2013-2014 Flu Outreach Campaign

Service Planning Areas 1-8 9/21/2013 – 2/8/2014



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Table of Contents

Pa	age
Acknowledgements	1
ntroduction	4
Aethods	4
Key Findings	6
Nhat We Learned	10
imitations	.11
able 1. Characteristics of vaccinated flu patients (n=20,612), by Health Center Managing he Outreach, 2013-2014 Flu Outreach Campaign (Preliminary Data).	-
able 2. Characteristics of vaccinated flu patients (n=20,612), by Service Planning Area SPA), 2013-2014 Flu Outreach Campaign (Preliminary Data).	_16
Table 3a. Characteristics of vaccinated flu patients (n=20,612), by Insurance Type, 2013- 2014 Flu Outreach Campaign (Preliminary Data)	
able 3b. Characteristics of vaccinated flu patients (n=20,612), by with or without private nsurance type(s), 2013-2014 Flu Outreach Campaign (Preliminary Data)	
Table 4. Number of flu outreaches conducted from 9/21/13-2/8/14, by target populatior n each Service Planning Area, 2014.	
igure 1. Number of patients by zipcode (n=18,796), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)	
igure 2. Number of patients by Service Planning Area (SPA) by Patient's zipcode n=18,796), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. Preliminary Data)	27
igure 3. Number of patients by Supervisorial District (SD) by Patient's zipcode n=18,796), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. Preliminary Data)	_28
igure 4. Number of patients by zipcode for SPA 1 (n=734), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)	_29
igure 5. Number of patients by zipcode for SPA 2 (n=3,031), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)	_30
igure 6. Number of patients by zipcode for SPA 3 (n=3,718), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)	_31
igure 7. Number of patients by zipcode for SPA 4 (n=3,372), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)	_32

0	ber of patients by zipcode for SPA 5 (n=1,321), 2013-2014 Flu Outreach otember, 2013 – February, 2014. (Preliminary Data)	_33
	ber of patients by zipcode for SPA 6 (n=3,866), 2013-2014 Flu Outreach otember, 2013 – February, 2014. (Preliminary Data)	_34
-	mber of patients by zipcode for SPA 7 (n=1,128), 2013-2014 Flu Outreach otember, 2013 – February, 2014. (Preliminary Data)	_35
0	mber of patients by zipcode for SPA 8 (n=1,626), 2013-2014 Flu Outreach otember, 2013 – February, 2014. (Preliminary Data)	_36
•	nber of outreaches and average number of patients per outreach, nning Area, 2013-2014 Flu Outreach Campaign	_37
Appendix 1.	A1. 2013-2014 Flu Vaccination Consent Forms	38
Appendix 2.	A2. Flu schedule template	42
Appendix 3.	A3. Flu Vaccination Inventory Log screenshot	43
Appendix 4.	A4. Flu Site Numbering	_44
Appendix 5.	A5. Cover Sheet	45
Appendix 6.	A6. CHS Influenza Form Procedures	46
Appendix 7.	A7. Codebook	49
Appendix 8.	A8. Coded Intake Form (English)	58
Appendix 9.	A9. Database screenshot	59
Appendix 10.	A10. Data Entry Protocol	_60
Appendix 11.	A11. Data Entry Completion Log	63
Appendix 12.	A12. Vaccine Accountability Tables 1-3	64

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Introduction

Every year, the Los Angeles County Department of Public Health (DPH) partners with community-based organizations across Los Angeles County, such as churches and senior centers, to offer flu vaccines at no charge for individuals who do not have health insurance or access to flu vaccinations through their regular healthcare provider. From October 2013 through February 2014, DPH administered 20,612 vaccines at 139 outreach clinics in Service Planning Areas 1-8. Community Health Services (CHS) partnered with the Immunization Program and the Office of Health Assessment and Epidemiology (OHAE) to complete this monumental task utilizing 352 vaccinators, 29 flu coordinators, and 8 data entry staff members.

Methods

Outreach Planning

The influenza virus can adversely affect certain populations more than others. For this reason, it is of the utmost importance that these groups are targeted to receive the influenza vaccination. These groups include pregnant women; children; adults 50 years of age or older; persons who are immunocompromised due to a disease or medical condition; persons who have chronic medical conditions such as heart disease, diabetes, or who are overweight or obese; persons who work or live in a nursing home or long-term care facility; and health care and day care workers. Flu prevention for these groups is a high public health priority. To this end, the CHS flu coordinators specifically selected the community venues for the 2013-2014 flu season to target these high risk groups. These venues included schools, churches, community centers, homeless shelters, and skilled nursing facilities.

Outreach Tracking

In June 2013, the Vaccine Consent Form (see A1) was developed. All questions from the 2012-2013 Consent Form were retained. A question regarding health insurance for adults was also added: "For persons over 18, what type of health insurance do you have?"

Then, the 12 health centers in the eight Service Planning Areas (SPAs) participating in the outreach clinics developed schedules (see A2) with the following information:

- Date of outreach
- Outreach start and end times
- Outreach, school, or POD designation
- Venue Type
- Target population (Children, Seniors, Homeless, or Immune Compromised Adults)
- Name of outreach venue
- Address of outreach venue
- Supervisorial district of outreach venue
- Doses administered in previous year (if the venue hosted an outreach the previous year)
- Number of doses requested

Outreach information from these schedules was compiled into the Flu Vaccination Inventory Log (see A3) by data entry staff. This log had multiple intended uses: documenting the receipt of cover sheets, documenting the receipt of outreach batches, assigning batches for data entry, and summing the number of forms received and entered. Additionally, data entry staff enumerated each outreach with a unique identification number, or "Site Number," for tracking and analysis purposes (see A4).

The Cover Sheet for the outreach batches was then developed (see A5). The 2012-2013 Cover Sheet was updated to reflect different vaccine manufacturers and fields were added to specify which health center and SPA conducted the outreach. At the end of each outreach, consent forms were collected and the number of vaccines administered were tallied and recorded on the Cover Sheet, then reviewed by the nurse-in-charge according to protocols in the Flu Form Procedures (see A6). The completed Cover Sheet was then faxed or e-mailed to data entry staff within three business days of the outreach. Once received by the data entry staff, information from the Cover Sheet was used to update the Vaccination Inventory Log and to update the codebook (see A7) with the new vaccinator initials and vaccine lot numbers.

Consent forms were hand-delivered by CHS staff to OHAE for data entry. Upon arrival at OHAE, the date of receipt and name of the staff member delivering the forms were recorded in the Vaccine Inventory Log. Batches were then stored in a locked cabinet in OHAE, in hanging folders, by date.

Weekly Flu Update

Every week, the Flu Vaccine Inventory Log was e-mailed to the CHS Flu Coordinator, Angela Austin, with the most recent status of all the flu outreaches, highlighting which Cover Sheets and batches were received. Beginning in December 2013, a summary of the data entry was included in the email with the following information:

- Total number of outreach batches received
- Number of outreaches entered
- Percentage of outreaches entered
- Number of forms entered
- Percentage of forms entered
- Number of forms not entered
- Percentage of forms not entered
- Reasons forms were not entered

Data Entry

In preparation for data entry, coded intake forms (see A8), a codebook (see A7), and passwordprotected Microsoft Access databases (see A9) were developed by data entry staff. The codebook was updated weekly as needed with new lot numbers, vaccinator initials, and outreach site numbers from the Cover Sheets. A data entry protocol (see A10) was also developed with instructions for handling the consent forms and completing data entry. Once batches were received in OHAE, data entry assignments were made. Data entry staff received Data Entry Completion Logs (see A11) to record their completed assignments and any problems encountered during data entry. Upon completion of data entry, the Completion Log was submitted and the Flu Vaccine Inventory Log was updated with the number of forms entered and the completion date.

Bi-Monthly Flu Vaccine Update

As data entry progressed, three preliminary Flu Vaccine Accountability spreadsheets were emailed twice a month to Wendi Cate (see A12). Table 1 included the number of doses given by age group (6 months-2 years, 3-18 years, 19-49 years, 50-59 years, 60-64 years, and 65 years and over) and lot number for each date the health center hosted an outreach. Table 2 showed the number of doses given by age group and lot number for each health center, regardless of the date administered. Table 3 displayed the number of doses given by age group for each lot number. Records with missing date of birth (n=94) or ages less than 6 months old (n=3) were excluded from analyses.

Data Cleaning

Rigorous data cleaning techniques were used to check for possible errors in data entry. Password-protected Microsoft Access databases were imported from a secured network drive into SAS 9.3 software and a SAS program was created using the codebook and Cover Sheets as a reference. After completing data entry batches, data entry staff received data cleaning sheets to double-check possible entry errors against the original flu forms. Further data cleaning ensued to ensure patient's responses were consistent with other related fields. Due to a high percentage of missing information on gender, paired analysts used data imputation methods to ensure data quality.

In addition, routine checks were performed to make sure that the information on the cover sheets (i.e., vaccinators, lot numbers, etc.) correctly reflected the hardcopies and in turn, the database. If any inconsistencies were found, Angela Austin and the Nurse-in-charge at the outreach assisted in rectifying the cover sheets.

Key Findings

Participation

From September 21, 2013 – February 8, 2014, 20,612 persons received the influenza vaccine. Patients completed a consent form, self-reporting their current or permanent address, city and their ZIP code of residence. Most participants were located throughout Los Angeles County and attended outreaches close to their residence.

Characteristics Profile (Table 1)

Gender: Overall, more females than males received the influenza vaccine at the DPH outreaches, 59% and 40%, respectively. This was also true when looking at the overall numbers for outreaches by the managing health center; North Hollywood had the highest percentage of

females (64%), whereas Central and Hollywood Wilshire had the lowest percentage of females (56%).

Age: Persons receiving the flu vaccine ranged in age from <1 year to 108 years old (mean = 46, SD = 22) [data not shown]). Many patients were in the older age groups, aged 55-64 (23%) or 65+ (18%). Fifteen percent of persons receiving the flu vaccine at these outreaches were 6 months to 17 years of age. Outreaches ran by Antelope Valley had the highest percentage of persons 6 months to 17 years of age (29%) and Curtis Tucker outreaches had the highest percentage of persons aged 65 or older (31%). According to the consent forms received, three persons less than 6 months of age were vaccinated (data not shown).

Race/Ethnicity: Hispanics and Asians accounted for the largest proportions of patients receiving influenza vaccines overall (41% and 33%, respectively), followed by whites (17%). Only 5% of persons receiving the flu vaccine at these outreaches were African American. However, the race/ethnicities represented at the different health center-operated outreaches varied greatly. Asians accounted for the majority of persons receiving the flu vaccine for Central (50%), Hollywood Wilshire (80%), Monrovia (61%), and Simms Mann Burke (61%). Hispanics represented the majority of persons at outreaches for Martin Luther King Jr., Center for Public Health (66%), North Hollywood (74%), Pacoima (64%), and Whittier (59%).

Language of the Survey: Overall, more English-speaking patients received influenza vaccinations (65%); 23% of patients filled out the Spanish form, 9% filled out the Korean form, and 3% completed the Chinese form. The distribution of consent form languages varied across managing health centers.

Insurance Status: Many patients indicated they were uninsured (39%) at the DPH influenza outreaches; 20% indicated that they had private insurance. Uninsured status varied across managing health centers; Central-managed outreaches had the highest percentage of uninsured patients (48%) and Antelope Valley had the lowest percentage (26%).

Vaccines for Children (VFC) Eligibility:* Most patients (95%) were not VFC eligible at the DPH influenza outreaches.

*In fall of each year, Los Angeles County Department of Public Health Immunization Program (LACIP) receives an allocation of seasonal flu vaccine from the California Department of Public Health (CDPH) Immunization Branch for enhancing vaccine availability in the county. The vaccine doses received are distributed to community partners in addition to being used for DPH outreaches and in-house clinics.

In previous years, the LACIP received two different sources of seasonal flu vaccine. The first was State-purchased flu vaccine for adults. The California Health and Safety Code Section 120392.3 that governs the State flu program only allowed for the use of the State-supplied flu vaccine on adults 19 years of age and older with priority towards persons 60 years and older. The second was seasonal flu vaccine supplied by the Vaccines for Children (VFC) Program for

use on VFC eligible children 6 months through 18 years of age. Because LACIP received a combination of State-supplied and VFC-supplied flu vaccines, LACIP was required to screen for VFC eligibility.

Because of a change in the law governing the flu program (California Health and Safety Code Section 120392.3), use of State-supplied flu vaccine is now based solely on The Advisory Committee on Immunization Practices (ACIP) recommendations for all persons at least 6 months of age and up. With this change, all of the flu vaccine the LACIP received for the 2013-2014 flu season is State-supplied.

The consent form CHS uses for these outreach clinics still has the categories for VFC eligibility screening to ensure the appropriate use of VFC-supplied flu vaccine in the event that use of VFC-supplied flu vaccine resumes.

Pregnant: Less than 1% of female patients indicated that they were pregnant at the time of vaccination.

Vaccine Type: Overall, more inactivated vaccine was administered than live attenuated vaccine (80% vs. 20%). Pacoima-managed outreaches utilized the lowest proportion of inactivated vaccine (63%), while Whittier utilized the highest proportion of inactivated vaccine (90%).

Manufacturer: The majority of vaccines administered were from the manufacturer Sanofi-Pasteur (52%), followed by Novartis (28%), and MedImmune (20%).

Site of Injection: At DPH health center-managed influenza outreaches, the majority of patients received the vaccination in their left deltoid (66%). The remainder received the vaccine intranasally (20%), in the right deltoid (12%), in the left thigh (1%) or the right thigh (<1%).

Service Planning Areas (Table 2)

Gender: The gender of vaccine recipients was fairly consistent across all SPAs; females accounted for approximately 60% of all patients and approximately 40% were male.

Age: The age distribution of patients varied by SPA. SPA 2 vaccinated the largest proportion of 6 month to 9 year-old patients (24%, 344/1,456); SPA 3 vaccinated the largest proportion of 65-74 year-olds (31%, 666/2,138) in addition to the largest proportion of persons aged 75 and older (31%, 490/1,572).

Race/Ethnicity: Asians represented the majority of patients in SPA 4 and SPA 5 (61% in both); SPA 6 vaccinated the largest proportion of African Americans (14%) and the largest proportion of Hispanics (66%). Hispanics represented the majority of patients in SPA 2 (61%) and SPA 7 (59%) as well.

Language of the Survey: Survey languages varied throughout the county. SPA 8 utilized the largest proportion of English surveys (88%); SPA 6 utilized the largest proportion of Spanish

surveys (48%); SPA 3 utilized the largest proportion of Chinese surveys (11%); and SPA 4 utilized the largest proportion of Korean surveys (31%).

Insurance Status: SPA 8 had the largest proportion of Medicare recipients (24%) in addition to the largest proportion of privately insured individuals (32%). SPA 1 had the largest proportion of Medicaid recipients (9%). SPA 4 and SPA 7 had the largest proportion of uninsured, with 47% each. SPA 6 had the largest proportion of respondents who did not know their insurance status (4%).

Vaccines for Children (VFC) Eligibility: SPA 1 and SPA 2 both had the largest proportion of uninsured children (18 and under), 4% each. SPA 1 also had the largest proportion of children with MediCal (7%). SPA 5 had the largest proportion of patients not eligible for VFC (99%).

Vaccine Type: SPA 7 administered the largest proportion of inactivated vaccine (90%); SPA 1 administered the largest proportion of live vaccine (36%).

Manufacturer: SPA 7 administered the largest proportion of Sanofi-Pasteur vaccine (90%); SPA 5 administered the largest proportion of Novartis vaccine (82%); and SPA 1 administered the largest proportion of MedImmune vaccine (36%).

Characteristics by insurance type (Table 3a)

The Department of Public Health vaccinated 20,612 patients; most were uninsured (n=8,045), followed by patients with private insurance (n=4,214), then Medicare (n=2,755).

Gender: When stratifying by gender, it appears that females and males follow similar patterns of health insurance coverage, although additional analyses would be necessary to confirm this.

Age: The majority of patients who had Medicare were 65 or older (80%). Those 65 and older also accounted for a large proportion of those using Medicaid (41%). The majority of those who were uninsured or did not know their insurance status were aged 19-54 years old, 60% and 62%, respectively.

Race/Ethnicity: White patients (34%) constituted the highest percentage of those insured by Medicare followed by Asians (31%). Medicaid patients were largely Hispanic (43%) followed by Asians (32%). Asians made up the largest percentage of those who were privately insured (38%).

Language of the Survey: English speakers made up the majority of respondents (65%). English speakers made up the highest percentage of privately insured respondents (85%); a majority of those that indicated they had Medicare (82%) or Medicaid (61%) were also English speakers. Spanish surveys were used by 23% of respondents. However, 32% of those that indicated they were uninsured were Spanish-speakers.

Manufacturer: The Sanofi-Pasteur vaccine was the most frequently used vaccine for all insurance types. Seventy percent of Medicare patients, 58% of privately insured, and 53% of uninsured received Sanofi-Pasteur vaccine. Novartis was the second-most used vaccine and Medimmune had the lowest use across all insurance types because it was only administered to patients who met certain guidelines.

Insurance types (Table 3b)

Table 3b displays the multiple co-insurance options that persons may have since patients were able to choose more than one insurance type for the survey. The DPH outreaches vaccinated 20,612 patients; most were uninsured (n=8,045), followed by patients with private insurance (n=4,214) and those with only public insurance or some other type (n=3,290).

Target Populations (Table 4)

A total of 139 outreaches were conducted during the 2013-2014 flu season. The outreaches were implemented to reach certain high-risk populations to ensure that they were receiving the vaccine. The outreaches targeted these populations in particular: children (18%), seniors (36%), homeless (13%), and immune compromised adults (3%). Eighteen percent of all outreaches were geared toward all four target populations.

Maps (Figures 1-11)

Flu outreach sites were operated throughout Los Angeles County. A majority of persons receiving the flu vaccine appear to be located in ZIP codes that were close to one of the outreach locations (Figure 1). SPA 2 (San Fernando) and SPA 3 (San Gabriel) had the most Los Angeles County residents vaccinated by the DPH managed outreaches (Figure 2); when changing the boundary definition to Supervisorial District instead of ZIP code, Supervisorial District 5 had the highest number of persons vaccinated by the DPH managed outreaches (Figure 3). Though most patients were located near the outreach sites, there are still many who reside in a ZIP code that was not close to the outreach that they attended (Figures 4-11).

Number of outreaches (Figure 12)

Overall, the public health department offered a total of 139 flu outreaches throughout Los Angeles County. On average, DPH vaccinated 148 patients per outreach. All Los Angeles County Service Planning Areas participated in this flu outreach campaign. SPA 6 managed the most outreaches (n=39); the largest average number of patients per outreach was seen from SPA 5 (237 patients per outreach).

What We Learned

One of the goals of the annual flu campaign is to vaccinate the uninsured. This year was no exception, and over 8,000 vaccinated patients (39%) declared they had no health insurance. It is also important to note that approximately 8,000 people with private and public (Medicare and Medicaid) insurance also received a flu shot. These results demonstrate that these free flu clinics are essential as a "safety net" for the uninsured as well as a preferred provider for the insured.

We also learned that it is important to offer the consent form in multiple languages; only 65% of patients completed the English consent form.

Finally, tracking and entering over 20,000 outreach forms was a tremendous task and truly required the work of the hundreds of staff members and volunteers to be successful.

Limitations

Results from the Influenza Outreach Campaign are subject to several limitations. First, results may be subject to recall bias because analysis was based on self-reported data. The first half of the Vaccine Consent Form, which included socio-demographic characteristics, was filled out by the patient and the nursing staff completed the vaccine information in the second half; therefore, misclassification may occur and some measures may be under-reported or over-reported. Second, missing data is a pervasive problem with assessment surveys but checking for completed forms before the patient leaves can help maintain data integrity. Third, the results of this survey may not be generalizable to the general population because data was collected from only specific outreach sites. Finally, this is a not a longitudinal study and the results should not be interpreted or be used in this manner.

						Неа	alth Cent	er Mana	aging the	Outre	ach			
	Tota	al	Antelo Valle	•	Cent		Curtis T		Glend		Hollyw Wilsł		Martin I King, Cente Public H	, Jr. r for
Characteristics ^{1,2}	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Number of Outreaches	139	100	6	4	16	12	11	8	3	2	8	6	39	28
Total	20,612	100	777	100	2,363	100	1,691	100	601	100	1,333	100	4,224	100
Gender														
Male	8,316	40	318	41	1,004	42	650	38	252	42	580	44	1,676	40
Female	12,122	59	451	58	1,330	56	1,024	61	345	57	749	56	2,509	59
Age (Years) ³														
6 months-9	1,456	7	102	13	165	7	49	3	41	7	102	8	300	7
10-17	1,656	8	124	16	169	7	69	4	29	5	126	9	387	9
18-24	1,137	6	48	6	105	4	45	3	16	3	60	5	464	11
25-34	1,604	8	56	7	213	9	96	6	41	7	98	7	498	12
35-44	2,742	13	99	13	399	17	171	10	49	8	176	13	684	16
45-54	3,490	17	116	15	480	20	246	15	101	17	241	18	799	19
55-64	4,720	23	126	16	537	23	484	29	142	24	327	25	688	16
65-74	2,138	10	56	7	180	8	268	16	103	17	138	10	233	6
75+	1,572	8	41	5	107	5	257	15	78	13	56	4	139	3
Race/Ethnicity														
Asian	6,728	33	69	9	1,182	50	432	26	127	21	1,071	80	342	8
Black/African American	1,025	5	51	7	92	4	56	3	13	2	16	1	596	14
Hispanic/Latino	8,448	41	378	49	925	39	465	27	138	23	114	9	2,793	66
White/Non-Hispanic	3,519	17	216	28	86	4	638	38	271	45	95	7	326	8
Other	219	1	20	3	4	<1	24	1	24	4	10	1	39	1
Native Hawaiian/Pacific Islander	97	<1	1	<1	11	<1	14	1	4	1	9	1	11	<1
American Indian/Alaskan Native	31	<1	1	<1	3	<1	1	<1	1	<1	1	<1	3	<1
Mixed/Multiethnic	379	2	32	4	39	2	49	3	21	3	14	1	71	2
Language of Survey														
English	13,454	65	627	81	1,354	57	1,483	88	558	93	594	45	2,209	52
Spanish	4,765	23	150	19	402	17	208	12	43	7	51	4	2,014	48
Chinese	622	3	0	-	142	6	0	-	0	-	0	-	1	<1
Korean	1,771	9	0	-	465	20	0	-	0	-	688	52	0	

		[Hea	alth Cente	er Mana	aging the	Outre	ach			
	Tota	al	Antelo Valle	-	Cent		Curtis T		Glend		Hollyw Wilsh		Martin I King, Cente Public H	, Jr. r for
Characteristics ^{1,2}	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Number of Outreaches	139	100	6	4	16	12	11	8	3	2	8	6	39	28
Total	20,612	100	777	100	2,363	100	1,691	100	601	100	1,333	100	4,224	100
Insurance Status														
Medicare	2,755	13	88	11	186	8	414	24	131	22	108	8	322	8
Medicaid	982	5	73	9	133	6	60	4	26	4	72	5	168	4
Private insurance	4,214	20	140	18	325	14	540	32	135	22	270	20	674	16
Uninsured	8,045	39	202	26	1,127	48	531	31	224	37	596	45	1,847	44
Don't Know	666	3	21	3	73	3	50	3	18	3	21	2		4
Other	51	<1	4	1	3	<1	3	<1	1	<1	0	-	19	<1
Vaccines for Children (VFC) Eligibility														
Uninsured	497	2	32	4	69	3	21	1	5	1	21	2	123	3
Medical/CHDP	563	3	56	7	34	1	5	<1	18	3	11	1	180	4
American Indian/Alaskan Native	12	<1	0	-	0	-	0	-	0	-	0	-	0	-
Not VFC eligible	19,540	95	689	89	2,260	96	1,665	98	578	96	1,301	98	3,921	93
Pregnant	20	<1	0	-	0	-	4	<1	0	-	0	-	6	<1
Vaccine Type ⁴														
Inactivated	16,548	80	497	64	2,061	87	1,487	88	497	83	1,178	88	3,054	72
Live	4,060	20	280	36	302	13	202	12	104	17	155	12	1,169	28
Manufacturer ⁴														
Sanofi-Pasteur	10,710	52	356	46	1,506	64	1,357	80	484	81	142	11	2,501	59
Novartis	5,837	28	141	18	556	24	130	8	13	2	1,036	78	-	13
MedImmune	4,056	20	280	36	301	13	201	12	104	17	155	12		28
Site of Injection ⁴														
Left deltoid	13,634	66	355	46	1,817	77	1,177	70	443	74	1,026	77	2,269	54
Right deltoid	2,502	12	131	17	211	9	265	16	42	7	125	9	-	17
Left thigh	171	1	9	1	17	1	14	1	9	1	4	<1	20	<1
Right thigh	27	<1	2	<1	0	-	6	<1	0	-	1	<1	3	<1
Intranasal	4,053	20	278	36	299	13	202	12	104	17	156	12	1,166	28

¹Missing values not shown.

²Numbers and percentages may exceed 100% due to multiple responses and/or rounding.

³Ages less than 6 months not shown (n=3).

⁴Raw data presented for vaccine type, manufacturer, and site of injection; numbers may be inconsistent.

						Hea	alth Cente	er Man	aging the	Outre	ach			
	Tota	al	Monro	ovia	Nort Hollyw		Pacoi	ma	Pomo	ona	Simms Burl	-	Whit	tier
Characteristics ^{1,2}	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Number of Outreaches	139	100	8	6	7	5	9	6	19	14	6	4	7	5
Total	20,612	100	1,261	100	1,474	100	1,167	100	3,114	100	1,422	100	1,185	100
Gender														
Male	8,316	40	483	38	517	35	461	40	1,300	42	589	41	486	41
Female	12,122	59	770	61	948	64	693	59	1,784	57	822	58	697	59
Age (Years) ³														
6 months-9	1,456	7	53	4	178	12	125	11	170	5	105	7	66	6
10-17	1,656	8	64	5	149	10	113	10	272	9		6	67	6
18-24	1,137	6	47	4	91	6	78	7	93	3	34	2	56	5
25-34	1,604	8	74	6	157	11	108	9	137	4	79	6	47	4
35-44	2,742	13	153	12	249	17	173	15	257	8	195	14	137	12
45-54	3,490	17	208	16	200	14	204	17	472	15	239	17	184	16
55-64	4,720	23	389	31	245	17	241	21	815	26	337	24	389	33
65-74	2,138	10	144	11	101	7	80	7	522	17	178	13	135	11
75+	1,572	8	127	10	98	7	40	3	363	12	164	12	102	9
Race/Ethnicity														
Asian	6,728	33	771	61	178	12	130	11	1,393	45	867	61	166	14
Black/African American	1,025	5	14	1	19	1	24	2	67	2	53	4	24	2
Hispanic/Latino	8,448	41	318	25	1,085	74	746	64	684	22	97	7	705	59
White/Non-Hispanic	3,519	17	123	10	148	10	202	17	803	26	355	25	256	22
Other	219	1	16	1	7	<1	20	2	33	1	15	1	7	1
Native Hawaiian/Pacific Islander	97	<1	7	1	4	<1	5	<1	16	1	5	<1	10	1
American Indian/Alaskan Native	31	<1	0	-	4	<1	3	<1	9	<1	1	<1	4	<1
Mixed/Multiethnic	379	2	8	1	24	2	20	2	78	3	14	1	9	1
Language of Survey														
English	13,454	65	845	67	659	45	660	57	2,481	80	1,104	78	880	74
Spanish	4,765	23	129	10	814	55	506	43	142	5	1	<1	305	26
Chinese	622	3	286	23	1	<1	1	<1	191	6		-	0	-
Korean	1,771	9	1	<1	0	-	0	-	300	10	317	22	0	

						Hea	alth Cente	er Man	aging the	Outre	ach			
	Tota	al	Monro	ovia	Nort Hollyw	-	Pacoi	ma	Pomo	ona	Simms I Burk	-	Whitt	tier
Characteristics ^{1,2}	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Number of Outreaches	139	100	8	6	7	5	9	6	19	14	6	4	7	5
Total	20,612	100	1,261	100	1,474	100	1,167	100	3,114	100	1,422	100	1,185	100
Insurance Status														
Medicare	2,755	13	165	13	146	10	90	8	646	21	290	20	169	14
Medicaid	982	5	101	8	106	7	50	4	100	3	46	3	47	4
Private insurance	4,214	20	280	22	160	11	225	19	884	28	370	26	211	18
Uninsured	8,045	39	537	43	659	45	420	36	873	28	467	33	562	47
Don't Know	666	3	48	4	43	3	48	4	99	3	40	3	39	3
Other	51	<1	2	<1	2	<1	8	1	4	<1	0	-	5	<1
Vaccines for Children (VFC) Eligibility														
Uninsured	497	2	18	1	71	5	45	4	50	2	13	1	29	2
Medical/CHDP	563	3	24	2	114	8	63	5	13	<1	8	1	37	3
American Indian/Alaskan Native	12	<1	10	1	1	<1	0	-	1	<1	0	-	0	-
Not VFC eligible	19,540	95	1,209	96	1,288	87	1,059	91	3,050	98	1,401	99	1,119	94
Pregnant	20	<1	4	<1	1	<1	0	_	2	<1	0	-	3	<1
Vaccine Type ⁴														
Inactivated	16,548	80	1,122	89	1,006	68	738	63	2,643	85	1,194	84	1,071	90
Live	4,060	20	139	11	468	32	429	37	470	15	228	16	114	10
Manufacturer ⁴														
Sanofi-Pasteur	10,710	52	306	24	329	22	339	29	2,291	74	35	2	1,064	90
Novartis	5,837	28	816	65	677	46	396	34	351	11	1,160	82	7	1
MedImmune	4,056	20	139	11	468	32	432	37	470	15	227	16	114	10
Site of Injection ⁴														
Left deltoid	13,634	66	957	76	779	53	546	47	2,362	76	1,022	72	881	74
Right deltoid	2,502	12	154	12	209	14	167	14	, 181	6	152	11	160	14
Left thigh	171	1	3	<1	13	1	5	<1	43	1	8	1	26	2
Right thigh	27	<1	3	<1	0	-	2	<1	6	<1	3	<1	1	<1
Intranasal	4,053	20	140	11	466	32	430	37	470	15	228	16	114	10

¹Missing values not shown.

²Numbers and percentages may exceed 100% due to multiple responses and/or rounding.

³Ages less than 6 months not shown (n=3).

⁴Raw data presented for vaccine type, manufacturer, and site of injection; numbers may be inconsistent.

		[Servi	ce Plar	nning Ar	eas						
	Tota	al	SPA Antel Valle	оре	SPA Sa Ferna	n	SPA San Ga	-	SPA Met		SPA We	-	SPA Sout	-	SPA Eas		SPA South	-
Characteristics ^{1,2}	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Number of Outreaches	139	100	6	4	19	14	27	19	24	17	6	4	39	28	7	5	11	8
Total	20,612	100	777	100	3,242	100	4,375	100	3,696	100	1,422	100	4,224	100	1,185	100	1,691	100
Gender Male Female	8,316 12,122	40 59	318 451		1,230 1,986		1,783 2,554		1,584 2,079	43 56	589 822		1,676 2,509	40 59	486 697	41 59	650 1,024	38 61
Age (Years)³ 6 months-9	1,456	7	102	13	344	11	223	5	267	7	105	7	300	7	66	6	49	3
10-17 18-24	1,656 1,137	8 6	124 48	16 6	291 185	9 6	336 140	8 3	295 165	8 5	87 34	6 2	387 464	9 11	67 56	6 5	69 45	4 3
25-34	1,137	8	40 56	0 7	306	9	211	5 5	311	5 8	54 79	2 6	404 498	12		5 4	45 96	5 6
35-44	2,742	13	99	13	471	15	410	9	575	16	195	14	684	16	137	12	171	10
45-54	3,490	17	116	15	505	16	680	16	721	20	239	17	799	19	184	16	246	15
55-64	4,720	23	126	16	628	19	-	28	864	23	337	24	688	16		33	484	29
65-74 75+	2,138 1,572	10 8	56 41	7 5	284 216	9 7	666 490	15 11	318 163	9 4	178 164	13 12	233 139	6 3	135 102	11 9	268 257	16 15
Race/Ethnicity																		
Asian	6,728	33	69	9	435	13	2,164	49	2,253	61	867	61	342	8	166	14	432	26
African American/Black	1,025	5	51	7	56	2	81	2	108	3	53	4	596	14	24	2	56	3
Hispanic/Latino	8,448	41	378	49	,	61	,	23	í í	28	97	7	2,793	66	705	59	465	28
White/Non-Hispanic	3,519	17	216	28	621	19	926	21	181	5	355	25	326	8	256	22	638	38
Other	219	1	20	3		2	49	1	14	<1	15	1	39	1	7	1	24	1
Native Hawaiian/Pacific Islander American Indian/Alaskan Native	97 31	<1 <1	1 1	<1 <1	13 8	<1 <1	23 9	1 <1	20 4	1 <1	5 1	<1 <1	11 3	<1 <1	10 4	1 <1	14 1	1
Mixed/Multiethnic	31 379	2	32	4		2		2		<1 1	1 14	1		2	4 9	1	49	<1 3

									Servio	e Plar	ning Ar	eas						
	Tota	al	SPA Antel		SPA Sa		SPA	3	SPA	4	SPA	5	SPA	6	SPA	7	SPA	8
	1010		Valle	•	Ferna		San Ga	briel	Met	ro	We	st	Sou	th	Eas	t	South	Bay
Characteristics ^{1,2}	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Number of Outreaches	139	100	6	4	19	14	27	19	24	17	6	4	39	28	7	5	11	8
Total	20,612	100	777	100	3,242	100	4,375	100	3,696	100	1,422	100	4,224	100	1,185	100	1,691	100
Language of Survey																		
English	13,454	65	627	81	1,877	58	3,326	76	1,948	53	1,104	78	2,209	52	880	74	1,483	88
Spanish	4,765	23	150	19	1,363	42	271	6	453	12	1	<1	2,014	48	305	26	208	12
Chinese	622	3	0	-	2	<1	477	11	142	4	0	-	1	<1	0	-	0	-
Korean	1,771	9	0	-	0	-	301	7	1,153	31	317	22	0	-	0	-	0	-
Insurance Status																		
Medicare	2,755	13	88	11	367	11	811	19	294	8	290	20	322	8	169	14	414	24
Medicaid	982	5	73	9	182	6	201	5	205	6	46	3	168	4	47	4	60	4
Private	4,214	20	140	18	520	16	1,164	27	595	16	370	26	674	16	211	18	540	32
Uninsured	8,045	39	202	26	1,303	40	1,410	32	1,723	47	467	33	1,847	44	562	47	531	31
Don't Know	666	3	21	3	109	3	147	3	94	3	40	3	166	4	39	3	50	3
Other	51	<1	4	1	11	<1	6	<1	3	<1	0	-	19	<1	5	<1	3	<1
Vaccines for Children (VFC) Eligibility																		
Uninsured	497	2	32	4	121	4	68	2	90	2	13	1	123	3	29	2	21	1
Medi-Cal/CHDP	563	3	56	7	195	6	37	1	45	1	8	1	180	4	37	3	5	<1
American Indian/Alaskan Native	12	<1	0	-	1	<1	11	<1	0	-	0	-	0	-	0	-	0	-
Not VFC Eligible	19,540	95	689	89	2,925	90	4,259	97	3,561	96	1,401	99	3,921	93	1,119	94	1,665	98
Pregnant																		
Yes	20	<1	0	-	1	<1	6	<1	0	-	0	-	6	<1	3	<1	4	<1
Vaccine Type ⁴																		
Inactivated	16,548	80	497	64	2,241	69	3,765	86	3,239	88	1,194	84	3,054	72	1,071	90	1,487	88
Live	4,060	20	280	36	1,001	31	609	14	457	12	228	16	1,169	28	114	10	202	12

		Γ							Servio	e Plar	nning Ar	eas						
	Tota	I	SPA Antel Valle	ope	SPA Sai Ferna	n	SPA San Ga		SPA Met		SPA Wes		SPA Sou		SPA Eas		SPA South	
Characteristics ^{1,2}	n	%	n	. %	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Number of Outreaches	139	100	6	4	19	14	27	19	24	17	6	4	39	28	7	5	11	8
Total	20,612	100	777	100	3,242	100	4,375	100	3,696	100	1,422	100	4,224	100	1,185	100	1,691	100
Manufacturer ⁴																		
Sanofi-Pasteur	10,710	52	356	46	1,152	36	2,597	59	1,648	45	35	2	2,501	59	1,064	90	1,357	80
Novartis	5,837	28	141	18	1,086	34	1,167	27	1,592	43	1,160	82	554	13	7	1	130	8
MedImmune	4,056	20	280	36	1,004	31	609	14	456	12	227	16	1,165	28	114	10	201	12
Site of Injection ⁴																		
Left deltoid	13,634	66	355	46	1,768	55	3,319	76	2,843	77	1,022	72	2,269	54	881	74	1,177	70
Right deltoid	2,502	12	131	17	418	13	335	8	336	9	152	11	705	17	160	14	265	16
Left thigh	171	1	9	1	27	1	46	1	21	1	8	1	20	<1	26	2	14	1
Right thigh	27	<1	2	<1	2	<1	9	<1	1	<1	3	<1	3	<1	1	<1	6	<1
Intranasal	4,053	20	278	36	1,000	31	610	14	455	12	228	16	1,166	28	114	10	202	12

¹ Missing values not shown.

² Numbers and percentages may exceed 100% due to multiple responses and/or rounding

³Ages less than 6 months not shown (n=3).

⁴ Raw data presented for vaccine type, manufacturer, and site of injection; numbers may be inconsistent

		Γ					Ту	be of I	nsurance	:				
	Tota	al	Medic	are	Medic	aid	Priva	te	Not Ins	ured	Does I Knov		Othe Insura	
Characteristics ^{1,2}	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total	20,612	100	2,755	100	982	100	4,214	100	8,045	100	666	100	51	100
Gender														
Male	8,316	40	1,146	42	376	38	1,743	41	3,007	37	266	40	19	37
Female	12,122	59	1,585	58	600	61	2,451	58	4,961	62	397	60	31	61
Age (Years) ³														
19-24	962	5	48	2	26	3	356	8	387	5	112	17	4	8
25-34	1,604	8	74	3	61	6	407	10	912	11	72	11	4	8
35-44	2,742	13	101	4	129	13	665	16	1,581	20	97	15	3	6
45-54	3,490	17	113	4	159	16	871	21	1,941	24	133	20	12	24
55-64	4,720	23	207	8	189	19	1,202	29	2,641	33	172	26	21	41
65-74	2,138	10	1,156	42	240	24	366	9	409	5	45	7	4	8
75+	1,572	8	1,041	38	168	17	327	8	139	2	34	5	3	6
Race/Ethnicity														
Asian	6,728	33	858	31	313	32	1,591	38	2,577	32	231	35	10	20
African American/Black	1,025	5	163	6	89	9	196	5	353	4	42	6	9	18
Hispanic/Latino	8,448	41	674	24	420	43	852	20	4,157	52	296	44	17	33
White/Non-Hispanic	3,519	17	942	34	124	13	1,373	33	721	9	62	9	11	22
Other	219	1	55	2	13	1	52	1	70	1	7	1	2	4
Native Hawaiian/Pacific Islander	97	<1	15	1	4	<1	39	1	30	<1	5	1	-	-
American Indian/Alaskan Native	31	<1	2	<1	2	<1	5	<1	19	<1	1	<1	-	-
Mixed/Multiethnic	379	2	28	1	14	1	91	2	80	1	19	3	2	4
Language of Survey														
English	13,454	65	2,261	82	599	61	3,570	85	4,339	54	434	65	42	82
Spanish	4,765	23	284	10	242	25	244	6	2,586	32	164	25	9	18
Chinese	622	3	77	3	82	8	106	3	236	3	37	6	-	-
Korean	1,771	9	133	5	59	6	294	7	884	11	31	5	-	-

							Тур	be of l	nsurance					
	Tota	al	Medic	are	Medic	aid	Priva	te	Not Ins	ured	Does I Knor		Othe Insura	
Characteristics ^{1,2}	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total	20,612	100	2,755	100	982	100	4,214	100	8,045	100	666	100	51	100
Vaccines for Children (VFC) Eligibility														
Uninsured	497	2	-	-	-	-	2	<1	2	<1	-	-	-	-
Medi-Cal/CHDP	563	3	1	<1	1	<1	1	<1	-	-	-	-	-	-
American Indian/Alaskan Native	12	<1	-	-	-	-	-	-	-	-	-	-	-	-
Not VFC Eligible	19,540	95	2,754	100	981	100	4,211	100	8 <i>,</i> 043	100	666	100	51	100
Pregnant														
Yes	20	<1	3	<1	-	-	6	<1	7	<1	-	-	1	2
Vaccine Type ⁴														
Inactivated	16,548	80	2,678	97	910	93	3,531	84	6,956	86	553	83	46	90
Live	4,060	20	76	3	72	7	681	16	1,088	14	113	17	5	10
Manufacturer ⁴														
Sanofi-Pasteur	10,710	52	1,930	70	513	52	2,429	58	4,297	53	333	50	34	67
Novartis	5,837	28	748	27	397	40	1,103	26	2,656	33	219	33	12	24
MedImmune	4,056	20	76	3	72	7	679	16	1,090	14	113	17	5	10
Site of injection ⁴														
Left deltoid	13,634	66	2,228	81	717	73	3,043	72	5,728	71	445	67	37	73
Right deltoid	2,502	12	389	14	177	18	419	10	1,071	13	94	14	9	18
Left thigh	171	1	22	1	7	1	24	1	57	1	7	1	-	-
Right thigh	27	<1	2	<1	1	<1	3	<1	4	<1	1	<1	-	-
Intranasal	4,053	20	75	3	71	7	681	16	1,086	14	113	17	5	10

¹Missing values not shown.

²Numbers and percentages may exceed 100% due to multiple responses and/or rounding.

³Ages 17 or less not shown (n=1,834)

⁴Raw data presented for vaccine type, manufacturer and site of injection; numbers may be inconsistent

				<u>۱</u>	Nith pr	ivate	insurar	nce				
	Tota	al	Private		Plu Medi /Med	us care	Plu Medi	ıs	Plu Medi		Plus o	other
Characteristics	n	%	n	%	n	%	n	%	n	%	n	%
Total ^{1, 2}	4,214	100	3,957	100	3	100	247	100	4	100	3	100
Gender												
Male	1,743	41	1,640	41	1	33	100	40	1	25	1	33
Female	2,451	58	2,298	58	2	67	146	59	3	75	2	67
Age (Years) ³												
6 months - 9	_	_	_	_	_	_	_	_	_	_	_	_
10-18	_	-	_	_	_	_	_	_	_	_	_	-
19-24	356	8	355	9	_	_	1	<1	_	_	_	-
25-34	407	10	407	10	_	_	_	_	_	_	_	-
35-44	665	16	661	17	-	-	3	1	1	25	_	-
45-54	871	21	871	22	-	-	-	-	_	-	_	-
55-64	1,202	29	1,194	30	-	-	5	2	_	-	3	100
65-74	366	9	255	6	1	33	107	43	3	75	-	-
75+	327	8	198	5	2	67	127	51	-	-	-	-
Race/ethnicity												
Asian	1,591	38	1,516	38	1	33	71	29	3	75	_	-
Black/African American	196	5	183	5	1	33	10	4	_	-	2	67
Hispanic/Latino	852	20	824	21	1	33	27	11	-	-	-	-
White/Non-Hispanic	1,373	33	1,245	31	-	-	126	51	1	25	1	33
Native Hawaiian/Pacific Islander	39	1	38	1	-	-	1	<1	-	-	-	-
American Indian/Alaskan Native	5	<1	5	<1	-	-	-	-	-	-	-	-
Mixed/Multiethnic	91	2	89	2	-	-	2	1	-	-	-	-
Other	52	1	43	1	-	-	9	4	-	-	-	-
Language of Survey												
English	3,570	85	3,324	84	3	100	237	96	3	75	3	100
Spanish	244	6	241	6	-	-	3	1	—	-	_	-
Chinese	106	3	103	3	-	-	3	1	-	-	-	-
Korean	294	7	289	7	-	-	4	2	1	25	_	-

	Without private insurance																	
	Total		Medicare only		Medicaid only		Medicare /Medicaid		Medicare /other		Medicaid /other		Other only		Uninsured Y		Don't know	
Characteristics	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total ^{1, 2}	3,290	100	2,269	100	740	100	233	100	3	100	2	100	43	100	8 <i>,</i> 045	100	666	100
Gender																		
Male	1,348	41	957	42	285	39	88	38	_	-	1	50	17	40	3,007	37	266	40
Female	1,913	58	1,290	57	450	61	144	62	3	100	1	50	25	58	4,961	62	397	60
Age (Years) ³																		
6 months - 9	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
10-18	-	_	_	_	_	_	_	-	_	_	_	_	_	_	_	_	_	_
19-24	74	2	44	2	23	3	3	1	_	-	_	_	4	9	387	5	112	17
25-34	134	4	69	3	56	8	5	2	_	-	_	_	4	9	912	11	72	11
35-44	225	7	95	4	125	17	2	1	1	33	1	50	1	2	1,581	20	97	15
45-54	270	8	100	4	145	20	13	6	_	-	1	50	11	26	1,941	24	133	20
55-64	398	12	191	8	178	24	11	5	-	-	-	-	18	42	2,641	33	172	26
65-74	1,186	36	946	42	136	18	100	43	2	67	_	-	2	5	409	5	45	7
75+	984	30	815	36	69	9	97	42	-	-	-	-	3	7	139	2	34	5
Race/ethnicity																		
Asian	1,012	31	694	31	216	29	92	39	-	-	1	50	9	21	2,577	32	231	35
Black/African American	231	7	136	6	73	10	15	6	1	33	_	-	6	14	353	4	42	6
Hispanic/Latino	996	30	560	25	334	45	85	36	1	33	-	-	16	37	4,157	52	296	44
White/Non-Hispanic	921	28	789	35	96	13	26	11	1	33	1	50	8	19	721	9	62	9
Native Hawaiian/Pacific Islander	15	<1	11	<1	1	<1	3	1	-	-	-	-	-	-	30	<1	5	1
American Indian/Alaskan Native	4	<1	2	<1	2	<1	-	-	-	-	-	-	-	-	19	<1	1	<1
Mixed/Multiethnic	37	1	21	1	9	1	5	2	-	-	-	-	2	5	80	1	19	3
Other	54	2	39	2	6	1	7	3	-	-	-	-	2	5	70	1	7	1
Language of Survey																		
English	2,490	76	1,860	82	433	59	158	68	3	100	2	100	34	79	4,339	54	434	65
Spanish	494	15	243	11	204	28	38	16	-	-	-	-	9	21	2,586	32	164	25
Chinese	134	4	52	2	60	8	22	9	-	-	-	-	-	-	236	3	37	6
Korean	172	5	114	5	43	6	15	6	-	-	-	-	-	-	884	11	31	5

	With private insurance													
	Total		Private	only	Plu Medie /Medi	care	Plu Medi		Plu Medi		Plus o	other		
Characteristics	n	%	n	%	n	%	n	%	n	%	n	%		
Total ^{1, 2}	4,214	100	3,957	100	3	100	247	100	4	100	3	100		
Vaccines for Children (VFC)														
Uninsured	2	<1	2	<1	_	_	_	-	_	-	_	_		
Medical/CHDP	1	<1	_	-	-	-	1	<1	-	-	-	-		
American Indian/Alaskan Native	_	-	_	-	-	-	_	-	_	-	-	-		
Not VFC eligible	4,211	100	3,955	100	3	100	246	100	4	100	3	100		
Pregnant														
Yes	6	<1	6	<1	-	-	_	-	_	-	-	-		
No	2,462	58	2,308	58	2	67	147	60	3	75	2	67		
Does not apply	1,743	41	1,640	41	1	33	100	40	1	25	1	33		
Type of vaccine ⁴														
Inactivated	3,531	84	3,276	83	3	100	245	99	4	100	3	100		
Live	681	16	679	17	-	-	2	1	-	-	-	-		
Manufacturer ⁴														
Sanofi-Pasteur	2,429	58	2,210	56	1	33	213	86	3	75	2	67		
Novartis	1,103	26	1,067	27	2	67	32	13	1	25	1	33		
MedImmune	679	16	677	17	-	-	2	1	-	-	-	-		
Site of injection ⁴														
Intranasal	681	16	679	17	-	-	2	1	-	-	-	-		
Left deltoid	3,043	72	2,816	71	3	100	219	89	3	75	2	67		
Right deltoid	419	10	398	10	-	-	20	8	-	-	1	33		
Left thigh	24	1	22	1	-	-	2	1	-	-	-	-		
Right thigh	3	<1	2	<1	-	-	-	-	1	25	-	-		

¹Missing values not shown.

² Numbers and percentages may exceed 100% due to multiple responses and/or rounding.

³Ages less than 6 months not shown (n=3).

⁴ Numbers for vaccine type, manufacturer, and site of injection may be inconsitent due to written error.

	Without private insurance																	
	Tota	ıl	Medic only		Medi on		Medi /Medi		Medi /oth		Medi /oth		Other	only	Uninsured		Doi kno	
Characteristics	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total ^{1, 2}	3,290	100	2,269	100	740	100	233	100	3	100	2	100	43	100	8,045	100	666	100
Vaccines for Children (VFC)																		
Uninsured	-	-	_	-	-	-	-	-	-	-	-	-	-	-	2	<1	-	-
Medical/CHDP	1	<1	_	-	1	<1	-	-	-	-	-	-	_	-	_	-	-	-
American Indian/Alaskan Native	-	-	_	-	-	-	-	-	-	-	-	-	-	-	_	-	-	-
Not VFC eligible	3,289	100	2,269	100	739	100	233	100	3	100	2	100	43	100	8,043	100	666	100
Pregnant																		
Yes	4	<1	3	<1	_	-	-	-	_	-	_	_	1	2	7	<1	-	-
No	1,937	59	1,309	58	454	61	145	62	3	100	1	50	25	58	5,028	63	400	60
Does not apply	1,348	41	957	42	285	39	88	38	_	-	1	50	17	40	3,007	37	266	40
Type of vaccine ⁴																		
Inactivated	3,139	95	2,195	97	669	90	232	100	3	100	2	100	38	88	6,956	86	553	83
Live	150	5	73	3	71	10	1	<1	_	-	-	-	5	12	1,088	14	113	17
Manufacturer ⁴																		
Sanofi-Pasteur	2,127	65	1,588	70	382	52	125	54	3	100	2	100	27	63	4,297	53	333	50
Novartis	1,012	31	607	27	287	39	107	46	-	-	-	-	11	26	2,656	33	219	33
MedImmune	150	5	73	3	71	10	1	<1	—	-	_	-	5	12	1,090	14	113	17
Site of injection ⁴																		
Intranasal	148	5	72	3	70	9	1	<1	_	-	_	-	5	12	1,086	14	113	17
Left deltoid	2,562	78	1,818	80	524	71	185	79	3	100	2	100	30	70	5,728	71	445	67
Right deltoid	512	16	327	14	135	18	42	18	_	-	_	-	8	19	1,071	13	94	14
Left thigh	24	1	17	1	4	1	3	1	_	-	_	-	_	-	57	1	7	1
Right thigh	2	<1	2	<1	-	-	-	-	-	-	-	-	—	-	4	<1	1	<1

¹Missing values not shown.

² Numbers and percentages may exceed 100% due to multiple responses and/or rounding.

³Ages less than 6 months not shown (n=3).

⁴ Numbers for vaccine type, manufacturer, and site of injection may be inconsitent due to written error.

		[Service Planning Areas															
			SPA	SPA 1		San	SPA 3	San	SPA 4		SPA 5		SPA 6		SPA 7		SPA 8	
	Tot	al	Antelope		Fernando		Gabriel		Metro		West		South		East		South Bay	
Target Populations ¹	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Number of Outreaches	139	100	6	100	19	100	27	100	24	100	6	100	39	100	7	100	11	100
Children	25	18	4	67	5	26	1	4	2	8	0	-	7	18	2	29	4	36
Seniors	50	36	1	17	6	32	20	74	9	38	5	83	0	-	3	43	6	55
Homeless	18	13	1	17	5	26	6	22	3	13	1	17	1	3	1	14	0	-
Immune Compromised Adults	4	3	0	_	1	5	0	-	3	13	0	_	0	-	0	-	0	-
Children, Immune Compromised Adults	1	<1	0	_	0	_	0	_	1	4	0	_	0	-	0	_	0	_
Homeless, Immune Compromised Adults	5	4	0	-	0	-	0	-	0	-	0	-	5	13	0	-	0	-
Seniors, Immune Compromised Adults	2	1	0	-	0	-	0	-	2	8	0	-	0	-	0	-	0	-
Seniors, Homeless Immune Compromised																		
Adults	1	<1	0	-	1	5	0	-	0	-	0	-	0	-	0	-	0	-
Children, Seniors, Immune Compromised																		
Adults	8	6	0	-	0	-	0	-	3	13	0	-	3	8	1	14	1	9
Children, Seniors, Homeless, and Immune																		
Compromised Adults	25	18	0	-	1	5	0	-	1	4	0	-	23	59	0	-	0	-

¹ Percentages may exceed 100% due to rounding.



Figure 1. Number of patients by zipcode (n=18,796), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)

Note: Excludes homeless (n=21), missing zipcodes (n=715), and non-LA, non-residential, and/or invalid zipcodes (n=1,080).



Figure 2. Number of patients by Service Planning Area (SPA) (n=18,796), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)



Figure 3. Number of patients by Supervisorial District (SD) (n=18,796), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)



Figure 4. Number of patients by zipcode for SPA 1 (n=734), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)

Note: Excludes missing zipcodes (n=24), and non-LA, non-residential, and/or invalid zipcodes (n=19).



Figure 5. Number of patients by zipcode for SPA 2 (n=3,031), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)

Note: Excludes homeless (n=4), missing zipcodes (n=121), and non-LA, non-residential, and/or invalid zipcodes (n=86).



Figure 6. Number of patients by zipcode for SPA 3 (n=3,718), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)

Note: Excludes homeless (n=3), missing zipcodes (n=169), and non-LA, non-residential, and/or invalid zipcodes (n=485).



Figure 7. Number of patients by zipcode for SPA 4 (n=3,372), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)

Note: Excludes homeless (n=9), missing zipcodes (n=163), and non-LA, non-residential, and/or invalid zipcodes (n=152).



Figure 8. Number of patients by zipcode for SPA 5 (n=1,321), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)

Note: Excludes homeless (n=1), missing zipcodes (n=23), and non-LA, non-residential, and/or invalid zipcodes (n=77).


Figure 9. Number of patients by zipcode for SPA 6 (n=3,866), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)

Note: Excludes homeless (n=3), missing zipcodes (n=147), and non-LA, non-residential, and/or invalid zipcodes (n=208).

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Figure 10. Number of patients by zipcode for SPA 7 (n=1,128), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)

Note: Excludes missing zipcodes (n=33), and non-LA, non-residential, and/or invalid zipcodes (n=24).

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Figure 11. Number of patients by zipcode for SPA 8 (n=1,626), 2013-2014 Flu Outreach Campaign, September, 2013 – February, 2014. (Preliminary Data)

Note: Excludes homeless (n=1), missing zipcodes (n=35), and non-LA, non-residential, and/or invalid zipcodes (n=29).

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Last Name	First Name MI
Home Address (House Number And Street Name)	Apt. Number
	ZIP Code Gender: O Male
	O Female
Area Code Phone Number	Date Of Birth (example 05/18/1980)
Mother's First Name	
	Month Day Year
Race / Ethnicity O Asian O Black / African Americ	can O Hispanic / Latino O White O Other
<u>Choose One</u> O Native Hawaiian / Pacific Islander	O American Indian / Alaskan Native O Multi - Race
For persons over 18, what type of health insurance do ye	
	ue Cross, Kaiser Permanente) O None O I Don't Know
1) Do you have a fever or are you sick today?	O Yes O No
2) Are you pregnant or do you think you may be pregnar	nt? O Yes O No
3) Have you had a serious reaction to flu vaccine requiri	ng medical help? O Yes O No
I CONSENT TO THE VACCINATION PROVIDED.	nder 18 years of age, PRINT name of parent or legal guardian
Signature	
STOP - DO NOT WRITE BELOW THIS LINE	SCREENER INITIALS
STOP - DO NOT WRITE BELOW THIS LINE 4) Do you have a severe allergy to eggs?	SCREENER INITIALS [If YES, See Egg Allergy Guidelines] O Yes O No
4) Do you have a severe allergy to eggs?	[If YES, See Egg Allergy Guidelines] O Yes O No
4) Do you have a severe allergy to eggs?5) Do you have an allergy to thimerosal?	[If YES, See Egg Allergy Guidelines] O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No
 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 8) Do you have any of the following medical conditions? 	[If YES, See Egg Allergy Guidelines] O Yes O No If YES, Administer TIV ONLY] O Yes O Yes O No
 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 	[If YES, See Egg Allergy Guidelines] O Yes O No If YES, Administer TIV ONLY] O Yes O No disease (i.e. diabetes); O Yes O No
 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 8) Do you have any of the following medical conditions? Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic 	[If YES, See Egg Allergy Guidelines] O Yes O No O Yes O No O Yes O No O Yes O No Weeks? [MMR, Varicella, LAIV, Shingles] O Yes O No P [If YES, Administer TIV ONLY] O Yes O No disease (i.e. diabetes); mune System Disorder (i.e. HIV / AIDS, steroid therapy) O Yes O No
 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 8) Do you have any of the following medical conditions? Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); Implementation of the several sev	[If YES, See Egg Allergy Guidelines] O Yes O No O Yes O No O Yes O No O Yes O No Weeks? [MMR, Varicella, LAIV, Shingles] O Yes O No If YES, Administer TIV ONLY] O Yes O No disease (i.e. diabetes); mune System Disorder (i.e. HIV / AIDS, steroid therapy) O Yes O No
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 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 8) Do you have any of the following medical conditions? Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); Import 9) Is the person to be vaccinated between 2-49 years old If the vaccination is for a child, ask these questions: 	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No If YES, Administer TIV ONLY] ○ Yes ○ No disease (i.e. diabetes); mune System Disorder (i.e. HIV / AIDS, steroid therapy) ○ Yes ○ No I? (Verify Age) ★ [If NO, Administer TIV] ○ Yes ○ No [If YES to either, Administer TIV ONLY] ○ Yes ○ No
 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 8) Do you have any of the following medical conditions? Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); Import 10) Is the person to be vaccinated between 2-49 years old If the vaccination is for a child, ask these questions: 10) If child is < 5 years, have they been diagnosed with value 11) Is child taking long term medicine therapy containing 	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No Weeks? [If YES, Administer TIV ONLY] ○ Yes ○ No disease (i.e. diabetes); mune System Disorder (i.e. HIV / AIDS, steroid therapy) ○ Yes ○ No I? (Verify Age) ★ [If NO, Administer TIV] ○ Yes ○ No [If YES to either, Administer TIV ONLY] ○ Yes ○ No wheezing in the last 12 months? ○ Yes ○ No ○ N/A g ASPIRIN? ○ Yes ○ No ○ N/A
 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 8) Do you have any of the following medical conditions? Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); Import 10) Is the person to be vaccinated between 2-49 years old If the vaccination is for a child, ask these questions: 10) If child is < 5 years, have they been diagnosed with version 11) Is child taking long term medicine therapy containing select VEC eligibility. (choose one) 	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No [If YES, Administer TIV ONLY] ○ Yes ○ No disease (i.e. diabetes); mune System Disorder (i.e. HIV / AIDS, steroid therapy) ○ Yes ○ No I? (Verify Age) ★ [If NO, Administer TIV] ○ Yes ○ No [If YES to either, Administer TIV ONLY] ○ Yes ○ No wheezing in the last 12 months? ○ Yes ○ No ○ N/A g ASPIRIN? ○ Yes ○ No ○ N/A ○ Medi-Cal / CHDP ○ Medi-Cal / CHDP ○ Medi-Cal / CHDP
 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 8) Do you have any of the following medical conditions? Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); Imploma, Sickle cell disease, Caller, Sickle cell disease, Caller, Sickle cell disease, Caller, Sickle cell disease, Sic	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No weeks? [If YES, Administer TIV ONLY] ○ Yes ○ No disease (i.e. diabetes); mune System Disorder (i.e. HIV / AIDS, steroid therapy) ○ Yes ○ No I? (Verify Age) ★ [If NO, Administer TIV] ○ Yes ○ No [If YES to either, Administer TIV ONLY] ○ Yes ○ No wheezing in the last 12 months? ○ Yes ○ No ○ N/A g ASPIRIN? ○ Yes ○ No ○ N/A o ○ Medi-Cal / CHDP American Indian / Alaskan Native ○ Not VFC eligible
 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 8) Do you have any of the following medical conditions? Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); Imm 9) Is the person to be vaccinated between 2-49 years old If the vaccination is for a child, ask these questions: 10) If child is < 5 years, have they been diagnosed with w 11) Is child taking long term medicine therapy containing 12) For persons under 19 years, o Uninsure select VFC eligibility. (choose one) 7 Flu Vaccine VIS 05/09/2013 	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No Weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No Weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No If YES, Administer TIV ONLY] ○ Yes ○ No disease (i.e. diabetes); mune System Disorder (i.e. HIV / AIDS, steroid therapy) ○ Yes ○ No I? (Verify Age) ★ [If NO, Administer TIV] ○ Yes ○ No [If YES to either, Administer TIV ONLY] ○ Yes ○ No ○ N/A g ASPIRIN? ○ Yes ○ No ○ N/A d ○ Medi-Cal / CHDP ○ Medi-Cal / CHDP American Indian / Alaskan Native ○ Not VFC eligible ot Number ○ ose ○ Not VFC eligible
 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 8) Do you have any of the following medical conditions? Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); Image 9) Is the person to be vaccinated between 2-49 years old If the vaccination is for a child, ask these questions: 10) If child is < 5 years, have they been diagnosed with we any of the following medical containing the persons under 19 years, select VFC eligibility. (choose one) Flu Vaccine VIS 05/09/2013 Manufacturer and Low of the following for the following medical conditions? 	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No O [If YES, Administer TIV ONLY] ○ Yes ○ No O [If YES, Administer TIV ONLY] ○ Yes ○ No O [If YES, Administer TIV ONLY] ○ Yes ○ No O [If NO, Administer TIV] ○ Yes ○ No I? (Verify Age) ★ [If NO, Administer TIV ONLY] ○ Yes ○ No I? (Verify Age) ★ [If NO, Administer TIV ONLY] ○ Yes ○ No I? (Verify Age) ★ [If NO, Administer TIV ONLY] ○ Yes ○ No If YES to either, Administer TIV ONLY] ○ Yes ○ No ○ N/A g ASPIRIN? ○ Yes ○ No ○ N/A od ○ Medi-Cal / CHDP ○ Medi-Cal / CHDP American Indian / Alaskan Native ○ Not VFC eligible O NOV ○ MI ○ 0.25 mL ○ LD ○ RD
 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 8) Do you have any of the following medical conditions? Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); Imit 9) Is the person to be vaccinated between 2-49 years old If the vaccination is for a child, ask these questions: 10) If child is < 5 years, have they been diagnosed with we 11) Is child taking long term medicine therapy containing 12) For persons under 19 years, select VFC eligibility. (choose one) Flu Vaccine VIS 05/09/2013 Manufacturer and Long INACTIVATED O LIVE 	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No Weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No Weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No If YES, Administer TIV ONLY] ○ Yes ○ No disease (i.e. diabetes); mune System Disorder (i.e. HIV / AIDS, steroid therapy) ○ Yes ○ No I? (Verify Age) ★ [If NO, Administer TIV] ○ Yes ○ No [If YES to either, Administer TIV ONLY] ○ Yes ○ No ○ N/A g ASPIRIN? ○ Yes ○ No ○ N/A d ○ Medi-Cal / CHDP ○ Medi-Cal / CHDP American Indian / Alaskan Native ○ Not VFC eligible ot Number ○ ose ○ Not VFC eligible
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 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 8) Do you have any of the following medical conditions? Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); Imin 9) Is the person to be vaccinated between 2-49 years old If the vaccination is for a child, ask these questions: 10) If child is < 5 years, have they been diagnosed with v 11) Is child taking long term medicine therapy containing 12) For persons under 19 years, select VFC eligibility. (choose one) O Flu Vaccine VIS 05/09/2013 Manufacturer and Log Nasal Spray DOSE # 01 02 Date Administered (ex. 10/30/2013) ★ Find Administered (ex. 10/30/2013) 	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No O Yes ○ No ○ Yes ○ No disease (i.e. diabetes); mune System Disorder (i.e. HIV / AIDS, steroid therapy) ○ Yes ○ No I? (Verify Age) ★ [If NO, Administer TIV] ○ Yes ○ No [If YES to either, Administer TIV ONLY] ○ Yes ○ No ○ N/A g ASPIRIN? ○ Yes ○ No ○ N/A d ○ Medi-Cal / CHDP ○ Medi-Cal / CHDP American Indian / Alaskan Native ○ Not VFC eligible ○ Not VFC eligible ot Nov ○ MI ○ LD ○ RD ○ LD ○ RD ○ NOV ○ MI ○ LD ○ RT ○ Intranasal
 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 8) Do you have any of the following medical conditions? Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); Im 9) Is the person to be vaccinated between 2-49 years old If the vaccination is for a child, ask these questions: 10) If child is < 5 years, have they been diagnosed with w 11) Is child taking long term medicine therapy containing 12) For persons under 19 years, select VFC eligibility. (choose one) InACTIVATED OLIVE Nasal Spray DOSE # 01 02 Date Administered (ex. 10/30/2013) 	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No O [If YES, Administer TIV ONLY] ○ Yes ○ No disease (i.e. diabetes); mune System Disorder (i.e. HIV / AIDS, steroid therapy) ○ Yes ○ No I? (Verify Age) ★ [If NO, Administer TIV] ○ Yes ○ No If YES to either, Administer TIV ONLY] ○ Yes ○ No ○ N/A g ASPIRIN? ○ Yes ○ No ○ N/A d ○ Medi-Cal / CHDP ○ Medi-Cal / CHDP American Indian / Alaskan Native ○ Not VFC eligible ot Number O 0.25 mL ○ LD ○ RD ○ NOV ○ MI ○ 0.20 mL ○ Intranasal



Apellido Primer Nombre	Ini	icial de 2 ^{do} Nombre
Domicilio de Casa (numero de casa y nombre de calle)	Nýmor	o de apartamento
		o de apartamento
	<u>Código postal</u> Gene	ro: O Masculino
		O Femenino
Código de área Número de teléfono Fecha de	e nacimiento <i>(</i> ejemplo	0 05/18/1980)
Primer nombre de su mama		
Mes	Dia	Año
Raza/Origen étnico: O Asiático O Negro / Afroamericano O Hi	ispano / Latino O Blanco	○ Otro
Feccia Uno	•	O Multiracial
Para las personas mayores de 18 años, ¿qué tipo de seguro de salud ti	ene?	
O Medicare O Medicaid O Privada (ej. Anthem Blue Cross, Kaiser F	Permanente) O Ninguno	O No sé
1) ¿Tiene fiebre o está enfermo hoy?		○ Si O No
2) ¿Está embarazada o piensa que puede estar embarazada?		○ Si O No
3) ¿Ha tenido una reacción grave a la vacuna contra la gripe que requie	ero ayuda médica?	○ Si ○ No
DOY MI CONSENTIMIENTO PARA LA VACUNA PREVISTA. Si es menor de 18 años en letra de molde	s de edad, escriba el nombre del padre	o del guardián legal
Firma		
ALTO - NO ESCRIBA A PARTIR DE ESTA LINEA	SCREENER INI	TIALS
4) Do you have a severe allergy to eggs?	If YES, See Egg Allergy Guidelines]	O Yes O No
5) Do you have an allergy to thimerosal?		○Yes ○No
6) Have you ever had Guillain-Barré Syndrome (GBS)?		○Yes ○No
7) Have you received any of these vaccines in the last 4 weeks?	[MMR, Varicella, LAIV, Shingles]	○ Yes ○ No
8) Do you have any of the following medical conditions?	[If YES, Administer TIV ONLY]	○ Yes ○ No
Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic disease (i.e. diabete Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); Immune System Disor		
9) Is the person to be vaccinated between 2-49 years old? (Verify Age)	★ [If NO, Administer TIV]	○Yes ○No
If the vaccination is for a child, ask these questions:	YES to either, Administer TIV ONLY]	
10) If child is < 5 years, have they been diagnosed with wheezing in the	last 12 months? O Yes	○ No ○ N/A
11) Is child taking long term medicine therapy containing ASPIRIN?	O Yes	ONo ON∕A
12) For persons under 19 years, O Uninsured	O Medi-Cal / CHI	ЭР
select VFC eligibility. (choose one) O American Indian	/ Alaskan Native	Not VFC eligible
Flu Vaccine VIS 05/09/2013 Manufacturer and Lot Number	Dosage Site	Admin.
O INACTIVATED O LIVE Manufacturer O SP O NOV C	OMI O 0.25 mL OLD O	
DOSE # O1 O2	O 0.50 mL O LT O O 0.20 mL O Intrana	
Date Administered (ex. 10/30/2013) * REMINDER		
LAIV Is Only Fo	or Healthy Clients 2 Thru 49	Years Of Age,
Language Interpreter Signature: Nurse Instructor	r Signature:	39



CAURCEND.	Public Health
	名
住址(家號碼和街名)	└──」 └── └── └── └── └── └── └── └── └──
<u>」 · · · · · · · · · · · · · · · · · · ·</u>	●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●●
	出生日期 (例如 05/18/1980)
 人種 / 種族 ○ 亞洲人 ○ 黒人 / 非洲美國/ 選擇其中之一 ○ 夏威夷原住民 / 亞太 	 ○ 拉美裔/拉丁美洲人 ○ 白種人 ○ 其它 ○ 美國印第安人 / 阿拉斯加原住民 ○ 多種 - 種族
十八歲以上的人,你是用那一種健康醫療保險? O聯邦醫療保險 O加州補助醫療保險 O私人健康保險公司	〕(例如:Anthem 藍十字,Kaiser Permanente) 〇 我不曉得
1) 您今天是否有發高燒或身體不舒服?	〇是 〇否
2) 您是否也許或正在懷孕當中?	○是 ○否
3) 您是否對流感疫苗有嚴重的過敏反應而需要藥物來搭	∑制? ○是 ○否
·	八歲以下須填寫父母或監護人姓名
簽名	
停止 - 禁止在此線以下填寫	SCREENER INITIALS
4) Do you have a severe allergy to eggs?	[If YES, See Egg Allergy Guidelines] $\rm O~Y_{es}$ $\rm O~No$
5) Do you have an allergy to thimerosal?	O Yes O No
6) Have you ever had Guillain-Barré Syndrome (GBS)?	O Yes O No
7) Have you received any of these vaccines in the last 4	weeks? [MMR, Varicella, LAIV, Shingles] O Yes O No
8) Do you have any of the following medical conditions	
Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metabolic Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease); In	
9) Is the person to be vaccinated between 2-49 years of	d? (Verify Age) \star [If NO, Administer TIV] O Yes O No
If the vaccination is for a child, ask these questions:	[If YES to either, Administer TIV ONLY]
10) If child is < 5 years, have they been diagnosed with	
10) If child is < 5 years, have they been diagnosed with11) Is child taking long term medicine therapy containing	
11) Is child taking long term medicine therapy containin 12) For persons under 19 years, O Uninsure select VEC eligibility (choose one)	Image ASPIRIN? O Yes O N/A O Medi-Cal / CHDP
11) Is child taking long term medicine therapy containing 12) For persons under 19 years, select VFC eligibility. (choose one) O Uninsure	Image ASPIRIN? O Yes O No O N/A Image ASPIRIN? O Yes O No O N/A Image ASPIRIN? O Medi-Cal / CHDP American Indian / Alaskan Native O Not VFC eligible
11) Is child taking long term medicine therapy containin 12) For persons under 19 years, select VFC eligibility. (choose one) O Uninsure O Uninsure Flu Vaccine VIS 05/09/2013 Manufacturer and L O INACTIVATED O LIVE	Image ASPIRIN? O Yes O No O N/A Image ASPIRIN? O Yes O No O N/A Image ASPIRIN? O Medi-Cal / CHDP American Indian / Alaskan Native O Not VFC eligible
11) Is child taking long term medicine therapy containing 12) For persons under 19 years, select VFC eligibility. (choose one) O Uninsure Flu Vaccine VIS 05/09/2013 Manufacturer and L	or Hos or Hos or Hos Ing ASPIRIN? O Yes O No O Yes O No O N/A ed O Medi-Cal / CHDP American Indian / Alaskan Native O Not VFC eligible ot Number Dosage Site O NOV O MI O 0.25 mL O LD O NOV O MI O 0.50 mL O LT
11) Is child taking long term medicine therapy containing 12) For persons under 19 years, select VFC eligibility. (choose one) O Uninsure 0 0 Flu Vaccine VIS 05/09/2013 Manufacturer and L 0 INACTIVATED 0 Flu Shot 0 Lot Nasal Spray Number Number	ag ASPIRIN? O Yes O NO O Yes O No O N/A ed O Medi-Cal / CHDP American Indian / Alaskan Native O Not VFC eligible ot Number Dosage Site O NOV O MI O 0.25 mL O LD O NOV O MI O 0.50 mL O LT
11) Is child taking long term medicine therapy containing 12) For persons under 19 years, select VFC eligibility. (choose one) O Uninsure 0 Innactine VIS 05/09/2013 Manufacturer and L 0 INACTIVATED O LIVE Manufacturer O SP Flu Shot Nasal Spray Lot Number Integration DOSE # 01 02 Xumber Xumber Xumber	or rest



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집 주소 (집 번호와 거리 이름)	아파트 번호
_도시	
	· · · · · · · · · · · · · · · · · · ·
지역번호 전화번호	생년월일 (예 05/18/1980)
	월 일 년도
인종 / 민족 이아시아인 이흑인 / 아프리칸 이	·메리칸 이히스피닉 / 라티노 이백인 이다른 민족
<u>하나만 선택 하세요</u> 이하와이 원주민 / 태평양 군!	도 원주민 ○ 아메리칸 인디안 / 알래스칸 원주민 ○ 다인종
18세 이상인 사람에 대해서, 당신은 어떤 종류의 건강보험	
	· · · · · · · · · · · · · · · · · · ·
1) 오늘 열이 있거나 아프십니까?	이예 이아니오
2) 임신 중이거나 혹은 임신일 거라고 생각하십니까	? 이예 이 아니오
3) 독감 백신에 대해서 의료 도움이 요구되는 심각한	반응을 보인 적이 있습니까 ? 이예 이아니오
본인은 제공되는 예방접종을 동의합니다	18세 이하인 경우, 부모 혹은 법적 보호자의 이름을 쓰십시오
서명	
멈춤 - 아래 부분은 작성하지 마십시오	SCREENER INITIALS
	SCREENER INITIALS [If YES, See Egg Allergy Guidelines] O Yes O No
멈춤 - 아래 부분은 작성하지 마십시오 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal?	[If YES, See Egg Allergy Guidelines] O Yes O No O Yes O No
멈춤 - 아래 부분은 작성하지 마십시오 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)	[If YES, See Egg Allergy Guidelines] O Yes O No O Yes O No ? O Yes O No
멈춤 - 아래 부분은 작성하지 마십시오 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal?	[If YES, See Egg Allergy Guidelines] O Yes O No O Yes O No ? O Yes O No
범춤 - 아래 부분은 작성하지 마십시오 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS) 7) Have you received any of these vaccines in the las 8) Do you have any of the following medical conditio	[If YES, See Egg Allergy Guidelines] O Yes O No O Yes O No ? O Yes O No t 4 weeks? [MMR, Varicella, LAIV, Shingles] O Yes O No ns? [If YES, Administer TIV ONLY] O Yes O No
범춤 - 아래 부분은 작성하지 마십시오 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS) 7) Have you received any of these vaccines in the las 8) Do you have any of the following medical conditio Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metab Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease)	[If YES, See Egg Allergy Guidelines] O Yes O No O Yes O No ? O Yes O No ? O Yes O No t 4 weeks? [MMR, Varicella, LAIV, Shingles] O Yes O No ns? [If YES, Administer TIV ONLY] O Yes O No olic disease (i.e. diabetes); Immune System Disorder (i.e. HIV / AIDS, steroid therapy) O Yes O No
범춤 - 아래 부분은 작성하지 마십시오 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS) 7) Have you received any of these vaccines in the las 8) Do you have any of the following medical conditio Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metab	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No ○ Yes ○ No ? ○ Yes ○ No t 4 weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No ns? [If YES, Administer TIV ONLY] ○ Yes ○ No olic disease (i.e. diabetes); ; Immune System Disorder (i.e. HIV / AIDS, steroid therapy) ○ Yes ○ No old? (Verify Age) ★ [If NO, Administer TIV] ○ Yes ○ No
범춤 - 아래 부분은 작성하지 마십시오 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS) 7) Have you received any of these vaccines in the las 8) Do you have any of the following medical conditio Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metab Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease)	[If YES, See Egg Allergy Guidelines] O Yes O No O Yes O No ? O Yes O No t 4 weeks? [MMR, Varicella, LAIV, Shingles] O Yes O No ns? [If YES, Administer TIV ONLY] O Yes O No oblic disease (i.e. diabetes); [Immune System Disorder (i.e. HIV / AIDS, steroid therapy) O Yes O No
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범춤 - 아래 부분은 작성하지 마십시오 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS) 7) Have you received any of these vaccines in the las 8) Do you have any of the following medical conditio Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metab Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease) 9) Is the person to be vaccinated between 2-49 years If the vaccination is for a child, ask these questions: 10) If child is < 5 years, have they been diagnosed wi 11) Is child taking long term medicine therapy contai 12) For persons under 19 years, select VFC eligibility. (choose one)	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No ○ Yes ○ No ? ○ Yes ○ No t 4 weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No ns? [If YES, Administer TIV ONLY] ○ Yes ○ No olic disease (i.e. diabetes); [If NO, Administer TIV] ○ Yes ○ No old? (Verify Age) ★ [If NO, Administer TIV] ○ Yes ○ No [If YES to either, Administer TIV ONLY] ○ Yes ○ No Iff YES to either, Administer TIV ONLY] ○ Yes ○ No Iff YES to either, Administer TIV ONLY] ○ Yes ○ No ured ○ Yes ○ No ○ N/A o Medi-Cal / CHDP ○ Not VFC eligible ○ Not VFC eligible
범출 - 아래 부분은 작성하지 마십시오 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS) 7) Have you received any of these vaccines in the las 8) Do you have any of the following medical conditio Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metab Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease) 9) Is the person to be vaccinated between 2-49 years 10) If child is < 5 years, have they been diagnosed wi 11) Is child taking long term medicine therapy contai 12) For persons under 19 years, O Unins select VFC eligibility. (choose one) Flu Vaccine VIS 05/09/2013 Manufacturer and	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No ○ Yes ○ No ? ○ Yes ○ No t 4 weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No ns? [If YES, Administer TIV ONLY] ○ Yes ○ No olic disease (i.e. diabetes); [If NO, Administer TIV] ○ Yes ○ No old? (Verify Age) ★ [If NO, Administer TIV] ○ Yes ○ No [If YES to either, Administer TIV ONLY] ○ Yes ○ No ○ N/A [If YES to either, Administer TIV ONLY] ○ Yes ○ No ○ N/A ured ○ Yes ○ No ○ N/A o Medi-Cal / CHDP ○ Medi-Cal / CHDP ○ American Indian / Alaskan Native ○ Not VFC eligible d Lot Number Dosage Site Admin.
범출 - 아래 부분은 작성하지 마십시오 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS) 7) Have you received any of these vaccines in the las 8) Do you have any of the following medical conditio Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metab Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease) 9) Is the person to be vaccinated between 2-49 years If the vaccination is for a child, ask these questions: 10) If child is < 5 years, have they been diagnosed wi 11) Is child taking long term medicine therapy contai 12) For persons under 19 years, O Unins select VFC eligibility. (choose one) Flu Vaccine VIS 05/09/2013 Manufacturer an O INACTIVATED O LIVE Manufacturer O SP Flu Shot Nasal Spray Lot Data	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No ○ Yes ○ No ? ○ Yes ○ No t 4 weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No ns? [If YES, Administer TIV ONLY] ○ Yes ○ No oblic disease (i.e. diabetes); [If NO, Administer TIV ONLY] ○ Yes ○ No old? (Verify Age) ★ [If NO, Administer TIV ONLY] ○ Yes ○ No old? (Verify Age) ★ [If NO, Administer TIV ONLY] ○ Yes ○ No Iff YES to either, Administer TIV ONLY] ○ Yes ○ No ○ N/A ning ASPIRIN? ○ Yes ○ No ○ N/A ured ○ Medi-Cal / CHDP ○ Not VFC eligible d Lot Number Osage Site Admin. ○ NOV ○ MI ○ 0.25 mL ○ LD ○ RD
범출 - 아래 부분은 작성하지 마십시오 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS) 7) Have you received any of these vaccines in the las 8) Do you have any of the following medical conditio Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metab Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease) 9) Is the person to be vaccinated between 2-49 years If the vaccination is for a child, ask these questions: 10) If child is < 5 years, have they been diagnosed wi 11) Is child taking long term medicine therapy contai 12) For persons under 19 years, O Unins select VFC eligibility. (choose one) Flu Vaccine VIS 05/09/2013 Manufacturer an O INACTIVATED O LIVE Manufacturer O SP	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No ○ Yes ○ No ? ○ Yes ○ No t 4 weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No ns? [If YES, Administer TIV ONLY] ○ Yes ○ No olic disease (i.e. diabetes); [If NO, Administer TIV] ○ Yes ○ No old? (Verify Age) ★ [If NO, Administer TIV] ○ Yes ○ No [If YES to either, Administer TIV ONLY] ○ Yes ○ No ○ N/A [If YES to either, Administer TIV ONLY] ○ Yes ○ No ○ N/A ured ○ Yes ○ No ○ N/A o Medi-Cal / CHDP ○ Medi-Cal / CHDP ○ American Indian / Alaskan Native ○ Not VFC eligible d Lot Number Dosage Site Admin.
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범춤 - 아래 부분은 작성하지 마십시오 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS) 7) Have you received any of these vaccines in the las 8) Do you have any of the following medical conditio Heart, Lung, Kidney, or Liver Disease; Asthma; Cancer; Metab Blood Disorders (i.e. leukemia, lymphoma, sickle cell disease) 9) Is the person to be vaccinated between 2-49 years If the vaccination is for a child, ask these questions: 10) If child is < 5 years, have they been diagnosed wi 11) Is child taking long term medicine therapy contai 12) For persons under 19 years, select VFC eligibility. (choose one) Flu Vaccine VIS 05/09/2013 Manufacturer ar O INACTIVATED O LIVE Flu Shot Namal Spray DOSE # 0.1 0.2	[If YES, See Egg Allergy Guidelines] ○ Yes ○ No ○ Yes ○ No ? ○ Yes ○ No ? ○ Yes ○ No t 4 weeks? [MMR, Varicella, LAIV, Shingles] ○ Yes ○ No ns? [If YES, Administer TIV ONLY] ○ Yes ○ No olic disease (i.e. diabetes); [If NO, Administer TIV] ○ Yes ○ No oli? (Verify Age) ★ [If NO, Administer TIV] ○ Yes ○ No If YES to either, Administer TIV ONLY] ○ Yes ○ No N/A ining ASPIRIN? ○ Yes ○ No ○ N/A ured ○ Medi-Cal / CHDP ○ Not VFC eligible d Lot Number ○ 0.25 mL ○ LD ○ RD ○ NOV ○ NI ○ LT ○ RT ○ NOV ○ ONL ○ Intranasal Image: REMINDER ○ NOE □

County of Los Angeles - Department of Public Health www.publichealth.lacounty.gov/ip

Date emailed:]									
TO:		Angela Au	istin, RN, MS	SN/MPH									
FROM:			alth Center & rdinator's N		e, and dire	ect Telephone Number							
SUBJECT:		2013-2014	SEASONAI	L INFLUEN	ZA OUTR	EACH CLINIC SCHEDULE							
	В	eginning In	-House Flu (Name	of District: SPA #:]					
			Ple			lease use a separate line/row to ad eadsheet and complete by hand.							
Date of Clinic					Type of Clinic		Venue for Clinic		spreadoneen				
Session		TIME of (Clinic Sessior	1	Session	Target Population	Session	Address	s of Clinic Sessio	n		Vaccir	ne Doses
	Start Time (#:##)	TIME of C	Clinic Session	End Time AM or PM		Target Population Children, Seniors, Homeless, or Immune Compromised Adults		Address Street Address (DO NOT use any periods)	s of Clinic Sessio	n Zip Code	Supervisorial District	Vaccin Number of doses administered in the 2012- 2013 season	Number of doses requested this season
Session Date		Start Time	End Time	End Time AM	Session Outreach, School, or	Children, Seniors, Homeless, or Immune	Session	Street Address (DO NOT use any				Number of doses administered in the 2012-	Number of doses requested this
Session Date (MM/DD/YYYY)	(#:##)	Start Time AM or PM	End Time (#:##)	End Time AM or PM	Session Outreach, School, or POD	Children, Seniors, Homeless, or Immune Compromised Adults	Session Site Name	Street Address (DO NOT use any periods) <u>SAMPLE</u> 333333 S	City	Zip Code	District	Number of doses administered in the 2012- 2013 season	Number of doses requested this season
Session Date (MM/DD/YYYY)	(#:##)	Start Time AM or PM	End Time (#:##)	End Time AM or PM	Session Outreach, School, or POD	Children, Seniors, Homeless, or Immune Compromised Adults	Session Site Name	Street Address (DO NOT use any periods) <u>SAMPLE</u> 333333 S	City	Zip Code	District	Number of doses administered in the 2012- 2013 season	Number of doses requested this season
Session Date (MM/DD/YYYY)	(#:##)	Start Time AM or PM	End Time (#:##)	End Time AM or PM	Session Outreach, School, or POD	Children, Seniors, Homeless, or Immune Compromised Adults	Session Site Name	Street Address (DO NOT use any periods) <u>SAMPLE</u> 333333 S	City	Zip Code	District	Number of doses administered in the 2012- 2013 season	Number of doses requested this season
Session Date (MM/DD/YYYY)	(#:##)	Start Time AM or PM	End Time (#:##)	End Time AM or PM	Session Outreach, School, or POD	Children, Seniors, Homeless, or Immune Compromised Adults	Session Site Name	Street Address (DO NOT use any periods) <u>SAMPLE</u> 333333 S	City	Zip Code	District	Number of doses administered in the 2012- 2013 season	Number of doses requested this season
Session Date (MM/DD/YYYY)	(#:##)	Start Time AM or PM	End Time (#:##)	End Time AM or PM	Session Outreach, School, or POD	Children, Seniors, Homeless, or Immune Compromised Adults	Session Site Name	Street Address (DO NOT use any periods) <u>SAMPLE</u> 333333 S	City	Zip Code	District	Number of doses administered in the 2012- 2013 season	Number of doses requested this season
Session Date (MM/DD/YYYY)	(#:##)	Start Time AM or PM	End Time (#:##)	End Time AM or PM	Session Outreach, School, or POD	Children, Seniors, Homeless, or Immune Compromised Adults	Session Site Name	Street Address (DO NOT use any periods) <u>SAMPLE</u> 333333 S	City	Zip Code	District	Number of doses administered in the 2012- 2013 season	Number of doses requested this season

2013-2014 Flu Vaccination Inventory Log for Service Planning Areas 1-8

(2013-2014 Influenza Outreach Forms sent to the attention of Elizabeth Friedman)

								[(new*) = s	ite no	on or	iginal outr	each list, a	added after 9/	20/13]						
								+ School o	utreact	n close	d to the put	olic; ‡ Winte	er Shelter Outre	each						
Clinic Session Date	Site Name	Venue Type	Target Population	Address	City	ZIP	Start Time	End Time	SPA	Sup Dist	Health Center	Site Number	Cover Sheet Received	Form Drop off Date	- Person Making Drop-off	No. of People Vaccinated (cover sheet)	No. of Forms <i>Received</i> by Data Entry Tech	No. of Forms <i>Entered</i> by Data Entry Tech	Data Entry Tech Assigned	Data Entry Complete Date
9/21/2013		Community Center	Children, Seniors, Homeless, and Immune Compromised				10:00 AM	2:00 PM	2	3	PA	264	9/26/2013	10/2/2013	(county mail)	106	106	105	Nirvi Shah	10/10/2013
9/24/2013		School	Children				8:00 AM	12:00 PM	6	2	PH	621	10/3/2013	10/3/2013	Angela Austin	66	66	66	Jeremy Huang	10/11/2013
9/25/2013		School	Children				8:00 AM	12:00 PM	6	2	РН	622	10/3/2013	10/3/2013	Angela Austin	86	86	86	Guili Zheng	10/11/2013
9/26/2013		School	Children				8:00 AM	12:00 PM	6	2	РН	623	10/3/2013	10/3/2013	Angela Austin	55	55	55	Elizabeth Friedman	10/11/2013
10/1/2013		School	Children				12:00 PM	4:00 PM	6	2	PH	624	10/3/2013	10/3/2013	Angela Austin	67	67	66	Ashley Stegall	10/8/2013
10/4/2013		Outreach	Seniors						8	2	ст	810	10/8/2013	10/8/2013	Nicole Henderson	44	44	44	Jeremy Huang	10/16/2013
10/11/2013		Outreach	Homeless						4	1	CE	414	10/16/2013	10/23/2013	Patricia Alexander	43	43	43	Jeremy Huang	10/25/2013
10/19/2013		School	Children						4	1	CE	415	10/22/2013	11/15/2013	Carol Stone	132	132	127	Elizabeth Friedman	11/22/2013
10/19/2013		Outreach	Seniors, Children, Immune Compromised Adults						6	2	РН	629	10/21/2013	11/1/2013	Deanna Bressler-Montgomer	165	165	165	Paige Sheridan	11/15/2013
10/20/2013		Mega Church	Seniors				8:30 AM	12:30 PM	5	1	SM	501	10/25/2013	10/25/2013	Angela Austin	830	830	816	Jeremy Huang	11/20/2013
10/22/2013		Senior Center	Seniors				9:00 AM	11:30 AM	3	1	PO	351	10/22/2013	10/25/2013	Unknown-delivered to OHAE	101	101	101	Paige Sheridan	11/15/2013
10/23/2013		Outreach	Seniors				ТВА	TBA	4	1	CE	408	10/23/2013	11/15/2013	Carol Stone	10	10	10	Elizabeth Friedman	11/21/2013
10/23/2013		Senior Center	Seniors				8:30 AM	12:00 PM	4	1	CE	401	10/28/2013	11/15/2013	Carol Stone	164	164	164	Guili Zheng	12/9/2013
10/23/2013		Senior Center	Seniors				9:00 AM	11:30 AM	3	5	PO	352	10/23/2013	10/25/2013	Unknown-delivered to OHAE	198	199	199	Jeremy Huang	10/30/2013
10/23/2013		School	Children				9:00 AM	12:00 PM	6	2	PH	625	11/1/2013	11/1/2013	Deanna Bressler-Montgomer	9	9	9	Paige Sheridan	11/8/2013

A4. Flu Site Numbering

Health Center	SPA	Number of Outreaches (as of 2/11/14)	Health Center ID	Site Number
Antelope Valley	1	6	AV	101-106
Glendale	2	3	GL	201-203
North Hollywood	2	7	NH	231; 233-238
Pacoima	2	9	PA	261-269
Monrovia	3	8	MO	301-305; 307-309
Pomona	3	19	PO	351-369
Central	4	16	CE	401-405; 407-410; 412-418
Hollywood/Wilshire	4	8	HW	451-458
Simms/Mann	5	6	SM	501-505; 507
MLK, Jr	6	39	РН	601-609; 611-640
Whittier	7	7	WH	701-707
Curtis Tucker	8	11	СТ	801-811
Total		139		

Cover Sheet for CHS Flu Outreach Clinics, 2013-2014

Return this Cover Sheet to the Office of Health Assessment & Epidemiology within 3 BUSINESS DAYS after each outreach ends Email to efriedman@ph.lacounty.gov or FAX to (213) 250-2594.

All outreach staff must write in their own name, print initials, and flu form initials (i.e., initials as they appear on the flu forms)

Cover Sheet Submitted by:

Date	//	First Name:	Last Name:
------	----	-------------	------------

Phone# (_____) ______ - _____ Email______@ph.lacounty.gov

PLEASE PRINT NEATLY

Outreach Date:			Number of Peo	ople Vaccinated:	#
Clinic Site Name:					
Clinic Site Addres	55:				
DPH Public Healt	h Center Conducting Outr	each Clinic:		SPA Conducting	Outreach:
Vaccine Information*	Manufacturer:	Manufacturer:	Manufacturer:	Manufa	acturer:
(See manufacturer abbreviations below)	Lot #:	Lot #:	Lot #:	Lot #:	
*SP-Sanofi Pasteur, I	MI-MedImmune, NOV-Novartis				

	Please Print Name (Example: Susan R. Smith, RN)	Check if you served in any of the following roles at this outreach clinic		Printed Initials (Ex: SRS)	Flu Form Initials (Ex: Srs)
1.		□ Vaccinator □ Screener □ Volun	teer		
2.		□ Vaccinator □ Screener □ Volun	teer		
3.		□ Vaccinator □ Screener □ Volun	teer		
4.		□ Vaccinator □ Screener □ Volun	teer		
5.		□ Vaccinator □ Screener □ Volun	teer		
6.		□ Vaccinator □ Screener □ Volun	teer		
7.		□ Vaccinator □ Screener □ Volun	teer		
8.		□ Vaccinator □ Screener □ Volun	teer		
9.		□ Vaccinator □ Screener □ Volun	teer		
10.		□ Vaccinator □ Screener □ Volun	teer		
11.		□ Vaccinator □ Screener □ Volun	teer		
12.		□ Vaccinator □ Screener □ Volun	teer		

Purpose: To develop a procedure to ensure that the influenza (flu) consent forms, and cover sheets, are accurately completed, and promptly transported to the Office of Health Assessment and Epidemiology (OHAE) for data entry purposes. Outreach clinics are defined as any flu clinic conducted outside of the Department of Public Health (DPH) in-house immunization clinic.

Influenza Outreach Forms

The following forms shall be provided to patients receiving an influenza vaccination:

- Vaccine Information Sheet
- 2013-2014 Influenza Consent Form

During the outreach

- The nurse in-charge of the outreach clinic <u>must</u> review and complete the CHS Influenza Coversheet. Indicate if each participant is a vaccinator or screener.
- Each person participating in the outreach should sign his/her own name and initials on the Coversheet.
 - Initials should be signed the same was as they are signed on the *Flu Vaccination Form 2013-2014.*
- All flu doses administered at outreach clinics conducted by CHS staff will utilize the *Flu Vaccination Form 2013 -2014*.
- Screeners must review each vaccination form to ensure the following fields are complete, accurate, and legible:
 - o Last Name
 - o First Name
 - o Date of Birth
 - o Zip Code
 - Phone Number
 - o Gender
 - o Mother's First Name
 - o Race/ethnicity
 - o Pregnancy Status
 - Type of flu vaccine administered (LAIV or TIV)
 - o Manufacturer
 - o Lot Number
 - o Site of Administration
 - o Staff Initials
 - Date of Administration
 - Vaccine for Children (VFC) eligibility questions

• Insurance Coverage

Checklist to Prepare Forms for Data Entry

After the outreach:

- The nurse in-charge must review and complete the Cover Sheet for CHS Flu Outreach Clinics, 2013-2014 and attach to the vaccination consent forms. All of the information on the cover sheet must be completed.
- Check to make sure all of the names and initials of the screeners and vaccinators are listed on the Cover Sheet for CHS Flu Outreach Clinics, 2013-2014.
- Sort the "2013-2014 Flu Vaccination Consent Forms" by the vaccinator's initials. For example, all forms signed by Susan R. Smith with the initials SRS should be paper clipped together.
- Review the vaccination forms for completeness. Correct forms missing the following information:
 - o Type of vaccine
 - o Lot numbers should match those listed on the cover sheet
 - o Date vaccine administered

CHS Flu Outreach Cover Sheets

After the outreach clinic:

- Within 3 business days of the flu outreach, the flu coordinator (or designee) shall fax or email the CHS Flu Outreach Cover Sheets to the OHAE. Faxed forms should be sent to: 213-250-2594. Forms sent via email should be sent to the attention of Elizabeth Friedman, Epi Analyst at: efriedman@ph.lacounty.gov.
- The flu coordinator (or designee) shall ensure all consent forms are properly batched with the CHS Flu Outreach cover sheet on top and delivered to the OHAE on the Monday following the outreach. Forms should be delivered to:
 - Office of Health Assessment and Epidemiology 313 N. Figueroa St. Room #127 Los Angeles, CA 90012
 *Sign in with Jeremy Huang

- Once all forms are entered, the OAHE will send all batched forms to CHS Administration, to the attention of Angela Austin, CHS Flu Coordinator.
- The CHS Flu Coordinator will work with the Area Nurse Managers to ensure that these batched forms are returned to the appropriate health center.

Pos	Variable Name	Variable Label	Coded Values	Data Entry Guidelines
1	sdist	Supervisorial District of the Outreach	 1 = Supervisorial District 1 2 = Supervisorial District 2 3 = Supervisorial District 3 4 = Supervisorial District 4 5 = Supervisorial District 5 9 = Missing 	This field will be prefilled, and will have no tab stop.
2	spa	SPA by Health Center that is managing the Outreach	1 = SPA 1 2 = SPA 2 3 = SPA 3 4 = SPA 4 5 = SPA 5 6 = SPA 6 7 = SPA 7 8 = SPA 8 9 = Missing	This field will be prefilled, and will have no tab stop.
3	Cênter	Health Center managing the Outreach	AV = Antelope Valley CE = Central CT = Curtis Tucker GL = Glendale HW = Hollywood Wilshire MO = Monrovia NH = North Hollywood PA = Pacoima PH = Center for Public Health (MLK) PO = Pomona SM = Simms Mann Burke WH = Whittier 99 = Missing	This field will be prefilled, and will have no tab stop.
4	outsite	Site Number of the Outreach		This field will be prefilled, and will have no tab stop.

Codebook for Flu Vaccination 2013-2014 Created 09.10.2013 / Updated 4.4.2014 Community Health Services/Epidemiology Unit

	s Variable Name	Variable Label	Coded Values	Data Entry Guidelines
	id	Patient's ID number	999 = Missing	This field will be prefilled, and will have no tab stop.
			N/A	ID autogenerated from the access database.
	lang	Language of the form	1 = English	
	•	0.0	2 = Spanish	
			3 = Chinese	
			4 = Korean	
	pt_Iname	Patient's last name	N/A	If last name is left blank, leave blank.
	pt_fname	Patient's first name	N/A	If first name is left blank, leave blank.
,	pt_mname	Patient's middle initial	N/A	If middle initial is left blank, leave blank.
0	city	Patient's city of residence	9 = Missing	If field is left blank, enter '9'.
11	zipcode	Patient's zip code of residence	99999 = Missing	If field is left blank, enter '99999'.
			88888 = Homeless	If the form specifically says homeless, enter '88888'.
2	sex	Patient's gender	1 = Male 2 = Female	
			9 = Missing	If gender is left blank, enter '9'.
3	phone	Patient's phone number	N/A	If phone number is missing, leave blank.
4	dob	Patient's date of birth	N/A	If date of birth is missing, leave blank.
5	birth_mom_fname	Mother's first name	N/A	If mother's first name is blank, leave blank.
6	race	Patient's race/ethnicity	1 = Asian	
			2 = Black/African American	
			3 = Hispanic/Latino	
			4 = White/Non-Hispanic	
			5 = Other	
			6 = Native Hawaiian/Pacific Islander	
			7 = American Indian/Alaskan Native	
			8 = Mixed/Multiethnic	If more than one bubble, other than Hispanic is filled out, enter '8'.
			9 = Missing	If the race is left blank, enter '9'. If Hispanic is bubbled along with another race, enter only '3'.
7	medicare	Patient has Medicare	1 = Yes	
7	medicare	Patient has Medicare	1 = Yes 2 = No	
		Patient has Medicare Patient has Medicaid	2 = No 1 = Yes	
17			2 = No	
18	medicaid		2 = No 1 = Yes 2 = No 1 = Yes	
8	medicaid	Patient has Medicaid	2 = No 1 = Yes 2 = No	
8 9	medicaid private	Patient has Medicaid	2 = No 1 = Yes 2 = No 1 = Yes 2 = No 1 = Yes	
18	medicaid private	Patient has Medicaid Patient has Private insurance	2 = No 1 = Yes 2 = No 1 = Yes 2 = No	
	medicaid private none	Patient has Medicaid Patient has Private insurance	2 = No 1 = Yes 2 = No 1 = Yes 2 = No 1 = Yes	
8 9 0	medicaid private none	Patient has Medicaid Patient has Private insurance Patient has no insurance	2 = No 1 = Yes 2 = No 1 = Yes 2 = No 1 = Yes 2 = No	
8 9 0	medicaid private none dk	Patient has Medicaid Patient has Private insurance Patient has no insurance	2 = No 1 = Yes 2 = No 1 = Yes 2 = No 1 = Yes 2 = No 1 = Yes	

Pos Variable Name	Variable Label	Coded Values	Data Entry Guidelines
23 othersp	Another type of insurance, specify	N/A	
24 insure_miss	Patient's insurance is missing	1 = Yes	
_	C C	2 = No	
25 risk	Patient is pregnant	1 = Yes	
		2 = No	
		8 = Does not apply	If patient is male and and left blank, enter '8'
		9 = Missing	If patient is female and risk is left blank, enter '9'
26 vfc_eli	Patient's VFC status	1 = Uninsured	If patient is ≥19, enter '4'.
		2 = Medical/CHDP	If patient marked 'AI/AN' for the race category, and is 18 or under
		3 = American Indian/Alaskan Native	(born in 1995), then mark '3' for VFC status.
		4 = Not VFC eligible	If the patient checks Medicaid for insurance status and is
			≤18 (born in 1995), and VFC status is left blank then choose '4'
			If both '1' and '2' are checked, enter '2'.
			If '3' and any other boxed is checked, enter '3'. If VFC is left blank, enter '4'
27 vac_code	Type of vaccine	1 = Inactivated	If this field is blank and "RD, RT, LD, LT' is selected in the site field, enter 'Inactivated'
		2 = Live	for vaccine type.
		9 = Missing	If this field is blank and 'intranasal is selected in the site field, enter 'LIVE' for vaccine
			type.
28 vac_dose	Dose 1 or 2	1 = Dose 1	
		2 = Dose 2	
		9 = Missing	If dose is left blank, enter '9'
29 manu	Manufacturer	1 = SP	If manufacturer is left blank, use cover sheet to match lot and manufacturer
		2 = NOV	
		3 = MI	If more than one lot number by manufacturer, clarify with Angela
		9 = Missing	If manufacturer and lot number are left blank, enter '9'
30 lot_num	Lot Number	1 = U4692AA	
	Lot Number	2 =1308401	
		3 = BH2029	
		3 = BH2029 4 = BH2090	
		4 = BH2090 5 = UH899AE	
		5 = 0H899AE 6 = 1309401	
		6 = 1309401 7 = 13393P	
		8 = BH2187	
		9 = U4694EA	
		14 = 008011A	
		15 = 1309801	Kinterretoria in televisione (200)
		999 = Missing	If lot number is left blank, enter '999'
31 dose	Dosage	1 = 0.25mL	
		2 = 0.50mL	
		3 = 0.20mL	
		9 = Missing	if dosage is left blank, enter '9'
32 bsite_code	Site of injection	1 = Left deltoid	
02 Dane_Coue		2 = Right deltoid	
		-	
		3 = Left thigh	
		4 = Right thigh	
		5 = Intranasal 9 = Missing	If bsite code is left blank, enter '9'

Pos Variable Name

33 inj_by

Variable Label Vaccinator

Coded Values

1 = Yurie Bornazyan (YB) 2 = Dora Villanueva (DV) 3 = Barbara Bacharawski (BB) 4 = Wendy Gilman (WG) 5 = Ceciel Soriano (CRS) 6 = Catherine Knox (CK) 7 = Carlotta R Payton (CRP) 8 = Janet Agu (JA) 9 = Lizuth Rumon (LR) 10 = Dorothy Obiora (DO) 11 = Anniece Williams (AW) 12 = Gloria Anigloo (GA) 13 = Angela Madison (AM) 14 = Taiwoo Elemuren (TE) 15 = Vanria Butler (VB) 16 = Kathy Iverson (KI) 17 = Tamara Bailey (TB) 18 = Denise Siders(DS) 19 = Marie Gambon (MG) 20 = Nicole Henderson (NH) 22 = Rosaisela Bernal-Murillo (RBM) 23 = Carol Stone (CS) 24 = Elaine Jung (EJ) 25 = Sharon Montoya (SM) 26 = Lorena Ayala (LA) 28 = Evelyn Price (EDP) 29 = Gilda Jones (GAJ) 30 = Rosa Lara (RL) 32 = Christine Ortiz (CO) 33 = Christa F Davison (CFD) 34 = Charlotte Slater - Lunsford (CSL) 35 = Martha Collins (MC) 36 = Ana Garcia (AG) 37 = Rogelio T Cruz (RTC) 38 = Julie Garcia (JG) 39 = Anna Lai (AL) 40 = Patty Matthew (PM) 41 = Debbie Poon (DP) 42 = Ha Pham (HP) 43 = Maria Poon (MP) 44 = Nenita Barry (MAB) 45 = Lidia Eslinger (LE) 46 = Fortunata B Ruiz (FR) 47 = Paula Deng (PD) 48 = Evelyn Ocampo (ESO) 50 = Carmen Ulloa-Huicochea (CUH) 51 = Anh Trinh (AT) 52 = Rosarina Albert (RA) 53 = Tara Ploof (TP) 54 = Ralph Pulido (RP) 55 = Ruth Trudgeon (RT) 56 = Seemi Siddique (SS) 57 = Theresa Lam (TL) 58 = Kelly Ivie (KI) 59 = Marie Kreimann (MK) 60 = Harriett Hartshorn (HH) 61 = Emily Mombay (EJM) 62 = Shamika Ossey (SO) 64 = Laura Gazdziak (LG) 65 = Ariana Hopkins (AH) 66 = Cyntoria Givens (CG) 68 = Tiffany Banh (TB)

Data Entry Guidelines

N/A

69 = Sue Kim (SK) 70 = Eileen Alagot (EA) 71 = Melany Manalo (MM) 72 = Gladys Fernandez (GF) 73 = Jan Soriano (JS) 74 = Theresa Tam (TT) 75 = Jennifer Tran (JT) 76 = Tina Venegas (TV) 77 = Leonor Tejeda (LT) 78 = Erica White (EW) 79 = Lanny Phung (LP) 80 = Natalie Van Wingerden (NVW) 82 = Deanna Bressler Montgomery (DBM) 83 = Olaitan Akinwumi (OA) 84 = Sharon Sylvers (SS) 85 = Doreen Beaupierre (DB) 86 = Lizzeth Romero (LR) 91 = Kayla Yarian (KY) 92 = Eleanor Rudolph (ER) 93 = Lindsay Ujihara (LU) 94 = Arvin Almacin (AA) 95 = John Biscocho (JB) 96 = Caitlin Carlson (CC) 102 = Tristan Pham (TP) 104 = Jie Li (JL) 105 = Jean Mitchell (JM) 106 = Maggie Meidel (MM) 107 = Raymond Espinosa (RE) 108 = Myrna Forest (MF) 109 = Helen Obih (HO) 110 = Jessica Stoop (JS) 111 = Jennifer Kilburn (JMK) 112 = Jessica Moller (JM) 113 = Olivia Gutierrez (OG) 114 = Ruth C Kim (RK) 115 = Michael Barragan (MB) 117 = Proscovia Nambatya (PN) 118 = Rosaline Sharpe (RS) 119 = Mei Lien Chu (MC) 123 = Kang Young Yim (KY) 124 = Okin Park (OP) 125 = Janet Pack (JP) 126 = Soo Young Park (SYP) 127 = Hanny Orchigan (HO) 128 = Jung Hyunsil (JHS) 129 = HyeJin Bae (HB) 130 = Barbara DeRidder (BD) 131 = Andre Nazarians (AN) 132 = Sylvia Pianowski (SP) 138 = Daniel Evans (DE) 139 = Morenike Oyegbami (MO) 140 = Judith Hatchett (JGH) 141 = Diane Stafford (DMS) 149 = Elizabeth Kane (EK) 150 = Carolin Essex (Carolyn) (CE) 151 = Diane Gaines (DG) 152 = Ivan M Martinez (IM) 154 = Sandra Gomez (SG) 155 = Shiarron Baker (SQB) 156 = Olubunmi Levy (OL) 157 = Aprel Gabriel (AG) 159 = Carol Daniels (CD) 161 = Lois H Walker (LW) 162 = Lovelyn Anyanwu (LUA)

Community Health Services / 313 N. Figueroa Street, Room 127 / Los Angeles, CA 90012 / Created 09.10.13 / nshah@ph.lacounty.gov / Page 7 of 11

163 = Anh Ly (AL)

Coded Values

164 = Maria A Jimenez (MA/MJ/MAJ) 165 = LaVenia Johnson (LJ) 166 = Nguyet Nguyen (NN) 167 = Diane Wilson (DW) 168 = Tanya Gumby (TG) 169 = Mi Hae Fishman (MF) 170 = Rhonda Williams (RW) 172 = Michelle Crutchfield (MC) 174 = Emily Cheung (EC) 179 = Yingzi Li (YL) 180 = Anna Lam (AL) 184 = Ruby Sihota (RS) 185 = Stephanie Cornett (SC) 186 = Felicitas Llabres (FL/FCL) 188 = Guadalupe Santos (GS) 191 = Lori Cruit (LC) 192 = Maria Estrada (ME) 193 = Mary McDonald (MMCD) 200 = Kelly Watanabe (KW) 201 = Jungae Lee (JL) 206 = Young Cha (YC) 207 = Joon Kang (JK) 208 = Maureen Ogbo (MO) 211 = Linda Davis (LD) 214 = Shari Weary (SW) 215 = Terri Fiske (TF) 217 = Dolores Hirsch (DH) 218 = Grace Samson (GS) 219 = Joysworth Eyitayo (JE) 220 = Maria Liebman (ML) 221 = Ana Ramirez (AR) 222 = Maureen Haston (MH 223 = Eileen Laureano (EL) 224 = Maricar Quismorio (MQ) 225 = Christina Torres (CT) 226 = Marietta Isabel V Stewart (MIVS) 227 = Ana M Fields (AF) 228 = Ramiro Flores (RF) 230 = Jesus R Murillo (JRM) 231 = Jenik Ayrapetyan (JOA) 232 = Ovsanna Dermenjyan (OOD) 233 = Alex Pizano (AMP) 234 = Margaret Halloway (MH) 235 = Ada Okpoko (AO) 237 = Melanie Niedjelski (MN) 238 = Rosalba Guttierrez (RG) 239 = Kit San C Leung (KS) 240 = Helen Park (HKP) 241 = Geraldine Chima (CG) 242 = Michelle A Williams (MAW) 243 = Fariba Yengegeh (FY) 244 = Jocelyn Do (JD) 245 = Marilyn Parras (MP) 246 = Annette Perez (AP) 247 = Tamoe Bloemhof (TB) 248 = Elia Hernandez (EH) 249 = Adela Del Gid (AD) 250 = Shellena Henry (SH) 251 = Dalila Bravo (DB) 252 = Justine Efren (JE) 253 = Wendi Sellers (WS) 254 = Helen Kwak (HK) 255 = Jeanette Silla (JMS) 256 = Jeff Allen (JA)

Data Entry Guidelines

257 = Yaling Li (YL)

258 = Elyse Rasmussen (ER) 259 = Lynn Nottingham (LN) 260 = Tien Nguyen (TN) 261 = Noel Bautista (NCB) 262 = Stella Carrion (SC) 263 = Luis Avitia (LA) 264 = Maria Ochoa (MO) 265 = Margilane Hernandez (MOH) 267 = Lorena L Soril (LS) 269 = Brian Wu (BW) 270 = Martha Chahadi (MC) 271 = Marilyn Rhodes (MR) 272 = Barbara M Mowbray (BMM) 273 = Gerda Mason (GM) 274 = Daniel Bellosillo (DB) 275 = Monica Flores (MF) 276 = Cathy E King (CK) 277 = Francis Pollock (FP) 278 = Vivian Anderson (VA) 279 = Maria Rebultan-Linton (MRL) 280 = Patricia Gonzalez (PG) 281 = Virigina Manalo (VBM) 282 = Maria Cruley (MNC) 283 = Mary Hwang (MH) 284 = Gwarytach Son (GTS) 285 = Sun H Kim (SK) 286 = Karen Y Cho (KJC/KYC) 287 = Hae Ja Kim (HK) 288 = Hae Sook Park (HKP) 289 = Ramona Lucas (RL) 290 = Sang Lee (SL) 291 = Ryoo Geun Ock (RG) 292 = Sung ye Kim (SK) 293 = Dorothy Bargiven (GB) 294 = Betty Mann (BM) 295 = Yolanda Amaya (YA) 296 = Yvonne R Paul Elliott (YPE) 297 = Keun Lee (KL) 298 = Grace L Lim (GL) 300 = Mary Jo Ferrell (MJF) 301 = Carol Van (CV) 305 = Dee Washington (DW) 306 = Jenny Gurwell/Jenevieve Lynn Gurwell (JLG) 307 = Ditas Joy Reyes (DJR) 308 = Carol Seto (CS) 309 = Kristine Armosilla (KRA) 310 = Kathleen Mai (KM) 311 = Anthony Ngo (AN) 312 = Maria Ng (MRN) 313 = Wan-Chieh Wu (WCW) 314 = Thi Duong (TD) 315 = Cam Nguyen (CN) 316 = Catherine E Adams (CEA) 317 = Anna Bayya (AB) 318 = Daryn Sakamoto (DS) 319 = Leticia Ajiz (LA) 320 = Tricia Shaner (TDS) 321 = Jackie Conlin (JSC) 322 = Lauren Pletkovich (LMP) 323 = Daniel Yoo (DY) 324 = Froilan Mabalo (FOM) 325 = Lisa Scott (LMS) 326 = Minerva Marquez (MM) 327 = Jen Brian Camlas (JBC)

Data Entry Guidelines

328 = Catherine Eden Taylor (CET)

Coded Values
329 = Daisy Crespo (DC)
330 = Ivette Becerra-Ruzi (IBR)
331 = Scheherazade Mendez (SM)
332 = Miro Salimbogat (MS)
333 = Wendy Dunn (WD)
334 = Tim Smolens (TS)
335 = Jazmin Nunez (JN)
336 = Elizabeth McIntosh (EM)
337 = Juliann Turner (JKT)
338 = Kimberly Degnan (KD)
339 = Tiffany Brooks (TB)
340 = Kristi Lopez (KEL)
341 = Asti Alvarado (AA)
342 = Jennilyn Canla (JC)
343 = Whitney Massee (WMM)
344 = Ulyses Navotas (UN)
345 = Gwendolyn Smith (GS)
346 = Jeffrey Audije (JA)
347 = Reichelle Tado (RVT)
348 = Valerie Adams (VAA)
350 = Johana Gena (JG)
352 = Pia Magante (PM)
e . ,
353 = Patricia Alexander (PA)
354 = Theatrina Roome (TR)
355 = Carrie Walsh (CAW)
356 = Naty Bustos (NSB)
357 = Delmy R Balette (DRB)
359 = Elaine Massengill (EM)
360 = Stephanie Jao (SJ)
361 = Victoria S Victoria (VSV)
362 = Dorene Steiger (DS)
363 = Evgeniya Kryuroikova (EK)
364 = Michelle Fowles (MFC)
365 = Kesley Davis (KED)
366 = Amy Danzig (AD)
367 = Beckel Hass (BH)
368 = Maria Boco (MB)
369 = Daucina Oheam (DO)
370 = Yong Kyang Kim (KYK)
371 = Bonnie Shook (BRS)
372 = Terri Aadal (TA)
374 = Roberto Luna (REL)
375 = La Tonya Lee (LML)
376 = Elvie Manuel (EM)
378 = Evelyn Nierves (EN)
379 = Francine Shanks (FS)
381 = Grace M Tatlonghari (GT)
382 = Suzette Bosreld (SGB)
383 = Julia Yamaguchi (JSY)
384 = MaryAnn Nguyen (MN)
385 = Rachel Brevig (RB)
386 = Ryan Shimizu (RTS)
387 = Maria Thomas (MT)
388 = Madison E Mulder (MEM)
389 = Serafim Sindon (SS)
390 = Cindy Yeh (CY)
391 = Kayla Shechan (KSS)
392 = Connie Brehm (CB)
393 = Fatima Alix (FCA)
394 = Evelyn Cardines (EC)
395 = Gerard Jardenil (GJ)
396 = Teresa Lynch (TL)
398 = Cristin Mondy (CM)
399 = Thea Hanna (TMH)
400 = Angela Millan (AGM)

Data Entry Guidelines

Pos	Variable Name	Variable Label	Coded Values	E
			401 = Rene Galano (RG)	
			402 = Kyle L Martin (KLM)	
			403 = Stephanie Cohen (SC)	
			404 = Margie Chilin (MC)	
			405 = Demitrius Washington (DW)	
			408 = Tina Cambuello (TT)	
			409 = Kathy Selles (KS)	
			410 = Ashlyn B Mann (AM)	
			411 = Brooke Stavang (BS)	
			412 = Laura Wang (LJW)	
			413 = Sarah Mae Mendoza (SM)	
			414 = Brenda Quintero (BQ)	
			415 = Lynn Huynh (LH)	
			416 = Teresa Gallegos (TG)	
			418 = Jane Chan (JC)	
			420 = Ana Lopez (AL)	
			421 = Cynthia Nelms (CN)	
			422 = Veronica Caballero (VC)	
			423 = Lori Ko (LK)	
			424 = Irina McGuire (IM)	
			425 = Kim Taylor (KT)	
			426 = Soki Taing (ST)	
			427 = Jacey Kim (JK)	
			428 = Jung Park (JP)	
			429 = YoonMee Jeong (J)	
			430 = Sharon Oriel (SO)	
			431 = Taryn Denaro (TD)	
			432 = Arlene Santos (ABS)	
			433 = JoAnna Levinson (JL)	
			434 = Soon Rang Kim (SKC)	
			999 = Missing	
34	vac_date	Date administered	N/A	
85	dateent	Date form entered into Access database	N/A	
6	entby	Initials of person completing data entry	AS = Ashley Stegall	
			EF = Elizabeth Friedman	
			GZ = Guili Zheng	
			NS = Nirvi Shah	
			JH = Jeremy Huang	
			JP = Jennifer Piron	
			LS = Lisa Smith	
			PS = Paige Sheridan	
			SH = Stephanie Hunter	
			BH = Barbara Holtwick	

* Items in red are TBD with Angela or Nurse Manager

A8. Coded Intake Form (English)		ſſ
2013 - 2014 Flu Vacci	nation Consent Form	pt_mname
Last Name pt_Iname	First Name pt_fname	PtMI
Home Address (House Number And Street Name)		Number
	ZIP Code Zipcode Gen	der: O Male
		C Female
Area Code Phone Number	Date Of Birth dob (example	05/18/1980)
Mother's First Name birth_mom_fname		
	Month Day	Year
Race / Ethnicity O Asian O Black / African American		0.04
Race / Ethnicity O Asian O Black / African American <u>Choose One</u> race O Native Hawaiian / Pacific Islander		O Other 1ulti - Race
For persons over 18, what type of health insurance do you		insure_miss
O Medicare O Medicaid O Private (ex. Anthem Blue (O I Don't Know
1) Do you have a fever or are you sick today?	None	OYes ONo
2) Are you pregnant or do you think you may be pregnant?	risk	O Yes O No
3) Have you had a serious reaction to flu vaccine requiring	medical help?	○Yes ○No
I CONSENT TO THE VACCINATION PROVIDED. If under	er 18 years of age, PRINT name of parent or	legal guardian
Signature		
Signature STOP - DO NOT WRITE BELOW THIS LINE	SCREENER INIT	IALS
-		IALS O Yes O No
 STOP - DO NOT WRITE BELOW THIS LINE 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 	[If YES, See Egg Allergy Guidelines]	
 STOP - DO NOT WRITE BELOW THIS LINE 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 	[If YES, See Egg Allergy Guidelines]	○Yes ○No
 STOP - DO NOT WRITE BELOW THIS LINE 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 	[If YES, See Egg Allergy Guidelines]	O Yes O No O Yes O No
 STOP - DO NOT WRITE BELOW THIS LINE 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 wee 8) Do you have any of the following medical conditions? 	[If YES, See Egg Allergy Guidelines] eks? [MMR, Varicella, LAIV, Shingles] [If YES, Administer TIV ONLY]	O Yes O No O Yes O No O Yes O No
 STOP - DO NOT WRITE BELOW THIS LINE 4) Do you have a severe allergy to eggs? 5) Do you have an allergy to thimerosal? 6) Have you ever had Guillain-Barré Syndrome (GBS)? 7) Have you received any of these vaccines in the last 4 week 	[If YES, See Egg Allergy Guidelines] eks? [MMR, Varicella, LAIV, Shingles] [If YES, Administer TIV ONLY] ease (i.e. diabetes);	O YesO NoO YesO NoO YesO NoO YesO NoO YesO No
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2013-2014 CHS Flu Campaign Data Entry Protocol

Please use this protocol and the codebook to guide you through entering Flu Vaccination Consent Forms into your Access Database.

If you have questions about data entry, you may contact Ashley, Elizabeth, Nirvi, or Guili.

Community Health Services Contacts:

Angela Austin	Phone: 213-250-8519
241 N Figueroa St. Room 306	Email: aaustin@ph.lacounty.gov
Ashley Stegall	Phone: 213-989-7042
313 N Figueroa St. Room 117	Email: astegall@ph.lacounty.gov
Elizabeth Friedman	Phone: 213-250-8553
313 N Figueroa St. Room 117	Email: efriedman@ph.lacounty.gov
Nirvi Shah	Phone: 213-240-8429
313 N Figueroa St. Room 117	Email: nshah@ph.lacounty.gov
Guili Zheng	Phone: 213-240-8088
313 N Figueroa St. Room 117	Email: gzheng@ph.lacounty.gov

Office of Health Assessment Contact:

Lisa V. Smith	Phone: 323-231-7640
313 N Figueroa St. Room 127	Email: lismith@ph.lacounty.gov

Receiving Your Data Entry Assignment

CHS will deliver forms to Elizabeth Friedman weekly. Once these batches are recorded, you will receive an email stating which of your batches are available. Once you receive the Data Entry Completion Log from Elizabeth, you may pick up your batch from the locked cabinet in Room 127.

Receiving Your Batch

- 1) After obtaining the batch, record the date you received the forms on the Data Entry Completion Log.
- 2) Check that the outreach date on the Cover Sheet matches the Date Administered field on the forms.

Sorting and Counting the Forms

- 1) Sort the Flu Vaccination Consent Forms by the vaccinator's initials (group all the forms with the same vaccinator together).
- 2) Match the vaccinator's initials on the forms to the initials on the Cover Sheet. If the vaccinator's initials are on the form, but missing from the Cover Sheet, scan and email the consent form (bottom half only) and the cover sheet to Angela Austin. Do not enter the form until a response from Angela is received. Forward Angela's response to Nirvi, and wait for the updated codebook to proceed with data entry.

- 3) If there are duplicate forms/carbon copies, do not enter the duplicate. Count the duplicate form as one of the forms received, and document the number of duplicate forms received in the "Problems Encountered" section of the completion log.
- 4) Count the number of Vaccination Consent Forms and record that number on the Data Entry Completion Log.

The Database

The Access databases will be stored on the shared drive **chs-epi (H Drive)**. A file folder with your name will house all databases assigned to you. You will receive a separate email with the password for the databases.



- Double-check the name of the database against the Cover Sheet in your batch.
- When navigating through the database, use the Tab key to quickly move between fields. All text entered will appear as uppercase.
- Enter the information as best as you can read it on the Flu Vaccination Consent Form.
- Enter exactly what is documented on the form.
- Do not fill in missing information or write on the forms in any way.
- Refer to the codebook for all additional data entry instructions.
- If you are in the middle of a batch at the end of your shift: In Room 117, lock the batch in your desk drawer.

In Room 127, return the forms to the cabinet or Nirvi Shah in Room 117.

What to do after a batch is entered

1) Complete the Data Entry Completion Log, including documenting any problems.

- 2) Email Ashley to notify her that data entry is complete.
- 3) Send a copy of the Data Entry Completion Log to Elizabeth and Ashley.
- 4) Return the forms to the cabinet, Jeremy, or Elizabeth.

A11. Data Entry Completion Log

2013-2014 Flu Campaign Data Entry Completion Log

Outreach Site Name:							
Outreach Site Number:							
Outreach Date/Date Administered:/	/						
Number of People Vaccinated:							
Data Entry Staff Name:							
Date Forms Received://	Number of Forms Received:						
Date Forms Returned: ///							
Name of Person Forms Returned to:							
Database Name:							
Problems Encountered:							

A12. Vaccine Accountability Tables 1-3

Table 1. Influenza Vaccine Accountability (n=20,612) for 2013-2014 Influenza Outreaches by Health Center, Date Administered, Lot Number, and Doses Given by Patient's Age (Preliminary data). 1,2,3,4,5

Health Center	Date Administered	Lot Number	Doses Given 6 Months To 2Yrs	Doses Given 3Yrs To 18Yrs	Doses Given 19Yrs To 49Yrs	Doses Given 50Yrs To 59Yrs	Doses Given 60Yrs To 64Yrs	Doses Given 65Plus	Total
Antelope Valley	11/3/2013	UH899AE	0	23	26	21	5	5	80
		13393P	0	0	1	0	0	0	1
		BH2187	2	24	28	1	0	0	55
	11/10/2013	U4692AA	1	0	0	0	0	0	1
		BH2090	4	31	25	0	0	0	60
		UH899AE	1	17	17	29	7	11	82
		13393P	0	0	6	1	1	1	9
	11/13/2013	BH2090	0	14	9	0	0	0	23
		1309401	0	2	7	17	11	35	72
		U4694EA	2	0	0	0	0	0	2
	11/20/2013	U4692AA	1	0	0	0	0	0	1
		BH2090	0	16	10	0	0	0	26
		UH899AE	0	21	39	33	7	5	105
		13393P	0	0	1	0	0	0	1
		BH2187	1	36	19	0	0	1	57
	11/24/2013	BH2090	0	36	14	1	0	1	52
		UH899AE	0	5	22	29	9	12	77
		1309401	0	1	6	6	6	25	44
		008011A	0	0	0	1	0	0	1
	12/11/2013	1309401	0	0	2	2	0	0	4
		BH2187	0	1	6	0	0	0	7
		U4694EA	1	0	0	0	0	0	1
		008011A	0	0	4	2	0	1	7
Central	10/11/2013	1308401	1	4	15	14	4	4	42
	10/19/2013	UH899AE	0	10	44	21	12	10	97
		BH2187	0	18	12	0	0	0	30
	10/23/2013	UH899AE	0	0	11	48	54	60	173
	10/24/2013	UH899AE	1	11	107	66	54	60	299
		BH2187	1	7	21	0	0	0	29
		U4694EA	2	0	0	0	0	0	2
	10/27/2013	U4692AA	0	0	0	1	0	0	1
		UH899AE	2	20	45	18	6	5	96
		13393P	0	1	1	0	0	0	2
		BH2187	0	15	3	0	0	0	18
	11/2/2013	UH899AE	0	3	18	15	16	51	103
		BH2187	0	3	9	0	0	0	12
	11/3/2013	UH899AE	0	60	173	123	41	27	424
		13393P	0	2	6	0	1	0	9
		BH2187	1	49	27	2	0	0	79
		U4694EA	1	0	0	0	0	0	1
	11/10/2013	UH899AE	0	1	11	10	4	2	28
		1309401	0	6	107	80	25	24	242
		13393P	0	0	6	2	2	1	11
		BH2187	1	18	22	1	0	2	44
		U4694EA	1	0	0	0	0	0	1
		008011A	0	0	48	18	9	12	87

Health Center	Date Administered	Lot Number	Doses Given 6 Months To 2Yrs	Doses Given 3Yrs To 18Yrs	Doses Given 19Yrs To 49Yrs	Doses Given 50Yrs To 59Yrs	Doses Given 60Yrs To 64Yrs	Doses Given 65Plus	Total
	11/22/2013	UH899AE	0	15	37	6	1	1	60
		BH2187	0	11	0	0	0	0	11
	11/27/2013	UH899AE	0	2	0	0	0	1	3
		BH2187	0	4	1	0	0	0	5
		008011A	0	0	63	41	15	12	131
	12/1/2013	UH899AE	1	34	89	50	16	8	198
		BH2187	0	38	32	0	0	0	70
		U4694EA	1	0	0	0	0	0	1
		008011A	0	0	4	0	0	0	4
	12/4/2013	008011A	0	0	5	9	2	4	20
	12/17/2013	008011A	0	0	3	2	0	0	5
	2/8/2014	UH899AE	0	1	7	3	3	3	17
Curtis Tucker	10/4/2013	1308401	0	0	6	6	8	23	43
	., ,	BH2029	0	0	1	0	0	0	1
	10/25/2013	U4692AA	0	0	0	0	0	2	2
		UH899AE	0	3	30	48	67	85	233
		13393P	0	0	0	0	1	0	1
		BH2187	0	5	7	0	0	0	12
		Missing	0	0	0	0	0	1	1
	10/26/2013	UH899AE	1	11	71	58	42	90	273
	10/20/2015	13393P	0	0	4	0	1	2	7
		BH2187	0	22	10	0	0	0	32
	10/28/2013	UH899AE	0	1	16	28	28	91	164
	10/20/2015	13393P	0	1	0	0	0	0	104
		BH2187	0	0	3	0	0	0	3
	10/31/2013	UH899AE	0	15	44	56	25	21	161
	10/51/2015	13393P	0	13	2	1	1	0	5
		BH2187	2	39	23	0	1	0	65
		Missing	0	0	1	0	0	0	1
	11/7/2013	U4692AA	1	0	0	0	0	0	1
	11/7/2015	UH899AE	0	0	30	36	24	56	1 146
		13393P	0	0	1	2	0	0	3
		BH2187	0	1	1	0	0	0	5 11
	11/14/2013	U4692AA	0	0	0	1	0	0	1
	11/14/2015	UH899AE	0	0	14	25	9	49	97
			0	0	14	0	9 1	49	2
		13393P		-	9	0	0	0	
	11/15/2012	BH2187	0	0					9
	11/15/2013	UH899AE	0	0	10	18	27	42	97
		13393P	0	0	0	0	0	1	1
		BH2187	0	0	1	0	0	0	1
	44/45/5545	Missing	0	0	1	0	0	0	1
	11/16/2013	1308401	0	4	27	20	8	3	62
		BH2029	0	3	4	0	0	0	7
		BH2187	0	11	17	0	0	0	28
		008011A	0	0	1	0	0	0	1
	11/18/2013	UH899AE	0	1	38	48	36	58	181

Glendale 10/29/ 11/2/2 11/2/2 Hollywood Wilshire 10/27/ 11/1/2 11/1/2 11/1/2 11/1/2 11/1/2 11/1/2 11/1/2 11/5/2 11/5/2 11/6/2 11/10/2 11/10/2 11/10/2 11/10/2 Martin Luther King, Jr. Center for 9/24/2 9/25/2 9/25/2	13		Months To 2Yrs	To 18Yrs	To 49Yrs	Doses Given 50Yrs To 59Yrs	Doses Given 60Yrs To 64Yrs	Doses Given 65Plus	Total
11/2/2 12/11/2 12/11/2 10/27/2 11/1/2 11/1/2 11/5/2 11/5/2 11/5/2 11/6/2 11/1/2 11/1/2 11/1/2 11/1/2 11/1/2 11/1/2 11/1/2 11/1/2 11/1/2 11/20/2 Martin Luther King, Jr. Center for Public Health 9/24/2	13	13393P	0	0	1	0	0	0	1
Hollywood Wilshire 10/27/ Hollywood Wilshire 10/27/ 11/1/2 11/3/2 11/5/2 11/6/2 11/10/ 11/14/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2	13	BH2187	0	4	25	0	0	1	30
Hollywood Wilshire 10/27/ Hollywood Wilshire 10/27/ 11/1/2 11/3/2 11/5/2 11/6/2 11/10/ 11/14/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2	10	UH899AE	0	0	23	48	39	149	257
Hollywood Wilshire 12/11/ Hollywood Wilshire 10/27/ 11/1/2 11/3/2 11/5/2 11/6/2 11/10/ 11/14/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2		13393P	0	1	0	2	0	0	3
Hollywood Wilshire 12/11/ Hollywood Wilshire 10/27/ 11/1/2 11/3/2 11/5/2 11/6/2 11/10/ 11/14/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2		BH2187	0	4	10	0	0	0	14
Hollywood Wilshire 12/11/ Hollywood Wilshire 10/27/ 11/1/2 11/3/2 11/5/2 11/6/2 11/10/ 11/14/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2	13	UH899AE	1	26	70	68	28	32	225
Hollywood Wilshire 10/27/. 11/1/2 11/3/2 11/5/2 11/5/2 11/6/2 11/10/. 11/10/. 11/14/. 11/20/. 11/20/. Martin Luther King, Jr. Center for 9/24/2		13393P	0	0	1	1	1	0	3
Hollywood Wilshire 10/27/. 11/1/2 11/3/2 11/5/2 11/5/2 11/6/2 11/10/. 11/10/. 11/14/. 11/20/. 11/20/. Martin Luther King, Jr. Center for 9/24/2		BH2187	1	36	47	1	0	0	85
Hollywood Wilshire 10/27/. 11/1/2 11/3/2 11/5/2 11/5/2 11/6/2 11/10/. 11/10/. 11/14/. 11/20/. 11/20/. Martin Luther King, Jr. Center for 9/24/2		U4694EA	1	0	1	0	0	0	2
Hollywood Wilshire 10/27/. 11/1/2 11/3/2 11/5/2 11/5/2 11/6/2 11/10/. 11/10/. 11/14/. 11/20/. 11/20/. Martin Luther King, Jr. Center for 9/24/2	12	BH2187	0	0	4	0	0	0	4
11/1/2 11/3/2 11/3/2 11/5/2 11/6/2 11/10/ 11/10/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2	15	008011A	0	0	6	1	0	0	7
11/1/2 11/3/2 11/3/2 11/5/2 11/6/2 11/10/ 11/10/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2	12	1309401	0	41	94	93	40	48	, 316
11/3/2 11/5/2 11/6/2 11/10/ 11/10/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2	15	13393P	0	0	1	0	0	48	1
11/3/2 11/5/2 11/6/2 11/10/ 11/10/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2		BH2187	0	25	14	0	0	0	39
11/3/2 11/5/2 11/6/2 11/10/ 11/10/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2	12	1309401	0	0	21	22	17	27	87
11/5/2 11/6/2 11/10/ 11/14/ 11/14/ Martin Luther King, Jr. Center for Public Health 9/24/2	15	BH2187	1	2	3	0	0	0	6
11/5/2 11/6/2 11/10/ 11/14/ 11/14/ Martin Luther King, Jr. Center for Public Health 9/24/2	12	U4692AA	1	0	0	0	0	0	1
11/6/2 11/10/ 11/10/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2	15	UH899AE	0	10	20	22	9	12	73
11/6/2 11/10/ 11/10/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2		1309401	0	25	82	51	19	37	214
11/6/2 11/10/ 11/10/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2		13393P	0	0	0	0	1	0	1
11/6/2 11/10/ 11/10/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2		BH2187	1	39	15	0	0	0	55
11/6/2 11/10/ 11/10/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2	13	1309401	0	0	13	15	15	14	58
11/10/ 11/14/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2		BH2187	0	2	21	0	0	0	23
11/10/ 11/14/ 11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2	12	1309401	0	1	13	4	2	1	23
11/14/ 11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2		UH899AE	0	60	5	4	0	0	66
11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2	13	BH2187	2	19	0	0	0	0	21
11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2		008011A	0	1	83	51	14	20	169
11/20/ Martin Luther King, Jr. Center for Public Health 9/24/2	12	U4692AA	1	0	0	0	0	0	105
Martin Luther King, Jr. Center for Public Health 9/24/2	13	UH899AE	0	1	0	0	0	0	1
Martin Luther King, Jr. Center for Public Health 9/24/2		BH2187	0	0	2	0	0	0	2
Martin Luther King, Jr. Center for Public Health 9/24/2		008011A	0	0	12	5	5	2	24
Martin Luther King, Jr. Center for Public Health 9/24/2	12	BH2187	0	1	8	0	0	0	24 9
Public Health 9/24/2	15	008011A	0	0	16	45	42	33	136
Public Health 9/24/2		0000114	0	0	10		72	55	130
	13	BH2029	1	24	21	0	0	0	46
9/25/2		UH899AE	0	24	10	4	2	2	20
5/25/2	13	BH2029	0	34	10	4	0	0	46
		UH899AE	0	2	23	7	2	6	40
9/26/2	13	BH2029	0	36	3	0	0	0	39
5/20/2		UH899AE	0	1	10	3	0	1	15
10/1/2	13	BH2029	0	50	10	0	0	0	60
10/1/2		UH899AE	0	3	2	0	0	0	5
10/19/	13	BH2029	1	10	14	0	0	0	25
10/19/	10	UH899AE	0	8	42	57	19	12	138
10/23/	12	BH2029	0	8	42	0	0	0	138
10/23/	10	UH899AE	0	4	2	0	0	0	3

Health Center	Date Administered	Lot Number	Doses Given 6	Doses Given 3Yrs	Doses Given 19Yrs	Doses Given 50Yrs	Doses Given 60Yrs	Doses Given	Total
inculti center	Dute Auministereu	Lot Humber	Months To 2Yrs	To 18Yrs	To 49Yrs	To 59Yrs	To 64Yrs	65Plus	Total
		Missing	0	1	0	0	0	0	1
	10/24/2013	BH2029	0	3	5	0	0	0	8
		UH899AE	0	0	23	15	8	11	57
	10/25/2013	BH2029	1	9	5	0	0	0	15
		UH899AE	0	21	23	6	0	1	51
	10/26/2013	U4692AA	2	0	0	0	0	0	2
		BH2029	1	74	54	0	0	0	129
		UH899AE	0	11	91	43	18	19	182
	10/27/2013	U4692AA	2	0	0	0	0	0	2
		BH2029	3	110	143	1	0	0	257
		UH899AE	0	19	69	140	84	60	372
		13393P	0	0	3	1	1	3	8
	10/28/2013	U4692AA	1	0	0	0	0	0	1
		1308401	0	1	0	0	0	0	1
		UH899AE	0	2	23	17	6	21	69
		13393P	0	0	1	0	2	1	4
	10/29/2013	UH899AE	0	0	7	4	11	14	36
	10/30/2013	BH2029	0	2	6	0	0	0	8
		UH899AE	0	13	21	23	12	71	140
		13393P	0	0	0	2	1	0	3
	10/31/2013	BH2029	0	2	36	0	0	0	38
	10,01,2010	UH899AE	0	1	51	44	15	4	115
		BH2187	0	0	1	0	0	0	1
		Missing	0	0	5	0	0	0	5
	11/1/2013	BH2029	2	6	31	0	0	2	41
	11/1/2015	UH899AE	0	1	112	63	17	12	205
		Missing	0	0	2	0	0	0	205
	11/2/2013	BH2029	1	20	63	4	0	0	88
	11/2/2015	UH899AE	0	4	73	42	15	9	143
	11/3/2013	BH2029	0	7	57	0	0	0	64
	11/3/2013	UH899AE	0	2	65	38	14	6	125
		Missing	0	0	1	0	0	0	125
	11/4/2013	BH2029	1	2	4	0	0	0	7
	11/4/2013	UH899AE	0	0	7	11	6	7	, 31
	11/5/2012		0	0	3		1	0	4
	11/5/2013	UH899AE	0	39	3 240	0 0	0	0	4 280
	11/6/2013	BH2029	-						
	11/10/2012	UH899AE	0	10	117	30	9	8	174
	11/10/2013	U4692AA	7	0	0	0	0	0	7
		UH899AE	0	74	79	46	32	32	263
	44 /42 /2212	008011A	0	2	54	28	10	12	106
	11/13/2013	UH899AE	2	9	66	32	6	9	124
	11/16/2013	UH899AE	0	5	0	1	1	0	7
		008011A	0	1	20	12	8	4	45
	11/17/2013	U4692AA	3	1	0	0	0	0	4
		UH899AE	0	20	30	15	3	5	73
		1309401	0	35	38	16	7	9	105

Health Center	Date Administered	Lot Number	Doses Given 6 Months To 2Yrs	Doses Given 3Yrs To 18Yrs	Doses Given 19Yrs To 49Yrs	Doses Given 50Yrs To 59Yrs	Doses Given 60Yrs To 64Yrs	Doses Given 65Plus	Total
		008011A	0	8	56	21	11	11	107
	11/22/2013	UH899AE	0	0	11	4	1	6	22
		008011A	0	0	1	0	0	0	1
	11/23/2013	1309401	0	26	51	21	5	6	109
		008011A	0	3	1	0	0	0	4
	12/12/2013	U4692AA	3	0	0	0	0	0	3
		UH899AE	0	7	27	6	1	3	44
		1309401	0	0	1	0	0	0	1
	12/17/2013	008011A	0	0	9	5	2	1	17
	12/18/2013	1309401	0	0	3	2	1	0	6
	, , -,	008011A	0	0	8	5	1	2	16
	12/19/2013	008011A	0	0	9	4	2	1	16
Monrovia	10/23/2013	U4692AA	2	0	0	0	0	1	3
	.,,	1309401	0	3	53	45	47	41	189
		13393P	0	0	2	0	0	0	2
		BH2187	0	9	35	0	0	0	44
	10/24/2013	1309401	0	0	14	50	50	108	222
	10/11/2010	BH2187	0	4	2	0	0	0	6
	10/26/2013	U4692AA	1	1	0	0	0	1	3
	10/20/2015	BH2029	1	24	4	0	0	0	29
		UH899AE	0	2	0	0	0	0	2
		1309401	1	59	124	102	54	34	374
		13393P	0	0	3	102	0	1	5
	10/28/2013	BH2029	1	10	35	0	0	0	46
	10/20/2013	UH899AE	0	10	39	54	30	46	170
		13393P	0	0	2	0	0	40	2
	10/31/2013	BH2029	0	1	12	0	0	0	13
	10/31/2013	UH899AE	0	0	36	32	26	34	128
	1/7/2014	1309401	0	0	6	5	0	0	120
	1/13/2014	1309401	0	0	1	0	0	3	4
		1309401	0	0	1	2	1	2	
North Hollywood	1/23/2014	U4692AA	3	0	0	0	0	0	6 3
North Hollywood	10/23/2013	BH2029	0	55	25	0	0	0	
			0	37	41	37	16	17	30 148
		1309401 13393P	0			2	0	0	
	10/28/2012		0	0	1 0	0	0	0	3
	10/28/2013	U4692AA		1					1
		1309401	0	50	71	25	17	16	179
		13393P	0	0	2	0	0	0	2
	10/20/2012	BH2187	3	46	61	0	0	0	110
	10/29/2013	U4692AA	3	0	0	0	0	0	3
		UH899AE	0	1	0	0	0	0	1
		1309401	0	22	50	30	18	18	138
		13393P	0	0	4	0	0	1	5
	11/0/0015	BH2187	1	42	56	0	0	0	99
	11/2/2013	U4692AA	1	0	0	0	0	0	1
		BH2029	0	17	22	0	0	0	39

Health Center	Date Administered	Lot Number	Doses Given 6 Months To 2Yrs	Doses Given 3Yrs To 18Yrs	Doses Given 19Yrs To 49Yrs	Doses Given 50Yrs To 59Yrs	Doses Given 60Yrs To 64Yrs	Doses Given 65Plus	Total
		BH2090	0	26	53	0	0	0	79
		1309401	0	22	42	49	35	28	176
		13393P	0	0	0	0	0	2	2
	11/6/2013	BH2090	0	0	17	0	0	0	17
		1309401	0	0	7	9	1	2	19
	11/8/2013	UH899AE	0	1	8	8	15	81	113
		BH2187	0	0	7	0	0	0	7
	11/12/2013	U4692AA	3	0	0	0	0	0	3
		UH899AE	0	5	83	53	29	34	204
		13393P	0	0	2	0	0	0	2
		BH2187	1	3	30	0	0	0	34
Pacoima	9/21/2013	U4692AA	1	0	0	0	0	0	1
		1308401	0	0	11	30	28	10	79
		BH2029	0	6	19	0	0	0	25
	10/26/2013	U4692AA	1	0	0	0	0	0	1
		1309401	0	14	40	34	26	31	145
		13393P	0	0	1	2	0	0	3
		BH2187	1	35	39	0	0	0	75
	11/5/2013	BH2090	0	0	8	0	0	0	8
		UH899AE	0	2	16	12	16	40	86
		13393P	0	2	3	2	1	0	8
	11/7/2013	U4692AA	0	0	1	0	0	0	1
		BH2090	4	63	128	0	0	0	195
		UH899AE	1	28	67	82	32	22	232
		13393P	0	2	3	1	1	1	8
	11/19/2013	U4692AA	3	0	0	0	0	0	3
		1309401	0	20	3	0	0	1	24
		BH2187	0	65	51	0	0	0	116
		008011A	0	1	41	24	6	7	79
	11/20/2013	UH899AE	0	1	0	0	0	0	1
		BH2187	0	0	6	0	0	0	6
		008011A	0	0	11	13	4	1	29
	12/3/2013	BH2187	0	0	2	0	0	0	2
		008011A	0	0	3	4	2	0	9
	12/17/2013	UH899AE	0	1	0	1	0	0	2
		008011A	0	0	3	5	1	3	12
	2/7/2014	UH899AE	0	0	5	3	0	4	12
Pomona	10/22/2013	UH899AE	0	0	16	17	18	42	93
		13393P	0	0	1	0	0	0	1
		BH2187	1	0	5	0	0	0	6
	10/23/2013	UH899AE	0	0	18	40	43	93	194
		BH2187	0	1	4	0	0	0	5
	10/24/2013	UH899AE	0	1	11	25	20	117	174
		13393P	0	0	1	0	1	0	2
		BH2187	0	0	7	0	0	0	7
	10/27/2013	UH899AE	0	44	62	51	18	14	189

Health Center	Date Administered	Lot Number	Doses Given 6 Months To 2Yrs	Doses Given 3Yrs To 18Yrs	Doses Given 19Yrs To 49Yrs	Doses Given 50Yrs To 59Yrs	Doses Given 60Yrs To 64Yrs	Doses Given 65Plus	Total
		13393P	0	0	2	0	0	0	2
		BH2187	1	32	14	0	0	0	47
	10/29/2013	UH899AE	0	1	23	36	37	67	164
		BH2187	1	7	13	0	0	0	21
	10/30/2013	UH899AE	0	0	13	44	56	98	211
		BH2187	0	3	7	0	0	0	10
	10/31/2013	UH899AE	0	0	16	17	34	60	127
		BH2187	0	1	0	0	0	0	1
	11/3/2013	U4692AA	1	0	0	0	0	0	1
		UH899AE	0	10	48	70	38	44	210
		13393P	0	0	1	0	0	0	1
		BH2187	1	32	38	0	0	0	71
	11/5/2013	U4692AA	0	0	0	0	0	1	1
		UH899AE	0	1	36	64	64	137	302
		13393P	0	1	0	3	1	3	8
		BH2187	0	2	7	0	0	0	9
		Missing	0	0	1	0	0	0	1
	11/6/2013	BH2029	0	0	1	0	0	0	1
		UH899AE	0	3	42	45	29	121	240
		BH2187	2	5	10	1	0	0	18
	11/7/2013	BH2029	3	80	24	0	0	0	107
		UH899AE	1	60	12	15	9	6	103
		BH2187	0	76	25	0	0	0	101
	11/10/2013	U4692AA	1	0	0	0	0	0	1
		UH899AE	0	17	47	65	20	19	168
		13393P	0	0	1	0	0	0	1
		BH2187	0	10	2	0	0	0	12
	11/12/2013	UH899AE	0	4	10	5	7	30	56
	,,	BH2187	0	0	2	0	0	0	2
	11/17/2013	U4692AA	1	0	0	0	0	0	1
		BH2029	1	31	8	0	0	0	40
		1309401	0	21	82	94	42	26	265
	12/3/2013	1309401	0	0	14	12	3	5	34
	, , ,	BH2187	0	0	3	0	0	0	3
	12/5/2013	1309401	0	0	13	15	6	0	34
	, -,	BH2187	0	0	12	0	0	0	12
	12/10/2013	UH899AE	0	0	8	9	3	2	22
	12/16/2013	UH899AE	0	0	8	6	3	0	17
	12/20/2013	UH899AE	0	0	3	2	0	0	5
Simms Mann Burke	10/20/2013	U4692AA	4	0	0	0	0	0	4
		BH2029	4	109	62	0	1	0	176
		UH899AE	0	1	11	16	2	1	31
		1309401	0	60	169	153	80	107	569
		13393P	0	3	8	5	1	1	18
	10/23/2013	BH2029	0	0	18	0	0	0	18
1	10, 20, 2010	1309401	0	0	50	50	29	79	208

Health Center	Date Administered	Lot Number	Doses Given 6	Doses Given 3Yrs	Doses Given 19Yrs	Doses Given 50Yrs	Doses Given 60Yrs	Doses Given	Total
neutin center	Dute Automistereu	Lot Number	Months To 2Yrs	To 18Yrs	To 49Yrs	To 59Yrs	To 64Yrs	65Plus	Total
	10/27/2013	1309401	0	0	2	1	0	0	3
	10/30/2013	BH2029	0	5	2	0	0	0	7
		1309401	0	2	4	16	4	36	62
		13393P	0	1	14	21	12	39	87
	11/3/2013	1309401	0	0	1	0	0	0	1
		13393P	0	0	3	3	0	0	6
	11/6/2013	U4692AA	1	0	0	0	0	0	1
		1308401	0	0	0	2	0	0	2
		BH2029	0	5	9	0	0	0	14
		13393P	0	0	10	17	18	30	75
	11/10/2013	13393P	0	0	2	2	0	0	4
	11/12/2013	13393P	0	0	0	1	0	0	1
	11/13/2013	1308401	0	1	0	0	0	0	1
		BH2029	0	3	3	0	0	0	6
		13393P	0	0	1	1	0	0	2
		008011A	0	0	11	16	15	47	89
	11/17/2013	13393P	0	0	0	0	1	0	1
	12/18/2013	008011A	0	0	18	9	3	2	32
Whittier	10/27/2013	U4692AA	1	0	0	0	0	0	1
		UH899AE	0	23	96	39	39	25	222
		13393P	0	1	1	0	0	0	2
		BH2187	0	17	3	0	0	0	20
	11/5/2013	U4692AA	2	0	0	0	0	0	2
		UH899AE	0	6	56	70	44	70	246
		BH2187	0	0	11	0	0	0	11
	11/6/2013	U4692AA	1	0	0	0	0	0	1
		UH899AE	1	1	6	17	16	30	71
		13393P	0	0	1	0	1	0	2
		BH2187	1	13	5	0	0	0	19
	11/12/2013	UH899AE	0	14	39	87	62	85	287
		13393P	0	0	1	0	1	0	2
		BH2187	0	15	11	1	0	0	27
	11/13/2013	UH899AE	0	3	4	8	7	6	28
		BH2187	0	5	3	0	0	0	8
	11/23/2013	UH899AE	0	20	57	38	42	21	178
	. ,	13393P	0	0	1	0	0	0	1
		BH2187	1	20	8	0	0	0	29
	12/12/2013	UH899AE	0	0	10	15	1	0	26
Total			132	3,155	6,911	4,164	2,443	3,710	20,515
Total (%)			0.64	15	34	20	12	18	100

¹ Flu outreach data from 09/21/2013 through 02/08/2014.

²Excludes 94 records with missing age and 3 records less than 6 months of age.

³Additional vaccines were administered at – on 10/27/2013, 11/03/2013, 11/10/2013, 11/12/2013, and 11/17/2013.

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⁵Lot number inconsistencies were forwarded to Angela Austin on 02/04/2014.

Health Center	Lot Number	Doses Given 6 Months To 2Yrs	Doses Given 3Yrs To 18Yrs	Doses Given 19Yrs To 49Yrs	Doses Given 50Yrs To 59Yrs	Doses Given 60Yrs To 64Yrs	Doses Given 65Plus	Total
Antelope Valley	U4692AA	2	0	0	0	0	0	2
	BH2090	4	97	58	1	0	1	161
	UH899AE	1	66	104	112	28	33	344
	1309401	0	3	15	25	17	60	120
	13393P	0	0	8	1	1	1	11
	BH2187	3	61	53	1	0	1	119
	U4694EA	3	0	0	0	0	0	3
	008011A	0	0	4	3	0	1	8
Central	U4692AA	0	0	0	1	0	0	1
	1308401	1	4	15	14	4	4	42
	UH899AE	4	157	542	360	207	228	1,498
	1309401	0	6	107	80	25	24	242
	13393P	0	3	13	2	3	1	22
	BH2187	3	163	127	3	0	2	298
	U4694EA	5	0	0	0	0	0	5
	008011A	0	0	123	70	26	28	247
Curtis Tucker	U4692AA	1	0	0	1	0	2	4
	1308401	0	4	33	26	16	26	105
	BH2029	0	3	5	0	0	0	8
	UH899AE	1	31	253	317	258	492	1,352
	13393P	0	2	9	3	4	3	21
	BH2187	2	82	105	0	1	1	191
	008011A	0	0	105	0	0	0	1
	Missing	0	0	2	0	0	1	3
Glendale	UH899AE	1	26	91	116	67	181	482
Gieridale	13393P	0	1	1	3	1	0	6
	BH2187	1	40	61	1	0	0	103
	U4694EA	1	0	1	0	0	0	2
	008011A	0	0	6	1	0	0	2
Hollywood Wilshiro	U4692AA	2	0	0	0	0	0	2
Hollywood Wilshire	UH899AE	2	71	25	23	9	12	140
	1309401	0	67	224	185	93	12	696
	13393P	0	0	1	0	1	0	2
	BH2187	4	88	63	0	0	0	155
	008011A	4	1	111	101	61	55	329
Martin Luther King, Jr. Center for	000011A	0	1	111	101	01	55	323
Public Health	U4692AA	18	1	0	0	0	0	19
	1308401	0	1	0	0	0	0	19
	BH2029	11	432	705	5	0	3	1,156
	UH899AE	2	432 216	987	651	283	3 319	2,458
	1309401	2	61	987	39	13	15	2,458
	1309401 13393P	0	0	93	39	4	4	15
	BH2187	0	0	4	0	4	4	15
							0 31	1 312
	008011A	0	14	158	75	34	31 0	
Monrovia	Missing	0	1	8	0	0		9
Monrovia	U4692AA	3	1	0	0	0	2	6
	BH2029	2	35	51	0	0	0	88
	UH899AE	0	3	75	86	56	80	300

Health Center	Lot Number	Doses Given 6 Months To 2Yrs	Doses Given 3Yrs To 18Yrs	Doses Given 19Yrs To 49Yrs	Doses Given 50Yrs To 59Yrs	Doses Given 60Yrs To 64Yrs	Doses Given 65Plus	Total
	1309401	1	62	199	204	152	188	806
	13393P	0	0	7	1	0	1	9
	BH2187	0	13	37	0	0	0	50
North Hollywood	U4692AA	10	1	0	0	0	0	11
	BH2029	0	72	47	0	0	0	119
	BH2090	0	26	70	0	0	0	96
	UH899AE	0	7	91	61	44	115	318
	1309401	0	131	211	150	87	81	660
	13393P	0	0	9	2	0	3	14
	BH2187	5	91	154	0	0	0	250
Pacoima	U4692AA	5	0	1	0	0	0	6
	1308401	0	0	11	30	28	10	79
	BH2029	0	6	19	0	0	0	25
	BH2090	4	63	136	0	0	0	203
	UH899AE	1	32	88	98	48	66	333
	1309401	0	34	43	34	26	32	169
	13393P	0	4	7	5	2	1	19
	BH2187	1	100	98	0	0	0	199
	008011A	0	1	58	46	13	11	129
Pomona	U4692AA	3	0	0	0	0	1	4
	BH2029	4	111	33	0	0	0	148
	UH899AE	1	141	373	511	399	850	2,275
	1309401	0	21	109	121	51	31	333
	13393P	0	1	6	3	2	3	15
	BH2187	6	169	149	1	0	0	325
	Missing	0	0	1	0	0	0	1
Simms Mann Burke	U4692AA	5	0	0	0	0	0	5
	1308401	0	1	0	2	0	0	3
	BH2029	4	122	94	0	1	0	221
	UH899AE	0	1	11	16	2	1	31
	1309401	0	62	226	220	113	222	843
	13393P	0	4	38	50	32	70	194
	008011A	0	0	29	25	18	49	121
Whittier	U4692AA	4	0	0	0	0	0	4
	UH899AE	1	67	268	274	211	237	1,058
	13393P	0	1	4	0	2	0	7
	BH2187	2	70	41	1	0	0	114
Total	-	132	3,155	6,911	4,164	2,443	3,710	20,515
Total (%)		0.64	15	34	20	12	18	100

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Lot Number	Doses Given 6 Months To 2Yrs	Doses Given 3Yrs To 18Yrs	Doses Given 19Yrs To 49Yrs	Doses Given 50Yrs To 59Yrs	Doses Given 60Yrs To 64Yrs	Doses Given 65Plus	Total
U4692AA	53	3	1	2	0	5	64
1308401	1	10	59	72	48	40	230
BH2029	21	781	954	5	1	3	1,765
BH2090	8	186	264	1	0	1	460
UH899AE	12	818	2908	2625	1612	2614	10,589
1309401	1	447	1227	1058	577	780	4,090
13393P	0	16	107	73	52	87	335
BH2187	27	877	889	7	1	4	1,805
U4694EA	9	0	1	0	0	0	10
008011A	0	16	490	321	152	175	1,154
Missing	0	1	11	0	0	1	13
Total	132	3,155	6,911	4,164	2,443	3,710	20,515
Total (%)	0.64	15	34	20	12	18	100

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³ – administered additional vaccines on 10/27/2013, 11/03/2013, 11/10/2013, 11/12/2013, and 11/17/2013.

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