

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

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.

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

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

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

PRESERVATIVE FREE VACCINE (PRE-FILLED SYRINGES)						
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. _____

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!