

# Vaccine Replacement Guidelines

Borrowing a vaccine supplied by the Idaho Immunization Program (IIP) to administer to a patient who is not eligible for the vaccine is not allowed. If IIP-enrolled providers plan to vaccinate patients who are not eligible for IIP-supplied vaccines, then they are expected to maintain adequate stock of privately purchased vaccines for those patients.

On rare occasions, a provider's private vaccine stock may be administered to a child eligible to receive IIP-supplied vaccine or a provider may inadvertently administer an IIP-supplied vaccine to an ineligible patient. When this occurs, dose-for-dose replacement of vaccine stock must be made; the IIP does not give nor receive financial reimbursement for the cost of the vaccine. IIP-supplied vaccines must be replaced as soon as possible. Privately purchased vaccines must be replaced within 12 months of administration. Each dose must be replaced with the same vaccine type.

Additionally, the provider must document the occurrence by submitting a completed [Vaccine Replacement Form](#), found online through [Idaho's Immunization Reminder Information System \(IRIS\)](#) on the RELATED LINKS tab; users must be logged in to their organization to access resources in the related links tab.

One [Vaccine Replacement Form](#) must be completed for each dose-for-dose replacement. Moreover, all fields must be completed before users can advance to the detail portion of the form. It is important to ensure the accuracy of the email and phone number of the person submitting the form as this is the contact information the IIP will reference if additional follow-up is needed.



## 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.

# Vaccine Replacement Guidelines

To complete the form, provide the:

## 1. Clinic Information

- Organization Name
- Pin #
- First name of person submitting the form
- Last name of the person submitting the form
- Email address of person submitting the form
  - Verify email address of person submitting the form to ensure accuracy of information

### 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"/>

## 2. Patient Information

- Patient First Name
- Patient Last Name
- Patient DOB (MM/DD/YYYY)
- IRIS ID
  - When logged into IRIS, the patient's IRIS ID can be found at the top of the Patient Information screen, as seen circled in red below

Patient Information						IRIS ID: 1189331
Patient Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID	
PACIFIC	10/04/2014	F	SMITH	ADP		

### 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"/>

# Vaccine Replacement Guidelines

## 3. Dose Administered Information (this must be the vaccine that was physically administered to the patient)

- Trade Name
- Lot Number
- Date Dose Administered (MM/DD/YYYY)

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

Trade Name

Lot Number

Date Dose Administered (MM/DD/YYYY)

## 4. Select inventory from which dose administered was pulled

### Select inventory from which dose administered was pulled

- Private
- IIP-supplied (public)

- If *Private* is chosen, then select reason appropriate private stock was not used
  - Accidental use of private dose for IIP-eligible patient
  - IIP-supplied vaccine was not usable on arrival (vaccine was damaged or temperatures were out of range)
  - Short dated IIP-supplied dose was exchanged with private dose
  - Other
    - If Other is selected, then provide specific reason

### Select reason appropriate IIP-supplied (public) stock was not used

Please select one ...



Provide reason "Other" was selected

- If *IIP-supplied (public)* is chosen, then select reason appropriate private stock was not used
  - Accidental use of IIP-supplied dose for an ineligible patient
  - Replacement of private dose with IIP-supplied dose when insurance did not cover vaccine
  - Private vaccine shipment delay (vaccine order placed on time, but delay in shipping)
  - Other
    - If Other is selected, then provide specific reason

# Vaccine Replacement Guidelines

## Select reason appropriate private stock was not used

Please select one ...



Provide reason "Other" was selected

### 5. Replacement dose information

- Trade Name
- Lot Number (on **outer** packaging; do not obtain this information from the vial or the syringe)
- Expiration Date (MM/DD/YYYY)
- Date dose physically returned to appropriate stock (MM/DD/YYYY)
- Presentation
  - Syringe,
  - multi-dose vial, or
  - single-dose vial

6. Click **Submit** to submit the form to the IIP and receive confirmation of submission.

### Replacement Dose Information

Trade Name

Lot Number (on **outer** packaging)

Expiration Date (MM/DD/YYYY)

Date Dose Physically Returned to Appropriate Stock (MM/DD/YYYY)

### Presentation

Syringe

Multi-dose Vial

Single-dose Vial

Save

Submit

# Vaccine Replacement Guidelines



## Vaccine Replacement Form

Thank you for submitting your Vaccine Replacement Form; please check your email for confirmation.

One form must be submitted for each dose administered from the incorrect stock.

To complete a new form, please click [HERE](#).

A Vaccine Replacement Form Confirmation email will be sent to the address provided that includes two links; one each to:

- Open and view the completed Vaccine Replacement Form and
- Download and print a PDF copy of the completed Vaccine Replacement Form

The confirmation email or a copy of the PDF must be kept by the clinic for a minimum of three years.