



# NJ Vaccines for Children (VFC)

MAY 2015

## Patient Eligibility for the Vaccines for Children (VFC) and 317-Funded Vaccines

The Vaccines for Children (VFC) Program helps provide vaccines to children whose parents or guardians may not be able to afford them. This helps to ensure that all children have a better chance of getting their recommended vaccinations on schedule. Vaccines available through the VFC Program are those recommended by the Advisory Committee on Immunization Practices (ACIP). These vaccines protect babies, young children, and adolescents from 16 diseases.



Section 317 of the Public Health Service Act authorizes the federal purchase of vaccines for administration to children, adolescents, and adults. In New Jersey, the 317-Funded Adult (317) Program vaccine has been directed towards meeting the needs of uninsured and underinsured adults; however, the program also utilizes these vaccines for outbreak response and public health emergencies. The 317 Program is available at most federally qualified health centers (FQHCs) and health departments.

### What are the criteria for patient eligibility?

**VFC Program:** Eligible patients are children under 19 years of age who:

- are American Indian or Alaskan Native (AI/AN): *[For AI/AN children that have full immunization benefits through a primary private insurer, the decision to participate in the VFC Program should be made based on what is most financially beneficial to the child and family.];* or
- are enrolled in Medicaid or Medicaid Managed Care (as either primary or secondary insurance); or
- are enrolled in NJ FamilyCare (Plan A only); or
- do not have any health insurance; or
- are underinsured\*, which means that their insurance
  - ◊ Doesn't cover ACIP-recommended vaccines
  - ◊ Doesn't cover certain ACIP-recommended vaccines. The patient would be eligible to receive only those vaccines not covered by insurance.

Please note that underinsured children *must* be seen at an FQHC to receive VFC vaccines.

Chris Christie, Governor  
Kim Guadagno, Lt. Governor  
Mary E. O'Dowd, MPH  
Commissioner

#### COMMUNICABLE DISEASE SERVICE

Christina Tan, MD, MPH  
State Epidemiologist  
Assistant Commissioner

Gary Ludwig, MS  
Director

Barbara Montana, MD, MPH, FACP  
Medical Director

#### VACCINE PREVENTABLE DISEASE PROGRAM

Steven J. Bors  
Program Manager

Jillian Doss Walker, MPH  
CDC Public Health Advisor  
Deputy Program Manager



## Patient Eligibility for the Vaccines for Children (VFC) and 317-Funded Vaccines

(Story continued from page 1)

There should be fewer children who are underinsured, have limited coverage, or “caps” on vaccination with the implementation of the Affordable Care Act (ACA).

**Patient eligibility and vaccination records for VFC and 317 are available on the [VFC Home Page](#)**

**317 Program:** Eligible patients are those who:

- are 19 years of age and older with no insurance coverage for the ACIP-recommended vaccines needed. If the adult has private insurance, Medicare, or Medicaid, check if the insurance pays for a portion of the vaccine. If the insurance pays any portion of the vaccine costs, the adult is *not* eligible to receive vaccine under the 317 program.\*
- are privately-insured individuals of any age seeking vaccines during public health response activities including:
  - ◊ Outbreak response
  - ◊ Post-exposure prophylaxis
  - ◊ Disaster relief efforts

**Please note: Prior approval from the 317 program *must* be obtained before program vaccines are used in public health response activities.**

\*For both the VFC and 317 Programs, if the patient has not met a co-pay or deductible, after which insurance covers some vaccine cost, the patient is *not eligible* for program vaccine.

### What are the program eligibility criteria for out-of-state patients?

#### Out-of-State Children:

It is at the provider’s discretion to serve out-of-state VFC-eligible children. Out-of-state residents *who meet VFC eligibility criteria* can receive VFC vaccine at no cost. To bill Medicaid for payment of the office visit and vaccine administration costs, the physician must be a Medicaid-enrolled provider *in the state where the child resides* to receive reimbursement. VFC-eligible children who are out-of-state residents can be billed for the office visit and the cost of vaccine administration up to the federal maximum for New Jersey (currently \$24.23 per vaccination, combination vaccines are not to be billed per antigen). If the family cannot pay the administration fee, the fee must be waived.

#### Out-of-State Adults:

It is at the provider’s discretion to serve out-of-state 317-eligible adults. The adult must be seen at a federally qualified health center, health department, or not-for-profit office enrolled in the 317 program. Out-of-state residents *who meet the 317 eligibility criteria* can receive 317 Program vaccine at no cost. Out-of-state residents without health insurance or who are underinsured, can be billed for the office visit and the cost of vaccine administration up to the federal maximum for New Jersey (currently \$24.23 per vaccination, combination vaccines are not to be billed per antigen).

## Get Ready for the Annual VFC Program Re-enrollment!

Both the primary and backup vaccine coordinators must take one of the following *prior* to the annual VFC re-enrollment which will occur in the fall of 2015:

- Attend the “Vaccine Storage and Handling” Plenary during the New Jersey Immunization Conference (formerly known as the VFC Conference) taking place on November 12, 2015.
- Take the newly-developed New Jersey VFC Program Webinar (anticipated release in July 2015).
- View the online CDC videos of “You Call the Shots”: Modules 10 and 16.



For more information about program re-enrollment and to access these webinars, visit the [VFC Home Page](#).

## REMINDER

Please ensure that the email addresses for the primary and backup vaccine coordinators are correct in Inventory Management Order and Distribution System (IMODS). Email is used as the primary means for communication for the VFC and 317 Programs.

## Reminder: Borrowing Between Public and Private Stocks is Not Allowed

Since January 2013, the practice of “borrowing” of vaccine between private and public (VFC or 317) stocks has been prohibited. Providers who use private stock to vaccinate a VFC-eligible child or 317-eligible adult will not be allowed to use public stock to replace the dose(s), and must absorb the cost. The practice of borrowing has clearly been found to be used as a substitute for proper eligibility screening, or as a consequence of inappropriate ordering and vaccine management. Providers must never use public stock to vaccinate non-eligible patients. If public stock is used in error for an ineligible patient, providers should contact the Program and arrange to make restitution for the improperly given dose(s).

## 2014 Vaccine Wastage Report

There are few immunization issues more important than the appropriate storage and handling of vaccines. The success of efforts against vaccine-preventable diseases is attributable in part to proper storage and handling of vaccines. Vaccines exposed to temperatures outside the manufacturer’s recommended ranges can result in reduced efficacy. Storage and handling errors can cost thousands of dollars in wasted vaccine and may require significant revaccination efforts. Errors can also result in the loss of patient confidence when repeat doses are required. Thorough vaccine management processes, including proper storage and handling procedures, are the foundation on which good immunization practices are built.

### Temperature Monitoring

- Temperatures in both the freezer and refrigerator units should be read and recorded (with the individual’s initials) twice a day. Record the temperatures once in the morning and once before leaving at the end of the workday.
- Post the temperature log on the door of the storage unit.
- Keep temperature logs for at least 3 years unless state statutes or rules require a longer period.

## 2014 Vaccine Wastage Report

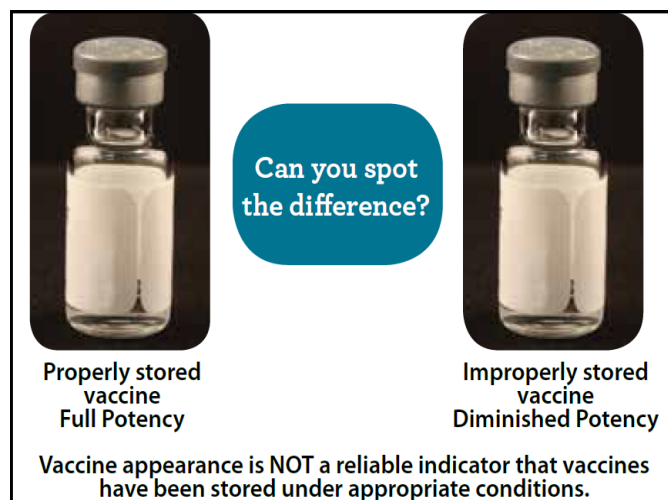
(Story continued from page 3)

The following information highlights the potential impact of vaccine wastage. This information is from the 2014 VFC and 317-funded vaccine wastage report.

TOP 5 WASTED & EXPIRED VACCINES BY NUMBER OF DOSES	
Influenza (Flu)	24,842
Meningococcal	5,031
Hepatitis B	4,792
Measles, Mumps, Rubella (MMR)	3,391
Tetanus, diphtheria, acellular pertussis (Tdap)	2,484

TOP 5 WASTED & EXPIRED VACCINES BY COST	
Meningococcal	\$413,146
Influenza (Flu)	\$287,199
Pneumococcal Conjugate (PCV 13)	\$194,071
Rotavirus	\$153,504
Human Papillomavirus (HPV)	\$140,325

TOP 5 WASTED & EXPIRED VACCINES AS COMPARED TO AMOUNT ORDERED*	
Pneumococcal Polysaccharide (PPSV 23)	30%
Zoster	25%
Tetanus diphtheria (Td)	24%
Adult Hepatitis A and B	21%
Hepatitis B/ <i>Haemophilus influenzae</i> type b (Hib)	16%



**Report out-of-range temperature and incidents of excessive waste immediately!**

\*Calculated based on the proportion of doses wasted and expired in calendar year 2014 to the number of doses shipped to providers in 2014 for each vaccine.

**65,529 DOSES OF VFC and 317-FUNDED VACCINE  
WERE REPORTED AS EXPIRED OR WASTED IN 2014  
VALUE = \$ 2,111,379**

**35,453 DOSES (6%) OF THIS WASTE WAS INFLUENZA VACCINE  
WITH A VALUE OF \$287,199**

~Story continues on page 5~

## 2014 Vaccine Wastage Report

(Story continued from page 4)

Vaccine waste occurs due to various reasons:

- Storing vaccine at too cold or too warm temperatures
- Refrigerator/freezer breakdown
- Drawing up, but not administering vaccine
- Power outages
- Compromised or broken vials and syringes
- Natural Disasters

Expired vaccine occurs due to one reason: it was either not used or not transferred (with VFC approval) to a site that could use it prior to expiration.

For more information about preventing vaccine wastage, visit the Centers for Disease Control and Prevention (CDC) [Vaccine Storage and Handling Toolkit](#).

### Determining the Validity of an Administered Vaccination in New Jersey's Immunization Information System (NJIS)

The NJIS is the next generation of electronic data sharing for immunizations as the nation strives to improve immunization rates. It is the official statewide, web-based registry designed to capture all immunizations given in New Jersey. NJIS provides recommended immunization schedules for infants, adolescents and adults. It consolidates immunization information from all providers into one record to provide an accurate immunization assessment and eliminates the use of manual vaccine administration logs.

Recently, health care providers have noticed a discrepancy between the vaccine forecasting feature in NJIS and the current Advisory Committee on Immunization Practices (ACIP) vaccine recommendations. In order to address this issue, NJIS is working on upgrades to the system to reflect all valid vaccination schedules. The upgrade is projected to be available in 2017. In the meantime, please note the following NJIS vaccine forecasting algorithm disclaimer statements:



“The NJIS vaccine dose predictions noted on the Scheduler Detail screen might not reflect the current recommendations of the Advisory Committee on Immunization Practices (ACIP). Providers should always consult the most recent ACIP recommendations when administering vaccines. In cases of discrepancies between NJIS and ACIP vaccine recommendations, the New Jersey Department of Health Vaccine Preventable Disease Program recommends that providers adhere to the current ACIP recommended immunization schedule.”

“NJIS records combination vaccines as the generic name of the individual components; next dose predictions are based on the ACIP recommendations for the individual vaccine components. Please review the manufacturer's product information to determine the recommended age and interval for a particular combination vaccine.”

## 2014-2015 Influenza Season

The 2014-2015 influenza season is winding down. Continue to vaccinate to avoid missed opportunities. All influenza vaccine expires on or before June 30, 2015. FluMist has rolling expiration dates, and the expiration date must be checked prior to using the vaccine. April 2015 is the latest expiration for VFC-supplied FluMist®. Return all unused doses of influenza vaccine using the Waste Return Label feature in the Inventory Management Order and Distribution System (IMODS).

### REMINDER: INFLUENZA VACCINE FROM THE 2014-2015 SEASON CANNOT BE USED IN THE 2015-2016 SEASON

The NJ VFC Program has placed a pre-book order for influenza vaccine for the 2015-2016 season. Vaccine for both VFC-eligible children and 317-eligible adults have been ordered. Those adults who are 317-eligible may be immunized at health departments, federally qualified health centers and certain not-for-profit medical offices. Quadrivalent Fluzone®, Fluarix®, and FluMist® vaccines were ordered for VFC-eligible children. Quadrivalent Fluarix® vaccine and a limited amount of trivalent Flublok® vaccine were ordered for eligible adults. More information will be provided in August 2015.

### Provide Current Vaccine Information Statements for Your Patients

All vaccine providers, public or private, are required by the National Vaccine Childhood Injury Act (42 U.S.C. §300aa-26) to give the appropriate Vaccine Information Statement (VIS) to the patient (or parent or legal representative) prior to every dose of specific vaccines. A VIS is a document, produced by CDC, that informs vaccine recipients - or their parents or legal representatives - about the benefits and risks of a vaccine they are receiving. The appropriate VIS must be given **prior** to the vaccination, and must be given prior to **each dose** of a multi-dose series. It must be given **regardless of the age** of the recipient.

In the past, healthcare providers and public health entities interpreted federal law as a requirement that a paper copy of each VIS had to be handed to the recipient prior to vaccination, and that the recipient must take this copy away with him or her following the vaccination. The evolution of electronic media has resulted in broadening of this interpretation. For example, now:

- A practice may produce permanent, laminated, office copies of each VIS, which may be read by recipients prior to vaccination.
- VISs may be reviewed on a computer monitor (or any video display).
- VISs may be downloaded by the recipient to a smartphone or other electronic device to read at his or her convenience. (VISs have been specially formatted for this purpose.)
- VISs may be made available to be read before the immunization 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.
- Providers must still offer a copy (which can be an electronic copy) of each appropriate VIS to take away following the vaccination. However, the recipient may decline.

Check your stock of VISs against this list. If you have outdated VISs, get current versions.

Adenovirus	6/11/14	MMRV	5/21/10
Anthrax	3/10/10	MCV/MPSV	10/14/11
Chickenpox	3/13/08	Multi-vaccine	10/22/14
DTaP	5/17/07	PCV13	2/27/13
Hib	4/2/15	PPSV	10/6/09
Hepatitis A	10/25/11	Polio	11/8/11
Hepatitis B	2/2/12	Rabies	10/6/09
HPV-Cervarix	5/3/11	Rotavirus	4/15/15
HPV-Gardasil	5/17/13	Shingles	10/6/09
HPV-Gardasil 9	4/15/15	Td	2/24/15
Influenza	8/19/14	Tdap	2/24/15
J. enceph.	1/24/14	Typhoid	5/29/12
MMR	4/20/12	Y. fever	3/30/11

You may access VISs in various languages at the Immunization Action Coalition's website, [IAC Current VIS](#).