Person-Based Electronic Response Data System (PERDS): Certified Pharmacist Immunizer

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, Td and/or Tdap (tetanus, diphtheria, pertussis), Hep A, Hep B, human papillomavirus (HPV), MMR (measles, mumps, rubella), varicella, COVID, respiratory syncytial virus (RSV) vaccinations administered during the 7/1/2023 – 6/30/2024 reporting period. The data may be entered by the pharmacist OR a designated person who has a Health Commerce System (HCS) account https://commerce.health.state.ny.us.

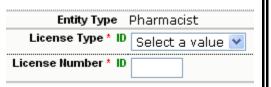
Find Survey

- 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).
- Click 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.

To Begin the Survey

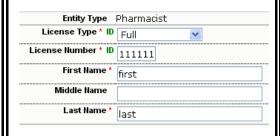
- 1. Select Certified Pharmacist Survey.
- 2. Click Search Pharmacist
- 3. Select License Type (Full or Limited) from drop-down list.
- 4. Enter 6 digit License Number.
- 5. Click Search.



- 6. Once a record is found, click **Select**. The full survey form will open.
- 7. Proceed to **Screening & General Questions**.

If **NO record is found**, click the **Add New** button.

Enter information for a new



pharmacist and click the **Add** button.

- Once completed, the full survey form will open.
- 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 7/1/2023 - 6/30/2024?

If you answered **yes** to either question above, then complete the two (2) **Contact Information** questions.

Proceed to Vaccination Site Information

- 1. Click Save & Add Vaccination Information
- 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 7/1/2023-6/30/2024?

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

If you answered Yes, 100%, then click Save All Review & Submit 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), Hep A, Hep B, human papillomavirus (HPV), MMR (measles, mumps, rubella), varicella, COVID, respiratory syncytial virus (RSV).

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.

To Edit Vaccination Site or Vaccines Administered

1. Click Edit next to the "Vaccination Site Information" section

2. Vaccination Site Information Delete Edit

2. Make necessary changes.

3. Click Save All Review & Submit and then Submit Data

Note: All data must be saved and submitted. Clicking Save alone will NOT result in data being sent to NYSDOH.

To Delete Vaccination Site or Vaccines Administered

If you determine that the vaccine information was entered incorrectly, then click 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.

Enter Data for an Additional Pharmacist

- 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 this message, then you may need to correct errors first.
- 2. Click Modify to return to the Data Entry page where you can Search Pharmacist and enter new data.



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

hcsoutreach@health.ny.gov

Survey 2024 Dates

Opens Monday, August 5, 2024

Closes Friday, October 4, 2024