



Vaccines for Children Update

Tamarie Olson

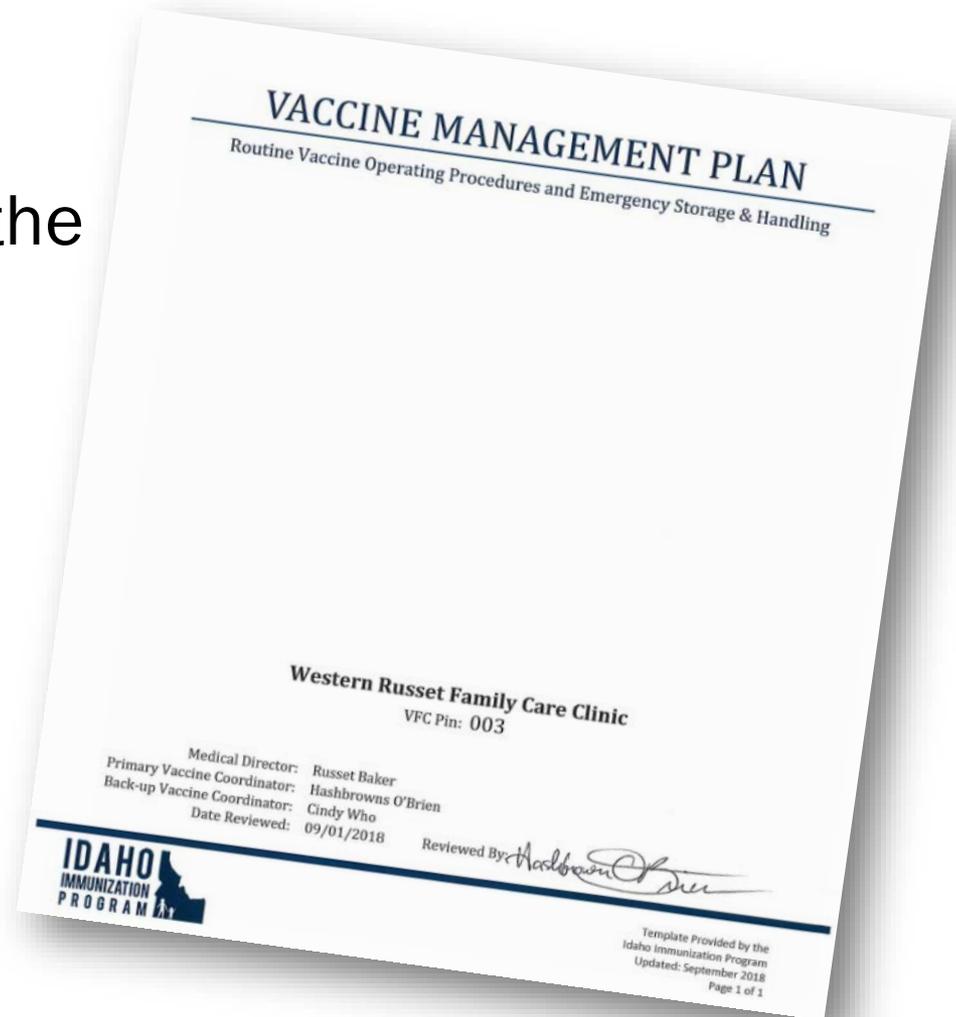
Vaccine Operations Manager



Vaccine Management

Vaccine Management Template

- Replaces the current template supplied by the Idaho Immunization Program (IIP)
- Located in the IIP Provider Resource Binder



Vaccine Ordering



- Record Cold Storage
 - No longer have to **record cold storage** in IRIS prior to placing a vaccine order
- Order Frequency
 - Order in-line with your organization's frequency
 - Most organizations are every other month
 - Not currently visible in IRIS
- Vaccine Need
 - **inventory count**
 - **doses administered**

Updating Information

Examples of when providers must notify the IIP of changes through IRIS:

- Primary or back-up vaccine coordinator changes
- Clinic contact information changes (i.e. address, email, phone number)
- Vaccine brands requested changes
- Vaccine shipping hours or instructions change
- Facility type changes
- Patient population changes



Updating Vaccine Shipping Hours

- Maintenance
- manage delivery hours
- manage provider profile
- manage cold storage
- manage clinicians
- manage physicians
- manage schools

Manage Orders

ATTENTION: Please ensure that vaccine delivery information is correct and that supporting documentation is complete prior to placing an order. Create Order

Note: If the site will be closed for an extended period of time in the near future, do not place an order at this time.

VFC Profile Edit Provider Profile

Organization 003 - WESTERN RUSSET FAMILY CARE CLINIC
Delivery Contact Hashbrowns O'Brien VFC PIN 003
Phone Number (208) 334-5931 Delivery Address 450 W State Street
Fax Number (208) 334-4914 BOISE, ID 83702
Email ip@dhw.idaho.gov

Vaccine Delivery Hours and Special Instructions

Delivery Days and Times

Time Zone Mountain

	Delivery Window 1		Delivery Window 2	
<input checked="" type="checkbox"/> Monday	09:00 AM	To 12:00 PM	01:00 PM	To 04:00 PM
<input checked="" type="checkbox"/> Tuesday	09:00 AM	To 12:00 PM	01:00 PM	To 04:00 PM
<input type="checkbox"/> Wednesday		To		To
<input checked="" type="checkbox"/> Thursday	09:00 AM	To 12:00 PM		To
<input checked="" type="checkbox"/> Friday	09:00 AM	To 12:00 PM	01:00 PM	To 04:00 PM
<input type="checkbox"/> Saturday		To		To
<input type="checkbox"/> Sunday		To		To

Special Instructions

Deliver to Holly limit 35 characters

Save

- Maintenance
- manage delivery hours
- manage provider profile
- manage cold storage
- manage clinicians
- manage physicians
- manage schools

VFC Re-Enrollment Forms

Provider Agreement Provider Profile Brand Choice Submitted for Signature Re-Enrollment Submitted



Facility Information

*Facility Name: 003 - WESTERN RUSSET FAMILY CARE CLINIC

*VFC Pin: 003

County: Ada

*Telephone: 208 334 5931 Ext.

*Facsimile: 208 334 4914

Email: iip@dhw.idaho.gov

Physical Address

*Address 1: 450 W State Street

Address 2:

PO Box:

*City: BOISE

*State: ID

*Zip: 83702 +4:

Mailing Address

Populate with Physical Address

*Address 1: PO Box 83720

Address 2:

PO Box:

*City: BOISE

*State: ID

*Zip: 83720 +4:

Vaccine Delivery Address

Populate with Physical Address

*Address 1: 450 W State Street

Address 2:

*City: BOISE

*State: ID

*Zip: 83702 +4:

Please review all information in this section to confirm that it is correct. If there is any information that is inaccurate, please make the necessary corrections.

Medical Director or Equivalent

*Last Name: Baker

*First Name: Russet

and that

Create Order

do

Edit Provider Profile

PIN 003

ss 450 W State Street

BOISE, ID 83702

ry Window 2

To 04:00 PM

To 04:00 PM

To

To

To 04:00 PM

To

Updating Contact Information

Saved successfully and submitted to the Idaho Immunization Program.

VFC Re-Enrollment Forms

Provider Agreement

Provider Profile

Brand Choice

Submitted for Signature

Re-Enrollment Submitted

*First Name: Hashbrowns

Middle Name:

Telephone: 208 334 5931 Ext.

*Email: iip@dhw.idaho.gov

Completed Annual Training

The Primary Vaccine Coordinator listed has met the annual training requirement by participation in or completion of the following items in the past 12 months (mark all that apply):

- Participated in an Enrollment visit
- Participated in a Vaccines for Children (VFC) visit
- Participated in an Educational visit conducted by local health district staff
- Completed the CDC's "You Call the Shots" Vaccines for Children AND Vaccine Storage & Handling online modules
- N/A - Did not complete training

Backup Vaccine Coordinator

Save

Updating Population Information

Provider Population

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on their status at the last immunization visit, regardless of the number of visits made. The following tables document how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

VFC Vaccine Eligibility Categories	< 1 Year	1-6 Years	7-18 Years	Total
Medicaid	<input type="text" value="1"/>	<input type="text" value="5"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
Uninsured	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
American Indian/Alaska Native	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Underinsured FQHC/RHC ¹	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total VFC	<input type="text" value="1"/>	<input type="text" value="5"/>	<input type="text" value="3"/>	<input type="text" value="9"/>

Non-VFC Vaccine Eligibility Categories	< 1 Year	1-6 Years	7-18 Years	Total
Have Health Insurance (that covers vaccines)	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="4"/>
Other Underinsured ² (Non-Idaho resident)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Birth Dose (Hep B) - Other Insured at Birthing Hospitals Only ³	<input type="text" value="0"/>			<input type="text" value="0"/>
Total Non-VFC	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="4"/>
Total Patients (must equal sum of Total VFC + Total Non-VFC)	<input type="text" value="1"/>	<input type="text" value="7"/>	<input type="text" value="5"/>	<input type="text" value="13"/>

Begin Date

End Date

Updating Vaccine Brand Choice

Date Range

- January 1 (or date of enrollment) through June 30.
 July 1 (or date of enrollment) through December 31.

Brand Choice (select only one)

Combination Vaccine

- Pediarix® (DTaP-Hep B-IPV) Pentacel® (DTaP-IPV-Hib)

DTAP (diphtheria,tetanus,acellular pertussis)

- DAPTACEL® Infanrix®

DTAP-IPV (diphtheria, tetanus, acellular pertussis, polio)

- Kinrix® Quadracel™

Hep A (hepatitis A)

- Havrix® VAQTA®

Hep B (hepatitis B)

- Engerix B® RecombivaxHB®

HIB (haemophilus influenza type b)

- ActHIB® PedvaxHIB® Hiberix®

MCV4 (meningococcal conjugate)

- Menactra® Menveo®

Men B (meningococcal b)

- Bexsero® Trumenba® NA

ROTA (Rotavirus)

- Rotarix® RotaTeq®

Tdap (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis)

- Adacel® Boostrix®

Completed and Submitted By

Vaccine Replacement Form

- All vaccine replacement situations are reported using the online Vaccine Replacement Form
 - Effective July 1, 2018
 - Formerly referred to as vaccine replenishment
- Situations: *“when provider’s private vaccine stock is administered to a child eligible for the vaccine supplied by the IIP or a provider may inadvertently administer a vaccine supplied by the IIP to an ineligible patient”*

Vaccine Replacement Form



Related Links

[Vaccine Termination](#)

Each time a vaccine is administered, the provider must submit a Vaccine Termination Form to the Idaho Immunization Program by the end of the month following the administration of the vaccine.

[Vaccine Replacement](#)

If a vaccine is administered to a non-eligible patient, or if a vaccine is administered to an eligible patient and the vaccine is replaced, the provider must submit a Vaccine Replacement Form to the Idaho Immunization Program by the end of the month following the administration of the vaccine.

Vaccine Replacement Form

If vaccine supplied by the Idaho Immunization Program (IIP), also referred to as public vaccine, is mistakenly administered to a non-eligible patient, or if privately purchased vaccine is administered to an IIP-eligible patient, then the dose must be replaced and reported to the IIP.

Complete this form to document the physical replacement and adjustment to the clinic's Public inventory in Idaho's Immunization Reminder Information System (IRIS). **Replacement should be infrequent.**

For timely processing, please ensure the following have been completed before submitting the form:

- The dose administered is accurately recorded in the patient's IRIS immunization record.
 - For instructions on how to record a dose administered in IRIS please see the [Adding Immunizations](#) instructional video.
- The replacement dose has physically been returned to the appropriate inventory.

Once submitted, a confirmation email will be sent to the email address provided and must be retained by the clinic for a minimum of three years. Please note, *do not administer the replacement dose until you receive the confirmation email.*

Please allow up to two weeks for replacement doses to be adjusted in the clinic's IRIS Public inventory.

For additional information, please see the Vaccine Replacement Guidelines.

Clinic Information

Organization Name	<input type="text"/>
Pin #	<input type="text"/>
First name of person submitting form	<input type="text"/>
Last name of person submitting form	<input type="text"/>
Email address of person submitting form	<input type="text"/>
Verify email address of person submitting form	<input type="text"/>

Patient Information

Patient First Name	<input type="text"/>
Patient Last Name	<input type="text"/>
Patient DOB (MM/DD/YYYY)	<input type="text"/>
IRIS ID	<input type="text"/>

Dose Administered Information (this must be the actual vaccine that was administered to the patient)

Trade Name	<input type="text"/>
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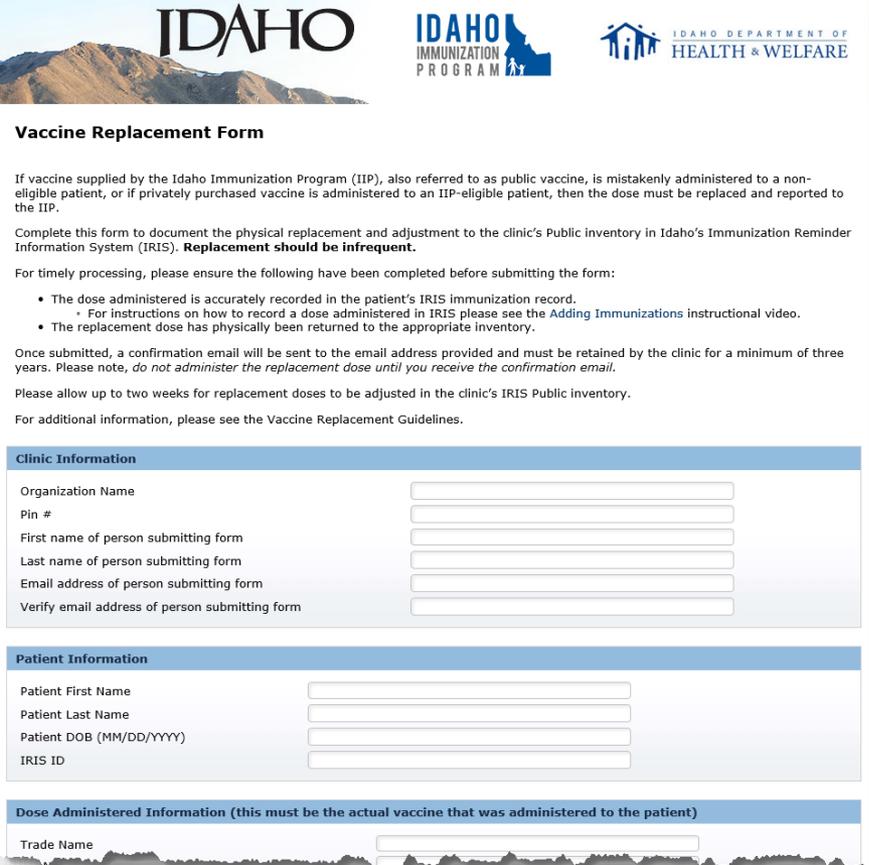
tion Program by

a non-eligible
e must be

Vaccine Replacement Form

PRIOR:

- Enter the actual dose administered into the patient's record in IRIS
- Verify the replacement dose is physically located with the appropriate inventory



The screenshot shows the 'Vaccine Replacement Form' from the Idaho Department of Health & Welfare. At the top, there are logos for 'IDAHO' (with a mountain image), 'IDAHO IMMUNIZATION PROGRAM', and 'IDAHO DEPARTMENT OF HEALTH & WELFARE'. The form title is 'Vaccine Replacement Form'. Below the title, there is a paragraph explaining that if a vaccine is mistakenly administered to a non-eligible patient or a privately purchased vaccine is administered to an IIP-eligible patient, the dose must be replaced and reported to the IIP. This is followed by instructions to complete the form to document the replacement and adjustment to the clinic's Public Inventory in Idaho's Immunization Reminder Information System (IRIS), noting that replacement should be infrequent. A section titled 'For timely processing, please ensure the following have been completed before submitting the form:' lists three bullet points: 1) The dose administered is accurately recorded in the patient's IRIS immunization record. 2) For instructions on how to record a dose administered in IRIS, please see the 'Adding Immunizations' instructional video. 3) The replacement dose has physically been returned to the appropriate inventory. Below this, it states that once submitted, a confirmation email will be sent to the email address provided and must be retained by the clinic for a minimum of three years, and that please allow up to two weeks for replacement doses to be adjusted in the clinic's IRIS Public Inventory. For additional information, it refers to the Vaccine Replacement Guidelines. The form is divided into three main sections: 'Clinic Information' with fields for Organization Name, Pin #, First name of person submitting form, Last name of person submitting form, Email address of person submitting form, and Verify email address of person submitting form; 'Patient Information' with fields for Patient First Name, Patient Last Name, Patient DOB (MM/DD/YYYY), and IRIS ID; and 'Dose Administered Information (this must be the actual vaccine that was administered to the patient)' with a field for Trade Name.

IDAHO
IMMUNIZATION PROGRAM

IDAHO DEPARTMENT OF HEALTH & WELFARE

Vaccine Replacement Form

If vaccine supplied by the Idaho Immunization Program (IIP), also referred to as public vaccine, is mistakenly administered to a non-eligible patient, or if privately purchased vaccine is administered to an IIP-eligible patient, then the dose must be replaced and reported to the IIP.

Complete this form to document the physical replacement and adjustment to the clinic's Public Inventory in Idaho's Immunization Reminder Information System (IRIS). **Replacement should be infrequent.**

For timely processing, please ensure the following have been completed before submitting the form:

- The dose administered is accurately recorded in the patient's IRIS immunization record.
- For instructions on how to record a dose administered in IRIS please see the [Adding Immunizations](#) instructional video.
- The replacement dose has physically been returned to the appropriate inventory.

Once submitted, a confirmation email will be sent to the email address provided and must be retained by the clinic for a minimum of three years. Please note, *do not administer the replacement dose until you receive the confirmation email.*

Please allow up to two weeks for replacement doses to be adjusted in the clinic's IRIS Public Inventory.

For additional information, please see the Vaccine Replacement Guidelines.

Clinic Information

Organization Name

Pin #

First name of person submitting form

Last name of person submitting form

Email address of person submitting form

Verify email address of person submitting form

Patient Information

Patient First Name

Patient Last Name

Patient DOB (MM/DD/YYYY)

IRIS ID

Dose Administered Information (this must be the actual vaccine that was administered to the patient)

Trade Name

Vaccine Replacement Form

AFTER:

- Confirmation email will be sent to the person who submitted the form
 - Email and/or PDF must be retained by the clinic for a minimum of three years

From: Immunization IIP
Sent: Monday, August 20, 2018 10:57 AM
To:
Subject: RE: Vaccine Replacement Form Confirmation

Hello,

The following Vaccine Replacement Form has been processed and the clinic's IRIS Public inventory adjusted accordingly.

Thank you!

Idaho Immunization Program
P 208.334.6548 | F 208.334.4914
www.immunizeidaho.com

*Division of Public Health
Idaho Department of Health and Welfare*

From: iip@dhw.idaho.gov [mailto:iip@dhw.idaho.gov]
Sent: Thursday, August 16, 2018 12:35 PM
To:
Subject: Vaccine Replacement Form Confirmation [External Email]

Hello,

Your Vaccine Replacement Form has been submitted. Please allow up to 2 weeks for IRIS Public inventory to be modified. Please do not administer replacement doses until they are available in IRIS Public inventory, if applicable.

Please click https://app.keysurvey.com/rbr/1181240/0/840291005/b8a6/?Dir=&Enc_Dir=2f68bd8f to open the completed survey or https://app.keysurvey.com/app/public/export/evo/rbr/dlpage/1181240/0/0/840291005?Dir=&Enc_Dir=2f68bd8f to download the PDF version of the completed survey.

This confirmation email must be retained by the clinic for a minimum of three years.

Thank you,

Idaho Immunization Program

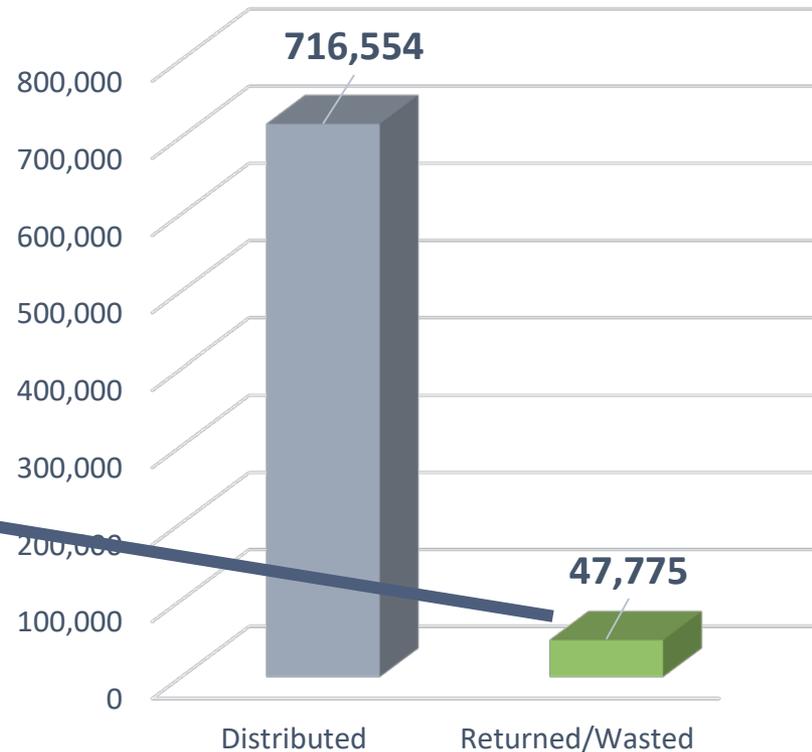


Vaccine Distribution

July 1, 2017 – June 30, 2018

Total Doses	Number of Doses	Percent of Doses Distributed
Distributed	716,554	-
Wasted	7,237	1.0%
Returned	40,538	5.7%

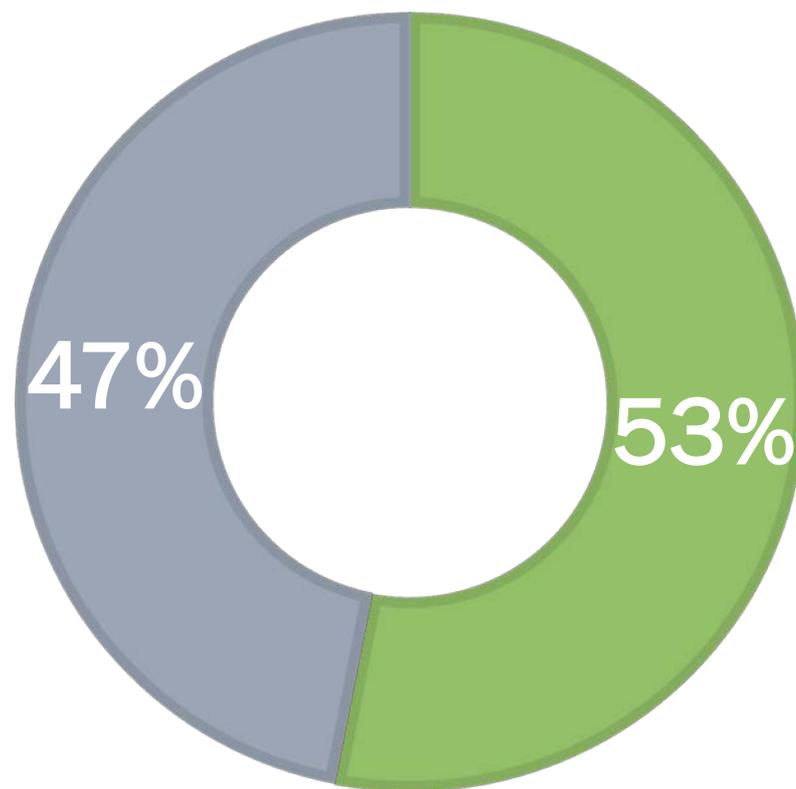
Number of Doses



6.7%

Returned Vaccine

July 1, 2017 – June 30, 2018



■ Expired ■ All other

Expiring Vaccine

- Notify the IIP, in writing, within 3 months (90 days) of any vaccine doses that will expire before they can be administered
 - Email IIP@dhw.idaho.gov
 - Vaccine type
 - Trade name
 - Expiration date
 - Number of doses

Immediately remove expired vaccine from the storage unit

Monitoring Vaccine Expiration

- Physically check vaccine expiration dates
 - Rotate short dated vaccine to the front
- Review the vaccine expiration through **manage inventory** in IRIS

Site: Show Active Inactive Non-Expired Expired

Select	Trade Name	NDC	Description	Lot Number	Quantity On Hand	Active	Funding Source	Exp Date
<input type="checkbox"/>	Adacel	49281-0400-10	ADACEL; SDV; 10-PACK	C3941AA	3	Y	Public	01/18/2019
<input type="checkbox"/>	Gardasil 9	00006-4119-03	HPV9 Gardasil 9; SDV; 10-PACK	G97531	8	Y	Public	12/01/2018
<input type="checkbox"/>	Havrix-Peds 2 Dose	58160-0825-52	HAVRIX-PEDS; SYR; 10-PACK	HEP15634A	19	Y	Public	12/01/2019
<input type="checkbox"/>	IPOL	49281-0860-10	IPOL; MDV 10; 1-PACK	IP5852	20	Y	Public	11/12/2019
<input type="checkbox"/>	Kinrix	58160-0812-52	KINRIX; SYR; 10-PACK	KN426857X	15	Y	Public	01/27/2019
<input type="checkbox"/>	MMR II	00006-4681-00	MMR II; SDV; 10-PACK	0871DD	21	Y	Public	09/17/2018
<input type="checkbox"/>	Menveo	46028-0208-01	MENVEO; SDV; 5-PACK	M10129	4	Y	Public	02/28/2019

Vaccine Ordering

- Use the **doses administered** report to help determine vaccine need

Doses Administered Report

Vaccination Period 10/01/2017 To 12/31/2017

Report Run on: 09/12/2018

Organization: 003 - WESTERN RUSSET FAMILY CARE CLINIC

Group Name	Trade Name	Funding Type	<1 yr	1 yr	2 yrs	3-5 yrs	6 yrs	7-10 yrs	11-12 yrs	13-18 yrs	19-24 yrs	25-44 yrs	45-64 yrs	65+ yrs	Doses Given to Anonymous Patients	Total
MeningACWY	Menveo	PUB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0
DTP/aP-Polio	Kinrix	PUB	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
DTP/aP-HepB-	Pediarix	PUB	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
HPV	Gardasil 9	PUB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0
Total			1.0	0.0	0.0	1.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	4.0
Patient Count			1	0	0	1	0	0	0	1	0	0	0	0		3

The background of the slide features a series of vertical, textured brush strokes in shades of green, blue, and black, creating a modern, artistic look. The strokes are of varying heights and widths, with some overlapping, giving a sense of depth and movement.

Storage & Handling

Temperature Incident and Alarm Reporting

- All out-of-range temperatures must be reported to the IIP
 - Each time the temperatures are out of range
 - Every time the external sensor¹ is disconnected >15 minutes

Related Links

[Vaccine Temperature Incident or Alarm Report](#)

Each time out-of-range temperatures are discovered, providers must notify the Idaho Immunization Program by submitting an online Vaccine Temperature Incident or Alarm Report.

[Vaccine Replacement Form](#)

If vaccine supplied by the IIP, also referred to as public vaccine, is mistakenly administered to a non-eligible patient, or if privately purchased vaccine is administered to an IIP-eligible patient, then the dose must be replaced and reported to the IIP on the Vaccine Replacement Form.

¹Fridge-tag 2L devices only

Temperature Incident and Alarm Reporting



Vaccine Temperature Incident or Alarm Report

As soon as you are alerted to an out-of-range temperature, immediate action must be taken.

1. Correct the Situation - ensure vaccines are being stored at appropriate temperatures.
 - Refrigerator: 36° to 46°F (2° to 8°C)
 - Freezer: -58° to +5°F (-50° to -15°C)
2. Determine the length of time vaccines were exposed to out-of-range temperatures.

Please fill out the information below

Organization Name	<input type="text"/>
Pin #	<input type="text"/>
First Name of Person Submitting Report	<input type="text"/>
Last Name of Person Submitting Report	<input type="text"/>
Email Address of Person Submitting Report	<input type="text"/>
Verify Email Address of Person Submitting Report	<input type="text"/>
Phone Number	<input type="text"/>
Date of Alert	<input type="text"/>

Select Type of Unit with Incident

- Refrigerator
- Freezer
- External Sensor (Fridge-tag 2L only)

Next >



VFC Site Visit Results



What is a VFC Site Visit?

“The purpose of the compliance site visit is for the IIP to evaluate whether providers are complying with and understanding federal VFC requirements, including those outlined in the Provider Agreement¹.”

¹ The Vaccines for Children Operations Guide 6/28/18



Overview

VFC Compliance Visits	April 2017 – June 2018
Number of Visits Conducted	212
Average Overall Score	91%
Average Storage & Handling Score	96%



Score Breakdown

- Storage & Handling
 - Thermometer-placement & calibration
 - Appropriate storage units
 - Vaccine placement
 - Separation of stock
- Record Retention
- Preparation of Vaccine
- Recommended Vaccines



Score Breakdown

- Vaccine Dose Documentation
- Eligibility Screening and Documentation
- Changes to Key Staff
- Temperature Documentation
- VIS & VAERS
- Borrowing Documentation



Vaccine Supply

Hepatitis B Vaccine

- There continues to be a manufacture issue with the supply of single antigen hepatitis B vaccine
- There is sufficient supply to cover the single antigen vaccine need
- Orders may be reduced or presentations limited
 - Only RecombivaxHB® in single dose vials available in September



Vaccine

- Shingrix
 - Order limits and shipping delays due to high levels of demand
- Hepatitis A
 - Constrained supplies due to large outbreaks among adults



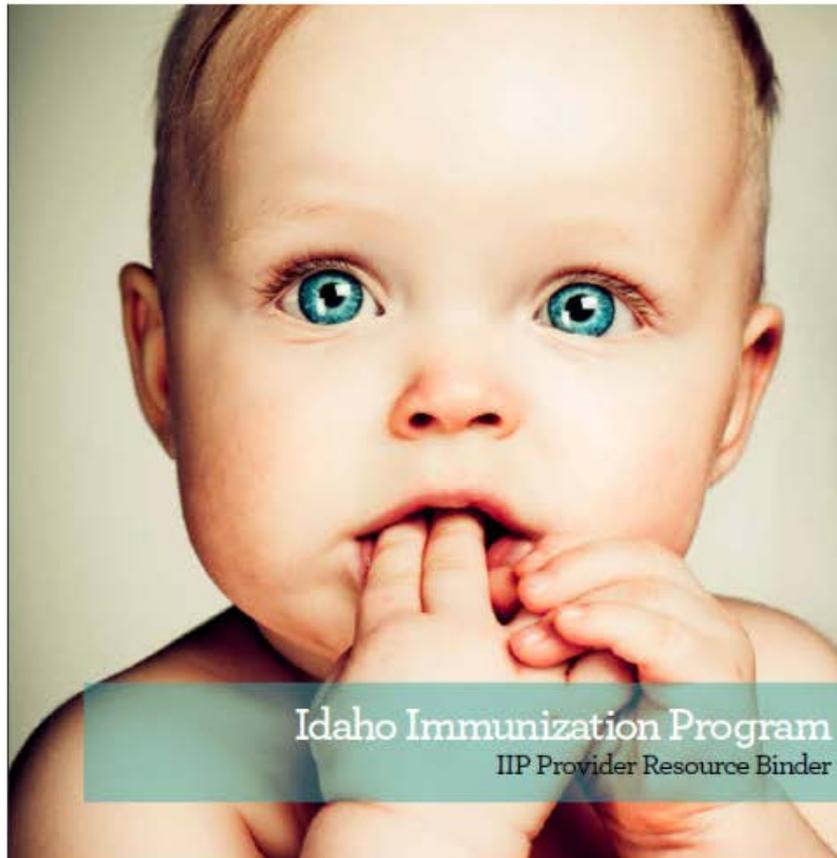
IIP Provider Resource Binder

Home	Children	Families	Food/Cash/Assistance	Health	Medical	Contact Us	Providers	About Us
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You are here: [Health](#) > [Idaho Immunization Program](#) > [Healthcare Providers](#) > [IIP Provider Resource Binder](#)

Healthcare Providers
Enroll in the VFC Program
IIP Vaccine Eligibility
Request an IRIS Account Healthcare Provider
Provider Updates
Provider Training and Events
IIP Provider Resource Binder
Immunization Champions and Rate Awards
Contact Us

IIP Provider Resource Binder

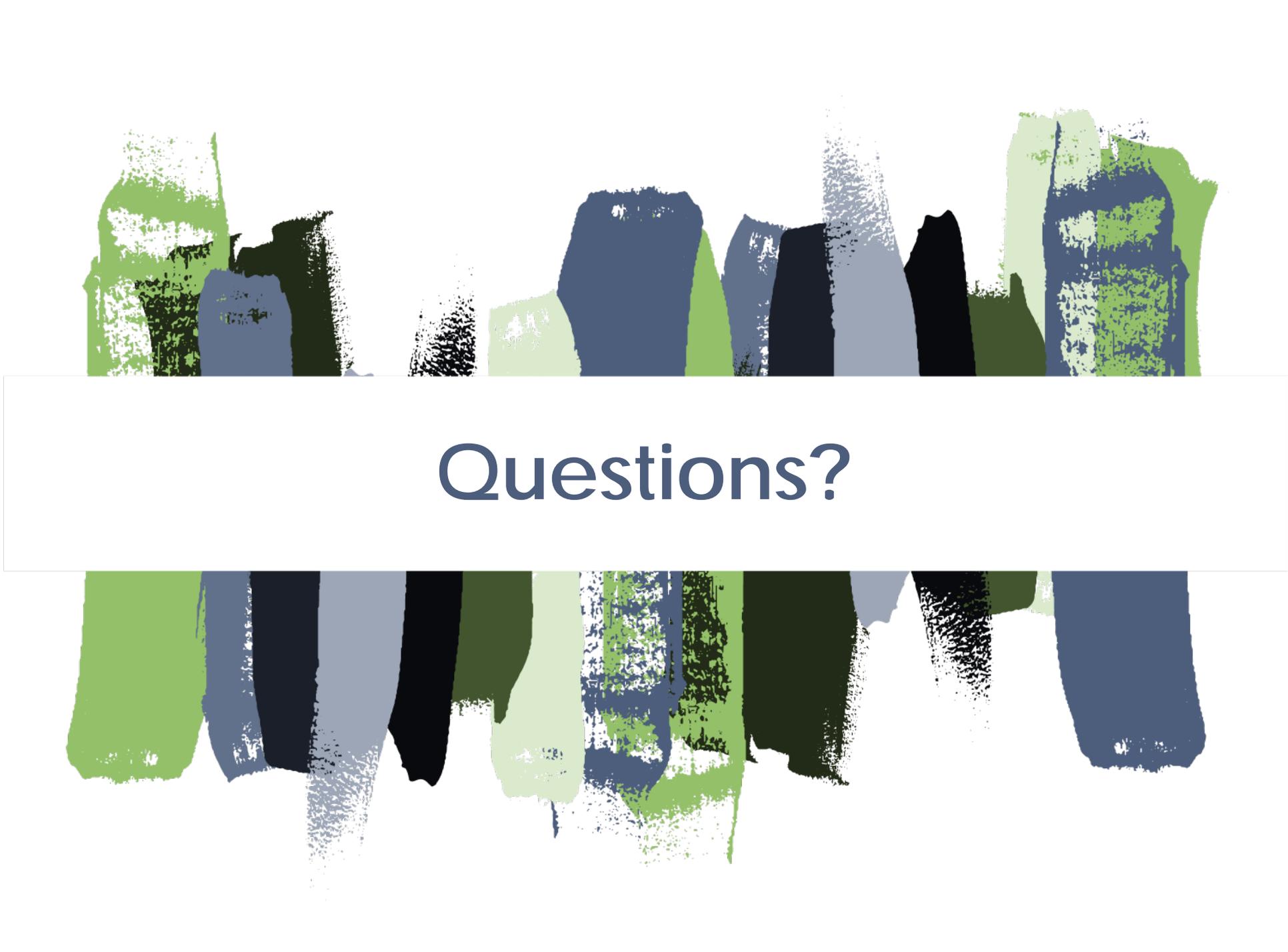


Quick Links

- [IRIS Access](#)
- [Immunization Schedules](#)
- [Resource Order Form](#)
- [Vaccine Bins and Labels Order Form](#)
- [Ask the Experts](#)
- [The "Pink Book"](#)
- [You Call the Shots - Storage and Handling](#)
- [You Call the Shots - VFC](#)
- [Vaccine Adverse Event Reporting System \(VAERS\)](#)

[Collapse All](#) [Expand All](#)

[IIP Provider Resource Binder](#)

The background of the slide is composed of several vertical, irregular brushstrokes in shades of green, blue, and black, creating a textured, artistic effect. A white horizontal band is centered across the middle of the slide, containing the text.

Questions?