

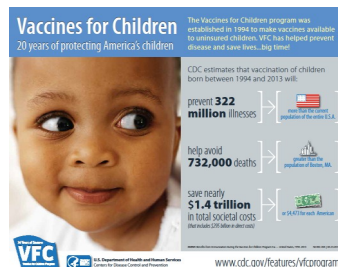


NJ Vaccines for Children (VFC)

MAY 2014

Vaccines for Children (VFC): 20 Years of Protecting America's Children

The VFC program was created by the Omnibus Budget Reconciliation Act of 1993 and first implemented in 1994. VFC was designed to



ensure that eligible children do not contract vaccine-preventable diseases because of inability to pay for vaccine and was created in response to a resurgence of measles in the United States during 1989-1991, which resulted in about 55,000 cases and more than 100 deaths. The epidemic was largely fueled by widespread failure to vaccinate uninsured children.

A report in the April 25 issue of the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Reports (MMWR) summarizes the impact of the U.S. immunization program on the health of all children (both VFC-eligible and not VFC-eligible children) who were born during the 20 years since VFC began.

CDC used information on immunization coverage from the National Immunization Survey (NIS) and a previously published cost-benefit model to estimate illnesses, hospitalizations, and premature deaths prevented and costs saved by routine childhood vaccination during 1994-2013. Modeling estimated that among children born between 1994 and 2013, vaccinations will prevent about 322 million illnesses, 21 million hospitalizations, and 732,000 deaths over the course of their lifetimes. Additionally, the net financial costs saved because these illnesses will not occur are substantial. According to the report, use of vaccination will avert \$295 billion in direct costs and \$1.38 trillion in societal costs because of illnesses prevented in these birth cohorts.

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While VFC has helped strengthen the U.S. immunization program and vaccine coverage levels have improved, current outbreaks of measles should remind us that our work is not done. Maintaining high immunization rates is critical to protecting the health of children in our communities. Please see the following link to access the complete MMWR report, <http://www.cdc.gov/mmwr/preview/mmwrhtml/>

Transporting Vaccines Safely

In general, VFC vaccine should not be removed from the office to which it was delivered. There are certain situations when vaccines may need to be transferred out of the office, such as when your practice has the inability to store vaccines at the required temperature or the practice has excessive vaccine inventory which will expire if it is not transferred in a timely fashion. Transporting vaccines is also a necessity when pre-approved health departments and federally qualified health centers provide off-site immunizations.



Cooler for transporting vaccines

Always call the VFC Program prior to making a vaccine transfer to another office. The VFC Program will coordinate the transfer by confirming that vaccines can be sent to an office which is currently enrolled in the VFC Program and that the receiving office is in good standing to receive vaccines.

Prior to transporting vaccines make sure that you have:

- ◆ Coolers (one for refrigerated vaccines and one for frozen vaccines)—label each accordingly
- ◆ Conditioned ice packs
- ◆ National Institute of Standards and Technology (NIST) certified, calibrated thermometers with probes inside bottles of glycol
- ◆ Insulation material, such as bubble wrap or heavy craft paper

Conditioning ice packs prevents them from making the temperature too cold. To condition ice packs, take them out of the freezer prior to transport. Leave the ice packs at room temperature for 15–30 minutes until they “sweat” (have small water beads on them) before putting them into the cooler.

New VFC Coordinator—Welcome Halima Dumas

The NJ VFC program is pleased to announce the arrival of our new CDC Public Health Advisor, Halima Dumas, who has assumed the role of VFC Program Coordinator within the Vaccine Preventable Disease Program. Halima comes from the Florida Department of Health's Immunization Section where she was the lead coordinator for immunization quality improvement activities in all 67 Florida counties. Halima is a graduate of CDC's Public Health Prevention Service Fellowship Program and obtained her Masters in Public Health from Rollins School of Public Health at Emory University.

Welcome Halima!



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Transporting Vaccines Safely

In order to pack a cooler for vaccine transport:

1. Place ice packs on the bottom of the cooler, then add a layer of bubble wrap or heavy craft paper (use more bubble wrap or craft paper to make the temperature warmer).
2. Add the boxes of vaccine and place a NIST thermometer probe in with the vaccines. Add bubble wrap or craft paper on top of the vaccine boxes and more ice packs on top. Vaccine boxes should not get wet or be in direct contact with the ice packs.

When transporting frozen vaccines, make the temperature as cold as possible, but do not use 'dry ice'. Record the temperature vaccines were exposed to during transport. If frozen vaccines were transported for an off-site clinic and returned to the office, contact Merck to verify viability and keep the viability statement on file.

It is strongly recommended that vaccine be stored in a refrigerator and/or freezer at the off-site location. An NIST thermometer should be in the refrigerator and/or freezer to confirm that temperatures are in range before unpacking the vaccines. If vaccines are kept in a cooler, the cooler should remain closed as much as possible and temperatures should be logged hourly. Take only the number of vaccine doses needed for the day. Dorm style refrigerator/freezers are not to be used to store vaccines at any time. All vaccines must be returned to the main office at the end of the day.



If vaccines are returned to the office, mark the doses as having been taken off-site. These vaccines should not be taken off-site again and should be placed at the front of the refrigerator to be used next.

For more information about proper vaccine storage and handling, visit the Centers for Disease Control and Prevention (CDC), <http://www.cdc.gov/vaccines/recs/storage/default.htm>.

Help Prevent Vaccine Loss from Expiration

To minimize vaccine loss from expiration, vaccines should be transferred to other active VFC-enrolled offices. When more vaccines are on hand than can reasonably be used before the expiration date, call the VFC Program as far in advance of the vaccine expiration date as possible, and we will provide a list of other VFC offices which you can contact. The VFC Program must be contacted prior to the transfer of VFC supplied vaccines, even when the transfer is to another office within the practice.

When calling VFC, have the following information available:

- Vaccine brand names
- Expiration date(s)
- Number of doses
- Packing materials to transport the vaccine while maintaining the cold chain

The CDC strongly recommends conducting a weekly refrigerator inventory to keep vaccines arranged in order of its expiration date and to find vaccines which are not being used as quickly as anticipated. The next-to-expire vaccines should be moved to the front of the refrigerator shelf to be used as soon as possible. Vaccines which have expired must be removed from the refrigerator and returned to McKesson.

Managing Temperature Logs



How does your office document refrigerator temperatures before they're entered online? Does everyone in the office do it the same way?

It appears that each practice has their own system in place. Most offices record temperatures on a paper log, kept on or near the refrigerator, at the open and close of the business day. When two weeks of logs are complete, the temperatures are keyed into the online log.

Some offices enter temperatures into the online log every day and do not keep a paper log. This method works best when there is easy access to a computer. When there is a delay in entering temperatures online, the temperature should be written down to ensure that they are entered accurately.

The VFC program has found that paper logs are extremely helpful when an out-of-range temperature is entered into the online log. Paper logs can confirm if the correct temperature was entered online. It's often found that a data entry error was made and the temperature was actually in the correct range.

Maintaining paper logs can avoid calls to vaccine manufacturers to determine vaccine viability or if there is a need to revaccinate patients. A two week temperature log can be downloaded from:

<http://www.immunize.org/catg.d/p3039f.pdf>

VFC Online Re-enrollment: A Success Story

VFC program staff have envisioned online re-enrollment for a number of years and with the technical expertise of the State Office of Information Technology Services (OITS), this vision was achieved. The online process was created to make re-enrollment faster and easier and to leave the faxing and filing of paper documents out of the process. Quality improvement functions were built into the system to ensure that when an enrollment was submitted, all required information had been entered, permitting faster approval. Email messages were automatically sent to confirm the re-enrollment was received, and after review, had been approved by the VFC program.

Check for VFC eligibility at Each Vaccination Visit

The first item on the VFC Provider Agreement is the commitment to screen patients and document VFC eligibility at each immunization visit. As a reminder, underinsured children are eligible to receive vaccination only at a federally qualified health center. Underinsured children have health insurance that does not cover vaccines, only covers certain vaccines, or sets a cap on the amount of vaccines which are covered. Once that cap is reached, the child is eligible for VFC vaccine.

The VFC program provides vaccines for adults from Section 317 funding. Health departments, not-for-profit organizations, and federally qualified health centers which receive 317-funded vaccines may give vaccines to patients who have no insurance coverage for the required vaccination. Patients whose health insurance covers any portion of the vaccination cost are not eligible for 317-funded vaccines, regardless of the plan's deductible or copay.

Work with the practice manager to develop standardized front office procedures to clarify insurance coverage. Routine screening for changes in health insurance helps both the patient and your practice. When insurance information is confirmed at or before the appointment, the copays and deductibles can be accurately billed and rejection of claims and resubmission of claims are minimized.

Reminder—Keep Your Staff Computer Access Current

As staff changes throughout your practice, remember to routinely check which office staff have access to IMODS and NJIIS. Please complete the "Request for Change of User Security Authorization/Request for Password Reset" NJIIS form (IMM-29) if changes need to be made. You may access the form at the following link,

<http://web.doh.state.nj.us/apps2/forms/index.aspx#IMM-29>.

Vaccine Delivery Schedule

Remember to check the days and hours your office is open and available to receive vaccine shipments. In order to do this, go into the Inventory Management, Order and Distribution System (IMODS), and click on "New Orders", and then click "Addresses". Click "Edit" and scroll down to the bottom of the page to see the current delivery dates. Call the VFC program at 609-826-4862, if your office is not open during the current vaccine delivery schedule.

Know the Facts: Vaccine Storage and Handling

Proper vaccine storage and handling practices play a very important role in protecting individuals and communities from vaccine-preventable diseases. Failure to adhere to required protocols for storage and handling can reduce vaccine potency, resulting in inadequate immune responses in patients, as well as inadequate protection against disease.

Brush up on your storage and handling skills by taking the CDC "*You Call The Shots*" training module, which can be accessed at <http://www.cdc.gov/vaccines/programs/vfc/providers/index.html>. This training will also satisfy the requirement for your annual provider training. Once the vaccine manager completes the CDC training, the provider should fax a copy of their certificate to 609-826-4867 or email the completed certificate to vfc@doh.state.nj.us.



Never store food or beverages inside the vaccine refrigerator or freezer.



Vaccines exposed to temperatures outside the recommended ranges can have reduced potency and protection.