

Erie County Department of Health 2009 H1N1 Influenza Vaccine Doses Administered Weekly Log

Anthony J. Billittier IV, MD, FACEP. Commissioner of Health

11/19/2009

Dear Provider,

The Erie County Department of Health is requesting that providers administering H1N1 vaccine to patients in Erie County report these numbers to the Erie County Department of Health weekly. All providers currently administering H1N1 vaccine are required to report the number of doses administered to the NYSDOH on a weekly basis. **In addition**, please fax the Weekly Log to **(716) 961-6897**. This information is critical for our department to evaluate the amount of vaccine administered in Erie County, to effectively redistribute vaccine to providers with unmet needs, and to provide any additional support that health care providers may have. The Daily and Weekly Log sheets have been attached for your convenience. Please note, the attached forms include a row/column to record the number of doses administered to patients **6 months - 18 years**. This information is **NOT** included on the NYSDOH forms as it is reported directly through NYSIIS. If your practice has the ability to tally these numbers, please include them. Submission of this information to ECDOH is voluntary and does not replace the weekly reporting to the NYSODH or through NYSIIS. Thank you in advance to your assistance with this matter. Please respond directly to this email with any questions you may have.

2009 H1N1 Influenza Vaccine Doses Administered DAILY Log New York State Department of Health Bureau of Immunization

Name of Facility/Provider:	
Name of Vaccinator or Clinic Location:	
* H1N1 PIN #:	
Date: MM/DD/YYYY	

Age Group	Number of Doses Administered (////)	TOTAL
6mo.-18yrs		
19-24yrs		
25-49yrs		
50-64yrs		
≥65yrs		

Public Health Law 2168 mandates that health care providers report information on vaccinations administered to all persons less than 19 years of age into the New York State Immunization Information System (NYSIIS).

*A H1N1 PIN# is the identifier given to those who have signed a provider agreement to receive 2009 H1N1 influenza vaccine.

2009 H1N1 Influenza Vaccine Doses Administered WEEKLY Log New York State Department of Health Bureau of Immunization

Name of Facility/Provider:	
*Facility/Provider H1N1 PIN Number:	
**H1N1 Registration Application Number:	
County the Facility/Provider is Located in:	
Reporting Period Start Date (Sunday): MM/DD/YYYY	
Reporting Period End Date (Saturday): MM/DD/YYYY	

Day	Date MM/DD/YYYY	Age Groups 6mo. – 18yrs					TOTAL
			19-24yrs	25-49yrs	50-64yrs	≥65yrs	
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
TOTAL							

***Total # of Doses Wasted:	
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Public Health Law 2168 mandates that health care providers report information on vaccinations administered to all persons less than 19 years of age into the New York State Immunization Information System (NYSIIS).

*A facility/provider H1N1 PIN# is the identifier given to those who have signed a provider agreement to receive 2009 H1N1 influenza vaccine.

**A H1N1 registration application number is assigned to those who have completed the registration process (can be found on the registration confirmation page).

***Total # of doses wasted are the number of doses that are not usable (e.g., temperature irregularities, broken syringe, expired, etc.).

NOTE: Bold column (6mo.-18yrs) not reported to State - local planning information only.

To report 2009 H1N1 influenza vaccine doses administered, please call 1-888-H1N1-VAC (1-888-416-1822) by **MONDAY** at 11:59 p.m. weekly, AND fax weekly to 716-961-6897.