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

March 4, 2010

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 remind participating counties about the upcoming deadline for 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:

- 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. 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. A few important notes about the reporting form:

- Please include as much information as you have on the children 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 need the number of positions newly created and the number retained, by job title, and the total number of hours worked for that time period.
- We realize some counties may be finished with their project and their report submitted in December 2009 included all data about who was vaccinated. You only need to report information that has not been reported thus far. If all funds have been spent, please report that as well. This quarter and the next quarter reports may only include financial information, and/or very little data on who was vaccinated.

Please note that each county has until June 30th to spend their ARRA funds. If your project is complete, you can use these funds to purchase items that will contribute to and/or enhance your immunization program. This may include vaccination supplies such as syringes, bandaids, etc; paper for printing permission forms; computers to help with NCIR; etc. If you have questions, please call or email the Branch to determine if the expense is allowable under ARRA.

We will send another reminder when the next report is due 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

ARRA (Seasonal Flu School) Project Report

Please answer all 6 parts of this report. The report is due to the Immunization Branch by March 31, 2010. Please email completed reports to Kristen.Carroll@dhhs.nc.gov or fax to 919-870-4824. If there are questions, please contact Kristen at 919-707-5596. Thank you

County:

Name of person completing report:

Date Report Completed:

Part 1. Please list each grade offered vaccine separately by school for clinics held in the schools

Name of School	private/ public/ charter	grade level	Date of clinic	# kids enrolled in grade	# kids receive FluMist (nasal)	# kids receive Injectable flu vaccine
ex: ABC Elementary	Public	6th	11/5/2009	100	30	10
ex: ABC Elementary	Public	7th	11/6/2009	95	40	0

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 2. Please list any students who came into the health department to get a flu vaccine. Please include as much information as you have, if you do not know the grade level of a student, please include ages (example below).

Name of School	private/ public/ charter	grade level	Date of immunization	# kids receive FluMist (nasal)	# kids receive Injectable flu vaccine
ex: ABC Elementary	Public	6th	11/5/2009	5	2
ex: ABC Elementary	Public	7th	11/6/2009	0	2
ex: Not available		6 years old	10/21/09	4	14

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
Supplies	
Ex: needles	$100
Advertising/Printing	
Ex: paper	$ 300
Personnel	
Ex: 2 nurses - Retained positions; total of 120 hrs	$6000
Ex: 3 new data entry; total of 60 hrs	$1980
Travel	
Equipment	
Ex: computer	$1000
Other	
5% money to schools	
Total	