

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

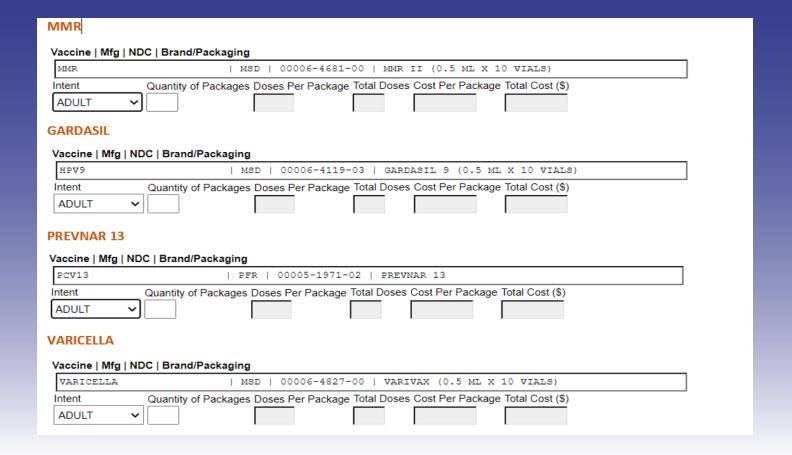
16th through the 31st of each month

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.

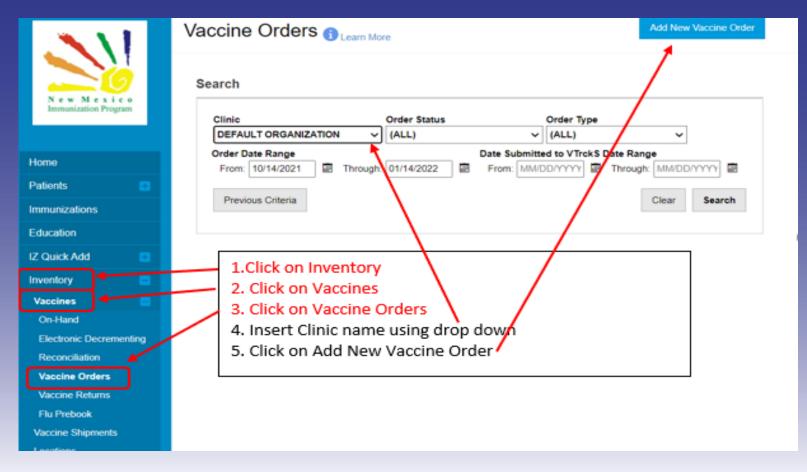


There are four vaccines which are available for both Pediatric and Adult intent.

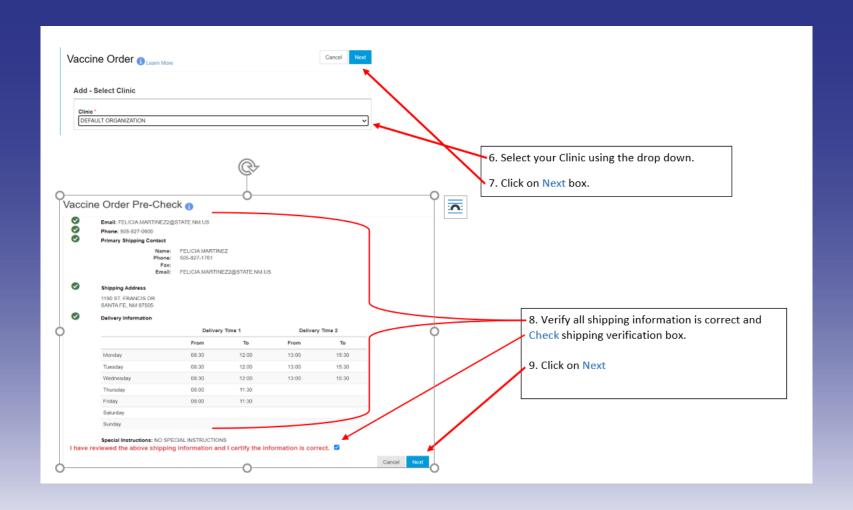




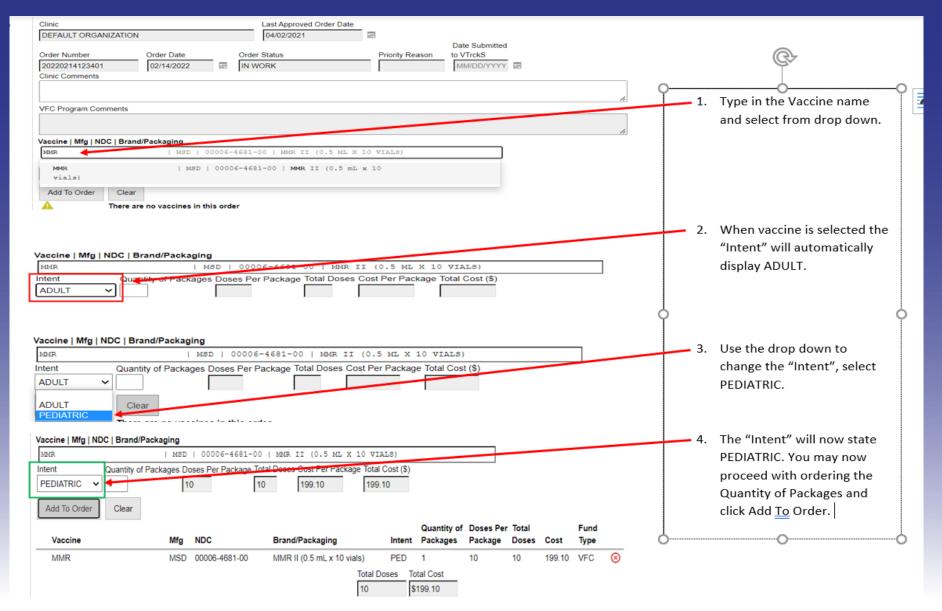
Steps to take to change the Ordering Intent from Adult to Pediatric.









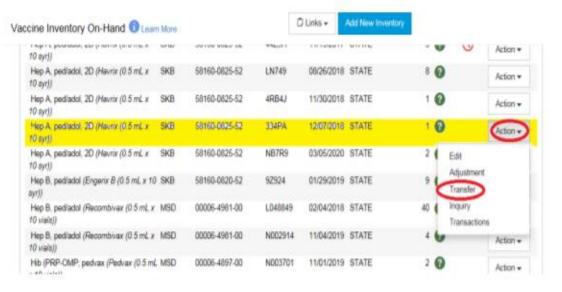




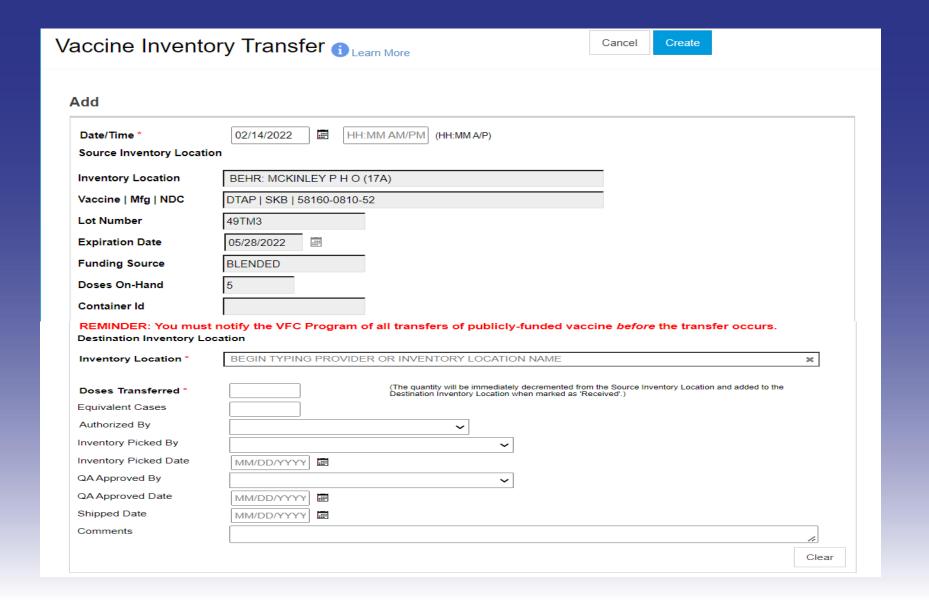
Transferring VFC Vaccines

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

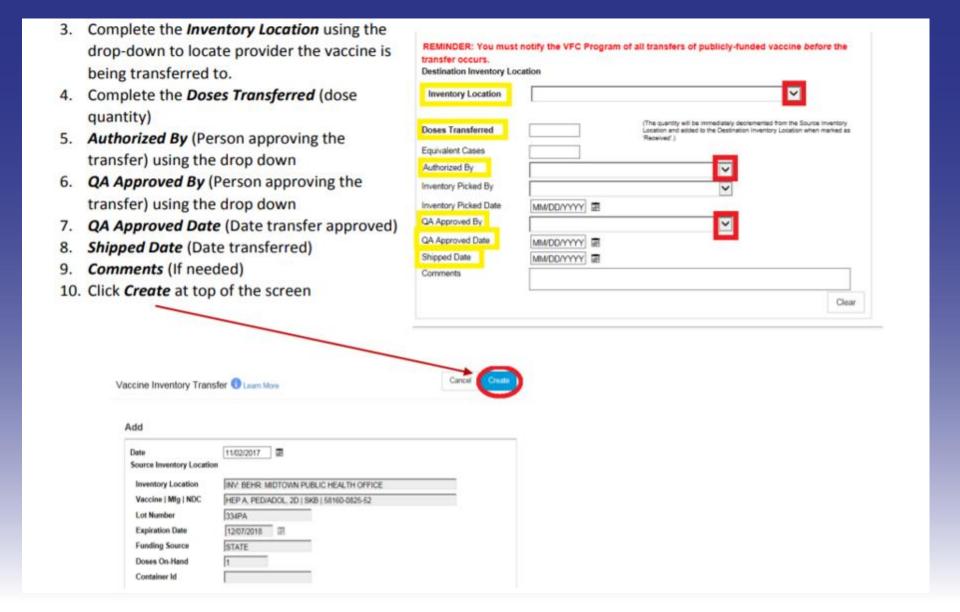
- Contact your Regional Coordinator for approval to Transfer vaccines to another VFC Provider.
- From the On-Hand Inventory, select the vaccine that will be transferred, click on the Action drop down, select Transfer.













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 (1) Learn More

Pending Incoming Inventory Transfers

Vaccine	Doses	s NDC	Transfer Date	Lot	Funding Source		Source Location	
Receiving Locat	ion: IN	IV: BEHR: SAND	OVAL PUBI	LIC HEALTH	OFFICE			
Influenza Quad Inj P (Fluarix wuad p free)	15	58160-0907-52	10/31/2017	TL54R	317 ADULT	SKB	INV: BEHR: NORTH VALLEY PUBLIC HEALTH OFFICE	? Received
Influenza Quad P-Free (Flulaval)		19515-0912-52	10/31/2017	7SJ25	VFC	SKB	INV: BEHR: NORTH VALLEY PUBLIC HEALTH OFFICE	? 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.
- 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
- 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-
- 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.

Investing for tomorrow, delivering today.

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



	Vaccines for Childre
Follow all steps listed under "What To Do" on previous po Incomplete Troubleshooting Records will be rejected. DO NOT administer, discard, or return any vaccines until	
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	Freezer
Storage unit name	Storage unit name
(Required)	(Required)
Event involved refrigerator (check one): yes no	Event involved freezer (check one): yes no
•Temp:	*Temp:
•Min. Temp:	•Min. Temp:
*Max. Temp:	*Max. Temp:
*No Temperature Data recorded	*No Temperature Data recorded

^{*}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



Investing for tomorrow, delivering today.

Troubleshooting Record (TSR'S)



NM VFC Troubleshooting Record

Please print and attach your on-hand inventory from NMIIS



lanufacturer Representative:	Date/Time:	Case #	
Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Bexsero	# of Doses	Advice Given	OK to Use / Do NOT Use
Boostrix			OK to Use / Do NOT Use
			OK to Use / Do NOT Use
Engerix-B Flulaval			OK to Use / Do NOT Use
Havrix			OK to Use / Do NOT Use
Infanrix			OK to Use / Do NOT Use
Kinrix			OK to Use / Do NOT Use
Menveo			OK to Use / Do NOT Use
Pediarix			OK to Use / Do NOT Use
Rotarix			OK to Use / Do NOT Use
			UK to Use / U Do NOT Use
Pfizer 800-358-7443 Nanufacturer Representative:	Date/Time:	Case #	
Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Prevnar 13			OK to Use / Do NOT Use
Trumenba			OK to Use / Do NOT Use
Segirus 855-358-896	Date/Time:	Case #	
			Tag. 2
Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Flucelvax			OK to Use / Do NOT Use
lanufacturer Representative:	Date/Time:	Case #	
Sanofi Pasteur 800-822 Manufacturer Representative: Vaccine Name ActHIB			Manufacturer's response**
Nanufacturer Representative:	Date/Time:		Manufacturer's response** OK to Use / Do NOT Use
Nanufacturer Representative: Vaccine Name ActHIB Daptacel	Date/Time:		Manufacturer's response** OK to Use / Do NOT Use OK to Use / Do NOT Use
Vaccine Name ActHIB	Date/Time: # of D		Manufacturer's response** OK to Use / Do NOT Use OK to Use / Do NOT Use
Nanufacturer Representative: Vaccine Name ActHIB Daptacel Fluzone Syringe	Date/Time: # of D		Manufacturer's response** OK to Use / Do NOT Use OK to Use / Do NOT Use OK to Use / Do NOT Use
Nanufacturer Representative: Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO	Date/Time: # of D		Manufacturer's response** OK to Use / Do NOT Use
Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (uppened) DO NO MDV IPOL (uppened)	Date/Time: # of D		Manufacturer's response** OK to Use / Do NOT Use
Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO MDV IPOL (unopened) Menactra	Date/Time: # of D		Manufacturer's response** OK to Use / Do NOT Use
Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO MDV IPOL (unopened) Menactra Pentacel Tenivac Merck 800-672-6372 Vanufacturer Representative:	Date/Time: # of Divide the property of the pro	Case #	Manufacturer's response ** OK to Use / Do NOT Use
Manufacturer Representative: Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO MDV IPOL (unopened) Menactra Pentacel Tenivac Merck 800-672-6372 Manufacturer Representative: Vaccine Name	Date/Time: # of Di OT RETURN	oses Advice Given	Manufacturer's response** OK to Use / Do NOT Use Manufacturer's response**
Manufacturer Representative: Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO MDV IPOL (unopened) Menactra Pentacel Tenivac Merck 800-672-6372 Manufacturer Representative: Vaccine Name Gardasil9	Date/Time: # of Divide the property of the pro	Case #	Manufacturer's response** OK to Use / Do NOT Use
Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO MDV IPOL (unopened) Menactra Pentacel Tenivac Merck More 800-672-6372 Vaccine Name Gardasii9 MMR-II	Date/Time: # of Divide the property of the pro	Case #	Manufacturer's response** OK to Use / Do NOT Use
Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO MDV IPOL (unopened) Menactra Pentacel Tenivac Merck 800-672-6372 Manufacturer Representative: Vaccine Name Gardasil9 MMRR-II Pneumovax	Date/Time: # of Divide the property of the pro	Case #	Manufacturer's response ** OK to Use / Do NOT Use
Manufacturer Representative: Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO MDV IPOL (unopened) Menactra Pentacel Tenivac Merck 800-672-6372 Manufacturer Representative: Vaccine Name Gardasil9 MMR-II Pneumovax PedvaxHIB	Date/Time: # of Divide the property of the pro	Case #	Manufacturer's response** OK to Use / Do NOT Use
Manufacturer Representative: Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO MDV IPOL (unopened) Menactra Pentacel Tenivac Merck 800-672-6372 Manufacturer Representative: Vaccine Name Gardasil9 MMR-II Pneumovax PedvaxHIB ProQuad	Date/Time: # of Divide the property of the pro	Case #	Manufacturer's response** OK to Use / Do NOT Use
Manufacturer Representative: Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO MDV IPOL (unopened) Menactra Pentacel Tenivac Merck 800-672-6372 Manufacturer Representative: Vaccine Name Gardasil9 MMR-II Pneumovax PedvaxHIB ProQuad Recombivax	Date/Time: # of Divide the property of the pro	Case #	Manufacturer's response ** OK to Use / Do NOT Use
Manufacturer Representative: Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO MDV IPOL (unopened) Menactra Pentacel Tenivac Merck 800-672-6372 Manufacturer Representative: Vaccine Name Gardasil9 MMR-II Pneumovax PedvaxHIB ProQuad Recombivax RotaTeq	Date/Time: # of Divide the property of the pro	Case #	Manufacturer's response OK to Use /
Manufacturer Representative: Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO MDV IPOL (unopened) Menactra Pentacel Tenivac Merck 800-672-6372 Manufacturer Representative: Vaccine Name Gardasil9 MMR-II Pneumovax PedvaxHIB ProQuad Recombivax RotaTeq Vaqta	Date/Time: # of Divide the property of the pro	Case #	Manufacturer's response ** OK to Use / Do NOT Use OK to Use / DO NOT Use
Manufacturer Representative: Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO MDV IPOL (unopened) Menactra Pentacel Tenivac Merck 800-672-6372 Manufacturer Representative: Vaccine Name Gardasil9 MMR-II Pneumovax PedvaxHIB ProQuad Recombivax RotaTeq	Date/Time: # of Divide the property of the pro	Case #	Manufacturer's response OK to Use /
Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (opened) DO NO MDV IPOL (unopened) Menactra Pentacel Tenivac Merck 800-672-6372 Vaccine Name Gardasii9 MMR-II Pneumovax PedvaxHIB ProQuad Recombivax Rota Teq Vaqta Varivax Grifols 888-474-3657	Date/Time: # of Do T RETURN Date/Time: # of Doses	Case # Advice Given	Manufacturer's response
Manufacturer Representative: Vaccine Name ActHIB Daptacel Fluzone Syringe MDV IPOL (uppened) DO NO MDV IPOL (unopened) Menactra Pentacel Tenivac Merck 800-672-6372 Manufacturer Representative: Vaccine Name Gardasil9 MMR-II Pneumovax PedvaxHIB ProQuad Recombivax RotaTeq Vaqta Varivax	Date/Time: # of Divide the property of the pro	Case #	Manufacturer's response ** OK to Use / Do NOT Use OK to Use / DO NOT Use







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







