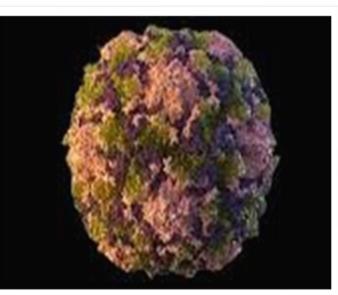


Public VFC or VAP Training on Top Findings at a Site Visit Marie Martinez

Site Visit Information



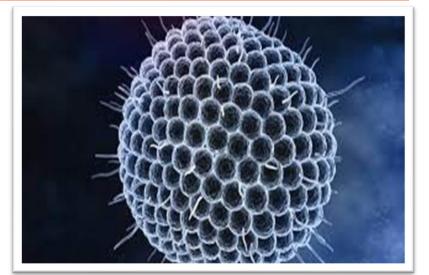
- Occurs every 18-24 months
- Lasts about 2-3 hours
- Will be contacted by a site visitor to schedule a date and time
- Email will contain a checklist for what will be reviewed
- They will be reviewing 10 charts they have randomly selected.





List of Site Visit Findings We Frequently See: immunization program

- Documentation issues
- Vaccine storage & handling
- Temperature Logs

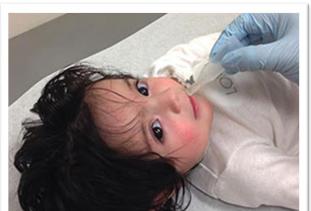


- Vaccine/Immunization Information Sheets (VIS)/IIS
- ALERT Inventory & Documentation

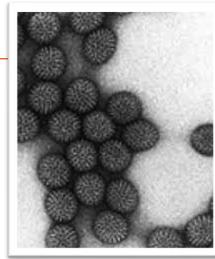


Common Documentation Follow-up

- Emergency Back-up Plan has not been updated or does not exist.
- Contact Information is not updated in ALERT to include:
 - Addresses,
 - Times clinic is available for deliveries, and
 - Primary Coordinator & Back-up Coordinator
- Documentation requirements in patient charts

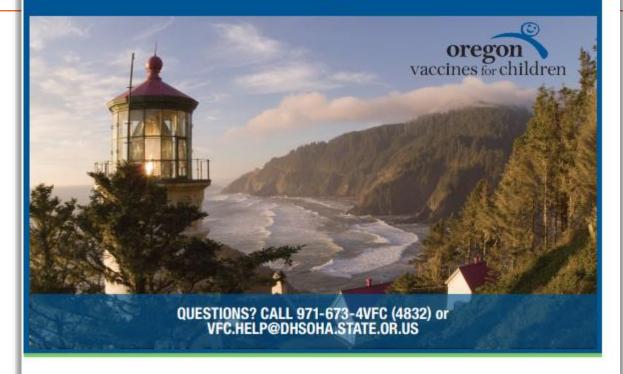






Oregon Vaccines for Children Vaccine Management Guide





CLINIC INFORMATION

Clinic name:	VFC PIN:	ALERT IIS number:

KEY STAFF

Responsible provider:

Primary VFC contact:

Back-up VFC contact:

VFC task list

VFC clinic staff must ensure that vaccine is appropriately stored and managed at all times.

Daily tasks	Take once daily minimum and maximum temperatures. Do so at the start of the day.			
	Document all immunizations.			
Weekly	Download and review data loggers.			
	Rotate vaccine stock.			
Monthly	Do a vaccine inventory count.			
	Adjust ALERT IIS inventory to match physical inventory.			
	Troubleshoot any data quality issues you discover due to inventory count.			
Annually	VFC Recertification (January).			
	Flu vaccine management:			
	Prebook flu vaccine for upcoming season (January)			
	Return expired flu vaccine (July)			
	Review/update Vaccine Management Guide, sign and date.			
	Take VFC overview and self-assessment training (primary and back-up contacts).			
Every other year	Take Vaccine Management Trainings (at least two staff).			
	The trainings cover:			
	Storing vaccines			
	Preparing vaccines, and			
	Administering vaccines.			
	Complete a VFC site visit.			
	Calibrate thermometers.			
As needed	Place vaccine orders (after you submit the reconciled inventory count).			
	Document borrowed doses and pay them back within 90 days.			
	Add private stock into ALERT IIS inventory upon receipt of inventory.			
	Complete vaccine transfer documentation in ALERT IIS.			
	Update VIS.			
	Submit temperature logs to Oregon Immunization Program (when requested).			
	Respond to and document temperature excursions in your clinic's vaccine storage			
	troubleshooting record.			
	Update clinic shipping hours in ALERT IIS.			
	Report changes of key staff to VFC program.			
	Manage short-dated vaccine.			



VFC Task List

Pro Tip:

Translate some or all of the tasks into a schedule/ calendar

VFC task list



FC clinic staff must ensure that vaccine is appropriately stored and managed at all times.

Daily tasks	Take once daily minimum and maximum temperatures. Do so at the start of the day.
	Document all immunizations.
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	Complete vaccine transfer documentation in ALERT IIS.
	Update VIS.
	Submit temperature logs to Oregon Immunization Program (when requested).
	Respond to and document temperature excursions in your clinic's vaccine storage
	troubleshooting record.
	Update clinic shipping hours in ALERT IIS.
	Report changes of key staff to VFC program.
	Manage short-dated vaccine.

Bigger Pro Tip:

- Check inventory more than once a month.
- Use the Ad Hoc List Report and Transaction Report to check for errors.

	Troubleshoot any data quality issues you discover due to inventory count.	
Annually	VFC Recertification (January).	
	 Flu vaccine management: Prebook flu vaccine for upcoming season (January) Beturn expired flu vaccine (July) 	
6	Review/update Vaccine Management Guide, sign and date.	
	Take vrc overview and celf-assessment training (primary and back-up contacts).	
Every other year	Take Vaccine Management Trainings (at least two staff).	

Translate annual tasks like your Emergency Plan & VFC Recertification into an annual schedule on your calendar.



You must update your clinic's vaccine management guide:

Annually

Vaccine Management Guide

- · Whenever key staff changes, and
- Whenever requested by the Vaccines for Children (VFC) program.



At that time, primary and back-up contacts as well as all staff who give vaccinations must review and sign the guide. All clinic staff are responsible to ensure the practice of proper vaccine management as outlined in this guide. The most current version is always available on the Oregon VFC website: http://bit.ly/VFCProviderResources

Date reviewed//	Date reviewed//
Primary contact signature:	Primary contact signature:
Back-up contact signature:	Back-up contact signature:
Additional staff signatures:	Additional staff signatures:

Page 22

Annual review of the VMG on page 22



VAP Personnel

Required Trainings & Documentation of Completion:

Required every one

 Oregon VFC/VAP Overview & Self-assessment (VFC) Primary & Back-up Coordinators need to complete)

Required every two 2 years



Oregon Vaccine Management Course (at least 2) • immunization staff need to complete)

ALERT Contact Information



- Are you updating new staff in ALERT?
- There is an ALERT Tipsheet for that!

ALERT IIS Tipshe	ets	
ALERT IIS	Reviewing Patient Records	Troubleshooting ALERT IIS- Compatibility View Settings
New Clinic Enrollment	This Tipsheet describes how to interpret a patient's immunization record.	
New User Accounts	Reviewing Patient Records Tipsheet	Manage Access/Account
Training		Information
Data Exchange		ALERT IIS- Update Contact Information
Promoting Interoperability /		

Patient Record Review

- Site Visitor will review 10 patient charts. They will be preselected at random by the Site Visitor.
- Most common documentation errors we see indicated in red:
- Patient Name
- Patient's Eligibility Status
- Patient DOB
- Address of Clinic

- Name, Lot #, Manufacturer of vaccine
- Name and Title of individual administering the vaccine
- Date when VIS/IIS was given
 <u>and</u> VIS/IIS publication date



Vaccine Storage & Handling Review

- Refrigerators, Freezers, & DDLs
- Electrical outlets & Stickers
- Emergency Plan Update
- Temperature Log Documentation





Vaccine S&H Components

Facility Name:

C Temperature Log for Refrigerator - Celsius Days 1-15

Month/Year:______VFC Pin:

Monitor temperatures closely!

Write your initials below in "Staff Initials" and note the time in "Exact Time."
 Accord the maximum and minimum tempatures at the beginning of each clinic
 day. Max and min are the highest and lowset temps reached since the last time
 you checked them. Documenting the current temperature is optional.
 If any out-of-range temps, see instructions to the right.
 Keep this documentation, data logger logs, and vaccine storage troubleshooting

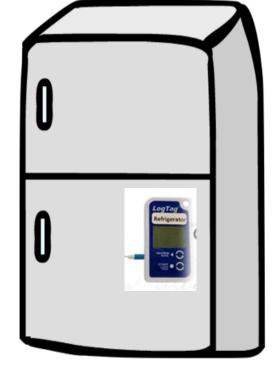
records for three years.

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C). 1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.

2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.

3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

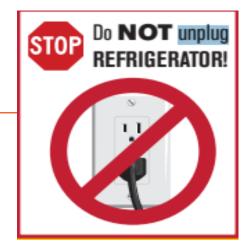
Day o	of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff	Initials															
Exact	Time															
Mavi	mum Temp															
Maxi	num remp															
Minir	num Temp															
			Dang	ger! Tempe	ratures ab	ove 8°C ar	e too war	m! Call th	e VFC Help	desk (971-	673-4832)	immediat	ely!			
	8*C															
ıre	7*C															
erati	6*C															
Temperature	Aim for 5* 5*C					(D r	hti	0	n						
	4*C					6	フト		U	пс						
Current	3*C															
	2*C															
			Dange	er! Temper	atures bel	ow 2°C are	too cold!	Call the th	e VFC Hel	pdesk (971	-673-4832) immedia	tely!			







This Photo by Unknown Author is licensed under CC BY-SA-NC

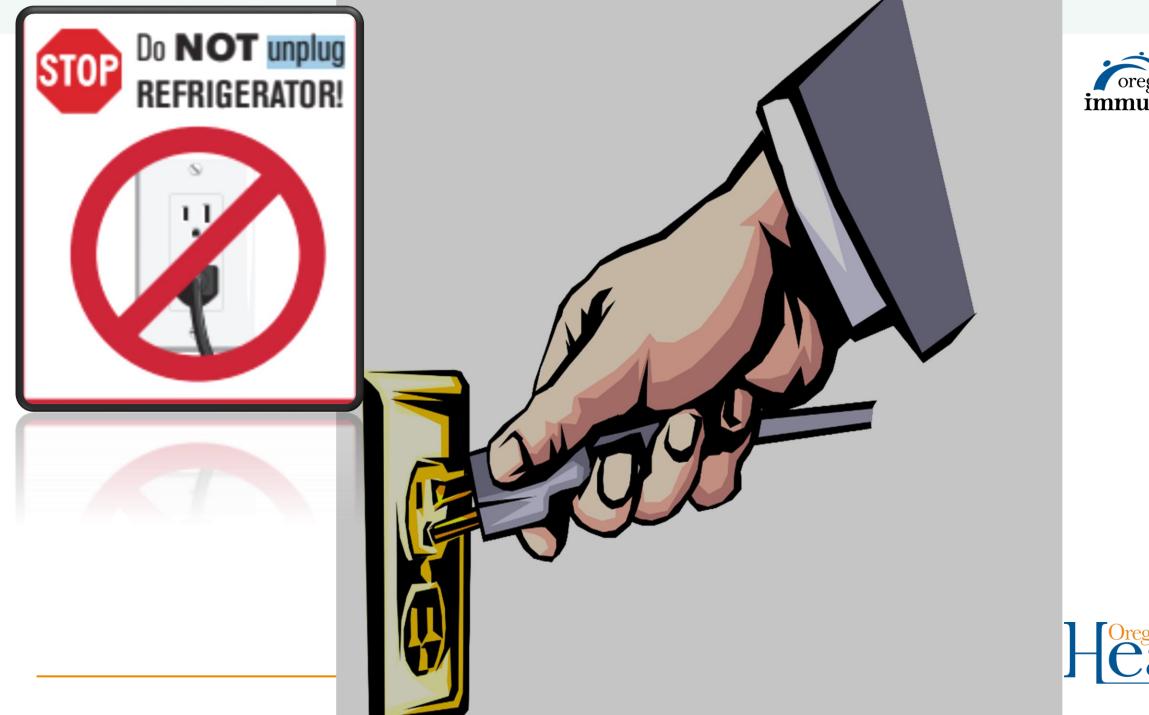






Why a sticker is necessary!









What happens when the lights go out?

Section 6: Vaccine emergency plan

Emergency Plan

- Have a plan ready to go
- Should be easy for anyone to understand
- Template in the Vaccine Management Guide (pg 19)

After-hours building access larm codes and instructions:		
loors, locks and keys:		
ight switches and flashlights:		
Circuit breaker location and instructions:		
enerator instructions:		
ocation of generator and fuel:		
loutine maintenance and generator testing ir	nstructions:	
Alternative storage site		
acility name and contact person:	Phone number:	
ddress:		



Key phone numbers and information

Write down storage unit details, key phone numbers and other instructions. Primary and backup staff should keep a copy of this information along with building keys and alarm codes in case emergency vaccine relocation or storage unit maintenance is required.

Vaccine storage equipment						
Unit type (e.g., freezer)	Location	Brand	Model #	Maintenance needs		

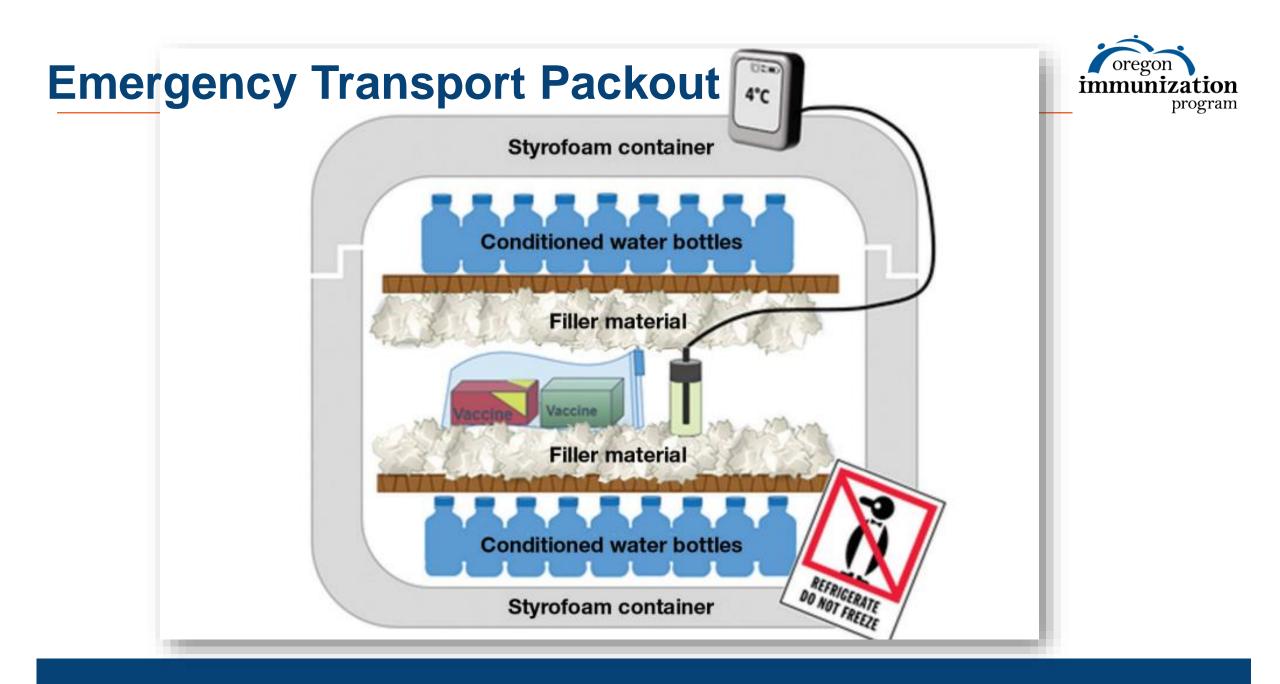
Thermometers						
Primary or back-up	Brand	Model/serial #	Calibration due date			

Important contact information	
Maintenance/repair company:	Phone number:
Power company:	Phone number:
Calibration company/laboratory:	Phone number:
Location of calibration certificates:	Location of back-up thermometers:



details: phone numbers, codes, etc.

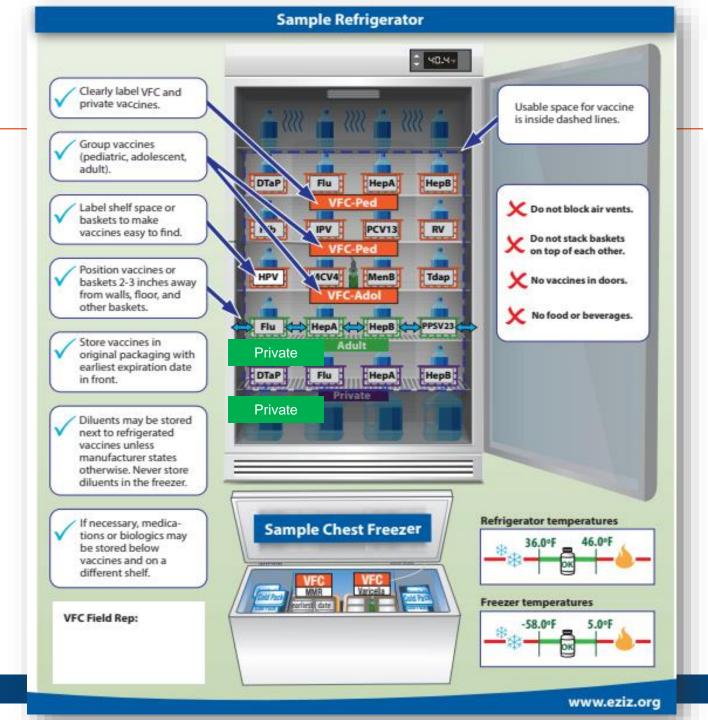
Key



Temperature Ranges:

Fridges: 2 to 8°C (36 to 46°F)

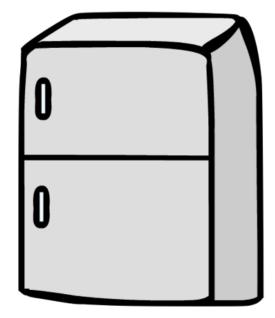
Freezers: -15 to -15°C (5 to -58°F)





Good or Bad?





Good or Bad?





Both Good and **Bad**

Good:

- Centrally placed probe,
- Separated in baskets,
- Enough room for airflow





Bad:

- Vaccine labeling is not evident
- Close to being too crowded

Good or Bad?





Bad!

• Way too FULL





Good or Bad?







VERY Bad!













Good!

Good or Bad?





Good or Bad?

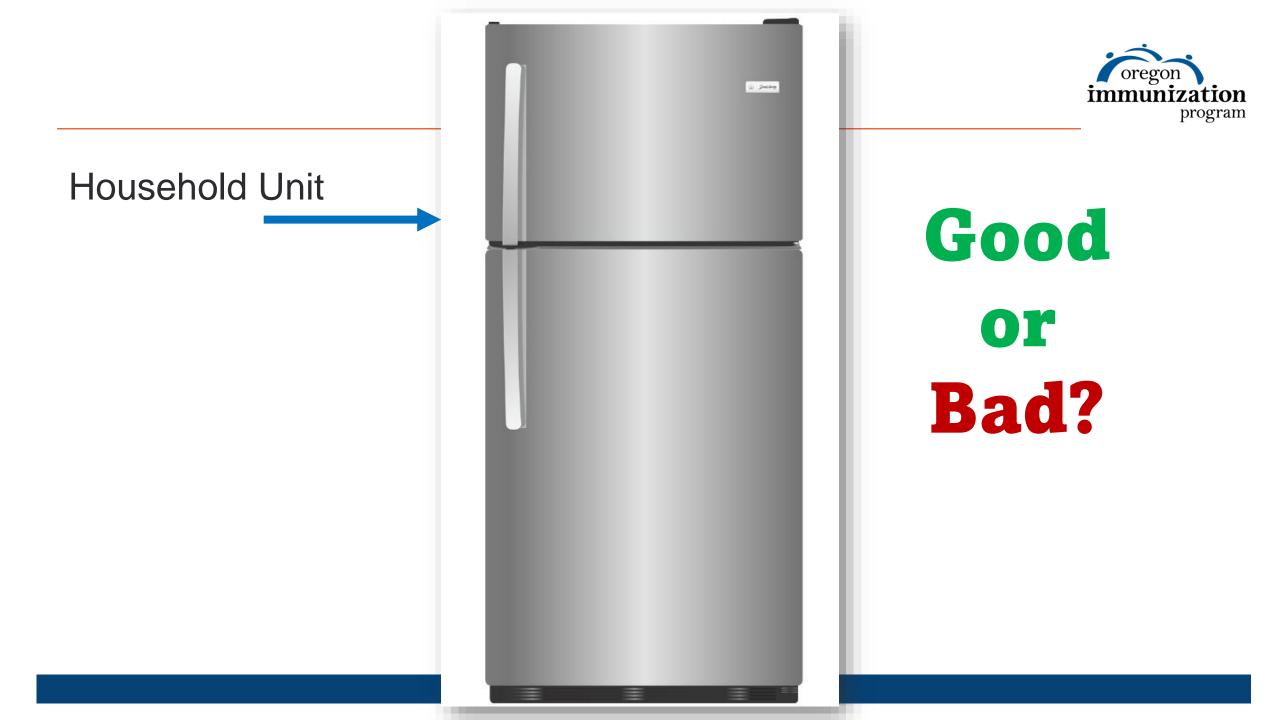


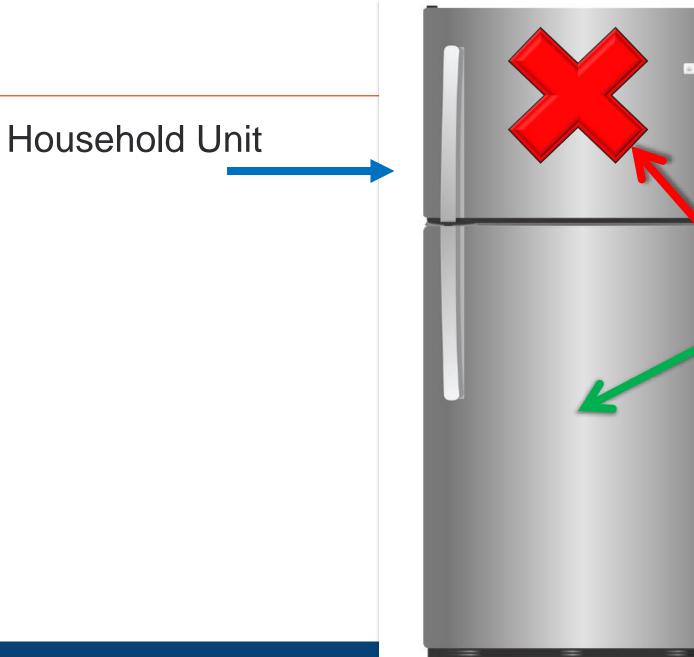


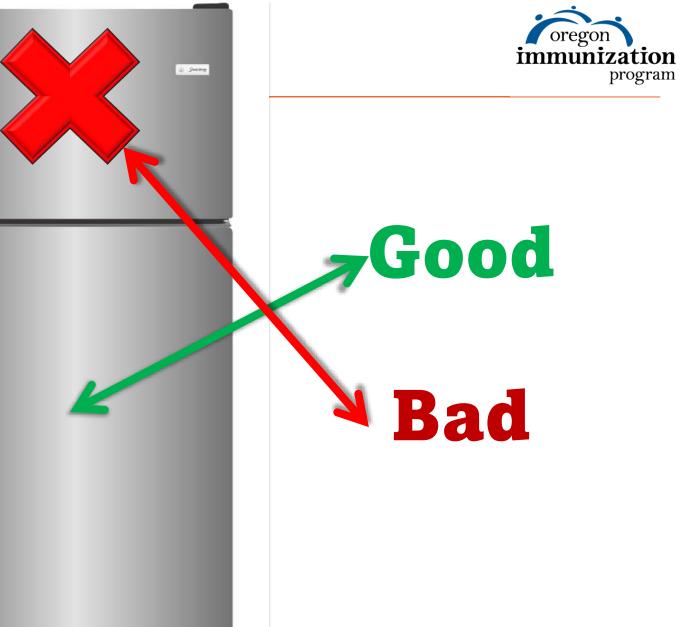
BAD!











Full Suite of ACIP Recommended Immunizations



VFC Required Vaccines	In Stock	Nonroutine ACIP Approved Vaccin	In Stock	VFC Required Therapeutics	In Stock	
COVID-19	No	MenB	No	RSV	No	
Diphtheria	No	PPSV23	No			
НерА	No					Casaaral
НерВ	No					Seasonal
Hib	No					immunizations:
HPV	No					• Flu
Influenza	No					
IPV	No					 COVID-19
MenACWY	No					RSV
MMR	No					
PCV13, 15, 20	No					
Varicella	No					
Tetanus	No					
Pertussis	No					
Rotavirus	No					

ALERT IIS Inventory VAP Clinics

- VAP or Vaccine Access Program, like VFC, has two stocks.
- Unlike VFC or private clinics, you only have to carry two vaccines in private stock:
 - Varicella
 - Flu
- Vaccines need to be accepted in ALERT IIS to accurately manage your inventory.
 - This includes your private stock





Temperature Logs



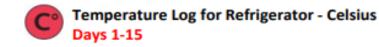
Thermometer Requirements

- At least one (1) digital data logger for each vaccine storage unit.
- Calibrated at least every 2 years
- Buffered Probe (glycol, glass beads or similar)
- Need to be able to display a minimum and maximum temperature since the last check of the thermometer
- Sites must have one back-up logger per clinic with a valid certificate of calibration
- Recommend:
 - +/- 0.5 Deg, alarm, low battery indicator, logging every 5 minutes



Recording Temperatures

- By hand daily min/max (reset)
- Link for temperature log sheets: <u>https://www.oregon.gov/oha/PH/PreventionWellness/VaccinesImm</u> <u>unization/ImmunizationProviderResources/Pages/provresources.a</u> <u>spx</u>)
- Make sure you are using the correct form (e.g. matches your temp readings, Fahrenheit vs Celsius).
- Data, need to be downloaded weekly
- Logs should be kept for a minimum of three (3) years or longer depending on the clinic's policy.



Month/Year:

VFC Pin:



Facility Name:

Monitor temperatures closely!

 Write your initials below in "Staff Initials" and note the time in "Exact Time."
 Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.

3. If any out-of-range temps, see instructions to the right.

 Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years. Take action if temp is out of range-too warm (above 8°C) or too cold (below 2°C).

 Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the manufacturer (COVID-19 vaccine) Oregon Immunization Program (all other vaccines).

 For COVID-19 vaccine, call the manufacturer. For other vaccines call the OIP Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
 Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials																
Exact Time																
Maximum Temp	·															
Minimum Temp																
Dang	er! Tem	peratures	above 8°	C are too w	varm! Call	the Manuf	acturer (C	OVID-19 va	accine) or	OIP Helpde	esk (all oth	er vaccine	s - 971-673	8-4832) imi	mediately!	
	8°C															
e	7°C															
atur																
Current Temperature	6°C							-								
tTer	5°C							50	-0-	Πc						
ren	4°C															
Cur	3°C															
	2°C															
Dan	ger! Tem	nperature	s below 2'	C are too	cold! Call t	he Manufa	ecturer (CC	VID-19 va	ccine) or C)IP Helpde	sk (all othe	r vaccines	- 971-673	-4832) imn	nediately!	



https://www.oregon.gov/oha/PH/PreventionWellness/Vaccines Immunization/ImmunizationProviderResources/Pages/provreso

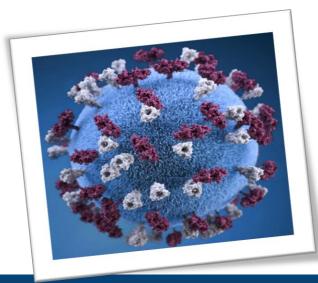
But why do you need **both** the temperature data and the daily temperature logs?

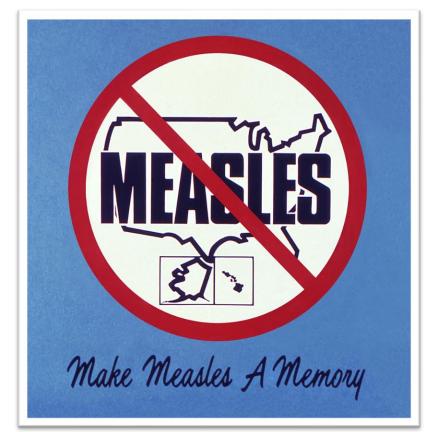




But why do you need **both** the temperature data and the daily temperature logs?

- 1. Sometimes, the data cannot be found, a good back-up.
- 2. It activates a daily check





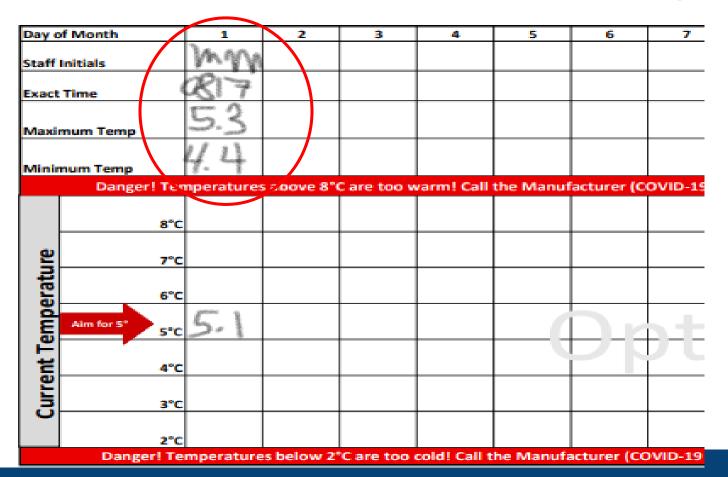


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If any out-of-range temps, see instructions to the right.

Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.



What is required?

Take

1. La

DOSS

19 v

2. Ft

Helc

3. D

- Fill out every day there are clinic staff present
- Min/Max temps, date, time and initials
- Documenting current temp is optional
- Reset min/max on data logger after reading, if needed
- Keep logs for 3 years

Name That Temp Log Error!

DODZE



program ure Log for Refrigerator - Celsius

Monitor temperatures closely!

- ---

 Write your initials below in "Staff Initials" and note the time in "Exact Time."
 Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.

3. If any out-of-range temps, see instructions to the right.

Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Month/Year: March/202

TJ McChu

Facility Name:

Take action if temp is out of range—too warm 1. Label the vaccines "Do Not Use". Store vaccin possible. Do not discard vaccines unless directe 19 vaccine) Oregon Immunization Program (all 2. For COVID-19 vaccine, call the manufactures Helpdesk at 971-673-4832 to determine vaccing 3. Document the event on your clinic's Vaccine

Day	of Month	1	2	3	4	5	6	7	8	9	10	11				
Staff	Initials	MM	мм	мм	мм	мм			мм							
Exact	t Time	10:00	10:00	10:00	10:00	10:00			10:00							
Maxi	mum Temp	6.5	6.2	6.5 _.	6.5	5.9			5.8							
Mini	mum Temp	4.5	3.9	4.1	3.8	3.8			3.8							
	Danger! Te	mperature	s above 8°	C are too v	varm! Call	the Manu	facturer (C	OVID-19 v	accine) or	OIP Helpde	esk (all oth	er vaccine	s - 971-67	3-4832) im	mediately!	
	8°0															
2	7°0	:														
Temperature	6°0	:														
du	Aim for 5°	5.3	5.1	5.1	5.6	5.2		s+i	5.3	0						
nt Te	4°0	:					PT	היק								
Current	3°0															
0	2°0															
	OBEGONIM		N BROGRA	are too	cold! Call t	the Manufa	acturer (CC	OVID-19 va	ccine) or C	OIP Helpde	sk (all othe	er vaccines	- 971-673	-4832) imn	nediately!	
	Public Health															

clinic day. Max and min are the nighest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.

3. If any out-of-range temps, see instructions to the right.

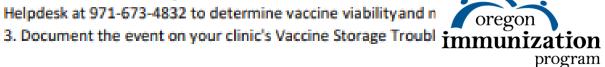
4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

possible. Do not discard vaccines unless directed to by the manufacturer (COVID-

19 vaccine) Oregon Immunization Program (all other vaccines).

2. For COVID-19 vaccine, call the manufacturer. For other vac

Helpdesk at 971-673-4832 to determine vaccine viability and n



Day o	f Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff I	nitials	MM	MM	ММ	мм	ММ			MM							
Exact	Time	10:00	10:00	10:00	10:00	10:00			10:00							
		0.5	0.2	~ ~	~ F	5.0			J.8							
Maxin	num Temp			,												
Minin	num Temp	4.5	3.9	4.1	3.8	3.8			3.8							
	Danger! Ter	mperature	s above 8°	C are too v	varm! Call	the Manuf	iacturer (O	OVID-19 v	accine) or (DIP Helpde	sk (all oth	er vaccine	s - 971-673	3-4832) imi	mediately!	
	8°C															
e																
perature	7°C															
er.	6°C															
Temp	Aim for 5" 5°C	5.3	5.1	5.1	5.6	5.2	Dr	s tri	5.3							
	4°C						PT	ת								
Current																
J	3°C															
		VISION	es below 2	'C are too	cold! Call t	he Manufa	acturer (CC	VID-19 va	ccine) or C	IP Helpde	sk (all othe	er vaccines	- 971-673	-4832) imn	nediately!	



Temperature Log for Refrigerator - Celsius Days 1-15

Monitor temperatures closely!

Write your initials below in "Staff Initials" and note the time in "Exact Time."
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Month/Year: March/202

TJ McChu

Facility Name:

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Day (of Month	1	2	3	4	5	6	7	8	9	10	11	× //			
Staff	Initials	RC	RC	RC	RC	RC			RC	RC	RC	RC				
Exact	tTime	0830	0845	0840	0905	0755			0820	0825	0832	0820				
Maxi	mum Temp	4.3	4.4	4.4	4.5	4.9			7.9	7.9	7.9	7.9				
Mini	mum Temp	3.8	3.8	3.8	3.7	3.7			3.6	3.6	3.6	3.6				
	Danger! Te	mperature	s above 8°	C are too w	varm! Call	the Manuf	facturer (O	OVID-19 v	accine) or	OIP Helpde	esk (all oth	er vaccine	s - 971-673	3-4832) imi	mediately!	
	8°0	:														
2																
eratu	6°0															
dua	Aim for 5° 5°C	x	x	x	x	×		sti	×	x	×	×				
u T	4°0	:					PT	הרק								
Current Temperature	3°0															
0	2°0															
	Danger! Te	emperature	es below 2	°C are too	cold! Call t	he Manufa	acturer (CC	OVID-19 va	ccine) or C	DIP Helpde	sk (all oth	er vaccines	s - 971-673	-4832) imn	nediately!	

cimic day, max and min are the nighest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.

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possible. Do not discard vaccines unless directed to by the manufacturer (COVID-

19 vaccine) Oregon Immunization Program (all other vaccines)

2. For COVID-19 vaccine, call the manufacturer. For other vac Helpdesk at 971-673-4832 to determine vaccine viability and n 3. Document the event on your clinic's Vaccine Storage Troubl immunization



Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	RC	RC	RC	RC	RC			RC	RC	RC	RC				
Exact Time	0830	0845	0840	0905	0755			0820	0825	0832	0820				
Maximum Temp	4.3	4.4	4.4	4.5	4.9			7.9	7.9	7.9	7.9				
	3.8	3.8	3.8	3.7	3.7			3.6	3.6	3.6	3.6				
Minimum Temp Danger! Ter	moorature	s abovo 8º	C are too y	varmi Call	the Manuf	acturer IC	0VID-19 v	accinal or	OIP Helod	esk (all oth	ver vaccine	e 971-67	2.4822) im	modiately	
Danger: Tel	inperature	s above o		varm: can	ure mariur	actorer (c	0410-13 4	accine yor	or neipu	esk (all oti	ler vaccine	3 - 37 1-07.	-463271111	ineuracery:	
8°0	:														
2 70	2														
e.c.	2														
Aim for 5* 5*0	X	x	x	x	x		+ i	'X	x	x	x				
T Te						ファ	הרק			įπ.					
4°C															
2**0															
Danger! Te	emperatur	es below 2	°C are too	cold! Call t	he Manufa	acturer (CC	VID-19 va	ccine) or C	DIP Helpde	sk (all oth	er vaccines	- 971-673	-4832) imn	nediately!	



Temperature Log for Refrigerator - Celsius Days 1-15

Monitor temperatures closely!

 Write your initials below in "Staff Initials" and note the time in "Exact Time." 2. Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.

3. If any out-of-range temps, see instructions to the right.

Keep this documentation, data logger logs, and vaccine storage troubleshooting. records for three years.

Month/Year: March/2024

TJ McChu Facility Name: ____

Take action if temp is out of range—too warm

1. Label the vaccines "Do Not Use". Store vaccin possible. Do not discard vaccines unless directer 19 vaccine) Oregon Immunization Program (all o 2. For COVID-19 vaccine, call the manufacturer.

Helpdesk at 971-673-4832 to determine vaccine viability and next steps. 3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	RC	RC	RC	RC	RC			RC	RC	RC	RC				
Exact Time	0830	0845	0840	0905	0755			0820	0825	0832	0820				
Maximum Temp	4.3	4.4	4.4	4.5	10.6			5.2	5.2	4.5	4.3				
Minimum Temp	3.8	3.8	3.8	3.7	3.7			3.8	3.8	3.7	3.6				
Danger!	Temperature	s above 8°	C are too v	varm! Call	the Manu	facturer (C	OVID-19 v	accine) or	OIP Helpd	esk (all oth	er vaccine	s - 971-673	8-4832) imi	mediately!	
	8°C														





Monitor temperatures closely!

 Write your initials below in "Staff Initials" and note the time in "Exact Time."
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3. If any out-of-range temps, see instructions to the right.

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Month/Year: March/2024



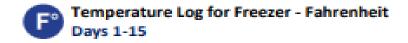
TJ McChuckle Shoppe

Facility Name:

Take action if temp is out of range-too warm (above 8°C) or too cold (below 2°C).

 Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the manufacturer (COVID-19 vaccine) Oregon Immunization Program (all other vaccines).
 For COVID-19 vaccine, call the manufacturer. For other vaccines call the OIP Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
 Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3		4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	RC	RC	RC	R	2	RC			RC	RC	RC	RC				
Exact Time	0830	0845	0840	09	05	0755			0820	0825	0832	0820				
Maximum Temp	4.3	4.4	4.4	4	5	10.6			5.2	5.2	4.5	4.3				
Minimum Temp	3.8	3.8	3.8	3.7	7	3.7			3.8	3.8	3.7	3.6				
Danger! T	emperature	s above 8°	C are too v	varm	! Call	the Manuf	acturer (C	OVID-19 v	accine) or	OIP Helpd	esk (all oti	er vaccine	s - 971-67	3-4832) im	mediately!	
8	°C															



Month/Year: March/2024

Monitor temperatures closely!

Write your initials below in "Staff Initials" and note the time in "ExactTime."
 Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.
 If any out-of-range temps, see instructions to the right.

Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

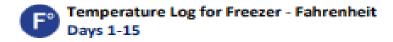
Facility Name: TJ McChuckle

Take action if temp is out of range—too warm (above 5°F) o 1. Label the vaccines "Do Not Use". Store vaccine in proper of possible. Do not discard vaccines unless directed to by the M 19 vaccine) or Oregon Immunization Program (all other vacci 2. For COVID-19 vaccine, call the manufacturer. For other va Helpdesk at 971-673-4832 to determine vaccine viability and 3. Document the action taken on your clinic's Vaccine Storage

Day of Month	1	2	3	-4	5	6	7	8	9	10	11	-		
Staff Initials	BW	BW	BW	BW	BW			BW	BW				M	<u> A</u>
Exact Time	0800	0917	0815	0805	0758			0840	0759					
Maximum Temp	-8	-7.1	-2.1	-3.0	5.1			5.1	5.1					
Minimum Temp	-6	8.0	-9.6	-9.5	-9.5			-9.6	-9.6					

57F										
3 to 4 "F										
1 to 2°F										
07F										
-1 to -2"F					 -:-					
-3 to -4"F		X	X	x		X	X			
-5 to -6"F	Х									
-7 to -8"F										_ ! .
-9 to -10"F										
-11 to -12'F										oregon
-13 *F										- immuniz

Danger! Temperatures below -13*F are too cold for some COVID-19 vaccines! Call the Manufacturer (COVID-19 vaccine) or OIP Helpdesk (all other vaccines - 971-673-4832) immed



Month/Year: March/2024 VFC Pin: 000001



Facility Name: ______TJ McChuckle Shoppe

Monitor temperatures closely!

 Write your initials below in "Staff Initials" and note the time in "ExactTime."
 Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.
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 Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years. Take action if temp is out of range-too warm (above 5°F) or too cold (below - 13°F).

 Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Manufacturer (COVID-19 vaccine) or Oregon Immunization Program (all other vaccines).
 For COVID-19 vaccine, call the manufacturer. For other vaccines call the OIP Helpdesk at 971-673-4832 to determine vaccine viabilityand next steps.

3. Document the action taken on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	BW	BW	BW	BW	BW			BW	BW						
Exact Time	0800	0917	0815	0805	0759			0940	0750						
Maximum Temp	-8	-7.1	-2.1	-3.0	5.1			5.1	5.1						
Minimum Temp	-6	8.0	-9.6	-9.5	-9.9			-9.0	-9.0						
Danger! Tem	peratures a	above 5°F a	are too wa	irm! Call ti	he Manufa	acturer (C	OVID-19 v	accine) or	OIP Helpd	iesk (all ot	her vaccir	nes - 971-6	573-4832)	immediate	siy!
519															
3 to 4 "F															
2 1 to 2"F															
atu ett															
01 to -2"F					0										
2 1 to 2"F 0"F 0 -1 to -2"F 0 -3 to -4"F			X	X	x			X	X						
	x														
-5 to -6"F															
-9 to -10"F															
-11 to -12'F															

You GET A CAR!



If temperatures are out of range:

- Restrict use of the refrigerator or freezer. Place a "DO NOT USE" sign on the unit. Also, notify your clinic's primary responsible staff.
- 2. Determine the cause and take action. The temperature excursion scenarios below give examples of how you might handle different types of excursions.
- 3. Notify the VFC Help Desk at 971-673-4VFC (4832) or vfc.help@dhsoha.state.or.us (You don't need to notify VFC if temperatures go out of range for less than half an hour or less than one degree Celsius.)
- 4. Document the incident. Include the:
 - » Length of excursion
 - » Minimum and maximum temperatures
 - » Steps taken to address the excursion, and
 - » Outcome in your vaccine storage troubleshooting record, available here: http://bit.ly/ VFCProviderResources.



Vaccine Storage Troubleshooting Record (check one) Refrigerator Freezer Oltra-Cold Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.

If mul	e & Time of Event Itiple, related events occurred, escription of Event below.	Storage Unit Tempera at the time the problem w		Room Temperature at the time the problem was discovered	Person Completing Report	
Date:		Temp when discovered:		Temp when discovered:	Name:	
Time	:	Minimum temp:	Maximum temp:	Comment (optional):	Title:	Date:

Description of Event (If multiple, related events occurred, list each date, time, and length of time out of storage.)

· General description (i.e., what happened?)

• Estimated length of time between event and last documented reading of storage temperature in acceptable range (2° to 8°C [36° to 46°F] for refrigerator; -50° to -15°C [-58° to 5°F] for freezer; -80° to -60°C [-112° to -76°F] for ultra-cold freezer (may be used for Pfizer COVID-19 vaccine).

Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.)

At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer?
 Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?

Include any other information you feel might be relevant to understanding the event.

Action Taken (Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)

 When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your state/ local health department and/or the manufacturer[s].)

· Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer-list all.)

· IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

Results

• What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.)

DISTRIBUTED BY THE

Vaccine/Immunization Information Sheets (VIS/IISs) or EUAs



- Should be given before every vaccination
- Must be up to date
- Two different best practices:
 - Printing off from the CDC website before vaccination will help make sure they are up to date
 - If not, keep them in one place & only print off enough for a couple weeks at a time

VACCINE INFORMATION STATEMENT

Meningococcal ACWY Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis



1. Why get vaccinated?

Meningococcal ACWY vaccine can help protect against meningococcal disease caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including: • Infants younger than one year old

- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of N. meningitidis, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

2. Meningococcal ACWY vaccine

Adolescents need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 years of age
- · Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for certain groups of people:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called "complement component deficiency"
- Anyone taking a type of drug called a "complement inhibitor," such as eculizumab (also called "Soliris") or ravulizumab (also called "Ultomiris")
- Microbiologists who routinely work with isolates of N. meningitidis
- Anyone traveling to or living in a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls who have not been completely vaccinated with meningococcal ACWY vaccine
 U.S. military recruits



U.S. Department of Health and Human Services Centers for Disease Control and Prevention

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U.S. Department of Health and Human Services Centers for Disease Control and Prevention

Is this VIS up to date?

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death. about ming a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at <u>www.fda.gov/vaccines-blood-biologics/vaccines</u>.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.

Vaccine Information Statement Meningococcal ACWY Vaccine





Meningococcal ACWY Vaccine: What You Need to Know

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 Do you have VIS's for all vaccines you have in stock?

• Are they in multiple languages?

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Eligibility Coding/Miscoding

VFC providers must have working knowledge of:

- VFC eligibility categories
- Billing practices
- Documentation procedures

Staff must:

- Screen all patients for VFC eligibility
- Document specific VFC eligibility
- Document every vaccine given in ALERT IIS





Reconciling Inventory

- Making sure what's in inventory in ALERT IIS matches what is actually in your fridge and freezer.
- Adjust inventory according to this chart: <u>https://www.oregon.gov/oha/PH/PREVENTIONWE</u> <u>LLNESS/VACCINESIMMUNIZATION/ALERT/docu</u> <u>ments/ALERTIISModQuant.pdf</u>



Public clinic coding chart						
Age	Definition	Eligibility codes	Vaccine stock			
0 through 18	OHP or Medicaid	OHP or Medicaid M				
	No insurance	N	State			
	American Indian or Alaska Native	A	State			
	Underinsured	F (FQHC or RHC only)	State			
19 +	Other state-supplied. See 317 chart for eligibility requirements.	0	State			
All ages	Privately insured children or adults on OHP or other insurance	В	State			
	Locally owned (privately purchased vaccine, including seasonal flu vaccine for privately insured children and all adults)	L	Private			
	OIP special projects (rarely used)	S	Special project			

Public clinic coding chart					
Age	Definition Eligibility code		Vaccine stock		
0 through 18	OHP or Medicaid	М	State		
	No insurance	N	State		
	American Indian or Alaska Native	Α	State		
-	Underinsured	F (FQHC or RHC only)	State		
19 +	Other state-supplied. See 317 chart for eligibility requirements.	0	State		
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Borrowing

- Borrowing logs
 - Must be kept for 3 years
 - Made available during the Site Visit
 - Must be filled out for *each* borrow
- Best Practice: Review monthly using the Ad Hoc Report in ALERT
 - Usually done on a monthly basis
 - Use it to try and catch borrows, & or coding errors

Oregon Vaccines for Children Borrowing Log

Directions for use of borrowing log:

When a provider has borrowed a vaccine from VFC stock to administer to a patient not eligible for VFC, or vice versa, the borrowing form must be **COMPLETELY FILLED OUT** for *each* borrowing occurrence with *each* vaccine listed on a separate row of the form. These borrowing logs must be kept as part of the VFC program records for 3 years and be made available to the VFC staff during the VFC Site Visit or upon request by the Oregon Immunization Program.

Note: Clinics cannot borrow state-supplied seasonal influenza vaccine for privately insured patients. Providers may use private stock seasonal influenza vaccine to vaccinate VFC eligible children if VFC seasonal influenza stock is not yet available. Those private stock doses used on VFC eligible children can later be replaced when VFC stock becomes available.

For <u>each</u> borrowed vaccine a patient receives, all of the following must be documented:

- Vaccine name
- Patient's name OR unique patient ID
- Patient's date of birth
- Private or VFC dose borrowed
- Date vaccine borrowed
- Reason vaccine borrowed
- Date vaccine paid back to either VFC or Private stock

Provider must sign to certify accuracy and compliance with VFC requirements.

Replacement must be made within 90 days unless clinic can justify delay.

"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: _

Oregon Vaccines for Children Borrowing Log

Vaccine	Patient Name or ID	DOB	Stock Borrowed	Lot # (Optional)	Date Borrowed	Reason Borrowed	Date Paid Back ¹
Example: ActHib	Jane Doe	11/8/17	Private	UI181AAC	1/20/18	8	2/2/18

Reasons for Borrowing VFC Vaccine:

- 1. Private vaccine shipment delay (vaccine order placed on time/delay in shipping)
- 2. Private vaccine not usable on arrival (vials broken, temperature monitor out of range)
- 3. Ran out of private vaccine between orders (not due to shipping delay)
- 4. Short-dated private dose was exchanged with VFC dose
- 5. Accidental use of VFC dose for private patient
- 6. Replacement of Private dose with VFC when insurance plan did not cover vaccine
- 7. Other Explanation Required

Reasons for Borrowing Private Vaccine:

- 8. VFC vaccine shipment delay (order placed on time/delay in shipping)
- 9. VFC vaccine not usable on arrival (vials broken, temperature monitor out of range)
- 10. Ran out of VFC vaccine between orders (not due to shipping delays)
- 11. Short-dated VFC dose was exchanged for Private dose
- 12. Accidental use of Private dose for a VFC eligible patient
- 13. Other Explanation Required



¹Replacement must be made within 90 days unless provider can justify delay.

After Site Visit



- Site Visitors will review findings
- Send an email with findings, Corrective Action Plan (CAP)
- Email will detail what needs to be completed
- Email or phone Site Visitor if you have any questions or need clarification.
- Once all follow-up, if any, is complete, the site visit will be closed out.
- See you in 18 24 months!

In case you missed the winner of the Ig Noble Award for Medicine and Biology for 2024

Medicine

Won by a Swiss, German and Belgian group for demonstrating that <u>fake medicine that causes painful side-effects can be more</u> <u>effective</u> in patients than fake medicine that does not cause painful side-effects.

Biology

Another posthumous award, the Ig Nobel in biology honoured the late Fordyce Ely and William Petersen for their 1940 investigation into factors affecting the production of milk in dairy herds. Writing in the Journal of Animal Science, the pair recounted placing a cat on the back of a cow and repeatedly exploding paper bags to see if milk-flow changed. The terrified cows appeared to release less milk. "Frightening at first consisted in placing a cat on the cow's back and exploding paper bags every 10 seconds for two minutes," the researchers wrote. "Later the cat was dispensed with as unnecessary."

Oregon Vaccine Providers Help Desk (800) 980-9431 VFC.help@odhsoha.Oregon.gov

Marie Martinez (971) 347-7275



marie.e.martinez@oha.Oregon.gov

References/Links



- ALERT Tipsheet for running an Ad Hoc List Report: <u>https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCI</u> <u>NESIMMUNIZATION/ALERT/Documents/ALERTIISAdHocListRpt.</u> <u>pdf</u>
- ALERT IIS Inventory Borrowing Course on the OIP Training Portal: https://oip.csod.com/ui/Ims-learning-details/app/course/b4b6799e-765d-4d1f-b318-48b4ee721d80
- ALERT Tipsheet for updating contact information (start on page 4): <u>https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCI</u> <u>NESIMMUNIZATION/ALERT/Documents/ALERTIISUpdateContact</u> <u>.pdf</u>