

(Riverside County Department of Health) 2004-05 Influenza Vaccine Inventory & Usage Survey

Directions: Please complete this brief one page survey and FAX to (951) 354-1420. Please direct any questions to (Karon Jones) at (951)354-1410 - or (kljones@co.riverside.ca.us)

Date Completed: ____/____/____

Physician Office, Clinic or Facility Information

Facility Name: _____ Facility Type: _____

Contact Name: _____ Title: _____

Street: _____ City: _____ ZIP: _____

Telephone: (____) ____-____ FAX: (____) ____-____

1. Is your Facility/Clinic aware of the State Public Health Order to limit flu vaccine to only those at highest risk for serious illness or death from influenza?

Yes: _____ No: _____ if no, then →

The high-risk categories include:

- All children ages 6-23 months.
- All adults 50-years of age and older.
- Individuals ages 2-64 with underlying chronic medical conditions.
- All women who will be pregnant during influenza season.
- Residents in nursing homes and long-term care facilities.
- Children 6-months to 18-years of age receiving chronic aspirin therapy.
- Household contacts of persons belonging to any of the priority groups listed above.
- Out-of-home caregivers and household contacts of children less than 6-months of age.
- Healthcare workers involved with direct patient care.
- Emergency service workers, such as law enforcement, firefighters and paramedics.

2. What is the estimated number of high-risk persons in your (Office, Clinic or Facility) eligible for influenza vaccination according to the updated public health order? _____

3. How many doses of the following Influenza vaccines were **ordered, received, and are remaining** in your office, clinic, or facility?

	<u>Doses Ordered</u>	<u>Doses Received</u>	<u>Doses Remaining</u>
Pediatric Vaccine:			
Private or VFV: _____			
• 0.25ml Fluzone:	_____	_____	_____
Adult Vaccine:			
• Adult (0.5ml) Vaccine: (note doses, not vials)	_____	_____	_____

4. Do you wish to request Flu vaccine from the CDC? Yes _____ No _____

5. How many doses of vaccine do you need to order from the CDC: _____

6. Preferred Distributor if any: _____