviral medications as prophylaxis to both staff and patients
   - [ ] Yes, but only to staff
   - [ ] Yes, but only to patients
   - [ ] No
   - [ ] Not sure

15. Did your facility receive H1N1 influenza vaccine during/after the outbreak?

   - [ ] Yes
   - [ ] No (skip to question 29)

   **If yes**, what date did your facility receive its **first** shipment of H1N1 influenza vaccine?

   __ __ / __ __ __ __ (MM/YYYY)

16. What barriers did your facility encounter in storing and administering H1N1 influenza vaccine? (Check “None” or all that apply)

   - [ ] Lack of adequate refrigerator space
   - [ ] Lack of consent forms
   - [ ] Lack of staff capacity to administer additional vaccines
   - [ ] Limited storage space for ancillary supplies
   - [ ] Limited storage space for vaccine
   - [ ] Not enough vaccine
   - [ ] Vaccine arrived too late
   - [ ] Other (please specify):
   ________________________________________________________________________

17. Did you coordinate with any of the following entities to receive H1N1 influenza vaccine? (Check all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal (e.g. CDC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Health Dept.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Health Dept.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. **If yes** to any above in Question 17, did this coordination go smoothly?

   - [ ] Yes
   - [ ] No
   - [ ] Not sure

Comments on coordination efforts:
______________________________________________________________________________
18. In your month of most H1N1 influenza vaccination, approximately what percent of each of the following groups did you vaccinate? (please check)

<table>
<thead>
<tr>
<th>Group</th>
<th>0% (None)</th>
<th>1-20%</th>
<th>21-40%</th>
<th>41-60%</th>
<th>61-80%</th>
<th>81-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-medical staff (e.g. correctional officers)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inmates (high and low risk)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If “None,” skip to question 29

From October, 2009 to January 28th, 2010, the CDC/ACIP generated guidelines regarding the H1N1 influenza vaccine in order to limit it to the following priority groups: pregnant women, individuals under 24 years of age, and persons aged 25-64 with underlying health conditions.

19. Did your clinic follow these priority group recommendations when administering the vaccine after October 2009 but before sufficient vaccine had been acquired to vaccinate all inmates?

☐ Yes  ☐ No  ☐ Not sure

20. In the following table, please indicate which groups of personnel, if any, were required to receive the H1N1 influenza vaccine:

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>No</th>
<th>No, but they were encouraged to receive it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-medical staff (e.g. correctional officers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative staff</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. What was the vaccination policy for inmates: opt-in, opt-out, or mandatory (without right to refuse)?

☐ “Opt in” policy vaccinates none of the patients automatically. Those who want to get vaccinated must consciously choose to get vaccinated.

☐ “Opt out” policy vaccinates all patients except those who consciously choose not to get vaccinated.

☐ Mandatory (without right to refuse)

If opt out or mandatory, did instituting an opt-out or mandatory policy raise concern among personnel or inmates?

☐ Yes  ☐ No

Please comment:

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

22. Among inmates offered the H1N1 influenza vaccine, approximately what percentage refused the vaccine?

☐ None (0%)  ☐ 1-20%  ☐ 21 – 40%  ☐ 41 – 60%  ☐ 61 – 80%  ☐ 81 – 100%
23. What were, or what do you believe were their top concerns or reasons of refusal? (Check “None” or all that apply)

- Distrust of authority or intent behind mass vaccination
- Fear of getting sick from influenza from the vaccine
- Fear of needles
- Not concerned about contracting H1N1 influenza
- Not concerned about the severity of illness from H1N1 influenza
- Don’t feel vaccine is effective
- Don’t feel vaccine is safe
- Other: _____________________________________

24. Does your medical facility submit patient H1N1 influenza vaccination data to your state’s immunization information system (IIS) or vaccine registry?

☐ Yes  ☐ No  ☐ Not sure

25. How did you utilize your state’s Immunization Information System (IIS)? (Check “None” or all that apply)

- To check or verify the vaccination status of inmates arriving at your facility during the H1N1 influenza vaccination campaign
- To manage vaccine inventory
- To order H1N1 influenza vaccine
- To track H1N1 influenza vaccine
- Other: _______________________________________
- None (did not use IIS)

26. Did your medical facility attempt to vaccinate new inmates who arrived at your facility during the H1N1 Influenza vaccination campaign?

☐ Yes  ☐ No  ☐ Only if they were in a priority group

27. What were the greatest concerns among members of your facility staff regarding H1N1 influenza vaccine administration? (Check “None” or all that apply)

- Ancillary supplies provided with the vaccine were different than what is typically used for seasonal vaccination campaigns
- Extra duties above and beyond those already assigned
- Inmate acceptance
- Not receiving vaccine for our inmates
- Vaccine efficacy
- Vaccine safety
- Other: please specify ____________________________________
- None

28. What recommendations would you have for state and local public health officials to help your facility plan and manage any similar mass vaccination campaigns in the future?

________________________________________________________________________________________________________________________________________________

Part III: H1N1 Case and Containment within your Facility

29. Did your facility have any cases of Influenza-Like-Illness (ILI) since April 2009?

☐ Yes  ☐ No  ☐ Not sure

If yes:

- How many? ____
- When did the number of cases peak in your facility? (MM/DD/YYYY) ____/____/____
- Did your clinic perform rapid influenza testing?
  - Yes  ☐ No  ☐ Not sure

- Did you submit any specimens for confirmatory testing at the state health laboratory?
  - Yes  ☐ No  ☐ Not sure
30. Were any of these (or others) confirmed as H1N1 influenza?  
☐ Yes  ☐ No (skip to Question 33)  ☐ Not sure

**If yes:**

How many? _____

When did the number of H1N1 cases peak in your facility? (MM/DD/YYYY) __/__/__ __ __ __ __ __

Did you experience multiple waves?  
☐ Yes  ☐ No  ☐ Not sure

31. Did your clinic dispense antiviral medications (e.g. oseltamivir (Tamiflu), zanamivir (Relenza)) to correctional facility patients with ILI or confirmed H1N1 influenza?  
☐ Yes  ☐ No  ☐ Not sure

32. Did your clinic dispense antiviral medications (e.g. oseltamivir (Tamiflu), zanamivir (Relenza)) to correctional staff with ILI or confirmed H1N1 influenza?  
☐ Yes  ☐ No  ☐ Not sure

33. For each of the following methods of general hygiene or containment, please indicate the earliest point when each was instituted in your facility.

<table>
<thead>
<tr>
<th>METHOD</th>
<th>Before 2009</th>
<th>During national outbreak (after April 2009)</th>
<th>After H1N1 influenza found at our facility</th>
<th>Not Instituted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouragement of good handwashing practices</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Encouragement to cover nose/mouth when sneezing or coughing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Promotion of use of face masks by ill</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Promotion of use of face masks (surgical or N-95) by staff</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cancellation of large group events/social distancing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Isolation signage</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Isolation of symptomatic individuals</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Quarantine of exposed individuals</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Quarantine of all newcomers for a few days</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Screening of new inmates for ILI</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Post-exposure prophylaxis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Prohibition or limitation of outside visitors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Stop receiving inmates</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Screening of visitors for ILI and/or H1N1 influenza</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cancellation of court dates (use of remote video option or rescheduling)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
34. Which of the following has your facility stocked in preparation for a public health emergency? (Check “None” or all that apply)

☐ Antiviral medications (e.g., oseltamivir (Tamiflu), zanamivir (Relenza))
☐ Disinfectants (such as bleach)
☐ Gloves
☐ Gowns
☐ Hand sanitizers
☐ N-95 masks
☐ Surgical masks
☐ None of the above

35. Has the staff been trained on appropriate isolation precautions to be utilized when caring for a patient with H1N1 influenza?

☐ Yes   ☐ No   ☐ Not sure

36. What lessons did you learn from your experience with the H1N1 influenza outbreak (and in what ways do you feel better prepared for a potential recurrence in 2010, if at all)?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

We are requesting that you provide us with the name of your facility so that we can avoid duplication of responses from a single facility. Facility names will be removed prior to analysis and responses will remain anonymous. Zip codes will be utilized to categorize facility as rural vs. urban for analysis purposes. Data will not be reported by zip code.

37. Please provide the following general information:
   Facility Name:
   Facility official mailing zip code:   __ __ __ __ __

Thank you for completing this H1N1 Survey of Correctional Facilities. We greatly appreciate your time, and your responses to this survey will help us better plan and prepare for future pandemic flu outbreaks affecting correctional facilities.