

STATE PURCHASED INFLUENZA VACCINE, MID-YEAR USAGE REPORT, 2016-17

⌚ Complete and Return to SFDPH by Friday, February 10, 2017 ⌚

SFDPH Communicable Disease Prevention Unit ▪ Via Fax (415) 554-2579 ▪ or Email Tina.Milton@sfdph.org

Organization Name: _____

Total doses awarded to your practice: _____

Lot number(s) of vaccine: _____

Expiration date(s) of vaccine: _____

For questions 1-12, please provide information on doses of state-purchased flu vaccine supplied to you only by the San Francisco Department of Public Health (SFDPH) Immunization Program. Please report on the total of doses awarded, administered, returned, and wasted, unaccounted for and remaining throughout the entire flu season, beginning in the fall of 2016. Do **NOT** include data on VFC vaccine or vaccine received from any other sources.

Definitions

Awarded: doses your practice received from SFDPH

Administered: doses your practice successfully administered to patients

Returned: unexpired, viable doses your practice did not use and has given back to SFDPH

Wasted: doses your practice did not use because of: temperature excursions; broken vials/syringes; vaccines were drawn but not administered; vials were opened but not all doses were used; and/or the vaccines expired

Unaccounted for: doses awarded to your practice that cannot be located and have not been recorded as wasted or administered

Remaining: unexpired, viable doses awarded by SFDPH that your practice still has (expired doses are considered “wasted”)

1. Total Doses <u>Awarded</u> To Your Practice	
- # Doses of standard flu vaccine included in above total	
- # Doses of preservative free vaccine included in above total	
2. Total Doses <u>Administered</u> To Your Staff	
3. Total Doses <u>Administered</u> To Your Clients	
4. SUBTOTAL ADMINISTERED (Line #2 + Line #3)	
5. Total Unexpired, Viable Doses <u>Returned</u> To SFDPH	
6. Total Doses <u>Wasted</u> <i>MUST be explained on page 2</i>	
7. Total Doses <u>Unaccounted For</u> <i>MUST be explained on page 2</i>	
8. Total Doses <u>Remaining</u> In Your Inventory <i>MUST be explained on page 2</i>	
9. TOTAL (Add lines #4-8; should equal line #1)	

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SFDPH Communicable Disease Prevention Unit ▪ 101 Grove Street, Room 406 ▪ San Francisco ▪ CA ▪ 94102
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Organization Name: _____

10. Breakdown of SFDPH influenza vaccine recipients by AGE: **You must complete this portion**

a. Standard (multidose vial vaccine) flu vaccine:

3-6 YEARS	7-18 YEARS	19 TO 49 YEARS	50-59 YEARS	60-64 YEARS	65 YEARS AND OVER	TOTAL

b. Preservative-free flu vaccine:

6-35 MONTHS	3-6 YEARS	7-18 YEARS	19 TO 49 YEARS	50-59 YEARS	60-64 YEARS	65 YEARS AND OVER	TOTAL

11. Fee your organization charged for administering each flu shot:

13. Total number of flu vaccine doses that your organization administered from sources **other than SFDPH** (includes VFC and privately purchased vaccines):

14. If your organization held flu clinics for the general public, total number of shots you administered to individuals who were not already your patients:

Please use this space to explain wasted flu vaccine doses.

Please use this space to explain unaccounted flu vaccine doses.

Please offer your comments regarding flu vaccine distribution and usage this season:

Person completing report:

Name _____ Title _____

SIGNATURE _____ Date _____

Phone # _____ Fax # _____

Email _____

Thank You!