



Immunization /Vaccination Survey

ESRD Network 18 would like to ask for your assistance in completing the 2009-2010 Immunization Survey. **Your participation is very important.** Attached with this survey is your facility's **Patient Roster** as of January 31, 2010. You **must** use this roster in collecting the information needed for this survey. This survey will assist Network #18 in identifying areas of improvement and projects that may be developed to assist in increasing the number of ESRD patients receiving important vaccinations. Thank you very much for your participation!

Please refer to "instructions" sheet for further directions.

INFLUENZA VACCINE

1. Number of patients who received *Influenza Vaccine* from Aug 2009 – Jan 2010: _____

Please indicate the number of patients who received their Influenza Vaccine at these sites:

In your facility: _____ Physician's office: _____ Community clinic: _____

Supermarket/Drug Stores: _____ Others (please specify): _____

PNEUMONIA VACCINE

2. Number of patients who have received *Pneumonia Vaccine* as of January 31, 2010: _____

Please indicate the number of patients who received their Pneumonia Vaccine at these sites:

In your facility: _____ Physician's office: _____ Community clinic: _____

Supermarket/Drug Stores: _____ Others (please specify): _____

Hepatitis B Vaccine

3. Number of patients who received a complete *Hepatitis B Vaccine* series as of January 31, 2010: _____

Please indicate the number of patients who received their Hepatitis B Vaccine at these sites:

In your facility: _____ Physician's office: _____ Community clinic: _____

Supermarket/Drug Stores: _____ Others (please specify): _____

4. Number of patients with positive Anti-HBs (Antibody to hepatitis B surface antigen): _____

5. Number of patients vaccinated and not immune: _____

Person completing this form: _____ Title: _____

Facility Name: _____ Provider #: _____

Please complete this survey and fax it to the Network office at 323-962-2891 by:

Monday, March 15, 2010