

Seasonal Influenza Vaccine in Children

Please provide the total number of seasonal influenza vaccination doses given to children between the 8 March 2010 to 23 April 2010 inclusive, by age, vaccine brand and batch. It is very important that the batch or brand information be included, but if you cannot supply this data, please provide a total figure. If you have used a batch not listed, please include details.

PRACTICE NAME: _____				
PRACTICE ADDRESS: _____				
PRACTICE PHONE NUMBER: _____				
BRAND	BATCH	TOTAL DOSES IN CHILDREN AGED		
		≤2 years	3-≤4 years	5-≤7 years
Fluvax (CSL)	26101			
	26102			
	26103			
	26201			
	26202			
	26203			
	26301			
	26302			
	26303			
	26802			
	26901			
	26902			
	27102			
	27201			
Fluvax junior (CSL)	27002			
	27702			
	27801			
Influvac (Solvay)	T01			
	T03			
Vaxigrip (Sanofi)	G5134-1			
Other				

Please fax completed forms to the Communicable Diseases Control Directorate on 9388 4877 or email to Panvax.GP@health.wa.gov.au by 5 PM, Monday 10 May 2010. If you have any queries, please phone 9388 4863 during business hours.