



North Carolina Department of Health and Human Services  
Division of Public Health – Women’s & Children’s Health Section

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Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

**November 24, 2009**

**MEMORANDUM**

**TO:** Select Local Health Departments

**FROM:** Beth Rowe-West, RN, BSN, Head,  
Immunization Branch

**SUBJECT:** Reporting requirements for ARRA school flu clinic project

The purpose of this memo is to outline the reporting requirements for the American Recovery Reinvestment Act (ARRA) project to increase the number of school-aged children vaccinated with seasonal influenza vaccine.

The Immunization Branch is required to report quarterly to the Centers for Disease Control on this project. Each health department must complete the reporting form and submit information to the Immunization Branch on the following dates:

- December 31, 2009
- March 31, 2010
- Final reports are due by July 1, 2010

The reporting form is included here and can be found on our website at [www.immunizenc.com](http://www.immunizenc.com). Forms must be returned by COB on the dates above by fax to the attention of Kristen Carroll at 919-870-4824 or by email to [Kristen.Carroll@dhhs.nc.gov](mailto:Kristen.Carroll@dhhs.nc.gov). A few important notes about the reporting form:

- Please include as much information as you have on the students you vaccinated. You may not have all of the information and some fields may be blank, but please include as much as you can.
- Under the budget section, please include all information about personnel expenses. Report any money spent from the ARRA funds for retaining positions, hiring temporary staff (either part or full time); or contracting with any nursing agencies, etc for staff time.
- We realize some counties may be finished with their project and the report in December may be their final report or at least include all data about who was vaccinated. Include as much information as you have to report. If all money has been spent, please report that as well. We will send another reminder when the next report is due, and you only have to report information that has not been reported thus far. The next reports may only include financial information, or very little data on who was vaccinated.

If you have exhausted opportunities to offer vaccine to students through the schools, please continue to still vaccinate children using ARRA seasonal flu vaccine in your health department.

If you have questions regarding reporting or the project please call Kristen Carroll at the Immunization Branch Central Office at 919-707-5596.

CC: SMT CO Staff                      Jessica Gerdes    Joy Reed  
Regional Immunization Staff      Local Health Directors







Name of School	private/ public/ charter	grade level	Date of clinic	# kids enrolled in grade	# kids receive FluMist (nasal)	# kids receive Injectable flu vaccine
Total						

**Part 3. Please list details for flu vaccine administered to school staff and/or teachers**

Name of school	private/public/charter	# of teachers/staff receive FluMist	# of teachers/staff receive injectable flu
ex: ABC Elementary	public	10	
Total			

Part 4. Please list any challenges you had during this project:

Part 5. Please list any successes from this project:

Part 6.

Provide an itemized listing of aid to county funds expended, including positions created or retained, goods purchased, travel, and other (please specify). For personnel items, please include number of temp staff hired and include full-time and part-time staff.

Category	Amount
<b>Supplies</b>	
Ex: needles	\$100
<b>Advertising/Printing</b>	
Ex: paper	\$ 300
<b>Personnel</b>	
Ex: Retained positions	
Ex: Temp staff (# of staff, nursing, data entry, etc)FT or PT	
<b>Travel</b>	
<b>Equipment</b>	
Ex: computer	\$1000
<b>Other</b>	

Total