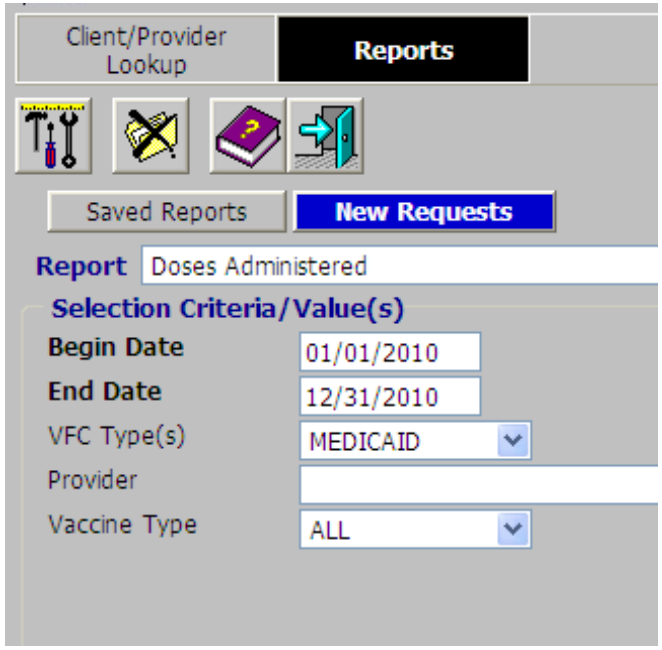
Guidance for Completing the Provider Profile Estimates Using the NDIIS

To estimate number of VFC patients:

1. Use the criteria pictured to the right to run Doses Administered reports
   a. 01/01/2010 – 12/31/2010
   b. MEDICAID, NO INSURANCE, AMERICAN INDIAN and UNDERINSURED (4 separate reports)
2. For first column (<1 year old)
   a. Use DTaP-Hib-IPV (Pentacel) administered to children <1
      o Note: IHS facilities use DTaP-HBV-IPV (Pediarix)
   b. Divide this number by 3, since children are given 3 doses before age 1
   c. Example (below,in green): 293/3 = 98
3. For second column (1-6 years):
   a. Use MMR + MMRV administered to ages 1 – 6, since both vaccines are recommended after age 1 and at preschool entry
   b. Example (below, in orange): 102+2+9+16+18+35 = 182
4. For third column (7-18 years):
   a. Use Td + Tdap administered to ages 7 – 18
   b. Example (below, in blue): 1+1+28 = 30



Begin Date: 01/01/2010
End Date: 12/31/2010
Provider:
VFC Type(s): MEDICAID
Vaccine Type: ALL

Vaccine Series	< 1	1	2	3 - 4	5 - 6	7 - 9	10 - 14	15 - 18
CHICKENPOX	0	103	1	8	17	5	18	0
DT (Pediatric)	1	0	0	1	0	0	0	0
DTAP	0	4	1	4	0	0	0	0
DTaP-Hib-IPV (Pentacel)	293	77	12	5	0	0	0	0
DTAP/IPV	0	0	0	25	52	0	0	0
HAV (2 doses)	0	163	21	24	11	6	4	4
HAV (UNKNOWN)	0	2	0	0	0	0	0	0
HEPB (old)	2	0	0	0	0	0	0	0
HEPB (Preservative Free)	209	7	1	2	0	0	0	0
HIB (PRP-OMP) PedvaxHIB	1	0	2	15	0	0	0	0
HIB (PRP-T) ACTHib	0	5	4	18	0	0	0	0
HIB (Unspecified)	0	0	0	1	0	0	0	0
HPV-4	0	0	0	0	0	2	26	2
INFL (Inactivated P/F)	63	66	13	2	2	2	3	0
INFL (Inactivated W/P)	0	1	1	12	11	7	11	4
INFL (Live virus)	0	0	21	56	37	24	24	8
IPV	1	0	0	1	1	1	0	0
MCV4 (Meningococcal)	0	0	0	0	0	0	23	1
MMR	0	102	2	9	16	1	1	0
MMRV	0	0	0	18	35	1	0	0
PCV13 (PNEUMOCOCCAL)	236	106	17	18	0	0	0	0
PCV7 (Pneumococcal)	58	25	1	1	0	0	0	0
PPV23 (Pneumococcal)	0	0	1	0	0	1	1	1
ROTAVIRUS (2 DOSE)	133	0	0	0	0	0	0	0
ROTAVIRUS (3 dose)	93	0	0	0	0	0	0	0
ROTAVIRUS (UNSPECIFIED)	3	0	0	0	0	0	0	0
TD	0	0	0	0	0	1	0	0
TDAP	0	0	0	0	0	1	28	0

VFC Eligibility by Category

	< 1 Year Old	1-6 Years	7-18 Years
Enrolled in Medicaid	A 98	B 182	C 30
No Health Insurance	D	E	F
American Indian	G	H	I
Underinsured	J	K	L
Total: should equal provider estimates (above)	A+D+G+J=	B+E+H+K=	C+F+I+L=

This tool should be used to help determine the necessary information for the annual provider profile. This information is required by the Centers for Disease Control and Prevention (CDC). For assistance, call 701.328.3386 or toll-free 800.472.2180.