

# URGENT

# Immu-Fax

## From:

## The Maine Immunization Program

## Department of Health and Human Services

###### Public Health - Division of Disease Control

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#### Jiancheng Huang, Director

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**Reporting administration for Influenza and Pneumococcal vaccine**

This is a reminder that if your facility received any state supplied Influenza or Pneumococcal vaccine for the past 2006-2007 Influenza season your administration reports are due. Administration numbers are used to help determine the amount of vaccine your facility may need for the next Influenza distribution season.

To help us better serve you in the future; please submit your monthly administration reports from this past season. Attached is a reporting form that must be returned for any State supplied Influenza and Pneumococcal vaccine administered.

Please fax your reports to 1-800-569-0659 or 207-287-3347. It is important that complete all information requested on the form.

If you need assistance completing the attached form please call

1-800-867-4775, and ask for the Health Educator for your area.

2006-2007 Influenza and Pneumococcal Monthly Usage Report

*Submit this report monthly*

Name and Pin #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month and Year Reporting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vaccine /Dose #** | Number of Doses Administered within Age Groups | TotalDoses**Given****(Per Row)** |   Previous Balance | Subtract | Subtract | Subtract | Add | Add | Equals |
| **<1** | **1** | **2** |  **3-4** | **5** |  **6-9** | **10-14** |  **15-19** | **20-24** | **25-44** | **45-64** |  **65+** | TotalGiven(Per Vaccine) | TotalDosesWasted | Total Doses Transferred | TotalDosesAccum | AmountReceived | BalanceinRefrig |
| Flu-PF | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Flu | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pneumo 23 (Polysac.) | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comments: |  |
|  |  |
|  |
|  |

The Maine Immunization Program will be distributing Influenza vaccine from multiple manufactures this season.

Vaccine Accountability

Sanofi Pasteur Pre-filled syringes:

* Use the Flu-PF row on this form.
* Count one syringe (.25ml) as 1 dose.

All other vials or syringes:

* Use the Flu row on this form.
* Count two .25ml doses from a multi-dose vial as 1 full dose.
* Count one .50ml dose from a multi-doses vial (Sanofi Pasteur) or pre-filled syringes (GlaxoSmithKline) as 1 dose.

Fax report to 207-287-3347 or 1-800-569-0659