

CDC COVID-19 Vaccine

Redistribution Agreement for Tribal Health Programs and Urban Indian Organizations –

Vaccines Coordinated through IHS



The Centers for Disease Control and Prevention (CDC), through the Indian Health Service (IHS), plans to ship a minimum order size of COVID-19 vaccine, constituent products, and ancillary supplies at no cost directly to enrolled COVID-19 vaccination providers throughout the United States. The federally contracted vaccine distributor uses validated shipping procedures to maintain vaccine cold chain and minimize the likelihood of vaccine loss or damage during shipment. There may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary ship-to sites (i.e., for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations). In these instances, Tribal Health Programs and Urban Indian Organizations may be allowed to redistribute vaccine to IHS, other Tribal Health Programs and Urban Indian Organizations in the vaccination program coordinated through IHS, after notification to IHS and if validated cold-chain procedures are in place in accordance with the manufacturer's instructions and CDC's guidance on COVID-19 vaccine storage and handling. There must be a signed *CDC COVID-19 Vaccine Redistribution Agreement* for the facility conducting redistribution and a fully completed *CDC COVID-19 Vaccination Provider Profile Information* form (Section B of the CDC COVID-19 Vaccination Program Provider Agreement) for each receiving vaccination location. If the Tribal Health Program or Urban Indian Organization intends to redistribute to providers not being coordinated through IHS, such redistribution will occur after notification to IHS and approval by the relevant jurisdiction's immunization program.

The parties to this agreement are CDC and Tribal Health Programs and Urban Indian Organizations that redistribute COVID-19 vaccine. CDC cannot reimburse costs of redistribution beyond the initial designated primary ship-to site(s), nor for purchase of any vaccine-specific refrigerators or qualified containers. Therefore, Tribal Health Programs or Urban Indian Organizations planning for redistribution of COVID-19 vaccine must carefully assess the associated risks and costs (e.g., vaccine loss due to temperature excursions, purchase of vaccine-specific portable refrigerators and/or containers) before planning this activity.

PROGRAM OR ORGANIZATION INFORMATION			
Facility name:		<i>For official use only:</i> Unique COVID-19 Organization ID (from Section A): _____	
PRIMARY ADDRESS and CONTACT INFORMATION OF COVID-19 VACCINATION TRIBAL HEALTH PROGRAM OR URBAN INDIAN ORGANIZATION			
Street:			
City:	County:	State:	ZIP:
Telephone:		Fax:	
RESPONSIBLE OFFICERS			
Medical Director (or Equivalent) Information			
Last name	First name	Middle initial	
Title	Licensure (state and number)		

CDC COVID-19 Vaccine Provider Agreement Form

Telephone number:		Email:	
Address:			
Chief Executive Officer (or Chief Fiduciary) Information			
Last name		First name	Middle initial
Telephone number:		Email:	
Address:			
PRIMARY POINT OF CONTACT RESPONSIBLE FOR RECEIPT OF COVID-19 VACCINE (if different than medical director listed above)			
Last name, first name, middle initial:			
Telephone number:		Email:	
SECONDARY POINT OF CONTACT FOR RECEIPT OF COVID-19 VACCINE			
Last name, first name, middle initial:			
Telephone number:		Email:	
COVID-19 VACCINATION ORGANIZATION REDISTRIBUTION AGREEMENT REQUIREMENTS			
<i>To redistribute COVID-19 vaccine, constituent products, and ancillary supplies to secondary sites, this Tribal Health Program or Urban Indian Organization agrees to:</i>			
1.	Sign and comply with all conditions as outlined in the CDC COVID-19 Vaccination Program Provider Agreement.		
2.	Ensure secondary locations receiving redistributed COVID-19 vaccine, constituent products, or ancillary supplies also signed and are complying with all conditions in the CDC COVID-19 Vaccination Program Provider Agreement.		
3.	Comply with vaccine manufacturer instructions on cold chain management and CDC guidance in CDC's Vaccine Storage and Handling Toolkit ¹ , which will be updated to include specific information related to COVID-19 Vaccine, for any redistribution of COVID-19 Vaccine to secondary locations.		
4.	Document and send all redistribution records of COVID-19 Vaccine to secondary sites to IHS, including dates and times of redistribution, sending and receiving locations, lot numbers, expiration dates, and numbers of doses. This information also may be requested by the CDC and relevant jurisdiction immunization programs (as applicable). <i>Neither IHS or CDC, nor state, local, or territorial health departments are responsible for any costs of redistribution or equipment to support redistribution efforts.</i>		
<i>By signing this form, I understand this is an agreement between my Tribal Health Program or Urban Indian Organization and CDC, implemented and maintained by the Indian Health Service. I also certify on behalf of myself, my medical practice or other legal entity with staff authorized to administer vaccines, and all the practitioners, nurses, and others associated with the Tribal Health Program or Urban Indian Organization that I have read and agree to the COVID-19 vaccine redistribution agreement requirements listed above and understand the Tribal Health Program or Urban Indian Organization and I are accountable for compliance with these requirements. Non-compliance with the terms of this Redistribution Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law,</i>			

¹ Requirements incorporated by reference; refer to <https://www.cdc.gov/vaccines/hcp/admin/storage-handling.html>

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including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

TRIBAL HEALTH PROGRAM OR URBAN INDIAN Organization Medical Director (or Equivalent)

Last name	First name	Middle initial
Signature:		Date:

Chief Executive Officer (Chief Fiduciary Role)

Last name	First name	Middle initial
Signature:		Date: