



Connecticut Vaccine Program



2023

Blue Folder

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<https://portal.ct.gov/DPH/Immunizations/CONNECTICUT-IMMUNIZATION--PROGRAM>



Connecticut Vaccine Program

2023 BLUE FOLDER

REVISED 03/01/2023 [Click here to visit our webpage](#)

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Connecticut Vaccine Program

VFC Provider Information

<https://portal.ct.gov/DPH/Immunizations/CONNECTICUT-IMMUNIZATION--PROGRAM>

How Do I Enroll/Re-Enroll in CVP?

Re-enrollment for existing providers is annually from October through December. New providers can join the CVP program at any time. All enrollments/re-enrollments will be done electronically directly in CT WiZ.

All public and private health care providers who receive vaccine from the Connecticut Vaccine Program (CVP) 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 Connecticut Vaccine Program will keep this record in CT WiZ with the SIGNED "Provider Agreement". The Provider Profile must be updated annually or if there are changes to your patient enrollment and insurance status. Any updates to clinic information such as: address, delivery hours, or staff can be made directly in CT WiZ. Complete one Provider Profile for each office/site/satellite office.

For Re-enrollment a few things before you proceed:

- Review and complete the Provider Profile Checklist
- Review the Provider Agreement (do not email)
- View the Enrollment Tutorial
- Request access to CT WiZ if you don't already have access

Complete Re-enrollment

To re-enroll, log into CT WiZ and click on "Clinic Tools" and then "Enrollments."

Please remember that the Physician Signing the Agreement (or equivalent) must log into CT WiZ electronically to sign the agreement. **The primary coordinator cannot sign the agreement for the physician.**

New Provider Enrollment

If you are a new provider joining the CVP Program, please fill out the *New Provider Enrollment Form* and e-mail to immi.dph@ct.gov.

Once we receive this form, a member of our staff will review the information and contact you. In order to be an approved CVP provider, you must receive a new enrollment visit by a DPH staff member. This visit will review the following:

- All requirements of the program per CDC and the State of Connecticut (*bluefolder*).
- All storage units that will store CVP vaccines: Refrigerator(s) and Freezer(s).
- A data logger in each unit as well as a backup data logger.
- At least 72 hours of stable temperatures. If this is not available at the time of the visit, temperature logs will be required to be sent to DPH before approval of clinic.

Once approved, clinics can request access to CT WiZ and complete the enrollment process. A DPH staff member will contact you for CT WiZ training once the enrollment has been submitted and approved by CVP staff.

Supporting Documentation

New Clinics are required to complete the following You Call the Shot Modules: *Vaccines for Children (VFC)* and *Storage and Handling*. Each clinic will also receive a site visit every other year.

Re-enrollment Status/Help

The re-enrollment is only open until the specified closed date in December. If re-enrollment is not completed by this date, your clinic will be suspended from the CVP program. When a clinic is suspended from the CVP, they are no longer able to receive vaccines from the CVP until **all** outstanding issues are resolved.

If you have any questions about re-enrolling, and have reviewed all documents on this page, please submit a [helpdesk ticket](#). A DPH staff will contact you in a timely manner.

Clinic Changes

If your clinic has changes throughout the year such as clinic address or staff changes, you can make the changes directly in CT WiZ. Login with your CT WiZ username and password. Make sure you are in the correct clinic.

Provider Profile Checklist

Please use the following checklist to help you complete all the sections in the Provider Re-enrollment process. Review the checklist to make sure your clinic has completed all the proper paperwork and steps needed.

Prior to completing the Re-enrollment

- ☐ Make sure the Primary Coordinator, Back-up Coordinator and the Physician Signing the Agreement (or equivalent) have access to CT WiZ. If you need to request access, please visit the [CT WiZ login page](#) and click on "Request User Account." Coordinators should pick the appropriate "Access Requested" (primary or backup), and physician's signing the agreement (or equivalent) should choose Chief Medical Officer/Physician Signing Agreement. Please remember the CVP pin should be included with all CT WiZ requests. For more information on user accounts, visit our [user account webpage](#).
- ☐ Confirm that the primary and backup have completed the required trainings within the last 12 calendar months. The primary and backup vaccine coordinator must complete [Vaccines for Children \(VFC\)](#) and [Vaccine Storage and Handling](#).
- ☐ To avoid having to do so during the re-enrollment, [update all clinic information in CT WiZ](#) using the Clinic Tools, Clinic Information screens. This includes your clinic's address, contact information, delivery hours, staff, and staff training. Just a reminder, there can only be one primary coordinator, backup coordinator and physician signing the agreement.
- ☐ Gather the insurance breakdown of all children in your practice. It is important to get these amounts as accurately as possible. You may need to consult with your billing department or your EHR to complete this portion. The breakdown of the insurances are as follows:

	Birth to 1 yr.	1-6 yrs.	7-18 yrs.	Total
VFC Eligible-Medicaid/Medicaid Managed Care (Husky A)				0
VFC Eligible-Uninsured (Patients without Insurance)				0
VFC Eligible- American Indian/Alaska Native				0
CHIP (Husky B)				0
VFC Eligible-Underinsured at FQHC				0
Not VFC Eligible (Private Insurance)				0
Total Number of All Patients in your practice who will be administered state supplied vaccine (must equal the sum total for rows 1-6 above)	0	0	0	0

Please review [Patient Eligibility Screening cheat sheet](#) for more information on eligibility types

When Filling Out the Re-enrollment

- ☐ Visit our [website](#) to find a video tutorial on how to complete the re-enrollment process from start to finish.
- ☐ Please remember that the Physician Signing the Agreement (or equivalent) must log in to CT WiZ to electronically sign the agreement. **The primary coordinator cannot sign the document for the physician.**
- ☐ Answer all questions listed under the Additional Questions tab of the enrollment. You will not be able to submit the enrollment unless these fields have been completed.
- ☐ **The 2023 Re-enrollment must be completed by Wednesday December 12th.** Failure to do so will result in suspension from the program and you will not be allowed to order any vaccines until the reenrollment is complete.

New Provider Enrollment Form

All public and private health care providers who receive vaccine from the Connecticut Vaccine Program (CVP) must complete this enrollment form. Once we receive this, we will contact you to schedule a site visit where we will go over the requirements of the program as well as review storage units/data loggers used to store CVP vaccines. Once the provider is approved, you will be asked to request access to CT WiZ and be required to report and order through CT WiZ.

Please send completed enrollment to immi.dph@ct.gov.

CLINIC INFORMATION	
Clinic Name:	PIN:
Part of a Provider Group: No Yes Name:	
Clinic Category: Pharmacy Private Provider Public Health Other:	
Mailing Address:	
City:	
County:	State: CT Zip Code:
Shipping Address: <i>Check here if same as Mailing Address</i>	
City:	
County:	State: CT Zip Code:
CONTACT INFORMATION	
<i>The primary and backup coordinators are responsible for the storage and handling of the vaccine as well as the inventory, ordering, etc. Please see Vaccine Coordinator role document listed on our website for more information.</i>	
Primary Coordinator:	Title:
Phone Number:	Fax Number:
Email:	
Back-Up Coordinator:	Title:
Phone Number:	Fax Number:
Email:	
<i>This will be the Physician signing the agreement (or equivalent). To view the agreement, visit our website. Upon completing a new provider enrollment visit with a DPH staff member, the Physician signing the agreement (or equivalent) will be required to sign into CT WiZ yearly to electronically sign off on the agreement.</i>	
Physician Signing the Agreement/Medical Director:	

INSURANCE BREAKDOWN				
<i>This is the insurance breakdown of your patients at your practice. Please be as accurate as possible.</i>				
	Birth to 1 yr.	1-6 yrs.	7-18 yrs.	Total
VFC Eligible-Medicaid/Medicaid Managed Care (Husky A)				
VFC Eligible-Uninsured (Patients without Insurance)				
VFC Eligible- American Indian/Alaska Native				
CHIP (Husky B)				
VFC Eligible-Underinsured at FQHC				
Not VFC Eligible (Private Insurance)				
Total Number of All Patients in your practice who will be administered state supplied vaccine (must equal the sum total for rows 1-6 above)				



FACILITY INFORMATION

Facility Name:			PIN:
Facility Address:			
City:	County:	State:	Zip:
Telephone:		Fax:	
Shipping Address (if different than facility address):			
City:	County:	State:	Zip:

MEDICAL DIRECTOR OR EQUIVALENT

Instructions: The official registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

Last Name, First, MI:	Title:	Specialty:
License #:	Medicaid #:	National Provider Identifier # (NPI):
Provide Information for second individual as needed (for pharmacists only):		
Last Name, First, MI:	Title:	Specialty:
License #:	Medicaid #:	National Provider Identifier # (NPI) :

VACCINE COORDINATOR

Primary Vaccine Coordinator* Name:

Telephone:	Email: (NOTE: this email address will receive CVP communications)
Completed annual training: <input type="radio"/> Yes <input type="radio"/> No	Type of training received: a) Site visit b) CDC on-line modules c) CVP Webinar

Back-Up Vaccine Coordinator* Name:

Telephone:	Email: (NOTE: this email address will receive CVP communications)
Completed annual training: <input type="radio"/> Yes <input type="radio"/> No	Type of training received: a) Site visit b) CDC on-line modules c) CVP Webinar

*The primary vaccine coordinator is the person at the office who has primary responsibility for ordering, monitoring, and ensuring the quality of vaccines at the practice; the back-up vaccine coordinator has responsibility in the vaccine coordinator's absence.



PROVIDERS PRACTICING AT THIS FACILITY *(additional spaces for providers at end of form)*
Instructions: List below all licensed health care providers (MD, DO, NP, PA, pharmacist, **APRN, RN**) at your facility who have prescribing *or administering* authority.

Provider First and Last Name	Title	Prescribes	Administers	License #	Medicaid #	NPI#
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
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		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

PROVIDER AGREEMENT

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

1.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2.	<p>I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:</p> <p>A. Federal Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none"> 1. Are an American Indian or Alaska Native; 2. Are enrolled in Medicaid; 3. Have no health insurance; 4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement. <p>B. State Vaccine-eligible Children</p> <ol style="list-style-type: none"> 1. In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses to such children. <p>Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are not eligible to receive VFC-purchased vaccine.</p>
3.	<p>For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:</p> <ol style="list-style-type: none"> a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child; b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
4.	I will maintain all records related to the vaccine program for a minimum of three years and upon request make these records available for review. Vaccine records include, but are not limited to, vaccine screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5.	I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.
6.	Effective January 1, 2020, providers who choose to bill for the vaccine administration fee of a non-Medicaid, VFC-eligible child after the date of service may only issue a single bill to the patient within 90 days of vaccine administration. This policy does not apply to vaccine administration fees billed to Medicaid for children who meet the Medicaid eligibility criteria for the VFC Program. Unpaid administration fees may not be sent to collections, and the provider may not refuse to vaccinate an eligible child whose parents have unpaid vaccine administration fees.
7.	<p><u>VFC Vaccine Eligible Children</u></p> <p>I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible (uninsured or under-insured) children that exceeds the administration fee cap of \$21.00 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.</p> <p><u>State Vaccine Eligible Children</u></p>

	For private insurance patients I will accept the reimbursement for immunization administration up to the maximum allowed per the insurance company's policy.
8.	I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
9.	I will distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
10.	I will comply with the requirements for vaccine management including: <ul style="list-style-type: none"> a) Ordering vaccine and maintaining appropriate vaccine inventories; b) Not storing vaccine in dormitory-style units at any time; c) Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet CVP storage and handling requirements including use of a data logger style thermometer for all CVP supplied vaccine; d) Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within two months of spoilage/expiration
11.	I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program: Fraud: is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law. Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.
12.	I will participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.
13.	Should my staff, representative, or I access VTrckS, I agree to: <ul style="list-style-type: none"> a) Be bound by CDC's terms of use for interacting with the online ordering system. I further agree to be bound by any applicable federal laws, regulations or guidelines related to accessing a CDC system and ordering publicly funded vaccines, and b) In advance of any VTrckS access by my staff, representative or myself, I will identify each member of my staff or representative who is authorized to order vaccines on my behalf. In addition, I will maintain a record of each staff member who is authorized to order vaccines on my behalf. If changes occur, I will inform the Connecticut Vaccine Program within 24 hours of any change in status of current staff members or representatives who are no longer authorized to order vaccines, or the addition of any new staff authorized to order on my behalf. I certify that my identification is represented correctly on this provider enrollment form.
14.	For pharmacies, urgent care, or school located vaccine clinics, I agree to: <ul style="list-style-type: none"> a) Vaccinate all "walk-in" VFC-eligible children and b) Not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee. Note: "Walk-in" refers to any VFC eligible child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to VFC patients as well.
15.	I agree to replace vaccine purchased with state and federal funds that are deemed non-viable due to provider negligence on a <u>dose-for-dose</u> basis.
16.	I understand this facility or the Connecticut Vaccine Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused state and federal vaccine as directed by the Connecticut Vaccine Program.



By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the vaccine enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Medical Director or Equivalent Name (print):

Signature:

Date:

Name (print) *Second individual as needed:*

Signature:

Date:

CONNECTICUT VACCINE PROGRAM (CVP)

VACCINE FRAUD & ABUSE STATEMENT



COOPERATION

Compliance with the Vaccines For Children (VFC) and Connecticut Vaccine Program (CVP) requirements is an important step in preventing fraud and abuse of state and federal resources. The VFC and CVP 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 Program.

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 program, a health insurance company, or a patient; or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid Program.

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 IMMI.DPH@CT.GOV

CVP 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 /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

***Note privately insured patients can receive all vaccines from the CVP except for HPV for various age groups. Please refer to CVP eligibility 9-10 & 14-17 year olds.**

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.



CONNECTICUT VACCINE PROGRAM (CVP) Patient Eligibility Screening Record



Child's Name: _____

Date of Birth: _____

Parent/Guardian: _____

Provider: _____

This child qualifies for immunization through the Connecticut Vaccine Program since he/she is under 19 years of age and (check only one box):

VFC eligible:

- (A) Is enrolled in Medicaid (HUSKY A) ☐
- (B) Has no health insurance/self-pay ☐
- (C) Is American Indian or Alaskan Native ☐
- (D) Is under-insured (has 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. ☐

State eligible:

- (E) Is under-insured (has 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. ☐
- (F) Is enrolled in S-CHIP (HUSKYB) ☐
- (G) *Is Privately Insured ☐

*Note private insurance patients can receive all vaccines from the CVP except for Human Papillomavirus Vaccine (HPV) for 9-10 & 13 through 18 year olds. These vaccines are only available for patients in categories A, B, C, D, E & F.

A record must be kept in the healthcare provider's office (paper copy or in an EHR/EMR) that reflects the status of all children 18 years of age and younger who receive vaccine from the CVP.

Patient Eligibility must be verified and documented for **every immunization visit**. Please document that eligibility screening was verified with the initials of the person who performed the screening. If the screening result above (A-G) changed, please complete a new patient eligibility screening record.

Date of screening (mo/day/year)	Initials

Date of screening (mo/day/year)	Initials



CONNECTICUT VACCINE PROGRAM
Formulario Para La Elegibilidad del Paciente



Nombre del Paciente: _____

Fecha de nacimiento: _____

Nombre de Padres/tutores: _____

Proveedor de Servicios: _____

Este paciente califica para inmunizaciones por medio del Programa de Vacunas de Connecticut porque él / ella tiene menos de 19 años y (marque solamente uno):

Elegible para CVP:

(A) Está registrado en Medicaid (Husky A)

☐

(B) No tiene seguro médico / pago propio

☐

(C) Es Indio Americano o persona nacida en Alaska

☐

(D) Seguro limitado (tiene seguro que no cubre las vacunas o solo cubre selección devacunas) y es un paciente de un Centro de Salud que sea calificado federalmente (FQHC). Estos pacientes pueden recibir todas las vacunas en el Centro calificado federalmente FQHC.

☐

Estado elegible:

(E) Seguro limitado (tiene seguro que no cubre las vacunas o solo cubre selección devacunas) y es un paciente de una oficina de los proveedores de salud privado. Estos pacientes pueden recibir todas las vacunas en su oficina de proveedor de salud privado.

☐

(F) Está registrado en S-CHIP (Husky B)

☐

(G) *Seguro privado

☐

*Pacientes que tienen **seguro privado** pueden recibir toda las vacunas del programa CVP excepto y el virus del papiloma humano (VPH) de 9 a 10, y 13 a 18 años de edad. Estas vacunas son disponibles solamente para los pacientes en las categorías A, B, C, D, E, y F.

Un historial debe de mantenerse guardado en la oficina del proveedor médico que refleje el estado de todos los pacientes que tengan 18 años o menos que reciben vacunas del programa CVP. El historial puede ser completado por los padres, tutores, o individual del historial, o por el proveedor médico. El historial no tiene que estar al día a menos que el estado del niño o niña ha cambiado. Mientras que la verificación de respuesta no es requerido, si es necesario retener este historial o uno similar para cada paciente que recibe una vacuna.

La Elegibilidad del Paciente debe ser verificada y documentada en **cada visita de inmunización**. Por favor documente que el formulario de elegibilidad fue verificado con las iniciales de la persona que realizo el cribado. Si los resultados sobre las preguntas de arriba (A-G) han cambiado, por favor complete un formulario de elegibilidad nuevo.

Fecha de examen (mes/dia/año)	Iniciales

Fecha de examen (mes/dia/año)	Iniciales

Connecticut Vaccine Program (CVP) Eligibility Criteria as of July 1, 2023

Vaccine	Age Group	Status of Patient VFC and State Supplied Vaccine				CPT Code(s)
		VFC Eligible ¹	Non-VFC Eligible Privately Insured ²	Non-VFC Eligible Under- Insured ²	S-CHIP ²	
Hepatitis B	Newborns in hospital	YES	YES	YES	YES	90744
	Children 0-18 years	YES	YES	YES	YES	
Varicella (Doses 1 & 2)	12 months-18 years ³	YES	YES	YES	YES	90716
Td	7-18 years ⁴	YES	YES	YES	YES	90714
MMR	12 months-18 years	YES	YES	YES	YES	90707
	College (any age)	YES	YES	YES	YES	
MMRV (Doses 1 & 2)	12 months-12 years	YES	YES	YES	YES	90710
DTaP	2 months – 6 years	YES	YES	YES	YES	90700
Hib	2-59 months	YES	YES	YES	YES	90647, 90648
IPV	2 months-18 years	YES	YES	YES	YES	90713
DTaP/IPV	4-6 years	YES	YES	YES	YES	90696
DTaP/IPV/Hep B	2-83 months	YES	YES	YES	YES	90723
DTaP/IPV/Hib	2-59 months	YES	YES	YES	YES	90698
DTaP/IPV/Hib/Hep B	2-59 months	YES	YES	YES	YES	90697
Meningococcal Conjugate High Risk:	2 months-10 years	YES	YES	YES	YES	90619, 90734
Routine Doses 1 & 2:	11-18 years	YES	YES	YES	YES	
Tdap	7-18 years ⁵	YES	YES	YES	YES	90715
Pneumococcal Conjugate (PCV13)	2 months-18 years	YES	YES	YES	YES	90670
Pneumococcal Polysaccharide (PPSV23)	2-18 years	YES	YES	YES	YES	90732
Influenza	6 months-18 years	YES	YES	YES	YES	90672, 90674, 90686
Hepatitis A	12 months -18 years	YES	YES	YES	YES	90633
Rotavirus	6 weeks-8 months	YES	YES	YES	YES	90680, 90681
HPV (males & females)	9,10,15, 16 yrs	YES	NO	YES	YES	90651
	11-14 & 17-18 yrs	YES	YES	YES	YES	
Meningococcal Serogroup B High Risk:	10-18 years	YES	YES	YES	YES	90620, 90621
	Routine Doses 1 & 2:	YES	YES	YES	YES	
Pneumococcal Conjugate 15	2 months-18 years	YES	YES	YES	YES	90671

1. VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; (c) American Indian or Alaskan native; or (d) underinsured seen at an FQHC.
2. Non-VFC children refers to patients who have private insurance that covers the cost of immunizations, patients that are under-insured for some or all vaccines seen by a private provider; and S-CHIP children- those children enrolled in HUSKY B.
3. Susceptible children who do not have a clinical history of chicken pox.
4. Td vaccine can be given to children 7-18 years of age to complete their primary series, or to those children 7-18 years of age who are in need of a Tetanus containing vaccine and cannot receive Tdap.
5. Tdap vaccine should be administered routinely to children at the 11-12 year old preventive health care visit, and to children 7-10 & 13-18 years old who have not been fully vaccinated against pertussis and for whom no contraindication to pertussis containing vaccine exists

As of July 1, 2023 the only childhood vaccine not universally available from the CVP is HPV for privately insured patients 9-10 & 14-17 years of age. Providers can purchase this vaccine privately and submit billing requests to the appropriate insurer in accordance with normal billing procedures.

Facility Name:

Pin #:

VACCINE BORROWING REPORT

VFC-enrolled providers are expected to manage and maintain an adequate inventory of vaccine for both their VFC and non-VFC-eligible patients. **Planned borrowing of VFC vaccine including the use of VFC vaccine as a replacement system for a provider's privately purchased vaccine inventory is not permissible.**

VFC-enrolled providers must ensure borrowing VFC vaccine will not prevent a VFC-eligible child from receiving a needed vaccination. Infrequent exchanging between VFC and private stock of a short-dated vaccine dose may be performed if the provider serves a small number of private pay patients, the dose is one month from expiration, or the dose of vaccine cannot be used for the population it is intended for prior to the expiration date.

COMPLETE THIS FORM WHEN:

- A dose of VFC vaccine is administered to a non VFC-eligible child
- A dose of privately-purchased vaccine is administered to a VFC-eligible child

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 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 on page 2.
- Enter details of reason in Column F if an Other code (7Other or 13Other) is entered in the Vaccine Borrowing Report Table.

Reason for Vaccine Borrowing and Replacement Coding Legend

Reason for Borrowing VFC Dose	Code	Reason for Borrowing Private Dose	Code
Private vaccine shipment delay (vaccine order placed on time/delay in shipping)	1	VFC vaccine shipment delay (order placed on time/delay in shipping)	8
Private vaccine not useable on arrival (vials broken, temperature monitor out of range)	2	VFC 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 VFC vaccine between orders (not due to shipping delays)	10
Short-dated private dose was exchanged with VFC dose	4	Short-dated VFC dose was exchanged with private dose	11
Accidental use of VFC dose for a private patient	5	Accidental use of a Private dose for a VFC eligible patient	12
Replacement of Private dose with VFC when insurance plan did not cover vaccine	6	Other – Describe:	13Other
Other – Describe:	7Other		

WHAT TO DO WITH THIS FORM:

- Completed forms must be retained as a VFC program record and made available to the State/Local or Territorial Immunization Program upon request.

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

VACCINE BORROWING REPORT TABLE

A Vaccine Type Borrowed	B Stock Used (VFC or Private)	C Patient Name	D Patient DOB (XX/XX/XXXX)	E Date Dose Administered (XX/XX/XXXX)	F Reason Appropriate Vaccine Stock was not Used (Use legend code on page 1 to mark one reason for each dose borrowed)	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 provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form.

Provider Name:	Provider Signature:	Date:
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Revised 12/12/2014



CONNECTICUT VACCINE PROGRAM (CVP)

RECOMMENDED BACK-UP PROTOCOL FOR VACCINE RECOVERY

Facility Name _____ PIN _____

City/Town _____ Phone _____

Person Completing Form _____ Date _____

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

This document offers guidance for developing a vaccine disaster recovery plan. 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.***

VACCINE RECOVERY PLAN

A. Designate a Vaccine Coordinator and a Back-up person within your practice to:

- ◇ Monitor the operation of the vaccine storage equipment and systems daily;
- ◇ 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 or \$5,000 or more;
- ◇ Assure the appropriate handling of the vaccine during the disaster or power outage.
- ◇ 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	HOME PHONE

B. Back-Up Systems

If you do not have a back-up generator, identify a location with one. This may be the local hospital, pharmacy, fire station, another practice, or an employee's home.

- ◇ 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 cannot be restored within 6 hours.

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

LOCATION NAME/PHONE #	CONTACT PERSON	HOME PHONE

- ◇ 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.
- ◇ 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 ice packs available to temporarily and safely store your vaccine.

C. Transport of Vaccine

- ◇ **Conduct an inventory before you transport vaccine.**
- ◇ **Package vaccine in a well-insulated container with ice packs.**
- ◇ Insulate refrigerated vaccine from direct contact with the ice packs by wrapping vaccine packaging in newspaper, bubble wrap, or a similar 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 (with the exception of MMR vaccine, which 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.

D. 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.

E. 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 & HOME PHONE

THINGS TO DO NOW...BEFORE IT IS TOO LATE!

- A. 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.
- B. 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 of time.

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

HELPFUL HINTS

- ◇ 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.
- ◇ Use the blinking light of a digital clock or microwave as an indicator that power was lost some time during closing hours.



CONNECTICUT VACCINE PROGRAM (CVP) VACCINE MANAGEMENT PLAN

Facility Name _____ PIN _____

Vaccine Coordinator _____

Back-Up Coordinator _____

PURPOSE

The purpose of this document is to ensure proper management of vaccines received under the Connecticut Vaccine Program (CVP), including vaccine ordering, receipt, cold storage, transfer, and inventory control. All documents referenced in this plan as well as additional vaccine information may be found in the Department of Public Health Immunization Program provided Blue Folder. In addition, many of these documents can be found on the Connecticut Vaccine Program website: <https://portal.ct.gov/DPH/Immunizations/CVP---Information-for-Providers>

- ◇ **Designate a primary vaccine coordinator and at least one back-up staff at each practice site enrolled in CVP.**

It is preferable for the primary vaccine coordinator to be a full-time employee of the site. The vaccine coordinator is responsible for ensuring that the details of this plan are followed.

- ◇ **Complete and follow the Vaccine Back-Up Plan.**

The Vaccine Back-Up Plan is a contingency plan for vaccines in the event of a power failure. This plan should be reviewed and updated annually, or when there is a change in staff responsible for the plan.

- ◇ **Receive and review CVP vaccine from the distributor (McKesson or Merck).**

Ensure that the shipment matches the packing slip, the appropriate diluent is included, the vaccine is unpacked/properly stored, and report any discrepancies to the state Immunization Program immediately.

(It may be helpful to maintain a running log for each shipment of vaccines for inventory control purposes; the log could include the number of doses of vaccine received, the date the vaccine was received, the date of expiry, and the new running total.)

- ◇ **Rotate vaccine stock as it is received to ensure that vaccine expiring first is used first.**
- ◇ **Store Vaccines at their proper temperatures.**

Refer to the "Vaccine Storage and Handling Toolkit" for further information on the proper storage and handling of each vaccine. <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>

Expired, wasted, spoiled, or lost vaccines are to be returned to McKesson. Please read and follow directions on how to [return vaccines](#) in CT WiZ.

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

Immunization Laws & Regulations

<https://portal.ct.gov/DPH/Immunizations/Immunization--Laws-and-Regulations>

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

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) 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/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/vis.

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

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.

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 (includes DT)
- 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 the National Childhood Vaccine Injury Act (i.e., adenovirus, anthrax, dengue, Japanese encephalitis, pneumococcal polysaccharide, rabies, 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.

*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 used, the goal is to provide a current VIS just prior to vaccination.

continued on next page ►

Most current versions of VISs (table)

As of May 12, 2023, the most recent versions of the VISs are as follows:

Adenovirus	1/8/20	MMRV	8/6/21
Anthrax	1/8/20	Multi-vaccine	10/15/21
Cholera	10/30/19	PCV	5/12/23
Dengue	12/17/21	PPSV23	10/30/19
DTaP	8/6/21	Polio	8/6/21
Ebola	6/30/22	Rabies	6/2/22
Hepatitis A	10/15/21	Rotavirus	10/15/21
Hepatitis B	5/12/23	Smallpox/monkeypox	11/14/22
Hib	8/6/21	Td	8/6/21
HPV	8/6/21	Tdap	8/6/21
Influenza	8/6/21	Typhoid	10/30/19
Japanese enceph	8/15/19	Varicella	8/6/21
MenACWY	8/6/21	Yellow fever	4/1/20
MenB	8/6/21	Zoster	2/4/22
MMR	8/6/21		

A handy list of current VIS dates is also available at www.immunize.org/catg.d/p2029.pdf.

www.immunize.org/catg.d/p2027.pdf

Item #P2027 (5/12/2023)



(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) 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)

In addition, providers must record:

- 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

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/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

VAERS

Vaccine Adverse Event Reporting System

A National Program for Monitoring Vaccine Safety

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 reviews reports of 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 a vaccine caused an adverse event, but can determine if further investigation is needed.

VAERS provides valuable information

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

VAERS staff evaluate reports of adverse events

VAERS defines a “serious adverse event” as life-threatening illness, hospitalization, prolongation of an existing hospitalization, permanent disability or death. Once adverse events are identified using VAERS, they may be monitored in other immunization safety systems 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, vaccine manufacturers and the general public. CDC and FDA encourage anyone who experiences an adverse event after receiving a vaccine to report to VAERS.

How to report to VAERS

You can report to VAERS online at <https://vaers.hhs.gov/index>.

For further assistance reporting to VAERS, visit <https://vaers.hhs.gov/index> or contact VAERS directly at info@VAERS.org or 1-800-822-7967.

VAERS data are available to the public

VAERS data can be downloaded at <https://vaers.hhs.gov/data/index> or searched at <http://wonder.cdc.gov/vaers.html>. Privacy is protected and personal identifying information (such as name, date of birth and address) is removed from the public data.

*Healthcare providers are encouraged to report all clinically significant adverse events after vaccination to VAERS even if it is uncertain whether the vaccine caused the event. They are also required to report to VAERS adverse events found in the Reportable Events Table (RET) at https://vaers.hhs.gov/resources/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf



**For more information
about VAERS:**

E-mail: info@vaers.org

Phone: 1-800-822-7967

Web site: www.vaers.hhs.gov





Connecticut Vaccine Program

Vaccine Administration Information

<https://portal.ct.gov/DPH/Immunizations/CONNECTICUT-IMMUNIZATION--PROGRAM>

VACCINE ADMINISTRATION RESOURCES

The following are suggested resources for practitioners who administer pediatric vaccinations. Additional materials are available from the CDC or through the Immunization Action Coalition (IAC).

RECOMMENDED AND CATCH-UP IMMUNIZATION SCHEDULES 0-18 YEARS

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

ADDITIONAL CATCH-UP GUIDANCE

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

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

Haemophilus influenza type b 4 months through 4 years of age

ActHib, Pentacel, Hiberix, or unknown

<https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/hib-actHib.pdf>

PedvaxHIB

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

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

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

Inactivated Polio Vaccine (IPV)

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

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

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

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

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

RECOMMENDED AND MINIMUM AGES AND INTERVALS BETWEEN VACCINE DOSES

<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf>

SUMMARY OF RECOMMENDATIONS FOR CHILDHOOD/TEEN IMMUNIZATION

<http://www.immunize.org/catg.d/p2010.pdf>

SCREENING CHECKLIST FOR CONTRAINDICATIONS TO VACCINES FOR CHILDREN AND TEENS

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

Spanish - <http://www.immunize.org/catg.d/p4060-01.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

<http://www.immunize.org/catg.d/p3072a.pdf>

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

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

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



Connecticut Vaccine Program

Information Resources

<https://portal.ct.gov/DPH/Immunizations/CONNECTICUT-IMMUNIZATION--PROGRAM>

VACCINE COORDINATOR ROLE

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). 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, 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 Information for Provider Page](#)
 - [Vaccine Providers Page](#)
 - [CT WiZ Training Page](#)
 - [Inventory management-step by step instructions with slides](#)
 - [Provider Enrollment Page](#)
- New coordinators, please ask an active CT WiZ user 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 CTWiZ](#).
- Complete these steps for CT WiZ inventory management training.
 - Review [CT WiZ Training Page](#).
 - Review the self-paced Patient Management Video on the CT WiZ Training Page.
 - 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 contact CVP so we can direct you to the correct inventory management training.

Responsibilities:

Storage and Handling: Managing vaccine inventory involves identifying vaccines upon receipt, account for total inventory supply, rotate stock and records 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 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](#).
- Capture minimum and maximum temperatures once daily from data logger thermometers.
- Download data logger reports monthly.
- For sites with CVP supplied Berlinger data loggers, review the [Berlinger Fridge Tag](#), Videos and Support Documents.

Temperature Excursions: Submit a [help desk ticket](#) for more information, or if vaccine was deemed not viable.

- Acceptable temperature ranges: Refrigerator Temp between: 2–8°C (36–46°F), and we aim for 5°C (41°F). Freezer Temp between: -50°C and -15°C (-58°F and +5°F).
- Try to determine source of excursion and immediately secure the vaccine in another storage unit with a data logger. Or initiate your back up plan.
- Label vaccine “do not use” until viability is determined.
- For additional information please refer to the Temperature Excursion Troubleshooting Document in the [Blue Folder](#) or on the web page.
- 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 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.

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

- Perform a physical inventory of vaccines on hand and determine doses administered since the date of the last reconciliation. Resolve all vaccine discrepancies before you submit to CVP.
- Report all days that the practice will be closed during the coming month to prevent vaccines from getting delivered when the site is closed in CT WiZ.

- When submitting an order/managing vaccines through CT WiZ please refer to the following web page: [Inventory management \(ct.gov\)](https://inventorymanagement.ct.gov)

Transferring Vaccine: You should initiate transfer of vaccines to another CVP site willing to use the vaccines 4 months' prior to the expiration date.

- Contact CVP providers in the area 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.
- Deliver vaccine to the accepting provider, have the receiving provider sign and date the Vaccine
- Submit the transfer in CT WiZ. Please refer to [CT WiZ Inventory Management](#) web page for additional information on how to complete the return in CT WiZ.

Returns and Wastage: Vaccines should be monitored closely to prevent wastage. If wastage occurs, report it to the CVP. Expired vaccines and vaccines that have spoiled due to a breach in the cold chain should be returned to McKesson. Broken vials expired open multi-dose vials and unused pre-drawn vaccine should be discarded appropriately on site. Some wastage situations may require restitution as determined by the CVP 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. Please note, you never return open multi-dose vials, broken vials, or syringes with a needle. Refer to [CT WiZ Inventory Management](#) web page for guidance. Remember "Clinic Comments" on the return screen is how you document the spoilage letter.
- Use the return UPS label received via email 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.▪ 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 and order to the CVP in CT WiZ or paper Vaccine Order Form▪ 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 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 provider profile for re-enrollment in CVP via CT WiZ▪ Review and 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.
As Needed <ul style="list-style-type: none">▪ Take action if the temperatures are outside the appropriate temperature ranges.▪ Update “Clinic Tools” in CT WiZ with any staff or clinic changes.▪ 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 or concerns regarding the CVP Program by calling 860-509-7929

Questions or concerns regarding CT WiZ please submit a [Help desk ticket](#).

CONNECTICUT VACCINE PROGRAM FINANCIAL RESTITUTION POLICY



Revised February 11, 2020

The Financial Restitution Policy was developed in accordance with the Connecticut Vaccine Program (CVP) 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 Connecticut Vaccine Program. The policy also includes a provision that providers who notify the CVP of vaccine 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 Program 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
- Handling and storage 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 Program 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 lead 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 the Connecticut Vaccine Program 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 program for redistribution to another provider four months or more prior to expiration
- Expired doses of influenza vaccine
- Extraordinary situations not listed above which are deemed by the Connecticut Vaccine Program 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 Connecticut Vaccine Program 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 Connecticut Vaccine Program an invoice showing that they have replaced all wasted doses.

PROCEDURE FOR FINANCIAL RESTITUTION

This policy applies to any vaccine reported to the Connecticut Vaccine Program as wasted on or after May 1, 2011.

- Each incident reported will be reviewed on a case-by-case basis by the Connecticut Vaccine Program to determine whether restitution will be required or if extenuating circumstances prevail.
- The provider will be required to submit an invoice to the Connecticut Vaccine Program 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

- Complete a Vaccine Return in CT WiZ for unopened, expired, or spoiled vaccines. The Connecticut Vaccine Program will request a postage paid mailing label be sent from McKesson to the provider for return of the wasted vaccine.
- Once the mailing label is received the provider will return all **non-viable vaccine.**

SCHOOL-BASED HEALTH CENTERS

The following are CVP rules for practitioners who administer pediatric vaccinations at SBHCs. 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 [Immunization Action Coalition \(IAC\)](#).

*Bookmark [CVP-Information for Providers webpage](#) for updates and resources



STAFF

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 [HelpDesk](#).
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 purpose only.
 - b. Keep an inventory list with the vaccines for the receiving provider and for yourself.
 - i. 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).
 - i. 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. Enact backup plan/location (same as above).
4. Enter transfers in CT WiZ when moving vaccine for any school break.

Returning from Summer Break

1. Make sure your storage units are on and functioning.
2. Email a DDL report with 48 hours of stable temperatures to the CVP for review, before you bring back your vaccines.
3. Upon CVP approval, return vaccines to SBHC and review that inventory is correct.

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. This does not need to be on site, you can share with other SBHC locations. However, you need to have a document with the exact location and process to obtain it with a copy of the certificate attached to your back up plan.

OTHER 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 Immi.DPH@ct.gov or submit a [help desk ticket](#).




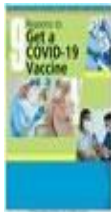
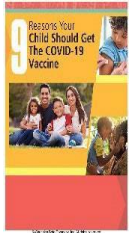



DPH IMMUNIZATION PROGRAM

EDUCATIONAL MATERIALS ORDER FORM



All materials are free of cost, please allow 2-3 weeks for processing and delivery.

Note: Due to the high demand, please **limit your orders to 150 copies max per material** and re-order again once you've distributed your stock.

COVID-19 Immunization Materials					
Front Cover	Description	Order Amount	Front Cover	Description	Order Amount
	Facts About COVID-19 Vaccines Based on CDC guidelines, pamphlet helps educate and reassure people about the safety and effectiveness of available COVID-19 vaccines. Easy-to-follow sections highlight key information, starting with an overview of the potentially severe effects of COVID-19. Photo-illustrated pamphlet also details how the vaccine can protect both adults and younger people, names possible side effects, answers basic questions, and provides additional sources of information.	English		9 Reasons to Get a COVID-19 Vaccine This list-style booklet highlights the safety and effectiveness of COVID-19 vaccines and encourages readers to get vaccinated. Action-oriented tips warn that COVID-19 is a serious illness, shed light on why immunity is the best protection against the virus, and discuss how vaccination can help protect the entire community. Booklet also describes mild side effects and emphasizes that vaccination is just one important tool in fighting the virus, along with wearing masks and other measures.	English
		Spanish			Spanish
	9 Reasons Your Child Should Get the COVID-19 Vaccine Emphasizing the safety and effectiveness of COVID-19 vaccines, list-style booklet encourages parents to get their child vaccinated. Action-oriented tips underscore that children can get the coronavirus as well as transmit it to others, define immunity, list common vaccine side effects, explain the benefits of vaccination to individuals, families, and the community, and more. Also urges readers to stay informed and to follow protective mandates when in place. 8 pages, 5 1/2" x 8".	English		The COVID-19 Vaccine and Your Child Provides parents with valuable information about the COVID-19 vaccine for children. With text in both English and Spanish, this encouraging pamphlet explains how immunization protects children, why vaccines are safe and effective, the benefits of vaccination to individuals, families, and the community, and more. 5 panels in English, 5 panels in Spanish, 3 1/2" x 8" Bi-lingual in English and Spanish	
		Spanish			
	COVID-19 Immunization Card Holders These plastic covers are a handy way to keep your CDC COVID-19 vaccine card safe and protected!	(note: no 150 limit)		Boost Your Protection – Facts about COVID-19 Booster Shots Following CDC guidelines, this pamphlet teaches people about the importance of getting their COVID-19 booster shot and reassures them that boosters are safe and effective. The photo-illustrated pamphlet reviews COVID-19 symptoms, offers insight for what to expect after getting the shot, provides answers to common questions, and shares additional sources of information. 8 panels, 3 1/2" x 8"	English
					Spanish



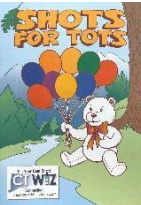
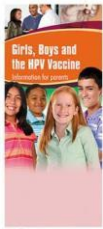


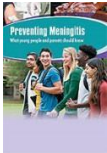
DPH IMMUNIZATION PROGRAM

EDUCATIONAL MATERIALS ORDER FORM



All materials are free of cost, please allow 2-3 weeks for processing and delivery.

Note: Due to the high demand, please **limit your orders to 150 copies max per material** and re-order again once you've distributed your stock.

	<p>Shots for Tots – The Importance of Immunizations for Your Child</p> <p>Clearly explains why immunization is important for every child. Covers the leading childhood illnesses and gives information on how to obtain a copy of your child's immunization history. Contains current childhood immunization schedule and references the Connecticut school and day care requirements. 16 pages, 5 ½" X 8". Classic illustrated booklet.</p>	<u>English</u>			
		<u>Spanish</u>			
Routine Pre-teen and Teen Immunization Materials					
Front Cover	Description	Order Amount	Front Cover	Description	Order Amount
	<p>Girls, Boys and the HPV Vaccine – Information for Parents!</p> <p>This pamphlet emphasizes the importance of fully immunizing boys and girls against HPV before they become sexually active. It describes HPV and its health risks, emphasizes vaccination safety and effectiveness, encourages healthy behaviors, features a chart listing all recommended childhood immunizations, and more.</p>	<u>English</u>		<p>The HPV Vaccine – Important Protection for your Son or Daughter</p> <p>This pamphlet educates parents about the important benefits of the HPV vaccine, describes how it protects people from cervical and other cancers, and refutes common misconceptions. The pamphlet explains that both girls and boys should be vaccinated, describes the process, underscores the safety and effectiveness of the vaccine, and provides additional sources of information. Bi-lingual in English and Spanish.</p>	
		<u>Spanish</u>			
	<p>Protect Your Preteen or Teen with Shots—They're Not just for Babies!</p> <p>This informative, motivational booklet teaches parents that shots are just as important for preteens as they are for infants and toddlers. It provides a handy chart of "catch-up" and older child immunization. Also included: brief explanations of diseases of special concern that shots can protect against, special issues and those considered at high risk.</p>	<u>English</u>		<p>Preventing Meningitis</p> <p>This booklet raises awareness of meningitis, how it is spread, symptoms to look for, and how to avoid infection. Urges readers to get vaccinated, avoid sharing personal items, wash hands often, and adopt other healthy habits. Includes a list of warning signs and recommends seeking medical care immediately if symptoms are observed. English only.</p>	



DPH IMMUNIZATION PROGRAM

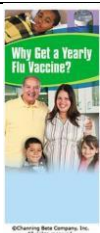
EDUCATIONAL MATERIALS ORDER FORM



All materials are free of cost, please allow 2-3 weeks for processing and delivery.

Note: Due to the high demand, please **limit your orders to 150 copies max per material** and re-order again once you've distributed your stock.

Influenza Immunization Materials

Front Cover	Description	Order Amount	Front Cover	Description	Order Amount
	Why Get a Yearly Flu Vaccine? This pamphlet emphasizes the importance of an annual flu vaccine, identifies who should get the vaccine, describes flu symptoms, and lists possible complications. Explains that the flu vaccine is safe and effective, discusses potential side effects, and answers common questions.	<u>English</u> <u>Spanish</u>			

For additional Educational Materials Order Forms, visit:

https://portal.ct.gov/immunization/Providers-Landing-Page?language=en_US

****TO PLACE YOUR ORDER****

Save this order form to your computer, fill it out, and submit a Helpdesk ticket to the Immunizations Program with your completed form attached:

<https://dph-cthelpdesk.ct.gov/Ticket>

In case we have questions about your order, please **type/print** your email and phone number:

Email: _____

Phone Number: _____

THE BOX BELOW IS USED AS THE SHIPPING LABEL.

PLEASE TYPE OR PRINT CLEARLY AND PROVIDE MAIL STOPS OR FLOOR/AREAS.

SHIPPING LABEL	
Date of Order:	_____
Office Name:	_____
Address:	_____ _____ _____
Attn:	_____



Connecticut Vaccine Program

Vaccine Storage & Handling Information

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 the [Immunization Action Coalition \(IAC\)](#).

CDC VACCINE STORAGE AND HANDLING RESOURCES

<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>

AMERICAN ACADEMY OF PEDIATRICS (AAP)

<https://www.aap.org/>

[Vaccine Storage and Handling \(aap.org\)](#)

- Data Loggers and Vaccine Monitoring: [Frequently Asked Questions \(ct.gov\)](#)
- Refrigerators, Freezers, and Vaccine Storage: <https://downloads.aap.org/DOPCSP/BuyingGuide%28RF%29AddAccuvax.pdf>

IMMUNIZATION ACTION COALITION (IAC)

<https://www.immunize.org/askexperts/storage-handling.asp>

- Temperature Logs
 - Refrigerators
 - Celsius: <https://www.immunize.org/catg.d/p3037c.pdf>
 - Fahrenheit: <https://www.immunize.org/catg.d/p3037f.pdf>
 - Freezer
 - Celsius: <https://www.immunize.org/catg.d/p3038c.pdf>
 - Fahrenheit: <https://www.immunize.org/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

- 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/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/immunization/cvp/85-86-Berlinger-Excursion-FAQ.pdf?la=en
- Fridge-tag® 2 & 2L Support: <https://www.berlingerusa.com/support>

TEMPERATURE EXCURSIONS

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

TEMPERATURE EXCURSION TROUBLESHOOTING

All providers are required to report temperature excursions above the acceptable range in 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. **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 are 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 help, please contact the CVP.
4. **Determine which vaccines were involved in the excursion and, if necessary, complete an updated inventory report.**
 5. **[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.
 6. **Submit a return form and spoilage letter for any vaccines deemed non-viable.**

Adapted by the Immunize.org, courtesy of the Michigan Department of Community Health



FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p3051.pdf • Item #3051 (6/22)

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

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 action taken on the Vaccine Storage Troubleshooting Record (see www.immunize.org/catg.d/p3041.pdf).

For information on COVID-19 vaccine storage, see the COVID-19 Vaccine Addendum in CDC's Vaccine Storage and Handling Toolkit at www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf

Vaccines Stored in Refrigerator

Vaccine	Manufacturer	Lot #	Expiration Date	# of Doses (i.e., not # of vials)

Vaccines Stored in Freezer

Vaccine	Manufacturer	Lot #	Expiration Date	# of Doses (i.e., not # of vials)

Important Contact Information:

Vaccine Manufacturers

AstraZeneca	(877) 633-4411	GlaxoSmithKline	(877) 356-8368	Sanofi Pasteur	(800) 822-2463
Bavarian Nordic1	(844) 422-8274	MassBiologics	(617) 474-3220	Seqirus	(855) 358-8966
Dynavax Technologies	(844) 375-4728	Merck & Co., Inc.	(800) 672-6372	Valneva4	(301) 556-4500
Emergent BioSolutions2	(866) 300-7602	Pfizer Inc.	(800) 438-1985		

*Manufacturer for less commonly used vaccine:

1. typhoid (Vivotif)
2. Emergent BioSolutions: Biothrax (anthrax), Vaxchora (cholera), Vivotif (typhoid) Japanese encephalitis (Ixiaro)
3. Pfizer: Ticovac (tick-borne encephalitis)
4. Valneva: Ixiaro (Japanese encephalitis)

Health Departments

Local Health Department phone _____ State Health Department phone _____