

## Section A – Hospital Measles Vaccination

### Data Collection Form

**Date:** Month \_\_\_\_\_ Year \_\_\_\_\_

**Hospital Code Number:** \_\_\_\_\_

1. Does your hospital have a documented policy on administration of MMR vaccine to health care workers? *(please tick)*

Yes  No   
*(If 'No', proceed to question 3)*

2. Does this policy adhere to the NHMRC definitions as outlined (page 5–8)? *(please tick)*

Yes  No   
*(If 'Yes', proceed to question 3)*

3. What number of **non-casual** acute care staff born  $\geq 1966$  are employed at your hospital?

**Table 1.**

Occupational Group*	Total number of non-casual employed staff <b>DOB <math>\geq 1966</math></b>
Medical staff	
Nursing staff	
Allied Health staff	
Other staff who have direct or indirect clinical contact	
Laboratory Staff	
<b>Total</b>	

\* See section 4.2 Target Populations for Health Care Worker definitions.

## Section B – Hospital Measles Vaccination Summary

### Data Collection Form

**Date:** Month \_\_\_\_\_ Year \_\_\_\_\_

**Hospital Code Number:** \_\_\_\_\_

#### For non casual acute care staff born $\geq 1966$ only:

Documented evidence of receiving two doses of a measles containing vaccine or immunity or laboratory confirmed measles:

**Table 2.**

<i>Occupational Group</i>	<b>Number of staff</b>			<b>Total</b>
	<b>Yes</b>	<b>No</b>	<b>Unsure</b>	
Medical staff				
Nursing staff				
Allied Health staff				
Other staff who have direct or indirect clinical contact				
Laboratory staff				
<b>Total</b>				*

\* Total should equal **Table 1** total (see Section A – Hospital Measles Vaccination Data Collection Form)

## Section C – Health Care Worker Measles Vaccination Data Collection Form

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Your hospital has elected to participate in a voluntary VICNISS project to determine the current status of Health Care Workers susceptible to measles. **This data collection form is confidential and will not be sent to the VICNISS Coordinating Centre.** The VICNISS Coordinating Centre (funded by the Department of Human Services) will be responsible for data analysis and reporting de-identified aggregate hospital data.

The data collection form, once completed is to be forwarded to: \_\_\_\_\_

**Could you please answer the following questions as specified:** *(please tick)*

1. Were you born before 1966? Yes  No

*If 'No', proceed to Question 2.*

*If 'Yes', you are not required to answer any further questions.*

2. Do you have routine clinical contact with acute care patients?

Yes  *Example: Medical and Nursing staff, Environmental Services*

No  *Example: Administration*

*If 'Yes', proceed to Question 4.*

*If 'No', proceed to Question 3.*

3. Do you work in a pathology laboratory?

Yes

No

*If 'Yes', proceed to Question 4.*

*If 'No', you are not required to answer any further questions.*

4. Do you have **documented** evidence of receiving two doses of a measles containing vaccine? Yes  No  Unsure

*If 'No', or 'Unsure' proceed to Question 5.*

*If 'Yes', you are not required to answer any further questions.*

5. Do you have **documented** evidence of immunity or laboratory-confirmed measles?

Yes  No  Unsure

**Comments:**

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If you require further information please contact: \_\_\_\_\_

**Thank you for your participation**