

STATE PURCHASED INFLUENZA VACCINE, MID YEAR USAGE REPORT, 2019-20

🕒 Complete and Return to SFDPH by Friday, January 24, 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 all doses received from SFDPH. 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

Remaining doses: doses still in your inventory

1. Total usage by formulation:

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

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

🕒 Complete and Return by Friday, January 24, 2020 🕒

SFDPH Communicable Disease Prevention Unit ▪ 101 Grove Street, Room 406 ▪ San Francisco ▪ CA ▪ 94102
or fax to (415) 554-2579 or email Tina.Milton@sfdph.org

Organization Name: _____

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

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!