**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 7/1/2021 – 6/30/2022 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).

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**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 **PERDS** 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.

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**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**.
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 7/1/2021 - 6/30/2022?

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 7/1/2021-6/30/2022?

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

If you answered Yes, 100%, then click **Save All** 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.

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For technical assistance, not related to logging into the HCS, please email: hesoutreach@health.ny.gov
**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.

**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.

**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.

**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 2022 Dates**

Open **Wednesday, July 27, 2022**

Close **Friday, September 23, 2022**