

Welcome to the 2022 Vaccine For Children's Program Statewide Training



Objectives

By the end of this course, you should be able to:

- Changing the Ordering Intent on Pediatric orders.
- Transferring vaccines to another VFC Provider.
- Complete a Troubleshooting Record for a Temperature Excursion.

VFC Pediatric Vaccine Ordering

VFC providers order on a staggering ordering schedule by VFC Pin numbers.

Pin# 01A through 399 ordering timeframe

1st through the 15th of each month

Pin# 400 and above ordering timeframe

16th through the 31st of each month

If an order must be placed outside of your scheduled timeframe, contact your Regional Staff for approval and an override.

Please remember: Providers must reconcile once a month whether placing an order or not.

There are four vaccines which are available for both Pediatric and Adult intent.

MMR

Vaccine | Mfg | NDC | Brand/Packaging
MMR | MSD | 00006-4681-00 | MMR II (0.5 ML X 10 VIALS)

Intent	Quantity of Packages	Doses Per Package	Total Doses	Cost Per Package	Total Cost (\$)
ADULT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GARDASIL

Vaccine | Mfg | NDC | Brand/Packaging
HPV9 | MSD | 00006-4119-03 | GARDASIL 9 (0.5 ML X 10 VIALS)

Intent	Quantity of Packages	Doses Per Package	Total Doses	Cost Per Package	Total Cost (\$)
ADULT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PREVNAR 13

Vaccine | Mfg | NDC | Brand/Packaging
PCV13 | PFR | 00005-1971-02 | PREVNAR 13

Intent	Quantity of Packages	Doses Per Package	Total Doses	Cost Per Package	Total Cost (\$)
ADULT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VARICELLA

Vaccine | Mfg | NDC | Brand/Packaging
VARICELLA | MSD | 00006-4827-00 | VARIVAX (0.5 ML X 10 VIALS)

Intent	Quantity of Packages	Doses Per Package	Total Doses	Cost Per Package	Total Cost (\$)
ADULT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Steps to take to change the Ordering Intent from Adult to Pediatric.

The screenshot shows the 'Vaccine Orders' page in the New Mexico Immunization Program system. On the left is a navigation menu with items: Home, Patients, Immunizations, Education, IZ Quick Add, Inventory, Vaccines, On-Hand, Electronic Decrementing, Reconciliation, Vaccine Orders, Vaccine Returns, Flu Prebook, Vaccine Shipments, and Locations. The 'Vaccine Orders' item is highlighted with a red box. The main content area is titled 'Vaccine Orders' and includes a search filter section with dropdowns for Clinic (set to 'DEFAULT ORGANIZATION'), Order Status (set to '(ALL)'), and Order Type (set to '(ALL)'). Below these are date range filters for 'Order Date Range' and 'Date Submitted to VTrckS Date Range'. A 'Previous Criteria' button and 'Clear' and 'Search' buttons are also present. A blue button in the top right corner is labeled 'Add New Vaccine Order'. A list of five steps is provided in a text box, with red arrows pointing to the corresponding elements in the interface: 1. Click on Inventory (points to the 'Inventory' menu item), 2. Click on Vaccines (points to the 'Vaccines' menu item), 3. Click on Vaccine Orders (points to the 'Vaccine Orders' menu item), 4. Insert Clinic name using drop down (points to the 'Clinic' dropdown menu), and 5. Click on Add New Vaccine Order (points to the 'Add New Vaccine Order' button).

1. Click on Inventory
2. Click on Vaccines
3. Click on Vaccine Orders
4. Insert Clinic name using drop down
5. Click on Add New Vaccine Order

Vaccine Order [Learn More](#) Cancel Next

Add - Select Clinic

Clinic *
 DEFAULT ORGANIZATION

Vaccine Order Pre-Check

Email: FELICIA.MARTINEZ2@STATE.NM.US
 Phone: 505-827-0900
 Primary Shipping Contact

Name: FELICIA.MARTINEZ
 Phone: 505-827-1761
 Fax:
 Email: FELICIA.MARTINEZ2@STATE.NM.US

Shipping Address
 1190 ST. FRANCIS DR
 SANTA FE, NM 87505

Delivery Information

	Delivery Time 1		Delivery Time 2	
	From	To	From	To
Monday	08:30	12:00	13:00	15:30
Tuesday	08:30	12:00	13:00	15:30
Wednesday	08:30	12:00	13:00	15:30
Thursday	08:00	11:30		
Friday	08:00	11:30		
Saturday				
Sunday				

Special Instructions: NO SPECIAL INSTRUCTIONS
 I have reviewed the above shipping information and I certify the information is correct.

Cancel Next

6. Select your Clinic using the drop down.

7. Click on Next box.

8. Verify all shipping information is correct and Check shipping verification box.

9. Click on Next

Clinic: DEFAULT ORGANIZATION | Last Approved Order Date: 04/02/2021

Order Number: 20220214123401 | Order Date: 02/14/2022 | Order Status: IN WORK | Priority Reason: | Date Submitted to VTrckS: MM/DD/YYYY

Vaccine | Mfg | NDC | Brand/Packaging
 MMR | MSD | 00006-4681-00 | MMR II (0.5 ML X 10 VIALS)

Intent: ADULT

Quantity of Packages: | Doses Per Package: | Total Doses: | Cost Per Package: | Total Cost (\$):

Quantity of Packages: | Doses Per Package: | Total Doses: | Cost Per Package: | Total Cost (\$):

Quantity of Packages: | Doses Per Package: | Total Doses: | Cost Per Package: | Total Cost (\$):

Vaccine	Mfg	NDC	Brand/Packaging	Intent	Quantity of Packages	Doses Per Package	Total Doses	Cost	Fund Type
MMR	MSD	00006-4681-00	MMR II (0.5 mL x 10 vials)	PED	1	10	10	199.10	VFC
					Total Doses	Total Cost			
					10	\$199.10			

1. Type in the Vaccine name and select from drop down.

2. When vaccine is selected the "Intent" will automatically display ADULT.

3. Use the drop down to change the "Intent", select PEDIATRIC.

4. The "Intent" will now state PEDIATRIC. You may now proceed with ordering the Quantity of Packages and click Add To Order.

Transferring VFC Vaccines

Follow these steps if you want to transfer vaccine **from** your site **to** another VFC location:

1. Contact your Regional Coordinator for approval to Transfer vaccines to another VFC Provider.
2. From the On-Hand Inventory, select the vaccine that will be transferred, click on the **Action** drop down, select **Transfer**.

Vaccine Inventory On-Hand [Learn More](#) Links Add New Inventory


Hep A, ped/adol, 2D (Havrix (0.5 mL x 10 yr))	SKB	58160-0825-52	LN749	08/26/2018	STATE	8	Action
Hep A, ped/adol, 2D (Havrix (0.5 mL x 10 yr))	SKB	58160-0825-52	4RB4J	11/30/2018	STATE	1	Action
Hep A, ped/adol, 2D (Havrix (0.5 mL x 10 yr))	SKB	58160-0825-52	334PA	12/07/2018	STATE	1	Action
Hep A, ped/adol, 2D (Havrix (0.5 mL x 10 yr))	SKB	58160-0825-52	NB7R9	03/05/2020	STATE	2	Edit Adjustment Transfer Inquiry Transactions
Hep B, ped/adol (Engerix B (0.5 mL x 10 yr))	SKB	58160-0820-52	92924	01/29/2019	STATE	9	Action
Hep B, ped/adol (Recombivax (0.5 mL x 10 vials))	MSD	00006-4981-00	L048849	02/04/2018	STATE	40	Action
Hep B, ped/adol (Recombivax (0.5 mL x 10 vials))	MSD	00006-4981-00	N002914	11/04/2019	STATE	4	Action
Hib (PRP-OMP, pedvax (Pedvax (0.5 mL, MSD	MSD	00006-4897-00	N003701	11/01/2019	STATE	2	Action

Vaccine Inventory Transfer [Learn More](#)

Cancel

Create

Add


Date/Time *  (HH:MM A/P)

Source Inventory Location

Inventory Location

Vaccine | Mfg | NDC

Lot Number

Expiration Date 


Funding Source

Doses On-Hand

Container Id

REMINDER: You must notify the VFC Program of all transfers of publicly-funded vaccine *before* the transfer occurs.

Destination Inventory Location

Inventory Location * 

Doses Transferred * (The quantity will be immediately decremented from the Source Inventory Location and added to the Destination Inventory Location when marked as 'Received'.)


Equivalent Cases

Authorized By

Inventory Picked By

Inventory Picked Date 

QA Approved By

QA Approved Date 

Shipped Date 

Comments

Clear

3. Complete the **Inventory Location** using the drop-down to locate provider the vaccine is being transferred to.
4. Complete the **Doses Transferred** (dose quantity)
5. **Authorized By** (Person approving the transfer) using the drop down
6. **QA Approved By** (Person approving the transfer) using the drop down
7. **QA Approved Date** (Date transfer approved)
8. **Shipped Date** (Date transferred)
9. **Comments** (If needed)
10. Click **Create** at top of the screen

REMINDER: You must notify the VFC Program of all transfers of publicly-funded vaccine before the transfer occurs.

Destination Inventory Location

Inventory Location

Doses Transferred

Equivalent Cases

Authorized By

Inventory Picked By

Inventory Picked Date

QA Approved By

QA Approved Date

Shipped Date

Comments

(The quantity will be immediately decremented from the Source Inventory Location and added to the Destination Inventory Location when marked as 'Received'.)

Vaccine Inventory Transfer [Learn More](#)

Add

Date

Source Inventory Location

Inventory Location

Vaccine | Mfg | NDC

Lot Number

Expiration Date

Funding Source

Doses On Hand

Container Id

Accepting Transferred VFC Vaccine

Follow these steps if another VFC location has transferred vaccine **to** your site:

1. Go to Inventory On-Hand, click on [blue hyperlink](#)



On-Hand Inventory

 There are 4 Pending Inventory Transfers.

2. Locate the vaccine and click on **Received**

Vaccine Inventory Transfer [Learn More](#)

Pending Incoming Inventory Transfers

Vaccine	Doses	NDC	Transfer Date	Lot	Funding Source	Mfg	Source Location	
Receiving Location: INV: BEHR: SANDOVAL PUBLIC HEALTH OFFICE								
Influenza Quad Inj P (Fluarix w/wad p free)	15	58160-0907-52	10/31/2017	TL54R	317 ADULT	SKB	INV: BEHR: NORTH VALLEY PUBLIC HEALTH OFFICE	 <input type="button" value="Received"/>
Influenza Quad P-Free (Flulaval)	10	19515-0912-52	10/31/2017	7SJ25	VFC	SKB	INV: BEHR: NORTH VALLEY PUBLIC HEALTH OFFICE	 <input type="button" value="Received"/>

Troubleshooting Record (TSR'S)



Out-of-Range Temperature Incidents

Report ALL out-of-range temperature incidents
IMPORTANT: Any period for which there is **no temperature data** is considered an out-of-range temperature incident and these steps **MUST BE FOLLOWED**



An *out-of-range temperature incident*, also called a *temperature excursion* is any temperature outside the recommended range for a vaccine or a complete lack of temperature monitoring/data. The TOTAL amount of time a vaccine is stored at an out-of-range temperature affects the viability of the vaccine.

OUT-OF-RANGE TEMPERATURE:

- When your digital data logger (DDL) alarms/ the display shows an "X" next to the temperature
- When the refrigerator thermometer indicates the temperature is **below 36° or above 46° Fahrenheit**
- When the freezer temperature is **above 5° Fahrenheit**

NO TEMPERATURE DATA:

- If it is discovered that a data logger is turned off, or is not recording for any reason, **immediately** restart data logger and follow all steps below.

WHAT TO DO (All steps are required):

1. **Isolate** the vaccines and **DO NOT USE** until you receive guidance from the VFC Program.
2. **Label** the vaccines "DO NOT USE" until you have received authorization from the VFC Program.
3. **Immediately** restart the data logger if it is found not to be recording for any reason.
4. **Upload the data logger files** from all affected unit into NMSIIS
5. **Contact** your VFC Regional Immunization Coordinator. If you cannot reach your Regional Immunization Coordinator (contact info. on Temp. Log), leave a message then notify the VFC Health Educator at 505-827-2415.
6. Begin **stabilizing temperatures** in the refrigerator or freezer by slightly turning the thermostat knob. Monitor for 30 minutes; check and record temperature every five minutes until stable. Aim for 40° F in the refrigerator and below 0° F in the freezer.
7. If unable to stabilize temperatures implement your **Emergency Vaccine Management Plan** and move the vaccines to a **VFC-approved unit** with in-range temperatures. **NOTE: If vaccines are moved, a completed Vaccine Transport Report is REQUIRED**
8. **Complete** the NM VFC Troubleshooting Record (TSR).
9. **Contact** the vaccine manufacturers. Every temperature excursion requires contacting the manufacturer for further guidance because the characteristics that determine vaccine viability vary. When you call, be prepared to answer these questions:
 - a. The company may ask to speak to a healthcare professional (i.e., medical assistant, nurse, or pharmacist; not a receptionist, or bookkeeper)
 - b. What was the maximum **and/or** minimum out-of-range temperature? (both must be reported)
 - c. What are the names of the vaccines made by this manufacturer that were affected?
 - d. Have these vaccines been exposed to prior excursions?
 - e. Are the products currently stored under recommended temperatures?
 - f. Have any doses of the affected vaccines been administered since the temperature excursion occurred?
10. **EMAIL** the completed TSR to your Regional Immunization Coordinator and to VFC/Santa Fe: VFC.Health-Educator@state.nm.us. In the subject line of the email you should include your PIN # and "TSR"
11. **Wait for advice and further instruction from the NM VFC Program.** Keep the vaccines stored properly but isolated and marked "DO NOT USE". Do not administer, return, or discard any vaccines unless you are instructed to do so by the VFC Program. If necessary, you will complete a vaccine return in NMSIIS.

Printing this form to complete it is **not** recommended.
Click on "Enable Editing" then use the **Tab** key to move between fields and enter your typed information.

Troubleshooting Record (TSR'S)

Do not print form to complete; click on "Enable Editing" then use the **Tab** key to move between fields and enter your information.



NM VFC Troubleshooting Record



Follow all steps listed under "What To Do" on previous page to ensure the safety of all vaccines.
Incomplete Troubleshooting Records will be rejected.

DO NOT administer, discard, or return any vaccines until instructed to do so **by the NM VFC Program.**

Date Submitted:

Provider Information

VFC Site Name: VFC PIN#:

TSR prepared by: Email address:

Site's Primary Vaccine Coordinator:

Event Details (ALL ARE REQUIRED)

Date or date range of event:

Time or timespan of event:

Description and cause: provide a **detailed** description of the incident, **including the cause** (door left ajar, power outage, etc.):

Refrigerator Storage unit name <input type="text"/> (Required)	Freezer Storage unit name <input type="text"/> (Required)
Event involved refrigerator (check one): <input type="checkbox"/> yes <input type="checkbox"/> no	Event involved freezer (check one): <input type="checkbox"/> yes <input type="checkbox"/> no
*Temp: <input type="text"/>	*Temp: <input type="text"/>
*Min. Temp: <input type="text"/>	*Min. Temp: <input type="text"/>
*Max. Temp: <input type="text"/>	*Max. Temp: <input type="text"/>
*No Temperature Data recorded <input type="checkbox"/>	*No Temperature Data recorded <input type="checkbox"/>

*From data logger files

1. Complete the second page of the *Troubleshooting Record*
2. Obtain and *attach written advice* from all manufacturers
3. Locate the .pdf version of the temperature log/s from data logger/s involved in the event
4. Email this document, the manufacturer's **WRITTEN** advice, and your temp logs to VFC.Health-educator@state.nm.us AND to your Regional Immunization Coordinator

Troubleshooting Record (TSR'S)



NM VFC Troubleshooting Record

Please print and attach your on-hand inventory from NMIS



GlaxoSmithKline 866-475-8222

Manufacturer Representative: _____ Date/Time: _____ Case # _____

Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Bexsero			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Boostrix			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Enerix-B			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Flulaval			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Havrix			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Infanrix			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Kinrix			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Menveo			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Pediarix			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Rotarix			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Pfizer 800-358-7443

Manufacturer Representative: _____ Date/Time: _____ Case # _____

Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Prevnar 13			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Trumenba			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Seqirus 855-358-8966

Manufacturer Representative: _____ Date/Time: _____ Case # _____

Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Flucelvax			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Sanofi Pasteur 800-822-2463

Manufacturer Representative: _____ Date/Time: _____ Case # _____

Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
ActHIB			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Daptacel			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Fluzone Syringe			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
MDV IPOL (opened) DO NOT RETURN			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
MDV IPOL (unopened)			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Menactra			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Pentacel			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Tenivac			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Merck 800-672-6372

Manufacturer Representative: _____ Date/Time: _____ Case # _____

Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Gardasil9			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
MMR-II			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Pneumovax			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
PedvaxHIB			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
ProQuad			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Recombivax			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
RotaTeq			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Vaqta			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Varivax			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Grifols 888-474-3657

Manufacturer Representative: _____ Date/Time: _____ Case # _____

Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Td Vaccine			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

****DO NOT administer, discard, or return any vaccines until instructed to do so by the NM VFC Program**

January 2020



Investing for tomorrow, delivering today.

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org



Thank You for attending the 2022 Vaccines For Children's Program Statewide Training.



Thank
you!

