

Pharmacist Emergency Response Data System (PERDS): Certified Pharmacist Immunizer Survey

Summary


The **Certified Pharmacist Immunizer Survey** is administered through a system referred to as **PERDS**. This survey is intended to help certified pharmacist immunizers report doses of Seasonal Influenza and Pneumococcal vaccinations that were administered during the 2010-2011 reporting period (7/1/2010 – 6/30/2011).

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

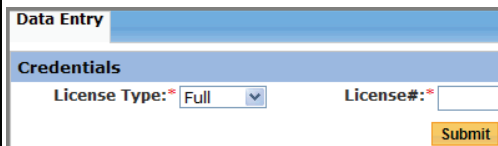
1. Log on to the HCS with your username & password.

If you need assistance logging in, please call Commerce Accounts Management Unit at 1-866-529-1890.

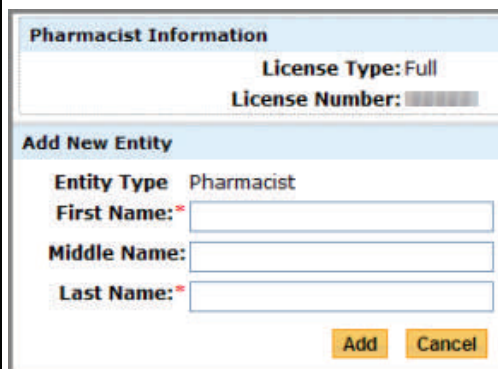
2. Select **Applications** from the Main Menu Bar.
3. Select **P** to locate the **Certified Pharmacist Immunizer Survey** from the list of HCS applications.
4. Click  located to the right of the survey title to add PERDS to your **My Applications** list in the left side panel.
5. Click **Certified Pharmacist Immunizer Survey** title to open the HCS application.

NOTE: Please ensure that all information that is required for entry into the "Vaccination Administration Information" section of the survey is on-hand prior to beginning the survey (see back page for requested data elements). Upon entry into the survey application, 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 License Type (Full or Limited) from drop-down list.
2. Enter 6 digit License Number.
3. Click the Submit button.
 - a) If **no record is found**, then proceed to entering information below the **Add New Entity** heading.



- Once completed, click on **Add** and a message will appear verifying your data has been saved.

- Click **Close** to Proceed to **Screening Questions**.

- b) If a **record is found**, verify the displayed pharmacist information and then proceed to **Screening Questions**.

Screening Questions

Select either the **Yes** or **No** option buttons for the 3 questions noted in this section.

If you, or the pharmacist you are reporting on behalf of is:
a) not certified to immunize or b) a pharmacy student, and therefore have not immunized anyone, then you must complete the following survey sections:

- **General Questions**
- **Vaccination site information: "Do you want to add an additional site?"** Please check "No" and then scroll to the bottom of the survey page and select **Submit**.

If you, or the pharmacist you are reporting on behalf of is:
a) certified to immunize or b) not a pharmacy student and c) has vaccinated individuals since 2008, then you must complete the following survey sections:

- **General Questions**
- **Licensing and Immunizer Certification**
- **Vaccination Site Information**
- **Vaccination Administration Information**.

Vaccination Site Information

If you, or the pharmacist you are reporting for, have administered a vaccine since December 3, 2008, then complete this section of the survey.

Please provide vaccination site information for each site you, or the pharmacist you are reporting on behalf of, administered vaccine.

If you vaccinated at more than 5 sites, list only the sites where you administered the greatest number of vaccinations. **Please do not list multiple locations for the same chain pharmacy.**

Once **Vaccination Site Information** has been entered, then proceed to **Vaccination Administration Information** by clicking

Save & Add Vaccination Information

Vaccination Administration Information

This section of the survey includes detailed questions about the administration of both **Seasonal Influenza** and **Pneumococcal vaccines**.

Did you vaccinate anyone against seasonal influenza? * Y or N
Did you vaccinate anyone against pneumococcal disease in 2010-2011? * Y or N

If Yes, then answer the following questions pertaining to which vaccine or both:

Which type of provider issued you, or the pharmacist you are reporting on behalf of, a standing order to administer seasonal influenza/pneumococcal vaccine? (check all that apply)

- Provider associated with a LHD
- Provider associated with a hospital
- Private provider

Did not obtain a non-patient specific standing order, and instead received a per patient specific order
Other (specify below)

Total number of individuals you, or the pharmacist you are reporting on behalf of, administered seasonal influenza/pneumococcal vaccine to between 07/01/2010 - 06/30/2011.

Did you, or the pharmacist you are reporting on behalf of, vaccinate children (<19 years) against seasonal influenza/pneumococcal disease between 07/01/2010 - 06/30/2011? Y or N

Total number of 18 year olds you, or the pharmacist you are reporting on behalf of, administered seasonal influenza/pneumococcal vaccine to between 07/01/2010 - 06/30/2011.

Where did you, or the pharmacist you are reporting on behalf of, report vaccinations given to children (<19 years of age) Select all that apply? NYSIIS, CIR (NYC Registry), CDMS or Did not report

Total number of 19-64 years of age you, or the pharmacist you are reporting on behalf of, administered seasonal influenza/pneumococcal vaccine to between 07/01/2010 - 06/30/2011.

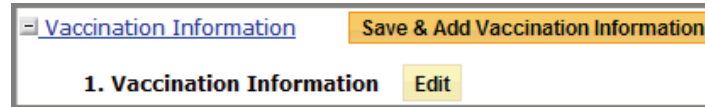
Total number of individuals age 65 and over you, or the pharmacist you are reporting on behalf of, administered seasonal influenza/pneumococcal vaccine to between 07/01/2010 - 06/30/2011.

At any point during the administration of the seasonal influenza/pneumococcal vaccine, did you, or the pharmacist you are reporting on behalf of, need to administer epinephrine to counter an adverse reaction in a vaccine recipient?

Number of patients who required epinephrine?

To Edit Vaccine Administration Information That Has Already Been Submitted

1. Click **Edit** next to the "Vaccination Information" comment at the end of the Vaccination Site Information portion of the survey.

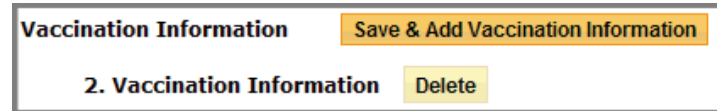


2. Make necessary changes.
3. Click **Submit**

Note: If you need to change any answers to the screening questions, general questions, licensing and immunizer certification, or vaccine site information, then simply make changes and click **Submit**


To Delete Vaccine Administration Information That Has Already Been Submitted

If you determine that vaccine information was entered incorrectly, then click **Delete** next to the "Vaccination Information" comment at the end of the survey.



Note: Data cannot be restored after the delete button has been pressed.

Enter Data for an Additional Pharmacist

1. Be sure you have successfully  saved the data you just entered by clicking submit and then verifying that there are no errors noted on the top of the survey pages (in red). You will NOT receive a message that your survey data has been submitted after hitting the SUBMIT button, so please **VERIFY** that you have done so and that no errors exist before closing out of the survey.
2. Click **Cancel** to refresh the screen and return to the new credentials screen.
3. Add New Entity, if necessary (see front page).

Note: The **Cancel** button will abandon changes and no data will be saved.

Survey Completion

Be sure you have successfully saved the data you just entered by clicking **Submit** at the end of the survey, and then verifying that there are no errors noted on the top of the survey pages (in red).

You will **NOT** receive a message that your survey data has been submitted after clicking the SUBMIT button, so please **VERIFY** that you have done so and that no errors exist before closing out of the survey.