

VFC Program Update: 2018 Program Requirements and Key Areas of Focus

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Presentation Overview

- VFC Program Highlights
- 2018 New Requirements for VFC Participation
- 2018 VFC Strategic Areas of Focus

VFC Program Highlights

- VFC is a federal *entitlement* program
- Created in October 1994, VFC is now 23 years
- Provides vaccines at no cost to public & private providers
- Covers all ACIP recommended vaccines
- Eliminates cost as a barrier
- Keeps children in their medical home

Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.



CDC estimates that vaccination of children born between 1994 and 2016 will:

prevent **381 million** illnesses



more than the current population of the entire U.S.A.

help avoid **855,000** deaths



greater than the population of Seattle, W.A.

save nearly **\$1.65 trillion** in total societal costs
(that includes \$360 billion in direct costs)



or \$5,077 for each American

Updated 2017 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1998–2013."

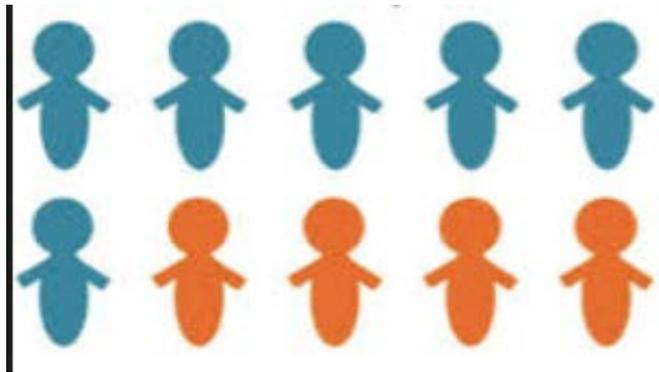


U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

www.cdc.gov/features/vfcprogram

NCIRDg702 | 04/16/16

VFC Eligible Population

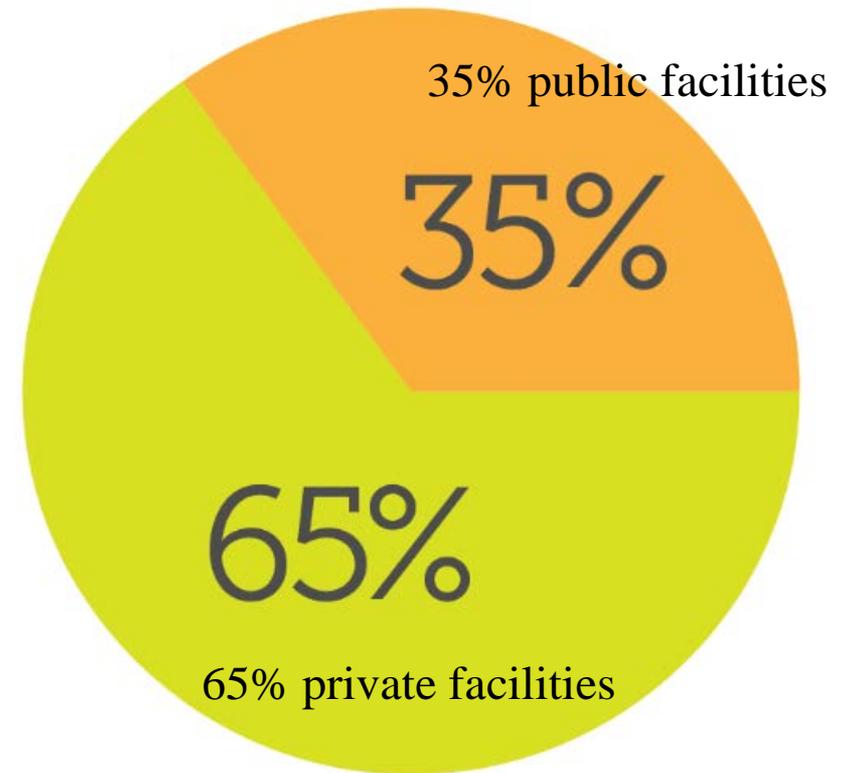


- 60% of children 0-18 years of age in CA are VFC eligible or 6.3M
 - 355,700 American Indian/Alaskan Natives



VFC Provider Participation

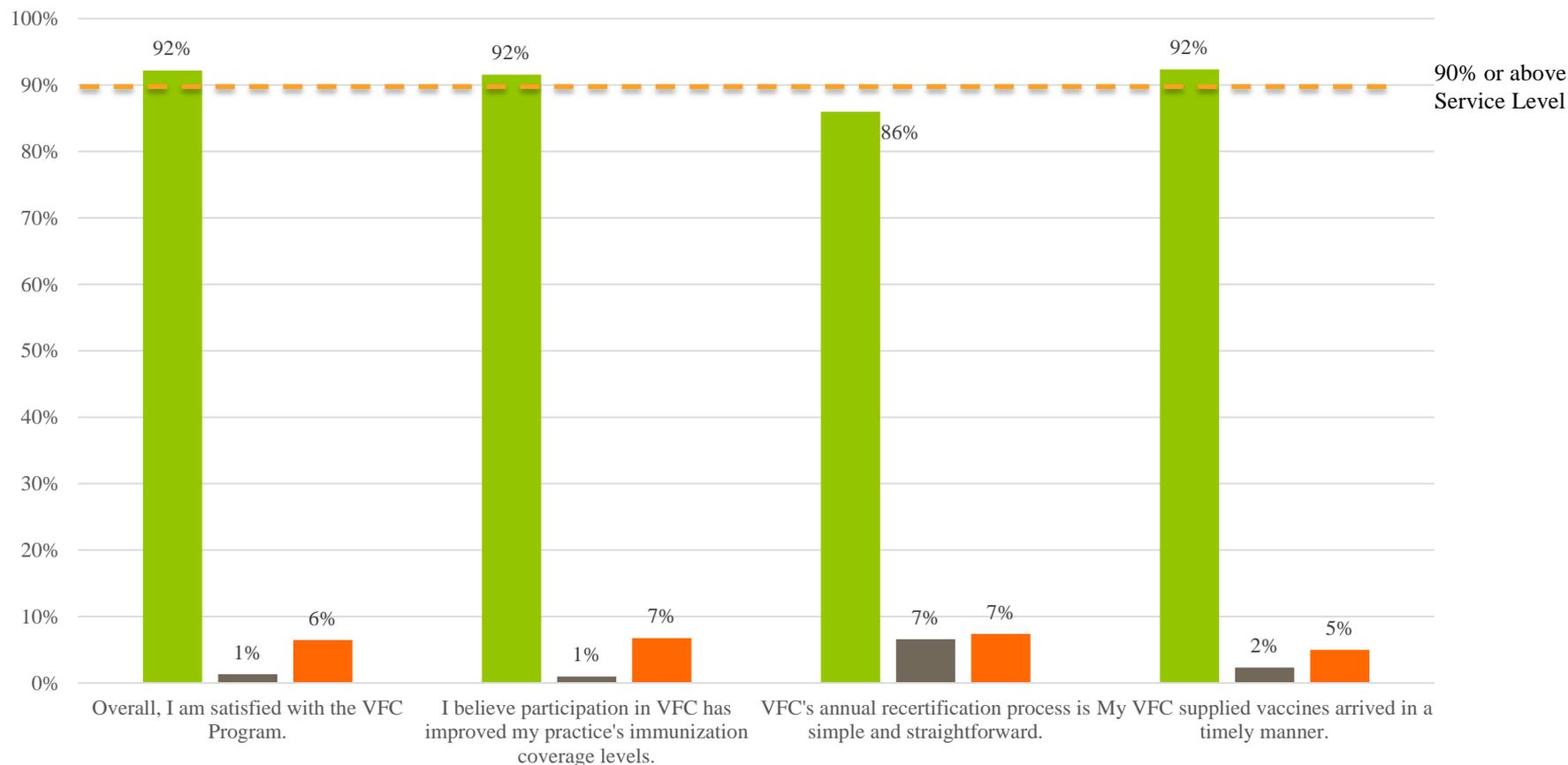
- 3,806 Active healthcare providers
- 47 Tribal/Indian Health Services Clinics



2018 VFC Program Satisfaction Survey

Q5: Based on your experiences in the PAST 12 MONTHS, please indicate your agreement with the following statements

Overall Program Participation



Source: 2018 VFC Program Satisfaction Survey, preliminary results

■ Strongly Agree/Agree ■ Strongly Disagree/Disagree ■ Neutral



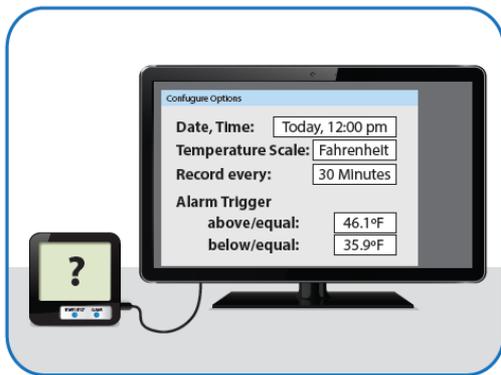
2018 VFC Program Requirements

- VFC participation requirements are summarized in the 2018 VFC Program Participation Requirements at a Glance.
- New requirements and updates are noted within this document

California Vaccines for Children (VFC) Program		
2018 Program Participation Requirements at a Glance		
Requirement	Summary	Resources/Job Aids
Vaccine Management Plan <i>Updated for 2018</i>	<p>Maintain a current and completed vaccine management plan (for routine and emergency situations) that includes practice-specific vaccine management guidelines and protocols, names of staff with temperature monitoring responsibilities, and completion dates of required EZIZ lessons for key practice staff. Designate a staff member responsible for updating the management plan.</p> <p>Review and update the plan at least once a year, when VFC Program requirements change, and when staff with designated vaccine management responsibilities change.</p> <p>Ensure all staff with assigned vaccine management responsibilities review, sign, and date the plan annually and whenever the management plan is updated.</p> <p>Conduct regular vaccine management drills to maintain competency and readiness for emergency procedures, such as vaccine transport.</p>	<p>EZIZ VFC Program Requirements lesson</p> <p>Vaccine Management Plan (IMM-1122)</p>
Key Practice Staff	<p>Designate on-site practice staff for each key role required by VFC, maintain key practice staff information updated in the practice's profile, and immediately report key practice staff changes by logging into MyVFCVaccines. Changes to the Provider or Provider of Record Designee cannot be made online, and a Key Practice Staff Change Request form needs to be completed and submitted to the VFC Program.</p> <p>There are four required VFC roles:</p> <p>Provider of Record (POR): The physician-in-chief, medical director, or equivalent role that signs and agrees to the terms of the VFC "Provider Agreement" and the California VFC Program "Provider Agreement Addendum" and is ultimately accountable for the practice's compliance. Must be a licensed MD, DO, NP, PA, pharmacist, or a Certified Nurse Midwife with prescription-writing privileges in California.</p> <p>Provider of Record Designee: The on-site person designated by the Provider of Record to sign VFC documents on his/her behalf and to assume responsibility for VFC matters in his/her absence.</p> <p>Vaccine Coordinator: An on-site employee who is fully trained and responsible for implementing and overseeing the provider's vaccine management plan.</p> <p>Backup Vaccine Coordinator: An on-site employee fully trained in the practice's vaccine management activities and fulfills the responsibilities of the Vaccine Coordinator in his/her absence.</p> <p>Immunization Champion (optional): A staff member who goes above and beyond their normal duties to promote immunizations to patients and in the community.</p>	<p>Vaccine Coordinator Roles & Responsibilities (IMM-968)</p> <p>VFC Key Practice Staff Change Request Form (IMM-1166)</p>

Temperature Monitoring: Required use of Digital Data Loggers

Requirement: Required use of Digital Data Loggers to monitor temperatures of any unit storing VFC supplied vaccines



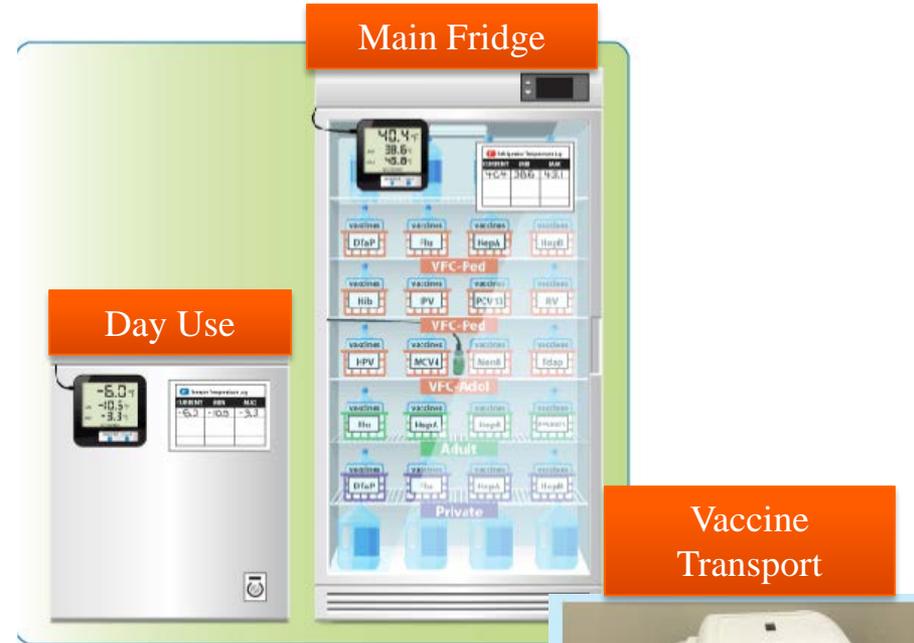
California Vaccines for Children (VFC) Program

2018 Program Participation Requirements at a Glance

<p>Digital Data Loggers</p> <p><i>* VFC providers are required to use data loggers to monitor storage unit temperatures.</i></p>	<p>VFC providers must use digital data loggers or similar continuous temperature monitoring devices to monitor temperatures in any unit (refrigerator, freezer, or transport cooler) storing VFC supplied vaccines. Data loggers must comply with VFC temperature monitoring device requirements. Ensure all data loggers include the following minimum features: a digital display of current, minimum, and maximum temperatures; minimum accuracy of $\pm 1.0^{\circ}\text{F}$ (0.5°C); a buffered temperature probe (the one that comes with the device) immersed in a vial filled with up to 60mL liquid (e.g., glycol, ethanol, glycerin), loose media (e.g., sand, glass beads), or a solid block of material (e.g., Teflon[®], aluminum); an out-of-range temperature alarm; logging interval of at least 30 minutes; and memory storage of 4,000 readings or more.</p> <p>Never use these devices for vaccine temperature monitoring: thermometers (e.g., round dial thermometers, fluid-filled and/or min-max bar thermometers, household-use and kitchen thermometers, infrared temperature guns, alcohol or mercury thermometers, bi-metal stem thermometers, or any thermometer without continuous temperature data recording); chart recorders; or data loggers with probes that aren't immersed in a vial filled with liquid, loose media, or a solid block of material.</p> <p>At least one VFC-compliant back-up digital data logger device must be readily available on site for use during any instance of vaccine transport or when primary devices fail, or being calibrated. Back-up units should have different calibration dates from primary units. Store the backup device's buffered probe in the vaccine storage unit; store the digital display in a cabinet and document its location on the practice's vaccine management plan.</p> <p>Calibrate primary/backup devices annually, or every other year when manufacturers recommend a period longer than two years. Ensure each device has a valid and current certificate of calibration inclusive of all elements outlined in the Certificate of Calibration Quick Guide. Keep certificates of calibration on file and make them available to VFC Field Representatives upon request.</p> <p>All key practice staff monitoring storage unit temperatures must be trained on how to operate the practice's data loggers, interpret their on-screen temperature readings, download temperature reports, and properly configure HI and LO temperature alarm limits in accordance to the VFC Program Data Logger Setup & Use Job Aid.</p>	<p>EZIZ Data Logger Requirements</p> <p>Digital Data Logger Pre-Purchase Worksheet (IMM-1236)</p> <p>Data Logger Setup & Use (IMM-1206)</p> <p>Certificate of Calibration Quick Guide (IMM-1119)</p>
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Key 2018 VFC Requirement: DDLs and temperature monitoring

- VFC providers must use digital data loggers or similar continuous temperature monitoring devices to monitor temperatures in any unit (refrigerator, freezer, or transport cooler) storing VFC supplied vaccines.
- Data loggers must comply with VFC temperature monitoring device requirements.
- At least one VFC-compliant back-up digital data logger device must be readily available on site for use during any instance of vaccine transport or when primary devices fail, or being calibrated.
- Store the backup device's buffered probe in the vaccine storage unit; store the digital display in a cabinet and document its location on the practice's vaccine management plan.
- All key practice staff monitoring storage unit temperatures must be trained;
 - how to operate the practice's data loggers
 - interpret on-screen temperature readings
 - download temperature reports
 - properly configure HI and LO temperature alarm limits



HOW TO RECORD TEMPERATURES (F°) FOR REFRIGERATORS AND FREEZERS

CHECK TEMPERATURES TWICE A DAY.

1. Fill out header.
2. Record the time and your initials next to the day of the month:
 - a.m. temperatures before opening the refrigerator or freezer
 - p.m. temperatures about an hour before the office closes to allow time for corrective actions.
3. Record a check mark if you see or hear an alarm. If the alarm did not go off, leave blank.
4. Record CURRENT, MIN, and MAX temperatures neatly, accurately, and in the correct columns. Do not record LO/HI alarm settings.

Remember to write in pen.

Refrigerator Temperature Log

DATE	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	NOTED
January 2019							
16	7:00	CS	✓	37.4	33.0	39.2	
17							

Digital display showing: 37.4°F, MIN 33.0°F, MAX 39.2°F

Vaccine Management: Managing the Management Plans

California Vaccines for Children (VFC) Program

2018 Program Participation Requirements at a Glance

Requirement	Summary	Resources/Job Aids
Vaccine Management Plan <i>Updated for 2018</i>	<p>Maintain a current and completed vaccine management plan (for routine and emergency situations) that includes practice-specific vaccine management guidelines and protocols, names of staff with temperature monitoring responsibilities, and completion dates of required EZIZ lessons for key practice staff. Designate a staff member responsible for updating the management plan.</p> <p>Review and update the plan at least once a year, when VFC Program requirements change, and when staff with designated vaccine management responsibilities change.</p> <p>Ensure all staff with assigned vaccine management responsibilities review, sign, and date the plan annually and whenever the management plan is updated.</p> <p>Conduct regular vaccine management drills to maintain competency and readiness for emergency procedures, such as vaccine transport.</p>	<p>EZIZ VFC Program Requirements lesson</p> <p>Vaccine Management Plan (IMM-1122)</p>

Requirement: Have a designated staff responsible for updating clinic's Vaccine Management Plans

Vaccine Management Plan			
Section 8: Annual Signature Log			
Sign and date one signature block each year and when you update practice-specific information. By signing, staff acknowledge they have reviewed and are familiar with all the information in the document.			
Updates & Comments			
Provider of Record		Signature/Date	
Vaccine Coordinator		Signature/Date	
Backup Vaccine Coordinator		Signature/Date	
Provider of Record Designee		Signature/Date	
Staff who Updates VMP		Signature/Date	
Additional Staff		Signature/Date	
Updates & Comments			
Provider of Record		Signature/Date	
Vaccine Coordinator		Signature/Date	
Backup Vaccine Coordinator		Signature/Date	
Provider of Record Designee		Signature/Date	
Staff who Updates VMP		Signature/Date	
Additional Staff		Signature/Date	
Updates & Comments			
Provider of Record		Signature/Date	
Vaccine Coordinator		Signature/Date	
Backup Vaccine Coordinator		Signature/Date	
Provider of Record Designee		Signature/Date	
Staff who Updates VMP		Signature/Date	
Additional Staff		Signature/Date	
Updates & Comments			
Provider of Record		Signature/Date	
Vaccine Coordinator		Signature/Date	
Backup Vaccine Coordinator		Signature/Date	
Provider of Record Designee		Signature/Date	
Staff who Updates VMP		Signature/Date	
Additional Staff		Signature/Date	

Vaccine Storage: Updated Refrigerator Temperature Ranges (°F)

Requirement:
Ensure vaccine storage units maintain updated recommended temperature ranges for refrigerated vaccines:
36.0°F and 46.0°F
(2.0°C and 8.0°C).

California Vaccines for Children (VFC) Program		
2018 Program Participation Requirements at a Glance		
Receiving Vaccine Deliveries	<p>Follow VFC Program requirements:</p> <ul style="list-style-type: none"> Never reject vaccine shipments. Receive, inspect, and store vaccines and diluent within manufacturer recommended ranges immediately upon delivery. Inspect vaccines for out-of-range temperatures and shipping times during transport. Check package contents to ensure brands and quantities match the packing slip and approved VFC order. Immediately report all shipment issues (e.g., damaged boxes, out-of-range temperatures and shipping times, missing diluents, and incorrect brands and quantities) using the VFC Vaccine Receiving Log and Checklist. Keep packing slips for all vaccine shipments received, including publicly funded and private vaccine shipments. 	Vaccine Receiving Log and Checklist (IMM-1112)
<p>Vaccine Storage</p> <p><i>Updated Fahrenheit temperature range for refrigerators</i></p>	<p>Always store vaccines within manufacturer recommended ranges:</p> <ul style="list-style-type: none"> Frozen vaccines (MMR, MMRV, and VAR) between -58.0°F and 5.0°F (-50.0°C and -15.0°C). All other vaccines in a refrigerator between 36.0°F and 46.0°F (2.0°C and 8.0°C). <p>Store VFC-supplied vaccines according to VFC Program guidelines.</p> <ul style="list-style-type: none"> Store vaccines in original packaging and within closed boxes to protect from light and allow for air circulation. Store VFC-supplied and privately purchased vaccines separately and grouped by vaccine type. Do not store vaccines in the doors, drawers, or bins. Place vaccines with the earliest expiration dates toward the front of the storage unit and use first. <p>Vaccine storage at alternate off-site locations requires prior VFC approval; always store and administer vaccines at the approved location for the VFC PIN.</p>	EZIZ Storing Vaccines lesson

Vaccine Administration: Revaccination Recommendations

Requirement:
Acknowledge that
revaccination is
recommended by the
Advisory
Committee on
Immunization
Practices when non-
viable vaccines are
administered to
patients.

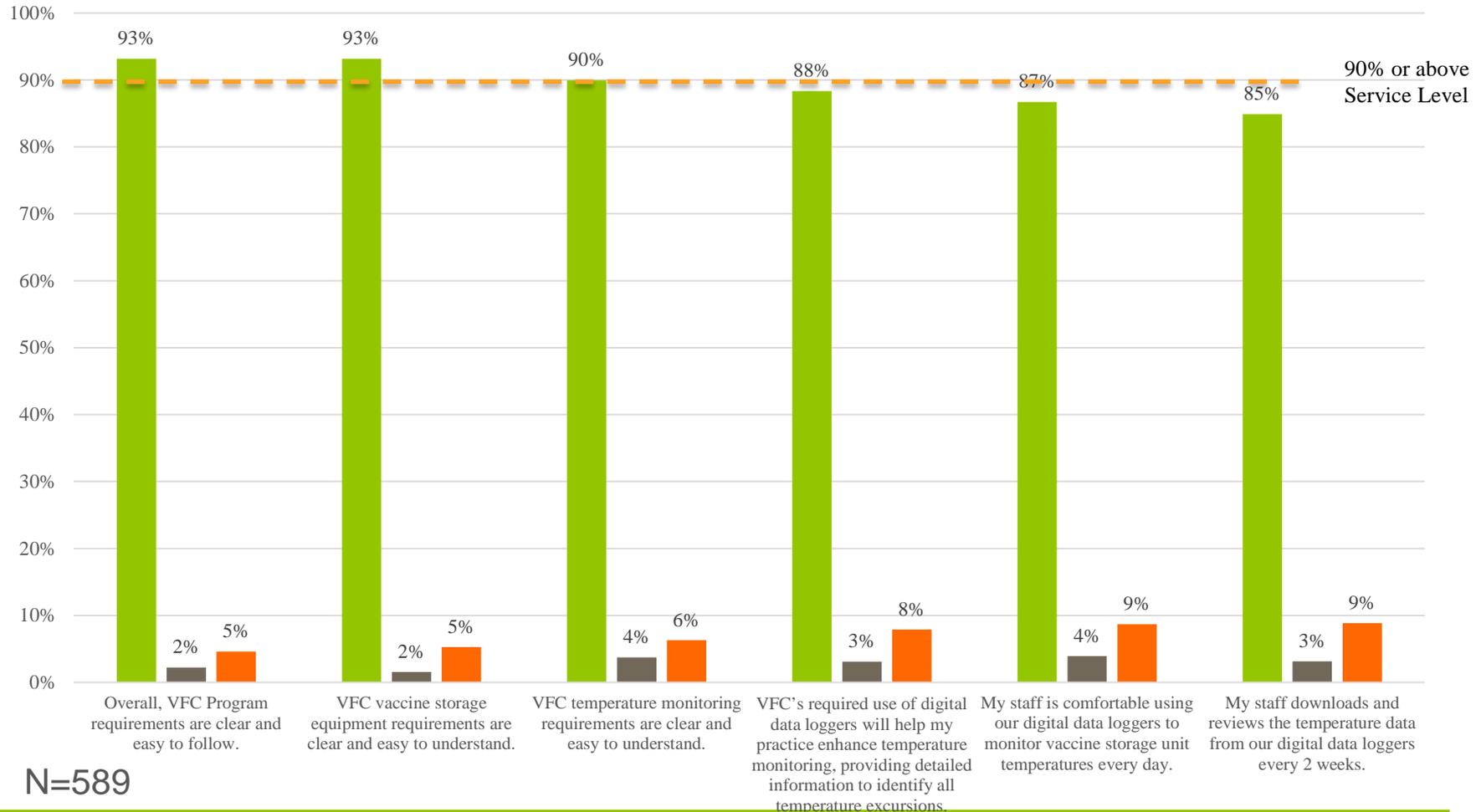
<p>Vaccine Administration</p> <p><i>New for 2018</i></p>	<p>For non-MediCal VFC-eligible children, waive the administration fee if the parent/guardian is unable to pay.</p> <p>For Medi-Cal children, never bill the difference between Medi-Cal's administration fee and the administration fee cap to the parent/guardian.</p> <p>Acknowledge that revaccination is recommended if non-viable vaccines have been administered to patients.</p>
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Program Integrity

Requirement: Never destroy, alter or falsify immunization records, including temperature logs.

Program Integrity <i>New for 2018</i>	Clinic staff will conduct themselves in an ethical, professional, and respectful manner in all interactions with VFC Program staff. Never destroy, alter, or falsify immunization or VFC Program-related records.
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How do VFC Providers Feel About New Requirements?



Source: 2018 VFC Program Satisfaction Survey, preliminary results

■ Strongly Agree/Agree
 ■ Strongly Disagree/Disagree
 ■ Neutral



2018 Strategic Focus

- Compliance with ACIP Recommended Vaccine Schedules
 - Provision of recommended vaccines
 - Strategic focus on Flu and HPV
- Reduction of Storage and Handling Incidents
- Sharing resources and implementation of educational opportunities for VFC Providers

ACIP 2018 Immunization Schedules!

Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE (FIGURE 2)).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B ¹ (HepB)	1 st dose	← 2 nd dose →								← 3 rd dose →							
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose				← 4 th dose →			5 th dose					
<i>Haemophilus influenzae</i> type b ⁴ (Hib)			1 st dose	2 nd dose	See footnote 4			← 3 rd or 4 th dose → See footnote 4									
Pneumococcal conjugate ⁵ (PCV13)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →									
Inactivated poliovirus ⁶ (IPV: <18 yrs)			1 st dose	2 nd dose					← 3 rd dose →			4 th dose					
Influenza ⁷ (IIV)													Annual vaccination (IIV) 1 or 2 doses				Annual vaccination (IIV) 1 dose only
Measles, mumps, rubella ⁸ (MMR)					See footnote 8				← 1 st dose →			2 nd dose					
Varicella ⁹ (VAR)									← 1 st dose →			2 nd dose					
Hepatitis A ¹⁰ (HepA)										← 2-dose series, See footnote 10 →							
Meningococcal ¹¹ (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)																1 st dose	2 nd dose
Tetanus, diphtheria, & acellular pertussis ¹¹ (Tdap: ≥7 yrs)														Tdap			
Human papillomavirus ¹⁴ (HPV)														See footnote 14			
Meningococcal B ¹²																	See footnote 12
Pneumococcal polysaccharide ¹ (PPSV23)																	See footnote 5

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
 No recommendation

NOTE: The above recommendations must be read along with the footnotes of this schedule.

The 2018 Children and Adolescents and Adults Immunization Schedules are now available online.

Color print copies were mailed to all VFC providers

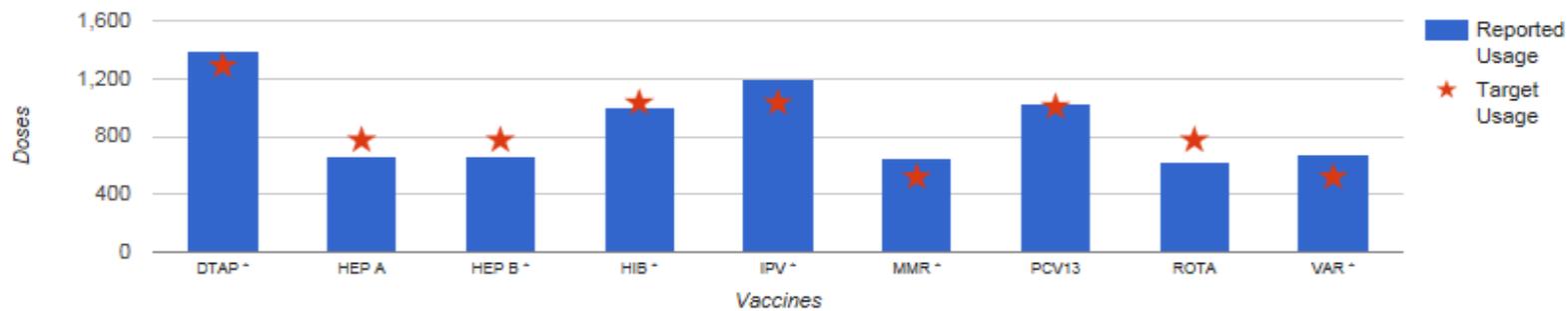


VFC Provider Profiles: Guiding *pediatric* vaccination targets

2017 VFC Vaccine Usage Summary (12 month period, January - December 2017):

Total VFC Eligible Children Reported in 2017: 4874, 100%

Pediatric Vaccine Administration, January - December 2017



* Total doses used include a sum of all products (single and combination vaccines) in the vaccine group.

Notes:

Target for rotavirus is based on the 3 dose schedule for RotaTaq®. Providers using Rotarix® will have a lower target usage which does not display due to the 2 dose schedule for Rotarix®. Target for hib is based on the 4 dose schedule of hib containing vaccines including Pentacel®, ActHib® and Hiberix®. Providers using PedvaxHib® will have a lower target usage which does not display due to the 3 dose schedule for PedvaxHib®.

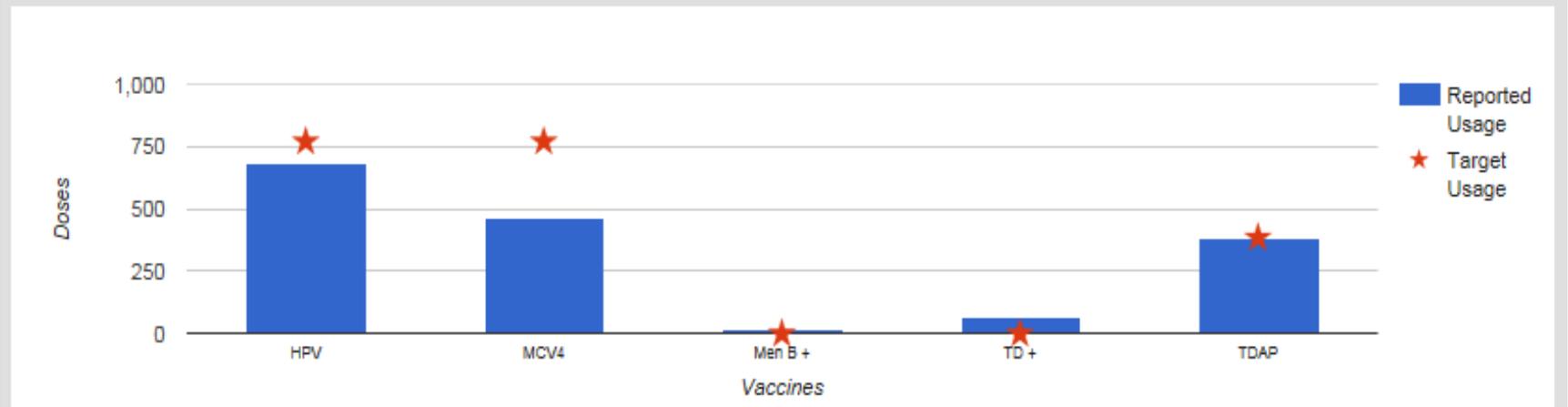
Key Provider Messages:

Providers enrolled in the VFC Program agree to provide all ACIP recommended vaccines for populations served. Based on vaccine usage reports and your VFC-eligible population 0-6 years of age reported in 2017, your practice is offering all ACIP recommended vaccines in accordance to population served.

Please refer to the graph above to see if doses administered are in line with target vaccine usage. Targets for pediatric vaccine administration are based on vaccines doses recommended for children 0-6 years, utilizing sentinel vaccine usage (Pneumococcal Conjugate and Hib) to estimate targets.

VFC Provider Profiles: Guiding *adolescent* vaccination targets

Adolescent Vaccine Administration, January - December 2017



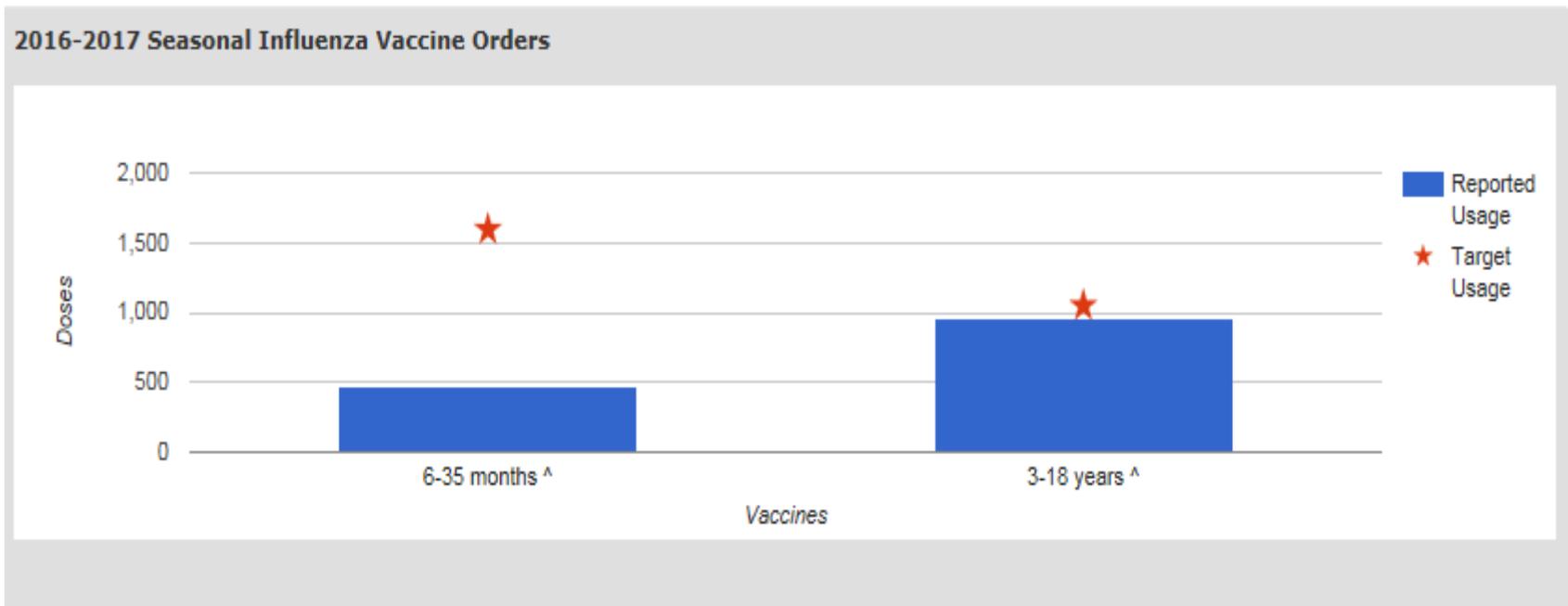
+ Meningococcal B Vaccines (MMB) and Td: There is no target set for these vaccines.

Key Provider Messages:

Providers enrolled in the VFC Program agree to provide all ACIP recommended vaccines for populations served. Based on vaccine usage reports and your VFC-eligible population 7-18 years of age reported in 2017, your practice is not offering all ACIP recommended vaccines in accordance to the population served

Please refer to the graph above to see if doses administered are in line with target vaccine usage. Targets for adolescent vaccine administration are based on vaccines doses recommended for children 7-18 years, utilizing sentinel vaccine usage (Tdap) to estimate targets.

VFC Provider Profiles: Guiding *Flu* vaccination targets

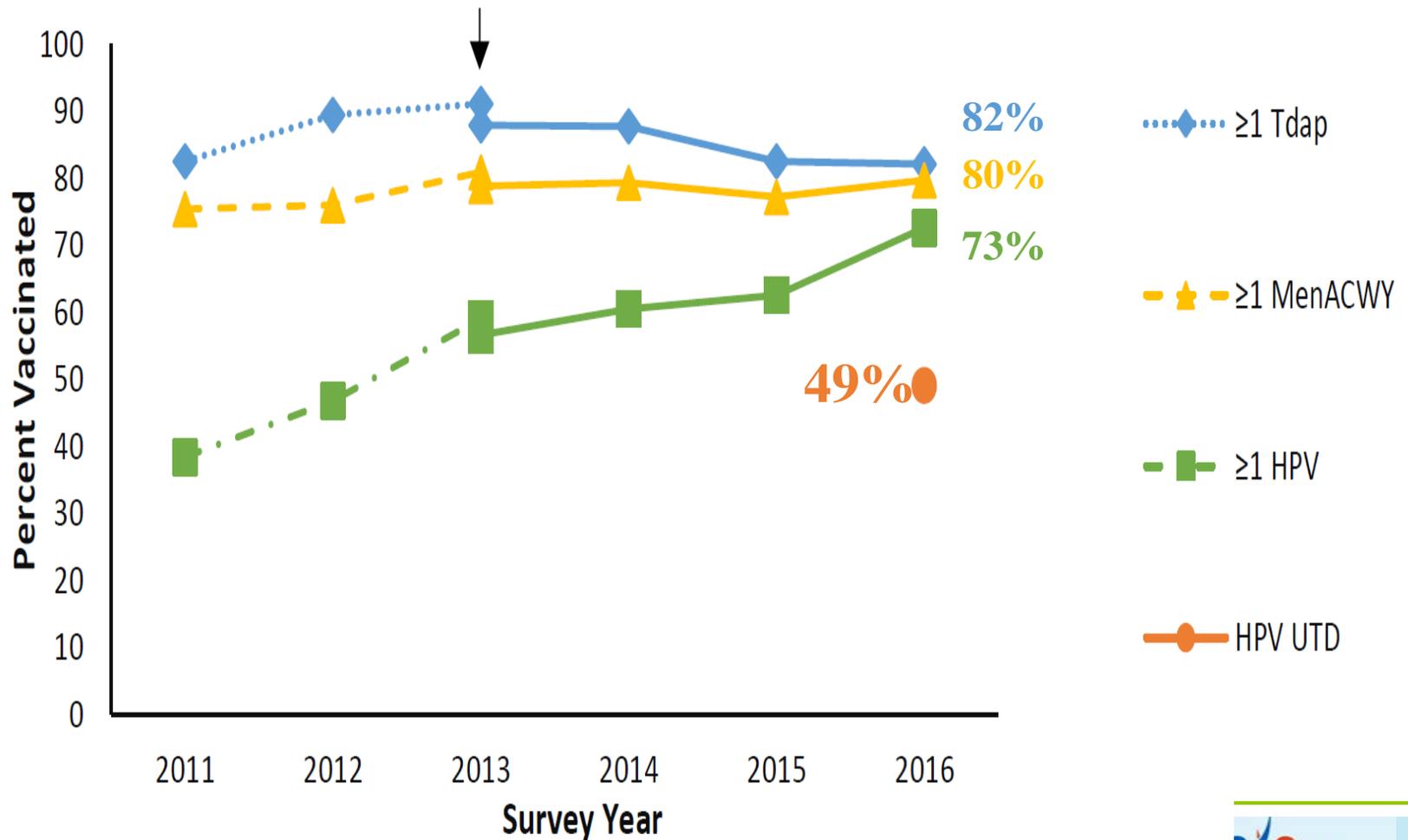


^ Flu vaccine is based on vaccine doses received, transferred and returned by your practice during the 2016-2017 Influenza season.

HPV Vaccine and Cancer Prevention

- CA burden of cancers caused by HPV is real
- CA Cancer Registry: CA saw 4,340 cases of HPV associated cancers in men and women in 2015
- We have a vaccine that prevents these cancers!
- Through initiation and completion of HPV series among adolescents in your practice, YOU have the power to prevent over 4,000 cases of cancer EACH YEAR in our state

Estimated Vaccination Coverage Among Adolescents Aged 13-17 Years, CA, NIS-Teen, 2011-2016



As a VFC Provider, you can be part of cancer prevention!

**[ROUTINELY RECOMMEND
CANCER PREVENTION]**



Identify an HPV Vaccination Champion to lead all staff in support HPV vaccination

Get to know your targets and rates (VFC Profiles, CAIR Reports)

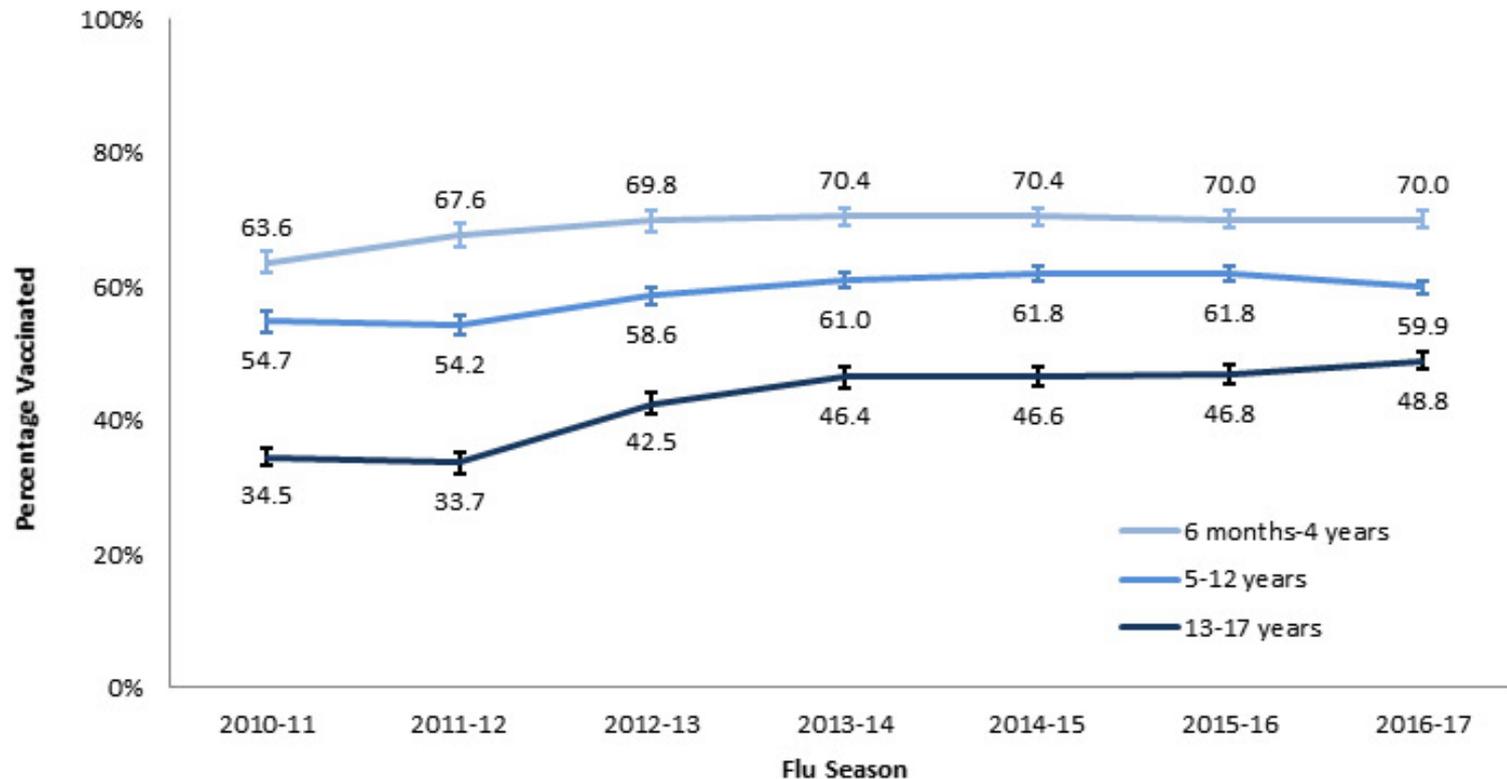
“bundle” HPV recommendation (Tdap, HPV, MenACWY)

Minimize missed opportunities, check CAIR and/or EHR for recommended vaccines at every visit (sick or well)

Reminder/recall

Influenza Vaccination

Figure 2. Seasonal Flu Vaccination Coverage Among Children, by Age Group and Season, United States, 2010-2017



Source: CDC 2010-2016 NIS-Flu

Importance of Pediatric Influenza Vaccination

- A study published in *Pediatrics* show that flu vaccination significantly reduced a child's risk of dying from influenza.
- The study found that flu vaccination reduced the risk of flu-associated death by half (51 percent) among children with underlying high-risk medical conditions and by nearly two-thirds (65 percent) among healthy children.
- This underscores the importance of influenza vaccination in children 6 months and older annually.

Increase influenza vaccination
Reduce flu vaccine liability and waste
Increase flu vaccine accountability



Provider readiness



Simultaneous administration



Vaccine utilization



Vaccine accountability with re-orders



Ordering approach



VFC Afternoon TEACh

- *Afternoon TEACh with VFC* is a new webinar series offered to California VFC program providers and their staff
 - held at noon for an hour
 - Online webinars will cover a variety of immunization topics to help VFC provider staff in daily immunization efforts
 - Future webinars may will discuss:
 - Pediatric vaccination schedule
 - Adolescent vaccination schedule
 - Injection safety and many more topics



2018 CA VFC Operations Guide

EZIZ Google Custom Search

A one-stop shop for immunization training and resources.

- Home
- Vaccine Programs
- Vaccine Management
- Storage Units
- Temperature Monitoring
- EZIZ Training
- Job Aids & Resources

California VFC Program

About the VFC Program

Requirements for Storage Units

Digital Data Loggers

EZIZ Training Login

MyVFCvaccines: Order, Transfer, Return, Report Excursions

Forms

New

- Temperature Logs and Job Aids
- Data Logger Intro Video
- Data Logger Webinar
- Calibration Requirements
- 2018 Provider Operations Manual

Popular Resources

- For Patients and Staff
- Pertussis
- Flu
- Schedules & Recommendations
- VFC Vaccine Fact Sheets
- For Pharmacies

Contact VFC

Phone: 1-877-243-8832
Business hours: 9-5
Fax: 1-877-329-9832

- Find a VFC field representative in your area
- Find other VFC provider offices in your area
- Send us your comments at ImmunizationBranch@cdph.ca.gov

Sign up to receive EZIZ news and

VFC Memos | **Vaccine Order Status** | **From CDPH**

2018 Program Letters

- 2018 Recommended Immunization Schedule for Persons 0 through 18 Years March 15
- 2018 Temperature Monitoring Requirements & Resources, February 27
- 2018 Recertification, January 31
 - Instructions
 - Program Participation Requirements At A Glance
 - Recertification Worksheet

VFA/317 Vaccines

- California Vaccines for Adults (VFA) Program
- California VFA Resources
- 317 for Local Health Departments

2018 CA VFC Operations Guide



Vaccines for Children Program Provider Operations Manual



1-877-243-8832 eziz.org

Dear VFC Provider,

The California Vaccines for Children (VFC) Program Provider Operations Manual (POM) has been updated and posted on EZIZ.org. This version replaces the POM posted in 2017. The POM is a reference guide that helps providers stay compliant with VFC Program requirements, increase immunization levels in their patient population, and protect vaccine viability. It provides clear instructions to help you and your staff incorporate VFC Program requirements and best practices into your existing practice protocols.

Unlike previous versions which were only available electronically on EZIZ.org, this year the VFC Program is sending a printed copy of the POM to all VFC practices, along with a three-ring binder and a set of pre-printed tabs. The VFC Program will update and revise information in the POM as needed and will communicate changes to you. We ask that you replace relevant sections in your POM to ensure it reflects current policies and procedures. You will want to keep the POM accessible and within reach of staff who work with vaccines.

Binders are currently going out to all California VFC providers. In addition to the POM, the binder contains helpful immunization resources for your practice:

- 9 pre-printed binder tabs
- Cover letter
- Provider Operations Manual (IMM-1248)
- 2018 VFC Program Requirements At-a-Glance (IMM-1240)
- 2018 Immunization Timing Schedule (IMM-395)
- 2018 ACIP Immunization Schedules
- Refrigerator Temperature F° Log pad (IMM-1125)
- Freezer Temperature F° Log pad (IMM-1126)

Use your new binder to file other important VFC Program-related documentation, such as your practice's Vaccine Management Plan, completed temperature logs, Digital Data Logger certificates of calibration, EZIZ training certificates, and vaccine order invoices. VFC Field Representatives may review your binder during site visits.

Please note: Our distributor experienced a technical glitch causing the wrong names to show up on mailing labels. When you receive the package, please keep the binder and resources sent to your address even if the name may be



HPV Vaccine Timing Chart

For Health Professionals

HPV Vaccine – 2 or 3 Doses?

9-14 YEARS¹ 2 DOSES

Routine: 11-12 years
As early as 9 years
Catch-up at 13-14 years

HPV9 Gardasil-9® → 6-12 months² → **HPV9 Gardasil-9®**

15+ YEARS⁴ OR COMPROMISED IMMUNE SYSTEM³ 3 DOSES

15-26 years⁴
OR
9-14 years with a compromised immune system³

HPV9 Gardasil-9® → 1-2 months⁵ → **HPV9 Gardasil-9®** → 6 months between 1st and 3rd dose → **HPV9 Gardasil-9®**

For Health Professionals

HPV Vaccine – 2 or 3 Doses?

9-14 YEARS¹ 2 DOSES

Routine: 11-12 years
As early as 9 years
Catch-up at 13-14 years

HPV9 Gardasil-9® → 6-12 months² → **HPV9 Gardasil-9®**

15+ YEARS⁴ OR COMPROMISED IMMUNE SYSTEM³ 3 DOSES

15-26 years⁴
OR
9-14 years with a compromised immune system³

HPV9 Gardasil-9® → 1-2 months⁵ → **HPV9 Gardasil-9®** → 6 months between 1st and 3rd dose → **HPV9 Gardasil-9®**

Footnotes:

- Vaccination as early as age 9 years is recommended for children with a history of sexual abuse or assault and an option for other children.
- Minimum acceptable interval is 5 months.
- Includes conditions that reduce cell mediated or humoral immunity, such as B lymphocyte antibody deficiencies, T lymphocyte complete or partial defects, HIV infection, malignant neoplasms, transplantation, autoimmune disease, or immunosuppressive therapy. The recommendation for a 3 dose schedule does not apply to persons <15 years with asplenia, asthma, chronic granulomatous disease, chronic liver disease, chronic lung disease, chronic renal disease, central nervous system anatomic barrier defects (e.g., cochlear implant), complement deficiency, diabetes, heart disease, or sickle cell disease.
- Includes females through age 26, males through age 21, men who have sex with men and transgender persons through age 26.
- Minimum acceptable interval is 4 weeks between the 1st and 2nd dose and 12 weeks between the 2nd and 3rd dose.

Additional Notes:

- If the vaccination schedule is interrupted, the series does not need to be restarted.
- The number of recommended doses is based on age at administration of the first dose.
- HPV9 may be used to continue or complete a vaccination series started with 4vHPV or 2vHPV.

For more information, see: www.cdph.gov/vaccines/hpv/hp-9vacc-specific/hpv.html
California Department of Public Health, Immunization Branch www.cdph.org
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Educational Materials from CDPH

Parents:
DID YOU KNOW
HPV CAUSES

Cervical Cancer
Vaginal Cancer
Anal Cancer
Throat and Mouth Cancers
Penile Cancer

You can prevent certain cancers! Ask your doctor about the HPV vaccine for your child 11 years of age or older.

California Department of Public Health - Immunization Branch
This publication was prepared by the Immunization Branch, CDPH, and is available for free download at www.cdph.ca.gov/Programs/CID/DCDC/Pages/Imz/Pages/HPV.aspx

CDC.GOV/HPV/VACCINE.HTML
MM-1117 (10-6)

HEY! DID YOU KNOW?

HPV CAUSES
WARTS and CANCERS that a
VACCINE can prevent

Ask your parents and doctor about the Human Papillomavirus (HPV) vaccine for girls and boys 11 years of age or older.

California Department of Public Health - Immunization Branch
This publication was prepared by the Immunization Branch, CDPH, and is available for free download at www.cdph.ca.gov/Programs/CID/DCDC/Pages/Imz/Pages/HPV.aspx

CDC.GOV/HPV/VACCINE.HTML
MM-1120 (10-11)

As easy as
123
to
PREVENT HPV

Name: _____

- Remember to come in for your next HPV shot!
- Your second HPV shot is due on: _____
- Your third HPV shot (if needed) is due on: _____

You need all shots for full protection!

CDPH
MM-1125 (8-17)

#HowIRecommend

- How an office routinely recommends HPV vaccine.
- What do you say to parents who have HPV vaccine safety concerns?
- What do you say when parents ask about HPV vaccine side effects?



https://www.youtube.com/results?search_query=%23howirecommend

Reduction of Storage and Handling Incidents

In 2017 alone, the VFC Program received 1,600 S&H incidents

- Door left open
- Power outages
- Unit malfunction
- Temperature set too cold/too warm
- No temperatures recorded

Vaccine Storage Excursion Report



Refrigerator: Kenmore AF00000 - Location: Room B25

Instructions: Use this table to document the out-of-range (OOR) temperatures, actions taken, and the total time temperatures went outside of the recommended storage range based on your data logger report. Only enter excursions not previously reported.

ONLY check this box if vaccines were NOT stored in this unit at the time the temperature excursion occurred

Cause of Excursion	Min Temperature	Max Temperature	Temp Scale	Date & Time OOR Temp Occurred ⓘ	Total Time Out of Range ⓘ	Describe Corrective Actions Taken
Conducting Vaccine Inventory/Receiving Vaccines	37.20	48.20	F	02/21/2018 02:20 pm	00:30:00	none

Updated Temperature Logs

Adjusted for monitoring temperatures using a DDL

Record all three temperatures on VFC temperature logs.

CURRENT: Temperature now **40.11°F**

MIN: Coldest temperature since reset **38.62°F**

MAX: Warmest temperature since reset **43.11°F**

F^o Refrigerator Temperature Log

MONTH & YEAR REFRIGERATOR LOCATION/ID VFC PIN

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
Example	8:00 a.m.	NN		40.5	38.1	43.7	
	4:00 p.m.	NN	✓	37.4	33.0	39.2	12345
1	a.m.						
	p.m.						
2	a.m.						
	p.m.						
3	a.m.						
	p.m.						
4	a.m.						
	p.m.						
5	a.m.						
	p.m.						
6	a.m.						
	p.m.						
7	a.m.						
	p.m.						
8	a.m.						
	p.m.						
9	a.m.						
	p.m.						
10	a.m.						
	p.m.						
11	a.m.						
	p.m.						
12	a.m.						
	p.m.						
13	a.m.						
	p.m.						
14	a.m.						
	p.m.						
15	a.m.						
	p.m.						

Instructions

Keep refrigerator in OK range.

36.0°F 46.0°F

❄️ ———— 🍷 ———— 🔥

Check temperatures twice a day.

- Fill out month, year, refrigerator ID, and PIN.
- Record the time and your initials.
- Record a check if an alarm went off.
- Record Current, MIN, and MAX.

If no alarm:

- Clear MIN/MAX.
- Ensure data logger is in place and recording.

IF ALARM WENT OFF:

- Clear MIN/MAX and alarm symbol.
- Post "Do Not Use Vaccines" sign.
- Alert your supervisor.
- Report excursion to SHOTS at MyVFCvaccines.org.
- Record assigned SHOTS ID.
- Ensure data logger is in place and recording.

Supervisor's Review

When log is complete, check all that apply:

Month/year/fridge ID/PIN are recorded.

Temperatures were recorded twice daily.

I reviewed data files for all the days on this log to find any missed excursions.

Date downloaded: ____/____/____

Any excursions were reported to SHOTS at MyVFCvaccines.org.

We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

Notes: _____



Questions?

Contact Information

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Phone Number!*

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