

# STATE PURCHASED INFLUENZA VACCINE, FINAL USAGE REPORT, 2019-20

🕒 Complete and Return to SFDPH by Friday, **June 26, 2020** 🕒

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

**Organization Name:** \_\_\_\_\_

**Total doses awarded to your practice:** \_\_\_\_\_

**Lot number(s)/expiration date(s) of vaccine:** \_\_\_\_\_

For questions 1-3, please provide information on doses of flu vaccine supplied to you only by the San Francisco Department of Public Health (SFDPH). Please report usage numbers for **the entire flu season, beginning in the fall of 2019**. Do **NOT** include VFC vaccine or vaccine received from any other sources.

**Definitions**

Awarded: doses your practice received from SFDPH

Administered: doses your practice successfully provided to patients

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 (expired vaccine your practice still has in its possession is considered “wasted”)

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

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

**Total usage by formulation:**

1.

	<b>STANDARD FLU VACCINE (MULTI-DOSE VIALS)</b>	<b>PRESERVATIVE FREE VACCINE (PRE-FILLED SYRINGES)</b>
<b>Awarded</b>		
<b>Administered</b>		
<b>Wasted</b>		
<b>Unaccounted for</b> <i>* Please explain below</i>		
<b>Returned</b>		

2. **Administration breakdown by age group:**

<b>STANDARD FLU VACCINE (MULTI-DOSE VIALS)</b>						
6-35 mos	3-6 yrs	7-18 yrs	19-49 yrs	50-59 yrs	60-64 yrs	65+ yrs

<b>PRESERVATIVE FREE VACCINE (PRE-FILLED SYRINGES)</b>						
6-35 mos	3-6 yrs	7-18 yrs	19-49 yrs	50-59 yrs	60-64 yrs	65+ yrs

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**Organization Name:** \_\_\_\_\_

3. Fee your organization charged for administering each **flu shot**: \_\_\_\_\_
4. Total number of flu vaccine doses that your organization administered from sources **other than SFPDH** (includes VFC and privately purchased vaccines):  
\_\_\_\_\_
5. 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.** \_\_\_\_\_

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**Please use this space to explain unaccounted flu vaccine doses.** \_\_\_\_\_

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

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**Person completing report:**

Name \_\_\_\_\_ Title \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

**Thank You!**