



Purpose of Survey

Introduction

Welcome to the **second 2024/2025 Flu and COVID-19 Vaccine Uptake Survey** for **HOSPITAL-BASED** Health Care Workers for **final** returns.

HPSC has been monitoring the flu uptake of health care workers (HCWs) in hospitals since the 2011-2012 season. For the **2024-2025** season, <u>final</u> figures (**From September 2024**) should be be returned by **Mid March 2025**. The flu vaccine uptake target is 75%. Private hospitals (as well as section 38 and 39 agency operations) are also encouraged to submit data as well.

It would be very much appreciated that provisional uptake data from the beginning of September 2024 for your hospital be submitted by **Friday**, **7th March 2025**.

The information collected in this first survey will be analysed by HPSC and a final report is expected to be published in late summer 2025.

The survey should take no more than 10 minutes to complete, provided you have the relevant data to hand. For more information about this survey, please see a copy of survey protocol here or email Piaras O'Lorcain at HPSC, at piaras.olorcain@hpsc.ie. If for any reason you are unable to complete this survey online, please request a pdf verion of the survey, complete it, scan the document and kindly return it by email to piaras.olorcain@hpsc.ie.

Many thanks in advance for completing this survey!

Consent:

By ticking the box below you are confirming that you consent for your personal data, or

that of others you have gained appropriate consent from, to be used for the purposes described in the "Introduction" section of this form given above.

O Yes

O No

Name of Hospital:

H23 St Vincent's University Hospital

H47 University Hospital Waterford

H46 St Luke's General Hospital, Kilkenny

H44 Tipperary University Hospital

H48 Wexford General Hospital

H09 St Columcille's Hospital

H22 St Michaels Hospital

H45 Kilcreene Regional Orthopaedic Hospital Kilkenny

H12 National Maternity Hospital Dublin

H63 National Rehabilitation Hospital

You selected other hospital (not listed in the selection above), please state the name of the hospital:

Vaccination Details

VACCINATION DETAILS

IMPORTANT NOTES PLEASE NOTE THAT IN ORDER TO SUCCESSFULLY UPLOAD THE CONTENTS OF THIS SURVEY ONLINE, DETAILS OF BOTH ELIGIBLE AND

VACCINATED STAFF NUMBERS FOR ALL SIX HSE CATEGORIES OF STAFF WILL BE REQUIRED:

Management & Administration
Medical & Dental
Health & Social Care
Nursing
General Support
Other Patient & Client Care

For a complete list of job titles associated with each of the six HSE categories of staff, please <u>click here</u> and it will open in a new tab.

- -When inserting details of eligible staff numbers, please use actual numbers of staff (not temporary or short term agency staff) and not whole time equivalent figures.
- -NOTE: For each category of staff, the number of vaccinated staff CANNOT exceed the number of eligible staff.
- -Staff working outside the hospital setting should not be included in the survey returns

EXPLANATORY NOTES -

Number eligible staff = Number of staff currently on payroll/headcount

- -Health and Social Care Professionals e.g. Physiotherapists, Dieticians, Radiographers, Social Workers
- -General Support staff e.g. Maintenance, Domestic Staff, Porters, Security, Radio, Technical Services
- -Other Patient and Client Care e.g. Attendants/Aides, Care assistants

Do you know how many <u>eligible</u> HCWs there are in your hospital for each of the different categories of staff?

O Yes

O No

Do you know how many FLU vaccinated HCWs there are in your hospital for each of the different categories of staff? O Yes O No
Do you know how many COVID-19 vaccinated HCWs there are in your hospital for each of the different categories of staff? O Yes O No
Date of Data Collection
Please enter date as dd/mm/yyyy, for example, 01/03/2025

Number of Management & Administration ELIGIBLE Staff: (if unknown, please enter 0)

Number of Medical & Dental FLU VACCINATED Staff: (if unknown, please enter 0)

Number of Medical & Dental COVID-19 VACCINATED Staff: (if unknown, please enter 0)

Number of Nursing FLU VACCINATED Staff: (if unknown, please enter 0)

Number of Nursing ELIGIBLE Staff: (if unknown, please enter 0)

02/2025, 14:52	Qualtrics Survey Software
Number of Nursing C	OVID-19 VACCINATED Staff: (if unknown, please enter 0)
Number of General S	upport ELIGIBLE Staff: (if unknown, please enter 0)
Number of General S	upport FLU VACCINATED Staff: (if unknown, please enter 0)
Number of General S	upport COVID-19 VACCINATED Staff: (if unknown, please enter
0)	

Number of Other Patient & Client Care ELIGIBLE Staff: (if unknown, please enter 0)

7/02/2025, 14:52	Qualtrics Survey Software
Number of Other Patient & Client enter 0)	t Care <u>FLU</u> VACCINATED Staff: (if unknown, please
Number of Other Patient & Client please enter 0)	t Care COVID-19 VACCINATED Staff: (if unknown,
	OF OTHER <u>FLU</u> VACCINATED STAFF THAT ARE PAYROLL, INCLUDING STUDENTS
staff payroll/headcount, they can	rt term agency staff for example, are not part of the pern not be included in the calculation of the total percentage ospital, because that will artificially inflate this value.
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Other **COVID-19** Vaccinated Staff

PLEASE ADD HERE NUMBER OF OTHER **COVID-19** VACCINATED STAFF THAT ARE NOT ON HUMAN RESOURCES PAYROLL, INCLUDING STUDENTS

Note: Because students and short term agency staff for example, are not part of the perm

staff payroll/headcount, they cannot be included in the calculation of the total percentage of the vaccine by HCWs in the hospital, because that will artificially inflate this value.
Source of Information
What sources of information do you use to collate the number of ELIGIBLE hospital-based HCWs in your hospital? Click all that apply
 Hospital HR office Hospital group HR office National HR office Other Unsure
What sources of information do you use to collate the number of VACCINATED hospital-based HCWs in your hospital? Click all that apply.
COVAX/IIS system Excel reports COVAX/IIS dashboard Local hospital records Self-reporting by HCWs Other Unsure

Data Provider Details
Data Provider's Name:
Data Provider's Position:
Data Provider's Email Address:
\${m://Email1}
Data Provider's Contact Telephone Number: e.g. 086-1001000 or 01-1001000
Submit
Submit
Would you like to submit another survey response on behalf of another hospital?
O Yes O No

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