

—Emory Preparedness and Emergency Response Research Center—
—H1N1 Survey of Healthcare Workers in Correctional Facilities—

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

Part I: General Facility Communication and Preparedness

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)

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

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

- | | |
|---|--|
| <input type="checkbox"/> Face-to-face conversations with physicians and staff | <input type="checkbox"/> Newsletters in mailbox |
| <input type="checkbox"/> Routine staff meetings (e.g. daily or weekly) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Email (e.g. mass emails scanning in a hard-copy document and emailing) | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Hard-copy facsimiles or flyers | <input type="checkbox"/> None (information was not disseminated) |
| <input type="checkbox"/> Posting in common areas (e.g. kitchen, break room) | |

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.

COMMUNICATION METHOD	(1) Very ineffective	(2) Ineffective	(3) Neutral	(4) Effective	(5) Very effective	No basis for comment or unsure
Blast faxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-person visits to facility offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notifications by postal mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Press releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posting information to your state's immunization Information System (IIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized conference call(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text message alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter feeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Contact	Yes	No	Not sure
Infection Control at facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Health Department (see below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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): _____
- None (we did not have storage or staff barriers)

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

	Yes	No	Not sure
Federal (e.g. CDC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Health Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

	0% (None)	1-20%	21-40%	41-60%	61-80%	81-100%
Medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical staff (e.g. correctional officers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inmates (high and low risk)	<input type="checkbox"/> If "None," skip to question 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

Group	Yes	No	No, but they were encouraged to receive it
Medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical staff (e.g. correctional officers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____
- None

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.

METHOD	When instituted?			
	Before 2009	During national outbreak (after April 2009)	After H1N1 influenza found at our facility	Not Instituted
Encouragement of good handwashing practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouragement to cover nose/mouth when sneezing or coughing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion of use of face masks by ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion of use of face masks (surgical or N-95) by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancellation of large group events/social distancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation of symptomatic individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarantine of exposed individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarantine of all newcomers for a few days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening of new inmates for ILI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-exposure prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prohibition or limitation of outside visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop receiving inmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening of visitors for ILI and/or H1N1 influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancellation of court dates (use of remote video option or rescheduling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Which of the following has your facility stocked in preparation for a public health emergency? (Check "None" or all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Antiviral medications (e.g., oseltamivir (Tamiflu), zanamivir (Relenza)) | <input type="checkbox"/> Hand sanitizers |
| <input type="checkbox"/> Disinfectants (such as bleach) | <input type="checkbox"/> N-95 masks |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Surgical masks |
| <input type="checkbox"/> Gowns | <input type="checkbox"/> 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.