

# Vaccine For Children Program

Site Visit

Friday, June 9, 2023



# What is VFC?

The Vaccines For Children (VFC) program is a **federally funded program that provides vaccines at no cost to children** who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to grantees—i.e., state health departments and certain local and territorial public health agencies—which in turn distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers. Children who are eligible\* for VFC vaccines are entitled to receive those vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).



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Image courtesy of CDC



Image Courtesy of CDC







## PROVIDER AGREEMENT

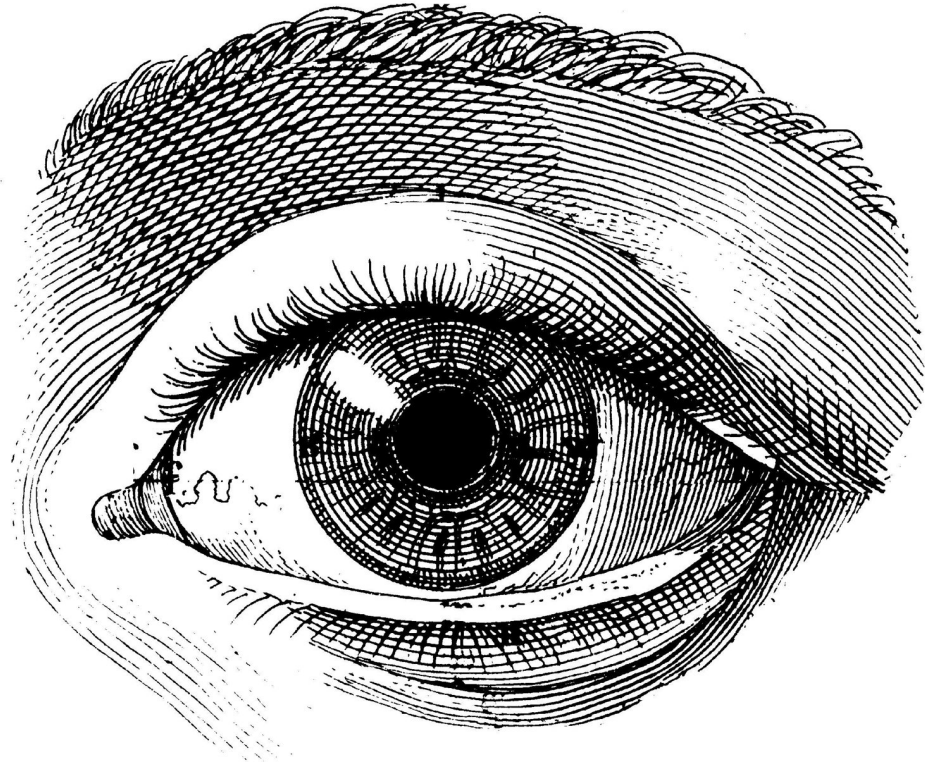
*To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:*

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.
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>1. 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 eligibility federal vaccine 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>
	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.



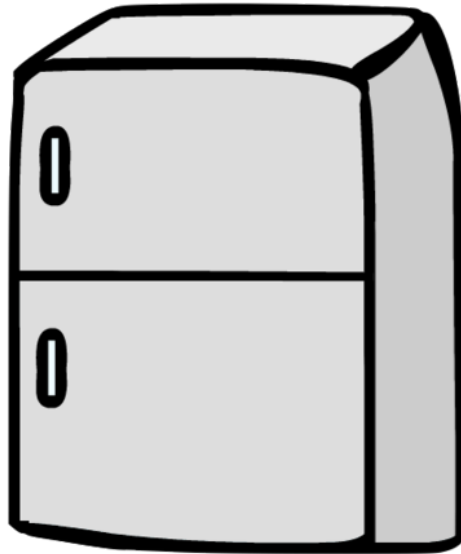
# Your Compliance Visit

# What happens at the visit?



It takes about 2 hours



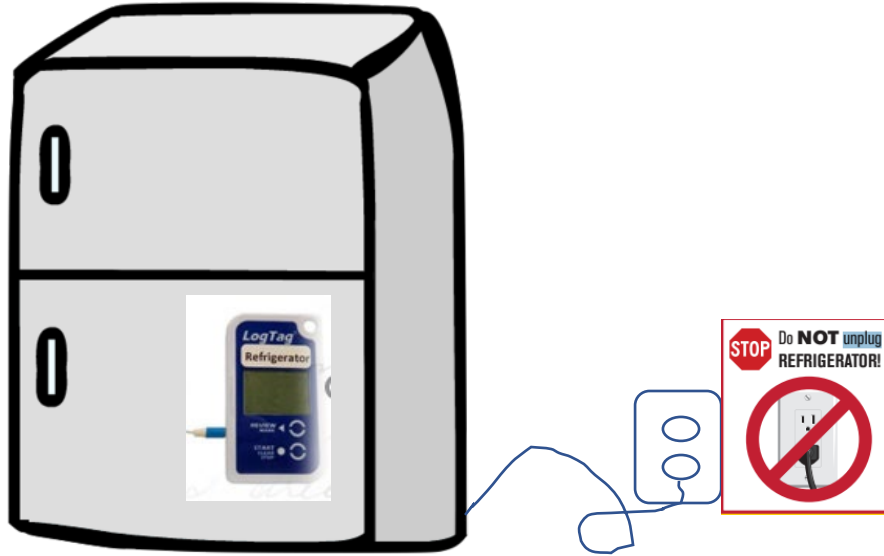


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Oregon Vaccines for Children Borrowing Log

Vaccine	Patient Name or ID	DOB	Stock Borrowed	Lot # (Optional)	Date Borrowed	Reason Borrowed	Date Paid Back <sup>1</sup>
Immunisite AcuteB	Jane Doe	11/01/07	Private	01010A0C	1/20/18	#	2/2/18

- Reasons for Borrowing VFC Vaccine:
1. Private vaccine shipment delay (vaccine order placed on time/delay in shipping)
  2. Private vaccine not usable on arrival (cold breaks, temperature monitor out of range)
  3. Ran out of private vaccine between orders (not due to shipping delay)
  4. Short-dated private dose was exchanged with VFC dose
  5. Accidental use of VFC dose for private patient
  6. Replacement of Private dose with VFC when insurance plan did not cover vaccine
  7. Other - Explanation Required
- Reasons for Borrowing Private Vaccine:
8. VFC vaccine shipment delay (order placed on time/delay in shipping)
  9. VFC vaccine not usable on arrival (cold breaks, temperature monitor out of range)
  10. Ran out of VFC vaccine between orders (not due to shipping delays)
  11. Short-dated VFC dose was exchanged for Private dose
  12. Accidental use of Private dose for a VFC eligible patient
  13. Other - Explanation Required



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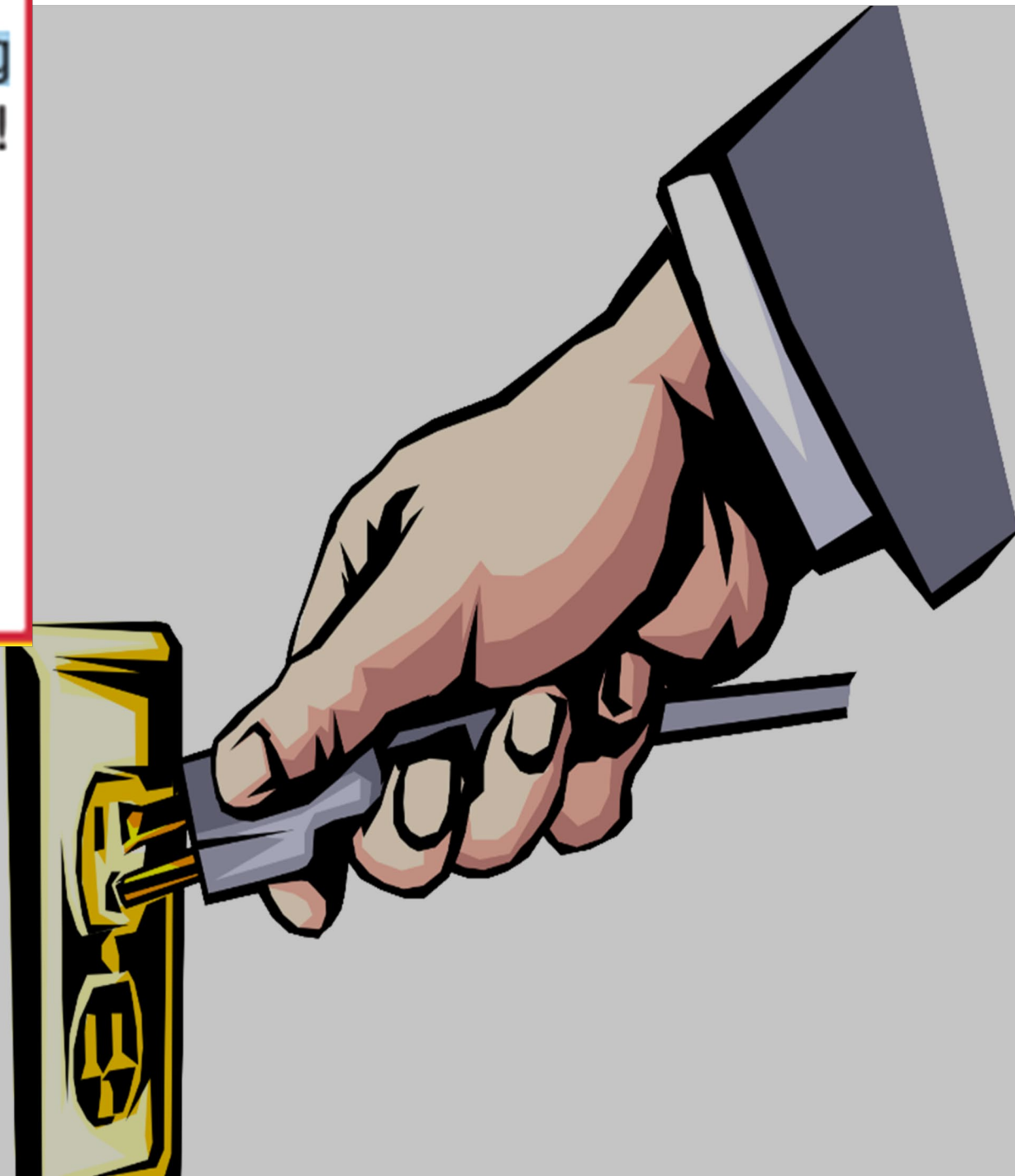




oregon  
immunization  
program

**STOP**

Do **NOT** unplug  
REFRIGERATOR!





# Sample Refrigerator

✓ Clearly label VFC and private vaccines.

✓ Group vaccines (pediatric, adolescent, adult).

✓ Label shelf space or baskets to make vaccines easy to find.

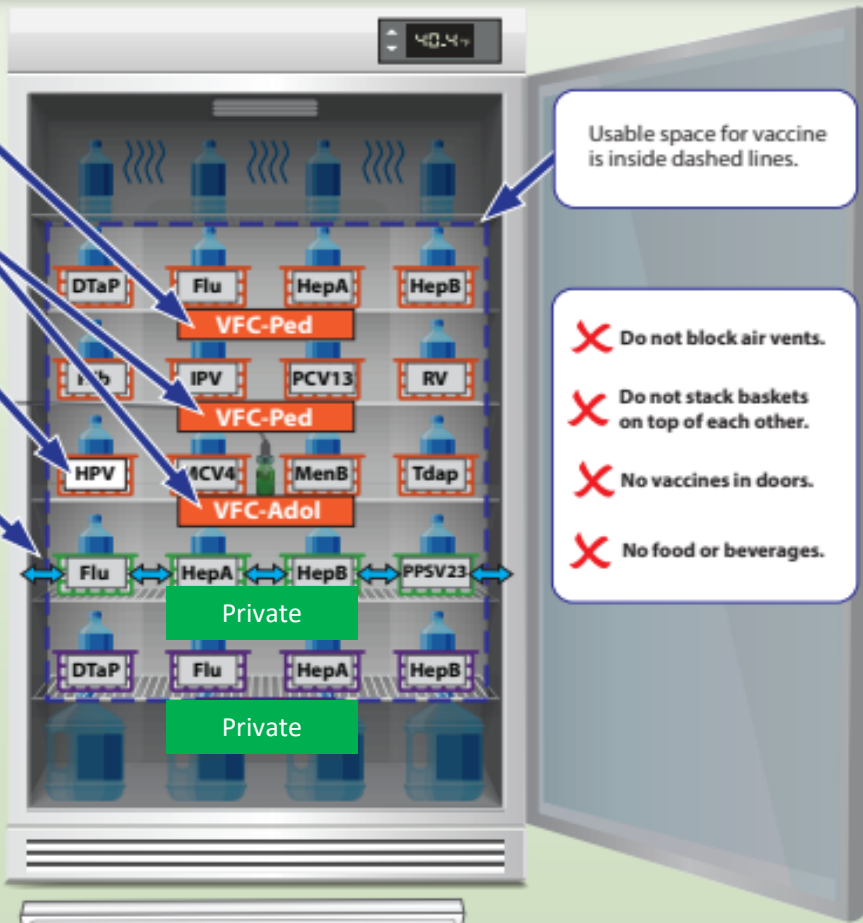
✓ Position vaccines or baskets 2-3 inches away from walls, floor, and other baskets.

✓ Store vaccines in original packaging with earliest expiration date in front.

✓ Diluents may be stored next to refrigerated vaccines unless manufacturer states otherwise. Never store diluents in the freezer.

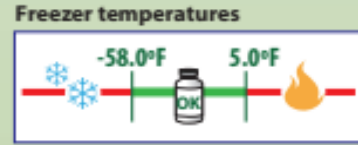
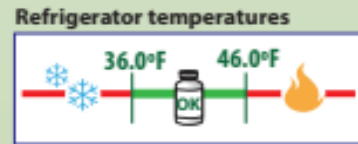
✓ If necessary, medications or biologics may be stored below vaccines and on a different shelf.

VFC Field Rep:

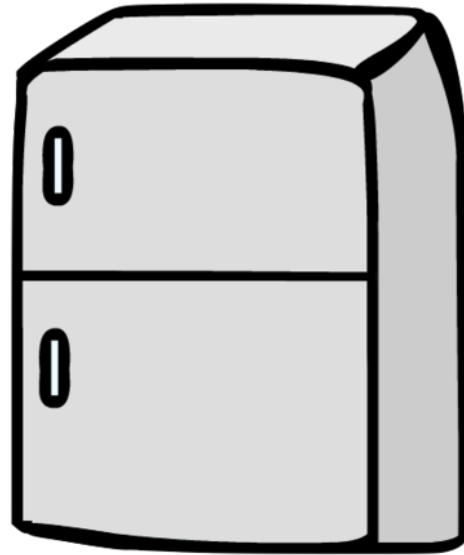


Usable space for vaccine is inside dashed lines.

- ✗ Do not block air vents.
- ✗ Do not stack baskets on top of each other.
- ✗ No vaccines in doors.
- ✗ No food or beverages.



# GOOD OR BAD?



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# GOOD OR BAD?



# GOOD AND BAD

## Good:

Centrally Placed Probe, separated in baskets, enough room for airflow



## Bad:

VFC vs Private stock labeling is not evident and getting close to too crowded

# GOOD OR BAD?



# BAD

Way  
Too FULL



# GOOD OR BAD?



**VERY BAD**





## STRESS RELIEF KIT

**BANG  
HEAD  
HERE**

1. Place kit on firm surface, such as a wall or desk.
2. Bang head on above space.
3. Repeat step two as needed or until you have passed out.
4. If you have passed out, stop stress relief exercise.

Lab Grade Unit



GOOD  
OR  
BAD?

Lab Grade Unit



GOOD

# GOOD OR BAD?





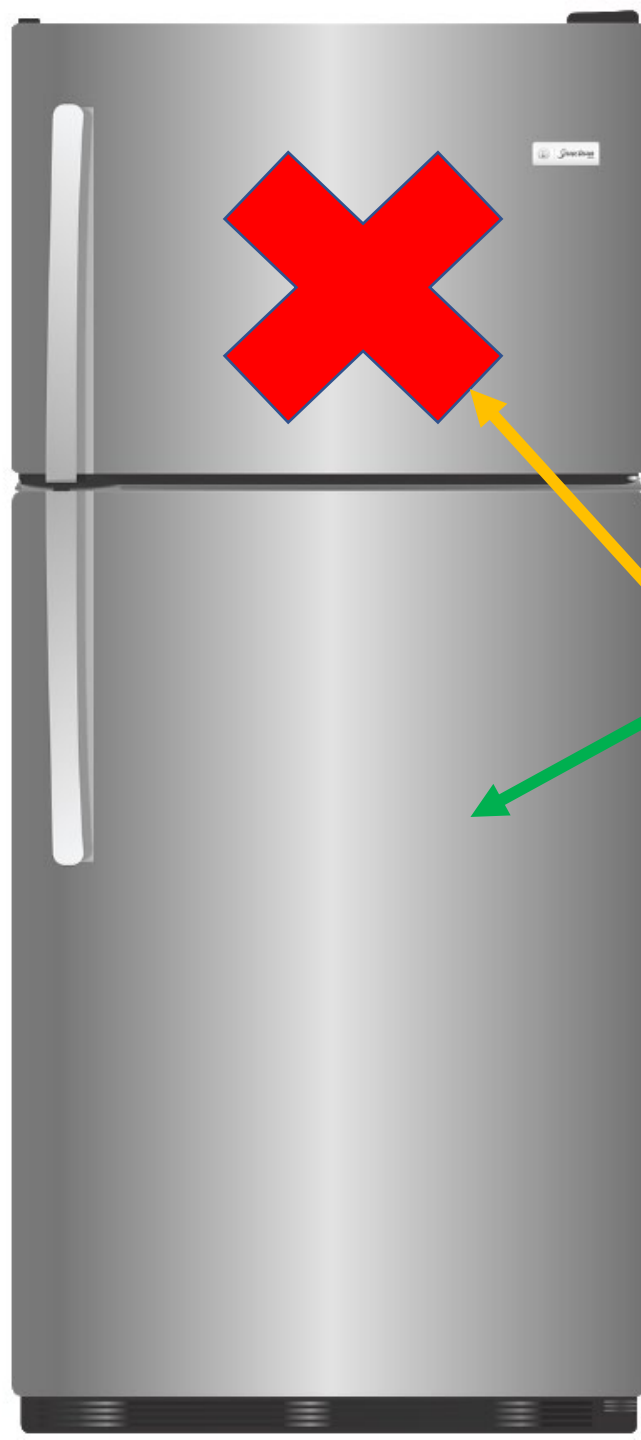
**BAD**  
**OR**  
**BAD?**

Household Unit



GOOD  
OR  
BAD?

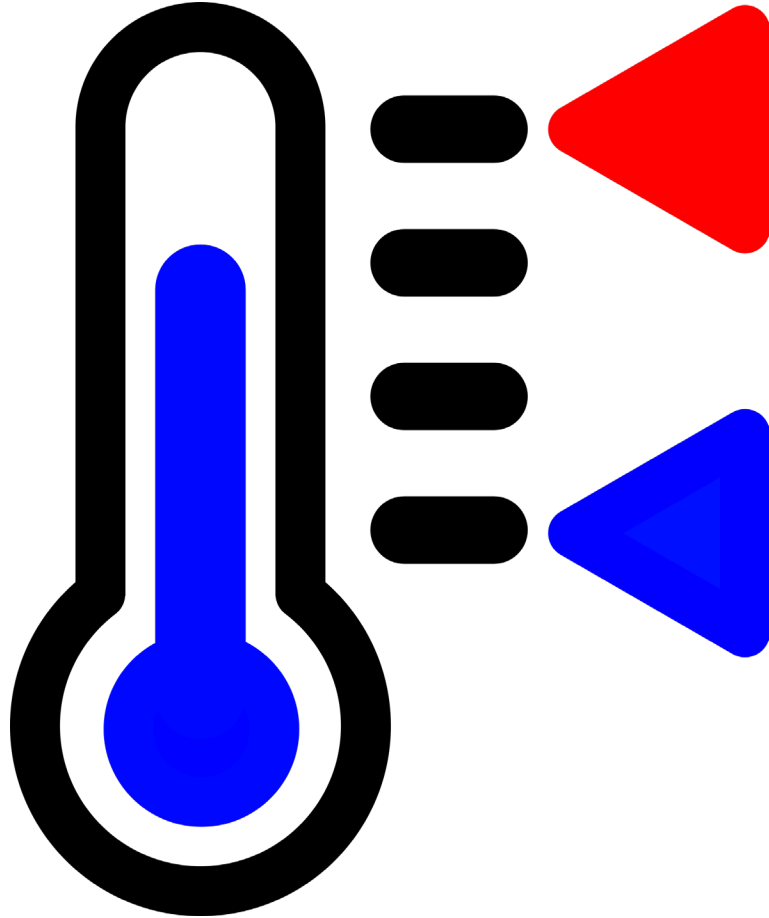
Household Unit →



GOOD

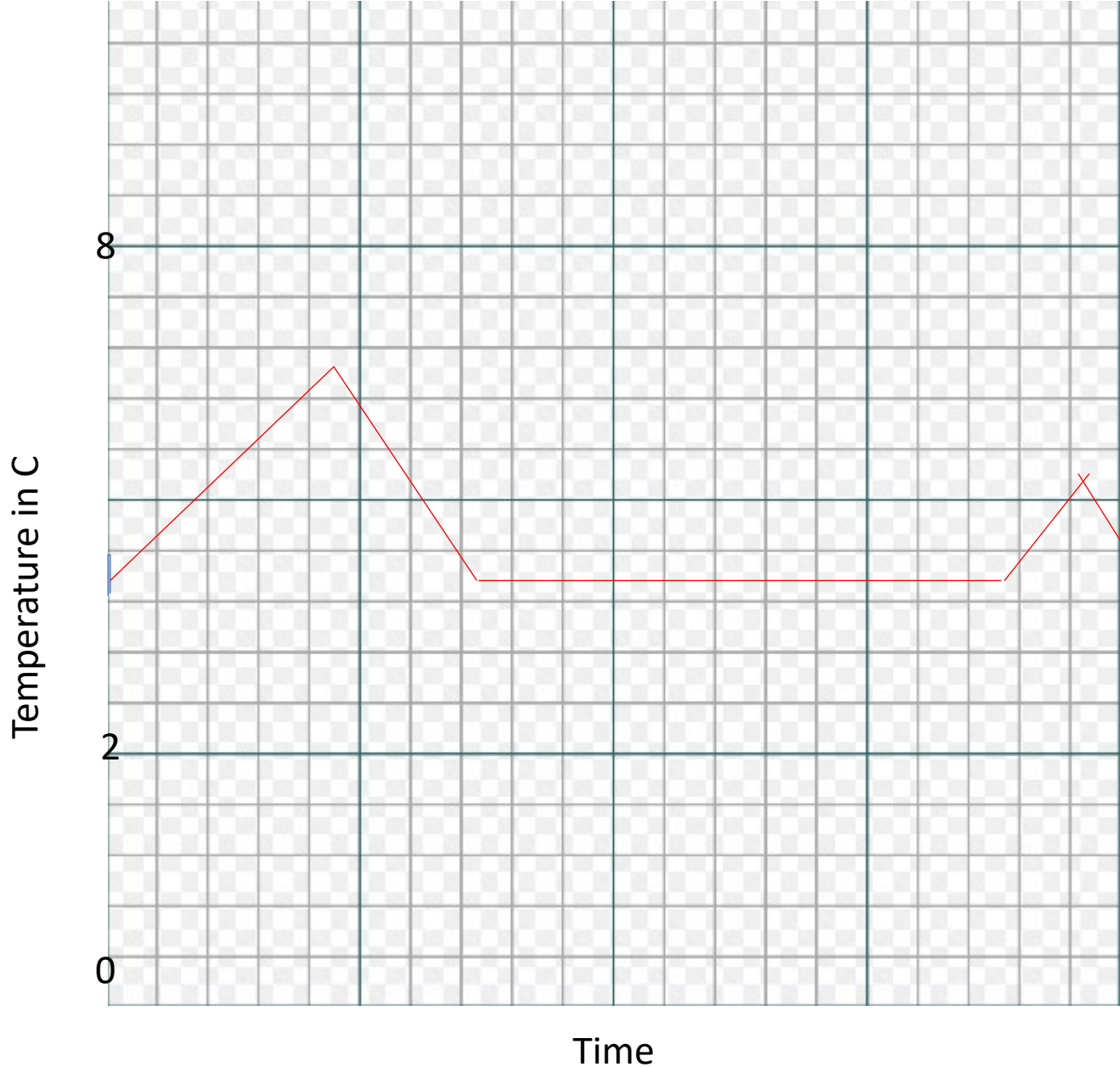
NOT

SO GOOD





# Fridge Temps in Celsius over Time





# Temperature Log for Refrigerator - Celsius

Days 1-15

Month/Year: \_\_\_\_\_ VFC Pin: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Monitor temperatures closely!

1. Write your initials below in "Staff Initials" and note the time in "Exact Time."
2. Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.
3. If any out-of-range temps, see instructions to the right.
4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).

1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials															
Exact Time															
Maximum Temp															
Minimum Temp															
<b>Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!</b>															
<b>Current Temperature</b>	8°C														
	7°C														
	6°C														
	5°C														
	4°C														
	3°C														
	2°C														
	<b>Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!</b>														



Optional



?

Why both the temperature data and the daily temperature logs?

?

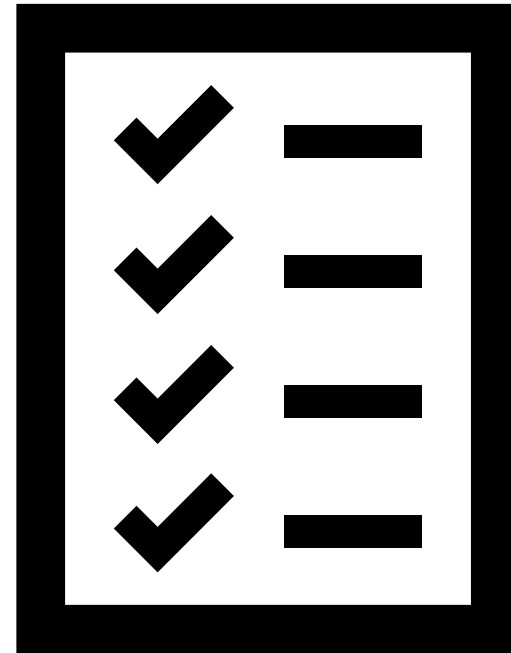
?

Why both the temperature data and the daily temperature logs?

1. Data can't be found
2. It activates a daily check



+



CALIBRATIONS

# Meningococcal ACWY Vaccine:

## What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1. Why get vaccinated?

Meningococcal ACWY vaccine can help protect against **meningococcal disease** caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

**Meningococcal disease** can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

### 2. Meningococcal ACWY vaccine

**Adolescents** need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 years of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for **certain groups of people**:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called "complement component deficiency"
- Anyone taking a type of drug called a "complement inhibitor," such as eculizumab (also called "Soliris"<sup>®</sup>) or ravulizumab (also called "Ultomiris"<sup>™</sup>)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to or living in a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls who have not been completely vaccinated with meningococcal ACWY vaccine
- U.S. military recruits



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

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immunization  
program

# Ten Records



- Patient Name
- Patient DOB
- Patient's VFC Eligibility Status
- **Address of Clinic**
- Name, Lot #, Manufacturer of vaccine
- Date when dose administered
- Name **and Title** of individual administering the vaccine
- Date **when VIS was given** and VIS publication date



# Billing

Maximum allowable charge for VFC Vaccine

# Billing

Maximum allowable charge for VFC Vaccine

**\$0.00**

# Billing

Maximum allowable charge for VFC **Administration fee**

Billing Insurance:

Up to you, but there's a limit on what they'll pay

# Billing

Maximum allowable charge for VFC **Administration fee**

Billing Individuals:

# Billing

Maximum allowable charge for VFC Administration fee

Billing Individuals:

- \*Maximum of **\$21.96** per shot
- \*Max of one bill after date of service  
no later than 90 days after service
- \*Collections not allowed
- \*Must waive if individual cannot pay/no balance  
billing
- \*To Uninsured (+Underinsured) and  
American Indian/Alaska Native  
recipients only

# Oregon Vaccines for Children Vaccine Management Guide



  
oregon  
vaccines for children

  
oregon  
immunization  
program

# Oregon Vaccines for Children Vaccine Management Guide



oregon  
vaccines for children

QUESTIONS? CALL 971-673-4VFC (4832) or  
VFC.HELP@DHSOHA.STATE.OR.US

## CLINIC INFORMATION

Clinic name:	VFC PIN:	ALERT IIS number:
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## KEY STAFF

Responsible provider:
Primary VFC contact:
Back-up VFC contact:

# VFC task list

VFC clinic staff must ensure that vaccine is appropriately stored and managed at all times.

<b>Daily tasks</b>	Take once daily minimum and maximum temperatures. Do so at the start of the day.
	Document all immunizations.
<b>Weekly</b>	Download and review data loggers.
	Rotate vaccine stock.
<b>Monthly</b>	Do a vaccine inventory count.
	Adjust ALERT IIS inventory to match physical inventory.
	Troubleshoot any data quality issues you discover due to inventory count.
<b>Annually</b>	VFC Recertification (January).
	Flu vaccine management: <ul style="list-style-type: none"> <li>• Prebook flu vaccine for upcoming season (January)</li> <li>• Return expired flu vaccine (July)</li> </ul>
	Review/update Vaccine Management Guide, sign and date.
	Take VFC overview and self-assessment training (primary and back-up contacts).
<b>Every other year</b>	Take Vaccine Management Trainings (at least two staff).
	The trainings cover: <ul style="list-style-type: none"> <li>• Storing vaccines</li> <li>• Preparing vaccines, and</li> <li>• Administering vaccines.</li> </ul>
	Complete a VFC site visit.
	Calibrate thermometers.
<b>As needed</b>	Place vaccine orders (after you submit the reconciled inventory count).
	Document borrowed doses and pay them back within 90 days.
	Add private stock into ALERT IIS inventory upon receipt of inventory.
	Complete vaccine transfer documentation in ALERT IIS.
	Update VIS.
	Submit temperature logs to Oregon Immunization Program (when requested).
	Respond to and document temperature excursions in your clinic's vaccine storage troubleshooting record.
	Update clinic shipping hours in ALERT IIS.
	Report changes of key staff to VFC program.
	Manage short-dated vaccine.



Pro Tip: Best results come from checking inventory more than once per month



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Even More Pro

Tip:



Translate this  
into a schedule  
on your  
calendar

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## Private clinic coding chart

Age	Definition	Eligibility codes	Vaccine stock
0 through 18	Oregon Health Plan (OHP) or Medicaid	M	VFC
	No insurance	N	VFC
	American Indian or Alaska Native	A	VFC
	Underinsured	F (FQHC or RHC only)	VFC
All ages	Privately insured children or adults on OHP or other insurance	B	Private
	OIP special projects (rarely used)	S	Special project

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Never, except FQHC or RHC –  
must refer to LPHA

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Rare if ever, except for COVID-19  
Immunizations

What happens  
when the  
lights go out?



What happens when the lights go out?

## Key phone numbers and information

Write down storage unit details, key phone numbers and other instructions. Primary and back-up staff should keep a copy of this information along with building keys and alarm codes in case emergency vaccine relocation or storage unit maintenance is required.

Vaccine storage equipment				
Unit type (e.g., freezer)	Location	Brand	Model #	Maintenance needs

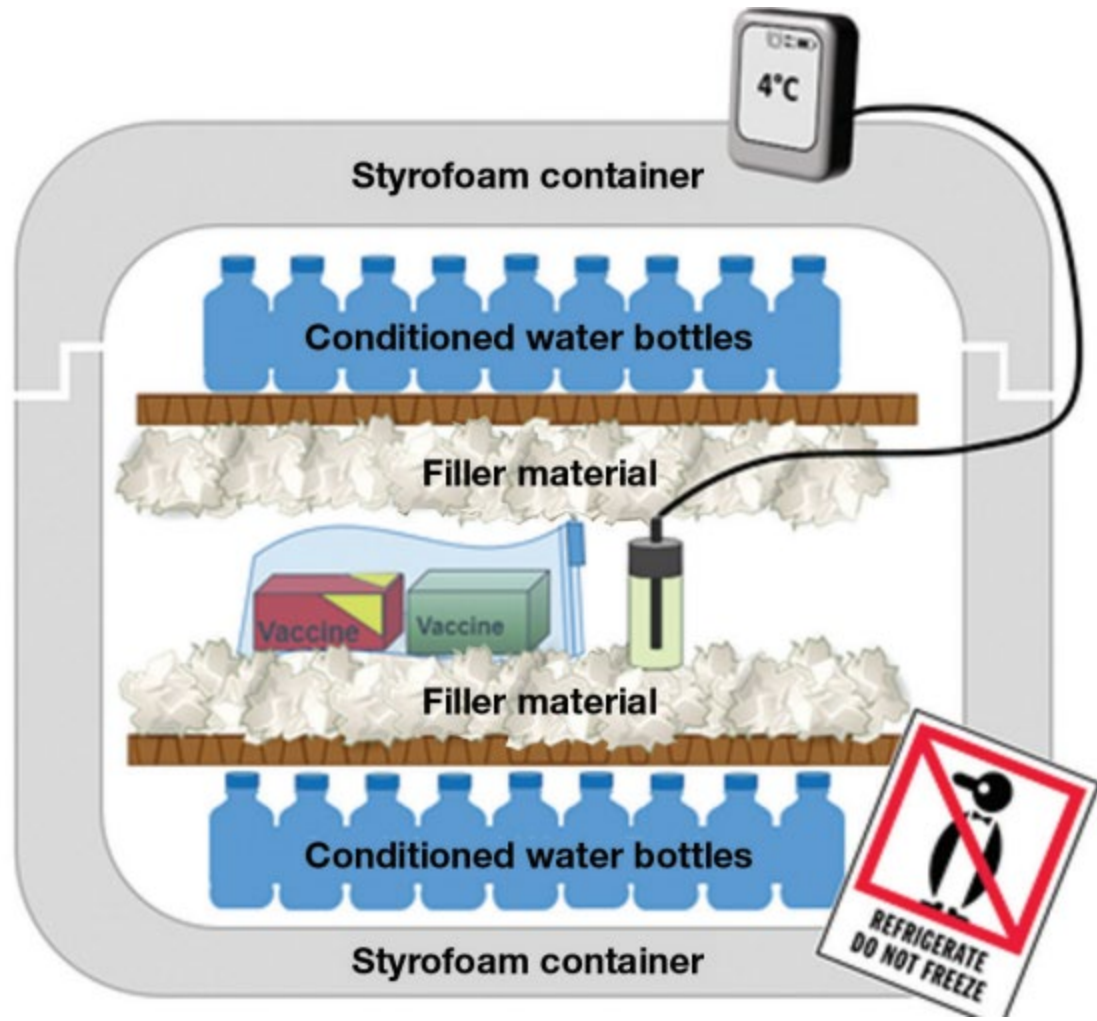
Thermometers			
Primary or back-up	Brand	Model/serial #	Calibration due date

Important contact information	
Maintenance/repair company:	Phone number:
Power company:	Phone number:
Calibration company/laboratory:	Phone number:
Location of calibration certificates:	Location of back-up thermometers:



Emergency Plan: have a plan ready to go that someone could understand from reviewing your Management Guide

After-hours building access	
Alarm codes and instructions:	
Doors, locks and keys:	
Light switches and flashlights:	
Circuit breaker location and instructions:	
Generator instructions:	
Location of generator and fuel:	
Routine maintenance and generator testing instructions:	
Alternative storage site	
Facility name and contact person:	Phone number:
Address:	



You must update your clinic's vaccine management guide:

- Annually
- Whenever key staff changes, and
- Whenever requested by the Vaccines for Children (VFC) program.

At that time, primary and back-up contacts as well as all staff who give vaccinations must review and sign the guide. All clinic staff are responsible to ensure the practice of proper vaccine management as outlined in this guide. The most current version is always available on the Oregon VFC website: <http://bit.ly/VFCProviderResources>

Date reviewed ____/____/____	Date reviewed ____/____/____
Primary contact signature:	Primary contact signature:
Back-up contact signature:	Back-up contact signature:
Additional staff signatures:	Additional staff signatures:

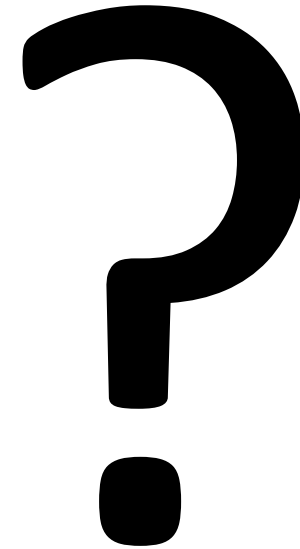


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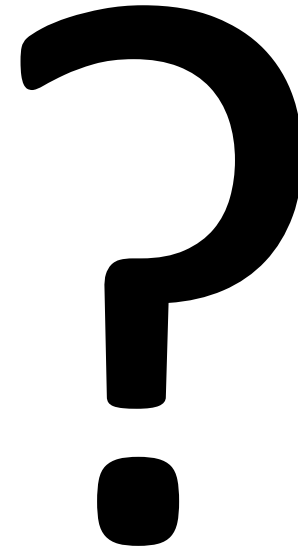
Even More Pro Tip:  
Translate this into a schedule on  
your calendar

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VFC Personnel

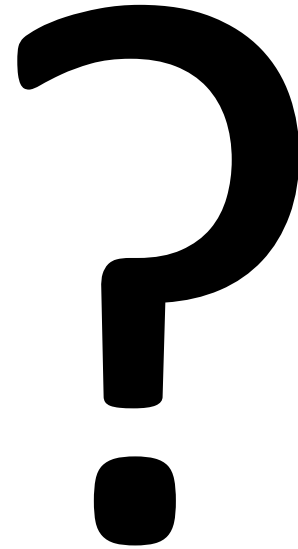


# VFC Personnel



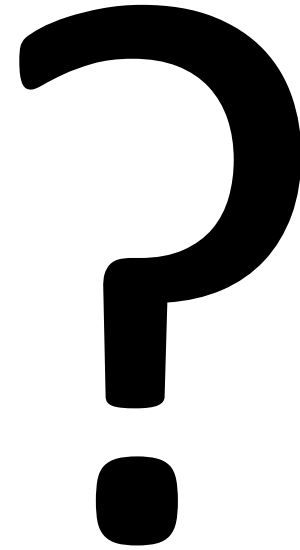
- Trainings Completed
- Updated with Immunization Program

# VFC Eligibility

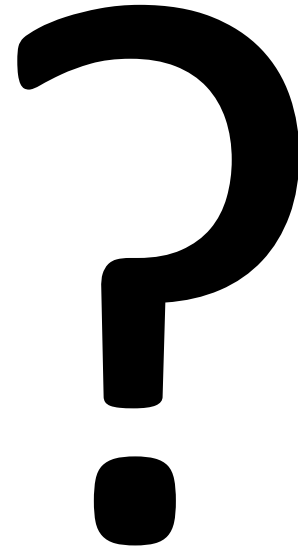




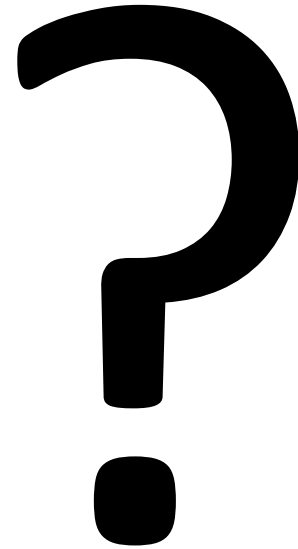
Billing



Admin Fee



Adverse  
Events





Oregon Vaccine Stewardship Law: [ORAR 333-047-0010 to 0050 \(State-supplied Vaccine Accountability\)](#)





## Accountability

Where did the vaccine go?

Can you tell from ALERT?

Did it go to patients vs. waste?



## Deductions

Are the immunizations you submit  
interacting with ALERT IIS inventory?  
Matching Lot Numbers is the Key



# Outstanding Transfers



# Public and Private Stock

All Age-appropriate VFC  
vaccines



All Age-appropriate VFC  
Vaccines





## Borrowing / Miscoding

- Using the right vaccine stock for the right patient
- Submitting the right vaccine eligibility code



Alpha Stock Images - <http://alphastockimages.com/>



# BIG 5

- **Temperature Log**
- **Excursions**
- **Vaccine Information Statements**
- **Full Vaccine Suite**
- **Borrowing/Miscoding**



# A BIG 5

- **Temperature Log**
- **Excursions**
- **Vaccine Information Statements**
- **Full Vaccine Suite**
- **Borrowing/Miscoding**



# BIG 5

- **Temperature Log**
- **Excursions**
- **Vaccine Information Statements**
- **Full Vaccine Suite**
- **Borrowing/Miscoding**



# Temperature Log



## Temperature Log for Refrigerator - Celsius

Days 1-15

Month/Year: \_\_\_\_\_ VFC Pin: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Monitor temperatures closely!

1. Write your initials below in "Staff Initials" and note the time in "Exact Time."
2. Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.
3. If any out-of-range temps, see instructions to the right.
4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).

1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials															
Exact Time															
Maximum Temp															
Minimum Temp															
<b>Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!</b>															
Current Temperature	8°C														
	7°C														
	6°C														
		5°C													
	4°C														
	3°C														
	2°C														
	<b>Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!</b>														

Optional

<https://www.oregon.gov/oha/PH/PreventionWellness/Vaccines>

[Immunization/ImmunizationProviderResources/Pages/provresp](https://www.oregon.gov/oha/PH/PreventionWellness/Vaccines/Immunization/ImmunizationProviderResources/Pages/provresp)





### Temperature Log for Refrigerator - Celsius

Days 1-15

Month/Year: Mar. '19 VFC Pin: 0001

Facility Name: Clinic Z

Monitor temperatures closely!

1. Write your initials below in "Staff Initials" and note the time in "Exact Time."
2. Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.
3. If any out-of-range temps, see instructions to the right.
4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).

1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	NC														
Exact Time	8:47 a.m.														
Maximum Temp	5.3														
Minimum Temp	4.4														
<b>Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!</b>															
Current Temperature	8°C														
	7°C														
	6°C														
	5°C	X													
	4°C														
	3°C														
	2°C														
<b>Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!</b>															

Optional



Log for Refrigerator - Celsius

Month/Year: Mar / 2023 VFC Pin: P99999

Facility Name: Out of Practice Pediatrics

Monitor temperatures closely!  
 Record your initials below in "Staff Initials" and note the time in "Exact Time."  
 Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.  
 3. If any out-of-range temps, see instructions to the right.  
 4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).  
 1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.  
 2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.  
 3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	JBW	JBW	JBW	JBW	JBW	JBW	JBW								
Exact Time	10:00	10:00	10:00	10:00	10:00	10:00	10:00								
Maximum Temp	6.5	6.5	6.2	6.1	6.5	5.9	5.8								
Minimum Temp	4.5	3.9	4.1	3.8	3.8	3.8	3.8								
<b>Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!</b>															
Temperature	8°C														
	7°C														
	6°C														
	5°C														
	4°C														
<b>Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!</b>															



Optional



Log for Refrigerator - Celsius

Month/Year: Mar / 2023 VFC Pin: P99999

Facility Name: Out of Practice Pediatrics

- Monitor temperatures closely!  
 Record your initials below in "Staff Initials" and note the time in "Exact Time."  
 Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.
- If any out-of-range temps, see instructions to the right.
  - Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

- Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).
- Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
  - Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
  - Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	JBW	JBW	JBW	JBW	JBW	JBW	JBW								
Exact Time	10:00	10:00	10:00	10:00	10:00	10:00	10:00								
Maximum Temp	6.5	6.5	6.2	6.1	6.5	5.9	5.8								
Minimum Temp	4.5	3.9	4.1	3.8	3.8	3.8	3.8								
<b>Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!</b>															
Temperature	8°C														
	7°C														
	6°C														
	5°C														
	4°C														
<b>Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!</b>															



Optional

Log for Refrigerator - Celsius

Month/Year: Mar / 2023 VFC Pin: P99999

Facility Name: Out of Practice Pediatrics

- Monitor temperatures closely!  
 Record your initials below in "Staff Initials" and note the time in "Exact Time."  
 Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.
- If any out-of-range temps, see instructions to the right.
  - Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

- Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).
- Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
  - Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
  - Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	JBW	JBW	JBW	JBW	JBW	JBW	JBW								
Exact Time	08:30	08:45	08:40	09:05	07:55	08:00	08:20								
Maximum Temp	4.3	4.4	4.4	4.5	4.9	5.2	5.2								
Minimum Temp	3.8	3.8	3.8	3.7	3.7	3.7	3.7								
<b>Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!</b>															
Temperature	8°C														
	7°C														
	6°C														
	5°C														
	4°C														



Optional

**Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!**

Log for Refrigerator - Celsius

Month/Year: Mar / 2023 VFC Pin: P99999

Facility Name: Out of Practice Pediatrics

Monitor temperatures closely!  
 Record your initials below in "Staff Initials" and note the time in "Exact Time."  
 Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.  
 3. If any out-of-range temps, see instructions to the right.  
 4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).  
 1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.  
 2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.  
 3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	JBW	JBW	JBW	JBW	JBW	JBW	JBW	JBW	JBW	JBW	JBW				
Exact Time	08:30	08:45	08:40	09:05	07:55	08:00	08:20	08:20	08:25	08:32	08:20				
Maximum Temp	4.3	4.4	4.4	4.5	4.9	5.2	7.9	7.9	7.9	7.9	7.9				
Minimum Temp	3.8	3.8	3.8	3.7	3.7	3.7	3.7	3.6	3.6	3.6	3.6				

**Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!**

Temperature	8°C														
	7°C														
	6°C														
	5°C														
	4°C														



Optional

**Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!**

Log for Refrigerator - Celsius

Month/Year: Mar / 2023 VFC Pin: P99999

Facility Name: Out of Practice Pediatrics

- Monitor temperatures closely!  
 Record your initials below in "Staff Initials" and note the time in "Exact Time."  
 Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.
- If any out-of-range temps, see instructions to the right.
  - Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

- Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).
- Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
  - Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
  - Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	JBW	JBW	JBW	JBW	JBW	JBW	JBW	JBW	JBW	JBW	JBW				
Exact Time	08:30	08:45	08:40	09:05	07:55	08:00	08:20	08:20	08:25	08:32	08:20				
Maximum Temp	4.3	4.4	4.4	4.5	4.9	5.2	7.9	7.9	7.9	7.9	7.9				
Minimum Temp	3.8	3.8	3.8	3.7	3.7	3.7	3.7	3.6	3.6	3.6	3.6				
<b>Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!</b>															
Temperature	8°C														
	7°C														
	6°C														
	5°C														
	4°C														
<b>Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!</b>															



Optional

Log for Refrigerator - Celsius

Month/Year: Mar / 2023 VFC Pin: P99999

Facility Name: Out of Practice Pediatrics

Monitor temperatures closely!  
 Record your initials below in "Staff Initials" and note the time in "Exact Time."  
 Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.  
 3. If any out-of-range temps, see instructions to the right.  
 4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).  
 1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.  
 2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.  
 3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	JBW	JBW	JBW	JBW	JBW	JBW	JBW								
Exact Time	08:30	08:45	08:40	09:05	07:55	08:00	08:20								
Maximum Temp	4.3	4.4	4.4	4.5	10.6	5.2	5.2								
Minimum Temp	3.8	3.8	3.8	3.7	3.7	3.7	3.8								
<b>Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!</b>															
Temperature	8°C														
	7°C														
	6°C														
	5°C														
	4°C														



Optional

**Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!**

Log for Refrigerator - Celsius

Month/Year: Mar / 2023 VFC Pin: P99999

Facility Name: Out of Practice Pediatrics

Monitor temperatures closely!  
 Record your initials below in "Staff Initials" and note the time in "Exact Time."  
 Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.  
 3. If any out-of-range temps, see instructions to the right.  
 4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).  
 1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.  
 2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.  
 3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	JBW	JBW	JBW	JBW	JBW	JBW	JBW								
Exact Time	08:30	08:45	08:40	09:05	07:55	08:00	08:20								
Maximum Temp	4.3	4.4	4.4	4.5	10.6	5.2	5.2								
Minimum Temp	3.8	3.8	3.8	3.7	3.7	3.7	3.8								
<b>Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!</b>															
Temperature	8°C														
	7°C														
	6°C														
	5°C														
	4°C														



Optional

**Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!**



## Temperature Log for Freezer - Fahrenheit Days 1-15

Month/Year: \_\_\_\_\_ VFC Pin: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Monitor temperatures closely!

1. Write your initials below in "Staff Initials" and note the time in "Exact Time."
2. Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.
3. If any out-of-range temps, see instructions to the right.
4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Take action if temp is out of range—too warm (above 5°F).

1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
3. Document the action taken on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Staff Initials	NC	NC	NC	NC	NC	NC	NC									
Exact Time	8:08	9:17	8:15	8:05	7:58	8:40	7:49									
Maximum Temp	-8	-7.1	-2.1	-3.0	5.1	5.1	5.1									
Minimum Temp	-6	8.0	-9.6	-9.6	-9.6	-9.6	-9.6									
<b>Danger! Temperatures above 5°F are too warm! Call the VFC Helpdesk (971-673-4832) immediately!</b>																
Current Temperature	5°F															
	4°F															
	3°F															
	2°F															
	1°F															
	0°F															
	-1°F															
	-2°F															
	-3°F				X		X	X								
	-4°F			X		X										
-5°F to -58°F	X															



## Temperature Log for Freezer - Fahrenheit Days 1-15

Month/Year: \_\_\_\_\_ VFC Pin: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Monitor temperatures closely!

1. Write your initials below in "Staff Initials" and note the time in "Exact Time."
2. Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.
3. If any out-of-range temps, see instructions to the right.
4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Take action if temp is out of range—too warm (above 5°F).

1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
3. Document the action taken on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Staff Initials	NC	NC	NC	NC	NC	NC	NC									
Exact Time	8	9:17	8:15	8:05	7:58	8:40	7:49									
Maximum Temp	-8	-7.1	-2.1	-3.0	5.1	5.1	5.1									
Minimum Temp	-6	8.0	-9.6	-9.6	-9.6	-9.6	-9.6									
<b>Danger! Temperatures above 5°F are too warm! Call the VFC Helpdesk (971-673-4832) immediately!</b>																
Current Temperature	5°F															
	4°F															
	3°F															
	2°F															
	1°F															
	0°F															
	-1°F															
	-2°F															
	-3°F				X		X	X								
	-4°F			X		X										
-5°F to -58°F	<del>X</del>															

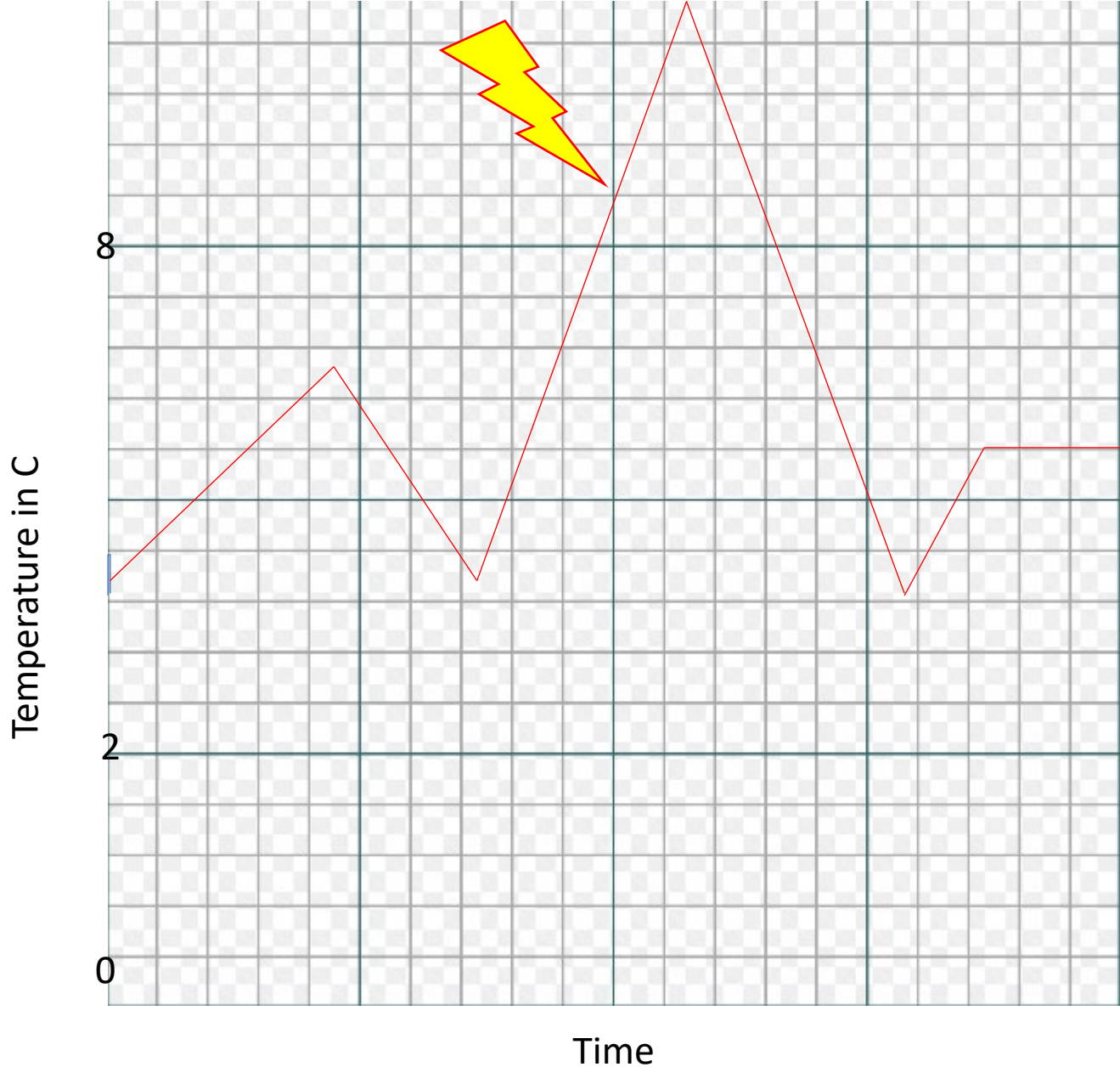


# BIG 5

- Temperature Log
- **Excursions**
- Vaccine Information Statements
- Full Vaccine Suite
- Borrowing/Miscoding



Fridge Temps in Celsius over Time



If temperatures are out of range:

1. Restrict use of the refrigerator or freezer. Place a “DO NOT USE” sign on the unit. Also, notify your clinic’s primary responsible staff.
2. Determine the cause and take action. The temperature excursion scenarios below give examples of how you might handle different types of excursions.
3. Notify the VFC Help Desk at 971-673-4VFC (4832) or [vfc.help@dhsosha.state.or.us](mailto:vfc.help@dhsosha.state.or.us) (You don’t need to notify VFC if temperatures go out of range for less than half an hour or less than one degree Celsius.)
4. Document the incident. Include the:
  - » Length of excursion
  - » Minimum and maximum temperatures
  - » Steps taken to address the excursion, and
  - » Outcome in your vaccine storage troubleshooting record, available here: <http://bit.ly/VFCProviderResources>.

# 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 refrigerated 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:	Maximum temp:	Comment (optional):	Title:	Date:
<p><b>Description of Event</b> <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"> <li>• General description (i.e., what happened?)</li> <li>• Estimated length of time between event and last documented reading of storage temperature in acceptable range (2° to 8°C [36° to 46°F] for refrigerator; -50° to -15°C [-58° to 5°F] for freezer; -80° to -60°C [-112° to -76°F] for ultra-cold freezer (may be used for Pfizer COVID-19 vaccine).</li> <li>• Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.)</li> <li>• 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?</li> <li>• Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?</li> <li>• Include any other information you feel might be relevant to understanding the event.</li> </ul>					
<p><b>Action Taken</b> <i>(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)</i></p> <ul style="list-style-type: none"> <li>• 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].)</li> <li>• Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)</li> <li>• IMPORTANT: What did you do to prevent a similar problem from occurring in the future?</li> </ul>					
<p><b>Results</b></p> <ul style="list-style-type: none"> <li>• 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.)</li> </ul>					

# BIG 5

- Temperature Log
- Excursions
- **Vaccine Information Statements**
- Full Vaccine Suite
- Borrowing/Miscoding



# Meningococcal ACWY Vaccine:

## What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1. Why get vaccinated?

Meningococcal ACWY vaccine can help protect against **meningococcal disease** caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

**Meningococcal disease** can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

### 2. Meningococcal ACWY vaccine

**Adolescents** need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 years of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for **certain groups of people**:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “complement component deficiency”
- Anyone taking a type of drug called a “complement inhibitor,” such as eculizumab (also called “Soliris<sup>®</sup>”) or ravulizumab (also called “Ultomiris<sup>®</sup>”)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to or living in a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls who have not been completely vaccinated with meningococcal ACWY vaccine
- U.S. military recruits



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

oregon  
immunization  
program

# Meningococcal ACWY Vaccine:

## What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

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## Up To Date?

### 1. Why get vaccinated?

Meningococcal ACWY vaccine can help protect against **meningococcal disease** caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

**Meningococcal disease** can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

### 2. Meningococcal ACWY vaccine

Adolescents need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 years of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for **certain groups of people**:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called "complement component deficiency"
- Anyone taking a type of drug called a "complement inhibitor," such as eculizumab (also called "Soliris™") or ravulizumab (also called "Ultomiris™")
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- Anyone traveling to or living in a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls who have not been completely vaccinated with meningococcal ACWY vaccine
- U.S. military recruits



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People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

about filing a claim.

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## 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

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Vaccine Information Statement  
**Meningococcal ACWY Vaccine**

42 U.S.C. § 300aa-26

8/6/2021

OFFICE  
USE  
ONLY





## Meningococcal ACWY Vaccine: What You Need to Know

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Up To Date?

All ACIP provider profile vaccine

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- U.S. military recruits



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Up To Date?

All ACIP provider profile vaccines?

Languages?

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## VACCINE INFORMATION STATEMENT

# Meningococcal ACWY Vaccine:

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Up To Date?

All ACIP provider profile vaccines?

Languages?

6 Month Rule

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# BIG 5

- Temperature Log
- Excursions
- Vaccine Information Statements
- **Full Vaccine Suite**
- Borrowing/Miscoding



Routine ACIP Recommended Vaccines		Reccomended Age Range
	DTAP	2 Months- 6 years
	Hep A	12 Months - 23 months
	Hep B	Birth- 18 Months
	Hib	2 Months -15 Months
	HPV	9 Years - 26 Years
	MMR	1 Year - 6 years
	Meningococcal Conjugate ACWY	11 years - 16 Years
	PCV13- Pneumococcal	2 Months - 15 Months
	Polio	2 Months - 6 Years
	Rotavirus	2 Months -6 Months
	TDAP/ TD	11 Years- Adult
	Varicella	12 Months - 6 Years

And flu, in season

Covid, later ...

RSV... ?

Non-Routine ACIP Recommended Vaccines		Reccomended Age Range
	MenB	16 - Adult (Clinic discretion)
	PPSV23- Pneumococcal Polysaccharide	2 years - Adult (high risk groups)



<input type="checkbox"/>	<a href="#">FluLaval Quad PF 0.5mL</a>	Private	J39G3	10X1 SYRINGES 2022-23	19515-0808-52	202	Y	06/30/2023
<input type="checkbox"/>	<a href="#">Fluzone Quad PF 0.5mL</a>	State	U7684BA	10X1 VIALS 2022-23	49281-0422-10	37	Y	06/30/2023
<input type="checkbox"/>	<a href="#">Gardasil 9</a>	State	W011264	10X1 SYRINGES	00006-4121-02	10	Y	09/05/2024
<input type="checkbox"/>	<a href="#">Gardasil 9</a>	Private	W014209	10X1 SYRINGES	00006-4121-02	20	Y	01/06/2025
<input type="checkbox"/>	<a href="#">Infanrix</a>	State	9HP9Z	10X1 SYRINGES	58160-0810-52	4	Y	04/21/2024
<input type="checkbox"/>	<a href="#">IPOL</a>	State	V1A021M	10 DOSE VIAL	49281-0860-10	10	Y	02/17/2024
<input type="checkbox"/>	<a href="#">IPOL</a>	Private	V1A024M	10 DOSE VIAL	49281-0860-10	7	Y	02/17/2024
<input type="checkbox"/>	<a href="#">IPOL</a>	Private	V1B891M	10 DOSE VIAL	49281-0860-10	10	Y	06/01/2024
<input type="checkbox"/>	<a href="#">Kinrix</a>	State	5AY2J	10X1 SYRINGES	58160-0812-52	7	Y	06/10/2024
<input type="checkbox"/>	<a href="#">Menactra</a>	State	U7483AA	5X1 VIALS	49281-0589-05	3	Y	10/20/2023
<input type="checkbox"/>	<a href="#">MenQuadfi</a>	State	U7449AB	5X1 VIALS	49281-0590-05	3	Y	09/23/2024
<input type="checkbox"/>	<a href="#">MenQuadfi</a>	State	U7576AA	5X1 VIALS	49281-0590-05	5	Y	02/28/2025
<input type="checkbox"/>	<a href="#">MenQuadfi</a>	Private	U7595AB	5X1 VIALS	49281-0590-05	19	Y	03/11/2025
<input type="checkbox"/>	<a href="#">MMR II</a>	State	U029793	10X1 VIALS	00006-4681-00	4	Y	09
<input type="checkbox"/>	<a href="#">MMR II</a>	State	W007041	10X1 VIALS	00006-4681-00	10	Y	02

<input type="checkbox"/>	<a href="#">FluLaval Quad PF 0.5mL</a>	Private	J39G3	10X1 SYRINGES 2022-23	19515-0808-52	202	Y	06/30/2023
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<input type="checkbox"/>	<a href="#">Gardasil 9</a>	State	W011264	10X1 SYRINGES	00006-4121-02	10	Y	09/05/2024
<input type="checkbox"/>	<a href="#">Gardasil 9</a>	Private	W011200	10X1 SYRINGES	00006-4121-02	20	Y	01/06/2025
<input type="checkbox"/>	<a href="#">Infanrix</a>	State	9HP9Z	10X1 SYRINGES	58160-0810-52	4	Y	04/21/2024
<input type="checkbox"/>	<a href="#">IPOL</a>	State	V1A021M	10 DOSE VIAL	49281-0860-10	10	Y	02/17/2024
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<input type="checkbox"/>	<a href="#">MMR II</a>	State	W007041	10X1 VIALS	00006-4681-00	10	Y	02/02/2023



<input type="checkbox"/>	<a href="#">COVID19 Pfizer Peds 5-11 (Orange Cap)</a>	State	FT1551	10X10 MULTI-DOSE VIALS	59267-1055-04	300	Y	05/31/2023
<input type="checkbox"/>	<a href="#">DAPTACEL</a>	Private	C5893AA	10X1 VIALS	49281-0286-10	3	Y	06/21/2023
<input type="checkbox"/>	<a href="#">DAPTACEL</a>	Private	C5980AB	10X1 VIALS	49281-0286-10	10	Y	04/06/2024
<input type="checkbox"/>	<a href="#">FLUAD Quadrivalent</a>	Private	346384	10X1 SYRINGES 2022-23	70461-0122-03	7	Y	06/27/2023
<input type="checkbox"/>	<a href="#">FluLaval Quad PF 0.5mL</a>	Private	AC5R3	10X1 SYRINGES 2022-23	19515-0808-52	464	Y	06/30/2023
<input type="checkbox"/>	<a href="#">FluLaval Quad PF 0.5mL</a>	Private	J39G3	10X1 SYRINGES 2022-23	19515-0808-52	202	Y	06/30/2023

# BIG 5

- Temperature Log
- Excursions
- Vaccine Information Statements
- Full Vaccine Suite
- **Borrowing/Miscoding**



# Oregon Vaccines for Children Borrowing Log

## Directions for use of borrowing log:

When a provider has borrowed a vaccine from VFC stock to administer to a patient not eligible for VFC, or vice versa, the borrowing form must be **COMPLETELY FILLED OUT** for *each* borrowing occurrence with *each* vaccine listed on a separate row of the form. These borrowing logs must be kept as part of the VFC program records for 3 years and be made available to the VFC staff during the VFC Site Visit or upon request by the Oregon Immunization Program.

**Note:** Clinics cannot borrow state-supplied seasonal influenza vaccine for privately insured patients. Providers may use private stock seasonal influenza vaccine to vaccinate VFC eligible children if VFC seasonal influenza stock is not yet available. Those private stock doses used on VFC eligible children can later be replaced when VFC stock becomes available.

For *each* borrowed vaccine a patient receives, all of the following must be documented:

- Vaccine name
- Patient's name OR unique patient ID
- Patient's date of birth
- Private or VFC dose borrowed
- Date vaccine borrowed
- Reason vaccine borrowed
- Date vaccine paid back to either VFC or Private stock

Provider must sign to certify accuracy and compliance with VFC requirements.

Replacement must be made within 90 days unless clinic can justify delay.

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



Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Private clinic coding chart

Age	Definition	Eligibility codes	Vaccine stock
0 through 18	Oregon Health Plan (OHP) or Medicaid	M	VFC
	No insurance	N	VFC
	American Indian or Alaska Native	A	VFC
	Underinsured	F (FQHC or RHC only)	VFC
All ages	Privately insured children or adults on OHP or other insurance	B	Private
	OIP special projects (rarely used)	S	Special project

An 18-year-old whose only insurance is Oregon Health Plan comes in for a TDaP vaccine.

What eligibility code should be assigned ?

Which stock of vaccine should they receive?

## Private clinic coding chart

Age	Definition	Eligibility codes	Vaccine stock
0 through 18	Oregon Health Plan (OHP) or Medicaid	M	VFC
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	Underinsured	F (FQHC or RHC only)	VFC
All ages	Privately insured children or adults on OHP or other insurance	B	Private
	OIP special projects (rarely used)	S	Special project

An 18-year-old whose only insurance is Oregon Health Plan comes in for a TDaP vaccine.

What eligibility code should be assigned ? **M**

Which stock of vaccine should they receive? **VFC/State-supplied**

## Private clinic coding chart

Age	Definition	Eligibility codes	Vaccine stock
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An 18-year-old whose only insurance is Oregon Health Plan comes in for a TDaP vaccine.

The clinic has run out of state-supplied TDaP vaccine but has privately purchased TDaP vaccine in stock, what should it do? If it gives vaccine, what eligibility code should be assigned?

## Private clinic coding chart

Age	Definition	Eligibility codes	Vaccine stock
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An 18-year-old whose only insurance is Oregon Health Plan comes in for a Tdap vaccine. The clinic has run out of state-supplied Tdap vaccine but has privately purchased Tdap vaccine in stock...

- Give Private Tdap
- Code M
- Record on Borrowing Log and pay back in ALERT IIS when private stock arrives
- Analyze ordering and storage to decrease likelihood of future borrowing due to running out of stock



## Private clinic coding chart

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	OIP special projects (rarely used)	S	Special project

A 19-year-old whose only insurance is Oregon Health Plan comes in for a Gardasil vaccine.

What eligibility code should be assigned ?

Which stock of vaccine should they receive?

## Private clinic coding chart

Age	Definition	Eligibility codes	Vaccine stock
0 through 18	Oregon Health Plan (OHP) or Medicaid	M	VFC
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	Underinsured	F (FQHC or RHC only)	VFC
All ages	Privately insured children or adults on OHP or other insurance	B	Private
	OIP special projects (rarely used)	S	Special project

A 19-year-old whose only insurance is Oregon Health Plan comes in for a Gardasil vaccine.

What eligibility code should be assigned ? **B**

Which stock of vaccine should they receive? **Private**

The vaccinator accidentally takes the state-supplied Gardasil off the shelf and administers it without noticing the error? Now what?

## Private clinic coding chart

Age	Definition	Eligibility codes	Vaccine stock
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A 19-year-old whose only insurance is Oregon Health Plan comes in for a Gardasil vaccine. The vaccinator accidentally takes the state-supplied Gardasil off the shelf and administers it without noticing the error? Now what?

- Still Code **B** (eligibility codes match recipients, not vaccine stocks)
- Regularly use Transaction Report or Ad Hoc Report to find unnoticed borrows
- Record on Borrowing Log and pay back in ALERT IIS when private stock arrives
- Work to improve staff training and/or vaccine labeling to prevent future accidental borrows

## Private clinic coding chart

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	OIP special projects (rarely used)	S	Special project

An 3-year-old with no insurance presents for a DTaP vaccine

What eligibility code should be assigned ?

Which stock of vaccine should they receive?

How much can they be charged?

## Private clinic coding chart

Age	Definition	Eligibility codes	Vaccine stock
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A 3-year-old with no insurance presents for a DTaP vaccine

What eligibility code should be assigned? **N**

Which stock of vaccine should they receive? **State-supplied/VFC**

How much can they be charged?

**For vaccine: \$0**

**For administration fee: \$21.96**

## Private clinic coding chart

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All ages	Privately insured children or adults on OHP or other insurance	B	Private
	OIP special projects (rarely used)	S	Special project

A 3-year-old with Oregon Health Plan presents for a DTaP vaccine. The child's parents tell you that the child is Alaska Native.

What eligibility code should be assigned ?

Which stock of vaccine should they receive?

How much can they be charged?

## Private clinic coding chart

Age	Definition	Eligibility codes	Vaccine stock
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All ages	Privately insured children or adults on OHP or other insurance	B	Private
	OIP special projects (rarely used)	S	Special project

A 3-year-old with Oregon Health Plan presents for a DTaP vaccine. The child's parents tell you that the child is Alaska Native.

What eligibility code should be assigned ? **M**

Which stock of vaccine should they receive? **State-supplied/VFC**

How much can they be charged?

**For vaccine: \$0**

**For administration fee: \$0 (bill Medicaid)**

## Private clinic coding chart

Age	Definition	Eligibility codes	Vaccine stock
0 through 18	Oregon Health Plan (OHP) or Medicaid	M	VFC
	No insurance	N	VFC
	American Indian or Alaska Native	A	VFC
	Underinsured	F (FQHC or RHC only)	VFC
All ages	Privately insured children or adults on OHP or other insurance	B	Private
	OIP special projects (rarely used)	S	Special project

A 3-year-old presents for a DTaP vaccine. The child has private insurance but it does not cover the immunization at all. Your site is not a Federally Qualified Health Center or Rural Health Center. Can you give the child VFC vaccine?



## Private clinic coding chart

Age	Definition	Eligibility codes	Vaccine stock
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All ages	Privately insured children or adults on OHP or other insurance	B	Private
	OIP special projects (rarely used)	S	Special project

A 3-year-old presents for a DTaP vaccine. The child has private insurance but it does not cover the immunization at all. Your site is not a Federally Qualified Health Center or Rural Health Center. Can you give the child VFC vaccine?

**No! This child is "underinsured" and may only receive VFC vaccine at an FQHC or RHC. You will have to refer the family to an FQHC or RHC.**

You are running the transaction report in ALERT IIS to look for borrows that have not been added to the borrowing log.

One immunization that ALERT IIS has marked as a borrow has this info

<b>Name</b>	<b>DOB</b>	<b>DOAdmin</b>	<b>Vax</b>	<b>Lot</b>	<b>code</b>	<b>Transaction type</b>
Smith, Jeri	07/19/2020	6/22/2023	DTaP	Lot ABC	Code B	- Borrowed Imm Given

Lot ABC is a state-supplied lot of DTaP but when you look at the EHR you see that Jeri Smith had OHP insurance only the date of the shot. What do you do?

You are running the transaction report in ALERT IIS to look for borrows that have not been added to the borrowing log.

One immunization that ALERT IIS has marked as a borrow has this info

<b>Name</b>	<b>DOB</b>	<b>Admin. Date</b>	<b>Lot</b>	<b>code</b>	<b>Transaction type</b>
Smith, Jeri	07/19/2020	6/22/2023	DTaP Lot ABC	Code B	- Borrowed Imm Given

**This is miscoded, but NOT a borrow.**

**The recipient had OHP and received state-supplied vaccine. The code, code B, was wrong in ALERT IIS. It should have been M.**

**Do NOT add this shot to your borrowing log and pay it back. Instead change the code in the EHR and in ALERT IIS**

**Tip:** Use the eligibility code for which a patient truly qualifies.

A patient who receives privately purchased vaccine but is eligible for state-supplied vaccine should still be coded with a VFC eligibility code, not code B (This is a borrow)

A patient who receives state-supplied vaccine but is not eligible under VFC (or special projects) should receive the B code (This is a borrow)

If the wrong vaccine is given, this is a borrow, that can be caught and paid back

If the wrong code is recorded, but the right vaccine is given, this is not a borrow, but the code needs to be corrected in EHR and ALERT IIS



Your Questions are Always Welcome!

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