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 7/1/2019 – 6/30/2020 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.

<table>
<thead>
<tr>
<th>Entity Type</th>
<th>Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type ID</td>
<td>Select a value</td>
</tr>
<tr>
<td>License Number ID</td>
<td>Select a value</td>
</tr>
</tbody>
</table>

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 pharmacist and click the Add button.

<table>
<thead>
<tr>
<th>Entity Type</th>
<th>Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type ID</td>
<td>Full</td>
</tr>
<tr>
<td>License Number ID</td>
<td>111111</td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
</tbody>
</table>

   - 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 7/1/2019 - 6/30/2020?

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

Proceed to Vaccination Site Information
1. Click
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 7/1/2019-6/30/2020?
1. Select No, none (0%), Yes, some (1-99%) or Yes, all (100%).

If you answered Yes, 100%, then click 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.
1. Verify that the 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 a message, then you may need to correct errors first.

2. Click to return to the Data Entry page where you can and enter new data.

**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.

**To Delete Vaccination Site or Vaccines Administered**

If you determine that the vaccine information was entered incorrectly, then click 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 .

**To Edit Vaccination Site or Vaccines Administered**

1. Click next to the “Vaccination Site Information” section.

2. Make necessary changes.

3. Click and then Submit Data.

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

**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 2020 Dates**

Opens Friday, July 24, 2020

Closes Friday, September 25, 2020