



# VFC PROVIDER AGREEMENT & VACCINE MANAGEMENT PLAN

January 30, 2024



Please mute yourself when not speaking.



**Reminder for QA Team:**

Please monitor the chat for questions you may be able to answer.



**Reminder to Attendees:**

Today's session is being recorded. Slides and webinar recordings will be uploaded to:

<https://health.hawaii.gov/docd/for-healthcare-providers/vaccination-resources/vaccines-for-children-program-vfc/>

To be added to the Hawaii VFC Program email list, please email your request to [hawaiiivfc@doh.Hawaii.gov](mailto:hawaiiivfc@doh.Hawaii.gov). In the subject line of the email, please write EMAIL LIST.

# HOUSEKEEPING



During today's webinar, please use the chat to ask your questions so the Hawaii VFC Program subject matter experts can respond directly.



We will be answering your questions at the end of the presentation.

# QUESTIONS

# OBJECTIVES

- **By the end of the presentation, attendees should be able to:**
  - **Understand how to complete the VFC Provider Agreement and Vaccine Management Plan**
  - **Understand CDC You Call the Shots Post Test requirements**

# VFC PROVIDER AGREEMENT

- **Must be completed by new VFC providers upon enrollment**
- **Must be completed annually during the re-enrollment period.**
- **Re-enrollment period**
  - **Mid-November - enrollment packets are usually sent to providers**
  - **End of January – completed packets are due by January 31<sup>st</sup> of every year**
- **All parts of the provider agreement must be completed**



### VACCINES FOR CHILDREN PROGRAM PROVIDER AGREEMENT

| FACILITY INFORMATION   |                            |                     |      |
|--|----------------------------|---------------------|------|
| Facility Name:   |                            | VFC Pin#:           |      |
| Facility Address:  |                            |                     |      |
| City:  | County:                    | State: HI           | Zip: |
| Telephone:   |                            | Fax:                |      |
| Shipping Address (if different than facility address):   |                            |                     |      |
| City:  | County:                    | State: HI           | Zip: |
| MEDICAL DIRECTOR OR EQUIVALENT   |                            |                     |      |
| <p><i>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.</i></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, MI:  |                            | Title:              |      |
| Specialty:   | License No:                | Medicaid or NPI No: |      |
| Employer Identification Number:  |                            | Email:              |      |
| VFC VACCINE COORDINATOR  |                            |                     |      |
| Primary Vaccine Coordinator Name:  |                            |                     |      |
| Telephone:   |                            | Email:              |      |
| Completed annual training:<br><input type="radio"/> Yes <input type="radio"/> No   | Type of training received: |                     |      |
| Back-Up Vaccine Coordinator Name:  |                            |                     |      |
| Telephone:   |                            | Email:              |      |
| Completed annual training:<br><input type="radio"/> Yes <input type="radio"/> No   | Type of training received: |                     |      |

| MEDICAL DIRECTOR OR EQUIVALENT   |                            |                     |
|--|----------------------------|---------------------|
| <p><i>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.</i></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, MI:  |                            | Title:              |
| Specialty:   | License No:                | Medicaid or NPI No: |
| Employer Identification Number:  |                            | Email:              |
| VFC VACCINE COORDINATOR  |                            |                     |
| Primary Vaccine Coordinator Name:  |                            |                     |
| Telephone:   |                            | Email:              |
| Completed annual training:<br><input type="radio"/> Yes <input type="radio"/> No   | Type of training received: |                     |
| Back-Up Vaccine Coordinator Name:  |                            |                     |
| Telephone:   |                            | Email:              |
| Completed annual training:<br><input type="radio"/> Yes <input type="radio"/> No   | Type of training received: |                     |

### All highlighted areas should be completed

- Must be signed by MD, DO, PA, APRN-RX with current active license in good standing.
- NPI number is required to verify specialty – the provider signing the provider agreement must be authorized to administer pediatric vaccines
- Provider email address recommended as we send out emails on medical advisories, updates, etc.
  - Separate email addresses preferable
- Primary and backup coordinators are required
- For VFC, the term vaccine is defined as any FDA authorized or licensed ACIP-recommended product



Reset

**PROVIDERS PRACTICING AT THIS FACILITY** *(additional spaces for providers at end of form)*

**Instructions:** List below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.

| Provider Name | Title | License No. | Medicaid or NPI No. | EIN (Optional) |
|---------------|-------|-------------|---------------------|----------------|
|               |       |             |                     |                |
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|               |       |             |                     |                |

**PROVIDERS PRACTICING AT THIS FACILITY** *(additional spaces for providers at end of form)*

**Instructions:** List below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.

| Provider Name | Title | License No. | Medicaid or NPI No. | EIN (Optional) |
|---------------|-------|-------------|---------------------|----------------|
|---------------|-------|-------------|---------------------|----------------|

- List all licensed health care providers (MD, DO, PA, APRN-Rx) who have prescribing authority
- MD, DO, PA, APRN-Rx, pharmacist license number is needed for all providers to verify license is current – including medical director
- Licenses need to be current, not expired

## 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 practice administrator 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.   |
| 2. | <p>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:</p> <p>A. Federally Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none"><li>1. Are an American Indian or Alaska Native;</li><li>2. Are enrolled in Medicaid;</li><li>3. Have no health insurance;</li><li>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.</li></ol> <p>B. State Vaccine-eligible Children</p> <ol style="list-style-type: none"><li>a) In addition, to the extent that my state designates additional categories of children as "state vaccine-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.</li></ol> <p>Children aged 0 through 18 years that do not meet one or more of the federal vaccine eligibility categories (VFC-eligible), are <b>not</b> eligible to receive VFC-purchased vaccine.</p> |
| 3. | <p>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:</p> <ol style="list-style-type: none"><li>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;</li><li>b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.</li></ol>  |
| 4. | 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.   |

|     |   |
|-----|---|
| 6.  | I will not charge a vaccine administration fee to non-Medicaid federally-vaccine eligible children that exceeds the administration fee cap of \$23.11 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 Statement (VIS) (or Immunization Information Statement for nirsevimab) each time a vaccine is administered and maintain records in accordance with the National Vaccine Injury Compensation Program (VICP), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).</p> <p>Note: Until a COVID-19 Vaccine Information Statement (VIS) becomes available, provide information prior to vaccination as follows: EUIA Fact Sheet for Recipients, Emergency Use Instructions (EUII), or BLA package insert, as applicable.</p> <p>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).</p>  |
| 9.  | <p>I will comply with the requirements for vaccine management including:</p> <ol style="list-style-type: none"><li>a) Order vaccine and maintain appropriate vaccine inventories;</li><li>b) Not store vaccine in dormitory-style units at any time;</li><li>c) Store vaccine under proper storage conditions at all times, Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Hawaii Department of Health Immunization Branch storage and handling recommendations and requirements;</li><li>d) Return all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration</li></ol>  |
| 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: 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.  |



|     |  |
|-----|--|
| 12. | I understand that participation in the Hawaii Immunization Registry (HIR) is required for VFC vaccine ordering, inventory, reporting, and distribution. I will allow the Hawaii Department of Health Immunization Branch to access my HIR account for VFC vaccine accountability purposes. |
| 13. | I understand this facility or the Hawaii Department of Health Immunization Branch 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 Hawaii Department of Health Immunization Branch. |

*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:

Date:





## Vaccines for Children (VFC) Program Provider Profile Form

Vaccines For Children  
Provider Enrollment

Reset

All healthcare 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 provider/facility changes during the calendar year.

Date:

Provider Identification Number:

### FACILITY INFORMATION

|  |                             |                           |
|--|-----------------------------|---------------------------|
| Provider Name: <input type="text"/>            |                             |                           |
| Facility Name: <input type="text"/>            |                             |                           |
| Vaccine Delivery Address: <input type="text"/> |                             |                           |
| City: <input type="text"/>                     | State: Hawaii               | Zip: <input type="text"/> |
| Telephone: <input type="text"/>                | Email: <input type="text"/> |                           |

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

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



Vaccines For Children  
Provider Enrollment

### Provider Type Definitions

#### Behavioral Health Clinic

Locations that provide counseling, behavioral therapy, medication, case management, and other types of services to persons with behavioral health disorders. This provider type is used for behavioral health treatment centers where on-site vaccination services are provided.

#### Birthing Hospital or Birthing Center

Birthing centers or birthing hospitals where on-site vaccination services are provided.

#### Community Vaccinator

Community-wide vaccinators that are external to public or private conventional healthcare providers, offer vaccination services only, and conduct vaccination clinics in mobile, temporary, or offsite locations exclusively (e.g., non-permanent school-located vaccination clinics).

#### Correctional Facility

Juvenile correctional facilities as well as adult correctional facilities where juveniles are confined, and on-site vaccination services are provided. Unlike juvenile detention centers, confinement in correctional facilities is generally long-term in nature; youths are confined in secure correctional facilities for periods generally ranging from a few months to years.

#### Family Planning Clinic (non-health department)

Clinic that provides contraceptive services for clients who want to prevent pregnancy and/or space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STD services (including HIV/AIDS), and other preconception health services (e.g., screening for obesity, smoking, and/or mental health). This provider type is used for family planning clinics where vaccination services are provided. *NOTE: Non-health department clinics that offer only STD/HIV screening and treatment services should be categorized as "STD/HIV Clinic (non-health department)."*

#### Federally Qualified Health Center

Community-based health care providers that offer primary care services in underserved areas and meet the criteria for "Federally Qualified Health Center (FQHC)" certification as set by the Centers for Medicare and Medicaid Services (CMS) (Section 1861(aa)(4)(B) and section 1905(l)(2)(B) of the Social Security Act). FQHCs include [HRSA Health Center Program](#) award recipients and HRSA Health Center Program look-alikes, which are health centers that meet Health Center Program requirements but do not receive federal award funding. *NOTE: Certain tribal organizations are also FQHCs. However, for tribal or urban Indian health clinics enrolled as FQHCs, use the "Indian Health Service, Tribal, or Urban Clinic" designation. The FQHC provider type includes any satellite, temporary, or offsite locations where the provider of record (i.e., FQHC personnel) is administering vaccine.*

#### Hospital

All hospitals, including medical school or university-affiliated hospitals but excluding birthing hospitals, where on-site vaccination services are provided. *NOTE: For birthing hospitals, use the "Birthing Hospital or Birthing Center" designation. The Hospital provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., hospital or hospital-contracted personnel) is administering vaccine.*

#### Indian Health Service, Tribal, or Urban Clinic

Indian Health Service (IHS), Tribal, or Urban Indian Health Program facilities that provide vaccination services. Urban Indian Health Centers are also designated Federally Qualified Health Centers and provide comprehensive primary care and related services to American Indians and Alaska Natives. Alaska Village Clinics should be included in this provider type.

#### Juvenile Detention Center

Juvenile detention centers where on-site vaccination services are provided. Juvenile detention is defined as the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the court who require a short-term restricted environment for their own or the community's protection while pending legal action or dispositional placement in a correctional facility.

#### Migrant Health Center



Centers that provide health services, including on-site vaccination services, to migratory and seasonal agricultural workers and their families.

**Mobile Provider**

Providers who offer vaccination as well as other healthcare services exclusively out of a mobile facility. This designation should NOT be used for providers who have a mobile unit associated with their facility, but the unit is not the primary location for vaccine storage and administration.

**Pharmacy**

Stand-alone retail pharmacy (e.g., CVS, Duane Reade, Walgreens, independently owned pharmacies, etc.) or retail pharmacy within a hospital or health system where on-site vaccination services are provided. This category also includes retail pharmacies that conduct community vaccination clinics at offsite or mobile locations. *NOTE: This provider type does not include retail health clinics (e.g., Minute Clinic) or centralized pharmacies within a hospital or healthcare facility that dispense vaccines to be administered by facility staff. In those cases, the provider type is determined by who administers the vaccine. The Pharmacy provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., pharmacy personnel) is administering vaccine.*

**Private Practice (e.g., family practice, pediatric, primary care)**

Private practice locations, including solo, group, or HMO practitioners, where vaccination services are provided. *NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., provider location personnel) is administering vaccine.*

**Private Practice (e.g., family practice, pediatric, primary care) as agent for FQHC/RHC-deputized**

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized private practices, including solo, group, or HMO practitioners, that provide vaccination services. *NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., deputized private practice personnel) is administering vaccine.*

**Public Health Clinic (state/local)**

State or local public health clinics that provide vaccination services. This category includes public health -run STD/HIV clinics, family planning clinics, and teen health centers. *NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., public health clinic personnel) is administering vaccine.*

**Public Health Clinic (state/local) as agent for FQHC/RHC-deputized**

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized state or local public health clinics that provide vaccination services. *NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., deputized public health clinic personnel) is administering vaccine.*

**Refugee Health Clinic**

Clinics that are designated to improve the health care and monitor medical conditions of refugees who have relocated to the United States. This provider type is used for refugee health clinics that provide vaccination services. *NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a refugee health clinic but are not administered by refugee health staff, select the category of the provider with oversight of vaccination services.*

**Residential/Congregate Care Facility**

Out-of-home settings, including group homes, childcare institutions, congregate foster care facilities, where onsite vaccination services are provided. *NOTE: If children in these settings receive vaccinations from a mobile provider or community vaccinator, then that provider type should be used.*

**Retail Health Clinic**

Health clinics located within grocery, drug, or retail stores that provide onsite vaccination services. Retail health clinics generally provide a focused range of protocol-driven healthcare services, such as the treatment of minor illnesses or injuries and vaccination services (e.g., Minute Clinic, Take Care Clinic).

**Rural Health Clinic**

# Provider Type Definitions



Clinics located in a non-urbanized Health Professional Shortage Area, Medically Underserved Area, or governor-designated and secretary-certified shortage area. This provider type is used for rural health clinics that provide vaccination services.

**School-Based Clinic (permanent clinic location)**

Permanent school-based clinics that provide vaccination services through 12<sup>th</sup> grade. *NOTE: For non-permanent school-based clinics, use the "Community Vaccinator" designation. The School-Based Clinic (permanent clinic location) provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., school-based clinic personnel) is administering vaccine.*

**STD/HIV Clinic (non-health department)**

Clinics that provide timely STD/HIV diagnosis, testing with on-site treatment, and partner services. This provider type is used for STD/HIV clinics NOT located within a health department where on-site vaccination services are provided. *NOTE: this category should be used by non-HD clinics that exclusively offer STD/HIV screening and treatment services.*

**Student Health Services**

Permanent school-based clinics that provide vaccination services for college/university students (e.g., Job Corps).

**Teen Health Center (non-health department)**

Teen health centers that are NOT public health department-sponsored and provide on-site vaccination services.

**Urgent/Immediate Care Center**


Locations that provide immediate medical outpatient care for the treatment of acute and chronic illness and injury. This provider type should be used for urgent care centers or walk-in clinics where on-site vaccination services are provided.

**Women, Infants, and Children (WIC) Clinic**

Locations that serve low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 years who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. This provider type is used for WIC clinics that also provide vaccination services. *NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a WIC clinic but are not administered by WIC staff, select the category of the provider with oversight of vaccination services.*

**Other**

Any provider type not captured in one of the other provider type options.

**Family Medicine**

Manages common illnesses and conditions for people of all ages, focusing on overall health and well-being throughout the lifespan.

**Internal Medicine**

Deals with the prevention, diagnosis, and nonsurgical treatment of diseases and disorders of the internal organs/structures in adults.

**OB/GYN**

Obstetrician-gynecologist. Provides specialized services in women's health.

**Pediatrics**

Involves disease/disorder prevention, diagnosis, and treatment associated with the physical and developmental health of children from birth to young adulthood.

**Preventive Medicine**

Focuses on the health of individuals and communities with the goal of promoting health and well-being and preventing disease, disability, and death.

# Specialty Provider – OB/GYN Clinic

# Provider Profile – Page 2



**Reset**

Vaccines For Children  
Provider Enrollment

**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, family planning, etc.) 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 all vaccines offered by specialty provider:**

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

- All questions must be answered
- Most providers are NOT specialty providers and must check All ACIP recommended vaccines
- Specialty providers ex. birthing hospitals, pharmacies, school based health clinics, etc.
  - Pediatricians are not considered specialty providers by VFC Program
- This section only to be completed by specialty providers

# Provider Profile – Page 3



Reset

Vaccines For Children  
Provider Enrollment

## 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 by age category who received VFC vaccine |           |            |       |
|---|--|-----------|------------|-------|
|   | <1 Year  | 1-6 Years | 7-18 Years | Total |
| Enrolled in Medicaid  |  |           |            | 0     |
| No health insurance   |  |           |            | 0     |
| American Indian/Alaska Native                                       |  |           |            | 0     |
| Underinsured in FQHC/RHC or deputized facility <sup>1</sup>         |  |           |            | 0     |
| <b>Total VFC:</b>   | 0  | 0         | 0          | 0     |
| Non-VFC Vaccine Eligibility Categories                              | # of children by age category who received VFC vaccine |           |            |       |
|   | <1 Year  | 1-6 Years | 7-18 Years | Total |
| Insured (private pay/health insurance covers vaccines)              |  |           |            | 0     |
| Other underinsured <sup>2</sup>                                     |  |           |            | 0     |
| Children's Health Insurance Program (CHIP) <sup>3</sup>             | N/A  | N/A       | N/A        | N/A   |
| <b>Total Non-VFC:</b>   | 0  | 0         | 0          | 0     |
| <b>Total Patients</b> (must equal sum of Total VFC + Total Non-VFC) | 0  | 0         | 0          | 0     |

<sup>1</sup>Underinsured 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.

<sup>2</sup>Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.

<sup>3</sup>CHIP – 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.

- Provider profile must be completed
- New providers – give an estimate for each category.
- The fillable PDF version includes formulas that add the totals in the boxes (i.e., zeroes would update once figures are entered for each of the categories)

**TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)**

Benchmarking
  Doses administered  
 Medicaid claims data
  Provider encounter data  
 IIS
  Billing system  
 Other (must describe):

# VACCINE MANAGEMENT PLAN



## VFC VACCINE MANAGEMENT PLAN TEMPLATE

Use this checklist to help develop or update your plan to be complete and current.

Hawai'i State Department of Health  
Vaccines for Children (VFC) Program Template

### SET THE ENVIRONMENT

Developing, implementing, and maintaining a vaccine management plan for routine and emergency vaccine management is strongly encouraged to minimize loss due to negligence. The plan should consist of clearly written, detailed and up-to-date storage and handling standard operating procedures.

### VACCINE MANAGEMENT PLANS SHOULD INCLUDE

- Name and contact information for the current vaccine coordinator and backup coordinator
- Provider staff roles and responsibilities.
- Staff training/documentation on vaccine management, storage, and handling
- Proper storage and handling practices.
- Shipping and receiving procedures.
- Vaccine ordering procedures, inventory management (e.g., stock rotation), and procedures for handling spoiled or expired vaccine.
- Procedures for monitoring expiration dates and beyond-use dates/times.
- Emergency procedures for equipment malfunctions, power failures, or natural disasters

Vaccine Management Plan provides information on proper management of publicly funded vaccine. Use of this template assures that vaccine is managed according to CDC and Hawai'i VFC Program Requirements. **The plan should be reviewed annually to ensure up-to-date information is on file. Post these guidelines near your vaccine units where they can be easily accessed. All staff should be aware of this plan.**



| Annual Review Date | Name, Signature & Credentials of primary or backup coordinator |
|--------------------|--|
|                    |  |
|                    |  |
|                    |  |

vaccine. Use of this template assures that vaccine is managed according to CDC and Hawai'i VFC Program Requirements. **The plan should be reviewed annually to ensure up-to-date information is on file. Post these guidelines near your vaccine units where they can be easily accessed. All staff should be aware of this plan.**

| Annual Review Date | Name, Signature & Credentials of primary or backup coordinator |
|--------------------|--|
| 1/29/24            | Josephine Araki, RN <i>Josephine Araki</i>                     |
|                    |  |
|                    |  |

- **Hawaii vaccine management plan (VMP) template meets VFC Program requirements**
- **Must be reviewed annually or updated as needed for changes**
- **Must be signed and dated upon review**

## CONTACT INFORMATION FOR VACCINE COORDINATORS

| FACILITY INFORMATION |  |
|----------------------|--|
| Parent Organization  |  |
| Provider Location    |  |
| VFC Pin              |  |

In an emergency, contact the following people in the order listed:

| ROLE/RESPONSIBILITY | Name | Phone # | Email |
|---------------------|------|---------|-------|
| Primary Coordinator |      |         |       |
| Back-up Coordinator |      |         |       |
| Additional Contact  |      |         |       |

### Vaccine Coordinators

- Designate a Primary Vaccine Coordinator and at least one Backup Vaccine Coordinator. These personnel are responsible for managing state-supplied vaccine, as described in this plan. Both should be equally knowledgeable about vaccine management, and the Backup should be capable of fulfilling all vaccine storage and handling requirements when the Primary Vaccine Coordinator is absent.
- When the Primary Vaccine Coordinator or the Backup is replaced, immediately notify the Immunization Program at [HawaiiVFC@doh.hawaii.gov](mailto:HawaiiVFC@doh.hawaii.gov), so contact information and trainings can be updated.

Coordinator responsibilities should include:

- Ordering vaccines
- Overseeing proper receipt and storage of vaccine deliveries
- Documenting vaccine inventory information
- Organizing vaccines within storage units
- Setting up temperature monitoring devices
- Checking and recording minimum/maximum temperatures at start of each workday
- Reviewing and analyzing temperature data at least weekly for any shifts in temperature trends
- Rotating stock at least weekly so vaccines with the earliest expiration dates are used first
- Removing expired vaccine from storage units
- Responding to temperature excursions (out-of-range temperatures)
- Maintaining all documentation, such as inventory and temperature logs
- Organizing vaccine-related training and ensuring staff completion of training
- Monitoring operation of vaccine storage equipment and systems
- Overseeing proper vaccine transport (when necessary) per SOPs
- Overseeing emergency preparations per SOPs:
  - Tracking inclement weather conditions
  - Ensuring appropriate handling of vaccines during a disaster or power outage

## GUIDANCE AND GOOD PRACTICE

The plan should be reviewed/updated annually or more frequently if changes occur and should include a review date and signature to validate it is current.

Here are some useful links for useful Resources:

Vaccine Storage & Handling Toolkit

- <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>

HDOH VFC Toolkit for providers

- [VFC-Toolkit-List.pdf \(hawaii.gov\)](#)

Vaccine Information

- [Vaccines and Immunizations | CDC](#)

## STAFF TRAINING

Vaccine storage and handling practices are only as effective as the staff that implements them. Staff that are well trained in general storage and handling principles and organization-specific storage and handling standard operating procedures (SOPs) are critical to ensuring vaccine supply potency and patient safety.

**The Primary Vaccine Coordinator and Backup Vaccine Coordinator are required to complete You Call the Shots Modules 10 and 16 annually.**

**All other staff members who receive vaccine deliveries as well as those who handle or administer vaccines should be trained in vaccine-related practices and be familiar with your facility's storage and handling SOP.**

"You Call the Shots!" CDC web-based immunization training courses

Modules 10 and 16

- [You Call the Shots \(cdc.gov\)](#) Module 10 – Storage and Handling
- [You Call the Shots \(cdc.gov\)](#) Module 16 – Vaccines for Children Program
- 

Training and Education Online

- <http://www.cdc.gov/GetCE> Continuing Education credit.

- Links are clickable
  - CDC Vaccine Storage & Handling Toolkit
  - Hawaii VFC Program Toolkit for Providers
  - More CDC information on vaccines

- You call the shots links in VMP need to be updated
- Links to CDC Train courses:
  - Create a login:
    - <https://www.train.org/cdctrain/welcome>
  - Module 10 Course WB4723:  
<https://www.train.org/hawaii/course/1115621/details>
  - Module 16 – Course WB4724:  
<https://www.train.org/hawaii/course/1115622/details>



## TRAINING DOCUMENTATION

Below are the trainings that are recommended/required for all staff handling VFC vaccines.

| Name, Role & Date Completed | <b>REQUIRED</b><br>You Call the Shots:<br>Module 10<br>Storage and Handling | <b>REQUIRED</b><br>You Call the Shots:<br>Module 16<br>Vaccines for<br>Children Program | You Call the Shots:<br>General Best Practice<br>Guidelines for<br>Immunization | You Call the<br>Shots: Vaccine<br>Administration |
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More training can be found here: [You Call the Shots: Vaccines Web-based Training Course | CDC](#)

## VACCINE ORDERING

### Vaccine Order Placement

- VFC vaccine providers must submit orders for routine VFC vaccines via the Hawaii Immunization Registry (HIR). If you experience HIR technical/system difficulties and/or are unable to log in, please contact the HIR Help Desk at (808) 586-4665, 1-888-447-1023 (toll-free) or [registryhelp@doh.hawaii.gov](mailto:registryhelp@doh.hawaii.gov).
  - **EXCEPTION:** Orders for seasonal and/or allocated products with limited availability (e.g., influenza, COVID-19, nirsevimab-alip) may be requested on specialized VFC order forms.
- Providers are encouraged to submit vaccine orders by the 15<sup>th</sup> of every month (1-2 month supply of vaccine is allowed, at maximum).
- Providers are required to:
  - Have current VFC Program enrollment.
  - Submit VFC Vaccine Administration Visit Records or submit VFC vaccine administration data (including VFC eligibility categories) to the Hawai'i Immunization Registry within the last 6 months.
  - Report of doses used since last inventory and the number of doses currently on hand via the HIR "record inventory" function
  - Report the number of vaccine doses used since the item was last ordered. Vaccine usage must be reported to provide necessary justification for fulfillment of new vaccine requests.
  - Submit (email) refrigerator, freezer, and ultracold freezer temperature logs for all units that house VFC vaccine.

More information can be found on the *Hawai'i VFC Vaccine Distribution Guide*.

### How to Ensure Vaccine Orders are Received in a Timely Manner:

- If any of the elements in the section above are missing, provider order processing will be delayed.

If the provider office will be closed for holidays or other reason within the next month, this should be noted in the "Special Shipping Instructions" section of the provider's "Delivery Days and Times" page.

Note, "Special Shipping Instructions" are for Hawaii VFC Program use and are not transmitted to the CDC.

## SHIPPING & RECEIVING PROCEDURES

### Receipt of Vaccine Shipments

- Providers should never refuse vaccine shipments under any circumstances including delivery after provider hours (i.e., suspected "warm"/spoiled vaccines) or damage to the exterior package. If there is damage to the exterior package, be sure to take a photo for documentation purposes.
- Open vaccine shipments immediately, check the temperature monitor reading, inspect the vaccine, compare the vaccine received with the vaccine products indicated on the packing list, and store at the appropriate temperature.
- If you suspect that vaccine viability has been compromised, vaccines should be separated from non-affected vaccine stock (e.g., placed in a paper or zip-top bag), labelled "Do Not Use," and stored at appropriate temperatures until vaccine viability is determined. Follow the procedures below based on where the vaccine was shipped from:

#### Shipments from McKesson (all refrigerated vaccines):

- VFC providers must contact McKesson directly on the same day that delivery has occurred to report the shipping incident. McKesson has a telephone number specifically dedicated for receiving provider calls about vaccine viability: 1-877-TEMP123 (1-877-836-7123).
  - Providers must leave a detailed voice message at the number above if reporting a shipping incident to McKesson after 8:00 pm Eastern Time. Please be sure to clearly state your name, a contact phone number, your VFC provider PIN, delivery number (from packing slip) and a description of the issue.
- McKesson will request that you supply photos of the shipping container, packaging, and activated warm/freeze monitors. Take photos for documentation purposes and avoid disposal of shipping boxes/packaging, packing slips, and temperature monitors until the situation is resolved.
- Contact the Immunization Branch/VFC Program at (808) 586-8300 or 1-800-933-4832 (toll-free) to report the incident.
- VFC staff will work with McKesson to determine if vaccine is viable, replace vaccines (if needed), and arrange for the return of any spoiled vaccines.

#### Shipments from Merck (frozen vaccines – Varicella/MMRV)

- Return/replacement instructions are included in all Merck shipments. Please contact Merck directly at <https://cdcshipping.merck.com/> to report shipment issues and arrange for vaccine return/replacement.
- Providers must contact Merck within 15 days of the original shipment to report the vaccine spoilage and request replacement vaccine.
- Note: For frozen vaccine shipments, diluent is located in the lid compartment of the shipping box.

#### Varivax (Varicella)

- Merck varicella vaccine shipments no longer include temperature indicators. Viability is determined by assessing shipment transit time. Providers will need to look at their packing slip to identify their shipment date.
- Orders of 40 doses or less will be shipped in the small 2-day box, unless those 40 doses are shipped on a Thursday or Friday in the large 4-day box for delivery on a Monday or Tuesday.
- Orders of 40 doses or more will ship in the large 4-day box.

#### **ProQuad (MMRV)**

- Orders are viable for 1 day regardless of shipping container size. ProQuad shipments may include a temperature monitoring device.

#### **Shipments from Pfizer (Pfizer COVID-19 vaccines)**

Contact Pfizer Customer Service at 1-800-666-7248, option 8 or [cvgovernment@pfizer.com](mailto:cvgovernment@pfizer.com) to report shipping/delivery issues.

#### **Shipments from the Hawai'i Immunization Branch/Vaccine Supply and Distribution Section (VSIDS)**

- VSIDS will ship the following vaccines/biologics to providers on the Neighbor Islands:
- HBIG (Hepatitis B Immune Globulin for Birthing Hospitals)
- Vaccines/biologics requested in response to a disease outbreak
- A warm temperature monitor strip and a freeze indicator will be included in the vaccine/biologics shipment.
- Inspect the temperature monitors and if any have activated, take photos of the monitors, and contact the contact the Immunization Branch/VFC Program at (808) 586-8300 or 1-800-933-4832 (toll-free) to report the incident.
- VSIDS/VFC staff will work with you to determine if vaccine is viable, replace vaccines (if needed), and arrange for the return of any spoiled vaccines.

#### **Over Shipments and Mis-shipments**

- "Over Shipments" are defined as situations in which the vaccine quantity shipped to a provider exceeds the amount that was ordered.
- "Mis-shipments" are defined as shipments that include at least one vaccine product that was not ordered by the provider.

In each of the above-listed situations, vaccines which exceed a provider's immediate need have been shipped. The preferred action is for the provider to keep the additional vaccine and use it. If this is not possible, vaccine should be transferred to a VFC provider in the near vicinity. If vaccine will be

## Transporting Vaccine

Vaccines from your supply should not be routinely transported. In instances where the transport of vaccine from your supply is necessary, take appropriate precautions to protect your supply. Vaccines should only be transported using appropriate packing materials that provide the maximum protection.

- ✓ The total time for transport alone or transport plus clinic workday should be a maximum of 8 hours (e.g., if transport to an off-site clinic is 1 hour each way, the clinic may run for up to 6 hours).
- ✓ Your facility should have a sufficient supply of materials needed for vaccine transport of your largest annual inventory. Appropriate materials include:
  - Portable vaccine refrigerator/freezer units (preferred option)
  - Qualified containers and pack outs
  - Hard-sided insulated containers or Styrofoam™ (Use in conjunction with the Packing Vaccines for Transport during Emergencies tool. This system is only to be used in an emergency.)
  - Coolant materials such as phase change materials (PCMs) or frozen water bottles that can be conditioned to 4° C to 5° C (39° F to 41° F)
  - Insulating materials such as bubble wrap and corrugated cardboard—enough to form two layers per container.
  - Temperature Monitoring Devices (TMD) for each container

|  | Emergency Transport    | Transport for Offsite Clinic, Satellite Facility, or Relocation of Stock |
|--|------------------------|--|
| Portable Vaccine Refrigerator or Freezer   | Yes                    | Yes  |
| Qualified Container and Packout            | Yes                    | Yes  |
| Conditioned Water Bottle Transport System  | Yes                    | No   |
| Manufacturer's Original Shipping Container | Yes (last resort ONLY) | No   |
| Food/Beverage Coolers                      | No                     | No   |

- Immediately upon arrival at the destination, unpack the vaccines and place them in a freezer at a temperature range between -50° C and -15° C (-58° F and +5° F). Any stand-alone freezer that maintains these temperatures is acceptable.
- Record the time vaccines are removed from the storage unit and placed in the transport container, the temperature during transport, and the time at the end of transport when vaccines are placed in a stable storage unit.

Do not use dry ice, even for temporary storage. Dry ice might expose the vaccines to temperatures colder than -50° C (-58° F). (The only exception to this is for transport of COVID-19 Vaccine (Pfizer) which can be transported using the manufacturer's thermal shipping container.)

## Temperature Monitoring During Transport

Use a continuous TMD, preferably a DDL, for monitoring and recording temperatures while transporting vaccines:

- The TMD should have an accuracy of +/-0.5° C (+/-1° F).
- Place buffered probe material in a sealed vial directly with the vaccines.
- Keep the TMD display on top of vaccines so you can easily see the temperature.
- Record the time and minimum/maximum temperature at the beginning of transport.

## Vaccine Packing Procedure (Refrigerated Temperatures)

1. Line the bottom of the cooler with the conditioned water bottles
2. Place 1 inch layer of bubble wrap over the water bottles
3. Place vaccines and thermometer probe over the bubble wrap layer
4. Place another 1-inch layer of bubble wrap over the vaccines
5. Place conditioned water bottles over the top layer of bubble wrap
6. Close and secure cooler lid.

## Temperature Monitoring

- Temperature monitoring should be the primary responsibility of the provider/clinic vaccine coordinator and backup. If other staff must monitor temperatures, those persons must be trained in how to respond to and document actions taken when temperatures are outside the appropriate range.
  1. Post a temperature log on the vaccine storage unit door or nearby in a readily accessible and visible location.
  2. Record refrigerator, freezer, and ultra-cold freezer temperatures twice each day (beginning and end) ensuring that refrigerator temperatures are between 36° and 46° F (2° and 8°C) the freezer temperatures are between -58°F and +5°F (between -50°C and -15°C) and the ultra-cold freezer temperatures are between -130°F and -76° F (-90° and -60°C) at all times. Twice-daily temperature monitoring and recording is required even if a continuous graphing/recording thermometer or a digital data logger is used.
  3. Take immediate action to correct improper vaccine storage conditions, including inappropriate exposure to light and inappropriate exposure to storage temperatures outside the recommended ranges. Document actions taken on the Troubleshooting Record page of the temperature log.
  4. Maintain an ongoing file of temperature logs, and store completed logs for a minimum of 3 years.

**TAKE MIN/MAX TEMPERATURES AT LEAST ONCE PER DAY**



## STORAGE UNITS FOR VACCINES

- Stand-alone refrigerators and freezers are strongly recommended over combination units.
- If providers must use a combination refrigerator/freezer unit, it must have separate doors and should have separate temperature controls for each section. Use of such units is discouraged due to documented problems managing frozen vaccine and refrigerated vaccine.
- **Never Permitted:** Dormitory or bar-style refrigerators. These are small combination refrigerator/freezer units outfitted with one exterior door and an evaporator plate (cooling coil) which is usually in an icemaker/freezer compartment in the refrigerator.
- Providers enrolled after July 1, 2024 will not be allowed to use the freezer component of a household combination unit.

### Refrigerator

- o Stand-alone refrigerators are strongly recommended. Refrigerated vaccine may be stored in a combination unit if a stand-alone unit is not available. Use a separate stand-alone freezer for frozen vaccines.
- o Refrigerator temperature must be maintained between 2°C and 8°C (36°F and 46°F).
- o Refrigerator should be frost-free
- o To determine what size unit is required:
- o Vaccine should not be stored in the door, crisper or other bins.
- o Vaccine should be 2-3 inches from the walls and back, with space for air flow.
- o Vaccine should not be placed on the floor of the unit.
- o Vaccine should not be stored near a cooling fan or vent.
- o There should be enough room to accommodate the largest inventory of the year – typically during flu season (or back-to-school) – without overcrowding.
- o There should be space for water bottles marked “do not drink.”
- o If medications and biologic materials need to be stored with vaccine, they should be placed below vaccine on a separate shelf to prevent possible contamination. They should not impede air flow.

### Freezer

- o The freezer should be frost-free.
- o Stand-alone freezers are strongly recommended. Studies have shown that the freezer in a combination unit is unreliable for keeping frozen vaccine at the proper temperature.
- o Freezer temperature must be maintained between -50°C and -15°C (-58°F and +5°F).

## Setting Up Storage Units for Vaccine Storage

- Store food and beverages in a separate storage unit, not with vaccines.
- Water bottles marked “do not drink” should be placed in the refrigerator as a thermal buffer to help protect vaccine from temperature variations. Place them in the door and on the floor. Also, place it against the back and walls if possible.
- Frozen water bottles should be placed in the freezer as a thermal buffer. Place these in the door and on the floor. Also, place frozen water bottles against the back and walls if possible.
- A “Do Not Disconnect” notice must be posted next to every outlet where a vaccine freezer or refrigerator is plugged in. A second “Do Not Disconnect” sticker must be posted on or near the corresponding circuit breaker.
- Prior to use of vaccine, the storage unit(s) should be inspected by Immunization Program staff and have at least 5 consecutive days of in-range temperatures.

### How to Store Vaccines



Place water bottles on the top shelf and floor and in the door racks. Putting water bottles in the unit can help maintain stable temperatures caused by frequently opening and closing unit doors or a power failure.

Water bottles are not recommended for use with certain pharmaceutical-grade and purpose-built units. For such units, follow the manufacturer's guidance.



**Pharmaceutical grade units may not require water bottles.  
Check with your manufacturer for guidance.**

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## STORAGE AND HANDLING PRACTICES

Proper vaccine storage and handling is crucial to maintaining the viability and integrity of vaccines. The vaccine storage practices listed below are the responsibility of the provider/clinic vaccine coordinator or the vaccine coordinator's back-up. If delegated to the back-up, the designated vaccine coordinator must monitor these activities regularly.

As part of the VFC Provider Agreement, providers are required to:

- Store and handle all vaccines under proper conditions, including always maintaining cold chain conditions and chain of custody in accordance with the manufacturer's package insert and CDC guidance in CDC's *Vaccine Storage and Handling Toolkit*.
- Always monitor vaccine storage unit temperatures at all times using equipment and practices that comply with Hawai'i Department of Health Immunization Branch Storage and Handling requirements.
- Return all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration.
- Comply with Hawai'i Immunization Program guidance for dealing with temperature excursions.

Additional duties required are:

- Store vaccines that require refrigeration in the middle of the refrigerator compartment away from the coils, walls, floor, and cold air vent.
- Store vaccines that require freezer storage in the middle of the freezer compartment, away from the walls, coils, and peripheral areas.
- Store vaccine with enough space to allow for cold air circulation around the vaccine.
- Never store vaccines in the door of the storage unit.

More information can be found at:

<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

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## VACCINE INVENTORY MANAGEMENT

Organization must report the vaccine inventory that were unused, spoiled, expired, or wasted as specified via the "VFC Vaccine Loss Reporting Form".

In order to minimize the number of unused expired doses and manage expired doses correctly, HDOH encourages providers to:

- Monitor expiration dates weekly, rotate stock as needed, and follow a "first in, first out" strategy to manage inventory.
- If nearing expiration, check posted manufacturer information for the most up to date expiration/extension information for vaccine lots.
- Based on the latest expiration information, REMOVE expired vaccine from the storage unit IMMEDIATELY. Do not give staff opportunity to administer expired vaccine.
- If expired vaccine is inadvertently administered, it is considered a vaccine administration error. This requires remediation including submitting a VAERS report and contacting the recipient to inform them of the error. Administering an expired vaccine may or may not require revaccination based on the manufacturer's guidance.

## INVENTORY CONTROL PROCEDURE AND VACCINE MANAGEMENT

### INVENTORY CONTROL PROCEDURE TEMPLATE

Providers must have a written procedure for vaccine management that includes an Inventory Control Procedure. The following Inventory Control Procedure template should be personalized and customized to suit your practice's needs.

The VFC Program recommends that you make your Inventory Control Procedure available to all other clinic staff who may be involved in ordering of VFC vaccines.

Your Inventory Control Procedure should include plans for vaccine management that take the following concerns into account:

- Designation of primary vaccine coordinator and at least one back-up staff
- Inventory control (e.g., stock rotation)
- Vaccine ordering
- Proper vaccine storage and handling
- Sending temp logs monthly for all VFC storage units to the Hawaii VFC Program via email

[HawaiiVFC@doh.hawaii.gov](mailto:HawaiiVFC@doh.hawaii.gov)

- Vaccine shipping (includes receiving and transport)
- Vaccine wastage
- Has the Inventory Control Procedure been reviewed or updated annually or since a change in responsible staff?

Name of Person in Charge of Inventory Control: \_\_\_\_\_

Back-up Person: \_\_\_\_\_

**The Hawai'i Vaccine for Children Program will be notified when there is a change in staff involved in VFC vaccine management.**

**A vaccine inventory log is maintained that includes:**

- Identification of vaccines that are VFC (versus privately purchased vaccine)
- Vaccine name and number of doses received.
- Date the vaccine is received.
- Arrival condition of vaccine.
- Vaccine manufacturer and lot number.
- Vaccine expiration date.

**A physical inventory of stored VFC vaccines is conducted \_\_\_\_\_ (write in specific date of the month. A physical inventory of vaccines should be done at least monthly.)**

**Temp logs for the previous 30-day period for all units (permanent and temporary, i.e., daily use only) used to store VFC vaccine will be sent to the Hawai'i VFC Program on the first day of each month via email to [HawaiiVFC@doh.hawaii.gov](mailto:HawaiiVFC@doh.hawaii.gov).**

**The inventory is conducted to ensure that:**

- **The inventory with the shortest expiration dates is used first.**
- **The inventory is stocked and rotated so that the newest vaccines of each type (with the longest expiration dates) are placed behind the vaccines with the shortest expiration dates.**
- **VFC vaccines are kept separate from privately purchased vaccine and are easily identified as such.**
  - Vaccine stock on hand is no greater than a 2-month supply.
  - **Short-dated vaccines, expiring in 3 months or less, that will not be administered before expiration should be redistributed to other VFC providers for administration, if possible. Proper vaccine packing procedures must be used if transferring vaccine to other VFC providers that are able to use the short-dated vaccine. The Vaccine Transfer Form (Section 5 of the VFC Provider Reference Toolkit) must be completed and emailed to the VFC program.**
- **The Hawai'i Vaccines for Children Program will be notified when vaccines have been spoiled or wasted via the Vaccine Loss Report Form.**

## Page 15

- **Please write date inventory is completed every month, i.e. 1<sup>st</sup> or 15<sup>th</sup>**

**A physical inventory of stored VFC vaccines is conducted \_\_\_\_\_ (write in specific date of the month. A physical inventory of vaccines should be done at least monthly.)**

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## EXPIRED, SPOILED, & WASTED VACCINES

• **Non-viable vaccine is any vaccine that is unopened (with the cap intact) that cannot be used because it has either expired or has been spoiled due to exposure to out-of-range temperatures.**

1. **Take spoiled or expired vaccine out of the unit and place in a box labeled "Spoiled, Do Not Use" or "Expired, Do Not Use"**
2. **All expired or spoiled vaccine must be reported. Complete the Vaccine Loss Reporting Form and email to the VFC Program at [HawaiiVFC@doh.hawaii.gov](mailto:HawaiiVFC@doh.hawaii.gov) or through HIR.**
3. The Immunization Program will review the return, and, upon approval, McKesson will email you a shipping label.
4. **Upon receiving the shipping label, ship the vaccine in any sturdy box (packed to prevent vial breakage) to McKesson within six months of spoilage or expiration. Enclose the confirmation page as a packing slip.**

• **Wasted vaccine is vaccine that has been opened but not used.**

1. **Reasons for waste include:**
  - being drawn into a syringe but not administered,
  - opened in error, error in reconstitution.
  - or vaccine whose sterility has been compromised by the vial being dropped
  - or broken or open multi-dose vials that have expired.
2. **All wasted vaccine must be reported. Complete the Vaccine Loss Reporting Form and email to the VFC Program at [HawaiiVFC@doh.hawaii.gov](mailto:HawaiiVFC@doh.hawaii.gov)**
3. **Dispose of wasted vaccine on site in a sharps container.**

## EMERGENCY PROCEDURES

Emergencies like equipment failures, power outages, severe weather conditions, or natural disasters usually happen without warning and may compromise vaccine storage conditions. In addition to vaccine transport planning, **you should make plans to prepare for emergencies.**

Below is a checklist for Emergency Vaccine Storage, Handling and Transport.

- The following items are up-to-date and complete.
  - Primary and Backup Coordinators
  - Emergency Staff Contact List
  - Alternative vaccine storage facility
  - Transportation of vaccines
  - Any/all: Emergency Vaccine Storage Plan
- Vaccine storage unit specifications (type, brand, model number, serial number)
- Diagram of facility showing important elements, including doors, flashlights, packing materials, batteries, circuit breakers
- Keep a copy of emergency SOPs with emergency supplies and at multiple off-site locations such as homes of vaccine coordinator and alternate coordinator and with building manager, security staff, and alternative storage facility.
- Protocols for:
  - Monitoring vaccines during a power outage
  - Packing vaccines and diluents for emergency transport
  - Transporting vaccines to and from an alternative vaccine storage facility
  - Assessing whether vaccine can be used after an emergency
  - Accessing your building and facility after hour

## VACCINE STORAGE AND HANDLING SOP

| Name | Title               | Phone # | Email |
|------|---------------------|---------|-------|
|      | Primary Coordinator |         |       |
|      | Back-up Coordinator |         |       |
|      | Additional Contact  |         |       |

### Emergency Staff Contact List

| Name | Title | Phone # | Email |
|------|-------|---------|-------|
| 1)   |       |         |       |
| 2)   |       |         |       |
| 3)   |       |         |       |
| 4)   |       |         |       |
| 5)   |       |         |       |

### Alternative Vaccine Storage Facilities

| Facility Name & Address | Contact Name | Phone # | Storage Unit Specification (Brand, Model #, Serial #) |
|-------------------------|--------------|---------|---|
| 1)                      |              |         |   |
| 2)                      |              |         |   |
| 3)                      |              |         |   |
| 4)                      |              |         |   |
| 5)                      |              |         |   |
| 6)                      |              |         |   |
| 7)                      |              |         |   |

## EMERGENCY VACCINE STORAGE PLAN TEMPLATES

**Providers must have written procedures for vaccine management that include Emergency Vaccine Storage Plans. The attached Emergency Vaccine Storage Plan templates should be personalized and customized to suit your practice's needs.**

VFC Providers must use the guideline below in determining when vaccine should be transported to avoid spoilage/waste of vaccine due to exposure to temperatures outside of the accepted ranges.

**These are three Emergency Vaccine Storage Plan templates:**

### Template 1 – Transport to another Location (location is a professional facility):

This plan should be used if vaccines are to be transported to another location in the event of a power outage.

### Template 2 – Transport to another location (location is a personal home) or alternate location:

This plan should be used if vaccines are to be transported to the home of the Provider or a staff member. **NOTE:** An alternate location must be identified in case the owner of the Primary location is unavailable (e.g., off-island).

### Template 3 – Emergency Generator within Facility:

This plan should be used if your refrigerator/freezer containing the vaccines will be connected to an emergency generator in the event of a power outage.

## EMERGENCY VACCINE STORAGE PLAN

Provider/Clinic Name \_\_\_\_\_

Name of Person in Charge of Emergency Vaccine Storage: \_\_\_\_\_

Back-up Person: \_\_\_\_\_

### VACCINE STORAGE ALARM RESPONSE PROTOCOL Complete Power Failure

#### TRANSPORT TO ANOTHER LOCATION\*\*

(Location is a professional facility)

1. In the event of a power outage that affects the refrigerator/freezer containing vaccines,

(Name of Staff) \_\_\_\_\_ will pack

- all refrigerated vaccines into a portable refrigerator, qualified pack out, or cooler with conditioned water bottles
- all frozen vaccine into a portable freezer\*\*\*

2. The cooler is located in (Location) \_\_\_\_\_. The water bottles are frozen and located in the (Location) \_\_\_\_\_ freezer.

The portable freezer is located in the (Location) \_\_\_\_\_.

3. The following will be noted by (Name of Staff) \_\_\_\_\_.

- Estimated time of power outage
- Temperature of refrigerator/freezer at the time vaccines are removed for transport; and
- The time that the vaccines are removed from refrigerator/freezer for transport.

4. The above information will be available for reference when notifying the Hawaii Immunization Branch VFC Provider Program of the power outage so that vaccine manufacturers can be contacted by the provider for a determination of vaccine viability.

5. Notify (Contact at Emergency Location) \_\_\_\_\_ at (Emergency Storage Location) \_\_\_\_\_ of vaccine transfer.

6. (Name of Staff) \_\_\_\_\_ will take vaccines packed in portable refrigerator or cooler with conditioned water bottles and/or portable freezer to (Emergency Storage Location) \_\_\_\_\_. Place a TMD or Digital Data Logger (DDL) in the container as close as possible to the vaccines. (To be used to monitor temps for duration of transport and emergency storage.)

7. Vaccines are to be kept in refrigerator and/or freezer at (Emergency Storage Location) \_\_\_\_\_

until power has been restored in the office/clinic and the refrigerator/freezer temperature in the office/clinic is within acceptable range for the vaccines.

(Name of Staff) \_\_\_\_\_ will retrieve vaccine from (Emergency Storage Location) \_\_\_\_\_.

pack refrigerated vaccine in a portable refrigerator or cooler with conditioned water bottles and the frozen vaccine in the portable freezer and return vaccine to office/clinic. Place a TMD or Digital Data

## Only 1 template is required to be completed

- Template for Transport to Another Location that is a Professional Facility



Logger (DDL) in the container as close as possible to the vaccines. (To be used to monitor temps for duration of transport and emergency storage.)

8. It is important that the cold chain be maintained throughout the transport process.

**\*\*\*NOTE: If a portable freezer is not used for the transport of frozen vaccine, the Hawaii VFC Provider Program must be contacted when the vaccine is returned to its original location. (Oahu providers can call 808-586-8300, Neighbor Islands Toll-free 1-800-933-4832 or email [HawaiiVFC@doh.hawaii.gov](mailto:HawaiiVFC@doh.hawaii.gov)).**

**\*\*Prior to implementation of this plan, provider/clinic must establish an emergency storage location that has a functioning refrigerator/freezer. Location must also be willing and able to store provider's/clinic's vaccine whenever necessary.**

## EMERGENCY VACCINE STORAGE PLAN

Provider/Clinic Name \_\_\_\_\_

Name of Person in Charge of Emergency Vaccine Storage: \_\_\_\_\_

Back-up Person: \_\_\_\_\_

### VACCINE STORAGE ALARM RESPONSE PROTOCOL Complete Power Failure

**TRANSPORT TO ANOTHER LOCATION\*\***  
(Location is the home of a Provider or staff member)

1. In the event of a power outage that affects the refrigerator/freezer containing vaccines,  
(Name of Staff) \_\_\_\_\_ will pack
  - all refrigerated vaccines into a portable refrigerator, qualified pack out, or cooler with conditioned water bottles
  - all frozen vaccine into a portable freezer\*\*\*
2. The portable refrigerator or cooler is located in (Location) \_\_\_\_\_. The conditioned water bottles are frozen and located in the (Location) \_\_\_\_\_ freezer. The portable freezer is located in the (Location) \_\_\_\_\_.
3. The following will be noted by (Name of Staff) \_\_\_\_\_.
  - a. Estimated time of power outage.
  - b. Temperature of refrigerator/freezer at the time vaccines are removed for transport; and
  - c. The time that the vaccines are removed from refrigerator/freezer for transport.
4. The above information will be available for reference when notifying the Hawaii COVID-19 Provider Program of the power outage so that vaccine manufacturers can be contacted by the provider for a determination of vaccine viability.
5. Notify (Contact Name) \_\_\_\_\_ at (Primary Emergency Storage Location) \_\_\_\_\_ of vaccine transfer **OR** Notify (Contact Name) \_\_\_\_\_ at (Back-up Emergency Storage Location) \_\_\_\_\_ of vaccine transfer if primary location is unavailable.
6. (Name of Staff) \_\_\_\_\_ will take vaccines packed in portable refrigerator or cooler with conditioned water bottles and/or portable freezer **TO** (Primary Emergency Storage Location) \_\_\_\_\_ **OR TO** (Back-up Emergency Storage Location) \_\_\_\_\_ if the Primary Emergency storage location is unavailable. Place a TMD or Digital Data Logger (DDL) in the container as close as possible to the vaccines. (To be used to monitor temps for duration of transport and emergency storage.)
7. Vaccines are to be kept in refrigerator/freezer at the Primary or Back-up Emergency storage location until power has been restored in the office/clinic and the refrigerator/freezer temperature in the office/clinic is within acceptable range for the vaccines. (Name of Staff) \_\_\_\_\_ will retrieve vaccine from the Primary or Back-up Emergency storage location, pack vaccine in a portable refrigerator or cooler with conditioned water bottles and/or portable freezer and return vaccine to

- **Template for Transport to Another Location that is the home of a Provider or staff member**



office/clinic. Place a TMD or Digital Data Logger (DDL) in the container as close as possible to the vaccines. (To be used to monitor temps for duration of transport and emergency storage.)

8. It is important that the cold chain be maintained throughout the transport process.

**\*\*\*NOTE: If a portable freezer is not used for the transport of frozen vaccine, the Hawaii VFC Provider Program must be contacted when the vaccine is returned to its original location. (Oahu providers can call 808-586-8300, Neighbor Islands Toll-free 1-800-933-4832 or email [HawaiiVFC@doh.hawaii.gov](mailto:HawaiiVFC@doh.hawaii.gov))**

**\*\*Prior to implementation of this plan, provider/clinic must establish an emergency storage location that has a functioning refrigerator/freezer. Location must also be willing and able to store provider's/clinic's vaccine whenever necessary.**

### EMERGENCY VACCINE STORAGE PLAN

Provider/Clinic Name \_\_\_\_\_

Name of Person in Charge of Emergency Vaccine Storage: \_\_\_\_\_

Back-up Person: \_\_\_\_\_

#### EMERGENCY GENERATOR WITHIN FACILITY

1. In the event of a power outage that affects the refrigerator/freezer containing the vaccines, (Name of Staff) \_\_\_\_\_ will connect the emergency generator to refrigerator/freezer.
2. The generator is located in (Location) \_\_\_\_\_.  
Extension cords are located in (Location) \_\_\_\_\_.
3. The following will be noted by (Name of Staff) \_\_\_\_\_:
  - a. Estimated time of power outage.
  - b. Temperature of refrigerator/freezer prior to connecting the generator
  - c. The time the generator is connected and functioning; and
  - d. The time at which the refrigerator/freezer temperature is restored to within acceptable range.
4. The above information will be available for reference when notifying the Hawai'i VFC Provider Program of the power outage and when the vaccine manufacturers are contacted by the provider for the determination of vaccine viability.
5. Generator may be disconnected after electrical power is restored.

- Emergency generator within a facility



## EMERGENCY VACCINE STORAGE PLAN

Provider/Clinic Name \_\_\_\_\_

Name of Person in Charge of Emergency Vaccine Storage: \_\_\_\_\_

Back-up Person: \_\_\_\_\_

### PHASE CHANGE MATERIAL (PCM) COOLER WITHIN FACILITY

1. In the event of a power outage that affects the refrigerator/freezer containing the vaccines, (Name of Staff) \_\_\_\_\_ will transfer all vaccines from the refrigerator/freezer to the PCM Cooler.
2. The PCM Cooler is located in (Location) \_\_\_\_\_.
3. The PCM Cooler can keep vaccines in a stable temperature for \_\_\_\_ days or \_\_\_\_ hours per the direction stated in the manufacturer instructions.
4. The following will be noted by (Name of Staff) \_\_\_\_\_:
  - a. Estimated time of power outage.
  - b. Temperature of refrigerator/freezer prior to connecting the generator
  - c. The time the vaccines were transferred to the PCM Cooler; and
  - d. The time at which the refrigerator/freezer temperature is restored to within acceptable range.
5. The above information will be available for reference when notifying the Hawai'i VFC Provider Program of the power outage and when the vaccine manufacturers are contacted by the provider for the determination of vaccine viability.
6. The PCM Cooler should remain closed until time to transfer vaccines back to regular storage.
7. The PCM Cooler should have a DDL and temperature log ready for emergency.

- **Template for Phase Change Material (PCM) Cooler within Facility**



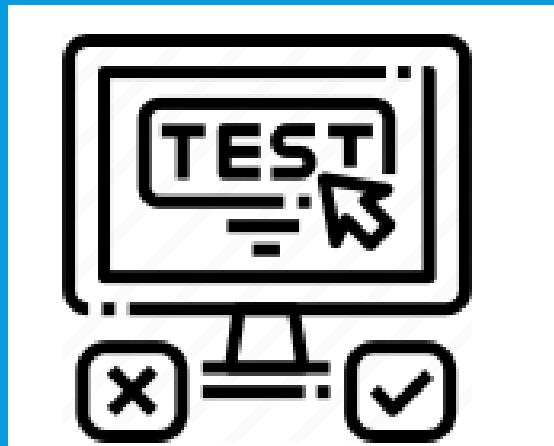
# CDC TRAIN

Reminder:

Post-test for You Call the Shots Modules can only be taken twice

Please contact the Hawaii VFC Program

If you have taken the post test twice and have not passed



## 2024 Hawaii Vaccines for Children Program enrollment forms are due by January 31<sup>st</sup> (Tomorrow!)

- Enrollment packets were mailed to all VFC provider offices during the week of 11/13/2023.
  - If you did not receive or are unable to locate your VFC enrollment *packet*, please contact the Hawaii Vaccines For Children program at
    - **(808) 586-8300**
    - **1-800-933-4832 (Toll-Free)**
    - **HawaiiVFC@doh.hawaii.gov**
  - Completed forms may be submitted
    - via email (HawaiiVFC@doh.hawaii.gov) - preferred
    - fax (808) 586-8302
    - or mail to:
      - Hawaii Department of Health
      - ATTN: Vaccines for Children Program
      - P.O. Box 3378
      - Honolulu, HI 96801
  - For more information about the 2024 VFC re-enrollment requirements, please view the webinar on this link: <https://health.hawaii.gov/docd/for-healthcare-providers/vfc-program-re-enrollment/>

# CONTACT INFO

- For HIR technical/login issues please contact Registry Help Desk at (808) 586-4665, 1-888-447-1023 (toll-free), or [registryhelp@doh.hawaii.gov](mailto:registryhelp@doh.hawaii.gov).
- For any VFC-related questions/concerns, feel free to contact any member of our VFC QA Team

|                        |  |              |
|------------------------|--|--------------|
| Jennifer Endo          | <a href="mailto:jennifer.endo@doh.hawaii.gov">jennifer.endo@doh.hawaii.gov</a>           | 808-594-8566 |
| Josephine Araki, RN    | <a href="mailto:josephine.araki@doh.hawaii.gov">josephine.araki@doh.hawaii.gov</a>       | 808-723-1601 |
| Loraine Lim, RN        | <a href="mailto:loraine.lim@doh.hawaii.gov">loraine.lim@doh.hawaii.gov</a>               | 808-723-0018 |
| Kealohi Corpos         | <a href="mailto:kealohi.corpos.nsw@doh.hawaii.gov">kealohi.corpos.nsw@doh.hawaii.gov</a> | 808-723-0091 |
| Jennifer Dean          | <a href="mailto:jennifer.dean.nsw@doh.hawaii.gov">jennifer.dean.nsw@doh.hawaii.gov</a>   | 808-723-0366 |
| Heather Winfield-Smith | <a href="mailto:h.winfield-smith@doh.hawaii.gov">h.winfield-smith@doh.hawaii.gov</a>     | 808-586-8348 |



Q&A

# POST-WEBINAR SURVEY

- Please use the following link to complete the satisfaction survey.
- <https://forms.office.com/g/XStX9ewn6e>