



# NJ Vaccines for Children (VFC)

MAY 2013

## 2013 VFC PROGRAM UPDATES

The Centers for Disease Control and Prevention (CDC) have mandated improvements in three critical VFC program areas:

- Proper vaccine storage and handling practices
- Proper eligibility screening
- Proper maintenance of vaccine stock, including ordering at appropriate levels and monitoring vaccine expiration dates.

The mandated improvements are summarized below:

“**Borrowing**” of vaccine between private and VFC stocks is **no longer permitted**. This practice has clearly been found to be used as a substitute for proper eligibility screening, or as a consequence of inappropriate ordering. Therefore, effective 1/1/13, providers who use private stock to vaccinate an eligible child will not be allowed to use VFC stock to replace the dose(s), but must absorb the cost. Providers must **never** use VFC stock to vaccinate non-eligible patients. If VFC stock is used in error for an ineligible child, the provider will be required to make restitution to the VFC Program.

CDC has strongly recommended the use of stand-alone freezers and stand-alone refrigerators as best practice, replacing standard household combined refrigerator/freezer units for vaccine storage. Units that only refrigerate or only freeze are not required at this time, but strong recommendations issued by CDC often become required in one or two years' time. Therefore, new providers and those updating old equipment may wish to purchase stand-alone units now. Combined refrigerator/freezer units must have a separate outer door and a separate thermostat control for each compartment. Dormitory style refrigerators, meaning a unit with one outer door and a freezer section contained within the main compartment, are never permitted for use as vaccine storage units, even for temporary use during the day.

The VFC Program will begin making **unannounced visits** to serve as “spot checks” for proper storage and handling practices. The goal of these visits is to provide guidance and education, to protect vaccine, and to ensure that all VFC children are receiving properly managed vaccines. Other aspects of VFC compliance will not be evaluated during an unannounced site visit.

All VFC providers must receive annual training in VFC Program requirements and vaccine management practices, including proper storage and handling. The vaccine coordinator and any others who perform vaccine management and eligibility screening should participate in the annual training. Training opportunities will be offered during compliance site visits, on-line, and through in-person conferences.

Providers must notify the VFC Program within 30 days of any change in vaccine coordinators or other key staff, and document that new staff members received training related to vaccine storage and handling practices.



## 2012-13 FLU Season Wrap Up

August 23, 2012, marked the earliest date which the NJVFC Program opened ordering for influenza vaccine! The NJVFC Program will continue to advocate for timely access to influenza vaccine. 2012 marked another milestone in which providers were able to enter orders for influenza vaccine into the Inventory Management, Order and Distribution System (IMODS) along with routine vaccine orders. As in previous years, providers ordered influenza vaccine as frequently as needed to maintain stock and expedited shipping was provided by McKesson. During this flu season, more than 428,000 doses of influenza vaccine with a value of more than \$4,983,000 were shipped to provider's offices.

The NJVFC program thanks its providers for their dedication in providing timely vaccination to combat this serious illness. Influenza vaccine continues to be available and you are encouraged to continue vaccination efforts through June. Return unused influenza vaccine to McKesson by requesting a waste return label online after the vaccine has expired.

## Claim Your Shipment!

The New Jersey Vaccines for Children Program (NJVFC) announced the implementation of an inventory enhancement to the New Jersey Immunization Information System (NJiIS)/ Immunization Management and Ordering and Distribution System (IMODS). Beginning January 25, 2013 providers began seeing their NJVFC inventory pre-populating in NJiIS/IMODS. With this enhancement, providers need only "claim their shipment" and orders from NJVFC will automatically populate into their inventory, saving time in manually entering the order and reducing potential data entry errors. We hope the enhancement streamlines this process and eases the burden on providers.

Log in to NJiIS or IMODS:

1. When you see: **"You have X shipment(s) to claim"**, click Inventory, then click Claim Shipment.
2. You will be brought to a page showing your pending shipment, please check that the displayed shipment is correct against your packing slip and physical shipment.
3. Once you have confirmed that your shipment matches what is displayed, simply enter the receipt date and click on "Confirm" at the bottom of the page.
4. Once confirmed, your order's data will populate into your inventory automatically.

## “Free Vaccines” Are Not Free

The Omnibus Budget Reconciliation Act (OBRA) created the Vaccines for Children (VFC) program as Section 1928 of the Social Security Act on August 10, 1993. As an entitlement program, the Office of Management and Budget approves funding for the VFC program. Funding is through the Centers for Medicare and Medicaid Services (CMS) to The Centers for Disease Control and Prevention (CDC) with awards made to eligible grantees.

Vaccines received from the VFC Program are purchased with Federal taxpayer’s money. The VFC program enables enrolled providers to obtain this publicly-purchased vaccine at no cost to your office. These vaccines are earmarked for VFC-eligible children, or if you receive vaccines for adults (not for profits, health departments & FQHC’s only); and for those without insurance coverage for the vaccine they need. The CDC Vaccine price list shows the cost of VFC and private sector vaccines and can be found at:

<http://www.cdc.gov/vaccines/programs/vfc/index.html>.

After entering your order in IMODS, please take a moment to review the cost of your order at the top of the page. Even though you received these vaccines for free, they have a monetary value. Sites with excessive waste can be made to reimburse the NJVFC program with privately purchased vaccine. Whether vaccines are purchased in the public or private sector, they are a priceless resource to fight disease.



## Update Your Vaccine Retrieval and Storage Plan Now

During the last two years, New Jersey has experienced unprecedented weather-related emergencies which have negatively affected vaccine viability. Hurricane Sandy and Irene caused widespread power outages, flooding and dangerous conditions which persisted for extended periods. Many offices did not enact an emergency vaccine relocation plan and others encountered obstacles which caused them to lose vaccine inventory. It is crucial that a well-thought out plan be developed in advance of an emergency and that it be enacted *before* the arrival of the anticipated emergency. A successful emergency relocation plan permits access to vaccines when they are needed, with no downtime to determine viability or additional expense to replace inventory.

The Centers for Disease Control and Prevention (CDC) have published recommended procedures to protect vaccine in the Vaccine Storage and Handling Toolkit which is available at:

<http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf>.

This toolkit provides detailed guidance on how to develop a successful relocation plan. Some highlights from the CDC Emergency Vaccine Retrieval and Storage Plan are summarized below:

- Develop a written Emergency Vaccine Retrieval and Storage plan which addresses both short-term and long-term storage.
- Post the Emergency Vaccine Retrieval and Storage plan where vaccine is stored.
- Ensure that all staff with access to the office; professional, clerical, janitorial and security, understand the plan and know to enact the plan when a compromising situation occurs.

(Story continued on page 4)

• *When there is reasonable cause to believe that a weather condition, natural disaster, or other emergency might disrupt power, cause flooding or damage property, the Emergency Vaccine Retrieval and Storage plan should be enacted in advance of the event.*

- ◆ Emergencies do not always arrive when expected.
- ◆ Delaying the decision to enact an Emergency Vaccine Retrieval and Storage plan may leave no time to act.
  - ◇ Moving vaccines in an emergency puts people and vaccine at risk during an already dangerous situation.
  - ◇ Errors are more likely to occur due to the urgency of the situation.
  - ◇ Make an arrangement with an alternate storage site in advance of an emergency.
  - ◇ Include contact and access information to the alternate storage site. Update the contact and access information at least quarterly.
  - ◇ Keep materials for transporting vaccines (coolers, calibrated thermometers, bubble wrap, frozen ice packs) readily available.
  - ◇ Educate all persons with office access in the plan details.
  - ◇ Review and update the plan at least once a year.
  - ◇ Monitor emergency conditions and enact the retrieval plan in advance of the anticipated emergency.

#### Lessons Learned:

1. Vaccine moved to offices or private homes spoiled due to power loss at the new site. Problems also occurred when small generators were used for an extended period of time. Arrangements with hospitals, emergency management offices, long-term care facilities or pharmacies should be made for storage during a lengthy emergency.
2. There were times when the refrigerator at the emergency relocation site was too small and vaccine was left out to waste. Refrigerators at an emergency relocation site should be able to store the largest amount of vaccine kept during the year. If all vaccine cannot be stored properly, the most expensive vaccines and those in short supply should be saved.



**Proper vaccine storage and handling practices play a very important role in protecting individuals and communities from vaccine-preventable diseases.**