2009-2010 SEASONAL INFLUENZA VACCINE USAGE TALLY SHEET

INSTRUCTIONS: This optional use form may be used to track vaccine doses administered by age. Other tracking systems, such as computer billing programs or line lists are also acceptable.

For each dose given to a child, mark off a number in the appropriate age group. Use a second sheet when needed.
Special note for multidose influenza vials. A multidose 5ml vial is distributed as 10 doses but may be administered to as many as 20 children if all doses given are 0.25ml. New this year, count the multidose vial as 10 doses administered on your accountability and order form, not as up to twenty doses per vial.

DO NOT SUBMIT THIS FORM TO THE IMMUNIZATION PROGRAM, TRANSFER THE INFORMATION TO THE VACCINE ACCOUNTABILITY AND ORDER FORM.

	6 mon thru 11 mon	12 mon thru 23 mon	24 mon thru 35 mon	36 mon thru 47 mon	4 - 5 Years	6 – 9 Years	10 – 14 Years	15 – 18 Years	Usage	O/W/R
sanofi fluzone 5.0 ml vial	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24		
sanofi fluzone 0.5 ml vial	Not licensed for this age range			1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24		
sanofi fluzone 0.25 ml syringe	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	Not licensed for this age range						
MedImmune FluMist 0.2ml sprayer	Not licensed for this age range		1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24	1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24		

VERMONT
DEPARTMENT OF HEALTH

Vermont Department of Health
Division of Health Surveillance
Immunization Program
108 Cherry Street
P.O. BOX 70
Burlington, VT 05402
1-800-464-4343 ext. 7638