



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

July, 2023

Dear Pharmacy Director:

This letter is to remind all pharmacies employing New York State certified pharmacist immunizers of their responsibility to report information about vaccinations they administer to the New York State Department of Health (NYSDOH). The annual survey (*Certified Pharmacist Immunizer Survey*) will be available via the NYSDOH's Health Commerce System (HCS) on July 26, 2023 and will cover the period July 1, 2022 through June 30, 2023. Instructions to obtain an HCS account are available online at https://apps.health.ny.gov/pub/ctrldocs/paperless_docp.pdf. Survey responses must be provided by September 22, 2023.

Immunization Reporting Requirements

NYS Public Health Law Section 2168 requires certified pharmacist immunizers to report all immunizations administered to persons less than 19 years of age, along with the person's immunization history, to the New York State Immunization Information System (NYSIIS), for immunizations administered outside of New York City (NYC) or to the Citywide Immunization Registry (CIR), for immunizations administered within NYC. In addition, Public Health Law Section 2168 requires pharmacists to report immunizations administered to adults ages 19 years and older to NYSIIS or the CIR upon consent of the patient. Finally, as a condition of receiving federally funded COVID-19 vaccine pursuant to the COVID-19 vaccine provider agreement, such reporting must continue and should be submitted within the above-referenced 24 hour timeframe. **The Certified Pharmacist Immunizer Survey collects information on doses of vaccine administered to adults ages 19 years or older that were not reported to either NYSIIS or the CIR. This report does not supplant NYSIIS and CIR reporting requirements for doses administered to children less than 19 years of age nor for doses of COVID-19 vaccine administered to children or adults.**

Additional information about NYSIIS is available at www.health.ny.gov/prevention/immunization/information_system/, and additional information about the CIR is available on the NYC Department of Health and Mental Hygiene website at <http://www1.nyc.gov/site/doh/providers/reporting-and-services/citywide-immunization-registry-cir.page>.

Variables to be Reported

Pharmacists will be required to report the following personal information in the annual survey:

1. Certified pharmacist license number
2. Contact information (e.g. phone and email address)
3. An attestation as to whether vaccines were reported to either NYSIIS or the CIR

The NYSDOH will require the following aggregated information to be reported on an individual pharmacist level:

1. Type of facility(-ies) at which vaccines was given (i.e. chain pharmacy, independent pharmacy, hospital, local health department, or other)
2. County(-ies) in which vaccines were given
3. Total number of doses of the following vaccines that were not reported to either NYSIIS or the CIR, for each facility at which the individual pharmacist administered vaccines:
 - a. Influenza
 - b. Pneumococcal
 - c. Meningococcal
 - d. Zoster
 - e. Tetanus, diphtheria and/or pertussis (Td and/or Tdap vaccines)
 - f. Hepatitis A
 - g. Hepatitis B
 - h. Human Papillomavirus (HPV vaccine)
 - i. Measles, Mumps, Rubella (MMR vaccine)
 - j. Varicella
 - k. COVID-19

Pharmacies have the option of either requiring their pharmacist immunizers to report on their own behalf or appointing one or more pharmacy representatives to report on behalf of their pharmacists.

The attached “Certified Pharmacist Immunizer Survey” instruction card includes step-by-step instructions for completing and submitting the survey. For additional questions, call the NYSDOH Bureau of Immunization at 518-473-4437.

Sincerely,

Jessica Kumar, D.O., M.P.H
Medical Director, Bureau of Immunization
New York State Department of Health

Attachment: Certified Pharmacist Immunizer Survey instruction card

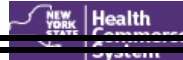
Person-Based Electronic Response Data System (PERDS): Certified Pharmacist Immunizer

Summary


The **Certified Pharmacist Immunizer Survey** is distributed through a reporting application referred to as **PERDS**. This survey collects data from certified pharmacist immunizers on the total number of doses for influenza, pneumococcal, meningococcal, zoster, and Td and/or Tdap vaccinations administered during the 7/1/2022 – 6/30/2023 reporting period.

The data may be entered by the pharmacist OR a designated person who has an account on the Health Commerce System (HCS)

<https://commerce.health.state.ny.us>.



Find Survey

1. Login to the HCS with your username & password. If you need assistance logging in, please call Commerce Accounts Management Unit at **1-866-529-1890**.
2. Click **My Content** from Main Menu Bar.
3. Select **All Applications**.
4. Click **P** to locate the **Person-based Electronic Response Data System (PERDS)**.
5. Click  located in the right column corresponding to PERDS to create a shortcut on the HCS Home page's **My Applications** list (left side panel). Verify Successfully added to MyApps.
6. Click the HCS Logo located in the upper left corner to return to the Home page.
7. Click **PERDS** from My Applications.
8. Click Data Entry and select the **Certified Pharmacist Immunizer Survey**.

NOTE: Please ensure ALL information required for data entry into the **Vaccination Site Information** section of the survey is on-hand prior to beginning the survey (see back page for requested data). Upon entry into the survey, you should complete the survey within 60 minutes. For security reasons, after 60 minutes of idle time, your session will expire.

To Begin the Survey

1. Select **Certified Pharmacist Survey**.
2. Click **Search Pharmacist**
3. Select License Type (Full or Limited) from drop-down list.
4. Enter 6 digit License Number.
5. Click **Search**.

| | |
|---------------------|----------------------|
| Entity Type | Pharmacist |
| License Type * ID | Select a value |
| License Number * ID | <input type="text"/> |

6. Once a record is found, click **Select**. The full survey form will open.
7. Proceed to **Screening & General Questions**.

If **NO record is found**, click the **Add New** button.

- Enter information for a new

| | |
|---------------------|----------------------|
| Entity Type | Pharmacist |
| License Type * ID | Full |
| License Number * ID | 111111 |
| First Name * | first |
| Middle Name | <input type="text"/> |
| Last Name * | last |

pharmacist and click the **Add** button.

- Once completed, the full survey form will open.
- Proceed to **Screening & General Questions**.

Screening & General Questions

Select either the **Yes** or **No** option buttons for the two (2) screening questions:

- Are you, or the pharmacist you are reporting on behalf of, certified to administer vaccines?
- Did you, or the pharmacist you are reporting on behalf of, vaccinate any person between 7/1/2022 - 6/30/2023?

If you answered **yes** to either question above, then complete the two (2) **Contact Information** questions.

Proceed to **Vaccination Site Information**

1. Click **Save & Add Vaccination Information**
2. Select the Facility Type.
3. Enter facility name and county.

Doses of Vaccines Administered

Did you, or the pharmacist you are reporting on behalf of, report vaccines administered to a New York State immunization registry (either NYSIIS or the CIR) between 7/1/2022-6/30/2023?

1. Select No, none (0%), Yes, some (1-99%) or Yes, all (100%).

If you answered Yes, 100%, then

click **Save All** **Review & Submit** and then **Submit Data**

If you answer No or Yes, some, then proceed to enter the total number of doses for influenza, pneumococcal, meningococcal, zoster, Td and/or Tdap (tetanus, diphtheria, pertussis).

Don't forget to submit your data!

Once you have entered immunization data for a site, click **Save & Add Vaccination Information** to enter data for each additional site.

To Edit Vaccination Site or Vaccines Administered

1. Click **Edit** next to the "Vaccination Site Information" section

2. Vaccination Site Information **Delete** **Edit**

2. Make necessary changes.
3. Click **Save All** **Review & Submit** and then **Submit Data**

Note: All data must be saved and submitted. Clicking Save alone will NOT result in data being sent to NYSDOH.

To Delete Vaccination Site or Vaccines Administered

If you determine that the vaccine information was entered incorrectly, then click **Delete** next to the "Vaccination Site Information" section.

Note: Data cannot be restored after the delete button has been clicked, so you may want to Edit to view the Site Info first AND then click **Delete**

Survey Completion

Be sure you have successfully saved the data you just entered by clicking **Save All**, then **Review and Submit**, then **Submit Data to DOH** and verify that there are no errors noted next to each question.

See warning message **!** for errors.

Verify that **✔ Data has been submitted to DOH successfully.**

Enter Data for an Additional Pharmacist

1. Verify that **✔ Data has been submitted to DOH successfully** after clicking **Submit**. The Data Status will also change from Saved to Submitted. If you do not receive message, then you may need to correct errors first.
2. Click **Modify** to return to the Data Entry page where you can **Search Pharmacist** and enter new data.



Points of Contact for Questions

Survey content questions: Sarah Hershey at 518-473-4437 or immunize@health.ny.gov

Technical issues regarding survey completion please email to hcsoutreach@health.ny.gov

Survey 2023 Dates

Opens Monday, July 24, 2023

Closes Friday, September 22, 2023