

## Appendix S1

# HEALTHCARE PROFESSIONALS' PERSPECTIVES ON PANDEMIC H1N1 (SWINE FLU)

**INSTRUCTIONS: PLEASE CHECK THE APPROPRIATE BOX OR FILL IN THE BLANK AS INDICATED.**

**Your Professional Practice**

**1. What is your PRIMARY site of work? (Mark ONE only.)**

- 1  Outpatient private practice clinic
- 2  Outpatient community health center/public clinic
- 3  Hospital emergency room
- 4  Urgent care center (for US)
- 5  Other, please specify: \_\_\_\_\_

**2. Which of the following best describes your position? (Mark ONE only.)**

- 1  Internal medicine
- 2  Family medicine
- 3  Emergency medicine (casualty)
- 4  Pediatrics
- 5  General outpatient clinic
- 6  Surgery
- 7  Physiotherapy/occupational therapy/dietitian
- 8  Non-clinical
- 9  Administration
- 10  Critical care
- 11  Other, please specify: \_\_\_\_\_

**3. What is your major job title/duty? (Mark ONE only.)**

- 1  Physician (MD, DO)
- 2  Nurse (EN, RN, LPN)
- 3  Nurse-Practitioner
- 4  Physician assistant
- 5  Allied health, please specify: \_\_\_\_\_
- 6  Administration
- 7  Other, please specify: \_\_\_\_\_

**4. How many years have you been working in healthcare after graduation?**

- 1  Less than or equal to 5 years
- 2  6 to 10 years
- 3  11 to 20 years
- 4  More than 20 years

**5. With how many patients do you have direct contact (e.g., face-to-face conversation) in a typical week?**

- 1  0
- 2  1 to 25
- 3  26 to 50
- 4  More than 50

## Your Illness Experience

6. Since April 30, 2009, have you had an influenza-like illness (fever greater than 100°F [37.8°C] and cough or sore throat)?

1  No      2  Yes

Was this illness determined to be:

- 1  Seasonal influenza
- 2  2009 pandemic H1N1 (swine flu)
- 3  Other, please specify: \_\_\_\_\_
- 4  No confirmed diagnosis

How was the influenza diagnosed?

- 1  By symptoms alone
- 2  Rapid influenza test
- 3  Viral culture
- 4  PCR
- 5  Other, please specify: \_\_\_\_\_
- 6  Not sure

7. How likely do you think you are to contract 2009 pandemic H1N1 influenza (swine flu) during the next wave (assuming you have not been vaccinated)? (Please answer even if you have been infected during the previous wave.)

1  Very unlikely      2  Unlikely      3  Likely      4  Very likely

8. If you were to contract 2009 pandemic H1N1 influenza (swine flu) today, how seriously do you think your illness would affect your health? (Please answer even if you have already contracted 2009 pandemic H1N1 influenza [swine flu].)

1  Not at all serious      2  Slightly serious      3  Moderately serious      4  Very serious

9. Which of the following represents your best guess about the frequency of severe side effects (e.g., Guillain-Barre syndrome) associated with the H1N1 vaccine? (Mark ONE only.)

- 1  About 1/1,000,000 (not more than a few cases per million vaccinated)
- 2  About 1/100,000 (not more than a few cases per one hundred thousand vaccinated)
- 3  About 1/1,000 (not more than a few cases per thousand vaccinated)
- 4  I do not know

**Infection Control Practices**

10. Do you currently have regular direct contact (e.g., face-to-face conversation) with patients in your day-to-day work?

1  No — Skip to question 11 below.

2  Yes



<b>Since April 2009, when having contact with patients you suspect of having symptoms of influenza (seasonal or pandemic), how often do you employ the following practices?</b>	<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Always</b>
<b>Wear gloves during physical examination/physical contact.....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Change gloves after each patient contact .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Wash hands <u>before</u> each patient contact.....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Wash hands <u>after</u> each patient contact .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Wear an N95 respiratory (TB mask)/surgical mask (as recommended by your institute) during physical examination/physical contact .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Wear a surgical mask in clinic or ward during a pandemic even when not involved in direct patient care.....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Influenza Vaccinations**

11. Have you received the seasonal influenza vaccine for the current season (late 2009)?

1  No      2  Yes

12. Have you received the seasonal influenza vaccine within the last 5 years?

1  No      2  Yes



<b>If yes, how many times?    ____ (Number)</b>
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13. Have you received the 2009 pandemic H1N1 (swine flu) vaccine?

- 1  No  
 2  Yes

**If no, which one reason below BEST represents why you decided NOT to be vaccinated? (Mark ONE only.)**

1  Now is NOT the right time; I will be vaccinated at a later stage  
 2  Unconcerned about the threat of H1N1 at the moment  
 3  I don't think the H1N1 vaccine will work  
 4  Worry about H1N1 vaccine side effects  
 5  Worry that H1N1 vaccine might give me flu illness  
 5  Dislike of the brand of H1N1 vaccine offered  
 6  Antivirals are more effective than vaccines  
 7  Universal infection control practices are sufficient  
 8  No onsite vaccination service at my workplace  
 9  I don't want to be vaccinated  
 10  I have contraindications to influenza vaccination  
 11  Other, please specify: \_\_\_\_\_

**If yes, which one reason below BEST represents why you were vaccinated? (Mark ONE only.)**

1  Worry about catching swine flu H1N1 infection  
 2  Worry about transmission of swine flu H1N1 to others  
 3  Desire to obtain vaccine early in case of shortage  
 4  Follow the advice from health authorities  
 5  Vaccination is a mandatory requirement in my workplace  
 6  Desire to fulfill the public's expectation  
 7  Desire to fulfill my professional obligation  
 8  Other, please specify: \_\_\_\_\_

14. Did you obtain information about the 2009 pandemic H1N1 (swine flu) vaccine from any of the following sources? (Mark "yes" or "no" for each, and of those you mark yes, please indicate which ONE was your primary source.)

	No ▼	Yes ▼	Which one was your primary source? (Mark one.) ▼
Information from my employer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Information from the public health authority .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Mass media .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Scientific publications .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
Web sites of health agencies .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>
Did not receive any information .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	6 <input type="checkbox"/>
Other, please specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>

15. In your opinion, please rank in order of priority the healthcare worker groups you think should be vaccinated first in a pandemic. (1 = highest priority, 2 = 2<sup>nd</sup> highest, 3 = 3<sup>rd</sup> highest, and so on.)

- \_\_\_\_\_ Administration
- \_\_\_\_\_ Allied health (physiotherapists, radiographers, occupational therapists, dietitians)
- \_\_\_\_\_ Doctors/nurse practitioners/physician assistants
- \_\_\_\_\_ Non-clinical
- \_\_\_\_\_ Nurses

16. In your opinion, should healthcare workers who have been offered and declined H1N1 vaccination (and are not part of an allowable exception group) play a different professional role than their usual role during a pandemic?  
(Mark ONE only.)

- 1  No, they should perform their regular duties
- 2  Yes, they should be reassigned to non-patient care activities
- 3  Other, please specify:

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17. Please indicate your agreement or disagreement with the following statements.

	Strongly disagree	Moderately disagree	Moderately agree	Strongly agree
If all other means have been exhausted, the law should mandate <u>universal</u> healthcare worker vaccination for <u>seasonal</u> influenza. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
If all other means have been exhausted, the law should mandate <u>universal</u> healthcare worker vaccination for <u>pandemic</u> influenza. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Healthcare workers have an obligation to receive pandemic influenza vaccination. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
In an influenza pandemic, healthcare workers have the ethical obligation to follow public health authorities' recommendations. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Mandatory healthcare worker influenza vaccination policies, if implemented, should include special provisions for those with religious/moral objections to vaccination. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Demographic Information**

**18. What is your age?**

\_\_\_ \_\_\_ Years

**19. What is your gender?**

1  Male      2  Female

**20. In what year did you graduate from nursing/medical school/healthcare institute?**

\_\_\_ \_\_\_ \_\_\_ \_\_\_ Year

**Thank you very much!**

**Please return this survey in the envelope provided.**