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March 11, 2008

**2007/2008
INFLUENZA VACCINE
ACCOUNTABILITY NOTICE**

CDC requires the New Hampshire Immunization Program (NHIP) to purchase vaccine a year in advance. One of the most effective tools we have to estimate future need is the history of doses administered. To date we have not received this information from all providers.

We are requesting all Influenza vaccine providers to report all Influenza doses used by the end of the day
Wednesday, March 12, 2008

Usage reporting for Influenza vaccine is critical to your practice.

What does this mean to your practice? Every report of Influenza vaccine doses used allows us to predict future use. As stewards of federal state and insurance company funds, we must accurately portray the need for funding in the future. Under reporting the amount of doses used could mean less Influenza vaccine for your practice for the 2008/2009 season.

INSTRUCTIONS

Attached you will find an Influenza vaccine usage report and doses on hand report.

Fill out the Influenza vaccine usage report with any usage you have not already reported.

Fill out the doses on hand report for Influenza vaccine only.

Fax to 603-271-4932 by end of the day on Wednesday March 12, 2008

2007-2008 INFLUENZA VACCINE USAGE REPORT

Provider Identification Number (PIN) _____

Practice Name _____

Practice Phone Number _____

Usage From _____ Through _____

Ages by Years→	<1	1	2	3-5	6	7-10	11-12	13-18
Vaccine Dose ↓								
FLU P-F 1 6 – 35 mos								
FLU P-F 2 6 – 35 mos								
FLU P-F 1 36 – 48 mos								
FLU P-F 2 36 – 48 mos								
FLU 1								
FLU 2 6 mo – 9 yrs								
FLU-MIST 1 2 yr – 18 yrs								
FLU-MIST 2 2 yr – 9 yrs								

Use this form to submit your 2007 – 2008 Influenza Usage Report

Please complete and fax to NHIP

603-271-4932

DATE: _____

2007-2008 INFLUENZA

DOSES ON HAND REPORT

PROVIDER: _____ PIN # _____

VACCINE	LOT #	EXPIRES	# OF DOSES
FLU-PF (.25 ML)	_____	___/___/___	_____
	_____	___/___/___	_____
	_____	___/___/___	_____
FLU-PF 3yrs > (.5ML)	_____	___/___/___	_____
	_____	___/___/___	_____
	_____	___/___/___	_____
FLU (MULTI-DOSE)	_____	___/___/___	_____
	_____	___/___/___	_____
	_____	___/___/___	_____
FLU MIST	_____	___/___/___	_____
	_____	___/___/___	_____
	_____	___/___/___	_____

**Please complete and fax to NHIP
603-271-4932**