

IDPH/OPR SNS Antiviral and PPE Weekly Report for 01/01 - 01/07

General Information

Thank you for taking the time to complete this weekly report. Your responses help us better fulfill our mission.

Name of Organization:

Please identify yourself for contact if we have any questions regarding your response.

Name:

Position:

Address:

City, ST ZIP:

E-mail Address:

Phone Number
(include area
code):

Please indicate the type of organization you represent:

Health Department

Hospital

Have you had any changes to the quantities on hand of antiviral and/or personal protective equipment (i.e. have you dispensed, received, or distributed any of these items to/from individuals and/or outside organizations)?

Yes

No

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Check for Antiviral Changes

Did the number of antivirals on hand change during this reporting period?

Yes

No

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Check for Personal Protective Equipment Changes

Did the number of Personal Protective Equipment on hand change during the reporting period?

Yes

No

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Check for Antiviral Distribution to External Partners

Did you distribute any antivirals to external partners (e.g. hospitals, health departments, private physicians, EMS, fire, law enforcement, etc.)

Yes

No

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Check for PPE Distribution to External Partners

Did you distribute any PPE to external partners (e.g. hospitals, health departments, private physicians, EMS, fire, law enforcement, etc.)

Yes

No

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Check for Antiviral Shortages.

A shortage is defined as having less than 72 hours supply of antiviral courses of treatments on hand, based on your current rate of H1N1 infection.

Based on the above definition do you currently have a shortage of Antivirals?

Yes

No

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Check for PPE Shortages.

A shortage is defined as having less than 72 hours supply of antiviral courses of treatments on hand, based on your current rate of H1N1 infection.

Based on the above definition do you currently have a shortage of Personal Protective Equipment?

Yes

No

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Antiviral Statistics

For the inventory questions on this page, please report the number of regimens in cache for H1N1 response regardless of source (unless otherwise specified in the question).

Quantity of antivirals (Regimens/ courses of treatment) on hand:

Tamiflu, 75 mg (Oseltamivir) on hand from SNS

Distribution

Tamiflu, 75 mg (Oseltamivir) TOTAL AMOUNT ON

HAND

Tamiflu, 45 mg on hand from SNS Distribution

Tamiflu, 45 mgTOTAL AMOUNT ON HAND

Tamiflu, 30 mg on hand from SNS Distribution

Tamiflu, 30 mgTOTAL AMOUNT ON HAND

Tamiflu, Oral Suspension on hand from SNS

Distribution

Tamiflu, Oral SuspensionTOTAL AMOUNT ON HAND

Relenza (Zanamivir) on hand from SNS Distribution

Relenza (Zanamivir) TOTAL AMOUNT ON HAND

Number of Courses of Treatment of Antivirals Expiring in May 2010:

Tamiflu, 75 mg

Tamiflu, 45 mg

Tamiflu, 30 mg

Tamiflu, Oral Suspension

Relenza

Quantity of Antivirals (Regimens/ courses of treatment) Distributed:

Tamiflu, 75 mg

Tamiflu, 45 mg

Tamiflu, 30 mg

Tamiflu, Oral Suspension

Relenza

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For this Reporting Period, please provide the Number of Antiviral Regimens dispensed for each high-risk group*. If you are unable to report by high risk group, please provide only the aggregate total dispensed to all high-risk groups, also if you did not dispense any regimens to high-risk groups enter a zero in the aggregate total entry.

(*High-risk group: A person at high risk for complications to H1N1 infections is defined as the same for seasonal flu at this time. As more epidemiological and clinical data become available, these high risk groups may be revised).

Children under 5 years of Age

Adults 65 years of age or older

Pregnant women

Persons with chronic or immunosuppressive

conditions* (include: chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus); immunosuppression, including that caused by medications or by HIV; persons younger than 19 years of age who are receiving long- term aspirin therapy; residents of nursing homes and other chronic- care facilities

Total Regimens Dispensed to High Risk Groups

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Personal Protective Equipment Statistics

Quantity of Personal Protective Equipment on Hand For H1N1 Response (Recieved from the SNS and agency cache)Please indicate number of units (individual masks, gowns, shields, gloves, etc.) on all PPE:

3M 1860 N95 Mask	<input type="text"/>
Gerson 1730 N95 Mask	<input type="text"/>
3M 8210 N95 Mask	<input type="text"/>
KC 46727-17 N95 Mask	<input type="text"/>
KC 46827-10 N95 Mask	<input type="text"/>
Inovel 3000 Series (Moldex-Metrics) 3003 N95 Mask	<input type="text"/>
Inovel 3000 Series (Moldex-Metrics) 3001 N95 Mask	<input type="text"/>
Procedure Masks, yellow	<input type="text"/>
Face Shields, small	<input type="text"/>
Face Shields, medium	<input type="text"/>
Face Shields, large	<input type="text"/>
Splash Shields	<input type="text"/>
Surgical Gowns, sm/ med	<input type="text"/>
Surgical Gowns, lrg/ xl	<input type="text"/>
Small latex gloves	<input type="text"/>
Medium latex gloves	<input type="text"/>
Large latex gloves	<input type="text"/>
Small nitrile gloves	<input type="text"/>
Medium nitrile gloves	<input type="text"/>
Large nitrile gloves	<input type="text"/>

Please list any additional PPE on hand for H1N1 respnse not enumerated above.

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Quantities of Antivirals Distributed to External Partners

Quantity of Antivirals (by regimen) Distributed to External Partners (e.g. hospitals, health department, private physicians, clinics, EMS, fire, law enforcement, etc):

Tamiflu, 75 mg	<input type="text"/>
Tamiflu, 45 mg	<input type="text"/>
Tamiflu, 30 mg	<input type="text"/>
Tamiflu, Oral Suspension	<input type="text"/>
Relenza	<input type="text"/>

Please list any additional antivirals you distributed to external partners.

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Quantities of PPE Distributed to External Partners

Quantity of Personal Protective Equipment (by individual unit) Distributed to External Partners (e.g. hospitals, health department, private physicians, clinics, EMS, fire, law enforcement, etc):

3M 1860 N95 Mask	<input type="text"/>
Gerson 1730 N95 Mask	<input type="text"/>
3M 8210 N95 Mask	<input type="text"/>
KC 46727-17 N95 Mask	<input type="text"/>
KC 46827-10 N95 Mask	<input type="text"/>
Inovel 3000 Series (Moldex-Metrics) 3003 N95 Mask	<input type="text"/>
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Medium latex gloves	<input type="text"/>
Large latex gloves	<input type="text"/>
Small nitrile gloves	<input type="text"/>
Medium nitrile gloves	<input type="text"/>
Large nitrile gloves	<input type="text"/>

Please list any additional PPE you distributed to external partners.

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External Partner Antiviral Distribution

I identify whether Community Partners Types were or were not shipped antivirals (Note-ensure that healthcare providers/ facilities receiving product being used under an Emergency Use Authorization (EUA) are directed to or provided with copies of required documentation/ fact sheets):

	Not Shipped to	Shipped to
Community Health Centers	€	€
Local Health Departments	€	€
Emergency Medical Services/ First Responder Organizations	€	€
Fire / Police Departments	€	€
Federal (VA, Military Installations, etc)	€	€
Hospitals/ Alternate Care Facilities	€	€
Retail Pharmacies	€	€
Private Physicians	€	€
Quarantine Stations	€	€
Tribal Government/ IHS	€	€
VNA/ Home Healthcare Agencies	€	€
Other	€	€

Other (please specify partner type(s) & item(s) shipped):

Total number of shipments:

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External Partner PPE Distribution

I identify whether Community Partners Types were or were not shipped PPE (Note- ensure that healthcare providers/ facilities receiving product being used under an Emergency Use Authorization (EUA) are directed to or provided with copies of required documentation/ fact sheets):

	Not Shipped to	Shipped to
Community Health Centers	€	€
Local Health Departments	€	€
Emergency Medical Services/ First Responder Organizations	€	€
Fire / Police Departments	€	€
Federal (VA, Military Installations, etc)	€	€
Hospitals/ Alternate Care Facilities	€	€
Retail Pharmacies	€	€
Private Physicians	€	€
Quarantine Stations	€	€
Tribal Government/ IHS	€	€
VNA/ Home Healthcare Agencies	€	€
Other	€	€

Other (please specify partner type(s) & item(s) shipped):

Total number of shipments:

Report Antiviral Shortage

A shortage is defined as having less than 72 hours supply of antiviral courses of treatments on hand, based on your current rate of H1N1 infection.

Please indicate the number of regimens necessary to correct the shortage you currently have. If you do not use a specific item, or you do not have a shortage (as defined above) please enter 0 (zero).

Please identify antiviral shortages (by regimen) in your agency/ jurisdiction

Tamiflu, 75 mg

Tamiflu, 45 mg

Tamiflu, 30 mg

Tamiflu, Oral Suspension

Relenza

Please explain the nature of your antiviral shortages, if any.

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Report PPE Shortages

A shortage is defined as having less than 72 hours supply of antiviral courses of treatments on hand, based on your current rate of H1N1 infection.

Please indicate the quantity necessary to correct the shortage you currently have. If you do not use a specific item, or you do not have a shortage (as defined above) please enter 0 (zero).

Please identify PPE shortages (by individual unit) in your agency/ jurisdiction.

3M 1860 N95 Mask	<input type="text"/>
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Small latex gloves	<input type="text"/>
Medium latex gloves	<input type="text"/>
Large latex gloves	<input type="text"/>
Small nitrile gloves	<input type="text"/>
Medium nitrile gloves	<input type="text"/>
Large nitrile gloves	<input type="text"/>

Please explain the nature of your PPE shortages, if any.

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Thank You!

Please list your PREFERENCE type of N95 series masks.

Please be aware this is only a preference, while we will make every effort to supply organizations with their preferred media, this may not always be possible in a public health emergency.

Other/Multiple (please specify):

Please list any additional comments or feedback below.