

SMALLPOX VACCINATION SURVEY

This survey asks your opinions about being vaccinated against smallpox. Because smallpox virus could be used as an agent of bioterrorism, the Centers for Disease Control and Prevention (CDC) is developing plans for vaccinating hospital workers who would serve on Smallpox Health Care Teams in acute-care hospitals.

CDC and state public health officials have asked us to conduct this survey to gather your opinions. Your responses will help them develop realistic plans for smallpox vaccination.

This survey is voluntary, **anonymous**, and takes about 5 minutes to complete.

1. Have you ever been vaccinated against smallpox (for example, as a child, for military service, for travel)?

- 1 Yes
- 2 No
- 3 Not sure

2. How well informed do you feel about the risks and benefits of smallpox vaccination?

- 1 Very well informed
- 2 Fairly well informed
- 3 Not well informed
- 4 Not at all informed

3. How would you rate the risk of a bioterrorist smallpox attack in the U.S. sometime within the next two years?

- 1 High
- 2 Intermediate
- 3 Low
- 4 Next to zero
- 5 Can't guess

4. Any non-emergency smallpox vaccination effort among health-care workers or civilians would include careful medical screening for contraindications and would include opportunities for voluntary laboratory testing (e.g. for pregnancy, HIV, etc.).

If you were eligible for vaccination and were offered smallpox vaccine today, would you choose to be vaccinated?

- 1 Yes
- 2 Probably
- 3 Probably not
- 4 No
- 5 Don't know

5. In your thinking about whether to get vaccinated, how important is each of the following possible opinions?

- a. "The risk of a smallpox attack by bioterrorists is very low."
1 **Important** (and I agree with this opinion)
2 **Not important** (or else I disagree with this opinion)
- b. "I've been vaccinated in the past and think I'm probably protected."
1 **Important** (and I agree with this opinion)
2 **Not important** (or else I disagree, or else I wasn't previously vaccinated)

6. Here are some additional possible reasons for choosing not to get vaccinated. Which ONE of the following would be MOST important to you? (Please choose the ONE answer that most applies.)

- 1 The risks of the vaccine outweigh the benefits of protection from a possible smallpox attack.
2 I might be forced to **miss work** after being vaccinated.
3 I might transmit vaccinia virus to **family members or friends** who might be vulnerable to adverse reactions.
4 I might transmit vaccinia virus to **my patients**, who might be vulnerable to adverse reactions.
5 If I'm vaccinated, I might be expected to **work** with or near a patient with smallpox, which seems **too risky**.
6 If I'm vaccinated, I might be expected to **work extra hours** over a long period if a patient with smallpox is admitted to my facility.
7 Other (please specify): _____

7. In deciding whether to be vaccinated to possibly care for a smallpox patient, which of the following vaccine adverse reactions in yourself are you most concerned about getting? (Please choose just ONE answer.)

- 1 **Mild to moderate reactions**, which occur **more often** than severe ones and include fever, lymph node swelling, secondary blisters, and mild rash
2 **Moderate to severe reactions**, which occur **less often** than mild ones and include encephalitis (severe brain reaction), severe infection beginning at the vaccination site, and death
3 None (not particularly concerned about vaccine adverse reactions)

8. To help you decide whether to be vaccinated, additional information on which TWO of the following would be most important to you? (Please choose up to TWO answers.)

- 1 Whether infectious disease experts or other peers I respect were being vaccinated
2 How long protection from a previous vaccination lasts
3 The likelihood and nature of adverse events from smallpox vaccination
4 The risks and health problems of transmitting vaccinia virus to others
5 The risk of a bioterrorist attack with smallpox
6 Facts about smallpox disease, including infectiousness and risks of serious sequelae
7 Liability and compensation in the event that I, my patients, or other contacts got a serious adverse reaction due to my vaccination
8 Other (please specify): _____
9 None – I don't need additional information in order to decide.

9. Would you seek vaccination if a case of smallpox had been laboratory-confirmed...:

a. Overseas?

1 Yes

2 No → **b. In the U.S. a thousand miles from where you live?**

1 Yes

2 No → **c. In your city?**

1 Yes

2 No

10. If you had NOT been vaccinated and you heard that a suspected or confirmed case of smallpox had just been admitted to your facility, would you report to work?

1 Yes

2 Yes, but only if I knew I could get vaccinated on arrival.

3 Probably – it would depend on: _____

4 Probably not – it would depend on: _____

5 No

11. Your MAIN work area (Please check just ONE):

1 Emergency Department

4 Consultation to ER

2 Adult ICU

5 Consultation to adult ICU

3 Pediatric ICU

6 Consultation to pediatric ICU

7 Other (please specify): _____

12. Your age:

1 Up to 29

4 50-59

2 30-39

5 60 or over

3 40-49

13. Your sex:

1 Male

2 Female

14. Your main professional/occupational category (Please check just ONE):

1 Attending staff

11 Plant operations staff (power, water, gas, oxygen, phone, etc.)

2 Fellow

3 Resident

4 Medical student

5 Nurse practitioner

12 Nurse

6 Physicians' assistant

13 Psychologist or social worker

7 Medical/ clinical/ patient's assistant

14 Respiratory therapist/ technician

8 Radiology technician

15 Laboratory technician

9 Clerk or receptionist

16 House-keeping staff

10 Pharmacist

17 Other (please specify): _____

