

# STATE/FEDERAL INFLUENZA VACCINE, MID YEAR USAGE REPORT, 2021-22

🕒 Complete and Return to [immunization.dph@sfdph.org](mailto:immunization.dph@sfdph.org) by Friday, January 21, 2022 🕒  
SFDPH Communicable Disease Prevention Unit

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

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

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

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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 and source:**

|                                                                                     | STANDARD FLU VACCINE<br>(MULTI-DOSE VIALS) |         | PRESERVATIVE FREE VACCINE<br>(PRE-FILLED SYRINGES) |         |
|-------------------------------------------------------------------------------------|--------------------------------------------|---------|----------------------------------------------------|---------|
|                                                                                     | State                                      | Federal | State                                              | Federal |
| <b>Awarded</b>                                                                      |                                            |         |                                                    |         |
| <b>Administered</b>                                                                 |                                            |         |                                                    |         |
| <b>Wasted</b><br><span style="color: red;">Please explain on page 2</span>          |                                            |         |                                                    |         |
| <b>Unaccounted for</b><br><span style="color: red;">Please explain on page 2</span> |                                            |         |                                                    |         |
| <b>Returned*</b>                                                                    |                                            |         |                                                    |         |
| <b>Remaining doses</b>                                                              |                                            |         |                                                    |         |

\* For any returns, please complete a [Vaccine Return Form](#) and bring it when you return vaccine. If returning viable, unexpired vaccine please follow the [SFDPH Vaccine Transport Guidelines](#). Vaccine returned after the expiration date does not need to be transported at refrigerated temperatures.

Please continue to next page for age group break down.

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

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

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

| PRESERVATIVE FREE VACCINE (PRE-FILLED SYRINGES) |          |         |          |           |           |           |         |         |
|-------------------------------------------------|----------|---------|----------|-----------|-----------|-----------|---------|---------|
| Source                                          | 6-35 mos | 3-6 yrs | 7-18 yrs | 19-49 yrs | 50-59 yrs | 60-64 yrs | 65+ yrs | Unk Age |
| State                                           |          |         |          |           |           |           |         |         |
| Federal                                         |          |         |          |           |           |           |         |         |

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 SFDPH** (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!**