

H1N1 REPORTING & FORMS

**Electronic PDF versions are available at the following website
under Health Care Providers:**

www.flu.nv.gov

**Updated 10/14/2009
to include new information on priority group
tracking.**

H1N1 Process Flow: Nevada WebIZ Providers

1. All H1N1 vaccines administered **must** be recorded into Nevada WebIZ. You do **not need** consent for this.
2. Due to the volume of H1N1 vaccines you may be administering, it is strongly recommended that you hold off on recording other vaccines (Dtap, Polio, etc) into the registry until you have ample time. It is vital that you record your H1N1 vaccines **immediately** into the registry.
3. The reporting period is every Sunday through Saturday. Therefore if you administer an H1N1 vaccine, it must be recorded into Nevada WebIZ by Monday's at 5pm for the previous Sunday – Saturday vaccinations.
4. **Important Note:** Priority groups must now also be tracked. Since this is not possible in Nevada WebIZ, please use the “H1N1 Tick Mark Tracking Sheet” (located in the Non-Nevada WebIZ instructions) as a tool to assist you in gathering this information. **If a patient falls into more than one priority group, please count them for each group. This means that patients may be counted more than once.** For example, a pregnant woman who is a health care worker. This person can be placed in two different priority groups. Fax the totals (Dose 1 & 2) per priority group on a sheet of paper along with your pin number and the reporting week. **Fax these totals every Monday for the previous Sunday – Saturday.**

Fax priority group tracking sheets to:

(775) 883-4732 OR (775) 883-3768

Contact Info

Nevada State Immunization Program (NSIP)

4150 Technology Way, Suite 210

Carson City, NV 89706

Call Us:

Erin Seward: 775-684-3209 OR Mandy Harris: 775-684-4258

H1N1 Process Flow: Non-Nevada WebIZ Providers

1. Complete the “H1N1 Patient Chart Record” for each dose given
 - Keep one copy in the patient’s chart
 - Submit one copy to the Nevada State Immunization Program (you may mail or fax these on a weekly basis)
2. Track all doses administered and priority groups. Enter them in **whole numbers only** on the “H1N1 Aggregate Doses Reporting” form. **If a patient falls into more than one priority group, please count them for each group. This means that patients may be counted more than once.** For example, a pregnant woman who is a health care worker. This person can be placed in two different priority groups. A tick-mark chart is provided to help you keep track of both doses administered and priority groups.
3. Completed “H1N1 Aggregate Doses Reporting” forms **must be submitted by fax every Monday by 12 pm (noon) for the previous Sunday – Saturday H1N1 vaccinations.**

**All H1N1 reporting documents can be faxed to:
(775) 883-4732 OR (775) 883-3768**

Mailing Address

Nevada State Immunization Program (NSIP)
4150 Technology Way, Suite 210
Carson City, NV 89706

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Erin Seward: 775-684-3209 OR Mandy Harris: 775-684-4258

H1N1 Vaccinations: The Process Flow
Non-Nevada WebIZ Providers

Complete "H1N1 Patient Chart Record" for each dose given



Keep one copy in the patient's chart



Submit one copy to the NSIP by fax or mail on weekly basis.
(775) 883-4732
OR
(775) 883-3768

AND

Track all doses given on tick-mark sheet (use as daily worksheet only)



Complete "H1N1 Aggregate Doses Reporting" form (use whole numbers only)



Fax completed "H1N1 Aggregate Doses Reporting" form every Monday by 12pm (Noon) for the previous Sunday - Saturday H1N1 vaccinations.
(775) 883-4732
OR
(775) 883-3768

Mailing Address

Nevada State Immunization Program (NSIP)
4150 Technology Way, Suite 210
Carson City, NV 89706

H1N1 PATIENT CHART RECORD



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
IMMUNIZATION PROGRAM
4150 Technology Way, Suite 210
Carson City, Nevada 89706

Telephone: (775) 684-5900 · Fax: (775) 883-4732 OR (775) 883-3768

FACILITY CONTACT INFO (please print)	
Facility Name:	Facility Address:
Name of Facility Representative:	
Pin Number:	Facility Phone Number:

PATIENT INFO		
Last Name:	First Name:	Date of Birth: (mm/dd/yyyy) <input type="checkbox"/> Not Available
Gender: (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male	Mailing Address: <input type="checkbox"/> Not Available Street: City, County, State, Zip Code:	Physical Address: <input type="checkbox"/> Not Available Street: City, County, State, Zip Code:
Phone Number: ()		
State, Country of Birth:	Priority Group: (check all that apply) <input type="checkbox"/> Pregnant Women <input type="checkbox"/> Household contacts & caregivers for children younger than 6 months <input type="checkbox"/> Healthcare & emergency medical services personnel <input type="checkbox"/> 6 months - 18 yrs. old <input type="checkbox"/> 19 through 24 yrs. old <input type="checkbox"/> 25 - 64 yrs. old with underlying medical conditions. Identify Type: _____	Ethnicity: (check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Unknown
<u>Child Only (birth-18 yrs old)</u> Mother's Full Name: Mother's Maiden Last Name:		Race: (check all that apply) <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown

VACCINES <i>Circle vaccine administered</i>	DATE GIVEN	DOSE # <i>Circle dose #</i>	LOT #	SITE <i>Circle site administered</i>	ROUTE
MedImmune		1 2		Intranasal	Nasal
GSK				Left Thigh Right Thigh Left Deltoid Right Deltoid Left Arm Right Arm	Intramuscular
CSL					
Sanofi					
Novartis					

VACCINE INFORMATION STATEMENT (VIS)	VACCINATOR	
DATE VIS GIVEN TO PATIENT	NAME & TITLE OF VACCINATOR	SIGNATURE
<input type="checkbox"/> Same as Vaccine Date m m / d d / y y y y	Name: Title:	

NEVADA STATE HEALTH DIVISION OFFICE USE ONLY:		Revised 9/2009
Date Form Received	Date Recorded into Nevada WebIZ	

H1N1 AGGREGATE DOSES REPORTING FORM



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
IMMUNIZATION PROGRAM
4150 Technology Way, Suite 210
Carson City, Nevada 89706

Telephone: (775) 684-5900 · Fax: (775) 883-4732 OR (775) 883-3768

FACILITY CONTACT INFO (please print)

Facility Name:	Facility Address:
Name of Facility Representative:	
Pin Number:	Facility Phone Number:

WEEK DOSES ADMINISTERED
Check the (1) week H1N1 doses were administered (Sunday – Saturday).

<input type="checkbox"/> 10/4/09 – 10/10/09	<input type="checkbox"/> 11/29/09 – 12/5/09	<input type="checkbox"/> 1/24/10 – 1/30/10	<input type="checkbox"/> 3/21/10 – 3/27/10	<input type="checkbox"/> 5/16/10 – 5/22/10	
<input type="checkbox"/> 10/11/09 – 10/17/09	<input type="checkbox"/> 12/6/09 – 12/12/09	<input type="checkbox"/> 1/31/10 – 2/6/10	<input type="checkbox"/> 3/28/10 – 4/3/10	<input type="checkbox"/> 5/23/10 – 5/29/10	
<input type="checkbox"/> 10/18/09 – 10/24/09	<input type="checkbox"/> 12/13/09 – 12/19/09	<input type="checkbox"/> 2/7/10 – 2/13/10	<input type="checkbox"/> 4/4/10 – 4/10/10	<input type="checkbox"/> 5/30/10 – 6/5/10	
<input type="checkbox"/> 10/25/09 – 10/31/09	<input type="checkbox"/> 12/20/09 – 12/26/09	<input type="checkbox"/> 2/14/10 – 2/20/10	<input type="checkbox"/> 4/11/10 – 4/17/10	<input type="checkbox"/> 6/6/10 – 6/12/10	
<input type="checkbox"/> 11/1/09 – 11/7/09	<input type="checkbox"/> 12/27/09 – 1/2/10	<input type="checkbox"/> 2/21/10 – 2/27/10	<input type="checkbox"/> 4/18/10 – 4/24/10	<input type="checkbox"/> 6/13/10 – 6/19/10	
<input type="checkbox"/> 11/8/09 – 11/14/09	<input type="checkbox"/> 1/3/10 – 1/9/10	<input type="checkbox"/> 2/28/10 – 3/6/10	<input type="checkbox"/> 4/25/10 – 5/1/10	<input type="checkbox"/> 6/20/10 – 6/26/10	
<input type="checkbox"/> 11/15/09 – 11/21/09	<input type="checkbox"/> 1/10/10 – 1/16/10	<input type="checkbox"/> 3/7/10 – 3/13/10	<input type="checkbox"/> 5/2/10 – 5/8/10	<input type="checkbox"/> 6/27/10 – 7/3/10	
<input type="checkbox"/> 11/22/09 – 11/28/09	<input type="checkbox"/> 1/17/10 – 1/23/10	<input type="checkbox"/> 3/14/10 – 3/20/10	<input type="checkbox"/> 5/9/10 – 5/15/10		

AGGREGATE H1N1 DOSES ADMINISTERED
Record the number of H1N1 doses administered per age below for the week listed above **in whole numbers only**.

<u>Age Group</u>	<u>Dose 1</u>	<u>Dose 2</u>	<u>Unknown</u> (Age Group)			
6 – 23 months old						
24 – 59 months old						
5 – 18 years old						
19 – 24 years old						
25 – 49 years old						
50 – 64 years old						
65+ years old						
	<u>Total</u>	<u>Total</u>	<u>Total</u>	<u>Grand Total</u>		

PRIORITY GROUPS
Record the number of H1N1 doses administered per priority group below for the week listed above **in whole numbers only for both Dose 1 & 2. You may mark patients in more than one priority group.**

<u>Pregnant Women</u>	<u>Household contact & caregivers for children younger than 6 months</u>	<u>Healthcare & emergency medical services personnel</u>	<u>6 months through 24 yrs. old</u>	<u>25 through 64 years old with underlying medical conditions</u>

SIGNATURE & DATE
Provide signature & date of facility representative to verify this information is correct and true to their knowledge.

_____	_____
Signature	Date

NEVADA STATE HEALTH DIVISION OFFICE USE ONLY:		Revised 10/2009
Date Form Received	Date Doses Recorded	

Week of: _____ **(Sunday - Saturday)** **USE THIS PAGE FOR 1ST DOSE**

Age Groups*	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6-23 months old							
24-59 months old							
5-18 years old							
19-24 years old							
25-49 years old							
50-64 years old							
65+ years old							
Priority Groups†	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Pregnant Women							
Household contacts & caregivers for children younger than 6mos							
Health Care & Emergency Medical Services Personnel							
6 mos. - 18 yrs. old							
19 - 24 yrs. old							
25 yrs. - 64 yrs. old w/underlying medical conditions							

*Count each patient once for their Age Group

† You may mark patients in more than one priority group

Week of: _____ **(Sunday - Saturday)** **USE THIS PAGE FOR 2ND DOSE**

Age Groups*	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6-23 months old							
24-59 months old							
5-18 years old							
19-24 years old							
25-49 years old							
50-64 years old							
65+ years old							
Priority Groups†	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Pregnant Women							
Household contacts & caregivers for children younger than 6mos							
Health Care & Emergency Medical Services Personnel							
6 mos. - 18 yrs. old							
19 - 24 yrs. old							
25 yrs. - 64 yrs. old w/underlying medical conditions							

***Count each patient once for their Age Group**

† You may mark patients in more than one priority group