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](https://commerce.health.state.ny.us).

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</td>
<td>Select a value</td>
</tr>
<tr>
<td>License Number</td>
<td>Enter 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**.

**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** 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.

For technical assistance, not related to logging into the HCS, please email: hcsoutreach@health.ny.gov
### To Edit Vaccination Site or Vaccines Administered

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

2. Make necessary changes.

3. Click **Save All** 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 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