

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Vaccines for Children and Adult Immunization Program Clinic Provider Manual

NDHHS Immunization Program
PO Box 95026, 301 Centennial Mall S
Lincoln, NE 68509-5026

Toll-Free: 800-798-1696
Phone: 402-471-6423
Fax: 402-471-6426
Email: DHHS.Immunization@nebraska.gov
Web: <http://dhhs.ne.gov/Pages/Immunization.aspx>
Version: 2020

Table of Contents

Overview of Programs	Page 1
Eligibility for Vaccine and Screening	Page 2
Federal Law Requirements	Page 3
Fees, Donations, and Medicaid Billing	Page 4
Storage Units and Vaccine Storage	Page 5
Temperature Monitoring and Devices	Page 6
Ordering and Receiving Vaccine	Page 7
Clinic Roles and Responsibilities	Page 8
Vaccine Accountability	Page 9
Emergency Vaccine Management Plan and Transportation	Page 11
Nebraska State Immunization Information System – NESIIS	Page 12
Visits	Page 12
Fraud and Abuse	Page 13
Leaving the Program	Page 14

Appendix

Quick Reminders	A-1
Vaccine Manufacturer Contact Information	A-2
Web Links	A-3
Once/ Twice Daily Refrigerator Temperature Log	A-4
Once/ Twice Daily Freezer Temperature Log	A-5
Vaccine Borrowing Report	A-6
Vaccine Restitution Form	A-7
Vaccine Transport Log	A-8
Vaccine Storage Troubleshooting Record	A-9
Clinic Line Listing	A-10
Blank Clinic Line Listing	A-11
Packing Vaccines for Transport during Emergencies	A-12
Emergency Vaccine Management Plan	A-13
Acknowledgement of Policies and Signature Page	A-14

Overview of Programs

Vaccines for Children Program

The Vaccines for Children Program (VFC) is a federally funded program that provides vaccine at no cost to children who might not otherwise be vaccinated because of an inability to pay. CDC buys vaccine at a discount and distributes them to grantees, such as NDHHS, which in turn distributes them at no charge to private physicians' offices and public health clinics enrolled as VFC providers. Children who are eligible for VFC vaccines are entitled to receive them as recommended by the Advisory Committee on Immunization Practices (ACIP). These vaccines protect babies, young children, and adolescents from sixteen diseases. A child is eligible for the VFC Program if he or she is younger than nineteen years of age and is one of the following: Medicaid eligible, Uninsured, Underinsured, American Indian or Alaska Native.

Adult Immunization Program

The Adult Immunization Program (AIP) provides some adult vaccines at no cost to uninsured or underinsured adults nineteen years of age and older. Public immunization clinics that are also adult providers include Federally Qualified Health Centers (FQHC), health departments, and other local public clinics.

Immunization Quality Improvement for Providers

Immunization Quality Improvement for Providers (IQIP) supports and promotes providers to engage in vaccine quality improvement strategies. IQIP consultants work with VFC providers to increase vaccine uptake among children and adolescent patients. IQIP assists and supports health care providers by identifying opportunities to improve vaccine uptake and immunization delivery practices.

NDHHS Immunization Program

Vaccine funding for the VFC and AIP programs is distributed by CDC to the NDHHS Immunization Program. NDHHS supplies vaccine at no cost to enrolled public and private providers, and is responsible for ensuring enrolled providers adhere to program requirements, are good stewards of resources given, and are ensuring vaccine viability at all times.

Nebraska State Immunization Information System

The Nebraska State Immunization Information System (NESIIS) is a confidential, population-based, computerized database that records all immunization doses administered by participating providers to persons residing within Nebraska. NESIIS offers providers consolidated immunization histories to help determine point of clinical care for patients, and assists with public health efforts to improve vaccination rates and reduce vaccine preventable disease.

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) is a federal agency that conducts and supports health promotion, prevention, and preparedness activities in the United States, with the goal of improving overall public health. The CDC works with partners at the local, state, and national levels to monitor and prevent disease outbreaks (including bioterrorism), implement disease prevention strategies, and maintain national health statistics. The agency also leads

public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. The CDC focuses on the following five strategic areas: increasing support to local and state health departments, improving global health, decreasing leading causes of death, strengthening surveillance and epidemiology, and reforming health policies.

Advisory Committee on Immunization Practices

The Advisory Committee on Immunization Practices (ACIP) is comprised of medical and public health experts who develop recommendations on the use of vaccine in the civilian population of the United States. The recommendations stand as public health guidance for the safe use of vaccine and related biological products. All VFC providers must comply with immunization schedules, dosages, and contraindications established by ACIP.

Public Clinics in Nebraska

The NDHHS Immunization Program defines a public clinic as a clinic operated by a public or non-profit agency, such as a county or district health department, tribal health facility, or community action agency that meets the needs of a community not already met by another provider. A public clinic serves as a “safety net” for those populations.

Public clinics...

- Have a sponsoring physician who is located off-site.
- Serve healthy clients without contraindications.
- Offer all ACIP recommended vaccines, with the exception of those intended for use with high risk patients.
- Have the capacity to serve all eligible patients.
- Must accommodate walk-in patients, although they may ask them to make an appointment.

Sponsoring agencies are responsible for...

- Securing a sponsoring physician.
- Implementing appropriate policies and procedures to govern clinic operations.
- Providing appropriate staff and adequate training.
- Ensuring that immunization records are entered manually into NESIIS, or are provided via data exchange.

Sponsoring physicians are responsible for...

- Annually providing written vaccine administration standing orders and emergency protocol to staff.
- Acknowledging and signing the annual recertification form.
- Being on call, or providing a back-up physician during vaccination clinic hours to provide consultation.

- Name and title of individual administering vaccination
- VIS publication date
- Date VIS was provided to patient, parent, or legal guardian

Vaccine Adverse Event Reporting System

The Vaccine Adverse Event Reporting System (VAERS) is a surveillance program which collects information about adverse events following administration of a licensed vaccine. This information is used to monitor side effects and identify any important safety concerns regarding a vaccine. Anyone has the ability to file a VAERS report, including health care providers, manufacturers, vaccine recipients, and families. Submit a report as soon as possible after an adverse event following vaccination. Information about VAERS can be found on the back of every VIS.

Providers are required to...

- Report any event(s) listed in the “Reportable Events” table occurring within a specified time period after vaccination.
- Report any event(s) listed by the vaccine manufacturer as a contraindication to subsequent doses of that vaccine.

Providers are asked to...

- Report any clinically significant adverse event(s), even if unsure the vaccine caused the event.
- Report vaccine administration errors.

Records Retention

Maintain all records related to the NDHHS Immunization Program for a minimum of three years, as required. Records must be made available to NDHHS upon request.

This includes...

- VFC screening and eligibility documentation
- Billing records
- Vaccine administration verification
- Vaccine packing slips, borrowing reports, monthly transaction summaries, and waste reports
- Temperature logs

Fees, Donations, and Medicaid Billing

Fees

- Clinics cannot charge for the cost of VFC vaccine.
- For Medicaid enrolled children, accept reimbursement for the vaccine administration fee as final payment.
- For non-Medicaid VFC eligible children, a clinic may charge an administration fee not to exceed \$19.82 per vaccination.

- Clinics must not deny the administration of federally purchased vaccine to an established patient because of an inability to pay the administration fee.
- Providers choosing to bill for the vaccine administration fee of a non-Medicaid, VFC eligible child after the date of service may issue only a single bill to the patient within ninety days of vaccine administration. Unpaid administration fees must not be sent to collections.

Donations

- Clinics may request a modest donation from a patient not to exceed \$19.82 per vaccination, instead of an administration fee. However, no provider can deny vaccination due to an inability to make a donation.
- Funds received from donations or administration fees are to be used to support the public immunization clinic.

Medicaid Billing

- Bill Medicaid appropriately. Questions regarding coverage or billing should be directed to the Medicaid office at 402-471-9227, 1-855-632-7633, or dhhs.mltcphysicalhealth@nebraska.gov

Storage Units and Vaccine Storage

Storage units...

- Are required to have stand-alone freezer units.
- Refrigerators must be either stand-alone, or use only the refrigerated section of a combination unit. Best practice is to use pharmaceutical grade units.
- Cannot be dormitory style refrigerators, per CDC requirements.
- Must be large enough to accommodate the largest volume of inventory, and allow for air circulation within the unit.
- Must be able to maintain required vaccine storage temperatures.
- Must be in good working order. Frost build-up should be addressed according to the storage and handling toolkit.
- May hold both biologicals and vaccine, but must be stored below vaccine.
- Must be free of food and drink.
- Must have water bottles or cold packs labeled “DO NOT DRINK” in refrigerators and freezers to keep temperatures stable.
- Must have a digital data logger or a continuous temperature monitoring system with a current and valid certificate of calibration meeting CDC requirements.

****Note:** If a clinic obtains a new unit or an existing unit is repaired before use, NDHHS must be contacted.

Safeguarding the Electrical Supply

- Plug storage units directly into outlets; extension cords are not acceptable.
- Make sure units cannot be accidentally unplugged. Use a safety lock plug, if possible.

- Label the refrigerator, freezer, electrical outlets, fuse boxes, and circuit breakers with “DO NOT UNPLUG” or “WARNING” stickers.
- Use an outlet connected to a generator, if possible.

****Note:** In hospitals or large health care systems with comprehensive written policies and standard operating procedures; detailed measures taken to prevent vaccine storage units from being accidentally disconnected from the power supply may replace the “WARNING” sticker on the circuit breaker.

Storing Vaccine

- Vaccine from VFC, AIP, and private stock may be stored together, but must be labeled clearly. Mark boxes, use color coded baskets, or keep vaccine on separate shelves.
- Shorter expiration dates must be kept in front to be utilized first.
- Short dated vaccine must be reported to NDHHS at least three to six months in advance.
- Smaller clinics must contact NDHHS regarding vaccine that won't be used prior to expiration.
- Immediately remove expired or wasted vaccine from storage units.
- Store vaccine away from cold air vents, drawers, floors, and walls.
- Allow enough space for proper air circulation around vaccines.
- If using containers to organize vaccines, use open and ventilated types.
- Keep vaccines in their original boxes with lids intact until administration to protect from light.
- Store diluents according to manufacturer's instructions, and do not store in freezers.

Temperature Monitoring and Devices

Vaccine Storage

- Vaccine must be stored at appropriate temperatures from the time of manufacture to the time of administration.
 - Refrigerators 2°C to 8°C (36°F to 46°F)
 - Freezers -15°C to -50°C (5°F to -58°F)
- Daily, review and record temperature readings of vaccine storage units utilizing NDHHS approved temperature monitoring devices. Utilize temperature logs provided in the appendix to record the following:
 - Date
 - Time
 - Initials of staff member assessing temperatures
 - Min/max temperatures of the refrigerator and freezer
- Weekly, download digital data loggers (DDLs).

Temperature Excursions

A temperature excursion is defined as any time temperatures go out of acceptable ranges, even by one tenth of a degree. The protocol below must be initiated for each temperature excursion:

- Mark the vaccine “DO NOT USE”, and store at appropriate temperatures.
- Move to another refrigerator, freezer, or cooler per the emergency vaccine protocol.

- Call the assigned community health nurse or NDHHS. If after hours, proceed to the next step.
- Call the vaccine manufacturer to determine vaccine viability. Clinic staff must request manufacturer documentation be sent regarding vaccine viability.
- Document excursion details, action steps taken, and outcome. Email or fax documentation, along with manufacturer information, to the assigned community health nurse and retain a copy at the clinic.

****Note:** If vaccine has been deemed unviable due to a temperature excursion and patients have been vaccinated with compromised vaccine, consult with the primary provider regarding revaccination.

Temperature monitoring devices are required to...

- Be certified as calibrated.
- Be recalibrated according to the certificate of calibration.
- Have a digital display easily readable outside of units.
- Display current min/max temperatures.

****Note:** Place probes in the central section of storage units where vaccine is located. Units pre-approved by NDHHS may have a built-in thermometer. These units must have valid certificates of calibration, and clinics must have a back-up logger in current calibration.

Temperature monitoring devices are recommended to...

- Have a temperature probe in buffered material to mimic vaccine temperatures.
- Buffered material may be:
 - Liquid
 - Loose media
 - Solid block of material
- Have an alarm for out of range temperatures.
- Have a low battery indicator.
- Have an accuracy of plus/minus .5°C or 1°F
- Have memory storage of at least 4,000 readings.

Ordering and Receiving Vaccine

Ordering Vaccine

- All vaccine orders are placed via NESIIS.
- All age appropriate ACIP recommended vaccines must be ordered and offered to patients.
- Best practice is to maintain enough vaccine for two months.
- Clinics should ensure that quantities ordered are reflective of populations served.
- Prior to placing an order, inventory must be adjusted, and monthly transaction summaries completed and submitted to NDHHS.

Follow-up occurs...

- When issues are identified. The assigned community health nurse will develop a corrective action plan.
 - Clinics must address any issues of non-compliance.
 - Timeframes may vary.

Follow-up types...

- Additional training
- Call/email
- Follow-up visit
- Submission of requested materials

****Note:** Unsuccessful attempts to resolve issues of non-compliance will result in suspension of ordering privileges, or termination of program participation.

Immunization Quality Improvement for Providers (IQIP)

- Promotes and supports implementation of provider level strategies to increase on time vaccination.
- Assigned community health nurses will work with providers to create appropriate strategies.
- Improvements are individualized for each provider.
- Twenty five percent of clinics will receive an IQIP visit each year.
- IQIP meetings:
 - One face to face meeting will be conducted.
 - Follow-up calls at two months, six months, and one year.

Fraud and Abuse

Fraud

- Is the intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state laws.
 - *Example: A provider administers federally purchased vaccine to all patients regardless of eligibility, or a provider administers federally purchased vaccine to a child who is insured, and bills the insurance company for the cost of the vaccine.*

Abuse

- Includes provider practices that are inconsistent with sound fiscal, business, or medical practices, and results in an unnecessary cost to the Medicaid program (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or patient), or in reimbursement for services that are not medically necessary, or that fail to meet professionally recognized standards for health care. Abuse also includes recipient practices that result in unnecessary cost to the Medicaid program.
 - *Example: Vaccine not maintained according to CDC standards and is deemed non-viable; resulting in patients needing revaccination.*

- *Example: A provider does not accurately account for federally purchased vaccine, and does not know how many doses were used for their eligible patients.*

NDHHS must...

- Conduct preliminary investigations and refer all suspected cases of VFC fraud and abuse directly to the Medicaid Fraud Control Unit.
- Follow the federal regulatory scheme at 42 CFR §455.15 and 42 CFR §455.23
- Direct unanswered questions and concerns to:
[Medicaid Integrity Program@cms.hhs.gov](mailto:Medicaid_Integrity_Program@cms.hhs.gov)
- Make referrals within ten working days from the initial assessment.

**Note: If fraud or abuse is identified, NDHHS must be notified. Ordering privileges will be suspended upon an investigation is opened. Future participation in this program will be dependent upon outcome.

Leaving the Program

NDHHS will do it's best to work with providers to reach a resolution that still affords providers continued participation. The agreement may be terminated at any time due to non-compliance of program requirements.

Termination will commence...

- If providers are determined to be abusive or fraudulent.
- If a vaccine order has not been placed within the past twelve months.

Prior to termination...

- A notice will be sent via USPS certified mail.
- Providers will have the opportunity to discuss issues of non-compliance.

Voluntary Disenrollment

- Providers must submit written notice.
- Submit a final monthly transaction summary.
- All current vaccine stock being returned that was exposed to a temperature excursion must have manufacturer(s) documentation.
- All vaccine must be returned to the NDHHS.
- Any NDHHS equipment must be returned.

Appendix

Quick Reminders	A-1
Vaccine Manufacturer Contact Information	A-2
Web Links	A-3
Once/Twice Daily Refrigerator Temperature Log	A-4
Once/Twice Daily Freezer Temperature Log	A-5
Vaccine Borrowing Report	A-6
Vaccine Restitution Form	A-7
Vaccine Transport Log	A-8
Vaccine Storage Troubleshooting Record	A-9
Clinic Line Listing	A-10
Blank Clinic Line Listing	A-11
Packing Vaccines for Transport during Emergencies	A-12
Emergency Vaccine Management Plan	A-13
Acknowledgement of Policies and Signature Page	A-14

Quick Reminders

Daily

- Read and record storage unit minimum and max temperatures, time, date and initial at least once per day when the clinic opens.
- Temperature excursions must be handled immediately to protect vaccine.

Weekly

- Download data loggers
- Review and assess reports for temperature trends on storage units.

Monthly

- Perform an accurate physical count of your VFC vaccine the last day of each month using the NESIIS, “Manage Inventory Report” as a tool.
- Check vaccine expiration dates and rotate stock, placing vaccine expiring soonest up front.
- Contact NDHHS at least ninety days prior to vaccine expiration date, or if quantities on hand exceed populations served.

Annually

- Primary vaccine coordinator and their back-up(s) read this manual and sign the Acknowledgement of Policies and Signature Page
- Review and update the Emergency Vaccine Management Plan, then initial and sign.
- Complete provider re-enrollment in NESIIS.

Every Two Years

- Calibrate any non-NDHHS supplied data loggers in order to remain in compliance.

New Coordinators

- View the CDC developed training module, “You Call the Shots: Vaccine Storage and Handling”, and submit the certificate of completion to NDHHS within sixty days.

Vaccine Manufacturer Contact Information

- GlaxoSmithKline (GSK)
 - 866-475-8222, Option 4
 - https://gskpro.com/en-us/therapy-areas/vaccines/?cc=v_ERR39X6K11445816&mcm=140000
 - VFC/AIP Vaccine: BEXSERO[®], BOOSTRIX[®], ENGERIX-B[®], FLUARIX[®], FLULAVAL[®], HAVRIX[®], HIBERIX[®], INFANRIX[®], KINRIX[®], MENVEO[®], PEDIARIX[®], ROTARIX[®], TWINRIX[®]
- Merck & Co., Inc.
 - 877-829-6372, Option 2
 - <https://www.merckvaccines.com/>
 - VFC/AIP Vaccine: GARDASIL[®]9, M-M-R[®]II, PedvaxHIB[®], PNEUMOVAX[®]23, ProQuad[®], RECOMBIVAX HB[®], RotaTeq[®], VARIVAX[®], VAQTA[®], ZOSTAVAX[®]
- Pfizer, Inc.
 - 800-438-1985, Option 3
 - <https://www.pfizerpro.com/>
 - VFC/AIP Vaccine: PREVNAR 13[®], Trumenba[®]
- Sanofi Pasteur, Inc.
 - 800-822-2463
 - <https://www.vaccineshoppe.com/>
 - VFC/AIP Vaccine: ActHIB[®], Adacel[®], DAPTACEL[®], Fluzone[®], IPOL[®], Menactra[®], Pentacel[®], Quadracel[®], TENIVAC[®]
- Seqirus A CSL Company
 - 855-358-8966
 - <https://www.seqirus.com/>
 - VFC/AIP Vaccine: Flucelvax[®]
- AstraZeneca
 - 800-236-9933, Option 1, Option 4
 - <https://www.astrazeneca.com/>
 - VFC/AIP Vaccine: FluMist[®]

Web Links

- CDC Vaccines Landing Page: https://www.cdc.gov/vaccines/hcp/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fhcp.htm
- CDC Immunization Schedules: <http://www.cdc.gov/vaccines/schedules/hcp/index.html>
- CDC Storage and Handling Toolkit: <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>
- CDC You Call The Shots: <https://www.cdc.gov/vaccines/ed/youcalltheshots.html>
- DHHS Immunization Program: <http://dhhs.ne.gov/Pages/Immunization.aspx>
- DHHS Reporting Concerns or Complaints: <http://dhhs.ne.gov/Pages/complaints.aspx>
- DHHS School Immunization Reporting: <http://dhhs.ne.gov/Pages/School-Immunization.aspx>
- Immunization Action Coalition: <https://www.immunize.org/>
- Immunization Action Coalition Standing Orders Templates for Administering Vaccines: <https://www.immunize.org/standing-orders/>
- Nebraska Legislature Revised Statute 44-311: <https://nebraskalegislature.gov/laws/statutes.php?statute=44-311>
- Nebraska Public Clinics: <https://mapsengine.google.com/map/viewer?mid=zUmqOvOqNtwA.k6KVBMFyOBSs>
- Nebraska State Immunization Information System: <http://dhhs.ne.gov/Pages/Nebraska-Immunization-Information-System.aspx>
- Nebraska State Immunization Information System Opt-Out Form: http://dhhs.ne.gov/epi%20docs/Opt_Out_Form.pdf
- Vaccine Adverse Event Reporting System: <https://vaers.hhs.gov/index.html>
- Vaccine Information Statements: <http://www.immunize.org/vis/>

Nebraska Immunization Program Vaccine Borrowing Report

VFC enrolled providers are expected to manage and maintain an adequate inventory of vaccine for both their VFC and non-VFC eligible patients. Planned borrowing of VFC vaccine, including the use of VFC vaccine as a replacement system for a provider's privately purchased vaccine inventory, is not permissible. Providers must ensure borrowing VFC vaccine will not prevent a VFC-eligible child from receiving a needed vaccination. Infrequent exchanging between VFC and private stock of a short-dated vaccine dose may be performed if the provider serves a small number of private pay patients, the dose is one month from expiration, or the dose of vaccine cannot be used for the population it is intended for, prior to expiration.

Complete this form if...

- A dose of VFC vaccine is administered to a non VFC eligible child.
- A dose of privately purchased vaccine is administered to a VFC eligible child.

Be sure to...

- Enter information for each dose of vaccine borrowed in a separate row.
- Complete all columns for each dose borrowed.
- Sign and date the report to assure validity.

Reasoning Legend

Code	Reason for Borrowing VFC Dose	Code	Reason for Borrowing Private Dose
1	Private vaccine shipment delay: Vaccine order placed on time/delay in shipping.	8	VFC vaccine shipment delay: Order placed on time/delay in shipping.
2	Private vaccine non-useable upon arrival: Vials broken or temperature monitor out of range.	9	VFC vaccine non-useable upon arrival: Vials broken or temperature monitor out of range.
3	Ran out of private vaccine between orders: Not due to shipping delays.	10	Ran out of VFC vaccine between orders: Not due to shipping delays.
4	Short dated private dose was exchanged with VFC dose.	11	Short dated VFC dose was exchanged with private dose.
5	Accidental use of VFC dose for a private patient.	12	Accidental use of a private dose for a VFC eligible patient
6	Replacement of private dose with VFC when insurance plan did not cover vaccine.	13	Other – Describe
7	Other – Describe		

Nebraska Immunization Program Vaccine Borrowing Report

As a VFC program enrollee, this form must be completed and retained at the clinic site. Submit the completed form once doses are replaced within a month from borrowing instances. Email to DHHS.Immunization@nebraska.gov, or fax to 402-471-6426.

Clinic Name: _____ NESIIS PIN: _____ Month/Year: _____

Date of first dose borrowed to date of last dose borrowed: _____ to _____

Vaccine Type Borrowed	Stock Used (VFC or Private)	Patient Name	Patient DOB (xx/xx/xxxx)	Date Dose Administered (xx/xx/xxxx)	Reason Vaccine Stock Not Used (use above legend)	Date Dose Returned to Appropriate Stock (xx/xx/xxxx)

"I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable federal and state laws, that VFC vaccine borrowing and replacement doses reported on this form are accurate in conformance with state provisions for borrowing, and that all VFC doses borrowed during the noted time period have been fully reported on this form."

Provider Name: _____ Provider Signature: _____ Date: _____



Good Life. Great Mission.

Nebraska Immunization Program Vaccine Restitution Form

DEPT. OF HEALTH AND HUMAN SERVICES

State and local immunization programs with vaccine restitution or replacement policies must follow CDC policy on vaccine replacement of federally funded vaccines. All vaccines which have been lost and are eligible for replacement (according to state/local restitution policy) must be replaced dose for dose within 90 days of loss. Providers must submit a receipt of vaccine purchase reflecting dose for dose replacement to the Nebraska Immunization Program within 90 days of the vaccine loss, and submit this report once replacement doses have been administered. Replaced doses must only be used to support eligible VFC children and AIP adults.

Clinic Name: _____ NESIIS PIN: _____

<u>Vaccine Type</u>	<u>Loss Date</u>	<u>Lot #</u>	<u>NDC #</u>	<u>VFC or AIP</u>	<u># Doses Lost</u>	<u>Date Replaced</u>

"I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3729) and other applicable federal and state laws, that VFC and/or AIP vaccines reported on this form are accurate and replaced in conformance with state provisions for restitution, and that all doses lost during the noted time period have been fully reported and replaced according to this form."

Provider Name: _____

Provider Signature: _____

Date: _____

Vaccine Transport Log

To be utilized during off-site clinic activities. Temperatures must be documented each hour while vaccine remains out of dedicated storage units.

Acceptable Temperatures: 2°C to 8°C (36°F to 46°F) or -15°C to -50°C (5°F to -58°F)

Clinic Name: _____ NESIIS PIN: _____ Date: _____

Unit Type	Time		Refrigerator Cooler Temp	Freezer Cooler Temp	Initials
	6	am pm			
	7	am pm			
	8	am pm			
	9	am pm			
	10	am pm			
	11	am pm			
	12	am pm			
	1	am pm			
	2	am pm			
	3	am pm			
	4	am pm			
	5	am pm			

****Notes:**

Emergency Vaccine Management Plan

Provider Site Name: _____

Provider Site Address: _____

Primary Vaccine Coordinator: _____

Emergency Phone Number: _____

Back-up Vaccine Coordinator: _____

Emergency Phone Number: _____

Transporting Vaccine

- In the event of a power failure or storage unit failure, vaccine will need to be moved to a pre-designated location.
- Ensure that all appropriate staff have instructions on what to do during an emergency. This may include where to go, how to transport vaccine to ensure the cold chain is maintained, and what supplies are needed such as frozen water bottles, bubble wrap, cardboard, flashlights, and keys. Refer to the Packing Vaccines for Transport during Emergencies located in the Appendix of this manual.
- Keep a copy of this Emergency Vaccine Management Plan along with a copy of the Packing Vaccines for Transport during Emergencies.
- All refrigerated vaccine must be kept between 36°F/2°C and 46°F/8°C.
- Varicella and MMRV (ProQuad) need to be transferred on frozen cold packs with a thermometer and topped with frozen cold packs. MMR can be transported frozen. Keep temperatures between -58°F/-50°C and 5°F/-15°C.
- Once vaccine is transported to alternate refrigeration and freezer units, keep them at the proper temperatures.

The back-up refrigerator and/or freezer unit is located: _____

Alternate facility phone number: _____

Signature of primary vaccine coordinator: _____

This plan must be initialed and updated annually.

____/____/2020
____initials

____/____/2021
____initials

____/____/2022
____initials

Acknowledgement of Policies and Signature Page

As an enrolled provider, it is a federal requirement that you have written vaccine management policies adopted into practice for the management of publicly purchased vaccine. This manual serves to fulfill federal requirements of vaccine management policies.

- The primary vaccine coordinator and their back-up(s) read and sign this page, certifying that they have read the manual and take responsibility for adopting policies into clinic processes.
- An Emergency Vaccine Management Plan must be developed and implemented.
- This manual is reviewed and signed annually.

By signing below, I hereby certify that I have read the Nebraska Immunization Program Provider Manual Revised 2020, and take responsibility for adopting all policies into clinic processes. I acknowledge that this is my legal signature.

Primary Vaccine Coordinator Name: _____

Date: _____

Back-up Vaccine Coordinator Name: _____

Date: _____

Additional Trained Staff (Optional): _____

Date: _____

****Note:** Insert additional signatures, as necessary.

Clinic VFC PIN Number _____