



Vaccines for Children (VFC) Program

Vaccines for Children (VFC) is a federally funded and state-operated vaccine supply program. It provides vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to eligible children for free or reduced cost. Through partnerships with local clinics statewide, the program ensures vaccine access for vulnerable populations, improving public health outcomes.

VFC Program Participation Requirements

To participate in the VFC program, clinics must meet the following requirements:

- Eligible Patients:
 - Vaccines are for those 18 years of age and younger and have one of the additional criteria:
 - Medicaid enrolled
 - No insurance
 - Underinsured (may only receive vaccine at certain locations)
 - Native American/Alaskan Native
- Vaccination Policy:
 - Must vaccinate patients regardless of their ability to pay.
 - A one-time administration fee of up to \$19.82 may be charged for each injection.
 - The clinic cannot send unpaid fees to collections.
 - Must accept Medicaid reimbursement rates for administration fees.
- Vaccine Storage & Handling:
 - Clinic carries all age-appropriate, ACIP-recommended vaccines for populations seen at the clinic.
 - Storage includes a refrigerator and a stand-alone freezer with sufficient inventory capacity.
 - VFC, VFA, and private stock are stored separately.
 - Clinic complies with VFC requirements for inventory management and temperature monitoring.
 - Clinic capacity to obtain and maintain data loggers for temperature monitoring standards.
- Staffing & Reporting:
 - Two staff members (primary and back-up) are designated for:
 - Daily temperature monitoring and recording.
 - Monthly vaccine inventory and usage reporting.
 - Annual re-enrollment and quality assurance site visits, as required.

- Clinic accurately reports the number of adult patients and their insurance status.
 - Accurately report the number of children by age and insurance type within the facility.
- Financial Responsibility:
 - Clinic will replace any vaccines lost due to mishandling or misuse.
 - The Nebraska DHHS Immunization Program does not have funding to assist providers with administration fees, vaccine supplies, or staff compensation.

VFC Program Application

- Complete the attached forms.
 - Leave PIN field blank.
 - Ensure provider license matches the name listed.
 - Email addresses are required for program communication.
 - The medical director does not have to be a physician; it can be a mid-level provider such as a nurse practitioner or physician's assistant.
- Submit completed forms to Patty Korbelik, RN, at patty.korbelik@nebraska.gov

Reviewal Process

- Once the application has been received:
 - Location of facility is researched to identify existing VFC providers in the area.
 - Population of the area is researched to identify demographics such as:
 - Potentially vulnerable populations
 - Accessibility to health insurance
 - History of prior program participation.
- Please expect delays in processing around holidays.
- Blackout dates for enrollment are from December 15 through March 1, as we are processing program re-enrollments.

Next Steps

- Allow 5-10 business days for the VFC enrollment form to be received and processed.
- Each provider will receive an acceptance or denial letter with a rationale.
- Allow 4-6 weeks after acceptance for program implementation and scheduled site visit.
- An Initial site visit must occur within 3 months of approval.

For questions or concerns, please contact Patty Korbelik.

Patty Korbelik, RN | *Community Health Nurse Sr*
 VFC Coordinator | Perinatal HepB Case Management
 PUBLIC HEALTH
 Nebraska Department of Health and Human Services
 OFFICE: 402-471-4487 | CELL: 531-530-7142 | FAX: 402-471-6426
DHHS.ne.gov | [Facebook](#) | [Twitter](#) | [LinkedIn](#)

Last Updated: April 2026

VACCINES FOR CHILDREN PROGRAM PROVIDER AGREEMENT

FACILITY INFORMATION			
Facility Name:		VFC Pin#	
Shipping Address:			
City:	County:	State:	Zip:
Telephone:		Fax:	
Facility Address (if different than shipping address):			
City:	County:	State:	Zip:
Medical Director or Equivalent			
<p>Instructions: The official VFC registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.</p> <p><i>*Note: For the purposes of the VFC program, the term 'vaccine' is defined as any FDA-authorized or licensed, ACIP-recommended product for which ACIP approves a VFC resolution for inclusion in the VFC program.</i></p>			
Last Name, First, M.I.		Title	Speciality:
Medical License No.		Medicaid/NPI No.:	Email:
VFC VACCINE COORDINATOR			
Primary Vaccine Coordinator Name:			
Telephone:		Email:	
Completed Annual Training:		Type of training received:	
<input type="radio"/> Yes <input type="radio"/> No			
Back-Up Vaccine Coordinator Name:			
Telephone:		Email:	
Completed Annual Training:		Type of training received:	
<input type="radio"/> Yes <input type="radio"/> No			

PROVIDER AGREEMENT

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

1. I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.

I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:

A. Federally Vaccine-eligible Children (VFC eligible)

- 1.** Are an American Indian or Alaska Native;
- 2.** Are enrolled in Medicaid;
- 3.** Have no health insurance;
- 4.** Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.

B. State Vaccine-eligible Children

In addition, to the extent that my state designates additional categories of children as "state vaccine-

- 1.** eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children.

Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories(VFC eligible), are not eligible to receive VFC-purchased vaccine.

For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:

- a)** In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;
- b)** The particular requirements contradict state law, including laws pertaining to religious and other exemptions.

2. I will maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.

5. I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.

PROVIDER AGREEMENT

6.	I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$19.82 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
7.	I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
8.	<p>I will distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain 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).</p> <p>Note: <i>Until a COVID-19 Vaccine Information Statement (VIS) becomes available, provide information prior to vaccination as follows: EUA Fact Sheet for Recipients. Emergency Use Instructions (EUI), or BLA package insert, as applicable.</i></p> <p><i>For nirsevimab when not co-administered with other vaccines, report all suspected adverse reactions to MedWatch. Report suspected adverse reactions following co-administration of nirsevimab with any vaccine to the Vaccine Adverse Event Reporting System (VAERS).</i></p>
9.	<p>I will comply with the requirements for vaccine management including:</p> <ul style="list-style-type: none">a) Ordering vaccine and maintaining appropriate vaccine inventories;b) Not storing vaccine in dormitory-style units at any time;c) Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Nebraska Immunization Program storage and handling recommendations and requirements;d) Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration
10.	<p>I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program:</p> <p>Fraud: is an 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 law.</p> <p>Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result 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 a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.</p>
11.	I will participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.

PROVIDER AGREEMENT

	<p>For providers with a signed deputization Memorandum of Understanding between a FQHC or RHC and the Nebraska Immunization Program to serve underinsured VFC-eligible children, I agree to:</p> <ul style="list-style-type: none">a) Include "underinsured" as a VFC eligibility category during the screening for VFC eligibility at every visit;b) Vaccinate "walk-in" VFC-eligible underinsured children; and Report required usage data <p>Note: "Walk-in" in this context refers to any underinsured child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve underinsured patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to underinsured patients as well.</p>
12.	I agree to replace vaccine purchased with federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.
14.	I agree to use NESIIS (Nebraska State Immunization Information System) to order federal/state funded vaccine and manage vaccine inventories.
15.	I understand this facility or the Nebraska Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Nebraska Immunization Program.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Medical Director or Equivalent Name (print):

Signature: Electronically signed by:

SIGN HERE 

Date:

Vaccines for Children (VFC) Program Provider Profile Form

All health care providers participating in the Vaccines for Children (VFC) program must complete this form annually or more frequently if the number of children served changes or the status of the facility changes during the calendar year.

Date: _____ Provider Identification Number #: _____

FACILITY INFORMATION

Provider Name:		
Facility Name:		
Vaccine Delivery Address:		
City:	State:	Zip:
Telephone:	Email:	

PROVIDER TYPE (select only one provider type)

Please review the [provider type definitions](#) to assist with provider type selection.

- | | | |
|---|---|---|
| <input type="checkbox"/> Behavioral Health Clinic
<input type="checkbox"/> Birthing Hospital or Birthing Center
<input type="checkbox"/> Community Vaccinator (non-health department)
<input type="checkbox"/> Correctional Facility
<input type="checkbox"/> Family Planning Clinic (non-health department)
<input type="checkbox"/> Federally Qualified Health Center
<input type="checkbox"/> Hospital
<input type="checkbox"/> Indian Health Service, Tribal, or Urban Clinic
<input type="checkbox"/> Juvenile Detention Center
<input type="checkbox"/> Migrant Health Center
<input type="checkbox"/> Mobile Provider
<input type="checkbox"/> Pharmacy | <input type="checkbox"/> Private Practice (e.g., family practice, pediatric, primary care)
<input type="checkbox"/> Private Practice (e.g., family practice, pediatric, primary care) as agent for FQHC/RHC-deputized
<input type="checkbox"/> Public Health Department Clinic (state/local)
<input type="checkbox"/> Public Health Department Clinic (state/local) as agent for FQHC/RHC-deputized
<input type="checkbox"/> Refugee Health Clinic
<input type="checkbox"/> Rural Health Clinic
<input type="checkbox"/> Residential/Congregate Care
<input type="checkbox"/> Retail Health Clinic | <input type="checkbox"/> School-Based Clinic
<input type="checkbox"/> Student Health Services
<input type="checkbox"/> STD/HIV Clinic (non-health department)
<input type="checkbox"/> Teen Health Center (non-health department)
<input type="checkbox"/> Urgent Care Center
<input type="checkbox"/> Women, Infants, and Children (WIC) Clinic
<input type="checkbox"/> Other (specify) |
|---|---|---|

If applicable, please indicate the specialty of the provider/practice (Select all that apply):

- Family Medicine
- Internal Medicine
- OB/GYN
- Pediatrics
- Preventive Medicine
- Other (specify)
- N/A

Is this provider site part of a hospital/healthcare system?

- Yes
- No
- N/A or don't know

Provider Pin#: _____

Facility Type (select one):

- Private Facility (privately funded entity; non-governmental)
- Public Facility (publicly funded or government entity)
- Combination (funded with public and private funds)

Is this facility a mobile facility, or does this facility have mobile units?*

- Yes
- No

*A mobile unit is a dedicated vehicle with a primary purpose of providing medical services (e.g., immunization services).

VACCINES OFFERED

Is this provider a specialty provider?* *Please note: the Immunization Program must review and approve any provider who identifies as a specialty provider.*

- Yes
- No

Vaccines Offered (Select One):

- All ACIP-recommended vaccines for children 0 through 18 years of age.
- Select Vaccines only (This option is available only for facilities designated as Specialty Providers by the Immunization Program)

*A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g. OB/GYN; STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The Immunization Program has the authority to designate VFC providers as specialty providers. At the discretion of the Immunization Program, certain enrolled providers such as pharmacies or community vaccinators may offer a limited selection of vaccines.

Select Vaccines Offered by Specialty Provider:

- | | | |
|-----------------------------------|---|---------------------------------------|
| <input type="radio"/> COVID-19 | <input type="radio"/> Meningococcal Conjugate | <input type="radio"/> Td |
| <input type="radio"/> DTaP | <input type="radio"/> MMR | <input type="radio"/> Tdap |
| <input type="radio"/> Hepatitis A | <input type="radio"/> Nirsevimab | <input type="radio"/> Varicella |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Pneumococcal Conjugate | <input type="radio"/> Other, specify: |
| <input type="radio"/> HIB | <input type="radio"/> Pneumococcal Polysaccharide | |
| <input type="radio"/> HPV | <input type="radio"/> Polio | |
| <input type="radio"/> Influenza | <input type="radio"/> Rotavirus | |

Provider Pin#: _____

Provider Population

Provider Population based on patients seen during the previous 12 months. Report the number of children by age group who received vaccinations at your facility. Count a child only once based on the age/eligibility categories at the last immunization visit, regardless of the number of visits made. The following table details the number of children who received VFC vaccine and non-VFC vaccine, by eligibility category.

VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	< 1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid				
No Health Insurance				
American Indian/Alaska Native				
Underinsured in FQHC/RHC or deputized facility ¹				
Total VFC				
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			
	< 1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health insurance covers vaccine)				
Children's Health Insurance Program (CHIP) ²				
Total Non-VFC				
Total Patients (must equal sum of Total VFC + Total Non-VFC)				

¹Underinsured includes children with health insurance that does not cover vaccines or only covers specific vaccine types. Children are eligible only for vaccines that are not covered by their insurance.

In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.

²CHIP-Children enrolled in the state Children's Health Insurance Program (CHIP). Children enrolled in CHIP are considered insured and are not eligible for vaccines through the VFC program. Each state determines how CHIP vaccine is purchased and administered by participating providers.

Type of data used to determine provider population (Choose all that apply)

- Benchmarking
- Medicaid Claims Data
- IIS
- Other (must describe): _____
- Doses Administered
- Provider Encounter Data
- Billing System

Provider Pin#: _____



Nebraska Immunization Information System (**NESIIS**)
User Enrollment and Training Request
 (Please Print or Type)

Organization / Clinic Name:

Type of Facility:

- | | | | |
|---|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Private | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Hospital | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> College | <input type="checkbox"/> Medicaid | <input type="checkbox"/> School | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Head Start | <input type="checkbox"/> Youth Rehab | <input type="checkbox"/> Tribal or HIS Clinic |
| <input type="checkbox"/> Nursing Home-Long Term | | | |

Organization/ Clinic

City

State

Zip

Clinic Main Telephone:

Primary Contact Person:

First Name

Last Name

Title

Email address:

Telephone:

Ext:

Fax:

Does your Facility have an EMR:

Yes

No



Nebraska Immunization Information System (NESIIS)
 User Enrollment and Training Request
 Additional Trainees

Clinic name: _____

	Last Name	First Name	Email	Cell Phone Number	NESIIS Security Role
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

NESIIS Role Types:

- A = Administrator (Manages site inventory/ Set up Physicians and Clinicians Accounts)*
- T = Typical User (Enters Patient and Immunization Data, Runs Reports, NO Inventory Control)*
- Q = Query User (Allows Viewing Only)*
- S = School Nurse (Allows Viewing of Records and Monitoring of Students)*
- DE = Data Exchange (Submits/ Receives Files via NESIIS Data Exchange Process)*
- VFC = VFC Administrator (Manages and orders site inventory)*

Last Updated: April 2026

Please send the completed forms by any of the following:

Email:
dhhs.nesiis@nebraska.gov

Phone:
 (402) 471 – 0133
Fax:
 (402) 471 – 6426

Mail:
 NDHHS
 Immunization Program
 P.O. Box 95026



Vaccine Delivery Window Form

CLINIC INFORMATION

Facility Name:

Vaccine Delivery Address:

City:

State:

Zip:

Telephone:

Ext:

Fax:

Printed Name of Staff Completing Form:

Signature of Staff Completing Document:

Date of Completion:

VACCINE DELIVERY NOTES

- Vaccine shipments will arrive during the clinic hours listed in your Nebraska State Immunization Information System (NESIIS) profile. When enrolling, specify the days and times your staff can accept deliveries.
- Clinics are liable for non-viable vaccines when deliveries occur during their stated hours, but the clinic is closed.
- Do not order vaccines within 3 weeks of planned closures (meetings, vacations, etc.) to avoid deliveries when closed.
- For unexpected closures, immediately notify the NDHHS Immunization Program at (402)-471-6423 or 1-800-798-1696.
- Deliveries will not occur on any major holidays.

CLINIC HOURS OF OPERATION

DAY- Clinic Open

HOURS- Open For Delivery. Indicate any closure around lunch.

Monday

Tuesday

Wednesday

Thursday

Friday

Federal Holidays/ Shipping Blackout Dates

Please expect vaccine shipment delays and limited communications during major holidays.

Holiday	Date
New Year's Day	January 1
Martin Luther King Day	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Juneteenth	June 19
Independence Day	July 4
Labor Day	First Monday in September
Columbus Day/ Indigenous Peoples' Day	Second Monday in October
Veterans Day	November 11
Thanksgiving Day	Fourth Thursday in November
Day after Thanksgiving	Friday following Thanksgiving
Christmas Eve	December 24
Christmas Day	December 25

State of Nebraska Holiday

Please expect vaccine shipment delays and limited communications during our State holiday.

Holiday	Date
Arbor Day	Last Friday in April

Last Updated: April 2026



Vaccine Storage and Handling Form

There are several types of vaccine storage units available. Purpose-built units are specifically designed to store vaccines. However, household-grade units are also an acceptable option for vaccine refrigeration under the right conditions. Use purpose-built or pharmaceutical-grade units designed to either refrigerate or freeze. These units can be compact, under-the-counter style, or large.

Household-grade units can be an acceptable alternative to pharmaceutical-grade vaccine storage units. As the name implies, these units are primarily designed and marketed for home use. However, the freezer compartment of this type of unit is not recommended to store vaccines, and there may be other areas of the refrigerated compartment that should be avoided as well. If your facility provides frozen vaccines, a separate freezer unit is necessary.

Do not store any vaccine in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances.

Please provide the specifications of each storage unit you are planning to use for vaccine storage.

Refrigerator Section

Manufacturer Name/ Model:

Model Number:

Freezer Section

Manufacturer Name/ Model:

Model Number:

Data Loggers Section

Does your organization currently have a primary temperature monitoring system in place?

- Yes No In the works

Does your organization have a backup temperature monitoring system in place?

- Yes No In the works

If yes, please list all data logger/temperature monitoring systems currently in place:

Manufacturer Name/ Model:

Model Number:

Calibration Date: _____

Does your organization have a Certificate of Calibration for each temperature monitoring system in place?

- Yes No

Does this Certificate of Calibration conform to standards like ISO/IEC 17025 or ILAC/MRA?

- Yes No

Cool Cubes / Emergency Vaccine Transport

Does your organization have cool cubes in case of need or emergency vaccine transport?

- Yes No If yes, how many: _____

All Nebraska Immunization Program Providers are required to meet CDC guidelines regarding storage and handling practices. The Vaccine Storage and Handling Toolkit is a resource that addresses proper storage, handling, transport, and emergency handling of vaccines.

All program providers must comply with the standards and guidelines set forth in this toolkit.

Please review this toolkit if you have any questions regarding VFC Storage and Handling Standards: <https://www.cdc.gov/vaccines/hcp/downloads/storage-handling-toolkit.pdf>

Last Updated April 2026



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Vaccines for Children 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: 2026

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Overview of State Programs

Vaccines for Children (VFC) Program

The Vaccines for Children (VFC) Program is a federally funded initiative that:

- Provides vaccines at free or reduced cost to children who might otherwise go unvaccinated due to financial barriers.
- Purchases vaccines at a discount through the CDC and distributes them to grantees, such as the NE DHHS Immunization Program.
- Supplies vaccines free of charge to private physicians' offices and public health clinics enrolled as VFC providers.

Key details about the VFC Program:

- Children eligible for VFC vaccines are entitled to receive them as recommended by the Advisory Committee on Immunization Practices (ACIP).
- These vaccines protect infants, young children, and adolescents from 16 diseases.

Immunization Quality Improvement for Providers (IQIP)

IQIP supports and promotes providers' engagement in vaccine quality improvement strategies.

IQIP consultants collaborate with VFC providers to:

- Increase vaccine uptake among children and adolescent patients.
- Identify opportunities to enhance vaccine delivery practices.
- Support efforts to improve overall immunization rates.

By partnering with providers, IQIP ensures more effective and efficient vaccine administration.

Nebraska Department of Health and Human Services (NDHHS) Immunization Program

Vaccine funding for the VFC program is distributed by the Centers for Disease Control and Prevention (CDC) to the NDHHS Immunization Program.

NDHHS is responsible for:

- Supplying vaccines at no cost to enrolled clinics
- Monitoring program adherence and vaccine stewardship.
- Safeguarding vaccine viability at all times.

Nebraska State Immunization Information System (NESIIS)

NESIIS is a **confidential**, population-based computerized database that tracks immunization records. NESIIS is an important software that participating providers can use to document all immunization doses administered to Nebraska residents.

Benefits include:

- Consolidated immunization histories for patients.
- Assistance with clinical decision-making.
- Support for public health initiatives to reduce vaccine-preventable diseases.

Overview of Federal Programs

Centers for Disease Control and Prevention (CDC)

The CDC is a federal agency focused on improving public health through health promotion, prevention, and preparedness activities. It collaborates with local, state, and national partners to monitor and prevent disease outbreaks (including bioterrorism), implement prevention strategies, and maintain national health statistics.

The CDC also works to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. Key areas of focus include supporting health departments, improving global health, reducing leading causes of death, strengthening surveillance, and reforming health policies.

Advisory Committee on Immunization Practices (ACIP)

The ACIP is made up of medical and public health experts who develop vaccine recommendations for the U.S. civilian population. These recommendations provide public health guidance on the safe use of vaccines and related biological products.

All VFC providers must adhere to the immunization schedules, dosages, and contraindications set by ACIP.

Vaccine Schedules and Updates

ACIP meetings occur throughout the year, and vaccine schedule recommendations may change at any time. VFC providers, medical directors, and primary and backup coordinators are responsible for:

- Monitoring federal ACIP communications and CDC immunization schedule updates
- Implementing changes immediately upon federal communication
- Staying current through official CDC channels and state communications

The state will communicate ACIP changes to VFC providers as soon as possible following federal announcements.

When Schedule Changes Occur, Providers Must:

- Review updated recommendations thoroughly and communicate changes to all impacted staff members
- Update clinic protocols, materials, and documentation
- Update NESIIS data entry practices as applicable

Federal Law Requirements

National Childhood Vaccine Injury Act Documentation

The National Childhood Vaccine Injury Act (NCVIA) has recordkeeping requirements for all healthcare providers administering vaccines.

All VFC providers must adhere to NCVIA requirements, including:

1. Providing Vaccine Information Statements (VIS) to patients before vaccination.
 - a. Current VIS copies in multiple languages are available at:

- i. <http://www.immunize.org/vaccines/vis/about-vis/>
2. Allowing patients time to review the VIS and ask questions.
3. Recording essential vaccine details, including:
 - a. Vaccine name
 - b. Date vaccine was administered
 - c. Vaccine manufacturer
 - d. Lot number
 - e. Clinic or facility address
 - f. Name and title of individual administering vaccination
 - g. VIS publication date
 - h. Date VIS was provided to the patient, parent, or legal guardian

****Note:** More information regarding NCVIA can be found at: <https://www.hrsa.gov/vaccine-compensation/about>

Vaccine Adverse Event Reporting System (VAERS)

VAERS is a national surveillance program that collects information about adverse events following the administration of licensed vaccines. This data is used to monitor side effects and identify potential safety concerns.

Anyone can file a VAERS report, including healthcare providers, vaccine 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 vaccine information statement (VIS).

Provider Requirements:

- Report any event(s) listed in the “Reportable Events” table occurring within a specified time period after vaccination.
 - https://vaers.hhs.gov/docs/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf
- Report any event(s) identified by the vaccine manufacturer as a contraindication to subsequent doses of that vaccine.
- Link to [VAERS](#) website.

Provider Recommendations:

- Report any clinically significant adverse event(s), even if unsure whether the vaccine caused the event.
- Report vaccine administration errors.
- Visit the [MedWatch Online Voluntary Reporting Form](#) to report any unexpected side effects or adverse events.

Clinics, Roles, Responsibilities, and Liabilities

Clinics

Enrolled Clinics

An enrolled clinic is one with an active VFC program.

Eligible Clinics:

- Federally Qualified Health Centers (FQHCs)
- Rural Health Centers (RHCs)
- Local Health Departments
- Community Clinics
- Public Immunization Clinics
- Private Clinics

Public Clinics in Nebraska

The NDHHS Immunization Program defines a public clinic as one operated by a public or non-profit agency, such as:

- County or district health departments
- Tribal health facilities
- Community action agencies
- Federally Qualified Health Centers
- Rural Health Centers (RHCs)

*Public clinics serve as a “safety net” for populations with unmet healthcare needs.

Key Characteristics:

- Sponsoring physician who is located off-site
- Serve healthy clients without contraindications
- Offer all ACIP-recommended vaccines, except those designated for high-risk patients
- Have the capacity to serve all eligible patients
- Must accommodate walk-in patients

Roles and Responsibilities

Enrolled Clinics:

- Secure a sponsoring physician.
- Implement appropriate policies and procedures to govern clinic operations.
- Provide appropriate staff and adequate training.
- Ensure immunization records are entered manually into NESIIS or are provided via data exchange (Electronic Health Record (EHR) connectivity is at the expense of the clinic)
- Clinics must have appropriate vaccine storage units and temperature monitoring devices to ensure compliance with program requirements.

Sponsoring Physicians:

- Provide annual written vaccine administration standing orders and emergency protocol to staff.
- Acknowledge and sign the annual recertification form.

- Be on call, or designate a back-up physician, during vaccination clinic hours to provide consultation.

Provider Liabilities and Protections

VFC providers are responsible for administering vaccines in accordance with current CDC/ACIP recommendations and for documenting vaccine administration accurately and completely.

When vaccine recommendations include **Shared Clinical Decision-Making**, providers should:

- Engage patients or parents/guardians in informed discussions about benefits and risks
- Document the decision-making process and outcome in the medical record
- Ensure vaccine use aligns with CDC guidance to maintain program compliance

Providers administering CDC-recommended vaccines or following requirements for vaccines needing Shared Clinical Decision-Making should be protected under existing federal liability frameworks.

For the most current information on vaccine recommendations, shared clinical decision-making, and liability considerations, refer to CDC guidance:

<https://www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html>

VFC Coordinators and Back-Up Coordinators

It is a requirement that all clinics have a designated primary and back-up VFC coordinator. Both roles must be able to assume oversight of all responsibilities.

VFC and Back-Up Coordinators Must:

- Daily and Weekly Responsibilities
 - **Daily Temperature Records**
 - Manually record minimum, maximum, and current temperatures each day the clinic is open.
 - **Monitor temperature trends:**
 - Download data loggers weekly (preferably) and review for any temperature trends.
- Monthly Responsibilities:
 - **Perform monthly vaccine counts:**
 - Complete accurate physical counts of VFC vaccines on the last day of each month.
 - **Update NESIIS:**
 - Adjust vaccine inventory in NESIIS.
 - **Submit transaction summaries:**
 - Send monthly summaries to NDHHS by the 15th of the following month.
- Training and Compliance:
 - **Complete required training:**
 - Review and/or complete the CDC's "You Call the Shots: Vaccine Storage and Handling" training annually and submit the certificate to NDHHS within 60 days (required for new coordinators).

- **Report clinic or personnel changes:**
 - Immediately notify NDHHS of any updates, such as changes in coordinator, address, phone number, shipping hours, or medical director.

Records Retention

All records related to the NDHHS Immunization Program must be kept for at least 3 years, as required. This applies even if a provider retires or the location closes. Clinics may maintain records in either electronic or paper format, based on their preference. Providers must ensure these records are accessible and available to NDHHS upon request. [Blank Clinic Line Listing](#).

Required Records Include:

- VFC screening and eligibility documentation
- Billing records
- Vaccine administration verification
- Vaccine-related documentation, such as:
 - Packing slips
 - Borrowing reports
 - Monthly transaction summaries,
 - Waste reports
- Temperature logs

Eligibility for Vaccine and Screening

Eligibility Requirements:

VFC vaccines are available to:

- Children from birth through 18 years of age who meet one of the following criteria:
 - **Medicaid eligible:**
 - Defined as a child entitled to medical assistance under a Medicaid state plan, as specified by VFC program legislation.
 - **Uninsured:**
 - A child without health insurance.
 - Health Care Sharing Ministries are not considered health insurance under Nebraska law. If the child has no other insurance, they are considered uninsured and VFC-eligible.
 - **Underinsured:**
 - A child whose health insurance does not cover vaccines or covers only certain vaccines (VFC-eligible for non-covered vaccines only). These children must receive vaccines at:
 - Federally Qualified Health Centers (FQHCs)
 - Rural Health Clinics (RHCs)
 - Deputized Clinics (must accommodate walk-ins).
 - **American Indian or Alaska Native**

Screening for Eligibility

Screening is required for every patient before vaccine administration.

Providers must:

- Document eligibility at each visit.
- Maintain accurate records in NESIIS to ensure compliance with program guidelines.

** Note:

- Enrolled providers agree to:
 - Select the eligibility category requiring the least out-of-pocket expense for patients eligible for more than one category.
 - Patients with high deductibles or copays are **not** considered underinsured.

Fees, Donations, and Revenue

Fees

Prohibition on Vaccine Charges: Clinics cannot charge for the cost of VFC vaccines.

- Administration Fee:
 - Clinics may charge an administration fee of up to \$19.82 per vaccination.
 - Clinics must not deny vaccine administration to eligible patients who are unable to pay the administration fee.
- Guidelines for Medicaid-Enrolled Children:
 - Accept Medicaid reimbursement for the vaccine administration fee as full payment.
- Guidelines for Non-Medicaid, VFC-Eligible Children:
 - Clinics may charge up to \$19.82 for an administration fee.
 - Providers must not deny vaccine administration to eligible patients unable to pay the fee.
 - Non-compliance with fee limits may result in an investigation for fraud.
- Billing for Administration Fees:
 - Providers who bill for the administration fee after the date of service may issue **only one bill** to the patient, which must be sent within 90 days of vaccine administration.
 - **Unpaid administration fees** cannot be sent to collections.

Medicaid Billing

- Ensure accurate and appropriate billing to Medicaid.
- For questions regarding coverage or billing, contact the Medicaid office:
 - Phone: 402-471-9227 or 1-855-632-7633
 - Email: dhhs.medicaidpharmacyunit@nebraska.gov

Donations

- Clinics may collect a donation of up to \$19.82 per vaccination, instead of an administration fee.
- No patient may be denied vaccination due to an inability or unwillingness to donate.
- Funds received from donations or administration fees are to be used to support the public immunization clinic.

Program Income/Revenue

Fees, donations, and Medicaid reimbursements collected for VFC vaccine administration are considered program revenue. All VFC providers should maintain records of these funds to ensure they are used appropriately to support immunization activities.

Best Practice for All Providers: Tracking vaccine administration revenue by funding source (VFC vs. non-VFC) in your Electronic Health Record (EHR) system can support accurate financial reporting and program evaluation.

Storage Units and Storage Safety

Vaccine Storage Unit Requirements

To ensure proper vaccine storage, all units used in the VFC program must meet the following criteria:

General Requirements

- Must maintain required vaccine storage temperatures.
- Must be large enough to accommodate the largest inventory volume and allow for adequate air circulation.
- Must be in good working order, with frost build-up addressed per CDC's Storage and Handling Toolkit.
- Must not contain food or drink.
- May hold both biologicals and vaccine but must be stored below vaccine.
- Must have water bottles or cold packs labeled "DO NOT DRINK" placed throughout refrigerators and freezers to keep temperatures stable.
 - Unless otherwise specified by the manufacturer.
- ALL units must have a digital data logger or continuous temperature monitoring system

Unit Type

- Freezers:
 - Required to have stand-alone freezer units. Pharmaceutical grade may be combined.
- Refrigerators:
 - Must be either stand-alone or use only the refrigerated section of a combination unit.
 - Pharmaceutical-grade units are recommended as best practice.
- Prohibited Units:
 - Dormitory-style refrigerators are not permitted, per CDC requirements.

****Note:**

- Clinics must notify NDHHS before using any new storage unit or an existing unit that has been repaired.

Safeguarding the Electrical Supply

To ensure reliable power for vaccine storage:

- Direct Connection:
 - Plug storage units directly into electrical outlets. **Extension cords are not allowed.**
- Prevent Accidental Unplugging:
 - Use safety lock plugs, if available
 - Clearly label refrigerators, freezers, electrical outlets, fuse boxes, and circuit breakers with “DO NOT UNPLUG” or “WARNING” stickers.
- Backup Power:
 - Whenever possible, connect storage units to an outlet backed by a generator.

****Note:**

- In hospitals or large health care systems with comprehensive written policies and standard operating procedures, detailed measures to prevent accidental disconnection of vaccine storage units may replace the need for “WARNING” stickers on circuit breakers.

Vaccine Storage

General Storage Guidelines

- Vaccines from VFC, VFA, and private stock may be stored together but must be labeled clearly.
- Arrange vaccines with shorter expiration dates in front to ensure they are used first.

Organizing Vaccine Storage

- Store vaccines away from cold air vents, drawers, floors, and walls.
- Never store vaccine in drawers, crisper drawers of household-type units, or the space where the drawers have been removed.
- Allow enough space for proper air circulation.
- Store in their original boxes with lids intact to protect them from light.
- Containers should be open and ventilated for proper air circulation.
- Use labeled containers, color-coded baskets, or separate shelves to distinguish vaccines.
- Store diluents per manufacturer’s instructions and **never in freezers.**

Managing Expiring or Wasted Vaccine

- Report soon-to-expire vaccine to NDHHS 3-6 months in advance.
- All clinics should contact NDHHS for guidance on unused vaccine nearing expiration.
- Remove **expired or wasted vaccine** immediately from storage units.

Vaccine Storage Requirements

Temperature Guidelines

- **Refrigerators:** 2°C to 8°C (36°F to 46°F)
- **Freezers:** -15°C to -50°C (5°F to -58°F)
- **Ultra-Cold Freezers:** -60°C to -90°C (-76°F to -130°F)

Monitoring and Documentation

- At the start of each workday:
 - Review and record temperature readings from NDHHS-approved continuous temperature monitoring devices.
 - Log the following details using [the temperature logs](#) provided in the appendix:
 - Date
 - Time
 - Staff member's initials
 - Minimum/maximum and current temperatures for both refrigerator and freezer
 - Clinics may create their own temperature logs, as long as the above criteria are included.
- Weekly
 - Download data from digital data loggers (DDLs)

NDHHS Program Equipment and Inventory

State-Issued Equipment Requirements

- All equipment and supplies provided by NDHHS remain state property.
- State-issued equipment and supplies cannot be sold, donated, or discarded, even if broken or non-functional.
- All items must remain at the VFC clinic locations and cannot be distributed or lent to other facilities.
- Broken or non-functional equipment must be stored securely at the clinic until returned to NDHHS.
- Clinics must notify NDHHS immediately if state-issued equipment is lost, stolen, damaged, or no longer in use.
- Complete inventory assessments when requested by NDHHS.
- Report any changes to equipment status (damaged, lost, stolen, relocated).
- Coordinate with your Community Health Educator or Nurse regarding equipment returns.

State-Issued Equipment Includes:

- Digital data loggers (DDLs) and temperature monitoring devices
- Docking stations
- Cool cubes and vaccine transport containers
- Emergency response kits
- Other monitoring or storage equipment provided by NDHHS

Cool Cubes and Other Supplies

- Cool cubes and transport containers are used for vaccine transport during emergencies or outreach activities.
- Must be maintained in good working condition.
- Should only be used for vaccine program purposes.
- Cool cube inspection should be done periodically as needed based on guidelines in the Cool Cube User Guide:
 - https://www.vericormed.com/cc-support/?srsltid=AfmBOoraXHJxvNN7dglZhjMNMm5f_1k9gCATeoMindzcXVvTEudp3NO0#tab-coolcubeuserguide
- Inspections can be performed by primary and backup coordinators.
- Report accurate inventory counts when requested.
- Use items only for their intended vaccine program purposes.
- Store items securely at the VFC clinic location.
- Do not sell, donate, or discard without NDHHS authorization.

Temperature Monitoring and Documentation

Managing Data Loggers

Data Logger Transition - Effective July 1, 2026:

- All state-issued data loggers must be returned to NDHHS.
- Clinics are responsible for purchasing and maintaining their own temperature monitoring devices that meet CDC and NDHHS requirements (see Temperature Monitoring Device Requirements).
- When returning data loggers, each unit must be returned with its attached probe connected.

Current Enrolled Clinics:

- Complete inventory assessments when requested by NDHHS.
- Report any changes to data logger status (damaged, lost, stolen, relocated).
- Coordinate with your Community Health Educator or Nurse regarding data logger returns.

New Enrollees (After July 1, 2026):

- Clinics enrolling after July 1, 2026, will be eligible to receive temporary data loggers as needed for support to help establish their own tracking systems.
- State-issued data loggers will be expected to be returned after the second site visit.
- Plan to purchase your own temperature monitoring devices as part of program enrollment; not having a temperature monitoring device will not result in program denial.

Temperature Monitoring Device Requirements

Required Features for Continuous Monitoring Devices

Continuous temperature monitoring devices must:

- Be **certified as calibrated** and recalibrated per the certificate of calibration.
- Feature a **digital display** that is easily readable from outside the storage unit.
- Show the **current, minimum, and maximum temperatures**.
- Place probes in the central section of storage units where the vaccine is located.
- Units pre-approved by NE DHHS Immunization Program Staff may have a built-in thermometer.
 - These units must have valid certificates of calibration, and clinics must have a backup logger in current calibration.

Recommended Features

Temperature monitoring devices should:

- Include a **temperature probe in buffered material** to mimic vaccine temperatures.
 - Buffered materials can be:
 - Glycol
 - Glass beads
 - Sand
 - Teflon®
- Have an **alarm** for out-of-range temperatures.
- Include a **low battery indicator**.
- Maintain an accuracy of $\pm 0.5^{\circ}\text{C}$ ($\pm 1^{\circ}\text{F}$).
- Provide memory storage for at least **4,000 readings**.

Temperature Excursions

A temperature excursion occurs when vaccine storage temperatures fall outside the acceptable range, even by as little as 0.1°C . Follow this protocol for every temperature excursion:

Immediate Actions

1. Communicate with Staff
 - a. Ensure the primary and backup vaccine coordinators both know of the temperature excursion. **Do not discard the vaccine.**
2. Isolate the Vaccine:
 - a. Label the vaccine **“DO NOT USE”** and ensure it is stored at the appropriate temperature.
3. Separate the Vaccine:
 - a. If space allows, relocate the vaccine to another refrigerator, freezer, or cooler.
 - b. Otherwise, separate the vaccine from the vaccine currently in use.

Notifications

4. Contact the Manufacturer:
 - a. Call the [vaccine manufacturer](#) to determine the vaccine’s viability.
 - b. Request written documentation from the manufacturer regarding the vaccine’s status.
5. Contact NDHHS
 - a. Call the assigned community health nurse or NDHHS for guidance.

Documentation

6. Record Details:
 - a. Document the excursion using the [Vaccine Troubleshooting Form](#)
 - i. Temperature excursion details
 - ii. Actions taken
 - iii. Outcome of the manufacturer's evaluation
 - b. Send documentation, along with manufacturer information, to the assigned community health nurse via email or fax. Retain a copy for clinic records.

Correction

7. If the temperature alarm sounds repeatedly, do not disconnect the alarm until the issue is identified and resolved. Follow these steps to address the problem:
 - a. Check the Basics:
 - i. Verify the power supply.
 - ii. Ensure the unit doors are securely closed.
 - iii. Confirm thermostat settings are correct.
 - b. Address Fluctuations:
 - i. If the excursion was due to a temperature fluctuation, refer to the "Vaccine Storage and Temperature Monitoring Equipment" section in the CDC's Vaccine Storage and Handling toolkit for guidance on adjusting storage unit temperatures to the appropriate range.
 - c. Manage Equipment Failures:
 - i. If you suspect the storage unit has failed, implement your emergency vaccine storage and handling Standard Operating Procedures (SOPs).
 - ii. **Never allow vaccines to remain in a nonfunctioning unit** following a temperature excursion.

****Note:**

- If a vaccine is deemed unviable due to a temperature excursion and has been administered to patients, consult with the primary provider to determine whether revaccination is necessary.

Nebraska State Immunization Information System (NESIIS)

NESIIS Features

- Data exchange: Facilitates information transfer through electronic medical records, supported by State statutes 71-539 to 71-544.
- Vaccine transfers: Enables transfers between enrolled clinics to reduce waste and encourage vaccine use before expiration.
- Patient privacy: Ensures confidentiality of patient information.
- Clinical decision support: Assists with clinical decision-making.
- Reminders: Sends reminders to families when immunizations are due or missed.

****Note:**

- All enrolled VFC providers will receive NESIIS training and ongoing technical support from the NDHHS NESIIS staff.

- For questions, contact the assigned community health nurse or refer to the NESIIS webpages.

NESIIS Requirements for VFC Enrolled Providers

NDHHS requires that all VFC-enrolled providers use NESIIS for the following:

- Entering administered vaccines into patient records.
- Generating required reports for tracking and compliance.
- Managing inventory of vaccines.
- Ordering VFC/VFA vaccine.
- Monthly vaccine transaction summary reports.
- Annual re-enrollment for VFC participation.

NESIIS Recommendations for VFC Enrolled Providers

NDHHS highly recommends that all VFC-enrolled providers:

- Document private vaccine administration records accurately and promptly

****Note:**

- Any patient receiving immunizations under the VFC program must have their immunization records entered into NESIIS, unless the patient or their guardian “opts out.”
- The [NESIIS Opt-out Form](#) must be completed, signed, and submitted to NDHHS.
- Multi-factor authentication (MFA) has been implemented in NESIIS to enhance system security.
- Providers will receive communication and training on MFA requirements and login procedures

NESIIS Help Desk

- The NESIIS Help Desk provides training and grants system access upon completion.
- For assistance, contact dhhs.nesiis@nebraska.gov.

Ordering and Receiving Vaccine

Ordering Vaccine

General Guidelines

- All vaccine orders must be placed via NESIIS.
- **Best Practice:** maintain enough vaccine for one to two months.
- Order and offer all age-appropriate ACIP-recommended vaccines to patients.
- Ensure ordered quantities reflect the populations served.
- Orders should be placed when vaccine inventory is reduced to a four-week supply to ensure there is enough stock to allow for potential delays.
- Avoid maintaining a stockpile or building up an excess amount of vaccine.

Pre-Order Requirements

- Adjust inventory in NESIIS.
- Complete and submit monthly transaction summaries to NDHHS.

Monitoring and Compliance

- Providers are responsible for annual training on proper storage and handling procedures for all staff involved in the receipt, management, administration, or transport of vaccines.
- The CDC requires NDHHS to monitor vaccine ordering patterns to ensure appropriate quantities are ordered.
 - **Unusual Ordering Activity:** If flagged, orders will be placed on hold until clarification is obtained.
- Non-compliance with NDHHS requirements may result in suspension of vaccine ordering privileges.

Follow-Up

- Contact the Vaccine Ordering Specialist if:
 - Orders marked “approved” in NESIIS are not received within:
 - **4 days** for flu vaccine
 - **5 days** for other vaccines

Special Ordering Circumstances

To order vaccine under special circumstances, contact the NE DHHS Immunization Program Vaccine Inventory Specialist.

- **Influenza Vaccine:** May be ordered independently of other vaccines.
- The following vaccines are available for single-dose ordering:
 - BEXSERO®
 - TDVAX®
 - TENIVAC® (Td absorbed)
 - ABRSYVO®
 - PENBRAYA®
 - PNEUMOVAX® 23

Receiving Vaccine

Shipment Details

- Shipments will arrive based on the days and times indicated in the clinic’s NESIIS Profile
- Update shipping or profile changes immediately in NESIIS and notify NDHHS.
 - Clinics are liable for non-viable vaccines due to unreported changes in operating days, hours, or address
- Allow up to **two weeks** for vaccine receipt
 - If not received within two weeks, contact NDHHS.

Shipment Acceptance and Inspection

- Always accept vaccine shipments, even if damaged or incorrect.
 - Place damaged or incorrect vaccines in appropriate storage, label “**DO NOT USE**”, and contact NDHHS immediately.
 - Please see “Problems with Receiving a Shipment” below to troubleshoot.
- Inspect vaccine condition and check temperature monitor cards (if enclosed).
- Compare the NESIIS order, packing slip, and package contents.
 - Check the shipment log against the vaccine in the box as well as against the order.
 - Keep packing slips for at least 3 years.

Storage and Documentation

- Store vaccines in appropriate storage units with the earliest expiration dates at the front.
- In NESIIS:
 - Go to “**Inventory**” → “**Manage Transfers**” → “**Accept Transfer**” to auto-populate shipment information into inventory.

**Note:

- **Varicella** arrives frozen separately from Merck
- **MMR Vaccine** arrives refrigerated but can be stored in the freezer as best practice to prevent warming.

Problems with Receiving a Shipment

- Report any discrepancies immediately to the Nebraska Immunization Program if the vaccine received does not match the packing slip or the order that was placed in NESIIS.
- If the condition of the vaccine is questionable (temp monitor card is activated, ice packs are thawed), mark the vaccine "Do Not Use" and store at the appropriate temperature, and contact the Nebraska Immunization Program
- If a temperature excursion occurred in transit, please follow the [temperature excursion guidelines](#).
- For any other shipment issues, call the Nebraska Immunization Program at (402) 471-6423. You can also contact our Inventory Ordering Specialist, Andrew Reinhard, at Andrew.d.reinhard@nebraska.gov or (402)-471-3435 to explain the issues.

**Note:

- Have your packing slip readily available when contacting NDHHS Immunization Program staff.

Vaccine Accountability and Documentation

Vaccine Accountability

- **Ensure staff awareness:** All staff administering the vaccine must know which vaccine stock to use based on eligibility.
- **Accurate Tracking:** Track administered, returned, and/or wasted doses in NESIIS.
- **Private Vaccine Doses:** Promote the entry of private vaccine doses into NESIIS.

- **Reasons for borrowing:**
 - Vaccine manufacturer or the CDC centralized distributor experiences shipment delays.
 - The vaccine is not usable upon arrival.
 - Ran out of stock between orders.
 - Short-dated dose exchanged with longer-dated dose.
 - Accidental borrowing (human error).
 - Replacement of private dose with VFC dose when an insurance plan did not cover the vaccine.

****Note:**

- Borrowing vaccine should be a rare occurrence, and only performed when there are unforeseen circumstances or delays in vaccine supply.
- Ensure this will not impact a VFC-eligible patient's ability to receive vaccine.

Required Reports

- Transaction Summary
 - Actual inventory and vaccine accountability must be tracked in NESIIS.
 - Submit by the 15th of the following month.
- Doses Wasted Summary (Vaccine Waste Report)
 - Submit with Transaction Summary, if applicable.
- Vaccine Borrowing Report
 - Submit immediately once stock has been replenished or returned.
 - The medical director (or equivalent) must sign and date the report.
- Provider Agreement and Profile Forms
 - Completed annually and signed by the medical director (or equivalent) with prescribing authority agreeing to comply with program requirements.
 - Per the federal requirement, if patient populations significantly change during a calendar year, an updated profile must be completed and submitted to NDHHS.
 - VFC and private patient numbers must be included with the provider profile.
- Temperature Excursion Documentation
 - Submit Vaccine Storage Troubleshooting Record documentation from the vaccine manufacturer after the event.

****Note:**

- If reports are not submitted on time, ordering privileges may be suspended until required documentation has been received by NDHHS.
- Submit reports to dhhs.immunization@nebraska.gov or fax to 402-471-6426.

Vaccine Handling and Management

Wasted Vaccine

Wasted vaccine refers to a vaccine that cannot be returned due to:

- Broken syringes or vials.
- Syringes or vials that were uncapped or drawn up and not administered by the end of the day.

- Lost or unaccounted for vaccine.
- Doses remaining in an open multi-dose vial after expiration, beyond the use date, or involved in a temperature excursion.
- Vaccine disposed of in a Sharps container.

****Note:**

- Vaccine waste must be rare.

Vaccine Waste Reporting:

- Any wasted or spoiled vaccine must be reflected in the provider inventory in NESIIS before running a waste report.
- Run a waste report in NESIIS and submit it to the Nebraska Immunization Program by the 15th of the following month.
 - You can submit via fax at (402)-471-6426 or [email: DHHS.Immunization@nebraska.gov](mailto:DHHS.Immunization@nebraska.gov).
- The vaccine should then be discarded in a sharps container or other approved waste disposal method.

Returned Vaccine

Returned vaccine refers to a vaccine sent back to NDHHS due to exposure to a temperature excursion or expiration, rendering it unviable.

- Vaccine is viable on the expiration date, but not the day after.
- Expired and unviable vaccines must be immediately removed from storage units.
- All unopened expired or unviable vaccines must return to NDHHS at room temperature and packaged to prevent breakage.
- Return vials with **plastic lids intact, and syringes with rubber stoppers**.

****Note:**

- Do not return vials that are missing their lids, or if a syringe is missing its rubber stopper
- Any unused vaccine in an open vial must be documented as wasted vaccine in NESIIS and disposed of appropriately.

Return Process

- All expired or spoiled vaccines must be returned to the Nebraska Immunization Program within 3-6 months after expiration/ spoiling.
- Use NESIIS to create a return transaction summary, selecting “return only,” and include the date range when the vaccine had expired.
- Complete the vaccine return transaction summary and keep a copy.
- NESIIS automatically marks expired vaccines as “returned”, so providers do not need to adjust inventory.
- Place the vaccine in a box with bubble wrap or a padded envelope with the return form (packing slip).
- NDHHS Mailing Address:

Nebraska Immunization Program
 PO Box 95026, 301 Centennial Mall S
 Lincoln, NE 68509

****Note:**

- Contact NDHHS at least 90 days before vaccine expiration dates, or if quantities on hand exceed populations served.
- **Failure to do so may result in the provider being responsible for restitution.**

Borrowed Vaccine

Borrowed vaccine refers to a vaccine borrowed between the VFC and the private stock within a clinic.

Guidelines:

- **Prior approval needs to be obtained by NDHHS program staff for VFC and VFA vaccines to be borrowed.**
- Borrowing is appropriate only in unexpected circumstances, such as:
 - Delayed vaccine shipments.
 - Vaccine spoiled during transit to a clinic.
- May occur for short-dated vaccine between VFC and private stock.
- Must be replaced on a dose-for-dose basis within 30 days.
- Record any borrowed vaccines on the [borrowing report](#) and submit to NEDHHS.

****Note:**

- Vaccine borrowing is never to be used as a continuous replacement system of a provider's privately purchased vaccine inventory.
- It should be rare, and strategies to maintain adequate inventories must be discussed with NDHHS prior to borrowing.

Restitution Policy

The restitution policy refers to the replacement of the VFC vaccine lost due to provider negligence. NDHHS will request replacement vaccine on a dose-for-dose basis

Situations Requiring Vaccine Replacement

- **Failure to rotate**, leading to expiration
- **Failure to provide a list** of vaccines set to expire within 90 days or greater to NDHHS
- **Preventable storage and handling incidents**, resulting in non-viable vaccine:
 - Vaccine left out of storage units.
 - Freezing vaccine that should have been refrigerated.
 - Refrigerating vaccine that should have been frozen.
 - Leaving storage units unplugged.
 - Leaving storage unit doors ajar.
 - Failure to adhere to temperature monitoring and device protocol.
- **Discarding vaccine** before the manufacturer's expiration date.
- **Provider negligence** resulting in vaccine loss.

Situations Not Requiring Vaccine Replacement

Vaccine replacement will not be requested in the following situations:

- **Natural disasters**, including power failures.
- **Storage unit failures** not caused by negligence.

- **Shipments of non-viable vaccine** received.
- **Accidental breakage** of vaccine vials.
- **Vaccine drawn** but not administered due to parental refusal.

****Note:**

- Extenuating circumstances must be discussed between the provider and NDHHS

Restitution Process

1. Contact the assigned community health nurse.
2. Reconcile inventory in NESIIS, indicating vaccine replacement within 90 days.
3. Send a follow-up email to the assigned community health nurse confirming doses have been replaced.

****Note:**

- If the vaccine is deemed non-viable by NDHHS, the prescribing authority will be notified.
- Responsibility for revaccinating patients will be at the discretion of the clinic's medical director.

Emergency Vaccine Management Plan and Transportation

Emergency Vaccine Management Plan (EVMP)

- Providers must have a written [Emergency Vaccine Management Plan \(EVMP\)](#).
 - Include what to do in the event of a power outage or equipment failure.
- The plan must be reviewed, dated, and initialed annually.

Transporting Vaccine

Eligibility for Vaccine Transportation

- Actively enrolled Public Clinics may transport vaccine from their main clinic to provide outreach at off-site locations.
- Redistribution of the vaccine is permitted **only by contacting the NDHHS program staff**
 - Examples of situations where redistribution may occur include:
 - Overordering
 - Natural Disasters
 - Fluctuating demand

Transportation Requirements

- Only transport the amount of vaccine needed for the day.
- Store vaccines in containers designed to maintain appropriate temperatures.
 - Follow this [guide](#).
- Monitor and record temperatures hourly during transport, using a certified/ calibrated thermometer, using our [Vaccine Transport Log](#).

****Note:**

- Please contact NDHHS if a public clinic decides to provide a new outreach opportunity.

Visits

Compliance Site Visits

- Occur on an annual basis.
- Ensures compliance with VFC requirements.
- Clinics must have VFC personnel present, and billing staff may be called upon.
- Will include assessing compliance of the following:
 - Verification of demographics and contact information
 - Eligibility screening
 - Billing practices
 - NCVIA requirements
 - Vaccine accountability
 - Storage and handling
- Technical assistance will be provided, as needed

Follow-Up

- 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.
- Types of Follow-Up
 - Additional training
 - Call/email
 - Follow-up visit
 - Submission of requested materials
 - Develop a plan for improvement

Consequences of Non-compliance

- Providers and coordinators must adhere to the program requirements detailed in this manual.
- If issues remain unresolved, **ordering privileges may be suspended, or program participation terminated.**

**Note:

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

Immunization Quality Improvement for Providers (IQIP)

Reasons for IQIP Enrollment:

- 25% of all enrolled VFC providers will participate in IQIP each year.
 - Each provider will participate in approximately one IQIP cycle every 4 years.
- Providers with an annual vaccine return rate of 50% or more will be required to participate in the IQIP process.

- Providers with three or more areas of non-compliance during a compliance visit will also be required to participate in the IQIP process.

Benefits of IQIP Participation:

- 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.
- Providers with an annual vaccine return rate of fifty percent or more will be required to participate in the IQIP process. In addition, any provider with three or more areas of non-compliance identified during a compliance visit will also be required to participate in the IQIP process.

IQIP meetings:

- One face-to-face meeting will be conducted, on-site or virtual.
- Follow-up calls at two months, six months, and one year.

Fraud and Abuse

Fraud

- **Definition:** Intentional deception or misrepresentation by a person, knowing that the deception could result in unauthorized benefits to themselves or another person.
- **Includes:** Any act constituting fraud under applicable federal or state laws.
- **Example:**
 - A provider administers federally purchased vaccine to all patients regardless of eligibility.
 - A provider administers a federally purchased vaccine to an insured person and then bills the insurance company for the cost of the vaccine.
 - A provider charges more than \$19.82 for administration fees to the patient.

Abuse

- **Definition:** Practices inconsistent with sound fiscal, business, or medical practices that result in unnecessary costs, including costs to the immunization program, health insurance companies, patients, or reimbursements for non-medically necessary services.
- **Example:**
 - Vaccine not maintained according to CDC standards, deemed non-viable, resulting in patients needing revaccination.
 - A provider does not accurately account for federally purchased vaccines and cannot determine how many doses were used for eligible patients.

NDHHS Responsibilities

- **Preliminary Investigations:** NDHHS is required to conduct preliminary investigations into potential fraud or abuse.

- **Referrals:** NDHHS must 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** when an investigation is opened.
- Future participation in the program will depend on the investigation outcome.

Leaving the Program and Voluntary Disenrollment

Leaving the Program

NDHHS strives to work with providers to find resolutions that allow continued participation. However, the agreement may be terminated at any time due to non-compliance with program requirements.

Termination of Agreement

- Termination will occur if:
 - Providers are determined to be abusive or fraudulent.
 - A vaccine order has not been placed within the past twelve months.

Before termination:

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

Voluntary Disenrollment

Providers may choose to voluntarily disenroll by taking the following actions:

1. **Submit written notice** of disenrollment.
2. **Submit a final monthly transaction summary.**
3. **Return all current vaccine stock** that has been exposed to a temperature excursion, with manufacturer(s) documentation provided.
4. **Return all vaccines** to NDHHS.
5. **Return any NDHHS equipment.**

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Quick Reminders

[Link to Form](#)

Daily

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

Weekly

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

Monthly

- Perform an accurate physical count of VFC/VFA/BDH vaccine on 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.
- Check data logger calibration expiration dates and contact Immunization Program staff if expiration date is due so replacements can be sent out.
- Contact NDHHS at least 90 days before vaccine expiration date, or if quantities on hand exceed populations served.
- Send in the monthly transaction.

Annually

- Primary vaccine coordinator and their back-up(s) read this manual and sign the Acknowledgement of Policies and Signature Page
- Review the CDC-developed training module, “You Call the Shots: Vaccine Storage and Handling” every year, and as new guidance emerges.
- Review and update the Emergency Vaccine Management Plan, then initial and sign.
- Complete provider re-enrollment in NESIIS.

Per Diem

- Ensure inventory records are updated before placing orders.
- Notify NDHHS Staff whenever there are changes in personnel, clinic location, or hours of operation.
- Calibration testing on data loggers (including non-NDHHS-supplied data loggers) should be done every 2 to 3 years or according to the manufacturer’s suggested timeline.
- Information on downloading NDHHS data logger software is found here:
 - <https://www.vfcdataloggers.com/software-downloads/>

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.
- Read/review the Nebraska Provider Manual.

Vaccine Manufacturer Contact Information

AstraZeneca

- 800-236-9933, Option 1, Option 4
- <https://medicalinformation.astrazeneca-us.com/home/prescribing-information/flumist-quadrivalent.html>
- VFC Vaccine:
 - FluMist®

GlaxoSmithKline (GSK)

- 866-475-8222, Option 4
- <https://www.gskusmedicalaffairs.com/stability-calculator.html>
- VFC Vaccine:
 - BEXSERO®, BOOSTRIX®, ENGERIX-B®, FLUARIX®, FLULAVAL®, HAVRIX®, HIBERIX®, INFANRIX®, KINRIX®, MENVEO®, PEDIARIX®, PRIORIX®, ROTARIX®
- VFA Vaccine:
 - BEXSERO®, BOOSTRIX®, ENGERIX-B®, FLUARIX®, FLULAVAL®, HAVRIX®, MENVEO®, PRIORIX®

Merck & Co., Inc.

- 877-829-6372, Option 3
- www.merckmedicalportal.com
- VFC Vaccine:
 - GARDASIL®9, M-M-R®II, PedvaxHIB®, PNEUMOVAX®23, ProQuad®, RECOMBIVAX HB®, RotaTeq®, VARIVAX®, VAQTA®, VAXNEUVANCE®, VAXELIS®
- VFA Vaccine:
 - GARDASIL®9, M-M-R®II, PNEUMOVAX®23, VARIVAX®, VAQTA®

Moderna Inc.

- 1-866-MODERNA (1-866-663-3762). 24 hours, 7 days a week.
- <https://www.modernatx.com/>
- VFC Vaccine:
 - COVID-19 (Age 6 months through 11 years), SPIKEVAX®
- VFA Vaccine:
 - SPIKEVAX®

Novavax Inc.

- 844-668-2829, Option 2
- <https://us-hcp.novavaxcovidvaccine.com/>
- VFC Vaccine:
 - NOVAVAX COVID-19 Vaccine
- VFA Vaccine:
 - NOVAVAX COVID-19 Vaccine

Pfizer, Inc.

- 800-438-1985, Option 3
- <https://www.pfizermedicalinformation.com/en-us/stability-calculator>
- VFC Vaccine:
 - ABRYSSVO™, COMIRNATY®, COVID-19 (Age 5 years through 11 years), COVID-19 (Age 6 months through 4 years) PREVNAR 20®, TRUMENBA®
- VFA Vaccine:
 - ABRYSSVO™, COMIRNATY®, PREVNAR 20®, TRUMENBA®

Sanofi Pasteur, Inc.

- 800-822-2463
- <https://www.sanofimedicalinformation.com/s/stability-calculator>
- VFC Vaccine:
 - ACTHIB®, ADACEL®, BEYFORTUS® DAPTACEL®, FLUZONE®, IPOL®, MENQUADFI®, PENTACEL®, QUADRACEL®, TENIVAC®
- VFA Vaccine:
 - ADACEL®, FLUZONE®, IPOL®, MENQUADFI®, QUADRACEL®, TENIVAC®

Seqirus A CSL Company

- 855-358-8966
- <https://www.csl.com/patients-public-health/vaccines>
- VFC Vaccine:
 - AFLURIA®, FLUCELVAX®
- VFA Vaccine:
 - AFLURIA®, FLUCELVAX®

Web Links

The links on this page are subject to change.

Nebraska-Specific Resources:

- DHHS Immunization Program:
 - <http://dhhs.ne.gov/Pages/Immunization.aspx>
- 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
- Nebraska Public Clinics:
 - <https://mapsengine.google.com/map/viewer?mid=zUmqOvOqNtwA.k6KVBMFyOBSs>
- Map of VFC and VFA Providers:
 - <https://experience.arcgis.com/experience/9ba258788e0e4bd4b21bf55da893b194>
- DHHS Reporting Concerns or Complaints:
 - <http://dhhs.ne.gov/Pages/complaints.aspx>
- Schools and Childcare Immunization Standards:
 - <https://rules.nebraska.gov/rules?agencyId=37&titleId=102>
- Nebraska Legislature Revised Statute 44-311:
 - <https://nebraskalegislature.gov/laws/statutes.php?statute=44-311>

CDC Resources

- 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:
 - <https://www.hhs.gov/childhood-immunization-schedule/index.html>
- CDC Storage and Handling Toolkit:
 - <https://www.cdc.gov/vaccines/hcp/storage-handling/>
- CDC You Call The Shots:
 - <https://www.cdc.gov/immunization-training/hcp/you-call-the-shots/>

Immunization Resources:

- Immunization Action Coalition:
 - <https://www.immunize.org/>
- Immunization Action Coalition Standing Orders Templates for Administering Vaccines:
 - <https://www.immunize.org/standing-orders/>
- Vaccine Information Statements
 - <https://www.immunize.org/vaccines/vis/about-vis/>
- National Childhood Vaccine Injury Act of 1986
 - <https://www.hrsa.gov/vaccine-compensation/about>

Vaccine Adverse Event Reporting:

- Vaccine Adverse Event Reporting System:
 - <https://vaers.hhs.gov/index.html>
- MedWatch Online Voluntary Reporting Form
 - <https://www.accessdata.fda.gov/scripts/medwatch/index.cfm>

Daily Refrigerator Temperature Log

[Link to Form](#)

Clinic Name

Circle Clinic Type: VFC or VFA or Both Month/Year

Month/Year

REFRIGERATOR TEMPERATURE LOG 2-8° C OR 36-46° F

Day	Name/Initial	Time	Current	Min	Max	In Range <small>Yes or No?</small>	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

For your first entry, write your full name and initials. For all subsequent entries, use initials only. Record the current temperature, Min/Max temperatures, and assess if within range. Circle any out of range temperatures and provide comments as necessary. Refer to Nebraska Immunizations Provider Manual for questions and temperature excursion protocol.



V. 2026

Twice Daily Refrigerator Temperature Log

[Link to Form](#)

2°C to 8°C (36°F to 46°F)

Clinic Name: _____ NESIIS PIN: _____

Month/Year: _____

Day	Init.	Time	Current	Min	Max	In Range?		Comments	Day	Init.	Time	Current	Min	Max	In Range?		Comments
						Yes	No								Yes	No	
Ex.	LJ	8:02 am	39.4 F	36°F	46°F				16		am						
	KR	4:45 pm	40.6 F								pm						
1		am							17		am						
		pm									pm						
2		am							18		am						
		pm									pm						
3		am							19		am						
		pm									pm						
4		am							20		am						
		pm									pm						
5		am							21		am						
		pm									pm						
6		am							22		am						
		pm									pm						
7		am							23		am						
		pm									pm						
8		am							24		am						
		pm									pm						
9		am							25		am						
		pm									pm						
10		am							26		am						
		pm									pm						
11		am							27		am						
		pm									pm						
12		am							28		am						
		pm									pm						
13		am							29		am						
		pm									pm						
14		am							30		am						
		pm									pm						
15		am							31		am						
		pm									pm						

Daily Freezer Temperature Log

[Link to Form](#)

Clinic Name:

Circle Clinic Type: VFC or VFA or Both Month/ Year

FREEZER TEMPERATURE LOG -15°C to -50°C (5°F to -58°F)

Day	Name/Initial	Time	Current	Min	Max	In Range Yes or No?	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

For your first entry, write your full name and initials. For all subsequent entries, use initials only. Record the current temperature, Min/Max temperatures, and assess if within range. Circle any out of range temperatures and provide comments as necessary. Refer to Nebraska Immunizations Provider Manual for questions and temperature excursion protocol.



V. 2026

Twice Daily Freezer Temperature Log

[Link to Form](#)

-15°C to -50°C (5°F to -58°F)

Clinic Name: _____ NESIIS PIN: _____

Month/Year: _____

Day	Init.	Time	Current	Min	Max	In Range?		Comments	Day	Init.	Time	Current	Min	Max	In Range?		Comments
						Yes	No								Yes	No	
Ex.	LJ	8:02 am	39.4 F	36°F	46°F				16		am						
	KR	4:45 pm	40.6 F								pm						
1		am							17		am						
		pm									pm						
2		am							18		am						
		pm									pm						
3		am							19		am						
		pm									pm						
4		am							20		am						
		pm									pm						
5		am							21		am						
		pm									pm						
6		am							22		am						
		pm									pm						
7		am							23		am						
		pm									pm						
8		am							24		am						
		pm									pm						
9		am							25		am						
		pm									pm						
10		am							26		am						
		pm									pm						
11		am							27		am						
		pm									pm						
12		am							28		am						
		pm									pm						
13		am							29		am						
		pm									pm						
14		am							30		am						
		pm									pm						
15		am							31		am						
		pm									pm						

Daily Ultra-Cold Freezer Temperature Log

[Link to Form](#)

Clinic Name

Circle Clinic Type: VFC or VFA or Both Month/ Year

ULTRA-COLD FREEZER TEMPERATURE LOG -60°C to -90°C (-76°F to -130°F)

Day	Name/Initial	Time	Current	Min	Max	In Range <small>Yes or No?</small>	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

For your first entry, write your full name and initials. For all subsequent entries, use initials only. Record the current temperature, Min/Max temperatures, and asses if within range. Circle any out of range temperatures and provide comments as necessary. Refer to Nebraska Immunizations Provider Manual for questions and temperature excursion protocol.



V. 2026

Twice Daily Ultra-Cold Freezer Temperature Log

[Link to Form](#)

-60°C to -80°C (-76°F to -112°F)

Clinic Name: _____ NESIIS PIN: _____

Month/Year: _____

Day	Init.	Time	Current	Min	Max	In Range?		Comments	Day	Init.	Time	Current	Min	Max	In Range?		Comments
						Yes	No								Yes	No	
Ex.	LJ	8:02	am	-80°F	-76°F	-130°F			16		am						
	KR	4:45	pm	-82°F							pm						
1		am							17		am						
		pm									pm						
2		am							18		am						
		pm									pm						
3		am							19		am						
		pm									pm						
4		am							20		am						
		pm									pm						
5		am							21		am						
		pm									pm						
6		am							22		am						
		pm									pm						
7		am							23		am						
		pm									pm						
8		am							24		am						
		pm									pm						
9		am							25		am						
		pm									pm						
10		am							26		am						
		pm									pm						
11		am							27		am						
		pm									pm						
12		am							28		am						
		pm									pm						
13		am							29		am						
		pm									pm						
14		am							30		am						
		pm									pm						
15		am							31		am						
		pm									pm						

Vaccine Borrowing Report (Page 1)

[Link to Form](#)

VACCINE BORROWING REPORT

Enrolled providers are expected to manage and maintain an adequate inventory of vaccine for both their VFC/VFA and non-VFC/VFA-eligible patients. **Planned borrowing of VFC/VFA vaccine including the use of VFC/VFA vaccine as a replacement system for a provider's privately purchased vaccine inventory is not permissible.**

Enrolled providers must ensure borrowing VFC/VFA vaccine will not prevent a VFC/VFA-eligible patient from receiving a needed vaccination. Infrequent exchanging between VFC/VFA 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 the expiration date.

COMPLETE THIS FORM WHEN:

- A dose of VFC/ VFA vaccine is administered to a non VFC/VFA-eligible patient
- A dose of privately-purchased vaccine is administered to a VFC/VFA-eligible patient

HOW TO COMPLETE THIS FORM:

- Enter information on each dose of vaccine borrowed in a separate row in the Vaccine Borrowing Report Table.
- All columns must be completed for each dose borrowed
- The provider must sign and date at the bottom of this report
- Enter the corresponding reason code in column F of the Borrowing Report Table on page 2.
- Enter details of reason in Column G if an Other code (7 Other or 13 Other) is entered in the Vaccine Borrowing Report Table.

Reason for Vaccine Borrowing and Replacement Coding Legend

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

WHAT TO DO WITH THIS FORM:

- Completed forms must be retained as a VFC/VFA program record and made available to the State/Local or Territorial Immunization Program upon request.



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Immunization Program Vaccine Restitution Form

[Link to Form](#)

State and local immunization programs with vaccine restitution or replacement policies must follow CDC policy on vaccine replacement of federally funded vaccines. All vaccines that 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 VFA adults.

Clinic Name: _____

NESIIS PIN: _____

Vaccine Type	Loss Date	Lot #	NDC #	VFC/ VFA/ BDH	# Doses Lost	Date Replaced

"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 VFA 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: _____

Date: _____

Provider Signature: _____

Vaccine Transport Log

[Link to Form](#)

To be utilized during off-site clinic activities. Temperatures must be documented each hour while the 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			

Circle: VFC or VFA

**Notes:

Vaccine Storage Troubleshooting Record (check one) Refrigerator Freezer Ultra-Cold Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of vaccines to temperatures that are outside the manufacturers' recommended storage ranges.

Date & Time of Event <small>If multiple, related events occurred, see Description of Event below.</small>	Storage Unit Temperature <small>at the time the problem was discovered</small>	Room Temperature <small>at the time the problem was discovered</small>	Person Completing Report
Date:	Temp when discovered:	Temp when discovered:	Name:
Time:	Minimum temp:	Comment (optional):	Title:
<p>Description of Event <i>(If multiple, related events occurred, list each date, time, and length of time out of storage.)</i></p>			
<ul style="list-style-type: none"> • General description (i.e., what happened?) • Estimated length of time between event and last documented reading of storage temperature in acceptable range (2o to 8oC [36o to 46oF] for refrigerator; -50o to -15oC [-58o to 5oF] for freezer; (-90oC to -0oC [-130oF to -7oF]) for ultra-cold freezer. • Inventory of affected vaccines, including (1) lot numbers and (2) whether purchased with public (for example, VFC) or private funds. Document this information on the Vaccine Storage Emergency Response Worksheet (see www.immunize.org/catg.d/p3051) or a separate sheet, and maintain the inventory with this troubleshooting record. • At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer? • Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine? • Include any other information you feel might be relevant to understanding the event. 			
<p>Action Taken <i>(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)</i></p>			
<ul style="list-style-type: none"> • When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer[s].) • Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.) • IMPORTANT: What did you do to prevent a similar problem from occurring in the future? 			
<p>Results</p>			
<ul style="list-style-type: none"> • What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.) 			

Vaccine Storage Troubleshooting Log

[Link to Form](#)

Blank Clinic Listing

[Link to Form](#)

Packing Vaccines for Transport during Emergencies

Be ready BEFORE the emergency

Equipment failures, power outages, natural disasters—these and other emergency situations can compromise vaccine storage conditions and damage your vaccine supply. **It's critical to have an up-to-date emergency plan with steps you should take to protect your vaccine.** In any emergency event, activate your emergency plan immediately, and if you can do so safely, follow the emergency packing procedures for refrigerated vaccines.

1 Gather the Supplies



Hard-sided coolers or Styrofoam™ vaccine shipping containers

- Coolers should be large enough for your location's typical supply of refrigerated vaccines.
- Can use original shipping boxes from manufacturers if available.
- Do NOT use soft-sided collapsible coolers.



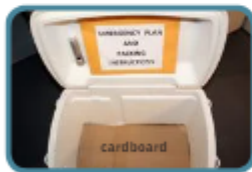
Conditioned frozen water bottles

- Use 16.9 oz. bottles for medium/large coolers or 8 oz. bottles for small coolers (enough for 2 layers inside cooler).
- Do NOT reuse coolant packs from original vaccine shipping container, as they increase risk of freezing vaccines.
- Freeze water bottles (can help regulate the temperature in your freezer).
- Before use, you must condition the frozen water bottles. Put them in a sink filled with several inches of cool or lukewarm water until you see a layer of water forming near the surface of bottle. The bottle is properly conditioned if ice block inside spins freely when rotated in your hand.



Insulating material – You will need two of each layer

- **Insulating cushioning material** – Bubble wrap, packing foam, or Styrofoam™ for a layer above and below the vaccines, at least 1 in thick. Make sure it covers the cardboard completely. Do NOT use packing peanuts or other loose material that might shift during transport.
- **Corrugated cardboard** – Two pieces cut to fit interior dimensions of cooler(s) to be placed between insulating cushioning material and conditioned frozen water bottles.



Temperature monitoring device– Digital data logger (DDL) with buffered probe. Accuracy of $\pm 1^\circ\text{F}$ ($\pm 0.5^\circ\text{C}$) with a current and valid certificate of calibration testing. Pre-chill buffered probe for at least 5 hours in refrigerator. Temperature monitoring device currently stored in refrigerator can be used, as long as there is a device to measure temperatures for any remaining vaccines.

Why do you need cardboard, bubble wrap, and conditioned frozen water bottles?

Conditioned frozen water bottles and corrugated cardboard used along with one inch of insulating material such as bubble wrap keeps refrigerated vaccines at the right temperature and prevents them from freezing. **Reusing vaccine coolant packs from original vaccine shipping containers can freeze and damage refrigerated vaccines.**



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CS249275-1 August 2015

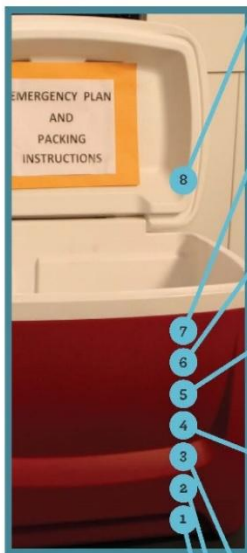
Visit www.cdc.gov/vaccines/Sand
for more information, or your state
health department.

Packing Vaccines for Transport during Emergencies

2 Pack for Transport

Conditioning frozen water bottles (this normally takes less than 5 minutes)

- Put frozen water bottles in sink filled with several inches of cool or lukewarm water or under running tap water until you see a layer of water forming near surface of bottle.
- The bottle is properly conditioned if ice block inside spins freely when rotated in your hand.
- If ice “sticks,” put bottle back in water for another minute.
- Dry each bottle.
- Line the bottom and top of cooler with a single layer of conditioned water bottles.
- Do NOT reuse coolant packs from original vaccine shipping container.



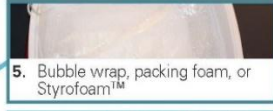
Close lid – Close the lid and attach DDL display and temperature log to the top of the lid.



Conditioned frozen water bottles – Fill the remaining space in the cooler with an additional layer of conditioned frozen water bottles.



Insulating material – Another sheet of cardboard may be needed to support top layer of water bottles.



Insulating cushioning material – Cover vaccines with another 1 in. layer of bubble wrap, packing foam, or Styrofoam™



Vaccines – Add remaining vaccines and diluents to cooler, covering DDL probe.

Temperature monitoring device – When cooler is halfway full, place DDL buffered probe in center of vaccines, but keep DDL display outside cooler until finished loading.

Vaccines – Stack boxes of vaccines and diluents on top of insulating material.



Insulating cushioning material – Place a layer of bubble wrap, packing foam, or Styrofoam™ on top (layer must be at least 1 in. thick and must cover cardboard completely).



Insulating material – Place 1 sheet of corrugated cardboard over water bottles to cover them completely.



Conditioned frozen water bottles – Line bottom of the cooler with a single layer of conditioned water bottles.

NOTE:

This pack-out can maintain appropriate temperatures for up to 8 hours, but the container should not be opened or closed repeatedly.

3 Arrive at Destination

Before opening cooler – Record date, time, temperature, and your initials on vaccine temperature log.

Storage – Transfer boxes of vaccines quickly to storage refrigerator.

Troubleshooting – If there has been a temperature excursion, contact vaccine manufacturer(s) and/or your immunization program before using vaccines. Label vaccines “Do Not Use” and store at appropriate temperatures until a determination can be made.

Emergency Vaccine Management Plan

Provider/Site Name: _____

Provider Site Address: _____

NESIIS PIN: _____

Emergency Contact Information

Primary Vaccine Coordinator: _____

Emergency Phone Number: _____

Back-up Vaccine Coordinator: _____

Emergency Phone Number: _____

Medical Director/Sponsoring Physician: _____

Emergency Phone Number: _____

Alternate Storage Location

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

Alternate Facility Name: _____

Alternate Facility Phone Number: _____

Alternate Facility Address: _____

Contact Person at Alternate Facility: _____

Transporting Vaccine

In the event of a power failure or storage unit failure, the 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 the vaccine to ensure the cold chain is maintained
- Where emergency supplies are stored, such as water bottles, bubble wrap, cardboard, flashlights, and keys
- Refer to the [Packing Vaccines for Transport During Emergencies](#) guidelines 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](#) guidelines readily accessible.

Temperature Requirements During Transport:

- All refrigerated vaccines must be kept between 36°F/2°C and 46°F/8°C
- Varicella and MMRV (ProQuad) need to be transferred to 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 the vaccine is transported to alternate refrigeration and freezer units, keep them at the proper temperatures

Monitoring During Transport:

- Monitor and document temperatures hourly during transport using the [Vaccine Transport Log](#)
- Use a certified/calibrated thermometer with a probe in buffered material

Emergency Equipment On-Site

Location of emergency transport containers (Cool Cubes, hard-sided coolers):

Location of frozen gel packs/water bottles:

Location of packing materials (bubble wrap, cardboard, tape):

Location of calibrated thermometers for transport:

Location of flashlights/emergency lighting:

Emergency Response Procedures

In the Event of a Power Outage or Equipment Failure:

1. Do NOT open storage unit doors
2. Notify primary and backup vaccine coordinators immediately
3. Contact NDHHS Immunization Program: 402-471-6423 or 800-798-1696
4. Monitor temperatures continuously using data loggers
5. If power will NOT be restored within 2 hours OR temperatures exceed the acceptable range:
 - Label affected vaccine "DO NOT USE."

- Pack vaccines according to transport guidelines
 - Transport to alternate storage location
 - Complete [Vaccine Storage Troubleshooting Record](#)
6. Contact vaccine manufacturers for viability determination
 7. Submit documentation to NDHHS

After Any Emergency Event:

- Document the incident thoroughly
- Obtain written viability determination from vaccine manufacturers
- Submit all documentation to the assigned Community Health Nurse
- Do NOT use the vaccine until confirmed viable by the manufacturer

Staff Training

All staff involved in vaccine management must be trained on this plan and know:

- How to contact primary and backup coordinators
- Location of emergency supplies
- When to call NDHHS
- How to pack and transport vaccines safely

Certification

By signing below, I certify that an Emergency Vaccine Management Plan has been developed for our clinic and will be reviewed annually.

Primary Vaccine

Coordinator Name: _____ Date: _____

Primary Vaccine

Coordinator Signature: _____

Back-up Vaccine

Coordinator Name: _____ Date: _____

Back-Up Vaccine

Coordinator Signature: _____

Acknowledgement of Policies and Signature Page

2026 Version

As an enrolled provider, it is a federal requirement that each provider has written vaccine management policies adopted into practice for the management of publicly purchased vaccines.

This manual serves to fulfill federal requirements of vaccine management policies.

Primary Vaccine Coordinator Certification

By signing below, I hereby certify that I have read the Nebraska Immunization Program Provider Manual, Revised 2026, and take responsibility for adopting all policies into clinic processes.

I acknowledge and understand:

Temperature Monitoring Requirements:

- Daily temperature logs must be recorded each day the clinic is open, and data loggers must be downloaded weekly (preferably to review temperature trends).

Monthly Responsibilities:

- Accurate physical vaccine counts must be completed on the last day of each month, and transaction summaries must be submitted to NDHHS by the 15th of the following month.

Restitution Policy:

- The facility is responsible for dose-for-dose replacement of vaccines lost due to preventable storage and handling incidents, failure to rotate stock, or provider negligence.

Emergency Vaccine Management Plan:

- I have reviewed and will implement the Emergency Vaccine Management Plan (EVMP) for my clinic.

Eligibility Screening:

- Every patient must be screened for VFC eligibility before vaccine administration, and documentation must be maintained.

Vaccine Charges Prohibition:

- VFC vaccines cannot be charged to patients. Administration fees may not exceed \$19.82, and eligible patients cannot be denied vaccination due to inability to pay.

State Equipment:

- All NDHHS-issued equipment remains state property and must be returned upon request or program disenrollment.

Temperature Monitoring Device Transition (Effective July 1, 2026):

- I understand that state-issued data loggers must be returned to NDHHS, and I am responsible for purchasing and maintaining my own CDC-compliant temperature monitoring devices.

Reporting Changes:

- I will immediately notify NDHHS of any changes to clinic operations, personnel, contact information, shipping hours, or medical director.

Consequences of Non-Compliance:

- I understand that failure to comply with program requirements may result in ordering privilege suspension or program termination.

Training Requirement:

- I have completed (or will complete within 60 days for new coordinators) the CDC "You Call the Shots: Vaccine Storage and Handling" training.

Primary Vaccine Coordinator Information:

Name (Print): _____

Signature: _____ Date: _____

Back-Up Vaccine Coordinator Certification

By signing below, I certify that I have read the Nebraska Program Provider Manual, Revised 2026.

I acknowledge all responsibilities listed above.

I understand that I must be able to assume oversight of all vaccine coordinator duties.

Back-Up Vaccine Coordinator Information:

Name (Print): _____

Signature: _____ Date: _____