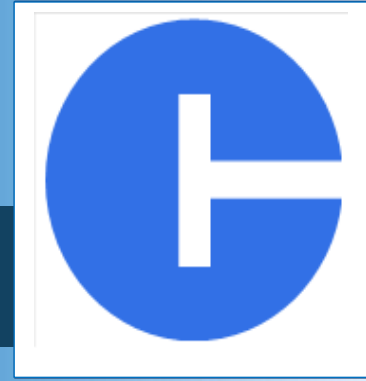


2026

Blue Folder



Connecticut Vaccine Programs

Pediatric Connecticut Vaccine Program (CVP)



Connecticut Vaccines for Adult Program (CVFA)



Contact Information

Main Phone: 860-509-7929 (M-F 8:30AM-4:30 PM)

Secure Fax: 860-706-5429

Main Email: dph.immunizations@ct.gov

HelpDesk: [Submit a Request](#)

Webpage: [Immunization Section](#)

Mailing Address: Department of Public Health
Immunization Section
410 Capitol Avenue, MS# 11 MUN
P.O. Box 340308
Hartford, Connecticut 06134

Connecticut Vaccine Programs

Childhood Program

The [Vaccines for Children Program](#) (VFC) is a federal program that provides all recommended childhood vaccines at no cost to children who might not otherwise be vaccinated due to an inability to pay. Not all children are eligible for the VFC Program.

The Connecticut Vaccine Program (CVP) is Connecticut's expanded pediatric vaccination program. The CVP is state and federally funded (through the VFC Program) and provides vaccines at no cost to all children under the age of 19 years, regardless of insurance status.

Adult Program

The Connecticut Vaccines for Adults Program (CVFA) provides certain adult vaccinations at no cost to healthcare providers for uninsured adults ages 19 years and older. Not all providers are eligible for this program. Those eligible include Public Health Departments or Federally Qualified Health Care Centers (FQHCs). Vaccines purchased and administered through this program are funded using limited federal 317 funds.

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410 Capitol Avenue, MS #11MUN, P.O. Box 340308, Hartford, CT 06134 / Tel (860) 509-7929 / Fax (860) 706-5429

Updated 2026 BLUE FOLDER
[Click here to visit our webpage](#)

Glossary of Acronyms

CT DPH: Connecticut Department of Public Health

CT WiZ: Connecticut's Immunization Information System

CVP: Connecticut Vaccine Program (pediatric state program)

CVFA: Connecticut Vaccines for Adults Program

DDL: Digital Data Logger

EHR: Electronic Health Record

EMR: Electronic Medical Record

FQHC: Federally Qualified Health Center

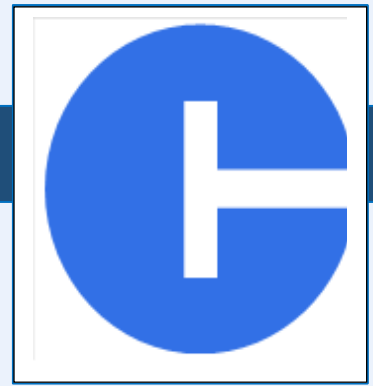
IAC: Immunization Action Coalition

IAP: Immunization Action Plan

SBHC: School Based Health Center

TMD: Temperature Monitoring Device

VFC: Vaccines for Children (pediatric federal program)



Connecticut Vaccine Program

VFC Provider Information

<https://portal.ct.gov/dph/individuals-and-families/immunizations/providers-landing-page/cvp>

How Do I Enroll/Re-Enroll in CVP and/or CVFA?

Re-enrollment for existing providers occurs annually from October through December. New providers can enroll to join the CVP or CVFA program at any time. All enrollments/re-enrollments are done electronically in CT WiZ.

All public and private health care providers who receive vaccine from the Connecticut Vaccine Program (CVP) and/or the Connecticut Vaccine for Adult (CVFA) Program must re-enroll electronically in CT WiZ. This enrollment provides shipping information and helps to determine the amount of vaccine to be supplied. The enrollment is also used to compare estimated vaccine needs with actual vaccine supply. The CVP and CVFA will keep these enrollments in CT WiZ with the SIGNED "Provider Agreement". Any updates to clinic information such as address, delivery hours, or staff can be made directly in CT WiZ. You must complete one enrollment for each office/site/satellite office.

New Provider Enrollment

If you are a new provider interesting in enrolling in either the CVP or CVFA Program, complete the appropriate enrollment steps [here](#).

Existing Provider Re-enrollment

If you are a currently enrolled CVP or CVFA provider, please review the [re-enrollment steps](#) before you begin.

CONNECTICUT VACCINE PROGRAMS (CVP) VACCINE FRAUD & ABUSE STATEMENT



COOPERATION

Compliance with the Vaccines for Children (VFC), Connecticut Vaccine Program (CVP), and Connecticut Vaccines for Adults Program (CVFA) requirements are an important step in preventing fraud and abuse of state and federal resources. The VFC, CVP, and CVFA programs distribute approximately \$88 million dollars' worth of vaccine per year. A variety of methods are used to control and monitor misuse of state supplied vaccine. Monthly doses administered data reports and vaccine ordering patterns are monitored to ensure that vaccine is given to appropriate age groups.

The lack of adherence could lead to fraud and abuse charges for providers. This non-compliance may occur due to an unintentional lack of understanding of program requirements, or the behavior may be intentional. The terms "fraud" and "abuse" related to VFC are consistent with the definitions in Medicaid regulations (42 CFR § 445.2). All complaints regarding vaccine misuse will be promptly followed up by the Immunization Section.

Fraud

Fraud is defined as the intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or someone else. It includes any act that constitutes fraud under applicable federal or state laws.

Abuse

Abuse is defined as provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to the Medicaid program, and/or including actions that result in an unnecessary cost to the Immunization Section, a health insurance company, or a patient; or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid Program.

WHAT CAN BE DONE TO PREVENT FRAUD & ABUSE?

If you become aware of a situation or practice that you consider to be potential fraud or abuse, please contact the CVP at (860) 509-7929. There is also a Fraud and Abuse Hotline telephone number **1-800-842-2155**. All reports of Fraud and Abuse by individuals or providers are strictly confidential. The name and phone number of the individual or the provider reporting the event is optional however it would be extremely helpful in the event the program would need to conduct further follow-up with the individual/provider for additional or clarifying information.

EXAMPLES OF FRAUD AND ABUSE* INCLUDE:

Failing to comply with any part of the Provider Agreement (+Failing to implement provider enrollment requirements of VFC program)	Failing to screen for and document eligibility status at each visit
Providing VFC vaccine to non-VFC-eligible children	Failing to maintain VFC records for a minimum of three years
Selling or otherwise misdirecting VFC vaccine	Failing to fully account for VFC-funded vaccine
Billing a patient or third party for VFC vaccine	Failing to properly store and handle VFC vaccine
Charging more than the established maximum fee for administration of VFC vaccine	Over-ordering VFC vaccine (e.g., quantities or patterns do not match the provider's profile)
Denying VFC-eligible children VFC-funded vaccine because of parents' inability to pay the administration fee	Waste of VFC vaccine

*This list provides examples only and should not be considered comprehensive.

FRAUD AND ABUSE HURTS EVERYONE!

CONTACT THE CVP AT 860 509-7929 OR DPH.IMMUNIZATIONS@CT.GOV

CVP (Pediatric) ELIGIBILITY SCREENING & DOCUMENTATION REQUIREMENTS

Vaccines are provided by both **federal and state funding**. Patient screening is necessary to ensure that children only receive the specific vaccine(s) for which they are eligible.



1. SCREEN FOR CVP ELIGIBILITY

Staff are required to screen ALL children (birth through 18 years) in the medical practice immunization encounter prior to administering CVP vaccines.

2. DOCUMENT THE PATIENT'S ELIGIBILITY

Three important elements are required for documenting patient eligibility include:

1. Date of screening
2. Initials/name of person conducting the screening
3. Patient's eligibility category. Use the table below to determine the appropriate category

	Category	Patient Description	Typical EMR/EHR Categories
VFC-Eligible	(A) Medicaid	Is enrolled in Medicaid – Husky A	<ul style="list-style-type: none"> • Medicaid/Medicaid Managed Care • VFC eligible – Husky A
	(B) Uninsured	Has no health insurance coverage/self-pay	<ul style="list-style-type: none"> • Uninsured • Self-pay
	(C) American Indian or Alaskan Native	Self-identifies as American Indian/Alaska Native. This requires no additional proof, and providers are not required to verify the patient's eligibility declaration.	<ul style="list-style-type: none"> • American Indian/Alaskan Native
	(D) Under-insured (FQHC)	Has private health insurance that does not cover vaccines or only covers select vaccines and is a patient of a Federally Qualified Health Center (FQHC). These patients can receive all vaccines at their FQHC.	<ul style="list-style-type: none"> • Under-insured (FQHC) • FQHC patient (under-insured)
STATE Eligible	(E) Under-insured (not FQHC)	Has private health insurance that does not cover vaccines or only covers select vaccines and is a patient of a private health care provider. These patients can receive all vaccines at their private health care provider's office.	<ul style="list-style-type: none"> • Under-insured, not FQHC Patient
	(F) State-specific eligibility / S-CHIP	Is enrolled in the CHIP program – Husky B, a separate state health insurance that is NOT a Medicaid expansion program.	<ul style="list-style-type: none"> • State-specific eligibility (S-CHIP plan) • State-specific eligibility – Husky B
	(G) Private	Is privately insured.	<ul style="list-style-type: none"> • Not VFC eligible • Private Insurance

[Please refer to CVP eligibility criteria for a complete list of offerings.](#)

3. MAINTAIN PATIENT ELIGIBILITY RECORDS

Providers are required to document the results of the screening elements for every patient at every immunization encounter. Use either of these CVP-compliant record keeping systems:

- Electronic Medical Record (EMR)/Electronic Health Record (EHR)

Note: if the EMR/EHR does not capture all the necessary screening elements, the documentation can be recorded in the system's notes section or:
- [CVP Patient Eligibility Screening Record Form](#)

Providers are required to maintain patient eligibility screening records for a minimum of 3 years and provide proof of documentation upon request to DPH.

4. COMMUNICATE THE PATIENT'S ELIGIBILITY

The person who determines a patient's CVP eligibility should communicate it to the person who administers or bills for the immunization, if different. The office needs a system so the appropriate staff know the patient's eligibility category.

CVFA (Adult) ELIGIBILITY SCREENING & DOCUMENTATION REQUIREMENTS

Vaccines are provided by limited 317 federal funding. Patient screening is necessary to ensure that adults receive the specific vaccine(s) for which they are eligible.



1. SCREEN FOR CVFA ELIGIBILITY

Staff are required to screen ALL adults ≥ 19 years of age and older in the medical practice immunization encounter prior to administering CVFA vaccines.

2. DOCUMENT THE PATIENT'S ELIGIBILITY

Three important elements are required for documenting patient eligibility include:

1. Date of screening
2. Initials/name of person conducting the screening
3. Patient's eligibility category. Use the table below to determine the appropriate category

	Category	Patient Description	Typical EMR/EHR Categories
CVFA - Eligible	(H) Is uninsured or underinsured	<ul style="list-style-type: none"> • Patient does not have health insurance • Patient has insurance but insurance does not cover vaccines, limits the vaccines covered, or caps vaccine coverage at a certain amount • Patient is ≥ 19 years old 	<ul style="list-style-type: none"> • Uninsured - Adult • 317- Adult • Underinsured - Adult
Other Adult Patient Eligibility Categories	(I) Is enrolled in Medicare	Is enrolled in Medication and only for patients ≥ 65 years old	<ul style="list-style-type: none"> • Medicare • Insured ≥ 65
	(J) Is privately insured, (includes Medicaid insurance but not Medicare)	Is privately insured and patient is ≥ 19 years old	<ul style="list-style-type: none"> • Not VFC eligible • Private Insurance • Insured aged 19-64
	(K) Insurance status not checked	Patient is ≥ 19 years old and eligibility is not determined in the EHR.	<ul style="list-style-type: none"> • Unknown

[Please refer to CVFA eligibility criteria for a complete list of offerings.](#)

5. MAINTAIN PATIENT ELIGIBILITY RECORDS

Providers are required to document the results of the screening elements for every patient at every immunization encounter. Use either of these CVFA-compliant record keeping systems:

- Electronic Medical Record (EMR)/Electronic Health Record (EHR)
 - Note: if the EMR/EHR does not capture all the necessary screening elements, the documentation can be recorded in the system's notes section or:*
- [CVFA Patient Eligibility Screening Record Form](#)

Providers are required to maintain patient eligibility screening records for a minimum of 3 years and provide proof of documentation upon request to DPH.

6. COMMUNICATE THE PATIENT'S ELIGIBILITY

The person who determines a patient's CVFA eligibility should communicate it to the person who administers or bills for the immunization, if different. The office needs a system so the appropriate staff know the patient's eligibility category.

numbers, physical location, and expiration or recalibration due dates. It may be beneficial to list information on DDL alert settings and contact information.

This section is intended for internal reference and organizational purposes only. Completion of these tables is optional and not required.

Digital Data Logger Information

Storage Unit	DDL Brand/Model	Serial Number	Primary/Backup?	Calibration Expiration Date

Recalibration of DDLs should be done every 2-3 years or according to manufacturers’ suggested timeline. Backup DDLs should have a different calibration expiration date than the primary DDLs.

DDL Alert Settings:

DDL Alert Contact:

Vaccine Storage Units

Brand	Type of Unit	Serial Number	Date of Installation	Last Service Date

Equipment Notes:

PLEASE CONTACT THE CVP BY [HELP DESK](#) IF YOU REQUIRE FURTHER ASSISTANCE. SELECT: Immunizations (CT WiZ) – Clinic Administration – Report Vaccine Temperature Excursion – and select the sub-topic.

CONNECTICUT VACCINE PROGRAM: VFC & CVFA

RECOMMENDED BACK-UP PROTOCOL FOR VACCINE RECOVERY



Facility Name _____ PIN _____
 City/Town _____ Phone _____
 Person Completing Form _____ Date _____

Annual Review /Update Dates:

1 _____
 2 _____
 3 _____

THE BACK-UP PLAN MUST BE REVIEWED ANNUALLY AND UPDATED WHENEVER THERE ARE CHANGES TO PERSONNEL WHO ARE RESPONSIBLE FOR VACCINES. PLEASE RECORD THE DATE IN THE SPACE ABOVE EACH TIME THE FORM IS REVIEWED.

This document offers guidance for developing a disaster recovery plan for vaccines. Included are steps to follow when your refrigerator or freezer malfunctions due to mechanical failure or natural disaster. **If you have any questions about vaccine transportation or stability, call (860) 509-7929.**

EMERGENCY VACCINE MANAGEMENT PLAN

1. Designate a vaccine coordinator and a back-up person within your practice to:
 - a. Monitor the operation of the vaccine storage equipment and systems daily
 - b. Track inclement weather conditions. Set up and maintain a monitoring/notification system during times of inclement weather or other conditions that would create a shut down in power. An alarm/notification system is recommended for practices with an inventory of \$5,000 or more.
 - c. Assure the appropriate handling of the vaccine during the disaster or power outage.
2. Ensure procedures are in place to notify the vaccine coordinator and/or back-up person if power is lost and that they have access on weekends and off hours.

Names of designated employees:

NAME/TITLE	CELL PHONE	ALTERNATIVE PHONE

3. Back-Up Systems
 - a. If you do not have a back-up generator, identify a location with one. This may be the local hospital, pharmacy, fire station, police station, another practice, or an employee's home.
 - i. Make arrangements with the site to store your vaccine there when weather predictions call for inclement conditions (severe ice/snowstorms, hurricanes, etc.) and when your vaccine storage equipment cannot be fixed, or the power be restored within 6 hours.
 - b. Determine if your refrigerator is having a mechanical failure (no lights in the refrigerator, no fan noise, etc.) or if the building has lost electrical power. Check with building maintenance to ensure that the generator is operational and has been activated. If a timeframe for the restoration of electrical power cannot be determined, contact your back-up location for temporary storage of vaccine.

Document the location(s), contact person, and phone number of your back-up system/generator:

LOCATION NAME/PHONE #	CONTACT PERSON	ALTERNATIVE PHONE

In situations where a location with a back-up generator cannot be identified within a reasonable distance, preparations should be made to have coolers and frozen icepacks available to temporarily store your vaccine safely.

Transport of Vaccines

1. Conduct an inventory check before you transport vaccines – document what you have and how much.
2. Package vaccines in a well-insulated container with ice packs. Follow this order:
 - ✓ Place a layer of conditioned frozen water bottles at the bottom of the cooler.
 - ✓ Place a layer of insulating material, like corrugated cardboard, on top of the water bottles, covering them completely.
 - ✓ Add vaccine into the cooler. When halfway full, place a DDL probe in the center. Add remaining vaccines on top of the probe.
 - ✓ Fill the cooler on top with insulation material and conditioned frozen water bottles.
 - ✓ Attach a data logger display to the lid of the cooler along with temperature logs.
3. Key reminders:
 - ✓ Insulate refrigerated vaccine from direct contact with the ice packs by wrapping vaccine packaging in newspaper, bubble wrap, or a similar insulation material.
 - ✓ Do not expose refrigerated vaccine to freezing temperatures.
 - ✓ Remember that varicella and MMRV vaccine must be kept frozen between -58°F and +5°F (-50°C to -5°C) and should be packaged separately from other vaccines.
 - ✓ MMR vaccine can be either kept frozen or refrigerated.
 - ✓ *Use of dry ice to transport varicella and MMRV may subject the vaccine to temperatures colder than recommended and should not be used.*

Staff Training/Posted Information

- Post your Vaccine Recovery Plan on or near the vaccine storage equipment.
- Ensure that all staff (current and new) read the plan and understand it as part of their orientation.

Large Practices and Medical Centers

- If you are a very large practice or a medical center and have large quantity of vaccine, consider joining with other practices and rent a refrigerated truck to transport or store your vaccine.
- Have the name and telephone number of a local refrigeration company available. You will need to monitor the temperature of the refrigerated truck until you can get your vaccine safely returned to your office.

REFRIGERATION COMPANY (S)	PHONE NUMBER	CONTACT PERSON & PHONE

THINGS TO DO NOW...BEFORE IT'S TOO LATE!

- ✓ Complete this plan and update as staff changes occur. It will only take a few minutes and may save you hours of work later, not to mention our federal and state tax dollars.
- ✓ Fill the empty spaces in your refrigerator with jugs of water and line the sides and bottom of your freezer with ice packs. In the event that your refrigerator/freezer is out of order, this exercise will help maintain the temperature for a longer period.

IT IS IMPORTANT TO CUSTOMIZE A BACK-UP PLAN RELEVANT TO YOUR PRACTICE!

Temperature Excursions

Consistent temperature and temperature monitoring are essential for storage and transportation. If you suspect that there was a temperature excursion at any point during the emergency, complete the steps outlined in the Blue Folder (also below) and use the Vaccine Emergency Response Worksheet to document the event. You will also need to contact CT DPH (860-509-7929) to report the incident as well as the vaccine manufacturers to confirm the validity of the vaccine.

Any instance of an out-of-range temperature must be flagged, and steps must be taken to address and rectify the cause of the excursion.

Temperature Requirements:

- Refrigerator:
 - Celsius: 2°C - 8°C
 - Fahrenheit: 36°F - 46°F
- Freezer:
 - Celsius: -50°C - -15°C
 - Fahrenheit: -58°F - +5°F
- Reportable Excursion Criterion – must document and report to CT DPH:
 - Above the acceptable range for 2 hours or more
 - Below the acceptable range for any length of time

Steps to take if a temperature excursion occurs:

1. Report the incident to the Primary Vaccine Coordinator or a supervisor.
2. Quarantine and clearly label (“DO NOT USE”) any vaccines exposed to the excursion.
3. Relocate the vaccines to a working storage unit if needed.
4. Download and review your digital data logger report.
5. Document the excursion on the Vaccine Storage Troubleshooting Record. Ensure all parts are complete.
6. Do not use affected vaccines until a determination can be made about the viability of the vaccine. Contact the vaccine manufacturer for guidance on determining vaccine viability.
7. Report the excursion to the CT DPH Ticketing System.
8. Report any wastage in CT WiZ.
9. Address the cause of the temperature excursion and take steps to fix any ongoing issues, including replacing units.

Below is the contact information for pharmaceutical manufacturers:

AstraZeneca	(800) 236-9933	GSK	(877) 356-8368	Pfizer	(800) 438-1985
Bavarian Nordic	(844) 422-8274	MassBiologics	(617) 474-3220	Pfizer-BioNTech (COVID-19)	(877) 829-2619
CSL Seqirus	(855) 358-8966	Merck	(800) 672-6372	Sanofi U.S.	(800) 822-2463
Dynavax	(844) 375-4728	Moderna	(866) 663-3762	Valneva	(301) 556-4500
Emergent BioSolutions	(866) 300-7602	Novavax	(844) 668-2829	VBI Vaccines	(888) 421-8808
Seqirus	(855) 358-8966				

Below is a list of links that can be used to calculate vaccine validity:

GSK	https://gskusmedicalaffairs.com/stability-calculator.html
Merck	https://www.merckmedicalportal.com/s/temperature-stability-calculator
Moderna	https://tools.modernamedinfo.com/en-US/excursion/introduction-landing-page
Pfizer	https://www.pfizermedicalinformation.com/stability-calculator
Sanofi Pasteur	https://www.sanofimedicalinformation.com/

HELPFUL TIPS:

- Use the blinking light of a digital clock or microwave as an indicator that power was lost some time during closing hours.
- Fill a cup with water and put it in the freezer containing vaccine. Once the water has frozen, put a penny or paper clip on top of the frozen water. If you find the object has been frozen over, you'll know the temperature rose above freezing at some point in time. This is especially helpful over a holiday weekend or school break.

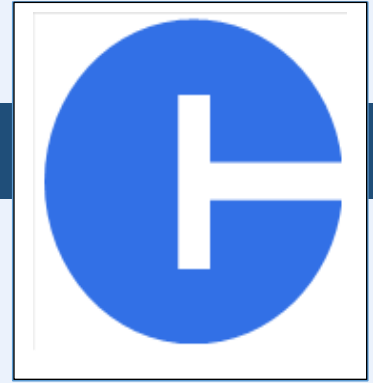
Contact Information for Key Partners

This list may include local health departments, key partners, building management, etc.

Service	Contact	Work Phone	Emergency Phone	Email
CT DPH Immunization Section	CVP Team	860-509-7929	860-509-8000	Dph.immunizations@ct.gov

Emergency Supply Locations

Item	Location	Item	Location



Connecticut Vaccine Program

Immunization Laws & Regulations

<https://portal.ct.gov/dph/individuals-and-families/immunizations/laws-and-regulations>

LAWS AND REGULATIONS: MEDICAL EXEMPTIONS

Connecticut has laws requiring children to have specific vaccines before attending daycare or school. For Connecticut’s immunization laws and regulations, visit our [website](#). Connecticut requires medical providers to report administered vaccines to the state through [CT WiZ](#). See below for information regarding immunization exemptions.

Non-Medical Exemptions

On April 28, 2021, Governor Lamont signed into law [Public Act 21-6](#), “An Act Concerning Immunizations,” which updates Connecticut’s immunization requirements for students attending preK-12 schools, childcare programs, and institutions of higher education by *removing non-medical exemptions*.

To view the FAQs:

[CT. Dept. of Ed. \(CSDE\) Guidance Regarding Public Act 21-6](#) and [Office of Early Childhood FAQs](#)

Medical Exemptions

Public Act 21-6 retains the prior law’s medical exemption from immunization requirements for individuals who can document that the immunization is *medically contraindicated*.

In adherence to Section 7 of Public Act 21-6, healthcare providers are required by law to submit to the Connecticut Department of Public Health (CTDPH) all medical exemptions issued on or after July 1, 2021. Healthcare providers must submit the form issued by the department (“Student Medical Exemption Certificate for Required Immunizations”) within the [web-based portal](#) established by the CTDPH.

To view the communication: [Medical Exemption Reporting](#)

Steps to report medical exemptions

1. Register as a submission user [here](#)
2. Login to the portal’s [submission page](#)
3. Fill out the requested information
4. Submit

The portal can **generate and print a PDF copy** of the submitted medical exemption. Providers can use this feature to share the entered information with the parent or guardian of the child and the school.

Out of state providers can submit the completed medical exemption form, but they need to register to use the portal.

PLEASE CONTACT THE CVP BY [HELP DESK](#) IF YOU REQUIRE FURTHER ASSISTANCE. SELECT: Immunizations (CT WiZ) – Medical Exemption Portal – I need assistance and share a brief description of the issue.

You Must Provide Patients with Vaccine Information Statements (VISs) – It’s Federal Law!

Top 10 Facts About VISs

fact 1 It’s federal law! You must provide current* VISs to all your patients before vaccinating them.

Federal law requires that VISs must be used for patients of **ALL** ages when administering these vaccines:

- DTaP
- Td and Tdap
- hepatitis A
- hepatitis B
- Hib
- HPV
- influenza (inactivated and live, intranasal)
- MMR and MMRV
- meningococcal (MenACWY, MenB)
- pneumococcal conjugate
- polio
- rotavirus
- varicella(chickenpox)

For the vaccines not covered under NCVIA (i.e., adenovirus, anthrax, COVID-10, dengue, Ebola, Japanese encephalitis, pneumococcal polysaccharide, rabies, RSV, smallpox/monkeypox, tick-borne encephalitis, typhoid, yellow fever, and zoster), providers are not required by federal law to use VISs unless they have been purchased under CDC contract. However, CDC recommends that VISs be used whenever these vaccines are given. When administering a vaccine under conditions of an emergency use authorization (EUA), an EUA fact sheet must be used.

*Federal law allows up to 6 months for a new VIS to be used.

fact 2 VISs can be given to patients in a variety of ways.

In most medical settings, VISs are provided to patients (or their parents/legal representatives) in paper form. However, VISs also may be provided using electronic media. Regardless of the format

continued on the next page ▶

As of May 29, 2025, the most recent versions of the VISs are:

Adenovirus.....	1/8/20	Multi-vaccine.....	7/24/23
Anthrax.....	1/8/20	PCV.....	5/29/25
COVID-19.....	1/31/25	PPSV23.....	5/29/25
Cholera.....	1/31/25	Polio.....	1/31/25
Dengue.....	1/31/25	Rabies.....	6/2/22
DTaP.....	8/6/21	RSV antibody.....	9/25/23
Ebola.....	1/31/25	RSV vaccine.....	1/31/25
Hepatitis A.....	1/31/25	Rotavirus.....	10/15/21
Hepatitis B.....	1/31/25	Smallpox/monkeypox...	1/31/25
Hib.....	8/6/21	Td.....	8/6/21
HPV.....	8/6/21	Tdap.....	1/31/25
Influenza.....	1/31/25	Tick-borne encephalitis	12/7/23
Japanese enceph.....	8/15/19	Typhoid.....	10/30/19
MenACWY.....	1/31/25	Varicella.....	1/31/25
MenB.....	1/31/25	Yellow fever.....	4/1/20
MMR.....	1/31/25	Zoster.....	2/4/22
MMRV.....	1/31/25		

What are Vaccine Information Statements (VISs)?

Vaccine Information Statements (VISs) are documents produced by the Centers for Disease Control and Prevention (CDC), in consultation with panels of experts and parents, to properly inform vaccinees (or their parents/legal representatives) about the risks and benefits of each vaccine. VISs are not meant to replace interactions with healthcare providers, who should address any questions or concerns that the vaccinee (or parent/legal representative) may have.

Using VISs is legally required!

Federal law (under the National Childhood Vaccine Injury Act, NCIVA) requires a healthcare professional to provide a copy of the current VIS to an adult patient or to a child’s parent/legal representative before vaccinating an adult or child with a dose of the following vaccines: diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or varicella (chickenpox).

Where to get VISs

All available VISs can be downloaded from the websites of Immunize.org at www.immunize.org/vaccines/vis/about-vis/ or CDC at www.cdc.gov/vaccines/hcp/vis/index.html. Ready-to-copy versions may also be available from your state or local health

department.

Translations: You can find VISs in more than 40 languages on the Immunize.org website at www.immunize.org/vaccines/vis-translations/spanish/.

To obtain translations of VIS in languages other than English, go to www.immunize.org/vaccines/vis-translations/spanish/

According to CDC, the appropriate VIS must be given:

- Prior to the vaccination (and prior to each dose of a multi-dose series);
- Regardless of the age of the vaccinee;
- Regardless of whether the vaccine is given in a public or private healthcare setting.



used, the goal is to provide a current VIS just prior to vaccination. (For information on special circumstances involving vaccination of a child when a parent/legal representative is not available at the time of vaccination, see CDC’s *VIS Frequently Asked Questions* at www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html.)

Prior to vaccination, VIS may be:

- Provided as a paper copy
- Offered on a permanent, laminated office copy
- Downloaded by the vaccinee (parent/legal representative) to a smartphone or other electronic device (VISs have been specially formatted for this purpose)
- Made available to be read before the office visit, e.g., by giving the patient or parent a copy to take home during a prior visit or telling them how to download or view a copy from the Internet. These patients must still be offered a copy in one of the formats described previously to read during the immunization visit, as a reminder.

Regardless of the way the patient is given the VIS to read, providers must still offer a copy (which can be an electronic copy) of each appropriate VIS to take home following the vaccination. However, the vaccinee may decline.

fact 3 **VISs are required in both public and private sector healthcare settings.**

Federal law requires the use of VISs in both public and private sector settings, regardless of the source of payment for the vaccine.

fact 4 **You must provide a current VIS before a vaccine is administered to the patient.**

A VIS provides information about the disease and the vaccine and must be given to the patient **before** a vaccine is administered. It is also acceptable to hand out the VIS well before administering vaccines (e.g., at a prenatal visit or at birth for vaccines an infant will receive during infancy), as long as you still provide a current VIS right before administering vaccines.

fact 5 **You must provide a current VIS for each dose of vaccine you administer.**

The most current VIS must be provided before **each dose** of vaccine is given, including vaccines given as a series of doses. For example, if 5 doses of a single vaccine are required (e.g., DTaP), the patient (parent/legal representative) must have the opportunity to read the information on the VIS before each dose is given.

fact 6 **You must provide VISs whenever you administer combination vaccines.**

If you administer a combination vaccine that does not have a stand-alone VIS (e.g., Kinrix, Quadracel, Pediarix, Pentacel, Twinrix, Vaxelis) you should provide the patient with individual VISs for the component vaccines, or use the Multi-Vaccine VIS.

The Multi-Vaccine VIS may be used in place of the individual VISs for DTaP, Hib, hepatitis B, polio, and pneumococcal when two or more of these vaccines are administered during the same visit. It may be used for infants as well as children through 6 years of age. The Multi-Vaccine VIS should not be used for adolescents or adults.

fact 7 **VISs should be given in a language/ format that the recipient can understand, whenever possible.**

For patients who don’t read or speak English, the law requires that providers ensure all patients (parent/legal representatives) receive a VIS, regardless of their ability to read English. To obtain VISs in more than 40 languages, visit the Immunize.org website at www.immunize.org/vis. Providers can supplement VISs with visual presentations or oral explanations as needed.

fact 8 **Federal law does not require signed consent in order for a person to be vaccinated.**

Signed consent is not required by federal law for vaccination (although some states may require it).

fact 9 **To verify that a VIS was given, providers must record in the patient’s medical record (or permanent office log or file) the following information:**

- The edition date of the VIS (found on the back at the right bottom corner)
- The date the VIS is provided (i.e., the date of the visit when the vaccine is administered)
- The office address and name and title of the person who administers the vaccine
- The date the vaccine is administered
- The vaccine manufacturer and lot number

In addition, providers must record:

fact 10 **VISs should not be altered before giving them to patients, but you can add some information.**

Providers should not change a VIS or write their own VISs. However, it is permissible to add a practice’s name, address, and contact information to an existing VIS.

Additional resources on VISs and their use are available from the following organizations:

Immunize.org

- *VIS general information and translations in more than 40 languages:* www.immunize.org/vaccines/vis/about-vis/
- *Current Dates of Vaccine Information Statements:* www.immunize.org/catg.d/p2029.pdf

Centers for Disease Control and Prevention

- *VIS website:* www.cdc.gov/vaccines/hcp/vis
- *VIS Facts:* www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html
- *VIS FAQs:* www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html



Vaccine Adverse Event Reporting System (VAERS)

The Vaccine Adverse Event Reporting System (VAERS) is a national program managed by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) to monitor the safety of all vaccines licensed in the United States. VAERS collects and analyzes information from reported adverse events that occur after vaccination. An “adverse event” is any health problem or “side effect” that happens after a vaccination. VAERS cannot determine if an adverse event was caused by a vaccine but can help determine if further investigations are needed.

VAERS gives valuable information.

VAERS serves as an early-warning system to detect problems that may be related to vaccines. The system relies on reports from healthcare providers*, vaccine manufacturers, and the general public. Reporting gives CDC and FDA important and timely information to help identify health concerns and ensure vaccines are safe in order to protect the public’s health.

VAERS staff evaluate adverse events of concern.

VAERS defines “serious adverse events” as those involving death, hospitalization, life-threatening illness, persistent or significant disability/incapacity, or certain other medically important conditions. CDC and FDA evaluate individual reports and the reporting patterns to determine if in-depth reviews are needed before conducting additional studies. Once adverse events of concern are identified in VAERS they may be monitored in other immunization safety systems to evaluate if the event occurs more frequently after vaccination or to conduct more controlled scientific studies to confirm if a particular adverse event is related to a vaccination and identify any specific risk factors.

Anyone can report to VAERS.

Anyone can submit a report to VAERS, including patients, family members, healthcare providers, and vaccine manufacturers. CDC and FDA encourage anyone who experiences an adverse event after any vaccination to report to VAERS.

There are 3 ways to report.

1. Online at a secure Web site: <https://secure.vaers.org/VaersDataEntryintro.htm>.
[VAERS Reportable Events Table](#) *
2. Fax a completed VAERS form toll-free to 1-877-721-0366.
3. Mail the completed form to VAERS, P.O. Box 1100, Rockville, MD 20849-1100.

You may download and print a VAERS form at http://vaers.hhs.gov/pdf/vaers_form.pdf, or you may get a form mailed to you by calling toll-free 1-800-822-7967, or by sending a faxed request to 1-877-721-0366.

VAERS data are available to the public.

VAERS data are made available on the VAERS Web site and can be searched for summaries on particular adverse events reported for specific vaccines. Personal identifying information (name, date of birth, address, etc.) is removed prior to posting the public data. The data is also screened to remove duplicate reports.



For more information about VAERS:

E-mail: info@vaers.org

Phone: 1-877-822-7967

Web site: www.vaers.hhs.gov

*Healthcare providers are required to report adverse events to VAERS including those found in the Reportable Events Table.

CONFIDENTIALITY AND SECURITY



How to Report a Cyberthreat/Incident to Ensure Security

Security is a top priority and CT WiZ interfaces are continuously monitored to ensure security of data.

CT WiZ has *not* experienced any threats or incidents, but we are being proactive.

PLEASE FOLLOW 3 STEPS (Alert, Stop, Resume):

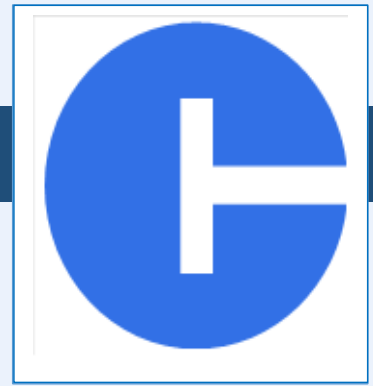
If your facility has onboarded or has user access to CT WiZ and experiences a cyberthreat or incident, please take immediate steps to ensure security of CT WiZ data as below:

1. **Alert** – Submit a [Helpdesk](#) ticket: select **Immunizations (CT WiZ)** – select category: **‘Cyberthreat/Incident’** – topic: **‘Reporting a Threat/Incident’** – topic: **‘Reporting Resolution of Threat/Incident’**.
 - a. Or call (860) 509-7929. Provide as much information as you can including: the date it started, which system was involved, your contact information, and the date it was resolved.
2. **Stop** – CT WiZ team will **temporarily stop your access** to CT WiZ (HL7 and UI) to proactively prevent any user interface (UI) or (HL7) query to CT WiZ.
 - a. If you need to request an immunization record in the interim, call (860) 509-7929. Patients may continue to access the CT WiZ Public Portal.
3. **Resume** – After you notify the CT WiZ team that your facility’s threat/incident has resolved, your staff can then **resume user access** after we enable password reset. The CT WiZ team will **reactivate HL7** facility codes for your HL7 reporting/query.

Reminder:

- Per State [Laws and Regulations](#), all authorized users who access CT WiZ must sign a Confidentiality Agreement upon initial request and every two years as a renewal.
Please see the [ct-wiz-confidentiality-agreement-cover-letter.pdf](#) (4.10.2025)

CT WiZ team will provide additional support as needed.



Connecticut Vaccine Program

Vaccine Administration Information

<https://portal.ct.gov/dph/individuals-and-families/immunizations/>

PEDIATRIC VACCINE ADMINISTRATION RESOURCES

The following are suggested resources for practitioners who administer pediatric vaccinations. Additional materials are available from the [American Academy of Pediatrics \(AAP\)](#) or through the [IMMUNIZE.ORG](#).

RECOMMENDED AND CATCH-UP IMMUNIZATION SCHEDULES 0-18 YEARS

[AAP-Immunization-Schedule.pdf](#)

ADDITIONAL CATCH-UP GUIDANCE

Pneumococcal Conjugate Vaccine (PCV) 4 months through 4 years of age

<https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/job-aids/pneumococcal.pdf>

Haemophilus influenzae type b 4 months through 4 years of age ActHib, Pentacel, Hiberix, or unknown

<https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/job-aids/hib-acthib.pdf>

PedvaxHIB

<https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/job-aids/hib-pedvax.pdf>

Diphtheria, Tetanus, and Pertussis 4 months through 6 years of age

<https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/job-aids/dtap.pdf>

Inactivated Polio Vaccine (IPV)

<https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/job-aids/ipv.pdf>

Tetanus, Diphtheria, and Pertussis 7 through 9 years of age

<https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/job-aids/tdap-1.pdf>

Tetanus, Diphtheria, and Pertussis 10 through 18 years of age

<https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/job-aids/tdap-2.pdf>

SUMMARY OF RECOMMENDATIONS FOR CHILDHOOD/TEEN IMMUNIZATION

<https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-appendix.html>

SCREENING CHECKLIST FOR CONTRAINDICATIONS TO VACCINES FOR CHILDREN AND TEENS

English <http://www.immunize.org/catg.d/p4060.pdf>

Spanish <https://www.immunize.org/wp-content/uploads/catg.d/p4060-spa.pdf>

Also available in [Arabic](#), [Chinese \(simplified\)](#), [French](#), [Korean](#), [Russian](#), and [Vietnamese](#) from <http://www.immunize.org/handouts/screening-vaccines.asp>

GUIDE TO CONTRAINDICATIONS AND PRECAUTIONS TO ROUTINE VACCINATIONS -

<https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-appendix.html>

ADMINISTERING VACCINES: DOSE, ROUTE, SITE, AND NEEDLE SIZE

<http://www.immunize.org/catg.d/p3085.pdf>

ADULT VACCINE ADMINISTRATION RESOURCES

The following are suggested resources for practitioners who administer adult vaccinations. Additional materials are available from the [CDC](#) or through the [IMMUNIZE.ORG](#).

RECOMMENDED IMMUNIZATION SCHEDULE FOR AGES 19 YEARS OR OLDER

https://www.aafp.org/dam/AAFP/documents/patient_care/immunizations/2025%20adult%20Schedule.pdf

ADDITIONAL GUIDANCE

Pneumococcal Vaccine Schedules for Adults

<https://www.cdc.gov/pneumococcal/downloads/vaccine-timing-adults-jobaid.pdf>

Check out **PneumoRecs VaxAdvisor**. This free app quickly and easily provides patient-specific pneumococcal vaccine guidance. [PneumoRecs VaxAdvisor App](#)

Shingles (Herpes Zoster)

<https://www.cdc.gov/vaccines/vpd/shingles/hcp/index.html>

RSV

For Older Adults: <https://www.cdc.gov/vaccines/vpd/rsv/public/older-adults.html>

For Pregnant People: [Maternal Respiratory Syncytial Virus Vaccination | ACOG](#)

<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/09/maternal-respiratory-syncytial-virus-vaccination>

HPV

<https://www.cdc.gov/vaccines/vpd/hpv/hcp/index.html>

Influenza

<https://www.cdc.gov/vaccines/vpd/flu/hcp/index.html>

DTaP, Tdap, and TD Catch-up Vaccination Recommendations by Prior Vaccine, History, and Age

<https://www.immunize.org/wp-content/uploads/catg.d/p2055.pdf>

SUMMARY OF RECOMMENDATIONS FOR ADULT IMMUNIZATION

<https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-appendix.html>

SCREENING CHECKLIST FOR CONTRAINDICATIONS TO VACCINES FOR ADULTS

English: [Screening Checklist for Contraindications to Vaccines for Adults](#)

Spanish: [Screening Checklist for Contraindications to Vaccines for Adults](#)

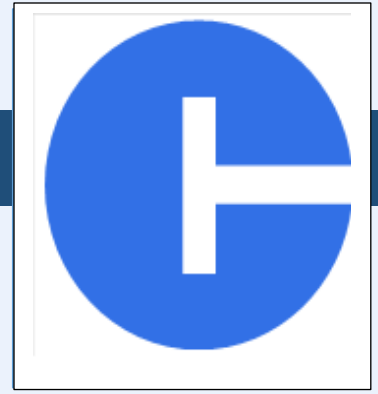
Also available in [Arabic](#), [Chinese \(simplified\)](#), [French](#), [Korean](#), [Russian](#), and [Vietnamese](#)

View more:

<http://www.immunize.org/handouts/screening-vaccines.asp>

ADMINISTERING VACCINES: DOSE, ROUTE, SITE, AND NEEDLE SIZE

<https://www.immunize.org/wp-content/uploads/catg.d/p3084.pdf>



Connecticut Vaccine Program

Resources, Roles, and Policies

<https://portal.ct.gov/dph/individuals-and-families/immunizations>

VACCINE COORDINATOR ROLE

Every clinic is required to have a designated primary vaccine and back-up vaccine coordinator who is responsible for overseeing the vaccine supplied by the CVP (Connecticut Vaccine Program) or the CVFA (Connecticut Vaccine for Adults Program).

The primary coordinator is responsible for maintaining compliance with vaccine management. Vaccine management includes vaccine ordering, inventory and reconciliation, storage and handling, temperature monitoring, transfer of vaccines, **and administering and managing an emergency plan. The backup vaccine coordinator is accountable when the primary vaccine coordinator is not available.**

Vaccine Coordinator “To Do” List

- Review **information and bookmark these website pages in your internet browser:**
 - [CVP and CVFA Provider Page](#)
 - [Vaccine Providers Page](#)
 - [CT WiZ Training Page](#)
 - [Inventory management-step by step instructions with slides](#)

New Coordinators

- New coordinators: please ask an active CT WiZ coordinator at your clinic to add you as a “new contact” in CT WiZ. After you have been added to clinic staff in CT WiZ, [request User Access to CT WiZ](#).
- Review the [CT WiZ Training Page](#). These trainings are specific to your clinic and you must find out if your clinic is reporting through the User Interface (UI) or through your EHR (HL7). This will determine which training applies to you and your clinic.
- If you are unsure whether your facility is reporting doses administered in the UI/direct data entry or if your facility has an EHR connected to the CT WiZ HL7 interface, please submit a [help desk ticket](#) (Immunizations (CT WiZ)-Clinic Administration-CT WiZ Training and Inventory Support- CT WiZ Inventory Management) and DPH can assist you.

Vaccine Coordinator Responsibilities

Vaccine Ordering and Reconciliation: Vaccine orders should be based on your clinic’s population size and usage. It’s a good idea to order smaller quantities of vaccines more frequently than to have too much inventory on hand. Vaccine reconciliation(s) must be done monthly even if you do not intend to order vaccine.

- Update your delivery hours in CT WiZ: Report all days that the practice will be closed during the coming month to prevent vaccines from getting delivered when the site is closed.
- When submitting an order or managing vaccines through CT WiZ, please refer to our inventory training page.

Storage and Handling: Managing vaccine inventory involves identifying vaccines upon receipt, accounting for total inventory supply, rotating stock, and recording temperatures. In the event of an emergency, the vaccine coordinator is responsible for troubleshooting and instituting a backup protocol to safeguard the vaccine inventory.

- Label and store state supplied vaccines separately from privately purchased vaccines.
- Immediately contact CVP by calling 860-509-7929 if there are any discrepancies with your shipment.
- Store vaccines with shorter expiration dates in the front of the unit for proper rotation of stock.
- Do not store vaccine in the door or inside drawers in the refrigerator/freezer.
- Record refrigerator and freezer temperatures on the temperature log provided by the CVP twice daily. Logs can be downloaded from the 'CVP Information for Provider' web page or click on the links: Refrigerator Charts [Fahrenheit](#) / [Celsius](#) and Freezer Charts [Fahrenheit](#) / [Celsius](#).
 - *All CVP/CVFA providers are required to check temperatures (current, maximum, and minimum temperatures) twice daily and document these temperature checks.*
- Capture minimum and maximum temperatures once daily from data logger thermometers.
- Download data logger reports monthly (every 30 days) and review.
- For sites with state supplied Berlinger data loggers, review the [Berlinger Fridge Tag](#), [Videos](#), and [Support Documents](#).

Temperature Excursions: If an excursion occurs, submit a [help desk ticket](#) (Immunizations (Ct WiZ)-Clinic Administration-Report Vaccine Temperature Excursions – Select appropriate subject) to report the excursion and to get next steps and instructions. If deemed non-viable, a return will need to be made in CT Wiz.

- Acceptable temperature ranges:
 - Refrigerator Temp between 2–8°C (36–46°F) and aim for 5°C (41°F).
 - Freezer Temp between: -50°C and -15°C (-58°F and +5°F).
- If the temperature is out of range, immediately secure the vaccine in another storage unit with a data logger or initiate your back up plan. Try to determine source of excursion and take steps to mitigate the situation.
- Label vaccine “do not use” until viability is determined.
 - Use manufacturer Vaccine Temperature Stability Calculators, found online.
- Download the temperature data from your digital data logger and submit the PDF summary report to DPH.immunizations@ct.gov.
- Document the excursion on [troubleshooting log/record](#) supplied in the Blue Folder. Please mark boxes of vaccines exposed to an excursion so they can be easily identified in case of a future incident as excursions are cumulative.

Transferring Vaccine: You should initiate transfer of vaccines to another CVP site willing to use the vaccines at least 4 months prior to the expiration date if you will not be administering them to prevent wastage.

- Contact CVP providers to receive a list of providers that may be willing to accept vaccine transfer or view the list of [CVP providers](#) to find a provider in your area.
- Package vaccine appropriately to maintain the cold chain.
- Once the transfer is completed, submit the transfer directly in CT WiZ. Please refer our website for information on how to complete a transfer in CT WiZ.

Returns and Wastage: Vaccines should be monitored closely to prevent wastage. If wastage occurs, wasted doses will need to be recorded in CT WiZ. Expired vaccines that have spoiled should be returned to McKesson. Broken vials and partial vials should be adjusted out of your inventory on hand in CT WiZ since these cannot be physically returned to McKesson. Please make sure you include a comment as to why the doses are being wasted in your adjustment. If your vaccine has expired or is not viable due to a temperature excursion, please complete a return in CT WiZ. These doses will need to be returned to McKesson. Some wastage situations may require restitution as determined by the state in accordance with the [Restitution Policy](#).

Reporting Wastage:

- Separate vaccine wasted from main supply and label “DO NOT USE”
- When submitting through CT WiZ determine if you document as a return to McKesson or an inventory adjustment. Refer to [CT WiZ Inventory Management](#) web page for guidance. Remember “Clinic Comments” on the return screen is how you document the spoilage letter for expired/non-viable vaccines.
- Use the return UPS label received via email after the return has been submitted and approved in CT WiZ from Quantum UPS to ship any **unopened vials and pre-filled syringes** back to McKesson.

Workflow:

Daily	Monthly	Yearly
<ul style="list-style-type: none"> ▪ Check and record storage unit temperatures twice per day (first thing in the morning and before leaving for the day) on temperature logs. ▪ Record min/max at least once per day. Twice per day is preferred. ▪ Ensure temperatures are within acceptable range throughout the day. Refrigerator: between 36° and 46° Fahrenheit (2°- 8°Celsius). Freezer temperatures are below 5°Fahrenheit (- 15°Celsius). 	<ul style="list-style-type: none"> ▪ Submit vaccine inventory reconciliation (required) and order (if needed) directly in CT WiZ. ▪ Download and review data loggers reports. ▪ Inspect vaccine shipment and vaccine temperature upon arrival. ▪ Match packing slip with order for accuracy. ▪ Store vaccines immediately in the appropriate storage unit ▪ Contact CVP if there are any discrepancies. ▪ Rotate stock and inspect inventory; review dates of expiration to avoid wastage issues. ▪ Initiate transfer of vaccine when necessary and ensure proper vaccine transport. 	<ul style="list-style-type: none"> ▪ Submit re-enrollment for CVP and/or CVFA directly in CT WiZ. ▪ Review any CDC modules assigned for that year. These can be found on the re-enrollment webpage. ▪ Review/revise and date Vaccine Management and Back-up Plans. ▪ Review certificates of calibration on all data logger thermometers and ensure that the certificates are not due to expire. Ensure certificates do not expire on the same day. ▪ Purchase replacement data loggers if necessary.
<p>As Needed</p> <ul style="list-style-type: none"> ▪ Take action if the temperatures are outside the appropriate temperature ranges. Document action steps on the Vaccine Storage Troubleshooting Record. ▪ Update “Clinic Tools” in CT WiZ with any staff or clinic changes. ▪ Update delivery hours in CT WiZ to reflect any days the clinic will be closed. ▪ Conduct routine maintenance on storage units; Keep coils dust free around units and defrost freezers, when needed. ▪ Review all communications received from CVP and review with staff. 		

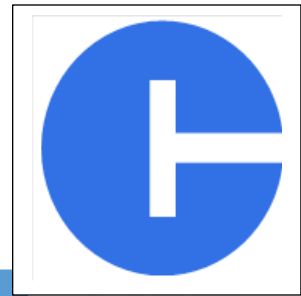
Contact CVP staff with any questions on concerns regarding the CVP and/or CVFA Program by calling 860-509-7929 or submitting a [Help desk ticket](#).

VACCINE EDUCATION MATERIALS

Education materials are free of cost through the CT DPH Immunization Section. Items such as coloring books or booklets can be ordered through a help desk ticket (Immunizations (CT WiZ) – Immunization Education Materials Orders – Select the appropriate subtopic). Please allow 3-4 weeks for processing and delivery time.

CONNECTICUT VACCINE PROGRAMS FINANCIAL RESTITUTION POLICY

Revised March 5, 2024



The Financial Restitution Policy was developed in accordance with the Connecticut Vaccine Program (CVP) and the Connecticut Vaccine for Adults (CVFA) program for the purpose of replacing vaccine wasted or spoiled due to negligence and/or failure to properly store, handle, or rotate vaccine inventory. The policy has been updated to address the increased costs of replacing wasted, expired, or spoiled vaccines provided through the CVP and CVFA. The policy also includes a provision that providers who notify the CVP or CVFA of vaccines they will not be administering four months or more prior to expiration will not be financially liable for replacing any doses that ultimately expire. When reporting wastage of any kind, providers should document the staff's use of the practice's back-up protocol for vaccine recovery plan.

DEFINITIONS

Wasted	Any vaccine that cannot be used. This includes expired, spoiled and lost vaccines.
Expired	Any vaccine with an expiration date that has passed.
Spoiled	Any vaccine that exceeds the limits of the approved cold chain procedures or is pre-drawn / reconstituted and not used within acceptable time frames. Always consult with the State Immunization Section before determining if a vaccine is non-viable.
Lost	Any vaccine ordered but not delivered (or not delivered in a timely manner) by McKesson or Merck resulting in lost and/or spoiled vaccine.

SITUATIONS REQUIRING FINANCIAL RESTITUTION

The following situations are examples of negligence that may require financial restitution. This list is not exhaustive:

- Failure to rotate vaccine that results in expired doses
- Storage and handling negligence by provider or office staff
- Refrigerator left unplugged or electrical breaker switched off
- Refrigerator door left open or ajar by provider staff, contractors, or guests
- Refrigerator/freezer equipment problems where proof of repair or equipment replacement is not provided to the Immunization Section within 30 days from the date the problem is identified
- Situations in which health care providers must re-vaccinate due to previous administration of non-viable vaccine (i.e. spoiled or expired) or improper administration. Provider will be responsible for the cost of vaccine for re- vaccination.
- Ordering habits resulting in overstock that led to expiration of vaccines
- Delivery of vaccine during the provider's stated business hours but the office is closed resulting in the loss of vaccine product.

EXAMPLES OF SITUATIONS NOT REQUIRING FINANCIAL RESTITUTION

The following examples are situations considered to be out of the providers' control and *generally* do not require financial restitution. **This list is not exhaustive; the Vaccine Coordinator makes the final determination for all restitution situations.** Providers should always contact DPH for a determination regarding the viability of suspect vaccine.

- Vaccine shipped from McKesson or Merck that is damaged, improperly stored during transit, or not delivered to the provider in a timely manner
- A provider moves vaccine to a location with a secure power source due to anticipated inclement weather, but power is lost at that location
- Partially used multi-dose vials, this does not apply to vials wasted due to a temperature excursion
- Vaccine drawn up but not administered due to a parent changing their mind
- A vial that is accidentally dropped or broken by a provider
- Vaccine that a provider transfers to another provider four months or more prior to expiration
- Vaccine accepted by a provider that expires in four months or less
- Vaccine returned to the Immunization Section for redistribution to another provider four months or more prior to expiration
- Expired doses of influenza vaccine and COVID vaccine
- Extraordinary situations not listed above which are deemed by the DPH to be beyond the provider's control.

WASTAGE ALLOWANCE

All practices will be allowed a "one strike" credit towards vaccine wastage up to a limit of \$1300. On the first instance of vaccine wastage the CVP will absorb the cost of vaccine replacement up to \$1300; any vaccine wastage totaling over \$1300 will result in the provider being responsible for replacing the vaccine **on a dose for dose basis at their own cost.** Any subsequent occurrences will require that the provider replace all wasted doses again at their own cost. Providers will not be allowed to order additional doses of vaccine until they submit to the CVP an invoice showing that they have replaced all wasted doses.

PROCEDURE FOR FINANCIAL RESTITUTION

This policy applies to any vaccine reported to DPH as Wasted on or after May 1, 2011.

- Each incident reported will be reviewed on a case-by-case basis by the DPH to determine whether restitution will be required or if extenuating circumstances prevail.
- The provider will be required to submit an invoice to the DPH showing they have privately purchased the vaccine reported as wasted.
- Failure to replace any wasted vaccine will result in a delay or forfeiture of future program enrollment for the practice.

PROCEDURE FOR RETURNING VACCINE

- Call the vaccine manufacturer as soon as you suspect vaccine may be spoiled to determine viability status.
- If the vaccine(s) are deemed to be non-viable due to temperature excursion, or have expired, complete a [Vaccine Return](#) directly in CT WiZ. You will receive a prepaid shipping label via email.
- Once the mailing label is received the provider will return all **unopened vials & pre-filled syringes** of wasted vaccine to McKesson.
- Any vaccine that is wasted i.e. broken vial syringe or vaccine drawn but not administered should not be mailed back to McKesson. These doses should be disposed of properly and adjusted out of inventory in CT Wiz with a comment explaining what happened.

SCHOOL-BASED HEALTH CENTERS

The following are CVP rules for practitioners who administer pediatric vaccinations at school-based health centers (SBHC). This is a supplement to the vaccine coordinator role document found in the [Blue Folder](#). Additional resources are available from the [CDC](#) or through the [IMMUNIZE.ORG](#). *Bookmark [CVP-Information for Providers webpage](#) for updates and resources.

Every CVP clinic is required to have a designated primary and backup vaccine coordinator. SBHCs may have more frequent staff turnover so be sure that the correct staff is associated to the appropriate clinic.

1. Make sure that the new staff have completed the CDC required online training.
 - a. [Vaccines for Children](#) & [Vaccine Storage and Handling](#)
2. [Request CT WiZ user access](#) if new to CVP (request access as primary or backup coordinator)
 - a. If you already have a CT WiZ login, request to be linked to the appropriate clinic via the [Help Desk](#).
3. [Log into CT WiZ](#) and update the necessary clinic staff information.

STORAGE OF VACCINES AND MONITORING OF TEMPERATURES

All CVP clinics are required to monitor vaccine temperature via a digital downloadable data logger (DDL). SBHCs may not be open every day of the week therefore it is important to adhere to the following:

1. Monitor and document daily temperature via hand-written logs for each day the clinic is open.
 - a. Review DDL summary data for all the days you have been away from the clinic to ensure temperatures did not go out of the acceptable range.
2. Download and review DDL report monthly (or more frequently).

BACK-UP AND MANAGEMENT PLAN

Make sure that you have a designated location that you can bring your vaccines to during school and summer breaks as well as during an emergency.

School Breaks (longer than 4 day weekend)

1. Enact backup plan/location for any school breaks longer than 4 days.
 - a. Package and transport all vaccine to back-up location including open vials of IPV. IPV can be transferred for storage purposes only.
 - b. Keep an inventory list with the vaccines for the receiving provider and for yourself. This is important in case there is an excursion during the break and that provider needs to assess vaccines.
 - c. Upon return, make sure that the inventory is correct (number of doses and lot numbers).
Sometimes back up locations receive stock from many PIN#s and you may take home the wrong vaccines.
 - d. CT WiZ users do not need to do an inventory transfer in CT WiZ for storage purposes since all vaccine will be returned into inventory.

Going on Summer Break

1. Review expiration dates of vaccines and transfer out any stock that will expire over the summer/or that you may not use.
2. Hold onto flu vaccine because it needs to be returned after it expires, which you will do in the fall when you return.
3. Hold onto flu vaccine because it needs to be returned after it expires, which you will do in the fall when you return.
4. Enact backup plan/location (same as above).
5. Enter transfers in CT WiZ when moving vaccine for any school break

Returning from Summer Break

1. Make sure your storage units and Digital Data Loggers (DDL) are working appropriately.
 - a. Refrigerators should maintain temperatures between 2° C and 8° C (36° F and 46° F).
 - b. Freezers should maintain temperatures between -50° C and -15° C (-58° F and +5° F).
2. Prior to storing state vaccines at the SBHC's location(s), make sure to have up to 72 hours of stable temperatures.
It is the facility's responsibility to ensure that the vaccine storage units and thermometers are working properly and that a current certificate of calibration is maintained.

All CVP clinics are required to have a valid backup data logger with certificate of calibration that can function in either the fridge or freezer. It is recommended that this back up device is on site and readily available.

REMINDERS

- Submit a monthly reconciliation in CT WiZ, even if you did not administer or are ordering any vaccines.
- Report to CVP all temperature excursions above range for 2 hours or more or below range for 15 min or more.

YOU CAN CONTACT THE CVP AT DPH.IMMUNIZATIONS@CT.GOV, or submit a [help desk ticket](#)

VACCINE BORROWING

Connecticut vaccine providers are expected to manage and maintain an adequate inventory of vaccines.

Planned borrowing of publicly purchased vaccines (VFC or CVP) as a replacement system for provider's privately purchased Inventory is **not permissible**. When you borrow a vaccine, you are either using private vaccine stock to vaccinate a VFC/CVP eligible patient OR using VFC vaccines/CVP state supplied vaccines to vaccinate a non-VFC eligible patient.

However, there may be some infrequent borrowing scenarios that may occur. Borrowing should be a *last resort action* that must be documented both in CT WiZ and on the required vaccine borrowing report at the time of the borrowing.

Example instances of approved borrowing:

- Lack of vaccine stock due to delay in shipment.
- Lack of vaccine stock due to spoiled shipment.
- Vaccine will expire soon and will be lost if not used.
- New staff incorrectly calculated ordering intervals, leading to lack of either private or public vaccine stock.

If a provider is considering borrowing, they must document the specific doses they are borrowing.

The provider is required to purchase replacement doses to replenish the borrowed doses. Providers must maintain all invoices and may be required to submit these private purchase invoices as well as the borrowing reports.

All borrowing reports and invoices must be kept for 3 years and must be provided upon request to DPH.Immunizations@ct.gov.

See directions on how to document borrowing on our webpage: [How do I document borrowed vaccines in CT WiZ?](#)

Vaccine Borrowing Report



Facility Name: _____

PIN: _____

Date Range of Vaccine Reporting (date of first dose borrowed to date of last dose borrowed): ____/____/____ to ____/____/____

Connecticut Vaccine Programs – Vaccine Borrowing Report

CVP/CVFA providers are expected to manage and maintain adequate inventories of vaccines for both eligible patients and non-eligible patients. Refer to the CVP/CVFA eligibility criteria.

Planned borrowing of publicly purchased vaccines (VFC/state vaccines) as a replacement system for provider's privately purchased inventory is not permissible. However, there may be some infrequent borrowing scenarios that may occur. CVP/CVFA enrolled providers must ensure borrowing of publicly supplied (VFC/State purchased) vaccines will not prevent a VFC-eligible child, CVP eligible child, or CVFA eligible patient from receiving a needed vaccination. Infrequent exchanging between publicly supplied stock and private stock of a short-dated vaccine dose may be performed if the provider serves a small number of non-eligible patients, the dose is one month from the expiration, or the dose of vaccine cannot be used for the population it is intended for prior to the expiration date.

All borrowing reports and invoices must be kept for 3 years and must be provided to the Connecticut Immunization Section upon request.

COMPLETE THIS FORM WHEN

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

HOW TO COMPLETE THIS FORM

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

Reason for Vaccine Borrowing and Replacement Coding Legend

Reason for Borrowing Publicly supplied (VFC/CVP) Dose	Code	Reason for Borrowing Private Dose	Code
PRIVATE VACCINE SHIPMENT DELAY (vaccine order placed on time but shipping is delayed)	1	PUBLICLY SUPPLIED VACCINE SHIPMENT DELAY (vaccine order placed on time but shipping is delayed)	8
PRIVATE VACCINE NOT USEABLE ON ARRIVAL (vials broken, temperature monitor out of range)	2	PUBLICLY SUPPLIED VACCINE NOT USEABLE ON ARRIVAL (vials broken, temperature monitor out of range)	9
RAN OUT OF PRIVATE VACCINE BETWEEN ORDERS (not due to shipping delays)	3	RAN OUT OF PUBLICLY SUPPLIED VACCINE BETWEEN ORDERS (not due to shipping delays)	10
SHORT-DATED PRIVATE DOSE WAS EXCHANGED WITH PUBLICLY SUPPLIED DOSE	4	SHORT-DATED PUBLICLY SUPPLIED DOSE WAS EXCHANGED WITH PRIVATE DOSE	11
ACCIDENTAL USE OF PUBLICLY SUPPLIED DOSE FOR A NON-ELIGIBLE PATIENT	5	ACCIDENTAL USE OF PRIVATE DOSE FOR A VFC-ELIGIBLE OR CVP/STATE ELIGIBLE PATIENT	12
REPLACEMENT OF PRIVATE DOSE WITH PUBLICLY SUPPLIED DOSE WHEN INSURANCE PLAN DID NOT COVER THE VACCINE	6	OTHER - DESCRIBE	13 Other
OTHER - DESCRIBE	7	Other	

A Vaccine Type Borrowed	B Stock used (Public or Private)	C Patient Name	D Patient DOB (XX/XX/XXXX)	E Date Dose Administered (XX/XX/XXXX)	F Reason Appropriate Vaccine Stock was Used (use legend code to mark reason for each dose if other code 7 or 13 is used describe details of)	G Date Dose returned to Appropriate Stock (XX/XX/XXXX)

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 and CVP provisions for such borrowing and further certify that doses borrowed during the note time period have been fully reported on this form

Provider Name: _____ Provider Signature: _____

Date: _____



Connecticut Vaccine Program

Vaccine Storage & Handling Information

<https://portal.ct.gov/dph/individuals-and-families/immunizations>

VACCINE STORAGE AND HANDLING RESOURCES

The following are suggested resources for practitioners who administer pediatric vaccinations. Additional resources are available from the [CDC](#) or through Immunize.org.

CDC VACCINE STORAGE AND HANDLING

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

- CDC Vaccine Storage and Handling Toolkit:
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>
<https://www.cdc.gov/vaccines/hcp/downloads/storage-handling-toolkit-resources.pdf>
- CDC Vaccine Storage Labels:
<https://www.cdc.gov/vaccines/hcp/admin/storage/guide/vaccine-storage-labels.pdf>

AMERICAN ACADEMY OF PEDIATRICS (AAP)

[https://www.aap.org/Vaccine Storage and Handling \(aap.org\)](https://www.aap.org/Vaccine_Storage_and_Handling_(aap.org))

- Data Loggers and Vaccine Monitoring: [Frequently Asked Questions \(ct.gov\)](#)

IMMUNIZE.ORG (IMMUNIZATION ACTION COALITION (IAC))

<https://www.immunize.org/clinical/topic/storage-handling/>

<https://www.immunize.org/ask-experts/topic/storage-handling/>

- Temperature Logs
 - **Reminder: All CVP/CVFA providers must log all temperatures (Current, Maximum, and Minimum Temperatures) twice per day.**
 - Refrigerator [Fahrenheit Log Option 1](#) (CT DPH website)
 - Celsius: <https://www.immunize.org/catg.d/p3037c.pdf>
 - Fahrenheit: <https://www.immunize.org/catg.d/p3037f.pdf>
 - Freezer Logs: [Fahrenheit Log + Troubleshooting Record](#)
 - Celsius: <https://www.immunize.org/catg.d/p3038c.pdf>
 - Fahrenheit: <https://www.immunize.org/wp-content/uploads/catg.d/p3038f.pdf>
- Checklist for safe vaccine storage and handling: <https://www.immunize.org/catg.d/p3035.pdf>
- Vaccines with Diluents: How to Use Them: <https://www.immunize.org/catg.d/p3040.pdf>
- Vaccine Storage Troubleshooting Record: <https://www.immunize.org/catg.d/p3041.pdf>
- Emergency Response Worksheet: <https://www.immunize.org/catg.d/p3051.pdf>
- Do not unplug refrigerator or freezer: <https://www.immunize.org/catg.d/p2090.pdf>
- Do not turn off circuit breaker: <https://www.immunize.org/catg.d/p2091.pdf>

TRANSPORTING VACCINE

- Transport Temperature Log: <https://www.cdc.gov/vaccines/covid-19/downloads/transport-temperature-log.pdf>
- CDC Packing Vaccines for Transport: <https://www.cdc.gov/vaccines/hcp/admin/storage/downloads/emergency-transport.pdf>

BERLINGER DATALOGGER RESOURCES

- Excursion FAQ/Troubleshooting: <https://portal.ct.gov/dph/-/media/dph/dph-2025/immunization/kb-docs-pdfs/85-86-berlinger-excursion-faq.pdf?rev=b0da8f9835b64ec09d574c208e16bc82&hash=C7DBA1A29E2549692D9307F83979EF93>
- Fridge-tag® 2 & 2L User Manuals: <https://www.berlinger.com/services/user-manuals> or [Videos](#)

TEMPERATURE EXCURSIONS

- CDC Guide: Handling a Temperature Excursion:
<https://www.cdc.gov/vaccines/hcp/admin/storage/downloads/temperature-excursion-508.pdf>



TEMPERATURE EXCURSION TROUBLESHOOTING WORKSHEET

All providers are required to report temperature excursions above the acceptable range for a period of 2 hours or more, or below the acceptable range for any period of time.

1. **Return vaccines to appropriate storage conditions.** Until a final determination has been made, vaccines should be stored in appropriate temperatures and labeled **“Do Not Use”**. This may require vaccines to be relocated in accordance with the office back-up plan.
 - Refrigerated vaccines should be stored between 36°F and 46°F (2°C to 8°C).
 - Frozen vaccines should be stored between 5°F and -58°F (-15°C to -50°C).
2. **Download the temperature data from your digital data logger.** As of January 1, 2018, all providers are required to have a certified, calibrated, downloadable data logger. This information should be included with the help desk ticket when the excursion is reported.
3. **Document all action steps on the [Vaccine Storage Troubleshooting Record](#)**

4. **Compile the following information:**

Excursion date:	Alarm time:	Person Reporting Excursion:
Minimum temp:	Cumulative Duration out of range – current excursion (hours/mins):	
Maximum temp:	Were doses given since excursion:	
Were vaccines involved exposed to out of range temperatures previously:		YES NO

- Excursions can be cumulative. If there has been more than one excursion, have data available on the total duration out of range over all excursions for proper viability assessment.
 - Providers who use paper logs to estimate the excursion, you **MUST** assess the entire time period from when the previous in-range temperature was taken to when the next in-range temperature was taken. For assistance, please contact the CVP team.
5. **Determine which vaccines were involved in the excursion and, if necessary, complete an updated inventory report.**
 6. **Obtain stability data from vaccines manufacturer.** If vaccine manufacturer does not have stability data supporting the viability/usability of vaccines, must report vaccine wastage outlined in the CVP Financial Restitution policy steps for the return of spoilage.
 7. Mark vaccines cartons/boxes affected with indication of excursion (date, above/below temp) and log outcomes on the [Vaccine Storage Troubleshooting Record](#) in the **result** section.
 8. **[Submit a help desk ticket.](#)** All vaccine excursions should be reported through our help desk system. Select Immunizations (CT WiZ) – Clinic Administration – Report Vaccine Temperature Excursion – and select the sub-topic. (upload, temperature data, Vaccine Storage Troubleshooting Record, and manufacturer stability data)

Vaccine Storage Emergency Response Worksheet

What to do in case of a power failure or other event that results in vaccine storage outside of the recommended temperature range:

For more detailed guidance on emergency vaccine storage and handling, including COVID-19 vaccines, see CDC's *Vaccine Storage and Handling Toolkit* at www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.

Follow these procedures:

1. Close the door tightly.
2. Ensure the vaccine is kept at appropriate temperatures. Make sure the refrigerator or freezer is plugged in and working properly or move the vaccines into proper storage conditions as quickly as possible.
3. Do NOT discard the affected vaccines unless directed to by your state/ local health department and/or the manufacturer(s). Label the vaccines "Do Not Use" so that the potentially compromised vaccines can be easily identified.
4. Notify the state/local health department or call the manufacturer (see manufacturers' phone numbers below).
5. Document the inventory of affected vaccines below and document the circumstances of the event and the actions taken on the [Vaccine Storage Troubleshooting Record](#) (see www.immunize.org/catg.d/p3041.pdf).

Vaccines Stored in Refrigerator

Vaccine	Manufacturer	Lot #	Expiration Date	# of Doses (i.e., not # of vials)	Funding Source Public (e.g., VFC), Private, Other

Vaccines Stored in Freezer

Vaccine	Manufacturer	Lot #	Expiration Date	# of Doses (i.e., not # of vials)	Funding Source Public (e.g., VFC), Private, Other

Vaccine Manufacturers

AstraZeneca	(800) 221-1638	GSK	(877) 356-8368	Pfizer ³	(800) 438-1985
Bavarian Nordic ¹	(844) 422-8274	MassBiologics	(800) 457-4626	Pfizer-BioNTech (COVID-19)	(877) 829-2619
CSL Seqirus	(855) 358-8966	Merck	(877) 829-6372	Sanofi U.S.	(800) 822-2463
Dynavax	(844) 375-4728	Moderna	(866) 663-3762	Valneva ⁴	(844) 349-4276
Emergent BioSolutions ²	(888) 773-3266	Novavax	(844) 668-2829	VBI Vaccines	(888) 421-8808
Seqirus	(855) 358-8966				

Stability Calculator Tools:

GSK	https://gskusmedicalaffairs.com/stability-calculator.html
Merck	https://www.merckmedicalportal.com/s/temperature-stability-calculator
Moderna	https://tools.modernamedinfo.com/en-US/excursion/introduction-landing-page
Pfizer	https://www.pfizermedicalinformation.com/stability-calculator
Sanofi Pasteur	https://www.sanofimedicalinformation.com/

Manufacturer for less commonly used vaccine:

1. Bavarian Nordic: Rabavert (rabies), Jynneos (smallpox and mpox), Vaxchora (cholera), Vivotif (typhoid)
2. Emergent BioSolutions: Biothrax (anthrax), Cyfendus (anthrax),
3. Pfizer: Ticovac (tick-borne encephalitis)
4. Valneva: Ixiaro (Japanese encephalitis), Ixchiq (chikungunya virus)

Health Departments

Local Health Department phone:

State of Connecticut Department of Public Health phone: [\(860\) 509-7929](tel:8605097929)