



## 2016-2017 SEASONAL INFLUENZA VACCINE SURVEY INSTRUCTIONS

The Idaho Immunization Program (IIP) will supply 2016-2017 pediatric seasonal influenza vaccine, to all providers actively enrolled with the program, for patients eligible to receive IIP-supplied vaccine.

**Do not privately purchase pediatric influenza vaccine for the 2016-2017 season.<sup>1</sup>**

Please complete and return to the IIP page 2 of this survey indicating the total number of 2016-2017 pediatric influenza doses your office will order from the IIP throughout the 2016-2017 influenza season.<sup>2</sup> Please note that **a signature is required** on the 2016-2017 Seasonal Influenza Vaccine Survey. The physician in-charge of immunizations or chief executive officer must review the vaccine formulations, number of doses, and sign the survey.

If your office plans to order pediatric seasonal influenza vaccine, then this survey must be returned to the IIP by **January 29, 2016**. The completed survey may be returned by fax (208-334-4914) or email ([IIP@dhw.idaho.gov](mailto:IIP@dhw.idaho.gov)) only.

All pediatric influenza vaccines supplied by the IIP for the 2016-2017 influenza season will be quadrivalent formulations. Please record the number of doses for each vaccine, Trade Name, and presentation that your office will order for the 2016-2017 season.

The Transaction Summary and Doses Administered reports in the Immunization Reminder Information System (IRIS) are helpful tools to use when establishing the number of doses needed. These reports will indicate how many doses of influenza vaccine your organization received, administered (by age), and wasted during the 2014-2015 and 2015-2016 influenza seasons (please note: your accountability must be current).

<sup>1</sup> Unless your office serves non-VFC eligible children who do not reside in Idaho or Washington.

<sup>2</sup> Please submit a survey with 0 (zero) doses indicated if your organization does not plan to order 2016-2017 seasonal influenza vaccine from the IIP.

### Survey on Back



IDAHO IMMUNIZATION PROGRAM  
PO BOX 83720  
BOISE ID 83720-0036



## 2016-2017 SEASONAL INFLUENZA VACCINE SURVEY

Organization: \_\_\_\_\_ VFC Pin: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Please complete and return this survey indicating the total number of 2016-2017 pediatric seasonal influenza vaccine doses your office will order from the Idaho Immunization Program (IIP). This information will assist the IIP with efficiently ordering and allocating the vaccine supply. If your office plans to order pediatric seasonal influenza vaccine, then this survey must be returned to the IIP by **January 29, 2016**. The completed survey may be returned by fax (208-334-4914) or email ([IIP@dhw.idaho.gov](mailto:IIP@dhw.idaho.gov)) only.

Please complete the table below indicating the number of pediatric seasonal influenza vaccine doses for each presentation that your organization will order from the IIP. Return the survey to the IIP no later than **January 29, 2016**:

| Vaccine   | Trade Name | Manufacturer    | Presentation               | Mercury Content (mcg Hg/0.5 mL dose) | Age Group   | Number of Doses |
|-----------|------------|-----------------|----------------------------|--------------------------------------|-------------|-----------------|
| QIV       | FLUZONE®   | Sanofi Pasteur  | 0.25 mL prefilled syringe  | 0                                    | 6-35 months |                 |
|           |            |                 | 0.5 mL single dose vial    | 0                                    | ≥ 36 months |                 |
|           |            |                 | 0.5 mL prefilled syringe   | 0                                    | ≥ 36 months |                 |
|           |            |                 | 5.0 mL multi-dose vial     | 25                                   | ≥ 6 months  |                 |
| QIV       | FLUARIX®   | GlaxoSmithKline | 0.5 mL prefilled syringe   | 0                                    | ≥ 3 years   |                 |
| QIV       | FLULAVAL®  | GlaxoSmithKline | 5.0 mL multi-dose vial     | <25                                  | ≥ 3 years   |                 |
| LAIV-Quad | FLUMIST®   | MedImmune       | 0.2 mL single-dose sprayer | 0                                    | 2-18 years  |                 |

This influenza vaccine survey does not constitute a vaccine order; however, **the availability of 2016-2017 pediatric seasonal influenza vaccine for your organization will be based on the information provided.**

\_\_\_\_\_  
Name of Physician in-Charge of Immunizations or Chief Executive Officer (please print)

\_\_\_\_\_  
Signature of Physician in-Charge of Immunizations or Chief Executive Officer

\_\_\_\_\_  
Date

### Instructions on Front



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