

Instructions for Influenza Vaccine Doses Administered Worksheet

- Purpose:** To provide systematic reporting of influenza vaccine administered during a Pandemic Influenza period. Accurate administration data will provide support for reallocation and redistribution of influenza vaccine.
- Instructions:**
- Report Period: Fill in blanks to indicate the week, month and year report covers.
- Provider Name: Record the official name of your FACILITY on every page of the report. The physician's name associated with the facility should not be listed as the facility name. For off-site or community clinics use the name of the provider/facility that coordinated the event.
- Address: Include Street address, Post Office Box, City and County of Facility.
- Page__of__: Number every page. Include total number of pages on the first and last pages submitted, i.e., "Page 1 of 24", Page 24 of 24."
- Contact Person: Print the name and telephone number of the contact person 1) whose responsibility it is to ensure the logs are received by the Immunization Branch on a weekly basis during the Pandemic Period and 2) whom you want the Immunization Branch to call with questions. Document on the first page only.
- Patient Name: Legibly print the full name of the patient in the appropriate areas for last name, first name, and middle initial.
- Birth Date: Record birth date as "MM/DD/YR" i.e., 11/20/31.
- Eligibility/ Insurance: Document whether reimbursement for vaccination is provided by Medicaid Part B, other types of insurance or self pay.
- Service Date: Record service date as "MM/DD/YR" i.e., 10/15/00.
- Dose 1 or 2: Document whether the vaccine given is the first or second dose. (This area can be used to assist with tracking and follow-up efforts if a second dose is required to enhance vaccine efficacy)
- Risk Category: Record which high-risk priority level the patient is associated with as determined by the ACIP, state-specified recommendations and county risk priority levels.
- Column Totals: Total the number of Medicaid Part B and Private or Self Pay recipients. Total the number of dose 1 and dose 2 vaccines administered. Also, total the number of persons receiving vaccine in each Risk Category.
- Preparation:** Complete the report and return to the Immunization Branch after every "Special Vaccine Administered Event" or every Friday during the Pandemic Period.
- Mail completed forms to:
 Pandemic Influenza Coordinator
 Immunization Branch
 1916 Mail Service Center
 Raleigh, NC 27699-1916
 Courier 56-23-01
 Fax 800-544-3058
- Disposition:** Obtain copies until the Pandemic Event is declared over by the Centers for Disease Control and Prevention.
- Ordering:** Additional copies of this form can be obtained by completing an Immunization Materials Requisition Order Form or by calling 800-344-0569.