

REPORT OF IMMUNIZATION OF CHILDREN 0-18 YEARS BY COMMUNITY VACCINE PROVIDERS

Immunizations administered to children less than 19 years of age must be reported to the [local Health Unit](#) when the vaccines are not entered directly into the Provincial Immunization Registry (i.e. Panorama, Pharmanet, ImmsBC, or eForm) at time of administration.

PURPOSE

- Enables Public Health to assess the level of protected children in our community (recommended Provincial immunization level is 95%) and is essential to know during disease outbreaks.

PROCEDURE

- Complete form and **fax** to local Health Unit **weekly** or as soon as the form is full – whichever is sooner.

REQUIRED INFORMATION

- Personal Health Number** (CareCard Number): Record child’s personal health number
- Child’s Name:** Record LAST name, FIRST name
- Birthdate:** Record year, month, and date of birth
- Address:** Record home address of child
- Phone Number:** Record phone number of parent(s) or guardian(s)
- Parent Name(s):** Record name of **all** parent(s) or guardian(s)
- Date Given:** Record year, month, and date vaccine was given
- Vaccine Agent:** Record type of vaccine given
- Lot #:** Record number as indicated on vaccine box

Record Lot # for Infanrix Hexa	Record Lot # for MMR
<div>Lot xxxxxx located on Infanrix Hexa box</div>	<div>Lot xxxxxxxx Diluent lot # not needed</div>

- Dose Number in the Series:** Record dose number in series for **each** vaccine given
- Route:** Record route of injection (e.g. SC = subcutaneous, IM = intramuscular)
- Injection Site:** Record site of injection (e.g. RL = right leg, LA = left arm; LL = left leg, RL = right leg)

This information is important in the event of an adverse event following immunization (AEFI).

NOTES

- Please advise the Health Unit immediately of any adverse reaction occurring after immunization. This will enable the Health Unit to take quick action should there be a problem with a vaccine.
- In case of power outage or cold chain failure, call the Health Unit for instructions. Vaccine fridge temperatures should be monitored **twice daily** with the use of a minimum/maximum thermometer.
- Do not discard expired or wasted vaccines. Contact your local Health Unit for instructions.
- Please record immunizations in the child’s personal Health Passport or provide a record of immunization. The Health Passport is provided to the parent by the Health Unit**

This information is collected under and subject to the provisions of The Freedom of Information and Protection of Privacy Act



Fax to local health unit weekly or as soon as the form is full – whichever is sooner

All immunizations provided to clients 0-18 years **MUST** be reported to Public Health*

**COVID-19 must be documented in the Provincial Immunization Registry (i.e. Panorama, Pharmanet, ImmsBC or eForm) at time of administration*

Clinic / Office / Pharmacy: _____ **Fax:** _____

Phone: _____ Ext: _____ Email: _____

North Island
Campbell River Fax: 250-850-2454
Comox Valley Fax: 250-331-8521
Port Hardy Fax: 250-902-6072

South Island Fax: 250-744-1042

Central Island

Cowichan Valley	Fax: 250-709-3055
Nanaimo	Fax: 250-755-3369
Parksville	Fax: 250-947-8241
Port Alberni	Fax: 250-731-1316
Tofino	Fax: 250-725-4019

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