

This report should be used for doses administered that do not meet the eligibility criteria for reimbursement. For details on reimbursement criteria, see Section H under Instructions for Completing the Vaccine Utilization Report for Non-Reimbursable Doses.

Part A - Facility Information

Facility (where vaccine was administered)

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

Facility Contact Person

Last Name	First Name	Middle Initial	Telephone
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Part B - Vaccine Provider Information

Is the facility in Part A also the agency administering vaccine? Complete this part only if the answer is "No". ☐ Yes ☐ No
Agency Administering Vaccine

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

Agency Contact Person

Last Name	First Name	Middle Initial	Telephone
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Part C - Vaccine Supply Source

☐ Health Unit (Specify Name of Health unit) _____
☐ Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) Client Number _____

Part D - Facility Category

Please check applicable box below.

<input type="checkbox"/> Family Health Team	<input type="checkbox"/> Workplace - Non - Health Care (i.e. financial institution, etc)	<input type="checkbox"/> Educational Institution
<input type="checkbox"/> Long-Term Care (i.e. residents)	<input type="checkbox"/> Community Health Centre (i.e. patients)	<input type="checkbox"/> Group Home
<input type="checkbox"/> Hospitals (i.e. patients)	<input type="checkbox"/> Community Care Access Centre (i.e. patients)	<input type="checkbox"/> Retirement Home
<input type="checkbox"/> Other (Specify) _____		

Part E - Influenza Doses Administered and/or Doses Wasted

Start Date (yyyy/mm/dd) _____	Vaccine Lot Number(s)	Vaccine Wastage (in Doses)	Total Doses Administered
End Date (yyyy/mm/dd) _____			
Total Vaccine Doses Wastage : Total Vaccine Doses Administered for Clinic			

Part F - Vaccination Coverage Data for Clinic

Category	Age (Years)										Sub-Total
	6 months to < 2 yrs		2 to 5		5 to18		19 to 64		65 or older		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
a) Risk Group											
b) General Population											

Part G - Authorization, Terms and Conditions

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

1a. Authorized Signing Officer at the Facility (where vaccine was administered)

Facility

Unit Number	Street Number	Street Name	PO Box
City/Town	Province		Postal Code

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

Name (First Name and Last Name)	Signature	Date (yyyy/mm/dd)
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1b. Authorized Signing Officer of Agency Administering Vaccine

☐ Same as above. Signature required if the agency administering vaccine is different from the facility above.

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

Name (First Name and Last Name)	Signature	Date (yyyy/mm/dd)
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Forward completed form to your vaccine supply source.
(Health Unit or Ontario Government Pharmacy and Medical Supply Service)

For Administration Purposes Only - Do Not Complete**2. Health Unit/OGPMSS Use Only - Health Unit Delegate or OGPMSS Approval**

Name (First Name and Last Name)	Signature	Date Submitted to Ministry (yyyy/mm/dd)
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3. Ministry Use Only

Population and Public Health Division Representative (First Name and Last Name)	Date (yyyy/mm/dd)
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Instructions for Completing the Vaccine Utilization Report for Non-Reimbursable Doses

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

Part A - Facility Information

Facility and Address - Refers to the name and location of the facility (site) where the influenza vaccine was administered, e.g., the business corporation name, NOT the agency contracted to administer the publicly funded influenza vaccine.

Contact Person for Facility and Telephone Number - This is the person who will ensure the information on the form is complete and accurate.

Part B - Vaccine Provider Information

Agency Administering Vaccine and Address - Refers to the name and location of the agency that administered the publicly funded influenza vaccine at the clinic.

Contact Person for Facility and Telephone Number - This is the person who will ensure the information on the form is complete and accurate.

Part C - Vaccine Supply Source

Indicate whether the vaccine was obtained from a health unit (please specify the health unit), or from the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) (please specify your OGPMSS Client Number).

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

Part D - Facility Category

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

Part E - Influenza Doses Administered and Doses Wasted

Completed Vaccine Utilization Report forms should be submitted to the vaccine supply source (i.e. health unit or OGPMSS) as quickly as possible.

For facilities that administer vaccine through appointments or walk-ins, the Vaccine Utilization Report should be submitted at least monthly with a cumulative count of administered influenza vaccine doses to patients.

For facilities that administer vaccine through a mass immunization clinic, a separate Vaccine Utilization Report must be submitted for each clinic held, and within 10 working days after the date of the influenza immunization clinic.

Note - The completed Vaccine Utilization Report must be submitted to the location(s) where the vaccine was obtained as soon as possible for cross-checking total vaccine doses administered against the original vaccine orders before additional vaccine can be ordered.

Vaccine Lot Number(s) Used At Clinic - Enter the vaccine lot number(s) associated with each clinic.

Clinic Date - Follow date format provided.

Vaccine Wastage - Enter the number of doses wasted (e.g. breaking cold chain conditions, <10 doses drawn up from vial, etc.) for each Vaccine Lot Number used.

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

Total Doses Administered - Enter the total doses administered for each vaccine lot number.

Total Vaccine Wastage for Clinic - Enter the SUM of wastage for all Vaccine Lot Numbers used for the clinic.

Total Doses Administered for Clinic - Enter the SUM of all doses administered for the clinic.

Part F - Vaccination Coverage Data for Clinic

As a condition of receiving publicly funded influenza vaccine to administer, all vaccine doses (administered and wasted) must be reported to the Ministry on the Vaccine Utilization Report. For the clinic identified on the report, enter the aggregate totals for "Risk Groups" and "General Population" across the appropriate age group(s) and gender identified. Add each of the rows for a total sum.

- a) "Risk Groups" refer to people at high risk of influenza-related complications and people capable of transmitting influenza to those at high risk of influenza-related complications.

- b) "General Population" includes healthy persons aged 2 to 64 years, who should be encouraged to receive the vaccine, even if they are not in one of the aforementioned groups.

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

Part G - Authorization, Terms and Conditions

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

1a. Authorized Signing Officer at Facility Hosting Clinic

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

1b. Authorized Signing Officer of Agency Administering Vaccine

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

Forward form for sign off to the location where the vaccine was obtained

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

2. Health Unit / OGPMS Use Only

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

3. Ministry Use Only

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

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

Part H - Criteria for Reimbursable Influenza Vaccine Doses

Reimbursement for administering influenza vaccine will only be provided to the following authorized public clinic providers: public health units, long-term care homes, public hospitals, Community Health Centres, Community Care Access Centres and pharmacies (those who employ a health care agency to administer vaccine) provided that ALL of the following conditions are met:

- a. The community immunization clinic must be run by a previously established organization with the ministry that is in current receipt of transfer payments (e.g. public hospitals, LTCHs, CCACs, CHCs) for the UIIP. Exceptions may be made for specific organizations identified in the prequalification agreement (i.e. pharmacy-based clinics);
- b. For pharmacies that employ a health care agency: influenza immunization must be held within the physical boundaries of the pharmacy;
- c. Open to the public (i.e. open and accessible to any eligible vaccine recipient who lives, works or attends school in Ontario);
- d. Widely advertised in the community (i.e. pre-event promotion in areas visible/accessible to all members of the public);
- e. Only publicly funded vaccine must be used;
- f. Publicly funded vaccine must be both obtained and administered within the jurisdictional boundaries of the same health unit;
- g. Influenza immunization must be provided free of charge to the vaccine recipients; and
- h. The ministry must not be billed for these immunizations through another mechanism.

If the above criteria apply to your organization and/or influenza immunization clinic, please use the Vaccine Utilization Invoice.