SFDPH HEPATITIS VACCINE
SEMI-ANNUAL USAGE REPORT

SFDPH Communicable Disease Prevention Unit ▪ Email immunization.dph@sfdph.org

Org Name:_____ **Reporting Period:** ☐ **Jan 1-June 30** ☐ **July 1-Dec 31 Year:**_____

Please report the total number of Hepatitis A, B, and combined A & B doses awarded, administered, wasted, unaccounted, and remaining in inventory during the specified period above. Please provide information only on doses of Hepatitis vaccine supplied to you by the San Francisco Department of Public Health (SFDPH) Immunization Program.

Vaccine	Hep A	Hep B	Hep A/B
Lot Number:			
1. Doses awarded to your organization during reporting period			
2. Total doses <u>administered</u> to your clients during reporting period *Administered: doses your practice successfully administered to patients*			
3. Doses <u>wasted</u> during reporting month (explain below) *Wasted: doses your practice did not use because of: temperature excursions; broken syringes; vaccines prepared but not administered; and/or the vaccines expired*			
4. Total doses <u>unaccounted for</u> during reporting month (explain below) *Unaccounted for: doses awarded to your practice that cannot be located and have not been recorded as wasted or administered*			
5. Total doses <u>remaining</u> in your inventory on the last day of reporting month *Remaining: unexpired, viable doses awarded by SFDPH that your practice still has.*			

Breakdown of Hepatitis vaccine recipients by AGE:

Vaccine	Lot #	19-49 YEARS	50-64 YEARS	65 YEARS +	TOTAL
Hep A					
Hep B					
Hep A/B					

Please use this space to explain wasted vaccine doses:

_____
_____

Please use this space to explain unaccounted for vaccine doses:

_____
_____

Please describe your clinic workflow for conducting HbsAg and anti-HBs testing prior to vaccination for persons who are from areas where chronic HBV is considered endemic:_____
_____

Person completing report:

Name _____ Title _____

SIGNATURE _____ Date _____

Phone # _____ Fax # _____ Email _____