

Vaccine Management & Immunizations: Vaccines for Children (VFC) Program and The Do's & Don'ts of Vaccine Clinics

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Disclosure:

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What We Will Cover:

History of Vaccines, Vaccine Management
and the Public Health Nurses Role

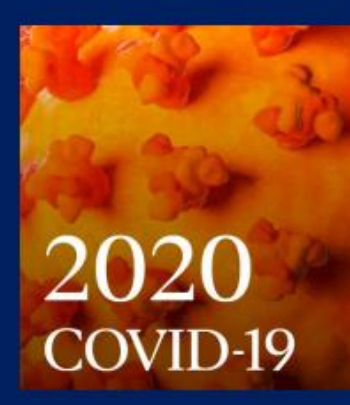
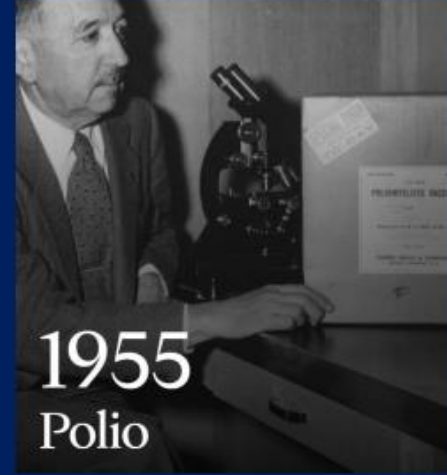
Vaccines for Children (VFC) Program and
State Supplied Vaccines

Privately Purchased Vaccines and
Documentation

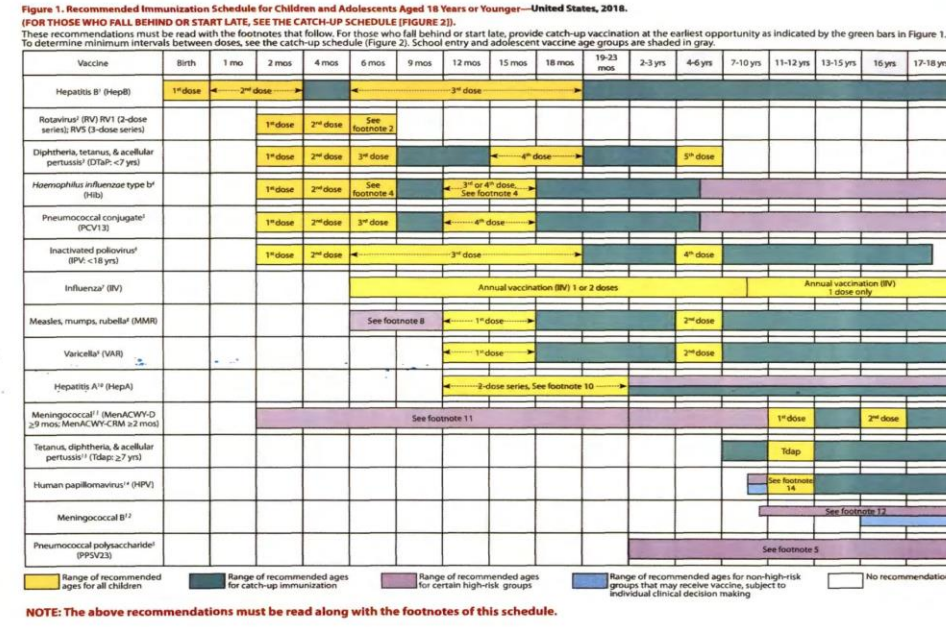
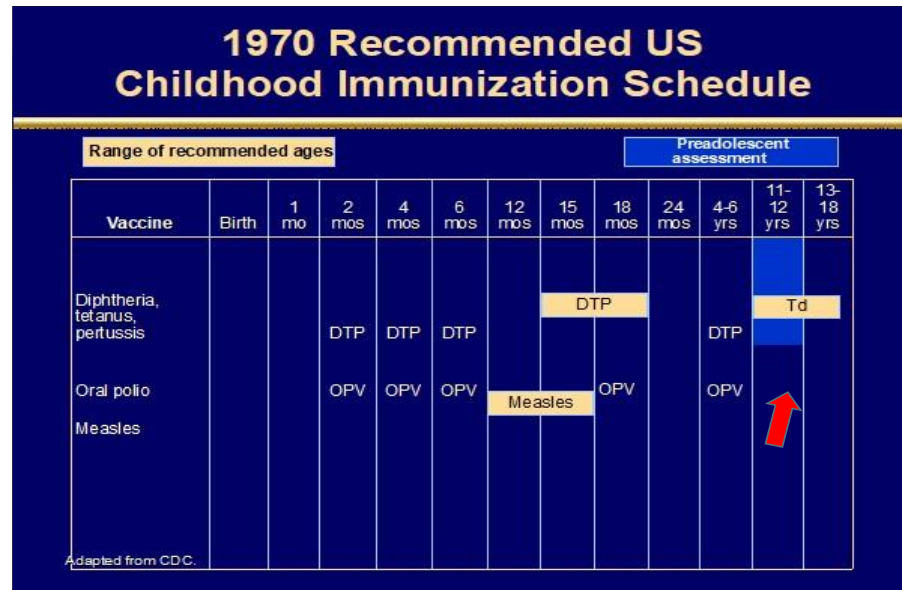
Vaccine Clinics and How to Successfully
Run One



History of Vaccines



The History of Vaccine Recommendations for Children Age 0 - 18 Years



DO use the most recent CDC and ACIP schedule

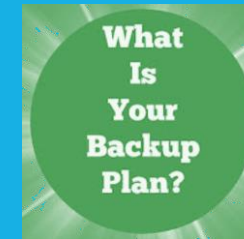
DON'T forget there are special medical, catch up and special population schedules!



Vaccine Management Bullets

Communities that provide vaccinations require:

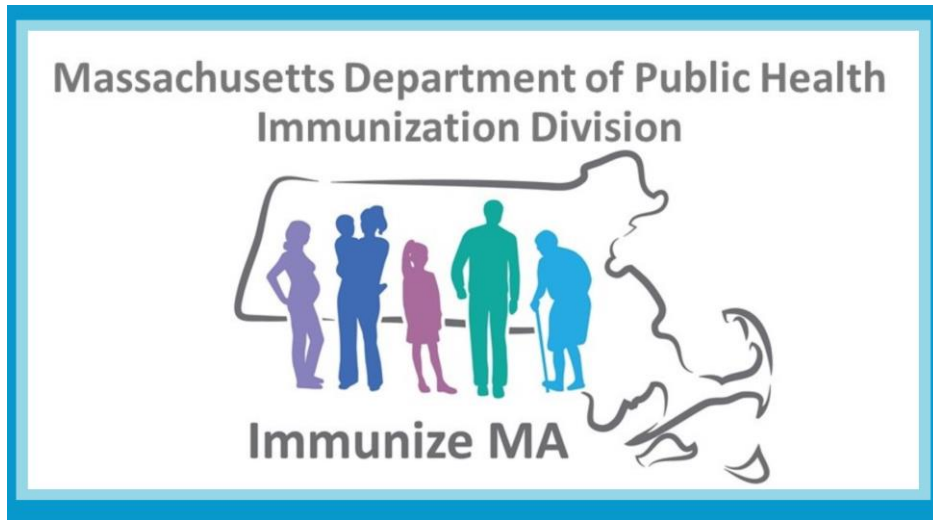
- ▶ Vaccine Coordinator (and Backup Vaccine Coordinator)
- ▶ Pharmaceutical grade refrigerators and freezers
- ▶ A Back up vaccine storage plan
- ▶ Digital Data Loggers
- ▶ Private and State Supplied vaccine be kept separate.
- ▶ Signed Vaccine Provider Agreement



DO *twice daily temperature checks*

DON'T *use vaccine that has experienced a temperature excursion until you have spoken to the vaccine manufacturer.*

MDPH Vaccine Unit



2023 Immunization Updates Webinar Recordings and Materials Page

Includes Vaccine Updates
Immunization Conversations That Work
MA Immunization Information System (MIIS)
VFC Compliance
Storage & Handling
Epidemiology of Vaccine Preventable Diseases

DO attend the Annual Immunization Updates Webinar

DON'T ignore updates from MDPH Bureau of Infectious Disease



Vaccines For Children Program (VFC)

- ▶ Created by the Centers for Disease Control and Prevention (CDC) after a measles outbreak in the late 80s-early 90s to make vaccines more readily available to children whose parents may or may not be able to afford them
- ▶ Advisory Committee on Immunization Practices (ACIP) develops recommendations on vaccines to control disease in the United States. The ACIP recommends health care providers follow the vaccine schedule for children.
- ▶ Who is eligible?
 - ▶ Any child through age 18 and has one of the following:
 - ▶ Medicaid eligible
 - ▶ Uninsured
 - ▶ Underinsured*
 - ▶ American Indian or Native American



For Healthier Lives
Immunize

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM
VACCINES FOR CHILDREN PROGRAM (VFC)

Patient Eligibility Screening Form

For use in Federally Qualified Community Health Centers

Initial screening
Initial screening date _____ Child's date of birth _____
Child's full name _____
Parent, guardian or legal representative's full name _____
Health care provider's full name _____

Check only one box below:

This child is eligible for immunizations through the federal VFC program because he/she:

- ☐ is enrolled in Medicaid (includes MassHealth and HMOs, etc., if enrolled in Medicaid)
- ☐ is underinsured (has health insurance that does not pay for vaccinations)
- ☐ does not have health insurance
- ☐ is American Indian (Native American) or Alaska Native

This child is not VFC-eligible because he/she:

- ☐ has health insurance (that covers all recommended childhood and adolescent vaccinations) and is not American Indian (Native American) or Alaska Native

This form must be completed for all children under 19 years old at their initial visit, updated every time a vaccine is given and kept in the child's medical record or on file in the office.

The form may be completed by the parent, guardian, or legal representative, or by the health care provider.

Verification of responses is not required.

*This form identifies which children are eligible for vaccines through the federal Vaccines for Children (VFC) program. If one of the first four boxes in the section above is checked, the child is VFC eligible.

Screening at each subsequent visit (documentation required)

Date	VFC Eligible				Not VFC Eligible
	Is enrolled in Medicaid (includes MassHealth and HMOs, etc., if enrolled through Medicaid)	Is underinsured (has health insurance that does not pay for vaccinations)	Does not have health insurance	Is American Indian (Native American) or Alaska Native	Has health insurance

VFC Eligibility Screening Form FQHC 2015

- Screening form must be filled out for **EVERYONE** who gets a vaccine
- Form must be filled out in its entirety
- Same form may be used for follow up vaccine visits
- Used during VFC compliance visits

DO twice daily temperature checks

DON'T use vaccine that has experienced a temperature excursion until you have spoken to the vaccine manufacturer.



MDPH Childhood Vaccine Eligibility Table 2023

Massachusetts Department of Public Health (MDPH)
Immunization Program

Childhood Vaccine Availability Table
— Effective January 2023 —

Eligibility Categories:

- **All Children:** Vaccine provided by MDPH for identified cohorts, regardless of insurance status.
- **Vaccines for Children (VFC) Program Only:** Vaccine provided by MDPH for identified cohorts who are: 1) uninsured; 2) enrolled in MassHealth/Medicaid; 3) American Indian or Alaska Native; or 4) underinsured (insurance does not cover the vaccine) and seen at a federally qualified community health center. Children who are enrolled in secondary MassHealth insurance should also be screened as VFC Eligible. Children enrolled in sCHIP, or the Children's Medical Security Plan (CMSP) may receive all vaccines on the Childhood Availability Table but are not considered VFC eligible when screening or assessing for VFC eligibility.

(Please note vaccines available only for VFC eligible groups appear shaded, and *all new changes appear in bold and italics.*)

Vaccine	Eligibility	DPH-Supplied Vaccine Available For:
MCV4-ACWY (Meningococcal Conjugate) <small>(MDPH does not provide meningococcal polysaccharide vaccine)</small>	All	<ul style="list-style-type: none"> • All children aged 2 months – 6 years
DTaP	All	<ul style="list-style-type: none"> • All children aged 2 months – 6 years for the first 3 doses of DTaP and IPV and any dose of Hep B at 2, 4 and 6 months • Not approved for dose 4 or 5 of the DTaP series <i>or</i> dose 4 of the IPV series
DTaP-Hep B-IPV	All	<ul style="list-style-type: none"> • All children aged 2 months – 6 years for the first 3 doses of DTaP and IPV and any dose of Hep B at 2, 4 and 6 months • Not approved for dose 4 or 5 of the DTaP series <i>or</i> dose 4 of the IPV series
DTaP-IPV-Hib	All	<ul style="list-style-type: none"> • All children aged 2 months – 4 years for the first 4 doses of DTaP, IPV and Hib at 2, 4, 6 and 15 – 18 months
DTaP-IPV	All	<ul style="list-style-type: none"> • All children aged 4 – 6 years for routine immunization for the 5th dose of the DTaP series and 4th dose of the IPV series • Not approved for the first 3 doses of DTaP and IPV <i>or</i> dose 4 of the DTaP series
DTaP-IPV-Hib-Hep B	All	<ul style="list-style-type: none"> • All children aged 6 weeks through 4 years for the first 3 doses of DTaP, Polio and Hib at 2, 4 and 6 months. • Not approved for the hepatitis B birth dose. • Not approved for dose 4 or 5 of DTaP or dose 4 of IPV or dose 4 of Hib.
Hep A	All	<ul style="list-style-type: none"> • Routine vaccination of the 1st and 2nd dose for children aged 12 – 23 months • Catch-up vaccination of children aged 2 – 18 years • Infants 6-11 months, one dose before international travel; revaccinate with 2-dose series at 12-23 months.
Hep B	All	<ul style="list-style-type: none"> • All children through 18 years of age
Hib	All	<ul style="list-style-type: none"> • All children aged 2 – 59 months • Children aged > 5 years in an ACIP-recommended group*
HPV	All	<ul style="list-style-type: none"> • All children 9 – 18 years of age Note: routinely recommended at 7th grade entry, 11 – 12 years of age
Influenza	All	<ul style="list-style-type: none"> • All children aged 6 months through 18 years
PCV13 or PCV15 (Pneumococcal Conjugate)	All	
PPSV23 (Pneumococcal Polysaccharide)	All	
Polio	All	
Rotavirus	All	
Td	All	
Tdap	All	<ul style="list-style-type: none"> • All children aged 7 – 20 years Note: routinely recommended at 7th grade entry, 11 – 12 years of age
Varicella	All	<ul style="list-style-type: none"> • All children aged 12 months – 18 years

Childhood Vaccine Availability Table MDPH 1 MDPH January 2023

*High risk children as defined by the ACIP, including those exposed in an outbreak setting who are not fully vaccinated.
For a list of vaccines and the groups for whom vaccine is recommended, please see the MDPH Summary of Advisory Committee on Immunization Practices (ACIP) Recommended Groups for Vaccination. For the complete ACIP recommendations, see <http://www.cdc.gov/vaccines/acip/index.html>.



DO refer to the eligibility table for state supplied vaccine
DON'T use VFC vaccine for “children” over age 19



MDPH Adult Vaccine Eligibility 2023



DO refer to the eligibility table for state supplied vaccine
DON'T use VFC vaccine for “adults” (under age 19)

Massachusetts Department of Public Health (MDPH)
Immunization Division

State-Supplied Adult Vaccine Availability Table

Eligibility:

- MDPH **does not** provide vaccines for adults seen at private provider sites. The only exception is tetanus-diphtheria (Td) vaccine, which MDPH continues to provide for all Massachusetts residents, regardless of where they receive care.
- MDPH provides a very limited supply of vaccines listed below for uninsured adults seen in public sector sites.¹ **Employees of public sector sites are not eligible for state-supplied vaccine.**
- Sites with billing capacity should purchase vaccine and seek reimbursement from health insurers.
- Availability of vaccines may change during an outbreak.

Private and Public Sectors	
Vaccine	Adults (19 years of age and older) Eligible for State-Supplied Vaccine Administered in the Private and Public Sectors
Td	<ul style="list-style-type: none"> All adults as recommended by the ACIP.
Public Sector ²	
Vaccine	Adults Eligible for State-Supplied Vaccine Administered in the Public Sector
Hep A	<ul style="list-style-type: none"> Only for uninsured adults in ACIP-recommended groups² seen at public sites.
Hep B ³	<ul style="list-style-type: none"> Only for uninsured adults in ACIP-recommended groups² seen at public sites.¹ Please Note: Employers covered by federal OSHA regulations are responsible for supplying hepatitis B vaccine to their employees. State-supplied vaccine is not available for this group.
Influenza	<ul style="list-style-type: none"> Only for uninsured adults who are seen at public sites.¹
MMR ³	<ul style="list-style-type: none"> Only for uninsured adults in ACIP-recommended groups² seen at public sites.¹
Pneumococcal Polysaccharide (PPV23)	<ul style="list-style-type: none"> Only for uninsured adults in ACIP-recommended groups² seen at public sites.¹
Polio	<ul style="list-style-type: none"> Only for uninsured adults in ACIP-recommended groups² seen at public sites.¹
Varicella ³	<ul style="list-style-type: none"> Only for uninsured adults in ACIP-recommended groups² seen at public sites.¹
Tdap ^{4,5}	<ul style="list-style-type: none"> Only for uninsured adults in ACIP-recommended groups² seen at public sites¹ who have not previously received Tdap.

availability-table-adult

MDPH January 2023

¹ Public Sector Sites in
 o Local health department
 o Community health center
 o Free community health center
 o TB clinics

² High Risk Groups: For more information, see the document *Summary of Vaccination (http://groups.pdf)*. For the

³ Merck Vaccine Assistance Program (www.merck.com/vaccine)

⁴ Sanofi Patient Assistance Program (http://www.sanofi.com/patient-assistance-program) no cost if program eligible

⁵ GSK Patient Assistance Program (https://www.gsk.com/patient-assistance-program)

availability-table-adult

MDPH January 2023



Privately Purchased Vaccines

- ▶ Privately purchased vaccines can be administered to age appropriate populations.
- ▶ There are both pros and cons to privately purchased vaccines versus state supplied vaccines
- ▶ Reimbursement will be different utilizing private vaccines versus state supplied vaccines
- ▶ Utilize programs like the MA Immunization Information System (MIIS) and COLOR for **inventory** and **reimbursement** through ForHealth and **online vaccination documentation**.

DO use MIIS for either state supplied or privately purchased vaccine

DON'T use any vaccine “off label”



Standing Order Templates at www.immunize.org

Model Standing Orders contain:

- Purpose
- Policy
- Procedure
- Preparation
- Administration
- Documentation
- Management of Medical Emergencies
- VAERS Report (if needed)
- Signature of Medical Director



Getting Ready to Hold a Clinic: PLAN IT!

- ▶ Ensure you have the proper vaccines available for the type of clinic being held.
- ▶ Is it for children? Adults? All ages?
- ▶ Plan for new demands with surge of new US arrivals and their primary language.
- ▶ Do you partner with pharmacies? Other communities?
- ▶ Have multilingual VIS forms
- ▶ Are there transportation options to and from the clinic.
- ▶ Notify Police & Fire Departments of the date, time and location of your clinic.
- ▶ Verify your Vaccines will arrive before your scheduled clinic.



Getting Ready to Hold a Clinic: PLAN IT!

- ▶ Vaccination Clinics may vary for each community
- ▶ Key Considerations:
 - Location: Do you have enough space? Is it Handicap Accessible? Available restrooms?
 - Lighting/ Heating/Air Conditioning / Tables & Chairs
 - Who is helping at the clinic? Are they trained? CORI/SORI?
 - WIFI (if accessing online)
 - Making sure you bring the appropriate vaccine type & amount of vaccines and the vaccination supplies (Band-Aids, sharps, etc.)



Getting Ready to Hold a Clinic: PROMOTE IT!

- ▶ Robo Call (Reverse 911), Connect ED (School Notice) with details of event.
- ▶ Paper Signage in multiple languages.
- ▶ Electronic Signage.
- ▶ Distribute clinic information throughout the community: cultural organizations, churches, libraries, schools, senior centers, store bulletin boards....



Keep Message Simple!

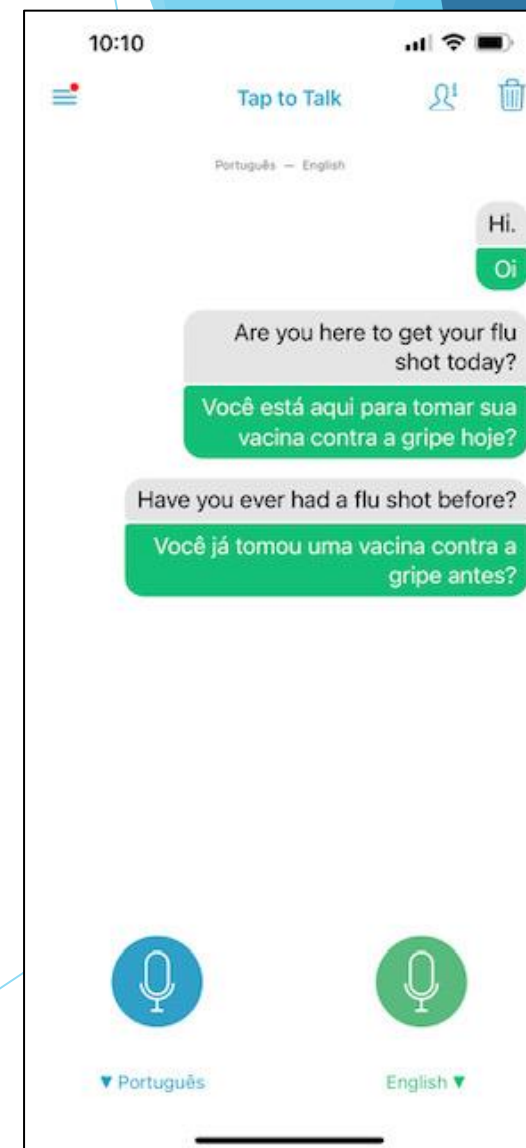
Date
Place
Time
Who

SayHi Interpreter 101 Languages

<https://www.sayhi.com/en/translate/>



Have a conversation in two languages and easily understand each other. FREE App for your phone allows you to **LIVE talk or text with almost anyone in the world.**



Clinic: Set It Up!

- ▶ Administration Supplies
- ▶ Clinician Supplies
- ▶ Site Supplies
- ▶ Drive-Thru Clinics: rain date? Indoor alternative?
- ▶ Name Tags for your Staff and Volunteers.
- ▶ Have all your information completed on all the forms including Lot Numbers, Exp. Date of vaccine.

CDC Handy Clinic Supply List (printable)

<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/vaccination-clinic-supply-checklist.html>



Registration options:



► On-Line In Advance:

- Massachusetts uses an Immunization Management System Software called COLOR.
- <https://www.color.com/immunization>

► In-Person:

- Always verify the patient Insurance(s).
- Make a copy of the card(s)
- Confirm coverage for an uninsured adult or under MassHealth.

CONSENT FORM FOR SEASONAL INFLUENZA (FLU) VACCINE

I have read or have had explained to me the information about influenza and influenza vaccine. I have had an opportunity to discuss the benefits and risks of influenza vaccine with a healthcare provider of my choice before coming here today. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine and request that the vaccine be given to ☐ ME ☐ MY CHILD.

Please print:

Title: _____ Name: _____ (FIRST) _____ (MIDDLE) _____ (LAST) Last 4 SSN: _____

Child's Birthday: ____/____/____ & Age: _____ (if applicable)

Is your child 6 months of age or older? ☐ YES ☐ NO (If "no," your child may not receive the vaccine at this time.)

Parent or Guardian's Name: _____

Vaccine is for (check one): ☐ Physician ☐ Contractor ☐ Employee ☐ Volunteer ☐ Family Member (Adult)

☐ Family Member (Child) ☐ Other _____

Company/Organization: _____

Has the person receiving the vaccine ever had a severe allergic (hypersensitivity) reaction to eggs, chickens, or chicken feathers? ☐ YES ☐ NO

Does the person receiving the vaccine have a history of Guillain-Barré syndrome or a persistent neurological illness? ☐ YES ☐ NO

Has the person received a live vaccine within the past 30 days (i.e. MMR, RotaTeg(Rotarix)? ☐ Yes* ☐ No

***If YES, it is recommended to space live vaccines by 2-4 weeks for full efficacy**

Is the person receiving the vaccine pregnant? ☐ YES ☐ NO

Is the person receiving the vaccine allergic to Neomycin, Thimerosal (Preservative found in contact lens solution), any vaccine ingredient, or latex? ☐ YES ☐ NO

For children 6 mo-8 yrs: Have they received 2 or more doses of influenza vaccine since July 2015? ☐ YES ☐ NO (If no, the child will need to receive 2 vaccinations [at least one month apart] for the best protection against flu.)

For children and adolescents aged 2-17 yrs: Is the child taking long-term aspirin or aspirin-containing therapy? ☐ YES ☐ NO

Signature of person receiving vaccine OR Parent/Guardian

Date

DO NOT WRITE IN THIS SPACE—OFFICE USE ONLY VIS Edition Provided:

Lot number: _____ Expiration Date: _____ CHECK ONE:

☐ 0.5 mL IM Influenza Virus Vaccine given in ____ left ____ right deltoid – TIV or QIV

☐ 0.5 mL IM Influenza HIGH Dose Virus Vaccine given in ____ left ____ right deltoid (65+) TIV-SR

☐ 0.5mL Intradermal Virus Vaccine site: _____ TIV

☐ 0.5mL FluBlok Influenza Virus Vaccine given in ____ left ____ right deltoid

☐ Children 6-35 months: 0.25 mL/dose given in ____ left ____ right deltoid (1 or 2 doses per season)

☐ Children 3-5 years: 0.5 mL/dose given in ____ left ____ right deltoid (1 or 2 doses per season)

☐ Children older than 9 years: 0.5 mL/dose given in ____ left ____ right deltoid (1 dose per season)

Nurse/ Provider's Signature

Date

Time



Know Your Community:

- ▶ Do you vaccinate children or adults or both?
- ▶ With the surge of new residents and migrants coming into some communities are you prepared to vaccinate them?
- ▶ Do you work in partnership with pharmacies? Other communities?
- ▶ Do you know how to reach sub-populations / cohort of all your resident?
- ▶ Is there transportation in your town to bring them to and from the clinic?
- ▶ Do you have a plan for non-English speaking clinic volunteers, clients, patients?

** Make sure that the VIS forms are in their language at your clinic.*



Vaccine Delivery



- ▶ Inform staff when to expect a vaccine delivery.
- ▶ Once delivered, open immediately and confirm temperature holding is within range.
- ▶ Make sure the vaccines match the packing slip
- ▶ Contact the Vaccine Management Unit immediately, if there are any discrepancies



*Department of Public Health (DPH) has issued a Temperature Excursion Reporting Form
These forms must be uploaded to our MHS and kept in our records for 3 years.*



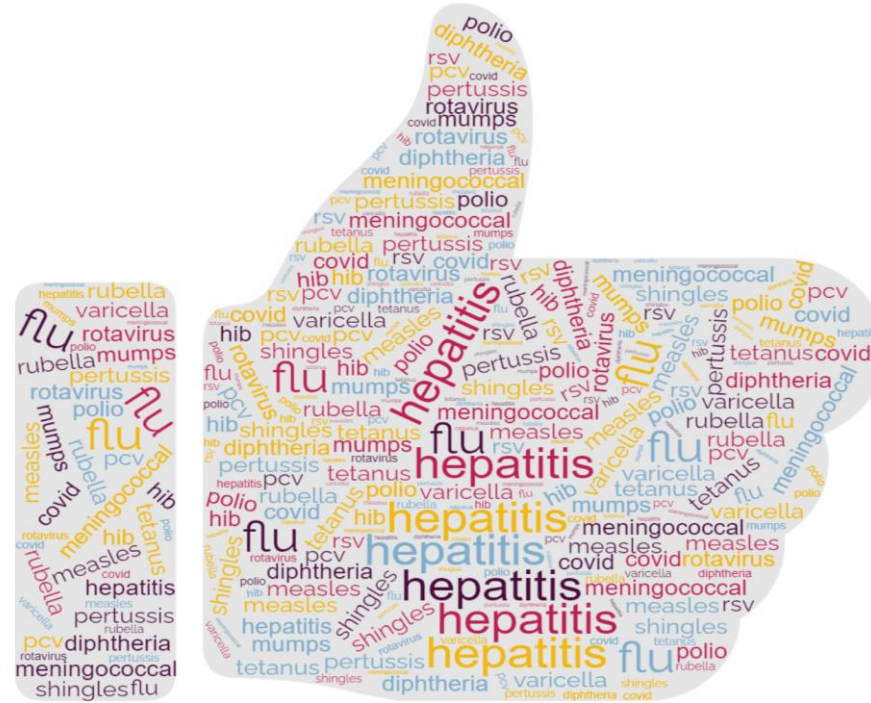
Transporting Vaccines:



- ▶ Monitor your temperatures during your clinics.
- ▶ Always use the recommended cooler when transporting your vaccines
- ▶ Keep in a secure area to avoid any vandalism.
- ▶ Questions? Email: dph-vaccine-management@mass.gov

Temperature excursions (vaccine out of recommended temperature range) are reported immediately to MDPH using MHS form *Temperature Excursion Reporting*





Massachusetts Immunization Resources and Partnerships

Websites:

- www.immunize.org
- www.maphn.org
- www.vaers.hhs.gov
- www.mass.gov
- www.cdc.gov

Email:

- vaccine@umass.edu
- dph-vaccine-management@mass.gov
- ForHealthConsulting@umass.edu

