# 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, and Td and/or Tdap vaccinations administered during the 7/1/2022 – 6/30/2023 reporting period.

The data may be entered by the pharmacist OR a designated person who has an account on the Health Commerce System (HCS) https://commerce.health.state.ny.us.
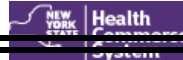
Find Survey

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).**
5. 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**.

Entity Type	Pharmacist
License Type * ID	Select a value ▾
License Number * ID	

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

Entity Type	Pharmacist
License Type * ID	Full ▾
License Number * ID	111111
First Name *	first
Middle Name	
Last Name *	last

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 7/1/2022 - 6/30/2023?

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 7/1/2022-6/30/2023?

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).

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 **Delete** 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.

Verify that ✅ Data has been submitted to DOH successfully.

Enter Data for an Additional Pharmacist

1. 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 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.

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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 to hcsoutreach@health.ny.gov

Survey 2023 Dates

Opens Monday, July 24, 2023

Closes Friday, September 22, 2023