



Public Health

Communicable Disease Section - Immunizations Program

San Bernardino County Department of Public Health Agreement on Use of Seasonal Influenza Vaccine Purchased by the California Department of Public Health

Seasonal influenza vaccine is distributed by the California Department of Public Health (CDPH) to local health departments (LHD) for use by LHDs and community providers in accordance with LHD policies and procedures. As a condition for receipt of the influenza vaccine for the **2026-27 season** from San Bernardino County Department of Public Health, the provider shall agree to the following terms:

1. For each influenza immunization given, the provider will retain a record which includes the patient's name, age category, name of vaccine, date of administration, manufacturer name, vaccine lot number, and date of Vaccine Information Statement (VIS) issue date for a minimum of three years.
2. Physician/Director will not charge any patient or third party more than \$2.00 as a fee for administering the vaccine, or what is authorized by County Board of Supervisors (as noted by Government Section Code 54985) or what is authorized by Medicare (refer to exceptions as noted on Centers for Medicare and Medicaid Services (CMS) website: www.cms.gov/medicare/payment/part-b-drugs/vaccine-pricing). No charge will be made for the vaccine itself. In addition, the provider agrees to comply with the Federal requirements regarding people aged 65 and older who have Part B Medicare coverage. No Medicare Part B beneficiary, age 65 or older, should have to pay out-of-pocket expenses for receipt of influenza vaccine.
3. Physician/Director agrees that their staff will follow CDPH standards for storage and handling of vaccines including proper storage units, current calibrated digital data loggers, and follow standards related to the transport of vaccine to community locations for mass vaccination clinics. Physician/Director agrees that their staff will review immunization resources and training found at <https://eziz.cdph.ca.gov/>.
4. Physician/Director agrees that their staff will complete **weekly electronic vaccine usage reports by close of business every Monday, or within 3 days of a mass influenza clinic. Weekly reporting must be completed even if no doses were administered that week.**
 - a. The **2026-2027 Influenza Vaccine Weekly Usage Report Form** can be accessed with the link [State General Fund Vaccine Weekly Usage Report Form](#) or found directly from San Bernardino County's website at: dph.sbcounty.gov/programs/communicable-disease/immunization-services.
 - b. Final reports are due by July 6, 2027.
5. Physician/Director agrees that all immunizers are properly trained and working under the supervision of a licensed healthcare provider. Medical judgment will be exercised by licensed providers in prescribing influenza immunizations.

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6. All doses administered will be documented in the local immunization registry [CAIR](#), per California Health and Safety Code Section 120392.3. All State General Fund (SGF) doses must be recorded as SGF doses in CAIR:
www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-updates.aspx.
7. Each patient (or legal guardian) receiving influenza vaccine will be given a copy of the most recent VIS “**Influenza Vaccine (Inactivated or Recombinant)**” which can be obtained online from www.immunize.org/vis/ or <https://www.cdc.gov/vaccines/hcp/current-vis/index.html>.
 - a. Each patient/guardian will be allowed adequate time for reading the information and asking questions before receiving the vaccine.
8. Vaccine Reaction Surveillance: Facilities administering influenza vaccine are asked to report any potential vaccine related adverse events to Vaccine Adverse Event Reporting System (VAERS) at: vaers.hhs.gov/reportevent.html.
 - a. Facilities are asked to notify the LHD at 800-722-4794 or Immunizations@dph.sbcounty.gov promptly to report any adverse health events experienced by influenza vaccines that occur within 4 weeks of immunization and require medical attention.
9. San Bernardino County Department of Public Health:
 - Has the right to audit and review storage and handling of influenza vaccine.
 - Must be notified when State purchased influenza vaccine leaves your clinic.
 - San Bernardino County must approve of all planned vaccine transfers prior to transfers taking place. Vaccine transfers include but are not limited to mass vaccination events or supplying other providers.

Clinic Name: _____

Clinic Address: _____

City: _____ **Zip Code:** _____

Phone Number: _____ **Fax Number:** _____

Email address: _____

myCAvax ID: _____ **CAIR ID (IIS ID):** _____

Provider of Record Name: _____

Provider of Record License Number: _____

Provider of Record Signature: _____

Date: _____