Vaccination against influenza

Dear colleagues,

Vaccination against influenza is yearly recommended for all health care workers. Opportunity to get vaccinated isn’t grab by every Health care workers.

Last year, during 2009-2010 influenza season, **two types of influenza were present in Switzerland**:

- Seasonal Influenza (like every year)
- Pandemic influenza (A Influenza (H1N1), Mexican or swine flu).

Vaccination rate against pandemic influenza was very different from seasonal influenza. We would like investigating the reasons that pushed some of you to get one or the other or both vaccinations.

We are grateful to take some minutes of your time to answer to this questionnaire (maximum 10 minutes at all).

## Instructions

This questionnaire has questions about both type of Flu (seasonal or pandemic). Each question emphasise the type of Flu. Instructions hor to fill the form are *in italics* or *grey* written.

**There are no right or wrong answers.**

Don’t take care numbers in a dark circle (E.g. ➋) who are only present to code your answer.

## Anonymous Questionnaire

This questionnaire is anonym. Data will not be forward to other persons and are only use for this study.

## Contact

If you have any question, please take contact with:

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# Some information about yourself

Coding : Form number ⬜⬜⬜⬜

It is important for us to know for example your age, your occupation etc., in order to be as exhaustive as possible when analyzing the data of this questionnaire.

1. Birth year 1 9 ⬜⬜
2. Sex □➊ Man □➋ Woman *Choose only one answer*
3. I work as healthcare worker since *Choose only one answer* □➊ 0-3 years
 □➋ 4-6 years
 □➌ 6-9 years
 □➍ >9 years
4. In which EMS are you working?

□➑ GSL □➒ USR

1. Did you work between October 2009 and January 2010?  *Choose only one answer* □➊ Yes □➋ No □➌ Part of time
2. Do you suffer from a chronic disease?
(for example diabetes mellitus, COPD, asthma or another condition that requires you to take medications every day or a regular medical follow-up)
*Choose only one answer* □➊ Yes □➋ No
3. Do you live with a pregnant women or children under 2 years old?
*Choose only one answer* □➊ Yes □➋ No
4. For women : were you pregnant between October 2009 and January 2010? *Choose only one answer* □➊ Yes □➋ No
5. Do you live with persons at risk for complicated seasonal influenza ?
(persons suffering from cancer, diabetes, HIV, chronic respiratory diseases, that have been transplanted, suffering from cystic fibrosis or that need dialysis)
 □➊ Yes □➋ No

# Seasonal influenza : your vaccination

1. Have you been vaccinated this season (2009-2010) against seasonal influenza?
 □➊ No -> *go to question 12* □➋ Yes, at the CHUV -> *go to question 11* □➌ Yes, *elsewhere*-> *go to question 11*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. If you were vaccinated against seasonal influenza this season: What were your motivations ?*Please answer to ALL the following items by choosing 1 of the 5 items on the right)*
 | Fully disagree➊ | Partially disagree ➋ | Neither agree nor disagree ➌ | Partially agree➍ | Fully agree ➎ |
| 1. I wanted to protect myself
 | □ | □ | □ | □ | □ |
| 1. I wanted to protect my patients
 | □ | □ | □ | □ | □ |
| 1. I wanted to protect my relatives (family, friends)
 | □ | □ | □ | □ | □ |
| 1. Vaccination was free and readily available
 | □ | □ | □ | □ | □ |
| 1. I was encouraged by a colleague
 | □ | □ | □ | □ | □ |
| 1. I Was convinced by CHUV’s vaccination campaign
 | □ | □ | □ | □ | □ |
| 1. I had another motivation, which was : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | □ | □ | □ | □ | □ |

*Now go to question 13.*

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| --- | --- | --- | --- | --- | --- |
| 1. If you were NOT vaccinated against seasonal influenza this season: Why were you demoted? *Please answer to ALL the following items by choosing 1 of the 5 items on the right)*
 | Fully disagree➊ | Partially disagree ➋ | Neither agree nor disagree ➌ | Partially agree➍ | Fully agree ➎ |
| 1. I am allergic to the vaccine
 | □ | □ | □ | □ | □ |
| 1. I have a medical condition that contraindicates influenza vaccination
 | □ | □ | □ | □ | □ |
| 1. There are enough other vaccinated healthcare workers to efficiently protect our patients
 | □ | □ | □ | □ | □ |
| 1. I don’t believe I would have had the flu
 | □ | □ | □ | □ | □ |
| 1. I have fear of the side effects of the vaccine
 | □ | □ | □ | □ | □ |
| 1. I usually avoid taking medications of any kind, even vaccines
 | □ | □ | □ | □ | □ |
| 1. I think influenza vaccine is not efficient (does not protect against influenza)
 | □ | □ | □ | □ | □ |
| 1. I think influenza vaccine is not safe (there are risks for my health)
 | □ | □ | □ | □ | □ |
| 1. I already had an unwanted reaction against influenza in a preceding season
 | □ | □ | □ | □ | □ |
| 1. I prefer to use barrier protection in order not to transmit influenza to my patients (f.ex. to wear a surgical mask and disinfect my hands)
 | □ | □ | □ | □ | □ |
| 1. I have fear of the injection
 | □ | □ | □ | □ | □ |
| 1. I didn’t have time (unpractical vaccination schedule or too many work)
 | □ | □ | □ | □ | □ |
| 1. I forgot
 | □ | □ | □ | □ | □ |
| 1. I use an alternative medicine to protect myself against influenza (f.ex : homeopathy, phytotherapy, vitamins, nutrition)
 | □ | □ | □ | □ | □ |
| 1. Other motive : please specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | □ | □ | □ | □ | □ |

1. Do you have the intention to get vaccinated against seasonal influenza in the next season (2010-2011)?
*Choose only one answer*
 □➊ Yes □➋ No □➌ I don’t know
2. How many times were you vaccinated against seasonal influenza during the last 3 seasons/winters ?
*Choose only one answer*
 □➊ 1 □➋ 2 □➌ 3 □➍ None (0)
3. Have you been vaccinated against seasonal influenza this last season (2008-2009)?
*Choose only one answer* □➊ Yes □➋ No □➌ I don’t know

# Pandemic influenza 2009 - 2010 : your vaccination

1. Have you been vaccinated this season (2009-2010) against pandemic influenza (also known as *A(H1N1) influenza,* or *swine flu*)?
*Choose only one answer, then go to the indicated question.*
 □➊ No -> *go to question 18* □➋ Yes, at the EMS -> *go to question 17* □➌ Yes, *elsewhere*-> *go to question 17*

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| --- | --- | --- | --- | --- | --- |
| 1. If you were vaccinated against pandemic influenza this season :What were your motivations ?*Please answer to ALL the following items by choosing 1 of the 5 items on the right)*
 | Fully disagree➊ | Partially disagree ➋ | Neither agree nor disagree ➌ | Partially agree➍ | Fully agree ➎ |
| 1. I wanted to protect myself
 | □ | □ | □ | □ | □ |
| 1. I wanted to protect my patients
 | □ | □ | □ | □ | □ |
| 1. I wanted to protect my relatives (family, friends)
 | □ | □ | □ | □ | □ |
| 1. Vaccination was free and readily available
 | □ | □ | □ | □ | □ |
| 1. I was encouraged by a colleague
 | □ | □ | □ | □ | □ |
| 1. I Was convinced by vaccination campaign
 | □ | □ | □ | □ | □ |
| 1. I rather preferred to accept vaccination than to wear a surgical mask to approach my patients
 | □ | □ | □ | □ | □ |
| 1. I had another motivation, which was : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | □ | □ | □ | □ | □ |

*Now go to question 19.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. If you were NOT vaccinated against pandemic influenza this season: Why were you demoted?*Please answer to ALL the following items by choosing 1 of the 5 items on the right)*
 | Fully disagree➊ | Partially disagree ➋ | Neither agree nor disagree ➌ | Partially agree➍ | Fully agree ➎ |
| 1. I am allergic to the vaccine
 | □ | □ | □ | □ | □ |
| 1. I have a medical condition that contraindicates influenza vaccination
 | □ | □ | □ | □ | □ |
| 1. There are enough other vaccinated healthcare workers to efficiently protect our patients
 | □ | □ | □ | □ | □ |
| 1. I don’t believe I would have had the flu
 | □ | □ | □ | □ | □ |
| 1. I have fear of the side effects of the vaccine
 | □ | □ | □ | □ | □ |
| 1. I usually avoid taking medications of any kind, even vaccines
 | □ | □ | □ | □ | □ |
| 1. I think influenza vaccine is not efficient (does not protect against influenza)
 | □ | □ | □ | □ | □ |
| 1. I think influenza vaccine is not safe (there are risks for my health)
 | □ | □ | □ | □ | □ |
| 1. I already had an unwanted reaction against influenza in a preceding season
 | □ | □ | □ | □ | □ |
| 1. I prefer to use barrier protection in order not to transmit influenza to my patients (f.ex. to wear a surgical mask and disinfect my hands)
 | □ | □ | □ | □ | □ |
| 1. I have fear of the injection
 | □ | □ | □ | □ | □ |
| 1. I didn’t have time (unpractical vaccination schedule or too many work)
 | □ | □ | □ | □ | □ |
| 1. I forgot
 | □ | □ | □ | □ | □ |
| 1. I use an alternative medicine to protect myself against influenza (f.ex : homeopathy, phytotherapy, vitamins, nutrition)
 | □ | □ | □ | □ | □ |
| 1. Other motive : please specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | □ | □ | □ | □ | □ |

# Mandatory use of a surgical mask for unvaccinated healthcare workers

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| --- | --- | --- | --- | --- | --- |
| 1. Concerning the internal policy of the mandatory use of a surgical mask for unvaccinated healthcare workers when working close to a patient (less than 2m)Do you agree with the following?

*Please answer to ALL the following items by choosing 1 of the 5 items on the right)* | Fully disagree➊ | Partially disagree ➋ | Neither agree nor disagree ➌ | Partially agree➍ | Fully agree ➎ |
| 1. I find it FAIR to be mandated to wear a surgical mask if I am not vaccinated against influenza.
 | □ | □ | □ | □ | □ |
| 1. I find it ABUSIVE to be mandated to wear a surgical mask if I am not vaccinated against influenza.
 | □ | □ | □ | □ | □ |
| 1. *(Leave blank if you do not work close to patients)*I find it UNCOMFORTABLE to wear a surgical mask when working close to the patient.
 | □ | □ | □ | □ | □ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Do you agree with the following?*Please answer to ALL the following items by choosing 1 of the 5 items on the right)*
 | Fully disagree➊ | Partially disagree ➋ | Neither agree nor disagree ➌ | Partially agree➍ | Fully agree ➎ |
| 1. If one of my close relatives (parent, child, husband…) was to be an inpatient during a highly active influenza season (epidemics, pandemics), I would accept that he/she was taken care of by an unvaccinated healthcare worker.
 | □ | □ | □ | □ | □ |
| 1. If one of my close relatives (parent, child, husband…) was to be an inpatient during a highly active influenza season (epidemics, pandemics), I would accept that he/she was taken care of by an unvaccinated healthcare worker that wears a surgical mask.
 | □ | □ | □ | □ | □ |