

ALASKA IMMUNIZATION WORKSHOPS 2017

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Epidemiology Vaccine Depot Manager



Location	Dates and Times
Homer, AK	Best Western Bidarka Inn – Sea Breeze Room
	March 15 1:00 pm-5:15 pm
	March 16 8:00 am-12:15 pm
Fairbanks, AK	Chief Peter John Tribal Building – 4 th Floor Board Room
	March 20 1:00 pm-5:15 pm
	March 21 8:00 am-12:15 pm
Juneau, AK	Westmark Baranof Hotel – Douglas Room
	March 24 8:00 am-12:15 pm
	March 24 1:00 pm-5:15 pm
Bethel, AK	Yupiiit Piciryarait Cultural Center
	March 28 1:00 pm-5:15 pm
	March 29 8:00 am-12:15 pm
Anchorage, AK	Egan Center – Lower Level, Space 1
	April 3 8:00 am-12:15 pm
	April 3 1:00 pm-5:15 pm
Nome, AK	Norton Sound Health Corporation Hospital – Conference Room 214
	April 6 8:00 am-12:15 pm
	April 6 1:00 pm-5:15 pm
Anchorage, AK	Webinar
	April 7 8:00 am-12:15 pm

Continuing Education Credits

- The Alaska Division of Public Health is approved as a provider of continuing nursing education by the Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- In order to receive 4 contact hours you must:
 - Attend at least 80% of this educational event
 - Pass a posttest with at least 80%
 - Submit a completed evaluation form at the end of the workshop.
- Continuing education certificates will be provided electronically and will be sent by email after the date of the event.
- Community Health Aides can contact the ANTHC at CHAP Certification Board with any specific questions: (907)729-3624/3642, chapcb@anthc.org.

Disclosures

Speakers have no financial conflict with manufacturers of any product named in this presentation

The use of trade names and commercial sources during this presentation is for identification only, and does not imply endorsement by the presenter or the State of Alaska

Agenda

- Introduction
- Program Participation Requirements
- Eligibility and Screening
 - Pediatric Vaccines
 - Adult Vaccines
- Break
- Accountability and Quality Assurance
 - Storage and Handling
 - VacTrAK
 - Inventory Management
 - Site Visits
 - Perinatal Hepatitis B Prevention Program
- Looking to the Future
- Closing Remarks

Getting to Know You

Some questions to get us started today!

When you respond “yes” to a question, stand up or raise your hand.



Have you lived in Alaska less than 3 years?



What is your profession?

- Nurse (clinical)
- Community Health Aide
- Public Health Nurse
- Other



What type of organization do you work for?

- Private
- Public Health
- Tribal
- Other

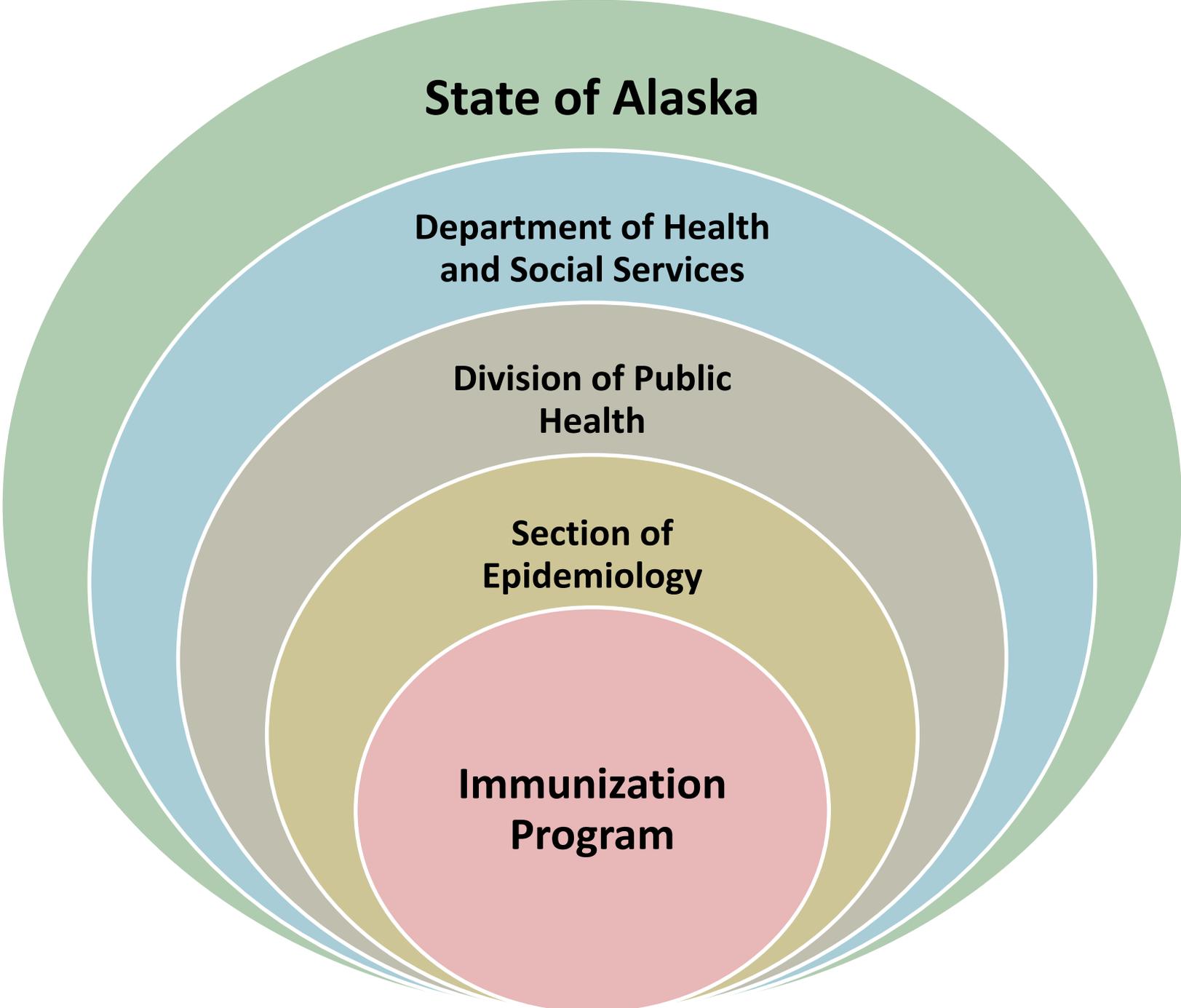


Does your organization provide vaccines?



Is your organization currently enrolled to receive state-supplied vaccines?





State of Alaska

**Department of Health
and Social Services**

**Division of Public
Health**

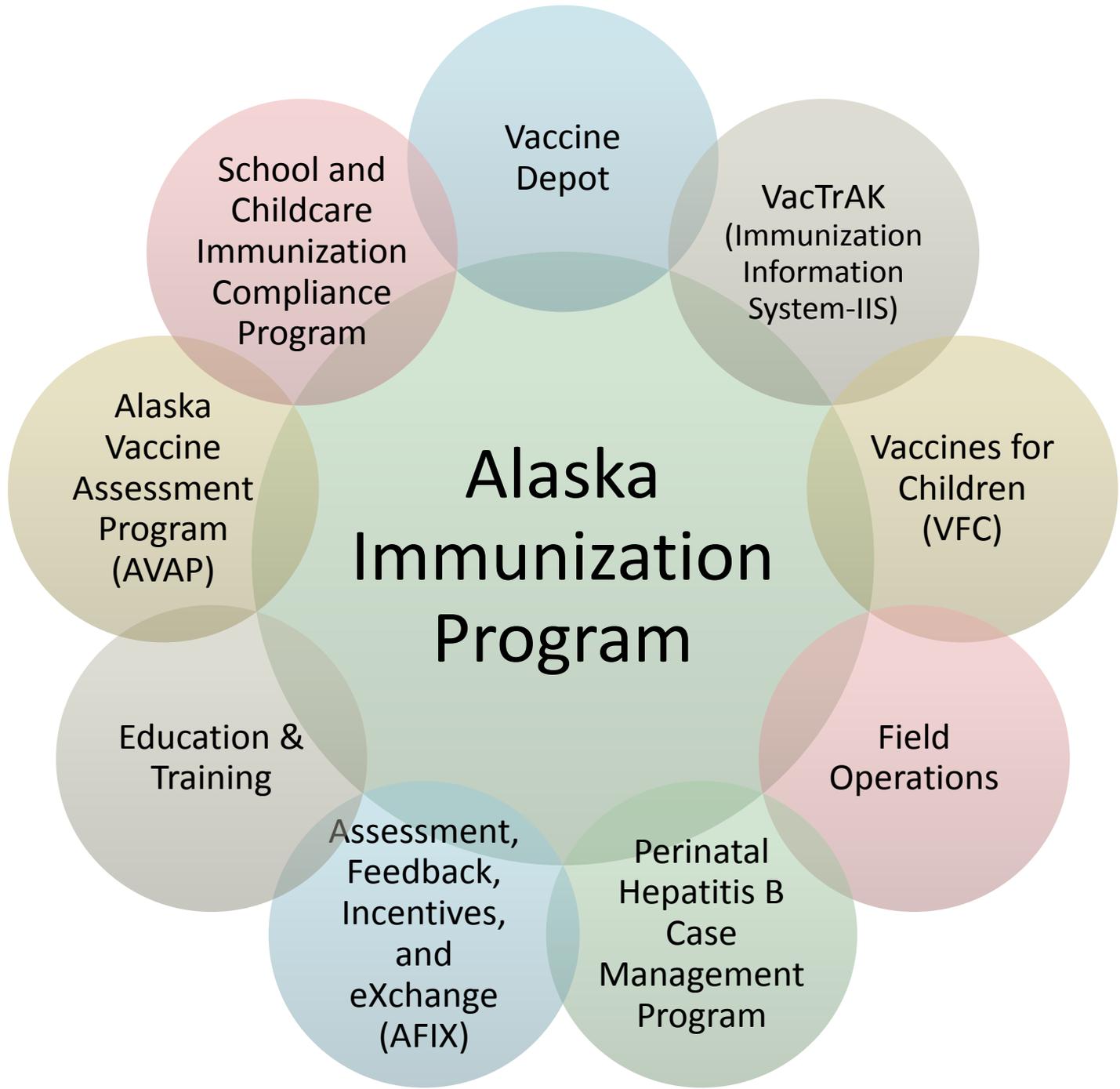
**Section of
Epidemiology**

**Immunization
Program**

Immunization Program Mission Statement

The mission of the Immunization Program is to prevent and control vaccine preventable disease in Alaska by:

- Providing vaccines to health care providers at no charge
- Providing an immunization information system for use by health care providers and schools to maintain consolidated immunization records for Alaskans of all ages
- Ensuring school and childcare compliance with immunization regulations
- Providing immunization education and training for health care providers and the general public
- Coordinating surveillance and control efforts for vaccine preventable diseases
- Supporting efforts to increase vaccinations for all Alaskans



Immunization Program Managers

Gerri Yett

- Immunization Program Manager

Matt Bobo

- Deputy Immunization Program Manager

Lorraine Alfsen

- Field Operations Manager (VFC, School and Child Care Compliance)

Tricia Franklin

- VacTrAK Manager

Annie Peterson-Lewis

- Nurse Consultant

Sarah Shimer

- Education and Training Manager

Alicia Spillman

- Epidemiology Vaccine Depot Manager

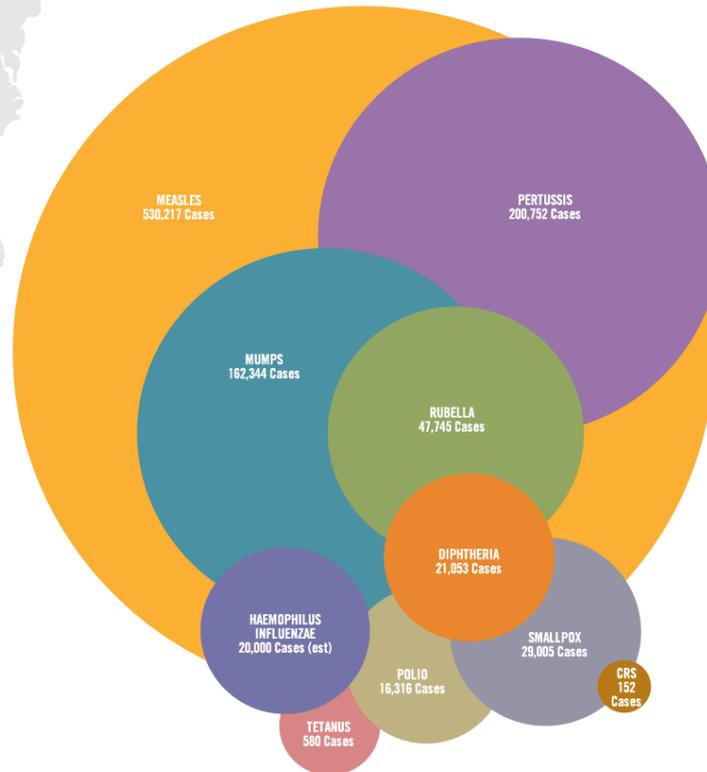
Public Health Success

VACCINES WORK

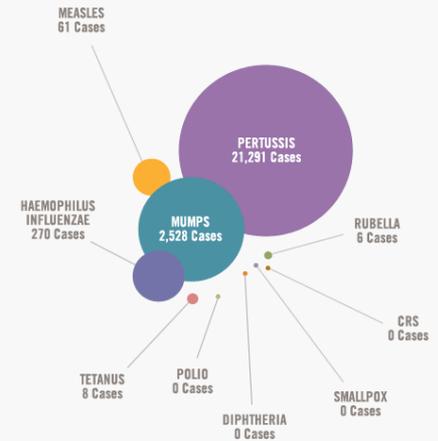
These bubbles are sized according to the annual number of disease cases in the US during the 1900s versus 2010. We've come so far. It's a reminder that while disease rates are low, most diseases haven't disappeared. This is why we continue to vaccinate.

SMALLPOX	THEN 29,005 NOW 0	MEASLES	THEN 530,217 NOW 61
DIPHTHERIA	THEN 21,053 NOW 0	MUMPS	THEN 162,344 NOW 2,528
PERTUSSIS	THEN 200,752 NOW 21,291	RUBELLA	THEN 47,745 NOW 6
TETANUS	THEN 580 NOW 8	CRS	THEN 152 NOW 0
POLIO	THEN 16,316 NOW 0	HAEMOPHILUS INFLUENZAE	THEN 20,000 NOW 270

THEN
Annual US disease cases in the 1900s



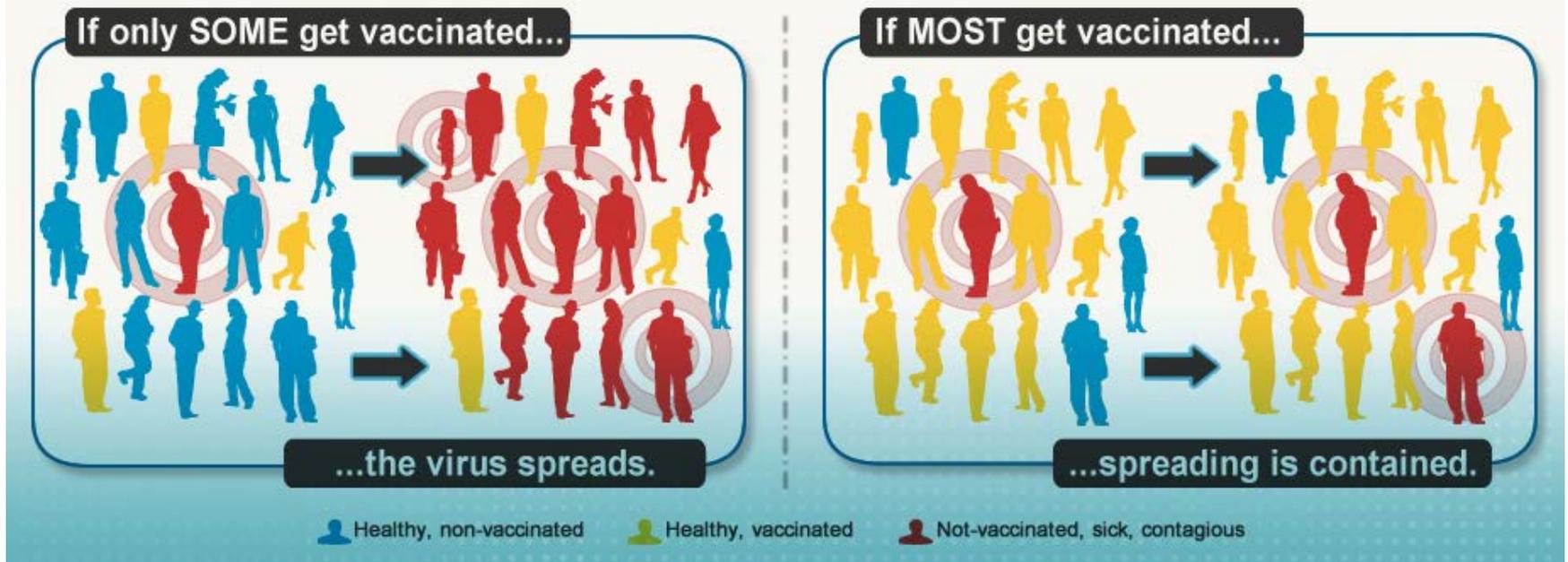
NOW
US disease cases in 2010



⁹ Centers for Disease Control and Prevention (CDC). Parents Guide to Childhood Immunizations. <http://www.cdc.gov/vaccines/pubs/parents-guide/default.htm>. Accessed August 15, 2011.

¹⁰ CDC. Impact of Vaccines in the 20th & 21st Centuries. <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/G/impact-of-vaccines.pdf>. Updated January 2011. Accessed August 15, 2011.

Vaccines Are Community Health



Diseases Haven't Disappeared

- Vaccine-preventable disease rates are low in the U.S.
- This is not true everywhere in the world



Vaccine-preventable Disease in Alaska

Latest whooping cough outbreak not Interior Alaska's largest

By Sam Friedman sfriedman@newsminer.com May 3, 2015 (...)

FAIRBANKS — Despite a handful of cases last month, the most recent whooping cough outbreak in Interior Alaska hasn't been nearly as widespread as a big 2012 outbreak, or even a series of cases last fall, according to the Alaska Department of Health and Social Services.



⇒ Subs



Iliamna fights several flu cases

By KTVA CBS 11 News 5:28 PM March 30, 2017

G+1 0 Share 1

Fifteen people in the rural Alaska community of Iliamna have tested positive for influenza, according to state epidemiologist Dr. Joe McLaughlin. He said that's a substantial number, considering the village is home to only about 100 people.

McLaughlin said some of those affected were students at the Newhalen School.

Pertussis, aka whooping cough, in Petersburg

Posted by Ed Schoenfeld, CoastAlaska News | Jan 18, 2017

Health

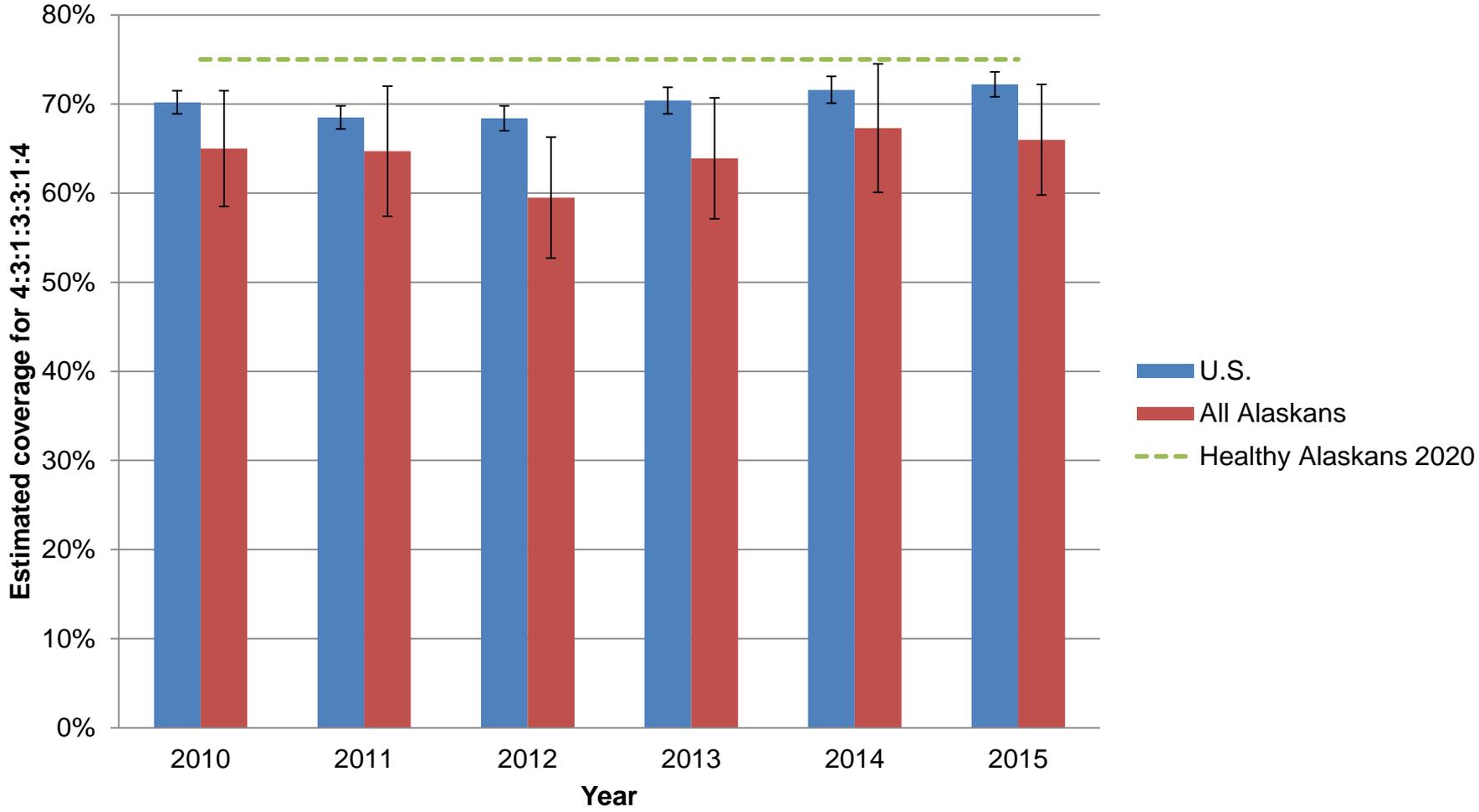
Alaska health department investigates possible measles case

Author: Tegan Hanlon Updated: May 31, 2016 Published: January 23, 2015

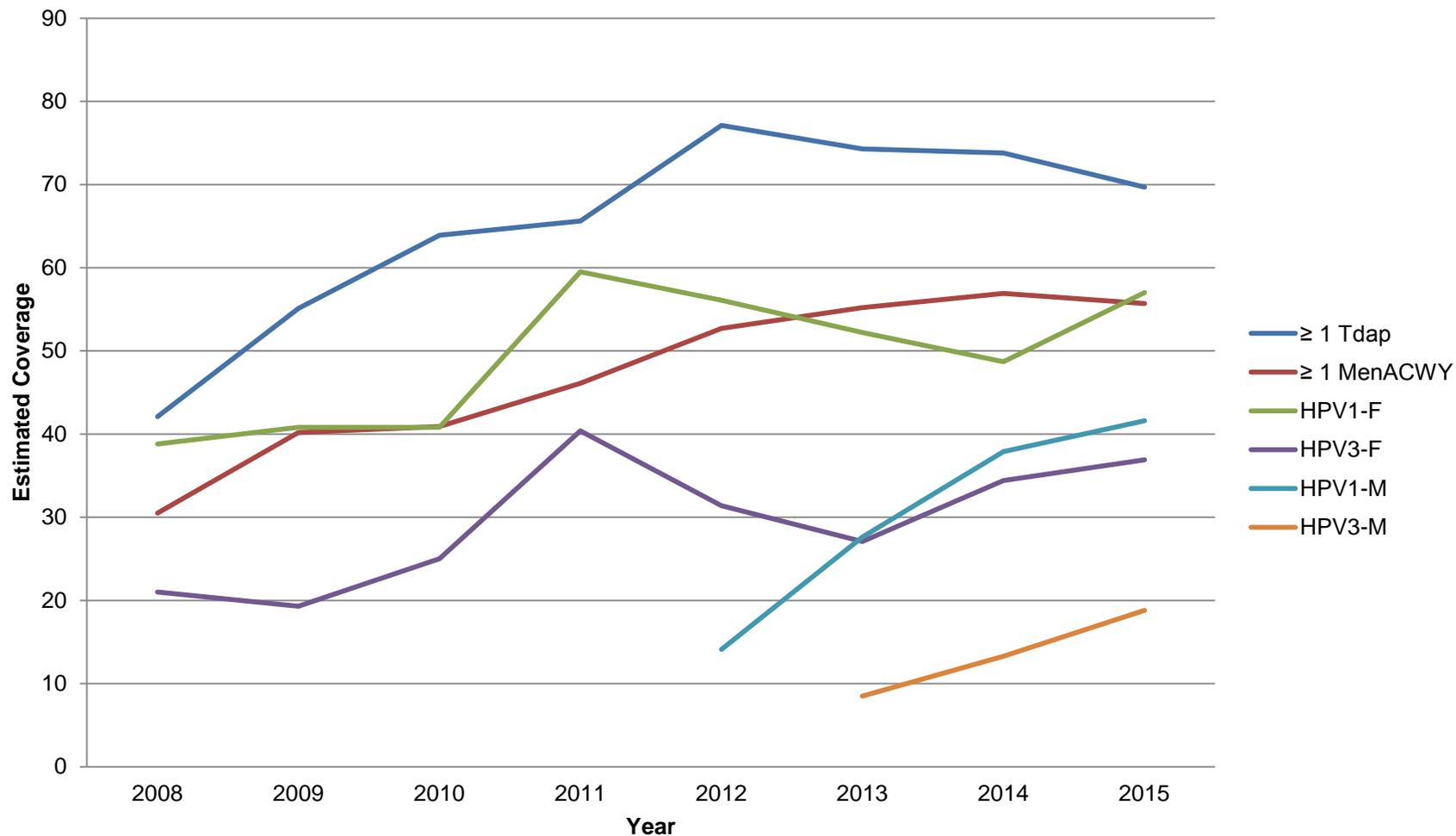
The Alaska Department of Health and Social Services is investigating a possible measles case in a 1-year-old from Anchorage who returned to the state from California this month.

Though whether Rivki Webb tested positive for measles Friday because she contracted the disease while traveling or simply because she had recently received the vaccine remains unknown. Test results will provide the answer late next week, according to a statement from DHSS.

Alaska and US children aged 19 through 35 months vaccination coverage rate (4:3:1:3:3:1:4), National Immunization Survey, 2010-2015



Alaska adolescent immunization rates by vaccine and year, National Immunization Survey, 2008-2015



PROGRAM REQUIREMENTS



ALASKA
IMMUNIZATION
PROGRAM

Annual Enrollment

- **VacTrAK Contract**

- Alaska's immunization information system
- Required of all providers, regardless of whether they receive state-supplied vaccine
- Usernames and permissions

VAC TRAK

- **Provider Agreement**

- Enrollment to receive state-supplied vaccine
- Located within VacTrAK

Provider Agreement

- **AVAP opt-in for uninsured adults**

- Optional
- Pay a fee
- Ability to administer to uninsured adults



Provider Agreement

- Submission is considered an electronic signature from the certifying provider
- Willing to participate in and abide by Alaska Immunization Program requirements

The screenshot displays the VAC TRAK web application interface. At the top left, the logo "VAC TRAK" is visible. The user is logged in as "ALICIA SPILLMAN". The current organization is "SOA EPI VACCINE DEPOT (1014)" and the date is "March 10, 2017".

The main content area is titled "Provider Agreement Search" and contains the following fields:

Organization (IRMS) Name:	--select--	Facility Name:	--select--
Medical License Number:		Federal Tax Id:	
Phone Number:		Fax Number:	
Email:		Status:	--select--
Submit Date Range:	From: <input type="text"/>	Through: <input type="text"/>	Include Hidden <input type="checkbox"/>
		PIN:	From: --select-- Through: --select--

Buttons for "Clear" and "Search" are located at the bottom right of the form.

A note below the form states: "Note: Please select an 'Organization (IRMS) Name' or a 'Facility Name' or a single 'VFC PIN' to create a new agreement".

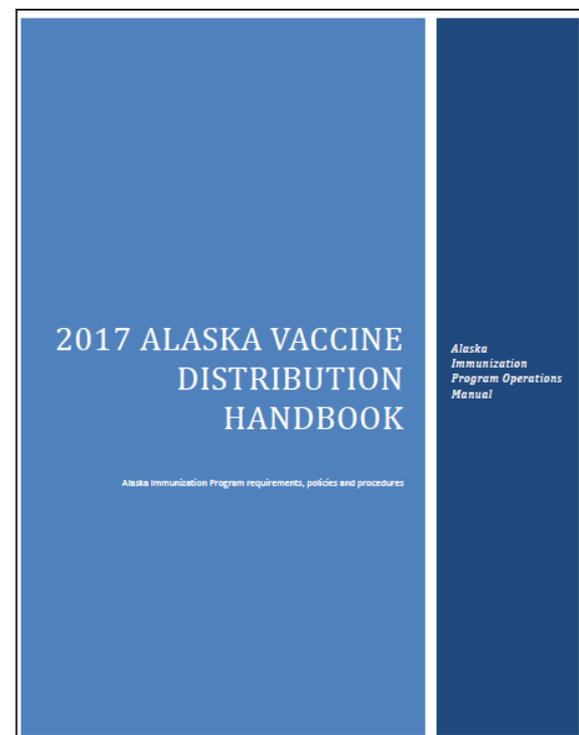
The left sidebar contains a navigation menu with the following items:

- Main
 - Home
 - Logout
 - Select Organization (IRMS)
 - Select Facility
 - Select VFC Pin
- Favorites
- Patient
- Vaccinations
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
 - Alerts
 - Create/View Orders
 - Search History
 - Modify Order Set
 - Approve Orders
 - Approve Transfer
 - Approved Orders
 - Local Vaccine Allocations
 - Accountability Submission
 - Cold Storage
 - Provider Agreement
- Reports
- Settings
- CASA Export

A green arrow points to the "Provider Agreement" item in the sidebar.

Program Requirements

- Read the 2017 Alaska Vaccine Distribution Handbook
- Submit all private and state-supplied vaccine administration data to VacTrAK within 14 days
 - Alaska Administrative Code 7AAC 27.650
- Designate on-site staff for:
 - Vaccine Coordinator
 - Provides oversight for all vaccine management, storage and handling
 - Has support and authority to implement and enforce program requirements
 - Back-up Vaccine Coordinator
 - Assumes oversight and responsibilities in absence of Vaccine Coordinator



Annual Education Requirement

- Assist providers in meeting program requirements
- Required annually for Vaccine Coordinator and Back-up Vaccine Coordinators
- Required once for certifying providers
- Alaska Immunization Program will email you the course link



The screenshot shows a web interface for a Learning Management System. At the top, there is a dark blue header with the logo for 'HEALTH & SOCIAL SERVICES LEARNING MANAGEMENT SYSTEM' on the left. Below the header is an orange bar with the text 'HIPAA Do you need assistance?'. The main content area has a white background with a grey sidebar on the left. The sidebar contains the text '2017 State-supplied Vaccine Education Course' and 'Objectives'. The main content area contains the text '2017 State-supplied Vaccine Education Course' and 'Objectives'. On the right side of the main content area, there is a logo for the 'ALASKA IMMUNIZATION PROGRAM' featuring a green hand icon. At the bottom of the main content area, there is a line of text: 'At the conclusion of the webinar, the participant will be able to accomplish the following:'.

HEALTH & SOCIAL SERVICES
LEARNING MANAGEMENT SYSTEM

HIPAA Do you need assistance?

Home > 2017 Alaska State-supplied Vaccine Education Course

Your progress

2017 State-supplied Vaccine Education Course

Objectives

ALASKA IMMUNIZATION PROGRAM

At the conclusion of the webinar, the participant will be able to accomplish the following:

Changes

- Required to report certain facility and staff changes to the Immunization Program



State-Supplied Vaccine Provider Information Change

Providers are required to notify the Alaska Immunization Program of changes in their organizations/facilities. Use this chart and applicable links to meet these state and federal requirements.

Type of Change	Deadline (within # days of event)	Required method of Notification
Staff members		
Vaccine Certifying Provider	10 days of change	Request to Modify VacTrAK Users form and Provider Agreement (includes instructions)
Vaccine Coordinator or Back up Coordinator	10 days of change	Request to Modify VacTrAK Users form
Physician or vaccinator	10 days of change	Request to Modify VacTrAK Users form
AFIX contact	10 days of change	Email: immune@alaska.gov Include the following: - "AFIX contact change" - Organization/facility name - PIN - Contact person - Contact phone
Remove staff member	3 days of employment termination	Request to Modify VacTrAK Users form
VacTrAK Facility or Organization Administrator or designated contact	3 days of change	VacTrAK New Provider Application
Organization/Facility		
New facility	Notice of Regulation 7 AAC 27.650	VacTrAK New Provider Application
Address (any)	10 days of change	Provider Agreement
Shipping days/hours for receipt of vaccine	Update upon next order	VacTrAK Create Order page
Closure/merger (Upon notification, Immunization Program staff will contact you)	Minimum 30 days prior to event	Email: immune@alaska.gov Include the following: - Organization/facility name - PIN - Contact person - Contact phone - Date of closure/merger

Request to Modify User Form



Authorization to Add/Modify Users and Contacts

*indicates a required field

Request Type*	User Information	Permission(s) * (Check all that apply)	State-supplied Vaccine Management * (Limit one each per pin)
<input type="checkbox"/> Add	First Name*	<input type="checkbox"/> View user	<input type="checkbox"/> Vaccine Coordinator
<input type="checkbox"/> Modify	Middle Initial*	<input type="checkbox"/> Edit user	<input type="checkbox"/> Back-up Vaccine Coordinator
<input type="checkbox"/> Remove	Last Name*	<input type="checkbox"/> Physician	<input type="checkbox"/> Certifying Provider
	Credentials	<input type="checkbox"/> Vaccinator	
	Phone	<input type="checkbox"/> Lot Manager (private vaccine stock only)	
	Email*		

Fraud and Abuse

- Not adhering to federal and state requirements
- Examples:
 - Providing state-supplied vaccine to non-eligible patients
 - Billing a patient or third party for state-supplied vaccine
 - Failing to screen and document eligibility status for every vaccine dose administered
 - Charging more than \$27.44 administration fee to uninsured, underinsured or Alaska Native/American Indian patients
 - Failing to fully account for state-supplied vaccine
 - Negligent waste of state-supplied vaccine

PEDIATRIC VACCINES AND ELIGIBILITY



ENSURE
a healthy future with vaccines.

2017 State-supplied Vaccines

Pediatric Vaccines	Brand Name	Manufacturer	NDC Code
DTaP	INFANRIX	GlaxoSmithKline	58160-0810-11
DTaP/Hep B/IPV	PEDIARIX	GlaxoSmithKline	58160-0811-52
DTaP/IPV	KINRIX	GlaxoSmithKline	58160-0812-11
Hep A	HAVRIX	GlaxoSmithKline	58160-0825-11
Hep B	Recombivax HB	Merck	00006-4981-00
Hib	PedvaxHIB	Merck	00006-4897-00
9vHPV	Gardasil 9	Merck	00006-4119-03
Influenza	Varies	Varies each season	

* Limited availability for high risk groups

† Limited availability for high risk groups

2017 State-supplied Vaccines (cont.)

Pediatric Vaccines	Brand Name®	Manufacturer	NDC Code
IPV	IPOL	Sanofi Pasteur	49281-0860-10
MCV4 *	Menactra	Sanofi Pasteur	49281-0589-05
MenB †	Bexsero	GlaxoSmithKline	46028-0114-01
MMR	M-M-R II	Merck	00006-4681-00
PCV13	Prevnar	Pfizer	00005-1971-02
RV5(Rotavirus)	RotaTeq	Merck	00006-4047-41
Tdap	BOOSTRIX	GlaxoSmithKline	58160-0842-44
Varicella	Varivax	Merck	00006-4827-00

* Limited availability for high risk groups

† Limited availability for high risk groups

Cost to Fully Vaccinate a Child through 18 Years of Age

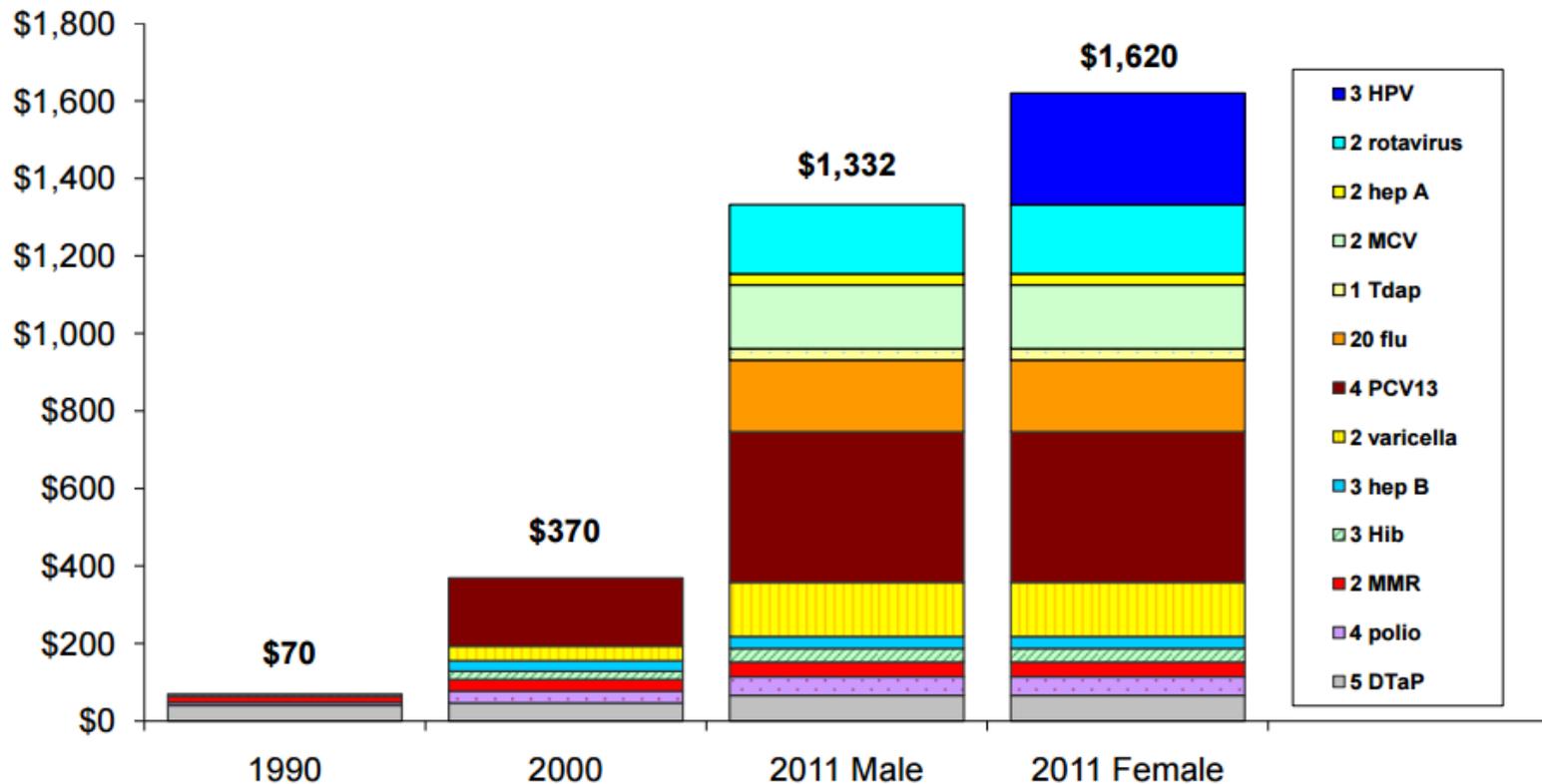


Cost to Fully Vaccinate a Child through 18 Years of Age

\$2,192



Cost to Vaccinate One Child with Vaccines Universally Recommended from Birth Through 18 Years of Age: 1990, 2000, and 2011



2011 represents minimum cost to vaccinate a child (birth through 18); exception is no preservative influenza vaccine, which is included for children 6-47 months of age.

HPV excluded for boys because it is not routinely recommended by the ACIP.

Federal contract prices as of February 1, 1990, September 27, 2000, and April 1, 2011.

State-supplied Vaccines for Children

- Alaska is a universal coverage state for children
- All children in Alaska are eligible for vaccines provided by the state through two mechanisms:
 - VFC (the Vaccines for Children Program)
 - State Vaccine (AVAP and Public Health Service Act, Section 317)

Vaccines for Children

20 years of protecting America's children

The Vaccines for Children program was established in 1994 to make vaccines available to uninsured children. VFC has helped prevent disease and save lives...big time!



CDC estimates that vaccination of children born between 1994 and 2013 will:

prevent **322 million** illnesses



help avoid **732,000** deaths



save nearly **\$1.4 trillion** in total societal costs
(that includes \$295 billion in direct costs)



www.cdc.gov/communication/feature/vaccines-for-children-program — united states, 1994-2013 H100-004 | 04.03.2013



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

www.cdc.gov/features/vfcprogram

State Vaccine

- AVAP assessment payments are collected from health plans and insurers
- Public Health Service Act, Section 317, authorizes the federal purchase of vaccines
- Funds support the purchase of vaccines distributed through the Alaska Immunization Program

Pediatric
Vaccine
Eligibility

ACIP
Vaccines

All children 0
through 18
years

Participate in
accountability
activities



VACCINES FOR CHILDREN PROGRAM (VFC)



INFORMATION FOR HEALTHCARE PROVIDERS FROM CDC

VFC WILL BENEFIT YOUR PATIENTS AND YOUR PRACTICE!



Eligibility Matters

- Dose level accountability is required
- Accurate documentation of eligibility provides data required for continued funding
- Incorrect eligibility documentation may constitute fraud and abuse
- State-supplied vaccine is provided to providers at no charge

Pediatric Eligibility Categories

Eligibility Category	Definition
VFC Medicaid Eligible	<ul style="list-style-type: none">• A child who is either Medicaid eligible or Medicaid enrolled• A child who is insured and Medicaid enrolled• If and AI/AN child is Medicaid eligible, select VFC Medicaid Eligible
VFC Uninsured	<ul style="list-style-type: none">• A child who has no health insurance
VFC American Indian / Alaska Native	<ul style="list-style-type: none">• A child who is AI/AN• If an AI/AN child is Medicaid eligible, select “VFC Medicaid Eligible”
VFC Underinsured (FQHC)	<ul style="list-style-type: none">• A child who has insurance but the coverage does not include vaccines; OR• a child whose insurance does not cover all ACIP-recommended vaccines.• A child whose insurance caps the cost for vaccine coverage
State Vaccine	<ul style="list-style-type: none">• Any child who does not meet VFC eligibility categories listed above and for whom state vaccine is used
Ineligible (Private Vaccine)	<ul style="list-style-type: none">• When privately purchased vaccine is used

Eligibility Categories Coding & Billing

VacTrAK Eligibility Category 0 through 18 years	Definition	HL7 Eligibility Mapping Code	Administration Fee Bill To	Vaccine Administration Fee Cap	Vaccine Cost Bill To
VFC Medicaid Eligible	<ul style="list-style-type: none"> A child who is either Medicaid eligible OR Medicaid enrolled A child who is insured and Medicaid enrolled If an AI/AN child is Medicaid eligible, select "VFC Medicaid Eligible" 	V02	Medicaid	<u>Determined by Medicaid*</u>	Do <u>not</u> bill (State-supplied)
VFC Uninsured	<ul style="list-style-type: none"> A child who has no health insurance 	V03	Patient [†]	\$27.44	Do <u>not</u> bill (State-supplied)
VFC American Indian/Alaska Native (AI/AN)	<ul style="list-style-type: none"> A child who is AI/AN If an AI/AN child is Medicaid eligible, select "VFC Medicaid Eligible" 	V04	Patient [†]	\$27.44	Do <u>not</u> bill (State-supplied)
VFC Underinsured (FQHC) This category may be used only by a Federally Qualified Health Center (FQHC) or a deputized provider. Other types of providers may use the "State Vaccine (AVAP)" eligibility category below or refer patients to an FQHC or deputized provider.	<ul style="list-style-type: none"> A child who has health insurance, but the coverage does not include vaccines; OR A child whose insurance does not cover all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines. The child would be eligible to receive those vaccines not covered by the insurance; OR A child whose insurance caps the cost for vaccine coverage is eligible to receive VFC vaccines only after the insurance cap has been reached 	V05	Patient [†]	\$27.44	Do <u>not</u> bill (State-supplied)
State Vaccine May appear as "state-specific" or "local-specific" eligibility in Electronic Health Records.	<ul style="list-style-type: none"> Any child who does not meet VFC eligibility categories listed above and for whom state vaccine is used 	V07	Insurance	Determined by insurance	Do <u>not</u> bill (State-supplied)
Ineligible (Private Vaccine)	<ul style="list-style-type: none"> When privately purchased vaccine is used 	V01	Insurance	Determined by insurance	Determined by Insurance

Case Study 1

- A child is AI/AN and has Medicaid
- What is his/her eligibility?



Case Study 1

- A child is AI/AN and has Medicaid
- VFC Medicaid



Case Study 2

- A child has private insurance but has not met the deductible or met copays
- What is his/her eligibility?



Case Study 2

- A child has private insurance but has not met the deductible or met copays
- State



Case Study 3

- A child has private insurance but their private insurance does not cover vaccines
- What is his/her eligibility?



Case Study 3

- A child has private insurance but their private insurance does not cover vaccines
- If the provider is FQHC or deputized FQHC
 - VFC Underinsured
- If the provider is not a FQHC or deputized FQHC
 - State

Case Study 4

- A child has private insurance and Medicaid, but their private insurance does not cover vaccines
- What is his/her eligibility?

Case Study 4

- A child has private insurance and Medicaid, but their private insurance does not cover vaccines
- VFC Medicaid

Case Study 5

- It is OK to select a VFC eligibility status for patients age 19 years and older if the patient is still in college.

- True
- False



Case Study 5

- It is OK to select a VFC eligibility status for patients age 19 years and older if the patient is still in college.

- True
- **False**



It is NEVER OK to select a VFC eligibility status for patients age 19 years or older. These patients are considered adults and are not eligible for the Vaccines for Children program.

ADULT VACCINES AND ELIGIBILITY



VACCINES
are not just for kids.

State-supplied Vaccines for Adults

- The Alaska Immunization Program offers select vaccines to eligible adults
- The Alaska Vaccine Assessment Program (AVAP) is a funding mechanism that enables adult coverage
- AVAP is funded through a combination of participating payers and opt in medical providers

Adult State-supplied Vaccines

Adult Vaccines	Brand Name	Age Criteria (in years)
9vHPV	Gardasil 9	Females 19 through 26; males 19 through 21; high risk* males 22 through 26
Influenza	Varies	19+
MCV4	Menactra	19 through 20
MenB**	Bexsero	19 through 20
PPSV23 (Pneumococcal polysaccharide)	Pneumovax 23	19+
Td (Tetanus/Diphtheria)	Tenivac	19+
Tdap (Tetanus/ Diphtheria/acellular Pertussis)	BOOSTRIX	19+
Zoster (shingles)	Zostravax	60 through 64

*High risk males include either men who have sex with men (MSM) or who have an immunocompromising condition.

** Limited availability for high risk groups, which include those with persistent complement component deficiencies, anatomic or functional asplenia, microbiologist working with serogroup B meningitis, and populations at risk of outbreaks.

Adult Eligibility

- Adults are 19 and older
- Adults are **NOT** Vaccine for Children (VFC) eligible
- Adults may be eligible for state vaccine

Eligibility Matters

- Requirement for continued funding
- Requirement to prevent fraud and abuse
- Funding requirement to report accurate eligibility categories

VacTrAK Eligibility Category	Adult Insurance Status	Insurance or Provider Status with AVAP	HL7 Eligibility Mapping Code	Administration Fee Bill To	Vaccine Administration Fee Cap	Vaccine Cost Bill To
State Vaccine*	Insured	Private insurance is participating in AVAP	V07	Insurance	Determined by insurance	Do <u>not</u> bill (State-supplied)
	Uninsured	Health care provider opts in for their uninsured adult population		Patient	Determined by provider	Do <u>not</u> bill (State-supplied)
Ineligible (Private Vaccine)	Insured	Private insurance is Prudential Insurance Company of America	V01	Insurance	Determined by insurance	Determined by insurance
	Uninsured	Health care provider does <u>NOT</u> opt in for their uninsured adult population		Patient	Determined by provider	Determined by provider
	Medicare, Medicaid, or TRICARE Only	Not eligible for AVAP		Medicare, Medicaid, or TRICARE	Determined by Medicare, Medicaid, or TRICARE	Determined by Medicare, Medicaid, or TRICARE

*May appear as "state specific" or "local specific" eligibility in Electronic Health Records (EHR).

Who can receive state-supplied vaccine for adults?

AVAP Provider Opt In

- Patients with an insurance company that is a participating payer
- **Uninsured adults**

Provider Did Not Opt In

- Patients with an insurance company that is a participating payer

2017 AVAP Non-participating Payers

- Medicaid
- Medicare
- TRICARE
- Prudential Insurance Company of America

Does the adult patient meet the age criteria for the vaccine as defined by the state?

Yes

No

Does the patient have insurance?

Ineligible

Yes

No

What type of insurance does the patient have?

Did the provider opt in for their uninsured adults?

Private insurance (except Prudential Insurance Company of America)

Prudential Insurance Company of America, Medicaid, Medicare, or TRICARE

Yes

No

State vaccine AVAP

Ineligible

State vaccine AVAP

Ineligible

Case Study

- A 19 year old enrolled in Medicaid, to receive 9vHPV
- What is her eligibility?



Case Study

- A 19 year old enrolled in Medicaid, to receive 9vHPV
- Ineligible.
- Patient cannot receive state-supplied vaccine, because Medicaid is not a participating payer



Case Study

- A 60 year old to receive Zoster, who is enrolled in Blue Cross
- What is his eligibility?



Case Study

- A 60 year old to receive Zoster, who is enrolled in Blue Cross
- State
- Patient can receive state-supplied vaccine because Blue Cross is a participating payer and meets the age criteria for Zoster



Case Study

- A patient who is covered through Medicaid and Aetna (Aetna is secondary insurance)
- What is his eligibility?



Case Study

- A patient who is covered through Medicaid and Aetna (Aetna is secondary insurance)
- State
- Patient can receive state-vaccine because Aetna is a participating payer



Case Study



- A 38 year old woman for Tdap during pregnancy, covered through IHS
- What is her eligibility?

Case Study



- A 38 year old woman for Tdap, covered through IHS
- IHS health care is not considered a health insurance plan. The patient would be considered uninsured, what's next?

Case Study



- A 38 year old woman for Tdap, covered through IHS
- If the provider opted in to cover uninsured
 - State
 - Patient can receive state-supplied vaccine
- If the provider did not opt in
 - Ineligible
 - Patient would receive private vaccine

ACCOUNTABILITY AND QUALITY ASSURANCE

Accountability and Quality Assurance

- Vaccine Storage and Handling
- VacTrAK
- Inventory Management
- Site Visits
 - New Provider
 - Compliance
 - Unannounced
 - AFIX
- Perinatal Hepatitis B Prevention

VACCINE STORAGE AND HANDLING



The Importance

- Exposure to warm or cold temperatures can affect the potency, shorten the expiration date or destroy vaccines
- Recalling patients to repeat vaccine doses means extra doses for patients, inconvenience, increased cost and staff time for providers
- Damage to public confidence in vaccines
- Vaccines are expensive
- Vaccine replenishment for wastage



Storage units

- Acceptable 
 - Pharmaceutical stand alone or combination unit
 - Stand alone refrigerator
 - Stand alone freezer
 - Refrigerator compartment of a household or commercial combination unit
 - Counter top freezer, under the counter freezer or compact freezer
- Prohibited 
 - Dorm style fridge
 - Freezer compartment of a household or commercial combination unit

Storage and Handling

- Refrigerator = 36 °F to 46°F
- Freezer = -58 °F to +5°F
 - No defrost cycle allowed above +5°F
- Store water bottles in refrigerator and frozen water bottles in freezer to stabilize temperatures
- Keep vaccines in their original packaging
- Keep temperature monitoring device with vaccine at all times
- Use approved vaccine packing methods for transport

Temperature Monitoring

- Fill out the Twice a Day Temperature Log
- Download the graph from the temperature monitoring device weekly
 - No longer required to email to the Vaccine Depot
 - Keep all records for 3 years
 - Present to Immunization Program upon request
- Change battery in temperature monitoring device
 - Every 6 months
- Process your own temperature excursions

Twice a Day Temperature Logs

- Use the state-specific Temperature Log on all storage units containing state-supplied vaccine
 - Time of day
 - Initials
 - Alarm status
 - Current temperature
 - Minimum and maximum temperature
- Present to the Alaska Immunization Program upon request
 - Site Visits
 - Random audits

Twice a Day Temperature Logs

- Use the state-specific Temperature Log on all storage units containing state-supplied vaccine
 - Time of day
 - Initials
 - Alarm status
 - Current temperature
 - Minimum and maximum temperature
- Present to the Alaska Immunization Program upon request
 - Site Visits
 - Random audits



Twice a Day Temperature Logs

Refrigerator Temperature Log - F°

Required temperature range: between 36° and 46°

Facility Name: _____

Month/Year: _____ VFC PIN #: _____

Record day of the week
and time

Record Initials, CURRENT, MIN, and MAX temperatures and
circle if TOO WARM OR TOO COLD. Check if Alarm triggered

Take action if temperatures are too
warm or too cold.

Day of Month	Day of Week	Time	Initials	CURRENT	Alarm	MIN	MAX
Example	M	8:00 a.m.	NN	40.5		38.1	43.7
		4:00 p.m.	NN	37.4	✓	33.0	39.2
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.					

MIN/MAX TOO WARM

OR TOO COLD?

- ✓ Store the vaccine at the appropriate temperature range
- ✓ Mark the vaccines as "Do Not Use" until vaccine viability is determined
- ✓ Contact manufacturer(s) to determine potency
- ✓ Pull any non-viable

Temperature Monitoring Devices

- Temperature monitoring device must meet CDC approved specifications
 - Calibrated
 - Continuous recording
 - Data can be routinely downloaded
 - Buffered probe
 - Alarm for out of range temperatures
 - Accuracy $\pm 1^{\circ}\text{F}$
 - Low battery indicator
 - Reads and records a temperature a minimum of every 15 minutes
- Back-up device on hand
- Calibration certificates for all devices

Temperature Monitoring Devices

- LogTag VFC 400 devices and interface cradles provided by the Alaska Immunization Program
- New features
 - Audible alarm
 - Auto pause function when the external probe is unplugged
 - A check mark indicates all temperatures have been in range
 - An X indicates temperatures went out of range



LogTag Display Screen



LogTag Display Screen

- Alarm notification



- Press Review
 - 1x Daily Max
 - 2x Daily Min

How to Process a Temperature Excursion

- Store the vaccine at the appropriate temperature range
- Download the LogTag graph
- Mark the vaccines as “Do not Use” until viability is determined
- Print your VacTrAK reconciliation page or conduct inventory
- Determine if any vaccine experienced a previous excursion
- Fill out the Temperature Excursion Report
- Call each vaccine manufacturer
- Pull any non-viable vaccine from the storage unit and process a return in VacTrAK
- Write the excursion date on the viable vaccine
- Email the Temperature Excursion Report to the Immunization Program

Temperature Excursion Report

TEMPERATURE EXCURSION REPORT

Facility Name: _____ PIN: _____ Date of Report: _____
 Contact Name: _____ Phone: _____

Storage unit type: Stand-alone fridge Stand-alone freezer
 Combo fridge Outside of unit (countertop, etc)
 Transport Container Pharma fridge Pharma freezer
 Combo freezer* Dorm fridge* Dorm freezer*

Monitoring device type: LogTag Other _____
 Device calibration expiration date: _____
 Date(s) of excursion(s): _____
 Date range of graph(s): _____

Storage unit name:	Highest/lowest temp reached:	Total time out of range:

Reason: Door left open High activity (inventory, etc.)
 Power failure Unit mechanical failure
 Unit unplugged Unit temp dial adjustment
 Transport failure Monitoring device usage mistake
 Vaccine storage mistake Monitoring device failure
 Unexplained Other _____

Describe incident in detail: _____

Did any vaccine experience a prior excursion? ** No Yes

If Yes: Date and/or case # of prior excursion: _____

Action(s): Write excursion date on package** Return non-viable vaccine
 Write shortened expiration date on package Adjust storage/handling

Describe all other action(s) taken, including how to prevent a future excursion:

Manufacturer's Response
 Print VacTrAK Reconciliation Page before calling.

Vaccine (circle)	Trade name	Viable	Not viable
Merck - (800) 672-6372 (Choose options 1 > 4 > 1) Hours: M-F 8am-7pm EST			
Hep B	Recombivax	<input type="checkbox"/>	<input type="checkbox"/>
Hib	Pedvax HIB	<input type="checkbox"/>	<input type="checkbox"/>
HPV9	Gardasil	<input type="checkbox"/>	<input type="checkbox"/>
MMR & Diluent	MMRii	<input type="checkbox"/>	<input type="checkbox"/>
PPSV23	Pneumovax	<input type="checkbox"/>	<input type="checkbox"/>
Rota	Rotateq	<input type="checkbox"/>	<input type="checkbox"/>
Varicella	Varivax	<input type="checkbox"/>	<input type="checkbox"/>
Zoster	Zostavax	<input type="checkbox"/>	<input type="checkbox"/>
Merck case #-			
Sanofi Pasteur - (800) 822-2463 (Request Medical Services for vaccine stability) Hours: M-F 8:30am-6pm EST			
DT		<input type="checkbox"/>	<input type="checkbox"/>
MCV-4P	Menactra	<input type="checkbox"/>	<input type="checkbox"/>
IPV (un-opened vials)	IPOL	<input type="checkbox"/>	<input type="checkbox"/>
IPV (opened vials)	IPOL	<input type="checkbox"/>	<input type="checkbox"/>
Td	Tenivac	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, syr	Fluzone, 6-35 mos	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, md	Fluzone, 6+ mos	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, High Dose	Fluzone, 65+ yrs	<input type="checkbox"/>	<input type="checkbox"/>
Name of Medical Services contact:			
GlaxoSmithKline Vaccines - (877) 356-8368 or www.gskmedicalinformation.com Hours: M-F 8am-6pm EST			
DTaP	Infanrix	<input type="checkbox"/>	<input type="checkbox"/>
DTaP/IPV	Kinrix	<input type="checkbox"/>	<input type="checkbox"/>
DTaP/IPV/B	Pediarix	<input type="checkbox"/>	<input type="checkbox"/>
Hep A	Havrix	<input type="checkbox"/>	<input type="checkbox"/>
Tdap	Boostrix	<input type="checkbox"/>	<input type="checkbox"/>
Hep B (Adult)	Engerix-B	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, syr	Fluarix, 36+ mos	<input type="checkbox"/>	<input type="checkbox"/>
MEN-B	Bexsero	<input type="checkbox"/>	<input type="checkbox"/>
MCV-4D	Menveo	<input type="checkbox"/>	<input type="checkbox"/>
GSK case #-			

Temperature Excursion Report

- Storage unit type:**
- Stand-alone fridge
 - Stand-alone freezer
 - Combo fridge
 - Outside of unit (countertop, etc)
 - Transport Container
 - Pharma fridge
 - Pharma freezer
 - Combo freezer**
 - Dorm fridge**
 - Dorm freezer**

Monitoring device type: LogTag Other _____

Device calibration expiration date: _____

Date(s) of excursion(s): _____

Date range of graph(s): _____

Storage unit name:	Highest/lowest temp reached:	Total time out of range:

TEMPERATURE EXCURSION REPORT

Facility Name: _____ PIN: _____ Date of Report: _____
 Contact Name: _____ Phone: _____

Storage unit type:

- Stand-alone fridge
- Stand-alone freezer
- Combo fridge
- Outside of unit (countertop, etc)
- Transport Container
- Pharma fridge
- Pharma freezer
- Combo freezer**
- Dorm fridge**
- Dorm freezer**

Monitoring device type: LogTag Other _____

Device calibration expiration date: _____

Storage unit name:	Highest/lowest temp reached:	Total time out of range:

Reason:

- Door left open
- High activity (inventory, etc)
- Power failure
- Unit mechanical failure
- Unit unplugged
- Unit temp dial adjustment
- Transport failure
- Monitoring device usage mistake
- Vaccine storage mistake
- Monitoring device failure
- Unexplained
- Other: _____

Describe incident in detail: _____

Did any vaccine experience a prior excursion? No Yes

If Yes: Date and/or case # of prior excursion: _____

Action(s): Write excursion date on package** Return non-viable vaccine

Write shortened expiration date on package Adjust storage/handling

Describe all other action(s) taken, including how to prevent a future excursion: _____

Manufacturer's Response
Print VacTrak Reconciliation Page before calling.

Vaccine (circle)	Trade name	Viable	Not viable
Merck- (800) 672-6372 (Choose options 1- 4- 2) Hours: M-F 8am-5pm EST			
Hep B	Recombivax	<input type="checkbox"/>	<input type="checkbox"/>
Hib	Pedivax Hib	<input type="checkbox"/>	<input type="checkbox"/>
HPV9	Gardasil	<input type="checkbox"/>	<input type="checkbox"/>
MMR & Diluent	MNRI	<input type="checkbox"/>	<input type="checkbox"/>
PPSV23	Pneumovax	<input type="checkbox"/>	<input type="checkbox"/>
Rota	Rotateq	<input type="checkbox"/>	<input type="checkbox"/>
Varicella	Varivax	<input type="checkbox"/>	<input type="checkbox"/>
Zoster	Zostavax	<input type="checkbox"/>	<input type="checkbox"/>
Merck case #:			
Sanofi Pasteur- (800) 822-2463 (Request Medical Services for vaccine stability) Hours: M-F 8:30am-5pm EST			
DT		<input type="checkbox"/>	<input type="checkbox"/>
MCV-4P	Menactra	<input type="checkbox"/>	<input type="checkbox"/>
IPV (unopened vial)	IPOL	<input type="checkbox"/>	<input type="checkbox"/>
IPV (opened vial)	IPOL	<input type="checkbox"/>	<input type="checkbox"/>
Td	Tenivac	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, syr	Fuzone, 6-35 mos	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, md	Fuzone, 6+ mos	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, High Dose	Fuzone, 65+ yrs	<input type="checkbox"/>	<input type="checkbox"/>
Name of Medical Services contact:			
GlaxoSmithKline Vaccines- (877) 356-8368 or www.gskmedmail.com Hours: M-F 8am-5pm EST			
DTaP	Infanrix	<input type="checkbox"/>	<input type="checkbox"/>
DTaP/IPV	Kinrix	<input type="checkbox"/>	<input type="checkbox"/>
DTaP/IPV/B	Pediarix	<input type="checkbox"/>	<input type="checkbox"/>
Hep A	Havrix	<input type="checkbox"/>	<input type="checkbox"/>
Tdap	Boostrix	<input type="checkbox"/>	<input type="checkbox"/>
Hep B (Adult)	Engerix-B	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, syr	Fuaxin, 36+ mos	<input type="checkbox"/>	<input type="checkbox"/>
MMN-B	Benzeno	<input type="checkbox"/>	<input type="checkbox"/>
MCV-4D	Menveo	<input type="checkbox"/>	<input type="checkbox"/>
GSK case #:			
Pfizer Vaccines- (800) 439-1955 or www.pfizermedmail.com Hours: M-F 9am-5pm EST, F 9am-5pm EST			
PCV13	Prevnar 13	<input type="checkbox"/>	<input type="checkbox"/>
Pfizer case #:			

* These storage units are not in compliance for vaccine storage and handling.
 ** Excursion data are cumulative. The data from previous excursions must be included when speaking to the manufacturers. The data from this excursion must be reported to the manufacturer in the future if the same vaccine experiences another excursion.

For Vaccine Depot use only:
 Education given via: Email Phone WebEx Site Visit None Date: _____
 VacTrak accountability data updated Email Filed Access updated

Rev. 12/2016

Temperature Excursion Report

- Storage unit type:**
- Stand-alone fridge
 - Stand-alone freezer
 - Combo fridge
 - Outside of unit (countertop, etc)
 - Transport Container
 - Pharma fridge
 - Pharma freezer
 - Combo freezer**
 - Dorm fridge**
 - Dorm freezer**

Monitoring device type: LogTag Other _____

Device calibration expiration date: _____

Date(s) of excursion(s): _____

Date range of graph(s): _____

Storage unit name:	Highest/lowest temp reached:	Total time out of range:

TEMPERATURE EXCURSION REPORT

Facility Name: _____ PIN: _____ Date of Report: _____
 Contact Name: _____ Phone: _____

Storage unit type:

Stand-alone fridge Stand-alone freezer
 Combo fridge Outside of unit (countertop, etc)
 Transport Container Pharma fridge Pharma freezer
 *Combo freezer** *Dorm fridge** *Dorm freezer**

Monitoring device type: LogTag Other _____
 Device calibration expiration date: _____

Storage unit name:	Highest/lowest temp reached:	Total time out of range:

Reason:

Door left open High activity (inventory, etc)
 Power failure Unit mechanical failure
 Unit unplugged Unit temp dial adjustment
 Transport failure Monitoring device usage mistake
 Vaccine storage mistake Monitoring device failure
 Unexplained Other _____

Describe incident in detail: _____

Did any vaccine experience a prior excursion? ** No Yes

If Yes: Date and/or case # of prior excursion: _____

Action(s): Write excursion date on package ** Return non-viable vaccine
 Write shortened expiration date on package Adjust storage/handling

Describe all other action(s) taken, including how to prevent a future excursion: _____

Manufacturer's Response
 Print VacTrak Reconciliation Page before calling.

Vaccine (circle)	Trade name	Viable	Not viable
Merck - (800) 672-6372 (Choose options 1- 4- 2) Hours: M-F 8am-5pm EST			
Hep B	Recombivax	<input type="checkbox"/>	<input type="checkbox"/>
Hib	Pedvax Hib	<input type="checkbox"/>	<input type="checkbox"/>
HPV9	Gardasil	<input type="checkbox"/>	<input type="checkbox"/>
MMR & Diluent	MNRI	<input type="checkbox"/>	<input type="checkbox"/>
PPSV23	Pneumovax	<input type="checkbox"/>	<input type="checkbox"/>
Rota	Rotateq	<input type="checkbox"/>	<input type="checkbox"/>
Varicella	Varivax	<input type="checkbox"/>	<input type="checkbox"/>
Zoster	Zostavax	<input type="checkbox"/>	<input type="checkbox"/>

Merck case #: _____

Sanofi Pasteur - (800) 822-2463
(Request Medical Services for vaccine stability)
Hours: M-F 8:30am-5pm EST

Vaccine	Trade name	Viable	Not viable
DT		<input type="checkbox"/>	<input type="checkbox"/>
MCV-4P	Menactra	<input type="checkbox"/>	<input type="checkbox"/>
IPV (unopened vial)	IPOL	<input type="checkbox"/>	<input type="checkbox"/>
IPV (opened vial)	IPOL	<input type="checkbox"/>	<input type="checkbox"/>
Td	Tenivac	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, syr	Fuzone, 6-35 mos	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, md	Fuzone, 6+ mos	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, High Dose	Fuzone, 65+ yrs	<input type="checkbox"/>	<input type="checkbox"/>

Name of Medical Services contact: _____

GlaxoSmithKline Vaccines - (877) 356-8368 or
www.gskmedinfo.com
 Hours: M-F 8am-5pm EST

Vaccine	Trade name	Viable	Not viable
DTaP	Infanrix	<input type="checkbox"/>	<input type="checkbox"/>
DTaP/IPV	Kinrix	<input type="checkbox"/>	<input type="checkbox"/>
DTaP/IPV/B	Pediarix	<input type="checkbox"/>	<input type="checkbox"/>
Hep A	Havrix	<input type="checkbox"/>	<input type="checkbox"/>
Tdap	Boostrix	<input type="checkbox"/>	<input type="checkbox"/>
Hep B (Adult)	Engerix-B	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, syr	Fuairix, 36+ mos	<input type="checkbox"/>	<input type="checkbox"/>
MMN-B	Benzen	<input type="checkbox"/>	<input type="checkbox"/>
MCV-4D	Menveo	<input type="checkbox"/>	<input type="checkbox"/>

GSK case #: _____

Pfizer Vaccines - (800) 439-1955 or
www.pfizermedinfo.com
 Hours: M-F 9am-5pm EST, F 9am-5pm EST

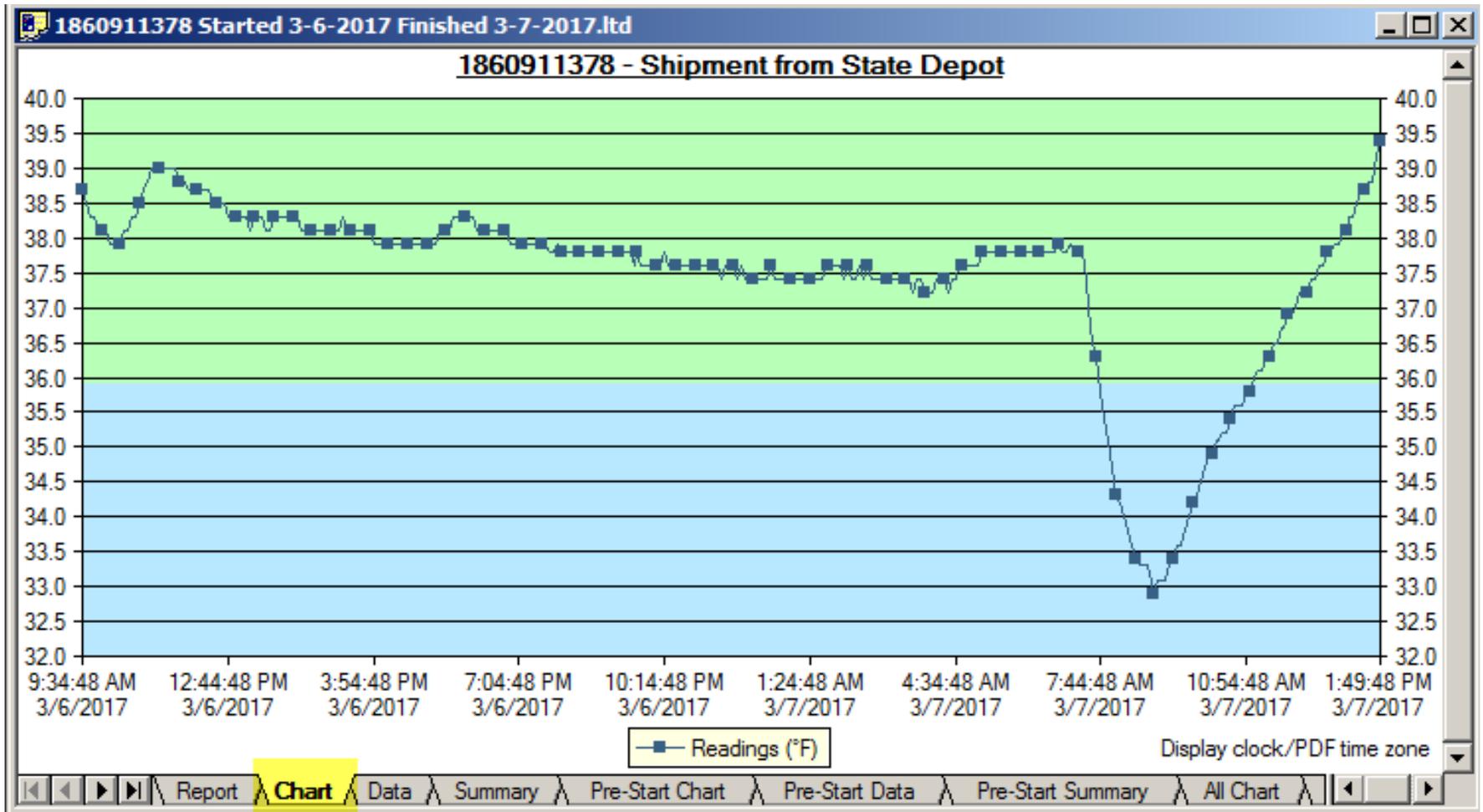
Vaccine	Trade name	Viable	Not viable
PCV13	Prevnar 13	<input type="checkbox"/>	<input type="checkbox"/>

Pfizer case #: _____

For Vaccine Depot use only:
 Education given via: Email Phone WebEx Site Visit None Date: _____
 VacTrak accountability data updated Email filed Access updated

Rev. 12/2016

LogTag Graph- Chart Tab



LogTag Graph- Report Tab

1860911378 Started 3-6-2017 Finished 3-7-2017.ltd

LogTag

Recorder has been downloaded 3/7/2017 1:51:42 PM (UTC -09:00, standard t

Alarm Status	Recorder Info
Low ✗ Fail High ✓ OK	Serial #: 1860911378 Model: TRED30-7R Battery: OK Trip #: 13 User ID: Shipment from State Depot

Recorder Configuration

Start type: Push button start	Temperature alarms
Start delay: 1 Hour	Lower: 35.9 °F
Interval: 5 Minutes	Upper: 47.0 °F
Alarm indicator: Enabled lower & upper	

Recorded Data

First reading: 3/6/2017 9:34:48 AM	Temperature statistics
Last reading: 3/7/2017 1:49:48 PM	Lowest: 32.9 °F
Elapsed Time: 1 Day, 4 Hours, 15 Minutes	@ 3/7/2017 8:54:48 AM
Total readings: 2073	Highest: 39.4 °F
First evaluated: 3/6/2017 9:34:48 AM	@ 3/7/2017 1:49:48 PM
Last evaluated: 3/7/2017 1:49:48 PM	Average reading: 37.4 °F
Evaluated Time: 1 Day, 4 Hours, 15 Minutes	Standard Deviation (S): 1.3 °F
Evaluated Readings: 340	Mean Kinetic Temperature 37.47 °F

Low Alarm	High Alarm
Triggered: @ 3/7/2017 7:44:48 AM	Triggered: (none)
Time below: 3 Hours, 20 Minutes	Time above: (none)
Occurrences: 1	Occurrences: 0
°F - Minutes below: 314.28	°F - Minutes above: 0.00

Report | Chart | Data | Summary | Pre-Start Chart | Pre-Start Data | Pre-Start Summary | All Chart

Temperature Excursion Report

Manufacturer's Response			
Print VacTrAK Reconciliation Page before calling.			
Vaccine (circle)	Trade name	Viabile	Not viable
Merck- (800) 672-6372 (Choose options 1 > 4 > 1) Hours: M-F 8am-7pm EST			
Hep B	Recombivax	<input type="checkbox"/>	<input type="checkbox"/>
Hib	Pedvax HIB	<input type="checkbox"/>	<input type="checkbox"/>
HPV9	Gardasil	<input type="checkbox"/>	<input type="checkbox"/>
MMR & Diluent	MMRII	<input type="checkbox"/>	<input type="checkbox"/>
PPSV23	Pneumovax	<input type="checkbox"/>	<input type="checkbox"/>
Rota	Rotateq	<input type="checkbox"/>	<input type="checkbox"/>
Varicella	Varivax	<input type="checkbox"/>	<input type="checkbox"/>
Zoster	Zostavax	<input type="checkbox"/>	<input type="checkbox"/>
Merck case #-			
Sanofi Pasteur- (800) 822-2463 (Request Medical Services for vaccine stability) Hours: M-F 8:30am-6pm EST			
DT		<input type="checkbox"/>	<input type="checkbox"/>
MCV-4P	Menactra	<input type="checkbox"/>	<input type="checkbox"/>
IPV (un-opened vials)	IPOL	<input type="checkbox"/>	<input type="checkbox"/>
IPV (opened vials)	IPOL	<input type="checkbox"/>	<input type="checkbox"/>
Td	Tenivac	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, syr	Fluzone, 6-35 mos	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, md	Fluzone, 6+ mos	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, High Dose	Fluzone, 65+ yrs	<input type="checkbox"/>	<input type="checkbox"/>
Name of Medical Services contact:			

TEMPERATURE EXCURSION REPORT

Facility Name: _____ PIN: _____ Date of Report: _____
 Contact Name: _____ Phone: _____

Storage unit: Stand-alone fridge Stand-alone freezer
 Combo fridge Outside of unit (countertop, etc)
 Transport Container Pharma fridge Pharma freezer
 Combo freezer* Dorm fridge* Dorm freezer*

Monitoring device type: LogTag Other _____

Device calibration expiration date: _____

Date(s) of excursion(s): _____

Date range of graph(s): _____

Storage unit name:	Highest/lowest temp reached:	Total time out of range:

Reason: Door left open High activity (inventory, etc)
 Power failure Unit mechanical failure
 Unit unplugged Unit temp dial adjustment

Describe incident in detail: _____

Did any vaccine experience a prior excursion? No Yes

If Yes: Date and/or case # of prior excursion: _____

Action(s): Write excursion date on package** Return non-viable vaccine
 Write shortened expiration date on package Adjust storage/handling

Describe all other action(s) taken, including how to prevent a future excursion: _____

For Vaccine Depot use only:
 Excursion given via: Email Phone WebEx Site Visit None Date: _____
 VacTrAK accountability date updated Email filed Access updated

Rev. 12/2016



Manufacturer's Response			
Print VacTrAK Reconciliation Page before calling.			
Vaccine (circle)	Trade name	Viabile	Not viable
Merck- (800) 672-6372 (Choose options 1 > 4 > 1) Hours: M-F 8am-7pm EST			
Hep B	Recombivax	<input type="checkbox"/>	<input type="checkbox"/>
Hib	Pedvax HIB	<input type="checkbox"/>	<input type="checkbox"/>
HPV9	Gardasil	<input type="checkbox"/>	<input type="checkbox"/>
MMR & Diluent	MMRII	<input type="checkbox"/>	<input type="checkbox"/>
PPSV23	Pneumovax	<input type="checkbox"/>	<input type="checkbox"/>
Rota	Rotateq	<input type="checkbox"/>	<input type="checkbox"/>
Varicella	Varivax	<input type="checkbox"/>	<input type="checkbox"/>
Zoster	Zostavax	<input type="checkbox"/>	<input type="checkbox"/>
Merck case #-			
Sanofi Pasteur- (800) 822-2463 (Request Medical Services for vaccine stability) Hours: M-F 8:30am-6pm EST			
DT	Menactra	<input type="checkbox"/>	<input type="checkbox"/>
MCV-4P	Menactra	<input type="checkbox"/>	<input type="checkbox"/>
IPV (un-opened vials)	IPOL	<input type="checkbox"/>	<input type="checkbox"/>
IPV (opened vials)	IPOL	<input type="checkbox"/>	<input type="checkbox"/>
Td	Tenivac	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, syr	Fluzone, 6-35 mos	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, md	Fluzone, 6+ mos	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, High Dose	Fluzone, 65+ yrs	<input type="checkbox"/>	<input type="checkbox"/>
Name of Medical Services contact:			
GlaxoSmithKline Vaccines- (877) 356-8368 or www.gskmedicalinformation.com Hours: M-F 8am-6pm EST			
DTaP	Infanrix	<input type="checkbox"/>	<input type="checkbox"/>
DTaP/IPV	Kenix	<input type="checkbox"/>	<input type="checkbox"/>
DTaP/IPV/B	Pediarix	<input type="checkbox"/>	<input type="checkbox"/>
Hep A	Havrix	<input type="checkbox"/>	<input type="checkbox"/>
Tdap	Boostrix	<input type="checkbox"/>	<input type="checkbox"/>
Hep B (Adult)	Engerix-B	<input type="checkbox"/>	<input type="checkbox"/>
Influenza, syr	Fluzone, 6-35 mos	<input type="checkbox"/>	<input type="checkbox"/>
MCV-4	Menveo	<input type="checkbox"/>	<input type="checkbox"/>
MCV-4Q	Menveo	<input type="checkbox"/>	<input type="checkbox"/>
GSK case #-			
Pfizer Vaccines- (800) 430-1885 or www.pfizermedicalinformation.com Hours: M-F 8am-5pm EST, F 9am-5pm EST			
PDV13	Prevarix 13	<input type="checkbox"/>	<input type="checkbox"/>
Pfizer case #-			

VACTRAK

VAC TRAK

- Main
 - Home
 - Login
- Patient
- Vaccinations
- Scheduled Reports
- Job Queue
- Change Password
- Answers



iWeb

Version: 5.16.8.3



Date: March 7, 2017

Welcome to VacTrAK – the Alaska Immunization Information System (IIS)

VacTrAK Documents

- [Documents & Policies](#)
- [Quick Reference User Guides](#)

VacTrAK Support

VacTrAK Support:
866-702-8725 (866-702-TRAK)
In Anchorage – (907) 269-0312
E-mail: vactrak@alaska.gov

Valuable Links

- [Alaska Immunization Program](#)

VacTrAK Providers

All health care providers are required to report administered immunizations to VacTrAK, the State of Alaska Immunization Information System, within 14 days of administration. The new reporting requirement is applicable for any vaccine administered, including state supplied and privately purchased vaccine.
7 AAC 27.650, Effective 12/29/2013

Important Notices

- [What's New in VacTrAK](#) 1/31/17
- [VacTrAK User Accounts and Password Updates](#) 10/27/15

What is VacTrAK?

- Web-based Immunization Information System (IIS)
- Confidential, population-based registry
- Immunization information for Alaskans throughout the lifespan
- All immunizations are **required** to be reported to VacTrAK within 14 days of administration
- Allows for immunization record access

Required Vaccine Administration Documentation in VacTrAK

- Patient information
 - First and last name and middle initial
 - Address
 - Sex
 - Date of birth
- If a minor: Parent/Guardian/Individual of Record's first and last name and middle initial
- Primary provider's name
- Vaccine administration date
- Vaccine lot number
- Vaccine dose amount and manufacturer
- VIS version date and date given to patient/guardian
- Dose-level vaccine eligibility status

Benefits of VacTrAK

- Obtain consolidated immunization records for your patients
- Reduce staff time spent searching for records
- Forecast future immunizations needed based on ACIP recommendations
- Produce official immunization records to meet school & childcare facility requirements
- Manage vaccine inventory
- Offers quality assurance of your immunization data
- Generate automated reminder/recall notices for your patients
- Assess immunization coverage rates at your facility

VacTrAK Resources

Quick Reference User Guides

- › [Patient Search](#) 
- › [Vaccination View/Add/Edit](#) 
- › [System Administration Permission](#) 
- › [Influenza Vaccines](#)  (2016-2017 Season)
- › [Child Coverage Rate Report](#) 
- › [Adolescent Coverage Rate Report](#) 
- › [Schedule Reports Guide](#) 
- › [Reminder Recall – Basics](#) 
- › [Modifying Patient Status](#) 
- › [Correct Decrementing Instructions](#) 

Vaccine Ordering and Management System (VOMS) Resources

- › [Monthly Inventory Assessment and Reconciliation](#)
- › [Instructions -- VOMS Overview](#)
- › [Instructions -- Reconciliation](#)
- › [Instructions -- Vaccine Ordering and Receiving](#)
- › [Instructions -- Vaccine Returns](#)

Electronic Data Exchange

- › [HL7 Local Implementation Guide](#)  (revised 1/20/2017)
- › [VacTrAK HL7 Required Fields](#) 
- › [VacTrAK Meaningful Use](#) 
- › [VacTrAK Interface Project Stages](#) 
- › [VacTrAK Provider Electronic Data Exchange Checklist](#) 
- › [CDC IIS HL7 Implementation Guidance](#) 
- › [CDC IIS Code Sets](#) 

Provider Resources

VacTrAK Training and Support

- Website

<http://dhss.alaska.gov/dph/Epi/iz/Pages/vactrak/default.aspx>

- Phone: 907-269-0312
- Phone: 866-702-8725 (toll free)
- Email: vactrak@alaska.gov

INVENTORY MANAGEMENT

Monthly Inventory Assessment

- Required to accurately account for each vaccine dose received
- Failure to do so may lead to
 - Delay in vaccine orders being filled
 - Disenrollment from the Immunization Program and from receiving future doses
 - Investigation into fraud/abuse
- Inventory reconciliation must be performed in VacTrAK monthly regardless of ordering cycle
- No vaccine order permitted unless reconciliation has been performed within a 14 day period prior to order submission

Monthly Inventory Assessment



VacTrAK Monthly Inventory Assessment



Providers receiving state-supplied vaccine are required to account for each vaccine dose received. Failure to accurately assess and account for state-supplied vaccine may lead to a delay in vaccine orders being filled, disenrollment from receiving future doses, or investigation into fraud.

Follow these steps to accurately assess and reconcile your vaccine inventory in VacTrAK monthly:

- Submit all administration data to VacTrAK.**
Verify that all administration data has been electronically or manually received in VacTrAK within 14 days of vaccine administration to comply with the State of Alaska Immunization reporting regulation [7 AAC 27.650](#).
Special note for Electronic Data Exchange Clients: Electronic data exchange is a convenience for providers to reduce the data entry workload, but it comes with additional responsibilities for the organization and does not take the place of due diligence to ensure all administered vaccines are reported to VacTrAK.
 - On a daily or weekly basis and prior to inventory reconciliation, correct and resend errors received by email on the PHC-Hub Error Report.
 - Run [Correct Decrementing](#) in VacTrAK to correct the patient records and properly decrement inventory. Click on link above for instructions.
 - If data is not/cannot be electronically received without errors into VacTrAK, manual data entry is required.
- Physically count all state-supplied vaccine doses on hand.**
Print the VacTrAK reconciliation page for a complete list of vaccines, lots and expiration dates. Ensure all expired and spoiled doses are pulled from the storage unit.
- Reconcile out expired or spoiled doses in the VacTrAK reconciliation page.**
Use the appropriate wastage adjustment reasons (see second page).
- Compare the physical count of doses on hand to the VacTrAK reconciliation page. Investigate and appropriately resolve the cause of the discrepancies.**
The physical count and VacTrAK inventory should match exactly. If inventory does not match, compare VacTrAK reports to reports from your EHR or vaccination logs to find missing data or doses that did not decrement. Suggested VacTrAK reports:
 - Vaccines Administered Report- shows all vaccines given during specified date range by vaccine and patient age range.
 - Patient Detail Report- shows a comprehensive overview of vaccination information including lot, VFC eligibility and whether the dose was decremented from inventory.

Patient Detail Report											
Patient Details						Report Date: Jul 9, 2015					
Organization (MIME)	1585 - VACCIN2015010	Facility (M)		Vaccine (M)		Organization (MIME)	1585 - VACCIN2015010	Facility (M)		Vaccine (M)	
Parental Status	1000 (Default)	Vaccination Date Range	03/15/2015 through 03/31/2015	Vaccine VFC Eligibility	01	Parental Status	1000 (Default)	Vaccination Date Range	03/15/2015 through 03/31/2015	Vaccine VFC Eligibility	01
Physician (M)		Program (M)		Physician (M)		Physician (M)		Program (M)		Physician (M)	
Health Plan (M)		Zip Code		Health Plan (M)		Health Plan (M)		Zip Code		Health Plan (M)	
State (M)		State (M)		State (M)		State (M)		State (M)		State (M)	
Lot Number (M)		Parent Birth/Current Age (M)		Lot Number (M)		Parent Birth/Current Age (M)		Lot Number (M)		Parent Birth/Current Age (M)	
Region (M)		School (M)		Region (M)		School (M)		Region (M)		School (M)	
High Risk Category (M)		State/County/Local/Unk (M)		High Risk Category (M)		State/County/Local/Unk (M)		High Risk Category (M)		State/County/Local/Unk (M)	
Priority Treatment Vaccine (M)		Vaccine (M)		Priority Treatment Vaccine (M)		Vaccine (M)		Priority Treatment Vaccine (M)		Vaccine (M)	
Total Pending Inactive Vaccines: 1 Total Pending VFC Appointments: 0 Deleted vaccinations are shown with a bar through them.											
Patient ID	First Name	MRN	MRN	Last Name	Birthdate	Guardian F-N	Phone Number	VFC Eligible	Facility	VFC	MS Publication Date
210254					03/16/2000			YES			
Vaccine	Vec. Date	Dose Size	Mfg. Code	Lot	Pub. Lot	VFC Eligible	Historical Decremental	Vaccinator	Facility	Dose VFC Item Class	MS Publication Date
DTaP/HiP/DTaP	04/02/2015	Full	043	10437	F	NO	Y		CHILDRENS CLINIC #1	04/02/2015	
IPV (unadvised)	04/02/2015	Full				NO	Y				
IPV	04/02/2015	Full				NO	Y				
IPV	04/02/2015	Full				NO	Y				
VARICELLA (W/DTaP/DTaP)	04/02/2015	Full				NO	N			04/02/2015	
MM2	04/02/2015	Full	MSD	043245	F	NO	Y		CHILDRENS CLINIC #1	04/02/2015	

- Reconcile doses that do not match the physical count of doses on hand.**
Use the appropriate adjustment reasons (see second page) in the VacTrAK reconciliation page.



Inventory Reconciliation Categories and Reasons



Categories and Reasons to **decrease** the number of doses in inventory (Negative Adjustment):

Category	Reason	Explanation
Administered	-Administered but not linked to a vaccine	DO NOT USE FOR STATE-SUPPLIED VACCINE.
	-Administered to client who chose not to be in registry	
	-System non-user aggregate reporting only	
Correction	-Correction of invalid entry	DO NOT USE FOR STATE-SUPPLIED VACCINE.
Expired	-Expired	Use for expired unopened multi-dose vials and all other expired vaccines.
	-Expired, Opened Multi Dose Vials	Use for expired open multi-dose vials.
Recall	-Vaccine Recall	
Spoiled	-Cold Chain not maintained during shipment	Use for frozen vaccine doses that are spoiled due to the 72 hour transport policy.
	-Failure to store properly upon receipt	
	-Natural Disaster/Power Outage	
	-Not properly stored	
	-Refrigerator/Freezer Mechanical Failure	
Transfer	-Restock Private Inventory from Public	DO NOT USE FOR STATE-SUPPLIED VACCINE.
	-Restock Public Inventory from Private	
	-Return to vendor, non VFC supplied	
	-Transferred to another provider	
Wasted	-Broken/Dropped/Spilled	Use for doses that are not in your physical count of doses on hand. Use for doses broken/dropped/spilled during transport to another location.
	-Drawn up, not used	
	-Lost and Unaccounted	
	-Vaccine Damaged in Transit	

Categories and Reasons to **increase** the number of doses in inventory (Positive adjustment):

Category	Reason	Explanation
Correction	-Correction of invalid entry	DO NOT USE FOR STATE-SUPPLIED VACCINE.
	-Correction to wasted doses (disposed)	
	-Correction to wasted doses (returned)	
Order Received	-Dose Count Variance Multi-Dose Vial	Use if a multi-dose vial yields more or less than 10 doses.
	-Received directly from vendor, not VFC supplied	
	-Received from CDC, not VFC supplied	
Transfer	-Received from VFC program	DO NOT USE FOR STATE-SUPPLIED VACCINE.
	-Borrowed from Private Inventory	
	-Borrowed from Public Inventory	
	-Received from another provider	
	-Vaccine Damaged in Transit	
Transfer	-Restock Private Inventory from Public	DO NOT USE FOR STATE-SUPPLIED VACCINE.
	-Restock Public Inventory from Private	
	-Return to vendor, non VFC supplied	
	-Transferred to another provider	

Inventory Assessment

- Follow these steps to accurately assess and reconcile your vaccine inventory in VacTrAK monthly
 1. Submit all administration data to VacTrAK
 - Correct and resend errors (electronic data exchange clients)
 - Run Correct Decrementing in VacTrAK (electronic data exchange clients)
 2. Physically count all state-supplied vaccine doses on hand
 3. Reconcile out expired or spoiled doses in the VacTrAK reconciliation page
 4. Compare the physical count of doses on hand to the VacTrAK reconciliation page
 - Investigate and appropriately resolve the cause of the discrepancies
 5. Reconcile doses that do not match the physical count of doses on hand

Inventory Reconciliation Page

- In VacTrAK

VAC TRAK Logged in: ALICIA

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Navigation Menu:

- ▶ Main
- ▶ Favorites
- ▶ Patient
- ▶ Vaccinations
- ▶ Organization (IRMS)
- ▶ Facilities
- ▶ Physicians & Vaccinators
- ▶ Lot Numbers
- Reconciliation** ←
- Search/Add
- Search Results
- Detail
- ▶ Orders/Transfers
- ▶ Reports
- ▶ Settings
- CASA Export
- ▶ Reminder/Recall
- ▶ Imports
- ▶ Exports
- Scheduled Reports

Patient Search

First Name or Initial:	<input type="text"/>	WIC ID:	<input type="text"/>
Last Name or Initial:	<input type="text"/>	SIIS Patient ID / Bar Code:	<input type="text"/>
Birth Date:	<input type="text"/>	Chart Number:	<input type="text"/>

Family and Address Information:

Guardian First Name:	<input type="text"/>	Mother's Maiden Name:	<input type="text"/>
Street:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>	Phone Number:	<input type="text"/>
Country:	United States <input type="button" value="x"/> ▾		

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters.

Check here if adding a new patient.

Inventory Reconciliation Page

- Inventory last submitted date

VAC TRAK

Logged in: ALICIA

Date: September 24, 2015

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Reconcile Inventory

Vaccine ^	Lot Number	Exp Date ↕	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Category	Reason	Public ↕	Inactive	Add Row
DT (Pediatric)	C4509AA	04/04/2016	4		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP (Infanrix)	GD4L2	10/17/2016	30		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP (Infanrix)	J7X72	11/04/2016	40		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/Hep B/IPV (Pediatrix)	E3R4S	01/28/2017	60		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/Hep B/IPV (Pediatrix)	JX792	03/27/2017	90		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/Hep B/IPV (Pediatrix)	KG34F	01/21/2017	0		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/IPV (Kinrix)	3N7Y7	05/27/2017	40		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Tdap	949LJ	02/21/2017	160		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+
Tdap	9NA32	03/28/2017	70		0.0	--No Category Required	--No Reason Required--	Y	<input type="checkbox"/>	+

Print Reset Save

Submit Monthly Inventory

Inventory Last Submitted: 09/17/2015

Legend	
	Public Lots
	Private Lots
	Expired Vaccines
	Expires in 30 days or less

Inventory Reconciliation Page

- Type in physical inventory
- Adjustment will automatically populate
- Choose appropriate Category and Reason

VAC TRAK

Logged in: ALICIA

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Date: September 30, 2015

Reconcile Inventory

Vaccine ▲	Lot Number	Exp Date ↕	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Category	Reason	Public ↕	Inactive	Add Row
DT (Pediatric)	C4509AA	04/04/2016	4	<input type="text"/>	0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP (Infanrix)	GD4L2	10/17/2016	30	<input type="text"/>	0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP (Infanrix)	J7X72	11/04/2016	40	<input type="text"/>	0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/Hep B/IPV (Pediatrix)	E3R4S	01/28/2017	60	<input type="text"/>	0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/Hep B/IPV (Pediatrix)	JX792	03/27/2017	90	<input type="text"/>	0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/Hep B/IPV (Pediatrix)	KG34F	01/21/2017	0	<input type="text"/>	0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/IPV (Kinrix)	3N7Y7	05/27/2017	40	<input type="text"/>	0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
Tdap	949LJ	02/21/2017	160	<input type="text"/>	0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
Tdap	9NA32	03/28/2017	70	<input type="text"/>	0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+

Note: A red arrow points to the 'Physical Inventory' column header.

Inventory Reconciliation Page

- Submit Monthly Inventory

VAC TRAK

Logged in: ALICIA

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Date: September 24, 2015

Reconcile Inventory

Vaccine ▲	Lot Number	Exp Date ▼	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Category	Reason	Public ▼	Inactive	Add Row
DT (Pediatric)	C4509AA	04/04/2016	4		0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP (Infanrix)	GD4L2	10/17/2016	30		0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP (Infanrix)	J7X72	11/04/2016	40		0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/Hep B/IPV (Pediatrix)	E3R4S	01/28/2017	60		0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/Hep B/IPV (Pediatrix)	JX792	03/27/2017	90		0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/Hep B/IPV (Pediatrix)	KG34F	01/21/2017	0		0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
DTaP/IPV (Kinrix)	3N7Y7	05/27/2017	40		0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
Tdap	949LJ	02/21/2017	160		0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
Tdap	9NA32	03/28/2017	70		0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+

Inventory Last Submitted: 09/17/2015

Legend	
	Public Lots
	Private Lots
	Expired Vaccines
	Expires in 30 days or less

Print Reset Save



Inventory Reconciliation Page

- Do not use the following reasons for state-supplied vaccine

Category	Reason
Correction	<i>-Correction of invalid entry</i>
Transfer	<i>-Return to vendor, non VFC supplied</i>
	<i>-Transferred to another provider</i>
	<i>-Received from another provider</i>
Order Received	<i>-Received directly from vendor, not VFC supplied</i>
	<i>-Received from CDC, not VFC supplied</i>
	<i>-Received from VFC program</i>

Inventory Reconciliation Page

- Do not use the following reasons for state-supplied vaccine

Category	Reason
Correction	<i>-Correction of invalid entry</i> 
	<i>-Return to vendor, non VFC supplied</i>
Transfer	<i>-Transferred to another provider</i>
	<i>-Received from another provider</i>
Order Received	<i>-Received directly from vendor, not VFC supplied</i>
	<i>-Received from CDC, not VFC supplied</i>
	<i>-Received from VFC program</i>

- An open multi-dose vial of IPV expires. The vial contains 4 doses.

Categories and Reasons to **decrease** the number of doses in inventory (Negative Adjustment):

Expired	-Expired	Use for expired <u>unopened</u> multi-dose vials and all other expired vaccines.
	-Expired, Opened Multi Dose Vials	Use for expired <u>open</u> multi-dose vials.
Recall	-Vaccine Recall	
Spoiled	-Cold Chain not maintained during shipment	Use for frozen vaccine doses that are spoiled due to the 72 hour transport policy.
	-Failure to store properly upon receipt	
	-Natural Disaster/Power Outage	
	-Not properly stored	
	-Refrigerator/Freezer Mechanical Failure	
	-Refrigerator/Freezer Too Cold	
	-Refrigerator/Freezer Too Warm	
-Vaccine Spoiled in Transit		
Wasted	-Broken/Dropped/Spilled	
	-Drawn up, not used	
	-Lost and Unaccounted	Use for doses that are not in your physical count of doses on hand.
	-Vaccine Damaged in Transit	Use for doses broken/dropped/spilled during transport to another location.

- An open multi-dose vial of IPV expires. The vial contains 4 doses.

Categories and Reasons to **decrease** the number of doses in inventory (Negative Adjustment):

Expired	-Expired	Use for expired <u>unopened</u> multi-dose vials and all other expired vaccines.
	-Expired, Opened Multi Dose Vials	Use for expired <u>open</u> multi-dose vials.
Recall	-Vaccine Recall	
Spoiled	-Cold Chain not maintained during shipment	Use for frozen vaccine doses that are spoiled due to the 72 hour transport policy.
	-Failure to store properly upon receipt	
	-Natural Disaster/Power Outage	
	-Not properly stored	
	-Refrigerator/Freezer Mechanical Failure	
	-Refrigerator/Freezer Too Cold	
	-Refrigerator/Freezer Too Warm	
-Vaccine Spoiled in Transit		
Wasted	-Broken/Dropped/Spilled	
	-Drawn up, not used	
	-Lost and Unaccounted	Use for doses that are not in your physical count of doses on hand.
	-Vaccine Damaged in Transit	Use for doses broken/dropped/spilled during transport to another location.

- After investigating an inventory discrepancy, you are unable to determine the cause and so you need to reconcile out a vaccine dose.

Categories and Reasons to **decrease** the number of doses in inventory (Negative Adjustment):

Expired	-Expired	Use for expired <u>unopened</u> multi-dose vials and all other expired vaccines.
	-Expired, Opened Multi Dose Vials	Use for expired <u>open</u> multi-dose vials.
Recall	-Vaccine Recall	
Spoiled	-Cold Chain not maintained during shipment	Use for frozen vaccine doses that are spoiled due to the 72 hour transport policy.
	-Failure to store properly upon receipt -Natural Disaster/Power Outage -Not properly stored -Refrigerator/Freezer Mechanical Failure -Refrigerator/Freezer Too Cold -Refrigerator/Freezer Too Warm -Vaccine Spoiled in Transit	
Wasted	-Broken/Dropped/Spilled	
	-Drawn up, not used	
	-Lost and Unaccounted	Use for doses that are not in your physical count of doses on hand.
	-Vaccine Damaged in Transit	Use for doses broken/dropped/spilled during transport to another location.

- After investigating an inventory discrepancy, you are unable to determine the cause and so you need to reconcile out a vaccine dose.

Categories and Reasons to **decrease** the number of doses in inventory (Negative Adjustment):

Expired	-Expired	Use for expired <u>unopened</u> multi-dose vials and all other expired vaccines.
	-Expired, Opened Multi Dose Vials	Use for expired <u>open</u> multi-dose vials.
Recall	-Vaccine Recall	
Spoiled	-Cold Chain not maintained during shipment	Use for frozen vaccine doses that are spoiled due to the 72 hour transport policy.
	-Failure to store properly upon receipt	
	-Natural Disaster/Power Outage	
	-Not properly stored	
	-Refrigerator/Freezer Mechanical Failure	
	-Refrigerator/Freezer Too Cold	
	-Refrigerator/Freezer Too Warm	
-Vaccine Spoiled in Transit		
Wasted	-Broken/Dropped/Spilled	
	-Drawn up, not used	
	-Lost and Unaccounted	Use for doses that are not in your physical count of doses on hand.
	-Vaccine Damaged in Transit	Use for doses broken/dropped/spilled during transport to another location.

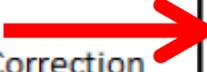
- A vaccine dose was previously reconciled out using a wasted reason, including Lost and Unaccounted

Categories and Reasons to **increase** the number of doses in inventory (Positive adjustment):

Category	Reason	Explanation
Correction	-Correction to wasted doses (disposed)	Use for doses that were previously reconciled out using a wasted reason, including Lost and Unaccounted.
	-Correction to wasted doses (returned)	Use for doses that were previously reconciled out using an incorrect spoiled reason.
Order	-Dose Count Variance Multi-Dose Vial	Use if a multi-dose vial yields more or less than 10 doses.
Transfer	-Vaccine Damaged in Transit	

- A vaccine dose was previously reconciled out using a wasted reason, including Lost and Unaccounted

Categories and Reasons to **increase** the number of doses in inventory (Positive adjustment):

Category	Reason	Explanation
Correction 	-Correction to wasted doses (disposed)	Use for doses that were previously reconciled out using a wasted reason, including Lost and Unaccounted.
	-Correction to wasted doses (returned)	Use for doses that were previously reconciled out using an incorrect spoiled reason.
Order	-Dose Count Variance Multi-Dose Vial	Use if a multi-dose vial yields more or less than 10 doses.
Transfer	-Vaccine Damaged in Transit	

Vaccine Order

VAC TRAK

Logged in: ALICIA

Date: September 30, 2015

- ▶ Main
 - Home
 - Logout
 - Select Organization (IRMS)
 - Select Facility
 - Select VFC Pin
- ▶ Favorites
- ▶ Patient
- ▶ Vaccinations
- ▶ Organization (IRMS)
- ▶ Facilities
- ▶ Physicians & Vaccinators
- ▶ Lot Numbers
- ▶ Orders/Transfers
 - Alerts
 - Create/View Orders
 - Search History
 - Modify Order Set
 - Approve Orders
 - Approve Transfer
 - Approved Orders
 - Local Vaccine Allocations
 - Accountability Submission
 - Cold Storage
 - Provider Agreement
- ▶ Reports
- ▶ Settings
- CASA Export
- ▶ Reminder/Recall
- ▶ Imports
- ▶ Exports
- Scheduled Reports

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Current Order/Transfer List

Organization (IRMS): Facility: PIN:

Current Organization (IRMS)/Facility: SOA EPI VACCINE DEPOT

Find

Inbound Orders

Select	Order Number	PIN	Submit Date	Approval Date	Status
<input type="button" value="-->"/>	204159	900017	09/24/2015	09/25/2015	Approved
<input type="button" value="-->"/>	204160	900017	09/24/2015	09/25/2015	Approved
<input type="button" value="-->"/>	204161	900017	09/24/2015	09/25/2015	Approved
<input type="button" value="-->"/>	204162	900017	09/24/2015	09/25/2015	Approved
<input type="button" value="-->"/>	204246	900017	09/24/2015		Approved

Backordered Orders

Select	Order Number	PIN	Submit Date	Backorder Date
<input type="button" value="-->"/>				

Denied Orders

Select	Order Number	PIN	Submit Date	Denial Date
<input type="button" value="-->"/>	204063	900017	09/21/2015	09/21/2015

Inbound Transfers

Select	Transfer Number	PIN	Submit Date	Sending Organization (IRMS)/Facility
<input type="button" value="-->"/>	147790	600354	09/10/2015	TANANA CHIEFS CONFERENCE

Outbound Transfers

Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility
<input type="button" value="-->"/>				

Rejected Transfers

Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility	Reject Date	Rejected By	Status
<input type="button" value="-->"/>							

Vaccine Order

VAC TRAK

Logged in: ALICIA SPILLMAN

Date: March 10, 2017

- Main
 - Home
 - Logout
 - Select Organization (IRMS)
 - Select Facility
 - Select VFC Pin
- Favorites
- Patient
- Vaccinations
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
 - Alerts
 - Create/View Orders
 - Search History
 - Modify Order Set
 - Cold Storage
 - Provider Agreement
- Reports
- Settings
- CASA Export
- Reminder/Recall
- Imports
- Exports
- Scheduled Reports
- Job Queue
- Change Password
- Administration
- Answers

Organization (IRMS)/Facility:

Create Order

Organization (IRMS): <input type="text"/>	First Name: <input type="text"/>
Facility: <input type="text"/>	Middle Name: <input type="text"/>
Phone Number: <input type="text"/>	Last Name: <input type="text"/>
Phone Extension: <input type="text"/>	Address: <input type="text"/>
Email: <input type="text"/>	City: <input type="text"/>
	State: AK
	Zip: 99654

Monday: <input checked="" type="checkbox"/> 08:00 <input type="text"/> 13:00 <input type="text"/> 14:00 <input type="text"/> 17:00 <input type="text"/>	Tuesday: <input checked="" type="checkbox"/> 08:00 <input type="text"/> 13:00 <input type="text"/> 14:00 <input type="text"/> 17:00 <input type="text"/>
Wednesday: <input checked="" type="checkbox"/> 08:00 <input type="text"/> 13:00 <input type="text"/> 14:00 <input type="text"/> 17:00 <input type="text"/>	Thursday: <input checked="" type="checkbox"/> 08:00 <input type="text"/> 13:00 <input type="text"/> 14:00 <input type="text"/> 17:00 <input type="text"/>
Friday: <input type="checkbox"/> 09:00 <input type="text"/> 12:00 <input type="text"/> 13:00 <input type="text"/> 17:00 <input type="text"/>	

PIN: Order Date: 03/10/2017 Order Status: In Progress

Submitter: ALICIA SPILLMAN (AGOULD)

Message to Depot:

Inventory Last Submitted: 03/02/2017

Last Order Submitted: 01/10/2017 10:12:50 AM

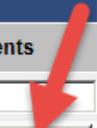
Order Set: 

Accountability:	Last Date Submitted:	Past Due?
Dose Accountability	02/28/2018	No
Shipment LogTag	02/15/2017	No
VFC Site Visit Follow-up	02/28/2018	No
Vaccine Coordinator Annual Training Requirement	03/17/2018	No
Back-up Vaccine Coordinator Annual Training Requirement	03/17/2018	No
AFIX Participation Requirement	01/30/2017	Yes
Certifying Provider Training Requirement	02/28/2018	No

Order Frequency: Every Two Months Order Timing:
 Order Schedule: January, March, May, July, September, November

Order Details

Vaccine	Vaccine Name	Funding Source	Dose Used Last Month	Physical Inventory	Order Quantity	Urgent	Priority Reason	Comments
varicella	VARIVAX-10 PK 1 Dose Vials	PUB	3	50	<input type="text"/>	<input type="checkbox"/>	--select-- <input type="text"/>	<input type="text"/>





Vaccine Order- Accountability

VAC TRAK

Logged in: ALICIA SPILLMAN

Date: March 10, 2017

- ▲ Main
 - Home
 - Logout
 - Select Organization (IRMS)
 - Select Facility
 - Select VFC Pin
- ▶ Favorites
- ▶ Patient
- ▶ Vaccinations
- ▶ Organization (IRMS)
- ▶ Facilities
- ▶ Physicians & Vaccinators
- ▶ Lot Numbers
- ▲ Orders/Transfers
 - Alerts
 - Create/View Orders
 - Search History
 - Modify Order Set
 - Cold Storage
 - Provider Agreement
- ▶ Reports
- ▶ Settings
- CASA Export
- ▶ Reminder/Recall
- ▶ Imports
- ▶ Exports
- ▶ Scheduled Reports
- Job Queue
- Change Password
- Administration
- Answers

Organization (IRMS)/Facility:

Create Order

Organization (IRMS): <input type="text"/>	First Name: <input type="text"/>
Facility: <input type="text"/>	Middle Name: <input type="text"/>
Phone Number: <input type="text"/>	Last Name: <input type="text"/>
Phone Extension: <input type="text"/>	Address: <input type="text"/>
Email: <input type="text"/>	City: <input type="text"/>
	State: AK
	Zip: 99654

Monday: <input checked="" type="checkbox"/> 08:00 <input type="text"/> 13:00 <input type="text"/> 14:00 <input type="text"/> 17:00 <input type="text"/>	Tuesday: <input checked="" type="checkbox"/> 08:00 <input type="text"/> 13:00 <input type="text"/> 14:00 <input type="text"/> 17:00 <input type="text"/>
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Message to Depot:

[Inventory Last Submitted:](#) 03/02/2017

Last Order Submitted: 01/10/2017 10:12:50 AM

Order Set:

Accountability:	Last Date Submitted:	Past Due?
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varicella	VARIVAX-10 PK 1 Dose Vials	PUB	3	50	<input type="text"/>	<input type="checkbox"/>	--select--	<input type="text"/>



Vaccine Order Status



Logged in: ALICIA

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Date: September 30, 2015

Current Order/Transfer List

Organization (IRMS): Facility: PIN:

Current Organization (IRMS)/Facility: SOA EPI VACCINE DEPOT

Inbound Orders

Select	Order Number	PIN	Submit Date	Approval Date	Status
<input type="button" value="-->"/>	204159	900017	09/21/2015	09/22/2015	Shipped or Ready for Pick Up
<input type="button" value="-->"/>	204160	900017	09/24/2015	09/25/2015	Approved
<input type="button" value="-->"/>	204161	900017	10/02/2015		Pending Depot Approval
<input type="button" value="-->"/>	196809	900017	10/02/2015		In Manual Review
<input type="button" value="-->"/>	204280	900017			Saved

Backordered Orders

Select	Order Number	PIN	Submit Date	Backorder Date
<input type="button" value="-->"/>	204063	900017	09/21/2015	09/21/2015

Denied Orders

Select	Order Number	PIN	Submit Date	Denial Date
<input type="button" value="-->"/>	204063	900017	09/21/2015	09/21/2015

Inbound Transfers

Select	Transfer Number	PIN	Submit Date	Sending Organization (IRMS)/Facility
<input type="button" value="-->"/>	147880	999997	09/16/2015	SOA EPI DEPOT RETURNS

Outbound Transfers

Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility
<input type="button" value="-->"/>	147880	999997	09/16/2015	SOA EPI DEPOT RETURNS

Rejected Transfers

Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility	Reject Date	Rejected By	Status
--------	-----------------	-----	-------------	--	-------------	-------------	--------

Navigation Menu:

- Main
 - Home
 - Logout
 - Select Organization (IRMS)
 - Select Facility
 - Select VFC Pin
- Favorites
- Patient
- Vaccinations
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
 - Alerts
 - Create/View Orders
 - Search History
 - Modify Order Set
 - Approve Orders
 - Approve Transfer
 - Approved Orders
 - Local Vaccine Allocations
 - Accountability Submission
 - Cold Storage
 - Provider Agreement
- Reports
- Settings
- CASA Export
- Reminder/Recall
- Imports
- Exports
- Scheduled Reports

Vaccine Return

VAC-TRAK Logged in: ALICIA Date: September 30, 2015

Organization (IRMS): SOA EPI VACCINE DEPOT (1014)

Current Order/Transfer List
 Organization (IRMS): SOA EPI VACCINE DEPOT Facility: ---select--- PIN: 900017
 Current Organization (IRMS)/Facility: SOA EPI VACCINE DEPOT Find

Inbound Orders

Select	Order Number	PIN	Submit Date	Approval Date	Status
-->	204159	900017	09/21/2015	09/22/2015	Shipped or Ready for Pick Up
-->	204160	900017	09/24/2015	09/25/2015	Approved
-->	204161	900017	10/02/2015		Pending Depot Approval
-->	196809	900017	10/02/2015		In Manual Review
-->	204280	900017			Saved

Backordered Orders

Select	Order Number	PIN	Submit Date	Backorder Date
-->				

Denied Orders

Select	Order Number	PIN	Submit Date	Denial Date
-->	204063	900017	09/21/2015	09/21/2015

Inbound Transfers

Select	Transfer Number	PIN	Submit Date	Sending Organization (IRMS)/Facility
-->				

Outbound Transfers

Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility
-->	147880	999997	09/16/2015	SOA EPI DEPOT RETURNS

Rejected Transfers

Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility	Reject Date	Rejected By	Status

SITE VISITS

Site Visits

- New Provider Site Visit
 - Compliance Site Visit
 - Unannounced Storage and Handling Site Visit
 - AFIX Site Visit
-
- All are required by CDC



New Provider Site Visit

- New providers
- Providers who have previously inactivated with program
- Conducted prior to official approval into program
- Ensure that the provider has:
 - Education about accountability requirements
 - Resources to implement program requirements
 - Appropriate storage and handling practices and equipment in place

Compliance Site Visit

- Assess vaccine management and immunization practices
 - State and federal requirements for receiving state-supplied vaccine can be found in the *Alaska Vaccine Distribution Handbook*
- Provide education where needed
- Completed every 1 to 2 years

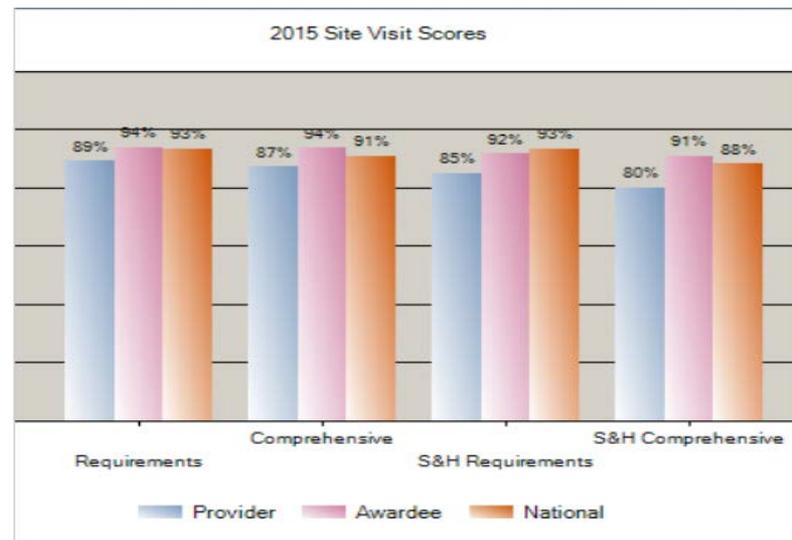
Compliance Site Visit

- CDC Site Visit Reviewer Guide= questionnaire
- Results are entered into CDC online reporting tools
 - CDC monitors and compares the results
 - Compliance dashboards (state and provider level)

CENTERS FOR DISEASE CONTROL AND PREVENTION • NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

PROVIDER EDUCATION ASSESSMENT AND REPORTING

Individual provider's compliance visit results



Compliance Site Visits

January 1 through December 31, 2016

56% of Alaska's providers visited were noncompliant
CDC views noncompliant issues as potential fraud or abuse

95% average overall score

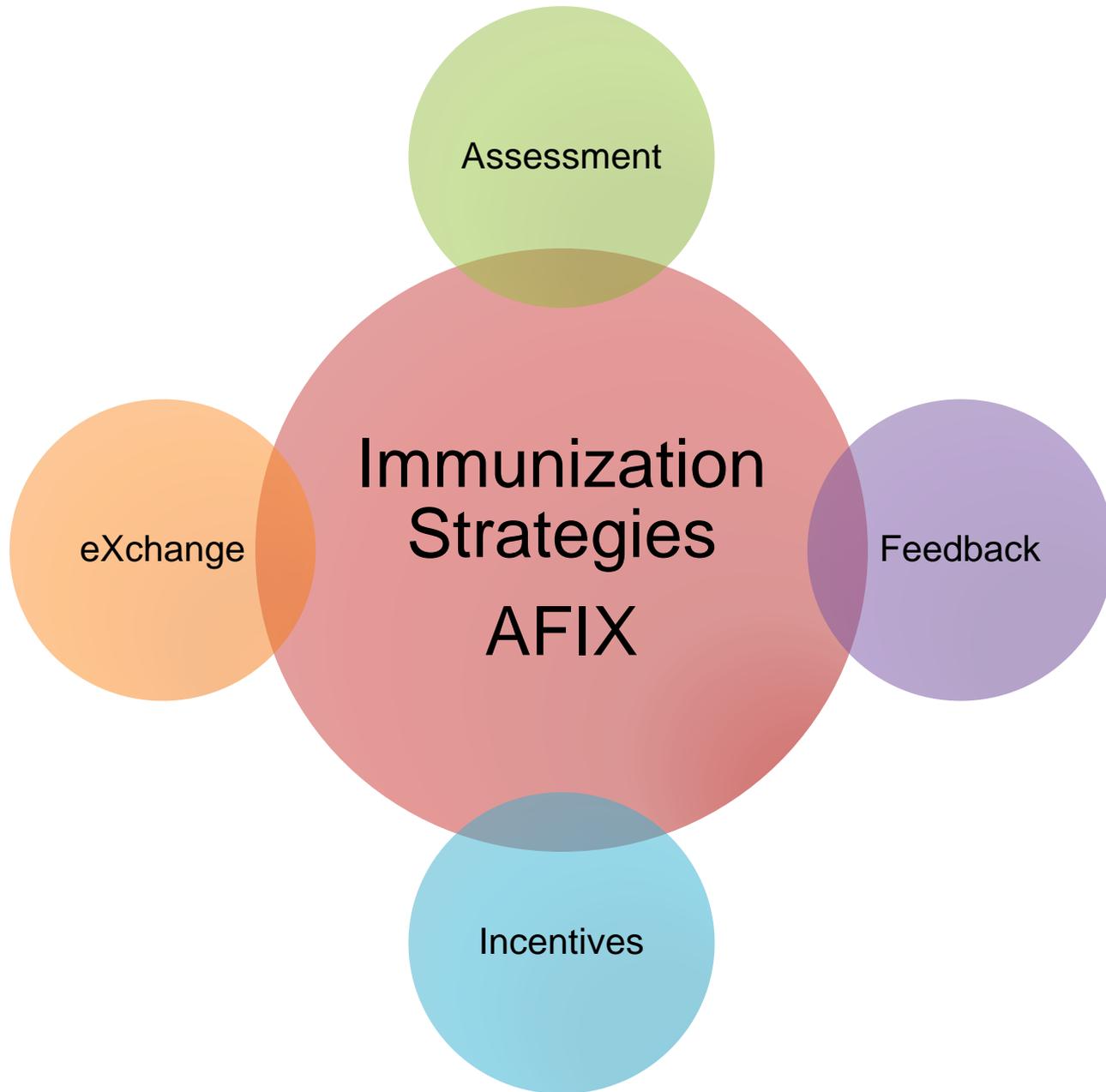
Most common issues found during VFC Compliance Visits:

- Vaccines are not ordered/offered for the children and adolescents served
- Hand written temperature logs are incomplete
 - Still a CDC requirement even with use of LogTags
- Missing current, valid calibration certificates for temperature monitoring devices
- Vaccine Information Statements (VIS) publication dates are not documented for each vaccine administered

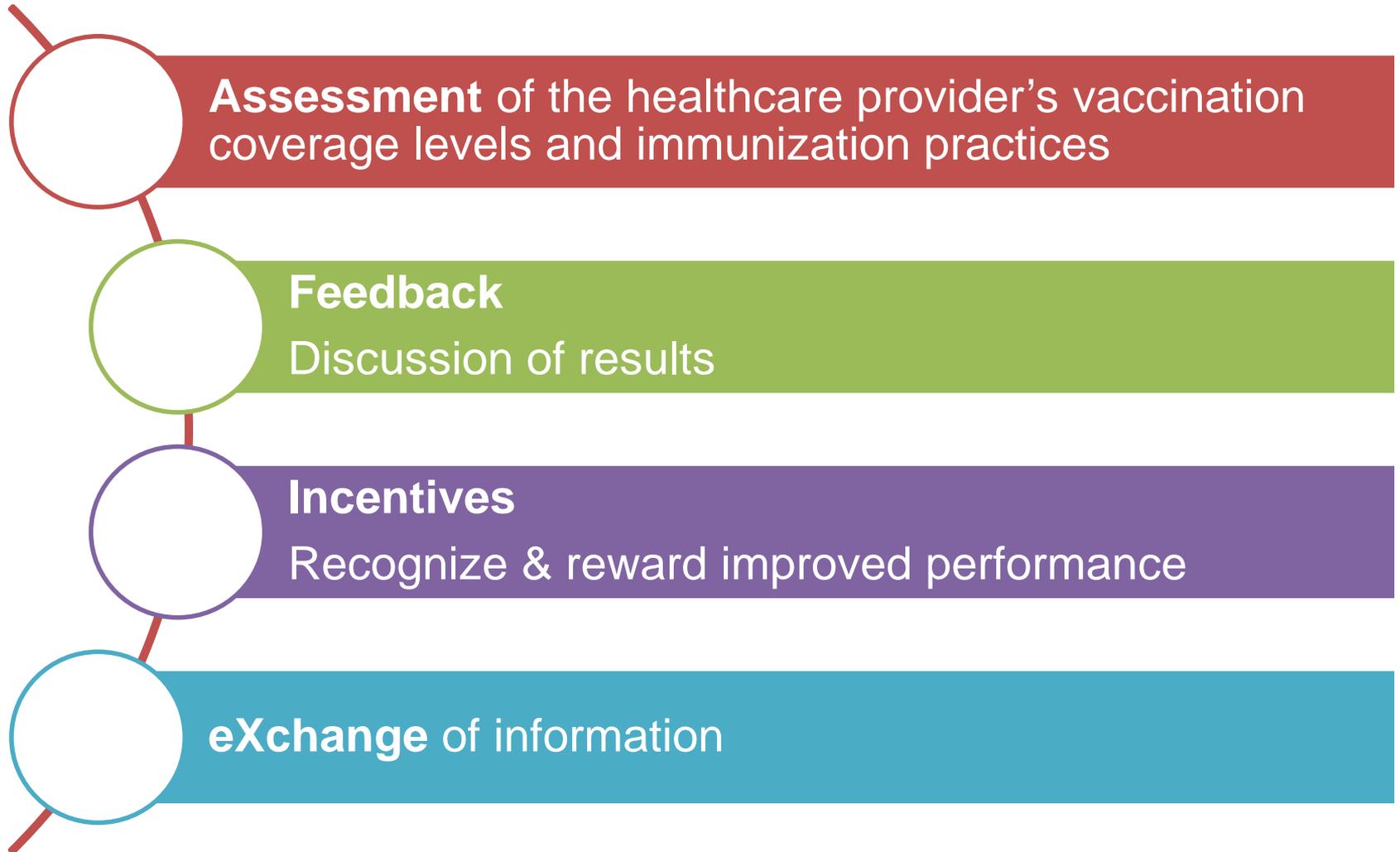
Unannounced Storage and Handling Site Visit

- Assess vaccine inventory and storage practices
 - State and federal requirements for receiving state-supplied vaccine can be found in the *Alaska Vaccine Distribution Handbook*
- Provide education where needed

IMMUNIZATION STRATEGIES: AFIX

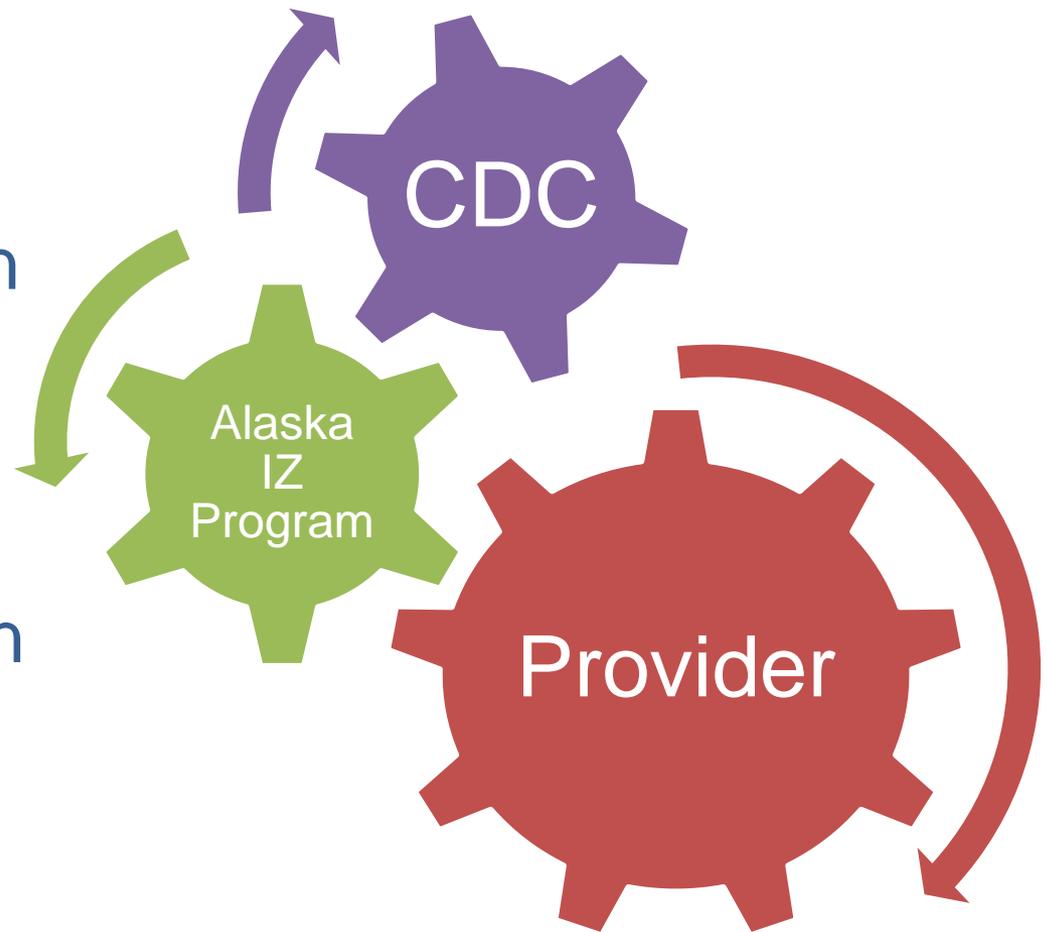


Components



The Process

- CDC mandates & tracks AFIX visits
- Alaska Immunization Program conducts AFIX visits
- Medical providers actively participate in the AFIX process





AFIX Initial Site Visit Preparation Checklist



Below are lists of information and materials beneficial in preparing for your AFIX site visit.

Prior to your AFIX Site Visit the Alaska Immunization Program will review:

- Strategies to Improve the Quality of Immunization Services
- Key Points
- References
- Strategies to Decrease Missed Opportunities
- Strategies to Improve Completeness of IIS

AFIX

Four Key Strategies

Proven to improve immunization delivery & coverage levels

Assessment, Feedback, Incentives, & eXchange

Benefits of AFIX

- Improvement strategies can target all aspects of vaccination services, regardless of coverage rate
- One-on-one conversations and training
- Learn about new resources or strategies in immunizations

Immunization Strategies

AFIX Resource Guide



AFIX Resource Guide



Clinic Tools:

- **Organizations**
 - Centers for Disease Control & Prevention (CDC)
 - EZIZ (California Department of Health)
 - Immunization Action Coalition (IAC)
 - Children's Hospital of Philadelphia (CHOP) Vaccine Education Center
 - American Academy of Pediatrics (AAP) - Immunization Initiative
 - Vaccines.gov
 - Voices for Vaccines Tools
 - Vaccine Adverse Event Reporting System (VAERS)
 - Institute for Safe Medication Practices (ISMP)
- **Public Health Reporting Regulations 12/29/2013 - State of Alaska**
- **Improving Immunization Services**
 - AFIX - State of Alaska
 - AFIX - CDC
 - AFIX Site Visit Questionnaire
 - AFIX Site Visit Answer Guide
 - Suggestions to Improve Your Immunization Services - IAC
 - Standing Orders for Administering Vaccines - IAC
 - ASTHO Immunization Resource Guide
 - Guide to Community Preventive Services: Vaccines
 - Practice Management - AAP

Questions or Comments



ALASKA PERINATAL HEPATITIS B PREVENTION PROGRAM

Overview

1. Alaska Epidemiology of Acute HBV Infections
2. Alaska Perinatal Hepatitis B Cases
3. Hepatitis B infection in the US/Worldwide
4. Alaska Immunization PHBPP
5. Strategies to Eliminate HBV Transmission
6. ACIP Change to Hepatitis B - 2016
7. Challenges Encountered
8. Overcoming Challenges



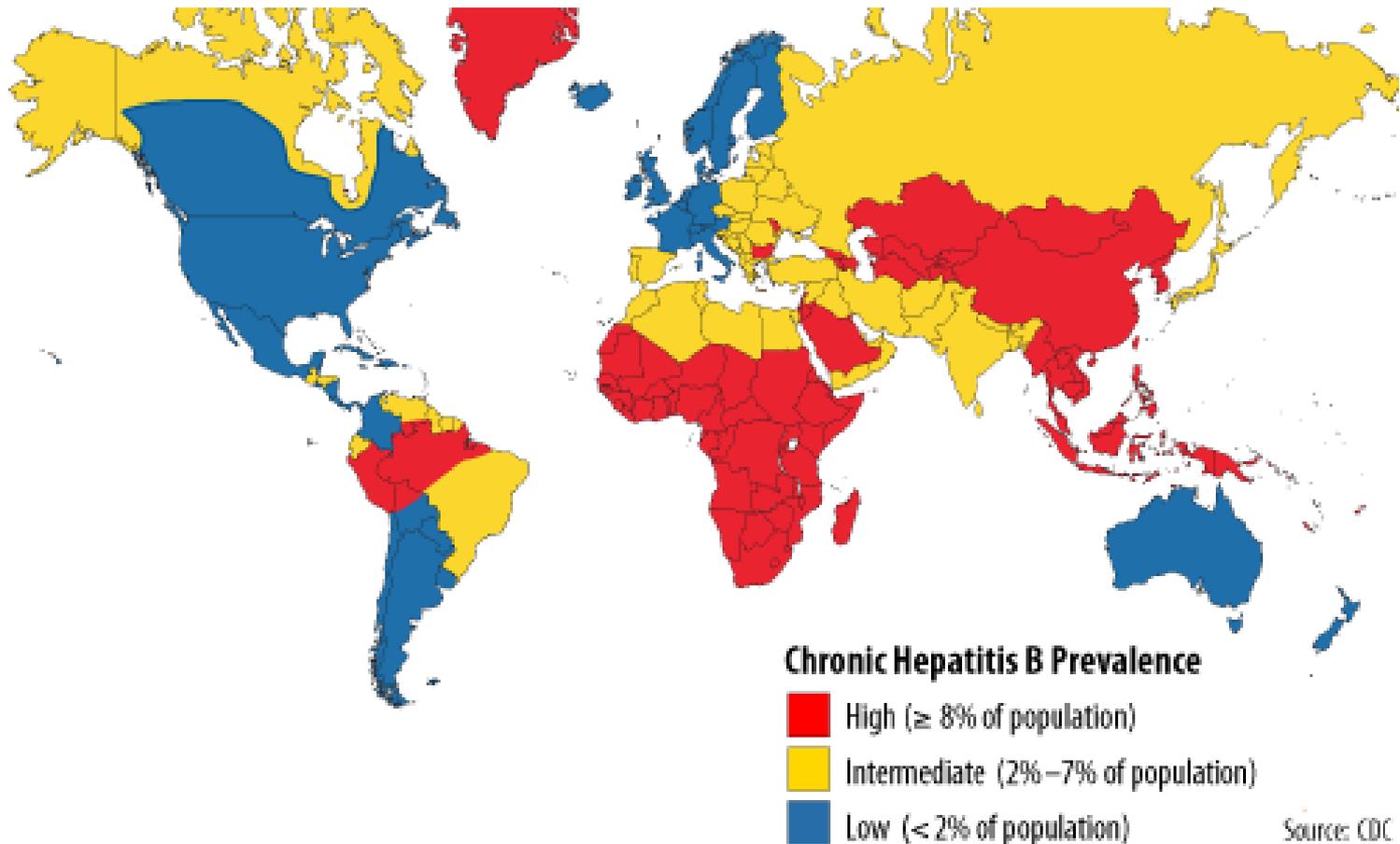
Question

- How long has HBV been found to survive in dried blood on environmental surfaces?

Question

- How long has HBV been found to survive in dried blood on environmental surfaces?
- At least one week

Chronic Hepatitis B Prevalence



Alaska Hepatitis B Infections

- During 1980-2015
 - 972 acute hepatitis B cases reported
 - Median number of cases reported annually 13
 - Most of the cases – Males 57%
 - Average age 38 years
 - Race data available for 82% of persons
- Ages of Person Reported with Acute Hepatitis B by Time Period – Alaska 1980-2015

Age Group (Years)	1980–1990	1991–2015
0–19	14%	5%
20–39	66%	59%
40–59	15%	31%
60+	3%	5%

Infants Born to HBsAg-Positive Women, 2010 - 2014

Year	Infants that Completed PVST	Infants Born to HBsAg+ Women	% of Infants that Completed PVST
2010	11	24	46%
2011	20	32	63%
2012	30	46	65%
2013	33	42	79%
2014	31	35	89%

Hepatitis B infection worldwide & in the U.S.

- ~350 million person have chronic HBV infection worldwide
- Estimated 620,000 person die annually from HBV-related liver disease
- Estimated 1 million U.S. residents living with chronic HBV infection
- 15%-25% Chronically infected develop liver disease including cirrhosis, liver damage, and even liver cancer

[MMWR September 19, 2008 Chronic Hepatitis B Infection Recommendations](#)

[Viral Hepatitis https://www.cdc.gov/hepatitis/populations/api.htm](https://www.cdc.gov/hepatitis/populations/api.htm)

Strategies to Eliminate Hepatitis B Virus Transmission

National guidelines:

- Universal screening of pregnant women for HBsAg during each pregnancy
- Case management of HBsAg-positive mothers and their infants
- Provision of immunoprophylaxis for infants born to infected mothers, including hepatitis B vaccine and hepatitis B immunoglobulin (HBIG)
- Routine vaccination of all infants with Hepatitis B vaccine series, with the first dose administered at birth

Immunization Action Coalition

Give birth to the end of Hep B

Protect newborns - Administer hepatitis B vaccine at birth

The Immunization Action Coalition (IAC) is urging hospitals and birthing centers to meet the national standard of care by providing a universal birth dose of hepatitis B vaccine.



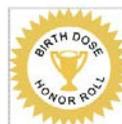
It prevents mother-to-infant transmission
Prevents 70%–95% of transmission to infants born to HBsAg-positive women



It prevents household transmission
Protects infants from infected family members and other caregivers



It provides protection if medical errors occur
Provides a safety net to prevent perinatal transmission when medical errors occur



Hepatitis B Birth Dose Honor Roll

Recognizes birthing institutions that have a 90% or greater for administering hepatitis B vaccine before discharge for all newborns.

Alaska Perinatal Hepatitis B Prevention Program

- Identifies HBV-positive cases thru reportable public health infectious disease conditions
- Provides case management of HBV-positive mothers and their infants
 - Evaluate post-vaccination serological testing results to determine need for further medical management

[Manual](#) available online

Case Identification

Passive surveillance

- AK STARS
- Direct HCP reports to program
- Direct lab reports to program
- VacTrAK HBIG administration report

Alaska Perinatal Hepatitis B Program

Goal: Eliminate perinatal transmission of HBV

ACIP approved changes to the hepatitis B vaccine guideline
October 2016

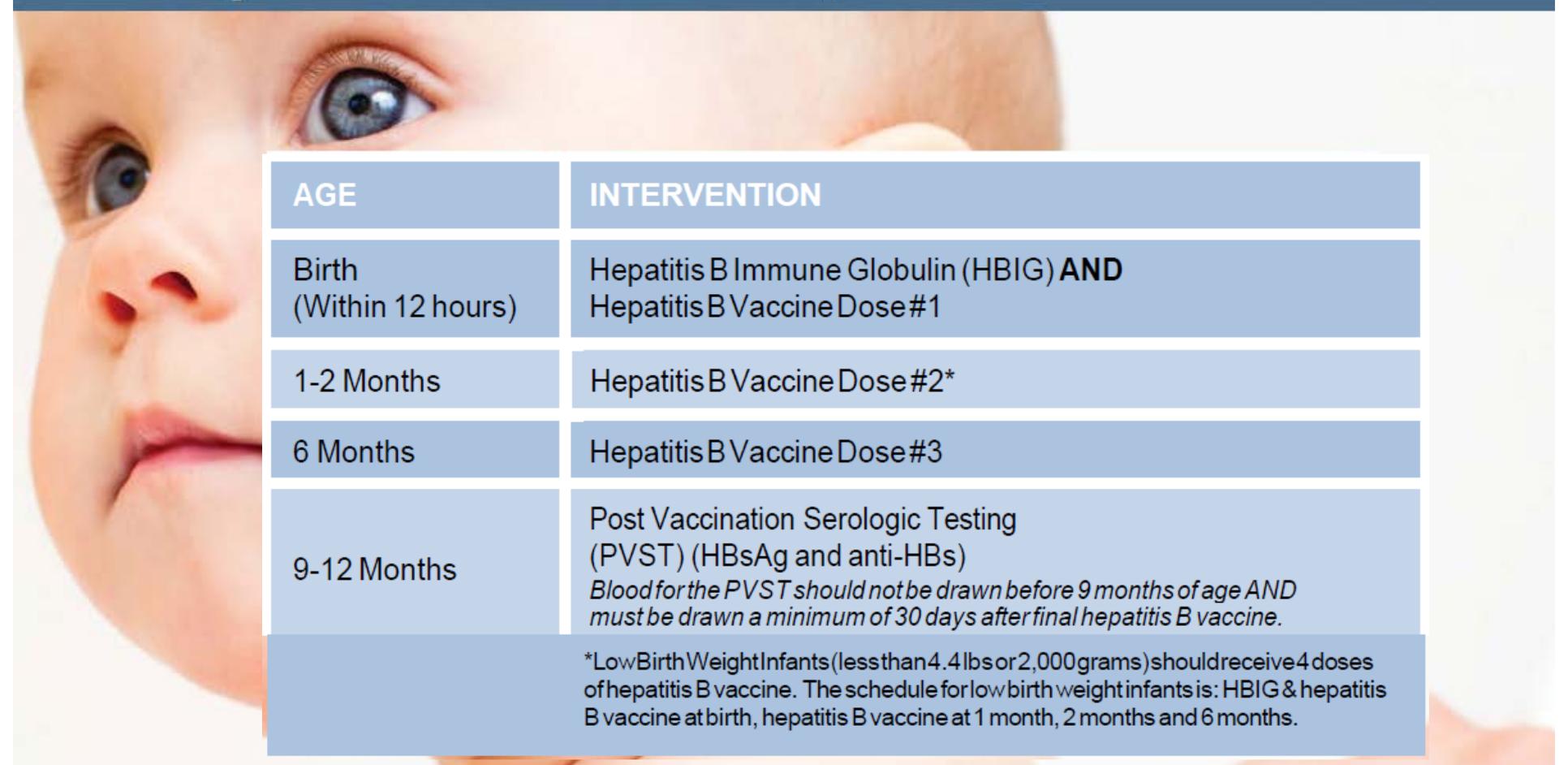
Removed permissive language for the birth dose

Revised language states all medically stable infants
>2,000 g

1st dose should be given within 24 hours of birth



Caring for Infants Born to Hepatitis B Infected Mothers



AGE	INTERVENTION
Birth (Within 12 hours)	Hepatitis B Immune Globulin (HBIG) AND Hepatitis B Vaccine Dose #1
1-2 Months	Hepatitis B Vaccine Dose #2*
6 Months	Hepatitis B Vaccine Dose #3
9-12 Months	Post Vaccination Serologic Testing (PVST) (HBsAg and anti-HBs) <i>Blood for the PVST should not be drawn before 9 months of age AND must be drawn a minimum of 30 days after final hepatitis B vaccine.</i>

*Low Birth Weight Infants (less than 4.4 lbs or 2,000 grams) should receive 4 doses of hepatitis B vaccine. The schedule for low birth weight infants is: HBIG & hepatitis B vaccine at birth, hepatitis B vaccine at 1 month, 2 months and 6 months.

[CDC MMWR Update](#): Shortened Interval for Postvaccination Serologic Testing of Infants Born to Hepatitis B-Infected Mothers

Adapted from Georgia Dept. of Public Health image. A Pediatric Guide Infants born to HBV+ Mothers available online http://dhss.alaska.gov/dph/Epi/iz/Documents/hbv/Updated_AK%20Pediatric_Guide.pdf

Post-vaccination Serologic Testing

- Infant must be at least 9 months of age **and**
- A minimum of one month after Hep B vaccine series completion
- HBsAg & Anti-HBs testing - Send copy of results to PHBPP

HBsAg	HBsAb	Interpretation
Negative	≥ 10 mIU/mL	Infant protected, no need for further medical management.
Negative	≤ 10 mIU/mL	Infant should be revaccinated with a second three-dose series. Repeat PVST 1-2 months after the last dose of vaccine.
Positive		Infant should receive appropriate follow-up. Report to the health department.

Challenges



- HBV-INFECTED PREGNANT WOMEN ARE NOT REPORTED IN A TIMELY MANNER
- HBIG & HEPATITIS B VACCINE ISSUES
- PARENTS - REFUSE PVST OR DELAY
- PVST ISSUES
- HOSPITAL REPORT FORMS ARE NOT BEING SENT TO PHBPP

Overcoming Challenges

- OVERCOMING THE CHALLENGES
 - AK STARS - PROVIDERS CONTACTED - REPORT FORM FAXED
 - EDUCATION - HBIG AND HEP B VACCINE
 - REMINDERS - FAXED TO PEDIATRIC CLINICS
 - REQUEST: AT THE BEGINNING & EVERY VISIT STRESS SERIES COMPLETION AND PVST
 - PVST PANEL – CDC RECOMMENDATION
 - OUTREACH TO HOSPITALS TO INCLUDE THE HOSPITAL REPORT FORM IN THEIR PRENATAL PACKET



Health care professionals

<https://www.cdc.gov/hepatitis/hbv/perinatalexmtn.htm>

Perinatal Hepatitis B Prevention

+ Screen pregnant women for HBsAg

+ Universal screening during each pregnancy

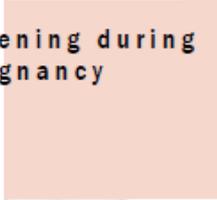
+ REPORT HBsAg + Results To Public Health



+ Educate women

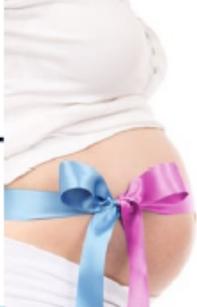


HEALTH CARE PROVIDERS ARE the KEY to Prevention of Perinatal Hep B exposure



+

HBV infection is a serious risk for her infant



See ACOG guidance www.acog.org



Phone: 888-430-4321
Fax: 907-562-7802
Email: immune@alaska.gov

Contact Information



Alaska Perinatal Hepatitis B Prevention Program

Nurse Consultant: Annie Peterson-Lewis, RN

Phone: 907-269-8088

Fax: 907-562-7802

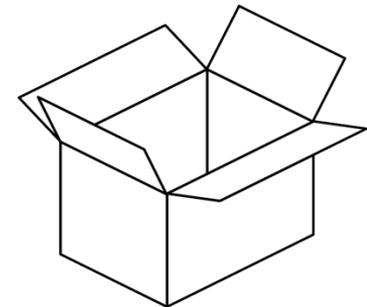
Email: immune@alaska.gov

LOOKING TO THE FUTURE

VACCINE DEPOT TRANSITION

Change in Vaccine Distribution

- What?
 - CDC will be initiating a change in vaccine distribution
 - State supplied vaccine will be distributed to providers by a third party distributor (McKesson Distributor)
- Why?
 - History of state depots
 - Increased efficiencies in third party shipping
 - Increased requirements to ensure quality of cold chain management
 - Spoiled and wasted vaccine during transit will be incurred by CDC
 - Reallocation of limited staff time and resources
- When?
 - Summer 2017



Change in Vaccine Distribution

- What remains unchanged for providers
 - Placing and tracking orders in VacTrAK
 - Managing inventory in VacTrAK
 - Submit returns in VacTrAK
 - Same vaccine formulary
 - Frozen vaccines arrive from Merck via UPS
 - Ability to communicate with Immunization Program staff

Change in Vaccine Distribution

- What will change for providers
 - No email notifications from Depot when order is shipped
 - Tracking numbers and order status will update in VacTrAK
 - Vaccine is delivered via **FedEx**® contractor directly to provider facility
 - McKesson will reship if have issues with a shipment
 - Temperature monitored by Freeze marker and Warm marker
 - Spoiled vaccine doses are mailed to McKesson
 - Will be emailed a  postage-paid address label for the box

Change in Vaccine Distribution

- Benefits to the provider
 - Shipment tracking number in VacTrAK
 - Vaccine is delivered directly to your facility
 - No transport LogTag to mail back to the Depot
 - No cost for vaccine returns
 - Longer vaccine expiration dates
 - Influenza vaccine available earlier in season
 - More staff time for quality assurance and education



Tentative Timeline

- March through May
 - Communication and education
 - Email announcement
 - Regional Workshops
 - ImmuneNews Newsletter
 - Updated VacTrAK quick reference user guides for VOMS
 - Webinar
- May through July
 - Transition from Depot to McKesson
 - As the Depot reduces stock, providers will receive vaccine from McKesson and Depot
 - Two order sets
 - Depot order set
 - McKesson order set



Provider Recognition Campaign

- Increase immunization rates by using best practice tools and VacTrAK
- Encourage clinics to track immunization rates
- Help Alaska meet state and national goals for childhood vaccines



Provider Recognition Campaign

- Recognize providers who are meeting immunization coverage rate goals
 - Healthy People 2020
 - Healthy Alaskans 2020
- Data based on VacTrAK coverage rate reports
- Beginning this summer

Reminder Recall Campaign

IS YOUR CHILD FULLY PROTECTED?

Su hijo, ¿está totalmente protegido?

Dear parent/guardian:

Records show that your child may have missed a vaccine shot.

Please contact your child's doctor or health clinic to find out if you need to schedule an appointment.

This postcard is being sent by your child's health plan, health clinic, or health department.

Financial support for this communication has been provided by Pfizer Inc. No patient-specific information has been or will be provided to Pfizer.



Website Updates <http://dhss.alaska.gov/dph/Epi/iz>

The screenshot displays the website for the Alaska Department of Health and Social Services. The header includes the state logo and navigation links for myAlaska, My Government, Resident, Business in Alaska, Visiting Alaska, and State Employees. The main navigation bar lists Home, Divisions and Agencies, Services, News, and Contact Us. The breadcrumb trail indicates the current location: Health and Social Services > Public Health > Epidemiology > Immunization.

Spotlight

1 - 2 - 3 PROTECT ALASKA'S KIDS
HPV CANCER PREVENTION

How can I obtain a copy of my vaccination record?

Patients can obtain copies of their immunization records through their healthcare provider in Alaska. All immunization service providers in Alaska are required to utilize VacTrAK to document vaccine administration. VacTrAK does NOT provide records directly to patients, only to health care providers.

Individuals who reside out of state must go through their healthcare provider to complete an authorization for release of health information form. The healthcare provider

Immunization Program About Us

The mission of the Immunization Program is to prevent and control vaccine preventable disease in Alaska by:

- Providing vaccines to health care providers at no charge;
- Providing an immunization information system for use by health care providers and schools to maintain consolidated immunization records for Alaskans of all ages;
- Ensuring school and childcare compliance with immunization regulations;
- Providing immunization education and training for health care providers and the general public;
- Coordinating surveillance and control efforts for vaccine preventable diseases; and,
- Supporting efforts to increase vaccinations for all Alaskans

Programs and Activities

- Vaccine Information
- VacTrAK Immunization Information System
- Vaccine Distribution Program
- School and Child Care Immunization Compliance Program
- Assessment, Feedback, Incentives, and eXchange Program (AFIX)
- Perinatal Hepatitis B Case Management Program
- Adverse Event Reporting

Section of Epidemiology

- Home
- Conditions Reportable
- Epidemiology Bulletins
- Contact Us

Programs

- Environmental Public Health
- Health Impact Assessment
- HIV/STD
- Immunization
- Infectious Disease
- Injury Surveillance

Immunization

- Home
- Immunization Information
- VacTrAK
- Vaccine Distribution Program
- School & Child Care
- Immunization Requirements
- AFIX
- Perinatal Hepatitis B

Immunization Information

- Immunization schedules
- Vaccine safety information
- Vaccine ingredients
- Vaccine Adverse Event Reporting System (VAERS)

Recommended Immunization Schedules Children

- › [Easy-to-Read Childhood Immunization Schedule](#) 
- › [Childhood Immunization Schedule](#) 
- › [Preteens and Teens Immunization Schedule](#) 
- › [School & Child care Compliance](#)

Adults

- › [Easy-to-Read Adult Immunization Schedule](#) 
- › [Adult Immunization Schedule](#) 
- › [Vaccinations for Adults Based on Medical and Other Indications](#)

General Immunization Schedule Information

- › [Vaccine Information Statements](#)
- › [Travel Immunizations](#)
- › [Catch-Up Schedules](#)

Vaccine Distribution Program

Yellow Fever Vaccine

According to International Health Regulations, yellow fever vaccine must be administered by a certified yellow fever uniform stamp holder at a designated facility. Health care providers currently licensed in Alaska can apply with the State of Alaska to obtain a yellow fever uniform stamp.

- › Authorization Process
- › Yellow Fever Stamp Application

For more information, contact the State of Alaska Yellow Fever Coordinator at vaccinedepot@alaska.gov or 907-341-2202.

Vaccine Distribution Program

Health care providers may enroll to receive VFC and/or state-supplied vaccine from the Alaska Immunization Program. In order to enroll, you must fill out and submit a VacTrAK Provider Application and a Vaccine Provider Agreement annually.

- › Provider Agreement and Instructions
- › Notification of Staff or Facility Changes

Alaska Vaccine Distribution Handbook

- › Alaska Vaccine Distribution Handbook (2017)
- › "You Call the Shots" Webinar Training
- ›  Excerpts from CDC's Vaccines For Children Operations Guide

Eligibility Screening

- › State-Supplied Vaccine Eligibility for Children (2017)
- › State-Supplied Vaccine Eligibility for Adults (2017)
- › Patient Eligibility Screening Form (9/8/2015)

Vaccine Storage and Temperature Monitoring

- › Vaccine Storage Unit Requirements
- ›  Vaccine Temperature Log and Action Taken Form
- › Temperature Excursion Instructions
- › Temperature Excursion Report
- ›  Emergency / Power Outage Plan for Vaccines (editable)
- › Vaccine Transport Methods
- ›  "Do Not Unplug" Signs
- › LogTag TRED
 - ›  LogTag Software and Device Initial Setup
 - ›  LogTag Instructions for Daily Use

Transfer Form

- ›  State-Supplied Vaccine Transfer Form

Resources

- › Directory of Providers Receiving State-supplied Vaccine (2016)
- › Vaccine Assessment Account FAQ
- › AVAP Participating Payers (2017)
- › Alaska Vaccine Assessment Program: www.AKvaccine.org
- › AVAP Provider Opt In Instructions (2017)

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School & Child Care Immunization Requirements

School & Child Care Immunization Requirements

The mission of the Alaska Division of Public Health is to prevent and control epidemics and the spread of infectious disease. One way to achieve this goal is to make sure that children of all ages are fully immunized to help keep them healthy — as well as for the health of family, friends, classmates, and others in the community. State laws 7 AAC 57.550 and 4 AAC 06.055 require that all children in Alaska public/private schools, certified preschools, and licensed child care facilities be immunized, unless he/she is exempt due to medical contraindications, disease history, or religious reasons.

Immunization Compliance Information

- › [Alaska Child Care & School Immunization Requirements Packet](#) 
- › [Immunization Requirements Flyer](#) 
- › [Religious Exemption Documentation Requirements Support Fact Sheet](#) 
- › [Self ImmAGE Login](#)
- › [Self ImmAGE User Manual](#) 
- › [Division of Public Health Letter regarding disclosure of immunization records to schools and childcare facilities](#) 
- › [Where to get state-supplied vaccine for children and adolescents \(revised 6/9/16\)](#) 



Forms

- › [Annual Immunization Status Report for Public and Private Schools](#)  (Fillable PDF)
- › [Annual Immunization Status Report for Childcare, Preschool, and Head Start](#)  (Fillable PDF)
- › [Medical Exemption/Immunity Form](#)  (revised 5/31/2016)
- › [Authorization Form for Disclosure of Immunization Records](#) 

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AFIX

- Summary of each component
- Resource Guide
- Preparation Checklist
- Quality Improvement Action Plan Template



Perinatal Hepatitis B Prevention Program

Alaska's Perinatal Hepatitis B Prevention Program

Alaska's perinatal Hepatitis B program is managed through our immunization Nurse Consultant and is designed to identify, track, educate and continue to further prevent Hepatitis B Virus (HBV) infection.

Perinatal HBV transmission can be prevented by identifying HBV-infected (i.e., Hepatitis B surface antigen [HBsAg]-positive) pregnant women and providing Hepatitis B immune globulin and Hepatitis B vaccine to their infants within 12 hours of birth. HBV infection in a pregnant woman poses a serious risk to her infant at birth. Without postexposure immunoprophylaxis, approximately 40% of infants born to HBV-infected mothers in the United States will develop chronic HBV infection, approximately one-fourth of whom will eventually die from chronic liver disease.

National guidelines call for the following:

- › Universal screening of pregnant women for HBsAg during each pregnancy
- › Case management of HBsAg-positive mothers and their infants
- › Provision of immunoprophylaxis for infants born to infected mothers, including Hepatitis B vaccine and Hepatitis B immune globulin
- › Routine vaccination of all infants with the Hepatitis B vaccine series, with the first dose administered at birth

Forms and Resources

- › [Physician Reporting Form](#) 
- › [Hospital Reporting Form](#) 
- › [Alaska Pediatric Guide](#) 
- › [CDC Prenatal Algorithm](#) 
- › [CDC Perinatal Hepatitis B Prevention](#)
- › [Hep B Moms](#)
- › [Immunization Action Coalitions: Give birth to the end of Hep B](#)

Alaska Perinatal Hepatitis B Manual



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Resources

- [Alaska Immunization Program](#)
- [Children's Hospital of Philadelphia \(CHOP\) Vaccine Education Center](#)
- [All Alaska Pediatric Partnership \(A2P2\)](#)
- [Immunization Action Coalition](#)
- [CDC Vaccines](#)
- [Voices for Vaccines](#)
- [American Academy of Pediatrics](#)
- [American Academy of Family Physicians](#)
- [Vaccinate your Family](#)
- [National Network for Immunization Information](#)

Questions and Concerns

Immunization Helpline

- Toll free: 888-430-4321
- Anchorage: 907-269-8088
- Email: immune@alaska.gov

VacTrAK Support

- Toll free: 866-702-8725
 - 866-702-TRAK
- Anchorage: 907-269-0312
- E-mail: vactrak@alaska.gov

QUIZ AND EVALUATION

1. The focus of an unannounced storage and handling visit is on vaccine storage and handling practices to ensure proper management of state-supplied vaccine.

- a. True
- b. False

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- a. **True**
- b. False

2. What is the administration fee cap for non-Medicaid VFC eligible patients?

- a. \$50.00
- b. \$27.44
- c. \$30.01
- d. \$72.55

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3. If an adult has Medicaid, his or her vaccine eligibility is “VFC Medicaid”.

- a. True
- b. False

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- a. True
- b. **False**

4. When must screening and documentation for eligibility be conducted?

- a. At every immunization visit
- b. At the first immunization visit
- c. Once a year
- d. Every six months

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5. What strategies can improve immunization uptake?

- a. Assess patient immunization status for all patients at every clinical encounter
- b. Administer needed vaccines or refer patients to a vaccination provider.
- c. Document vaccines received by your patients in VacTrAK.
- d. Defer or withhold vaccines for true contraindications only.
- e. All of the above

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- e. **All of the above**

6. Only state-supplied vaccines are required to be recorded in VacTrAK.

- a. True
- b. False

6. Only state-supplied vaccines are required to be recorded in VacTrAK.

- a. True
- b. **False**

7. Which statement is FALSE?

- a. Refrigerated vaccines must be stored at temperatures of 36 °F to 46°F.
- b. Never store water bottles in the storage unit.
- c. Recalling patients to repeat vaccine doses increases inconvenience and time for patients and providers.
- d. Freezer compartments in household refrigerators are prohibited for vaccine storage.

7. Which statement is FALSE?

- a. Refrigerated vaccines must be stored at temperatures of 36°F to 46°F.
- b. **Never store water bottles in the storage unit.**
- c. Recalling patients to repeat vaccine doses increases inconvenience and time for patients and providers.
- d. Freezer compartments in household refrigerators are prohibited for vaccine storage.

8. Failure to accurately account for each state-supplied vaccine dose may lead to:

- a. Delay in vaccine orders being filled
- b. Disenrollment from receiving future doses
- c. Investigation into fraud/abuse
- d. All of the above

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- c. Investigation into fraud/abuse
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9. Why is the birth dose of hepatitis B vaccine so important?

- a. It prevents mother-to-infant transmission
- b. It prevents household transmission
- c. All of the above

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10. What is the name of the program encouraging strategies to improve immunization rates?

- a. Environmental toxicology risk assessment
- b. Beck Inventory for Primary Care
- c. Tai Chi Program
- d. AFIX Program

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Online Evaluation Survey:

<https://www.surveymonkey.com/r/AKIZ>

We appreciate you taking a few moments to fill out an evaluation survey so that we can incorporate your feedback into planning for future immunization training events.



ALASKA
IMMUNIZATION
PROGRAM

CLOSING REMARKS AND QUESTIONS

Thank you for your time and attention!

Questions and Concerns

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