



**Vaccine Utilization Report
Non-reimbursable Clinic
Universal Influenza Immunization Program (UIIP)**

Type or print clearly. Complete all fields, as appropriate.

Part A: Influenza Clinic Information		Part B: Vaccine Provider Information	
Facility Hosting Clinic		Agency Administering Vaccine	
Address (Street No., Street Name, Suite, Unit No.)		Address (Street No., Street Name, Suite, Unit No.)	
City/Town ON	Postal Code	City/Town ON	Postal Code
Contact person for Facility	Telephone No. (incl. ext.) ()	Contact person for Agency	Telephone No. (incl. ext.) ()

Part C: Vaccine Supply Source

<input type="checkbox"/> Health Unit (specify name of health unit)	<input type="checkbox"/> Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) Client No.	▶
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Part D: Clinic Category (please check only one box from the list below)

<input type="checkbox"/> Workplace - Health care (i.e. hospital, LTCH, etc.)	<input type="checkbox"/> Workplace - Non-health care (i.e. financial institutions, etc.)
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Group Home
<input type="checkbox"/> Retirement Home	<input type="checkbox"/> Other (specify):

Part E: Clinic Information

Clinic Location (if different than in Part A)	Clinic Date (yyyy/mm/dd)	Vaccine Lot Number(s) Used At Clinic	Vaccine Wastage (in Doses)	Total Doses Administered
Total Vaccine Wastage for Clinic =				
			Total Doses Administered at Clinic =	

Part F: Vaccination Coverage Data for Clinic

Category	Age (Years)								Sub-Totals		
	6 months to <2 yrs		2 to <5		5 to 18		19 to 64			65 or older	
	Male	Female	Male	Female	Male	Female	Male	Female		Male	Female
a) Risk Groups											a.
b) General Population											b.

Part G: Authorization, Terms and Conditions

Participation in the Universal Influenza Immunization Program (UIIP) and the receipt of the publicly funded influenza vaccine requires that all agencies and service providers report both vaccine doses administered and doses wasted to the Ministry of Health and Long-Term Care. Failure to report this may result in vaccine orders not being filled. All clinic reports must be submitted within ten working days of the immunization clinic. Only reimbursable clinic providers who are operating or sponsoring public clinics and are not compensated for these services may make payment claims. The clinic provider is responsible for protecting the privacy, security and confidentiality of personal information and personal health information in accordance with privacy laws. The clinic provider agrees to maintain such records for no less than five years. The clinic provider must disclose all relevant records within his or her control to the UIIP manager upon request. Report forms must be submitted as soon as possible after a community influenza immunization clinic is held, but not more than 10 working days after the clinic. Failure to report this information could result in future vaccine orders not being filled. Reports must be received by the Ministry before the 28th day of February, for that influenza season.

1a. Authorized Signing Officer at Facility Hosting Clinic

By signing below, I certify that I have read and agree to the terms and conditions as outlined above and that publicly funded influenza vaccine was administered free of charge to all persons who received an influenza immunization. I further certify that I have authority to bind my organization.

Name (please print) _____ Signature _____

1b. Authorized Signing Officer of Agency Administering Vaccine

By signing below, I certify that I have read and agree to the terms and conditions as outlined above and that publicly funded influenza vaccine was administered free of charge to all persons who received an influenza immunization. I further certify that I have authority to bind my organization.

Name (please print) _____ Signature _____

Forward completed form for signoff to the location where the vaccine was obtained (see Part F instructions on reverse)

2. Health Unit / OGPMSS Use Only

Health Unit Delegate or OGPMSS Designate Approval

Name (please print) _____ Signature _____ Date Submitted to Ministry (yyyy/mm/dd) _____

3. Ministry Use Only

Public Health Division Rep. _____ Date (yyyy/mm/dd) _____ Fax: 416-327-0984
Attn: UIIP Coordinator

The *Vaccine Utilization Report* needs to be completed for each clinic held. Please ensure that the report is completely filled out, as incomplete reports will not be processed and could result in future influenza vaccine orders not being filled.

Part A: Influenza Clinic Information

Facility Hosting Clinic and Address

Refers to the name and location of the facility (site) where the clinic was held, e.g., the business corporation name, **NOT** the agency contracted to administer the vaccine.

Contact Person for Facility and Telephone No.

This is the person who will ensure the information on the form is complete and accurate.

Part B: Vaccine Provider Information

Agency Administering Vaccine and Address

Refers to the name and location of the agency that is administering vaccine at the clinic.

Contact Person for Agency and Telephone No.

This is the person who will ensure the information on the form is complete and accurate.

Part C: Vaccine Supply Source

Indicate whether the vaccine was obtained from a health unit (please specify the health unit), or from the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) (please specify your OGPMSS Client No.).

Note: It is required that the vaccine be obtained from the jurisdiction in which the clinic is held.

Part D: Clinic Category

Check the one (1) box from the list that identifies your clinic type.

Part E: Clinic Information

Completed *Vaccine Utilization Report* forms should be submitted to the vaccine supply source (i.e. health unit or OGPMSS) as quickly as possible, and **within 10 working days after the date of the influenza immunization clinic**. A separate *Vaccine Utilization Report* must be submitted for each clinic held.

Note: For health care agencies and workplaces, a copy of the completed report form **must be submitted to the location(s) where the vaccine was obtained as soon as possible after the clinic is held** for cross-checking total doses administered against the original vaccine orders **before additional vaccine can be ordered**.

Clinic Location

Identify the name of the facility location, including the address, where the clinic was held if different that in Part A.

Clinic Date

Follow date format provided. **For clinics lasting more than one day, enter each day on a separate *Vaccine Utilization Report* form.**

Vaccine Lot Number(s) Used At Clinic

Enter the vaccine lot number(s) associated with each clinic.

Vaccine Wastage

Enter the number of doses wasted (e.g. breaking cold chain conditions, <10 doses drawn up from vial, etc.) for each Vaccine Lot No. used.

Note: 1 vial = 10 doses at 0.5 ml/dose

Total Doses Administered

Enter the total doses administered for each vaccine lot number.

Total Vaccine Wastage for Clinic

Enter the SUM of wastage for all Vaccine Lot Nos. used for the clinic.

Total Doses Administered for Clinic

Enter the SUM of all doses administered for the clinic.

Part F: Vaccination Coverage Data for Clinic

As a condition of receiving publicly funded influenza vaccine to administer, all vaccine doses (administered and wasted) must be reported to the Ministry on the *Vaccine Utilization Report*.

For the clinic identified on the report, enter the **aggregate totals** for "Risk Groups" and "General Population" across the appropriate age group(s) and gender identified. Add each of the rows for a total sum.

- a) "**Risk Groups**" refer to people at high risk of influenza-related complications **and** people capable of transmitting influenza to those at high risk of influenza-related complications.
- b) "**General Population**" includes healthy persons aged 2 to 64 years, who should be encouraged to receive the vaccine, even if they are not in one of the aforementioned groups.

Note: The **Sub-totals** (by row) for the "Risk Groups" and "General Population" must add up to the **Total Doses Administered at Clinic**.

Part G: Authorization, Terms and Conditions

A signature of authorization is required from both the facility hosting the clinic and the agency administering the influenza vaccine at the clinic. If the facility hosting the clinic is the same as the agency administering the vaccine, only one signature is required (see 1a).

1a. Authorized Signing Officer at Facility Hosting Clinic

The Authorized Signing Officer at the facility hosting the clinic is responsible for ensuring that the *Vaccine Utilization Report* is complete and that all information reported is accurate. The name, signature of the Authorized Signing Officer and the date the report was submitted to the health unit or OGPMSS are required to validate the accuracy and completeness of the information provided.

1b. Authorized Signing Officer of Agency Administering Vaccine

If an agency has administered the vaccine on behalf of the facility hosting the clinic, then the Authorized Signing Officer of the agency administering vaccine should be a regulated health professional as defined under the *Regulated Health Professions Act, 1991*.

Forward form for signoff to the location where the vaccine was obtained:

- a. **For clinics that received the vaccine from a health unit:**
Health Unit from which the vaccine was obtained
- b. **For clinics that received the vaccine from OGPMSS:**
Fax: 416-327-0818

2. Health Unit / OGPMSS Use Only

A signature is required from either the health unit or OGPMSS, depending upon where the vaccine was obtained, verifying that the report form has been reviewed. Health units are responsible for contacting the facility hosting the clinic if information is incomplete.

3. Ministry Use Only

Health units or OGPMSS, as appropriate, will forward the report(s) to the Ministry for approval.

Note: Ministry staff will not process the form until the report is signed by either the health unit delegate or the OGPMSS designate