

California Department of Public Health

Immunization Branch
2014 Update

Colleen Mallen, MPH
Senior Field Representative

VFC Vaccine Ordering and Supply Updates

- Remove flu vaccine as soon as it expires from your refrigerator
- 2014-2015 Flu season, we will order the same formulations for VFC
- Prebooking for 2014-2015 flu season will be available Summer 2014
- Comvax will no longer be offered on CDC contract.

Online Ordering Updates

Providers' ordering frequency updated with 2013 distribution data
Provider's Order Frequency and Volume on main page



MAIN PAGE

SAN MATEO COUNTY PUBLIC HEALTH DEP
PIN: 070044

Order confirmation email: achabra@smcgov.org
Add'l order confirmation email: mspaulding@smcgov.org
Phone: 650-573-2878

Address:
225 37th Ave
San Mateo, CA 94403

Delivery Information:
T, W, TH ; TWTH 9 TO 4 cl 12 to 1. Delivery Site Contacts:
Helen Rodriguez 650 573-2420, Elizabeth Schlef 650 573-2690, Pamela Machado 650 573-3726

Provider Category: Very High Volume
Order Frequency: Monthly

Provider of Record: Scott Morrow, MD
Provider of Record email: smorrow@smcgov.org
Vaccine Coordinator: Robyn Ziegler
Vaccine Coordinator email: rziegler@smcgov.org

[Update Practice Information >>](#)
[Logout](#)

California Vaccines for Children (VFC) Program

2014 Program Participation Requirements At-a-glance

Requirement	Summary	Agreement Item (Certification of Capacity to Store and Manage Vaccines Item)	Materials/Job Aids
Key Clinic Staff <i>Updated!</i>	<p>VFC providers must designate a Vaccine Coordinator and Backup Vaccine Coordinator fully trained to oversee and manage the clinic's vaccine supply. Providers must also appoint a designee clinician or person with authority to act on behalf of the practice and participate in program site visits and acknowledge receipt of visit findings when the provider of record is unavailable to participate in such visits.</p> <p>Contact name and information for the primary vaccine coordinator and back-up coordinator must be current in the clinic's profile. Any personnel changes in these roles must be immediately reported to the VFC Program through MYVFCVaccines.</p>	10, 12 (2)	Primary and backup Vaccine Coordinator's role and responsibilities are described in the Vaccine Coordinator job aid (IMM-968).
Annual Educational Requirements. <i>Updated!</i>	<p>Each clinic's VFC Provider of Record and Vaccine Coordinators must complete annual EZIZ lessons to meet new federal education requirements on key program areas.</p> <p>Providers cannot recertify until training has been completed. Lessons to be completed in order to submit 2015 VFC Recertifications will be announced early 2014.</p>	10	VFC providers may log into MYVFCVaccines using the clinic's VFC Provider PIN and zip code to access lessons, register, and certify completion.
Routine and Emergency Management Plans <i>New!</i>	<p>VFC Providers must develop and maintain a Routine Vaccine Management Plan and an Emergency Vaccine Management Plan. Plans should include practice-specific guidelines, protocols, and contact information. Plans must be updated whenever VFC Program guidelines change and when staff with designated vaccine management responsibilities change.</p>	9	<p>Routine Vaccine Management Plan template (IMM-1122)</p> <p>Emergency Vaccine Management Plan template (IMM-1123)</p>
VFC Eligibility Screening & Documentation	<p>Screening for VFC eligibility must occur with all clinic patients 0-18 years of age, prior to vaccine administration, and be documented in the patient's permanent medical record (paper-based or electronic medical record) at each immunization encounter.</p> <p>Eligibility documentation must be kept in the patient's medical record for three years. Documentation of eligibility screening must include the following elements:</p>	1 & 3	VFC's Patient Eligibility Screening Record form (IMM-1111).

VFC Provider Responsibilities

VFC providers must designate:

- ✓ Vaccine Coordinator
- ✓ Backup Vaccine Coordinator

Both must be fully trained to oversee and manage the clinic's vaccine supply



Vaccine Coordinator

The Role of the Vaccine Coordinator

Vaccines are expensive and sensitive to temperature. Careful vaccine management is essential to protecting your vaccine supply.

VFC requires providers to designate a fully trained Vaccine Coordinator and a Backup Vaccine Coordinator to implement routine and emergency vaccine management plans. Their names and contact information must be reported to the VFC Program through MyVFCVaccines.org. In many practices, the Vaccine Coordinator is a medical assistant. In other practices, the Vaccine Coordinator is an LVN, RN, office manager, or other staff person.



Responsibilities of the Vaccine Coordinator

The Vaccine Coordinator's responsibilities vary depending on the amount of vaccine the practice gives and practice protocols. In some practices, the Vaccine Coordinator is responsible for all vaccine management activities, including training other (especially new) staff. In other practices, a different person may have one or more vaccine management responsibilities, such as ordering vaccines. Below is a list of essential responsibilities.

Receiving vaccines

- Be present when vaccine is delivered and immediately process it into inventory.
- Ensure that acceptable temperature ranges have been maintained.

Storing vaccines

- Rotate the vaccine inventory so that vaccines with shorter expiration dates are used first.
- Ensure that there are no expired vaccines in the refrigerator or freezer.
- Keep VFC vaccine separate from private vaccine stock.
- Perform routine cleaning on vaccine storage units.

Monitoring vaccine temperatures

- Use a certified calibrated thermometer to review refrigerator and freezer temperatures.
- Record minimum, current, and maximum temperatures on a VFC-supplied log twice a day.
- Take immediate action if temperatures are outside acceptable ranges.
- Implement the emergency vaccine management plan, if necessary.
- Review vaccine temperature logs weekly.
- Retain temperature logs for three years.

Ordering vaccines

- Perform a physical inventory of all vaccines in stock.
- Account for doses of returned or transferred vaccines since the last order.
- Complete and submit the VFC vaccine order at MyVFCVaccines.org.

VFC Provider Responsibilities

- Designee:

Someone with authority to act on behalf of the practice and participate in program site visits and acknowledge receipt of visit findings when the provider of record is unavailable to participate in such visits

Updating Provider Info

- **Changing Provider of Records and Vaccine Coordinators**
 - Lessons needs to be completed
 - Lessons completion verification will be done by central office before change can be made

VFC Annual Education Requirement

- VFC Provider of Record and Vaccine Coordinators must complete annual EZIZ lessons to meet new federal education requirements on key program areas
- Providers cannot recertify until training has been completed
- Lessons must be completed to submit annual VFC Recertification



Vaccine Management Plan

- VFC Providers must develop and maintain a Routine Vaccine Management Plan and an Emergency Vaccine Management Plan
- Plans must include practice-specific guidelines, protocols, and contact information
- Plans must be updated annually and whenever VFC Program guidelines change / when staff with designated vaccine management responsibilities change

Vaccine Management Plans

Emergency Management Plan

- **Plan for handling power outage etc**
- **Plan for moving vaccine**
- **Contacts**
- **Signature Log**

Routine Vaccine Management Plan

- **Current and primary vaccine coordinator and at least one back-up staff**

- **Proper vaccine storage & handling practices**
- **Vaccines shipping and receiving procedures**
- **Vaccine ordering procedures**
- **Vaccine Wastage**
- **Staff training and documentation of training on vaccine management including storage & handling.**
- **Signature Log**

Vaccine Management Plans

Routine Vaccine Management Plan

WORKSHEET FOR KEY VACCINE MANAGEMENT INFORMATION

KEEP NEAR VACCINE STORAGE UNIT(S)

The California VFC Program requires each practice to develop and maintain a Routine Vaccine Management Plan and an Emergency Vaccine Management Plan. Plans must be updated and reviewed whenever VFC Program guidelines change and when staff with designated vaccine management responsibilities change.

Staff assigned vaccine management responsibilities should be reviewed annually and when staff change.

STAFF ROLES & CONTACT INFORMATION

Emergency Vaccine Management Plan

WORKSHEET FOR EMERGENCY CONTACTS

KEEP NEAR VACCINE STORAGE UNIT(S)

The California VFC Program requires each practice to develop and maintain an Emergency Vaccine Management Plan and a Routine Vaccine Management Plan. Plans should include practice-specific guidelines, protocols, and relevant contact information. Plans must be updated and reviewed whenever VFC Program guidelines change and when staff with designated vaccine management responsibilities change.

This Emergency Vaccine Management Plan outlines actions staff should take in the event of an emergency that might affect vaccine viability. Examples include unit malfunction/mechanical failure, power outage, natural disaster, or human error.

STAFF ROLES & CONTACT INFORMATION

Eligibility Screening and Documentation

Screening for VFC eligibility must be documented:

- Each immunization encounter
- All patients 0-18 years old
- Prior to vaccine administration
- Maintained in the patient's permanent medical record (paper-based or electronic medical record) for 3 years

Eligibility Screening and Documentation

Documentation of eligibility screening must include the following elements:

- Date of screening
- Whether the patient is VFC eligible or not VFC eligible
- If patient is VFC eligible, eligibility criteria met

VFC Eligible?

Yes No

Patient Eligibility Screening Record for Vaccines for Children Program



Patient Information

Patient Name		<i>Last</i>	<i>First</i>	<i>MI</i>	Date
Date of Birth	Parent/Guardian (if applicable)	<i>Last</i>	<i>First</i>	<i>MI</i>	
Provider Name					

Eligibility Criteria

- The patient named above qualifies for immunization through the VFC Program because he/she or his/her parent/guardian states the child is 18 years of age or younger and:

Choose only one of the following.

(Note: If a child meets two or more of the eligibility qualifications, choose the first one that applies.)

- is Medi-Cal or Child Health and Disability Prevention (CHDP) eligible; or
 - Is uninsured (does not have private health insurance); or
 - Is an American Indian or Alaskan Native.
 - Health insurance does not cover vaccines (only at federally qualified and rural health centers).
- The patient named above does not qualify for immunization through the VFC Program because he/she has health insurance that pays for vaccines.

Eligibility Status Verification

Screening Date	VFC Eligible				Not VFC Eligible
	Medi-Cal or CHDP Eligible	Uninsured	American Indian/ Alaskan Native	[Under-Insured (health insurance does not cover vaccine(s))]	

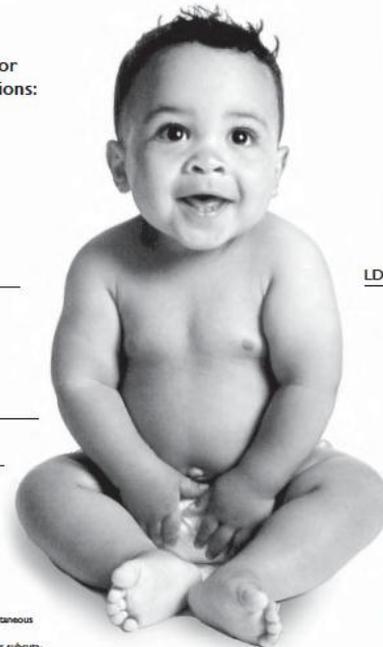
Offer all ACIP Recommended Vaccines

VFC vaccines must be administered according to the guidelines outlined by the Advisory Committee on Immunization Practices (ACIP) in VFC resolutions

VFC providers must comply with immunization schedules, dosages, and contraindications that are established by ACIP and included in the VFC program for populations served

Immunization Site Map

Suggested sites for
infant immunizations:



RD: _____

LD: _____

RT: _____

LT: _____

LT: _____

LT: _____

RD= Right deltoid (IM) or subcutaneous
tissue on upper arm (SC).
RT= Right vastus lateralis (IM) or subcuta-
neous tissue on thigh (SC).

LD= Left deltoid (IM) or subcutaneous
tissue on upper arm (SC).
LT= Left vastus lateralis (IM) or subcu-
taneous tissue on thigh (SC).



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IM-718 (501)

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2014.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE (FIGURE 2)).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16–18 yrs
Hepatitis B ¹ (HepB)	1 st dose	2 nd dose		3 rd dose												
Rotavirus ² (RV) RV1 (2-dose series); RVS (3-dose series)			1 st dose	2 nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP; <7 yrs)			1 st dose	2 nd dose	3 rd dose			4 th dose				5 th dose				
Tetanus, diphtheria, & acellular pertussis ³ (Tdap; ≥7 yrs)														(Tdap)		
Haemophilus influenzae type b ⁴ (Hib)			1 st dose	2 nd dose	See footnote 5		3 rd or 4 th dose See footnote 5									
Pneumococcal conjugate ⁶ (PCV13)			1 st dose	2 nd dose	3 rd dose		4 th dose									
Pneumococcal polysaccharide ⁶ (PPSV23)																
Inactivated poliovirus ⁷ (IPV) (<18 yrs)			1 st dose	2 nd dose	3 rd dose						4 th dose					
Influenza ⁸ (IV; LAN) 2 doses for some: See footnote 8					Annual vaccination (IV only)					Annual vaccination (IV or LAN)						
Measles, mumps, rubella ⁹ (MMR)							1 st dose					2 nd dose				
Varicella ¹⁰ (VAR)							1 st dose					2 nd dose				
Hepatitis A ¹¹ (HepA)							2-dose series, See footnote 11									
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)														(3-dose series)		
Meningococcal ¹³ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)			See footnote 13											1 st dose		

VFC Recordkeeping

VFC providers must maintain all records related to the VFC program for a minimum of three years all paper-based or electronic records related to the VFC program.

- Patient screening/eligibility verification and documentation,
- Temperature logs
- Vaccine ordering records
- Medical records that verify receipt of vaccine
- Vaccine purchase and accountability records
- VFC training records
- Routine and Emergency Vaccine Management Plans
- Provider Recertification forms
- Vaccine administration records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS)

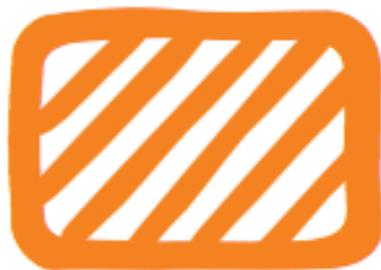
VFC Vaccine Costs and Fees

- Providers **CANNOT** bill anyone for the cost of VFC-supplied vaccines
- Providers may charge VFC-eligible children not covered by Medi-Cal (i.e., uninsured, American Indian/Alaska Natives, and underinsured children seen at a FQHC or RHC) up to the current federal maximum regional administration charge of \$26.03 per dose
- For Medi-Cal children, providers bill Medi-Cal for vaccine administration fees
- VFC providers cannot deny administration of VFC vaccine to an established VFC-eligible patient because the child's parent/guardian inability to pay the administration fee



The VFC Programs was created to meet the vaccination needs of children from birth through 18 years of age.

WHO'S ELIGIBLE



**Children eligible to receive
VFC provided vaccines are:**

MEDICAID (MEDI-CAL)

CHILD HEALTH &

DISABILITY PREVENTION

(CHDP) PROGRAM

NO HEALTH INSURANCE*

UNDER-INSURED**

AMERICAN INDIAN

ALASKAN NATIVE

Thermometers

- Providers must have a PRIMARY VFC-compliant thermometers in vaccine storage units at all times
- Minimally one backup thermometer per facility is required



Thermometers

- **To meet specifications, thermometers must:**
- Be accurate within $\pm 1^{\circ}\text{F}$ ($\pm 0.5^{\circ}\text{C}$)
- Be digital, with the digital display placed outside the unit to allow readings without opening the door
- Have a biosafe glycol-encased (or similar buffer solution) probe
- Display current, minimum, and maximum temperatures
- Have a visual or audible alarm to signal out-of-range temperatures
- Be calibrated annually (or every other year when the manufacturer recommends calibration done in a period that is longer than two years)

Thermometer Calibration Requirements



Checklist for Thermometer Certificate of Traceability and Calibration

A Certificate of Traceability and Calibration Testing (also known as a Report of Calibration) must include key pieces of information. Information required on the certificate depends on whether the laboratory performing calibration testing is an accredited or non-accredited laboratory.

Before sending your thermometer(s) for calibration, check with the calibration company to verify required information will be included on your certificate.

Accredited Laboratory

If an accredited laboratory is performing calibration testing, one of these logos will be on the certificate of calibration:



This logo may appear on the certificate. It represents a group of accreditation organizations such as the ones whose logos appear above.

In addition, the following information must be included on the certificate:

- Name and address of laboratory conducting the test

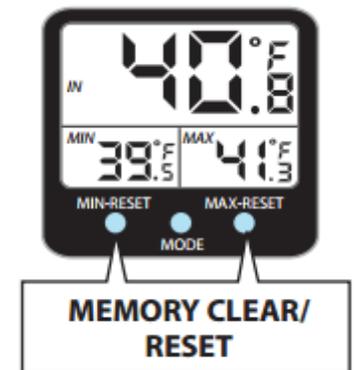
Non-accredited Laboratory

If a non-accredited laboratory is performing calibration testing, the following information must be included on the certificate:

- Statement that calibration testing conforms to ISO IEC 17025 standards
- Name and address of laboratory conducting the test
- Name of device (*optional*)
- Model number (*enables product identification*)
- Serial number (*enables product identification*)
- Date of calibration (*report or issue date*)
- Measurement results for the device
 - Instrument *pass* or *in tolerance* testing result
 - Documented uncertainty
[must be within $\pm 1^\circ\text{F}$ ($\pm 0.5^\circ\text{C}$)]

Thermometers

- Be familiar with how to use your thermometer
 - Read package information
 - Know how to read min / max and current temps
 - Know how to clear min / max
 - Ensure display is on min / max, not alarm setting



Temperature Monitoring

Recording Refrigerator Temperatures

Record **CURRENT**, **MIN**, and **MAX** temperatures in vaccine refrigerators twice a day. Keep temperature logs for 3 years.

MIN/MAX numbers are important! They tell you if temperatures were ever in a **DANGER Zone** since you last checked them. (See Step 2 for example.)



CURRENT is the temperature **now**.

MIN shows the **coldest** temperature since the memory clear/reset button was pressed.

MAX shows the **warmest** temperature since the memory clear/reset button was pressed.

Step 1

- A.** Start a new log at the beginning of every month. Write the **month, year, location of refrigerator**, and **VFC PIN**.

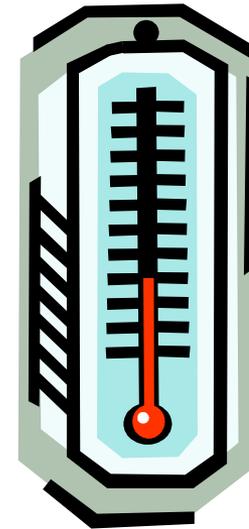
Month/Year	<u>September 2013</u>
(Days 1-8)	
Refrigerator location	<u>Injection Room</u>
VFC PIN	<u>654321</u>

- B.** Write your **initials**. Then write the a.m. or p.m. **time**.

Staff Initials	<u>LH</u>
Day of Month	<u>1</u>
Time	<u>8⁰⁰ am</u>

Temperature Monitoring

- Temperatures for each unit (current, minimum, and maximum temperatures) must be read and documented twice each workday
- Thermometer temperatures must be cleared after each MIN/MAX reading
- Temperatures must be recorded on VFC-provided temperature logs
- Temperature logs must be posted in a visible location
- Temperature logs must be maintained for 3 years and be available for review upon request from the VFC Program staff



F° Refrigerator Temperature Log

Month/Year _____
 (Days 1-8)
 Refrigerator location _____
 VFC PIN _____

Record **CURRENT, MIN, and MAX** temperatures twice a day. Complete steps 1-4.

Step 1 Write your initials and the time of day.

Staff Initials	LH												
Day of Month	example	1	2	3	4	5	6	7	8				
Time	8 ⁰⁰ am	am	pm										

Step 2 Write **CURRENT, MIN, and MAX** temperatures. **Circle** any temperatures that are in **DANGER Zone 1 or 2**. Then go to **step 3** (even if **CURRENT** temp is OK). If **ALL** temperatures are OK, go to **step 4**.

CURRENT	example												
MIN	32.1												
MAX	47.1												

27° & lower 28° 29° 30° 31° 32° 33° 34°

DANGER Zone 1
 Too cold! Go to Step 3!

35° 36° 37° 38° 39° 40° 41° 42° 43° 44° 45° 46°

These temperatures are OK. Go to step 4.

47° 48° 49° 50° 51° 52° 53° 54° & higher

DANGER Zone 2
 Too warm! Go to step 3!

Step 3 If any **CURRENT, MIN, or MAX** temperature is in **Danger Zone 1 (below 35°F)** even for a short time:

- Put a "Do Not Use Vaccine" sign on the refrigerator.
- Alert your supervisor immediately.
- Call the VFC Call Center (1-877-243-8832) to report the incident.

Document the date and actions you take:

If any **CURRENT, MIN, or MAX** temperature is in **Danger Zone 2 (above 46°F)**:

- Alert your supervisor immediately.
- Do not adjust the thermostat. Press the MEMORY CLEAR/RESET button(s).
- Check temperatures again in 1 hour. If temps are still in DANGER Zone 2, call the VFC Call Center (1-877-243-8832).

Temperature Monitoring

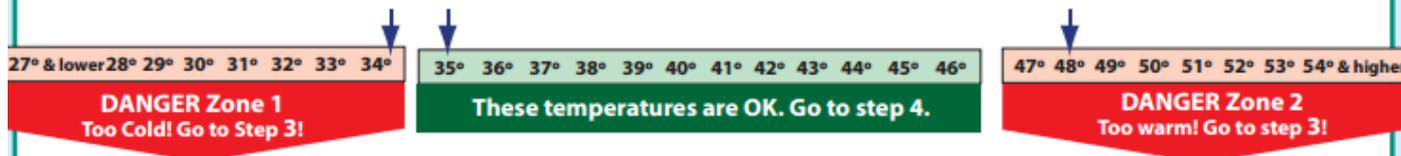
Step 2

- A.** Read the **CURRENT, MIN, and MAX** temperatures on the thermometer display. Write the temperatures in the space provided.

Be sure to record a.m. temperatures **before** opening the refrigerator or doing inventory.

CURRENT	35.2
MIN	34.7
MAX	48.1

- B.** Check if the temperatures you recorded are **OK** or are in **DANGER Zones**.



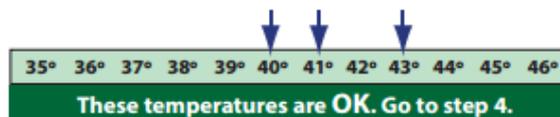
- C.** Circle any temperatures that are in DANGER Zone 1 or 2. Then take the actions listed in Step 3 (even if CURRENT temp is OK).

Note: Temperatures below 35°F, like 34.9, are in Danger Zone 1. Temperatures above 46°F, like 46.1, are in Danger Zone 2.

CURRENT	35.2
MIN	34.7
MAX	48.1

- D.** If **ALL** the temperatures are OK, go to Step 4.

CURRENT	41.2
MIN	40.0
MAX	43.1



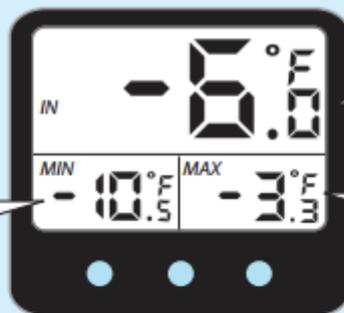
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Temperature Monitoring

Recording Freezer Temperatures

Record **CURRENT, MIN, AND MAX** temperatures in vaccine freezers twice a day. Keep temperature logs for 3 years.

MIN/MAX numbers are important! They tell you if temperatures were ever in the **DANGER Zone** since you last checked them. (See Step 2 for example.)



CURRENT is the temperature **now**.

MIN shows the **coldest** temperature since the memory clear/reset button was pressed.

MAX shows the **warmest** temperature since the memory clear/reset button was pressed.

Step 1

- A.** Start a new log at the beginning of every month. Write the **month, year, location of freezer**, and **VFC PIN**.

Month/Year	<u>September 2013</u>
(Days 1-8)	
Freezer location	<u>Injection Room</u>
VFC PIN	<u>654321</u>

- B.** Write your **initials**. Then write the a.m. or p.m. **time**.

Staff Initials	<u>LH</u>
Day of Month	<u>1</u>
Time	<u>8⁰⁰ am</u>

F° Freezer Temperature Log

Month/Year _____

(Days 1-8)

Freezer location _____

VFC PIN _____

Record **CURRENT, MIN, and MAX** temperatures twice a day. Complete steps 1-4.

Step 1 Write your initials and the time of day.

Staff Initials	LH												
Day of Month	example 1	2	3	4	5	6	7	8					
Time	8:00 am	am pm											

Step 2 Write **CURRENT, MIN, and MAX** temperatures. **Circle** any temperatures that are in the **DANGER Zone**. Then **go to step 3** (even if **CURRENT** temp is OK).
If **ALL** temperatures are OK, **go to step 4**.

CURRENT	example 2.1												
MIN	-10.5												
MAX	6.2												

-20s° & lower -10s° -9° -8° -7° -6° -5° -4° -3° -2° -1° 0° 1° 2° 3° 4° 5°

These temperatures are OK. Go to Step 4.

6° 7° 8° 9° 10° 11° 12° 13° 14° 15° 16° 17° 18° & higher

DANGER Zone
Too warm! Go to Step 3!

Step 3 If any **CURRENT, MIN, or MAX** temperature is in the **Danger Zone** (above 5°F):

- Alert your supervisor immediately.
- Press the MEMORY CLEAR/RESET button(s).
- Check the temperatures again in 1 hour. If temps are still in the DANGER Zone, call the VFC Call Center (1-877-243-8832) to report the incident.

Document the date and actions you take:

Temperature Monitoring

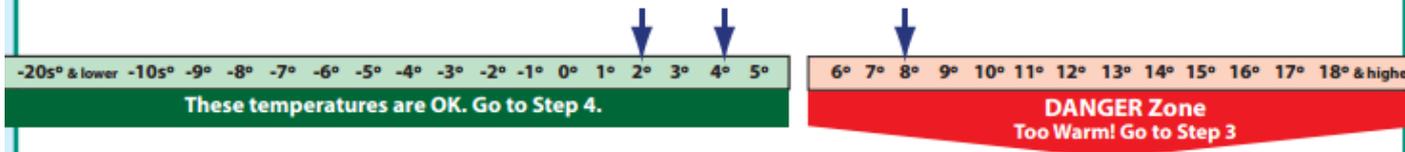
Step 2

A. Read the **CURRENT, MIN, and MAX** temperatures on the thermometer display. Write the temperatures in the space provided.

Be sure to record a.m. temperatures **before** opening the freezer or doing inventory.

CURRENT	4.2
MIN	2.1
MAX	8.0

B. Check if the temperatures you recorded are **OK** or are in the **DANGER Zone**.



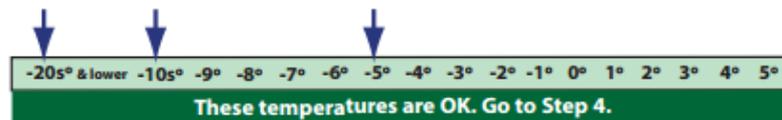
C. Circle all the temperatures that are in the DANGER Zone. Then take the actions in Step 3 (even if CURRENT temp is OK).

Note: Temperatures above 5°F, like 5.1, are in the Danger Zone.

CURRENT	4.2
MIN	2.1
MAX	8.0

D. If ALL the temperatures are OK, go to Step 4.

CURRENT	-10.5
MIN	-21.3
MAX	-5.2



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Vaccine Ordering & Accountability

Adequate vaccine supply must be maintained in accordance with practice patient population (VFC and non-VFC-eligible patients). Stock records (vaccine orders and privately purchased vaccine invoices) for both VFC and privately purchased vaccines must be readily available for review during VFC visits

- VFC vaccine supply and private vaccines should be kept separate and clearly labeled to allow easy identification and to mitigate use on ineligible patients
- Borrowing between public and private vaccine inventories is not allowed.
- Providers must carefully track vaccine usage and account for all doses of VFC supplied vaccine within each ordering cycle.
- **Usage logs must be kept for a period of 3 years.**

Vaccines	Doses Administered Enter -0- for no doses	Vaccine Inventory (Doses On Hand) Enter -0- for no doses	New Vaccine Order
----------	--	---	-------------------

Refrigerated vaccines

DTaP	<input type="text"/> Doses Administered	1. <input type="text" value="--Choose vaccine--"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # of Doses Lot Number Expiration (mm/dd/yyyy) Add More ↓	<input type="text" value="--Choose vaccine--"/> <input type="text" value="0"/> Doses Requested Add More ↓
DTaP/IPV	<input type="text"/> Doses Administered	1. <input type="text" value="--Choose vaccine--"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # of Doses Lot Number Expiration (mm/dd/yyyy) Add More ↓	<input type="text" value="--Choose vaccine--"/> <input type="text" value="0"/> Doses Requested Add More ↓
DTaP/Hepatitis B/IPV	<input type="text"/> Doses Administered	1. <input type="text" value="--Choose vaccine--"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # of Doses Lot Number Expiration (mm/dd/yyyy) Add More ↓	Pediarix Single dose syringes – 10 per box <input type="text" value="0"/> Doses Requested
DTaP/IPV/Hib	<input type="text"/> Doses Administered	1. <input type="text" value="--Choose vaccine--"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # of Doses Lot Number Expiration (mm/dd/yyyy) Add More ↓	Currently not available
Hepatitis A	<input type="text"/> Doses Administered	1. <input type="text" value="--Choose vaccine--"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # of Doses Lot Number Expiration (mm/dd/yyyy) Add More ↓	<input type="text" value="--Choose vaccine--"/> <input type="text" value="0"/> Doses Requested Add More ↓
	<input type="text"/>	1. <input type="text" value="--Choose vaccine--"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # of Doses Lot Number Expiration (mm/dd/yyyy) Add More ↓	<input type="text" value="--Choose vaccine--"/> <input type="text" value="0"/> Doses Requested Add More ↓

Vaccine Accountability Transfers

VFC vaccines may only be stored at the facility indicated in the vaccine order

- Routine re-distribution of VFC vaccine is not allowed
- Providers must contact the VFC Customer Service Center for approval prior to transferring vaccines to another VFC provider
- VFC-supplied vaccine doses cannot be transferred to non-VFC provider sites



Vaccine Accountability Transfers

Make sure you do not submit a duplicate return/transfer request.
You can see your returns/transfer history [here](#).

Vaccine	Lot Number	Expiration Date	Number of Doses	Transaction Type
1. <input type="text"/>	<input type="text"/>	<input type="text"/> (MM / DD / YYYY)	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/> (MM / DD / YYYY)	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/> (MM / DD / YYYY)	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/> (MM / DD / YYYY)	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/> (MM / DD / YYYY)	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/> (MM / DD / YYYY)	<input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>	<input type="text"/> (MM / DD / YYYY)	<input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>	<input type="text"/> (MM / DD / YYYY)	<input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/> (MM / DD / YYYY)	<input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>	<input type="text"/> (MM / DD / YYYY)	<input type="text"/>	<input type="text"/>

Vaccine Accountability Transfers

All expired/wasted vaccine doses returned to the VFC Program's vaccine distributor by participating providers must occur within 3 months of Return Report

Return Reports must be submitted prior to submitting a new vaccine request



Compliance Visits

Actively enrolled VFC providers agree to VFC Program site visits, including

- Scheduled compliance visits
- Unannounced storage & handling visits

Provider of Record or Designee must sign and acknowledge receipt of site visit findings, and agree to complete required follow up within specified periods

**SIGNATURE
REQUIRED**

Questions

