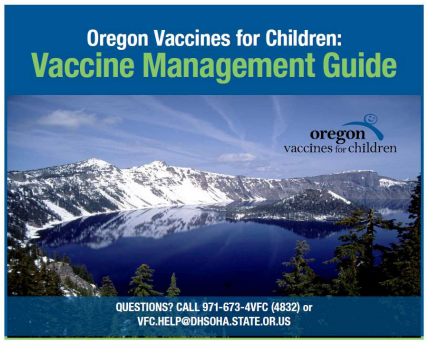
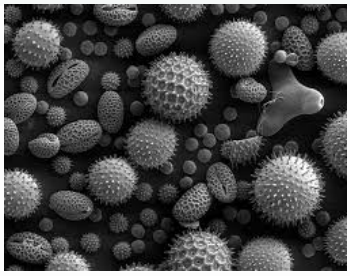


OREGON IMMUNIZATION PROGRAM
Public Health Division

Oregon Health Authority



Site Visit Basics

OREGON IMMUNIZATION PROGRAM
Public Health Division

Oregon Health Authority

2

Oregon Health Authority

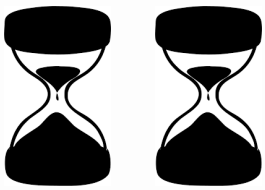
The Vaccines For Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to grantees—i.e., state health departments and certain local and territorial public health agencies—which in turn distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers. Children who are eligible* for VFC vaccines are entitled to receive those vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

OREGON IMMUNIZATION PROGRAM
Public Health Division
5

OREGON IMMUNIZATION PROGRAM
Public Health Division
6

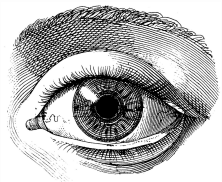
OREGON IMMUNIZATION PROGRAM
Public Health Division
7

Oregon Health Authority



OREGON IMMUNIZATION PROGRAM
Public Health Division
8

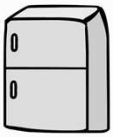
Oregon Health Authority



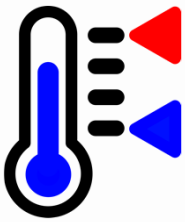
This Photo by Unknown Author is licensed under CC BY-SA-NC

Oregon Health Authority

OREGON IMMUNIZATION PROGRAM
Public Health Division
10



This Photo by Unknown Author is licensed under CC BY-SA-NC



+

Certifications

Oregon Health Authority

OREGON IMMUNIZATION PROGRAM
Public Health Division

14

Oregon Health Authority

Oregon Vaccines for Children Borrowing Log

Vaccine	Patient Name or ID	DOB	Stock Borrowed	Lot # (Optional)	Date Borrowed	Reason Borrowed	Date Paid Back1
Example: DtaP/Hep	*Jane Doe*	*11/8/17*	*Private*	*UEIEIAAC*	*1/10/18*	*8*	*1/12/18*

Reasons for Borrowing VFC Vaccine:

1. Private vaccine shipment delay (vaccine order placed on time/delay in shipping)
2. Private vaccine not usable on arrival (vials broken, temperature monitor out of range)
3. Run out of private vaccine between orders (not due to shipping delay)
4. Short-dated private dose was exchanged with VFC dose
5. Accidental use of VFC dose for private patient
6. Replacement of Private dose with VFC when insurance plan did not cover vaccine
7. Other – Explanation Required

Reasons for Borrowing Private Vaccine:

8. VFC vaccine shipment delay (order placed on time/delay in shipping)
9. VFC vaccine not usable on arrival (vials broken, temperature monitor out of range)
10. Run out of VFC vaccine between orders (not due to shipping delays)
11. Short-dated VFC dose was exchanged for Private dose
12. Accidental use of Private dose for a VFC-eligible patient
13. Other – Explanation Required

1 Replacement must be made within 90 days unless provider can justify delay.

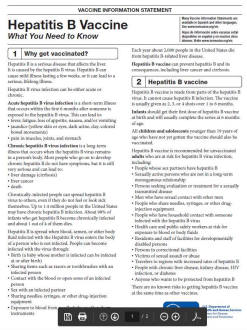
oregon vaccines for children

Version date: 4/2018

OREGON IMMUNIZATION PROGRAM
Public Health Division

15

Oregon Health Authority



VACCINE INFORMATION STATEMENT

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.cdc.gov/vaccines

Hoja de Información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.cdc.gov/vaccines

1 Why get vaccinated?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. This can lead to:

- fever, fatigue, loss of appetite, nausea, and/or vomiting
- jaundice (yellow skin or eyes, dark urine, clay colored bowel movements)
- pain in muscles, joints, and stomach

Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves. Up to 1 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them dies.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:

- Birth (a baby whose mother is infected can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from [illegible]

Each year about 2,000 people in the United States die from hepatitis B related liver disease.

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

2 Hepatitis B vaccine

Hepatitis B vaccine is made from parts of the hepatitis B virus. It cannot cause hepatitis B infection. The vaccine is usually given as 2, 3, or 4 shots over 1 to 6 months.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

All **children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

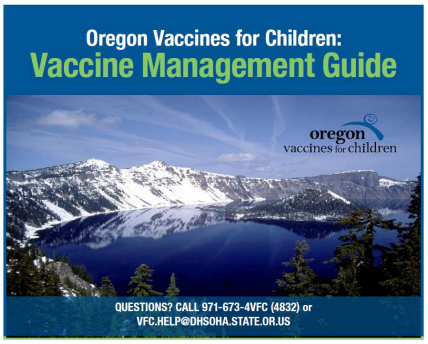
Hepatitis B vaccine is recommended for unvaccinated **adults** who are at risk for hepatitis B virus infection, including:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, or diabetes
- Anyone who wants to be protected from hepatitis B

There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.

Department of Health and Human Services
Centers for Disease Control and Prevention

Oregon Health Authority



Oregon Health Authority

OREGON IMMUNIZATION PROGRAM
Public Health Division

18

Oregon Health Authority

- Patient Name
- Patient DOB
- Eligibility Status
- Address of Clinic
- Name, Lot #, Manufacturer of vaccine
- Date when dose administered
- Name and Title of individual administering the vaccine
- Date when VIS was given **and** VIS publication date.

The Vaccines For Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to grantees—i.e., state health departments and certain local and territorial public health agencies—which in turn distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers. Children who are eligible* for VFC vaccines are entitled to receive those vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

Public clinic coding chart

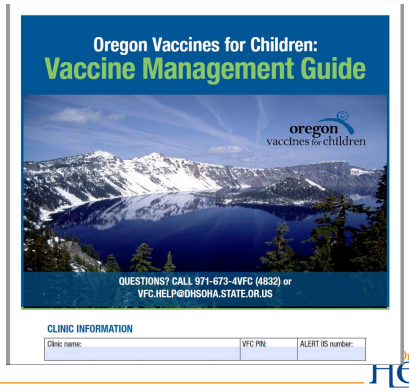
Age	Definition	Eligibility codes	Vaccine stock
0 through 18	OHP/Medicaid	M	State
	No insurance	N	State
	American Indian/Alaska Native	A	State
	Underinsured	F (FQHC/RHC only)	State
19 +	Other state-supplied. See 317 chart for eligibility requirements.	O	State
All ages	Privately insured children/ adults on OHP or other insurance	B	State
	Locally owned (privately purchased vaccine)	L	Private
	OIP special projects (rarely used)	S	Special project

OREGON IMMUNIZATION PROGRAM
Public Health Division
21

$21.98

$21.98

$21.9**6**



Oregon Vaccines for Children:
Vaccine Management Guide

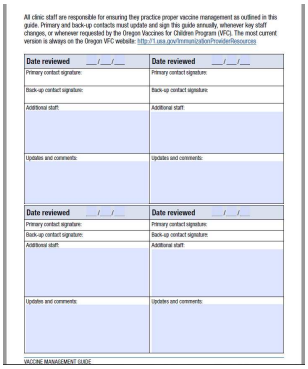
oregon vaccines for children

QUESTIONS? CALL 971-673-4VFC (4832) or
VFC.HELP@DHSOHA.STATE.OR.US

CLINIC INFORMATION

Clinic name:	VFC PIN:	ALERT IIS number:

Oregon Health Authority



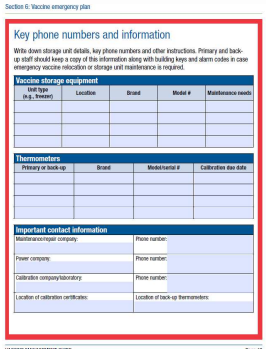
All clinic staff are responsible for ensuring they practice proper vaccine management as outlined in this guide. Primary and back-up contacts must update and sign this guide annually, whenever key staff changes, or whenever requested by the Oregon Vaccines for Children Program (VFC). The most current version is always on the Oregon VFC website: http://1.usa.gov/Immunizationproviderresources

Date reviewed ___/___/___	Date reviewed ___/___/___
Primary contact signature:	Primary contact signature:
Back-up contact signature:	Back-up contact signature:
Additional staff:	Additional staff:
Updates and comments:	Updates and comments:

Date reviewed ___/___/___	Date reviewed ___/___/___
Primary contact signature:	Primary contact signature:
Back-up contact signature:	Back-up contact signature:
Additional staff:	Additional staff:
Updates and comments:	Updates and comments:

VACCINE MANAGEMENT GUIDE

OREGON IMMUNIZATION PROGRAM
Public Health Division
26



Section 6: Vaccine emergency plan

Key phone numbers and information

Write down storage unit details, key phone numbers and other instructions. Primary and back-up staff should keep a copy of this information along with building keys and alarm codes in case emergency vaccine relocation or storage unit maintenance is required.

Vaccine storage equipment

Unit type (e.g., freezer)	Location	Brand	Model #	Maintenance needs

Thermometers

Primary or back-up	Brand	Model/serial #	Calibration due date

Important contact information

Maintenance/repair company:	Phone number:
Power company:	Phone number:
Calibration company/laboratory:	Phone number:
Location of calibration certificates:	Location of back-up thermometers:

VACCINE MANAGEMENT GUIDE Page 18

OREGON IMMUNIZATION PROGRAM
Public Health Division
27

Oregon Health Authority

Section 6: Vaccine emergency plan

After-hours building access

Alarm codes and instructions:

Doors, locks and keys:

Light switches and flashlights:

Circuit breaker location and instructions:

Generator instructions:

Location of generator and fuel:

Routine maintenance and generator testing instructions:

Alternative storage site

Facility name and contact person: | Phone number:

Address:

VACCINE MANAGEMENT GUIDE Page 19

Section 6: Vaccine emergency plan

Alternate storage site agreement

_____ [Site A] and _____ [Site B] have agreed that during a power outage or equipment failure, site A may store its vaccine and other refrigerated pharmaceuticals in site B's refrigerator and/or freezer with back-up generator.

Site A will contact site B prior to transporting vaccine. This agreement is effective as of _____ and will remain until modified or terminated as agreed upon by both sites.

_____
Signature of site A administrator or manager

_____
Signature of site B administrator or manager

VACCINE INFORMATION STATEMENT

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas informativas sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. This can lead to:

- fever, fatigue, loss of appetite, nausea, and/or vomiting
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements)
- pain in muscles, joints, and stomach

Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in your body. Most people who get acute hepatitis B or chronic hepatitis B do not have symptoms, but it is still very serious and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronically infected people can spread hepatitis B virus to others even if they do not feel sick or have symptoms themselves. Up to 1.4 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them dies.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of someone who is not infected. People can become infected with the virus through:

- Birth (a baby whose mother is infected can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug injection equipment
- Exposure to blood from an infected person (occupational)

Each year about 2,000 people in the United States die from hepatitis B-related liver disease.

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

2 Hepatitis B vaccine

Hepatitis B vaccine is made from parts of the hepatitis B virus. It cannot cause hepatitis B infection. The vaccine is usually given as 2, 3, or 4 shots over 1 to 6 months.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

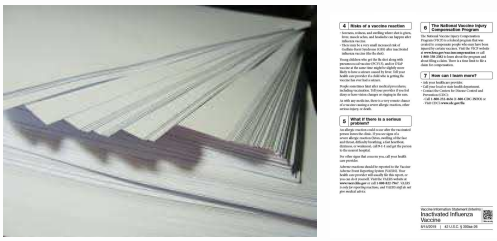
All **children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is recommended for unvaccinated **adults** who are at risk for hepatitis B virus infection, including:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- People seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Inmates of correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, or diabetes
- Anyone who wants to be protected from hepatitis B

There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.

Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases



VIS Dates

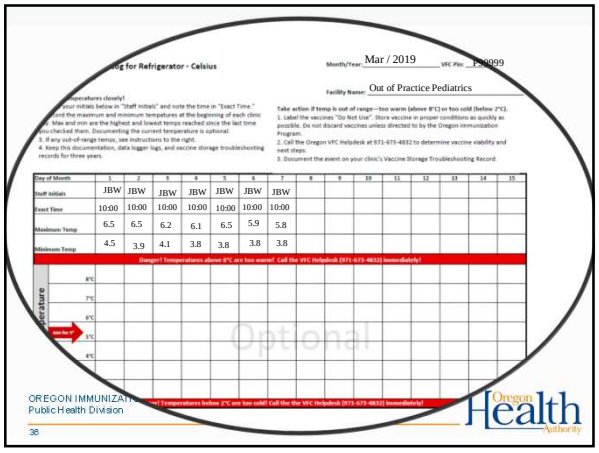
Anything wrong here?

https://www.cdc.gov/vaccines/hcp/vis/current-vis.html

We read we can use up our current stock before updating

So long as it happens within six months of the update.
And note, while rare, an immediate update could be required.

Q: You Gave My Client this document?
A: Yes
Q: And what is this document?
A: the Vaccine Information Statement
Q: Sometimes referred to as a V.I.S. or a Viss?
A: That's right
Q: Was this the newist one?
A: No
Q: There was a newer one?
A: Yes
Q: But you gave my client this one?
A: Yes
Q: You made a decision to give my client an out of date VIS?
A: well…
Q: Please answer the question
A: The CDC said we had six months to update to the new one.
Q: So it is your opinion that so long as someone else offers the opportunity to give out of date medical information that it fine to do so?



Month/Year Mar / 2019 VFC PIN: P99999

Facility Name: Out of Practice Pediatrics

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).
1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

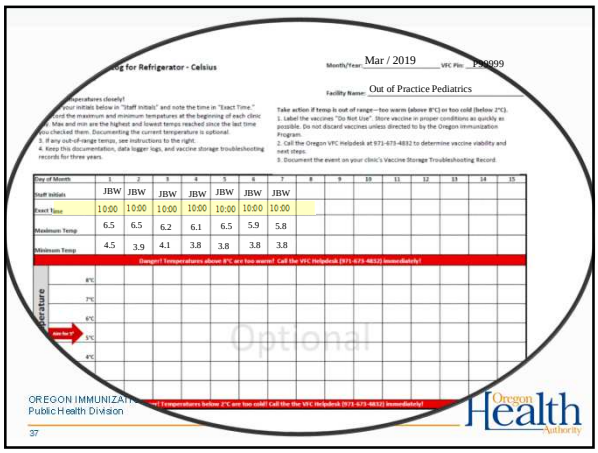
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	JBW	JBW	JBW	JBW	JBW	JBW	JBW								
Exact Time	10:00	10:00	10:00	10:00	10:00	10:00	10:00								
Maximum Temp	6.5	6.5	6.2	6.1	6.5	5.9	5.8								
Minimum Temp	4.5	3.9	4.1	3.8	3.8	3.8	3.8								

Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!

Temperature: 8°C, 7°C, 6°C, 5°C, 4°C

Optional

Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!



ug for Refrigerator - Celsius

Month/Year: Mar / 2019 VFC Pin: 99999

Facility Name: Out of Practice Pediatrics

perations closely!
our initials below in "Staff Initials" and note the time in "Exact Time."
cord the maximum and minimum temperatures at the beginning of each clinic
Max and min are the highest and lowest temps reached since the last time
ou checked them. Documenting the current temperature is optional.
3. If any out-of-range temps, see instructions to the right.
4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).
1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	JBW	JBW	JBW	JBW	JBW	JBW	JBW								
Exact Time	10:00	10:00	10:00	10:00	10:00	10:00	10:00								
Maximum Temp	6.5	6.5	6.2	6.1	6.5	5.9	5.8								
Minimum Temp	4.5	3.9	4.1	3.8	3.8	3.8	3.8								

Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!

8°C
7°C
6°C
5°C
4°C

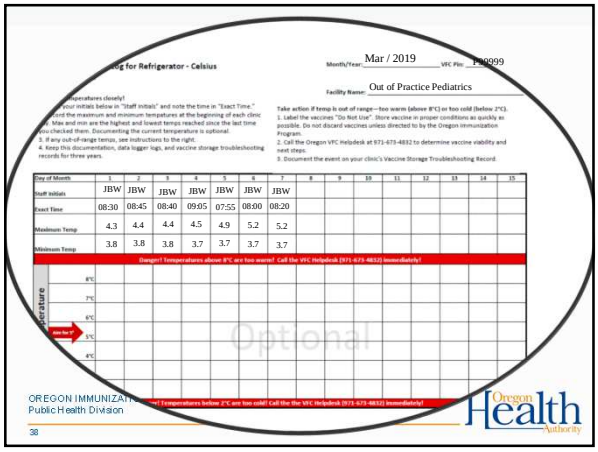
Optional

Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!

OREGON IMMUNIZAT
Public Health Division

Oregon Health Authority

37



ug for Refrigerator - Celsius

Month/Year: Mar / 2019 VFC Pin: 99999

Facility Name: Out of Practice Pediatrics

perations closely!
our initials below in "Staff Initials" and note the time in "Exact Time."
cord the maximum and minimum temperatures at the beginning of each clinic
Max and min are the highest and lowest temps reached since the last time
ou checked them. Documenting the current temperature is optional.
3. If any out-of-range temps, see instructions to the right.
4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).
1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	JBW	JBW	JBW	JBW	JBW	JBW	JBW								
Exact Time	08:30	08:45	08:40	09:05	07:55	08:00	08:20								
Maximum Temp	4.3	4.4	4.4	4.5	4.9	5.2	5.2								
Minimum Temp	3.8	3.8	3.8	3.7	3.7	3.7	3.7								

Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!

8°C
7°C
6°C
5°C
4°C

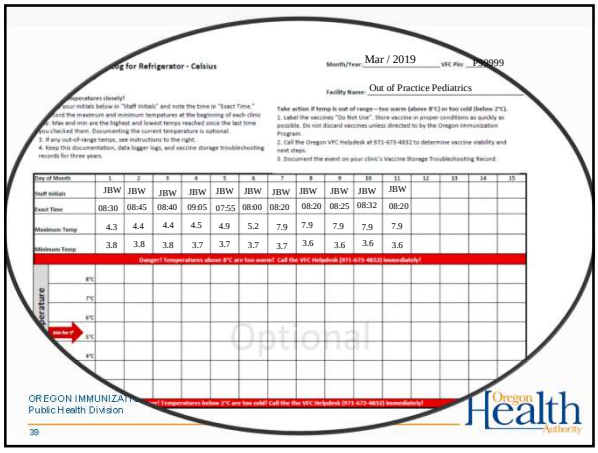
Optional

Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!

OREGON IMMUNIZAT
Public Health Division

Oregon Health Authority

38



ug for Refrigerator - Celsius

Month/Year: Mar / 2019 VFC Pin: 99999

Facility Name: Out of Practice Pediatrics

perations closely!
our initials below in "Staff Initials" and note the time in "Exact Time."
cord the maximum and minimum temperatures at the beginning of each clinic
Max and min are the highest and lowest temps reached since the last time
ou checked them. Documenting the current temperature is optional.
3. If any out-of-range temps, see instructions to the right.
4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).
1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	JBW	JBW	JBW	JBW	JBW	JBW	JBW	JBW	JBW	JBW	JBW				
Exact Time	08:30	08:45	08:40	09:05	07:55	08:00	08:20	08:20	08:25	08:32	08:20				
Maximum Temp	4.3	4.4	4.4	4.5	4.9	5.2	7.9	7.9	7.9	7.9	7.9				
Minimum Temp	3.8	3.8	3.8	3.7	3.7	3.7	3.7	3.6	3.6	3.6	3.6				

Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!

8°C
7°C
6°C
5°C
4°C

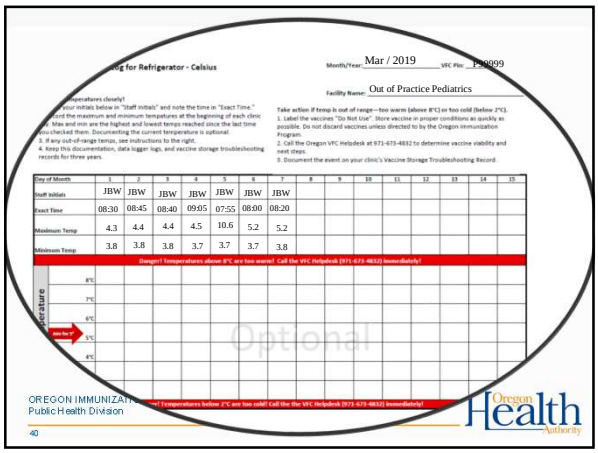
Optional

Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!

OREGON IMMUNIZAT
Public Health Division

Oregon Health Authority

39



Log for Refrigerator - Celsius

Month/Year: Mar / 2019 VFC Pin: 1-[illegible]0999

Facility Name: Out of Practice Pediatrics

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).
1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	JBW	JBW	JBW	JBW	JBW	JBW	JBW								
Exact Time	08:30	08:45	08:40	09:05	07:55	08:00	08:20								
Maximum Temp	4.3	4.4	4.4	4.5	10.6	5.2	5.2								
Minimum Temp	3.8	3.8	3.8	3.7	3.7	3.7	3.8								

Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!

Temperature: 8°C, 7°C, 6°C, 5°C, 4°C

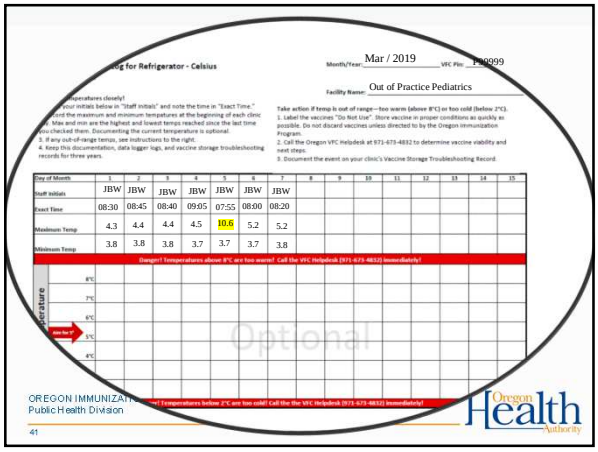
Optional

Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!

OREGON IMMUNIZATION
Public Health Division

Oregon Health Authority

40



Log for Refrigerator - Celsius

Month/Year: Mar / 2019 VFC Pin: 1-[illegible]0999

Facility Name: Out of Practice Pediatrics

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).
1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
3. Document the event on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials	JBW	JBW	JBW	JBW	JBW	JBW	JBW								
Exact Time	08:30	08:45	08:40	09:05	07:55	08:00	08:20								
Maximum Temp	4.3	4.4	4.4	4.5	10.6	5.2	5.2								
Minimum Temp	3.8	3.8	3.8	3.7	3.7	3.7	3.8								

Danger! Temperatures above 8°C are too warm! Call the VFC Helpdesk (971-673-4832) immediately!

Temperature: 8°C, 7°C, 6°C, 5°C, 4°C

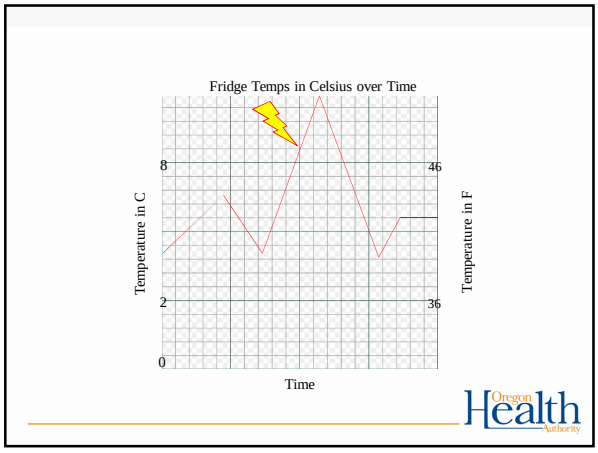
Optional

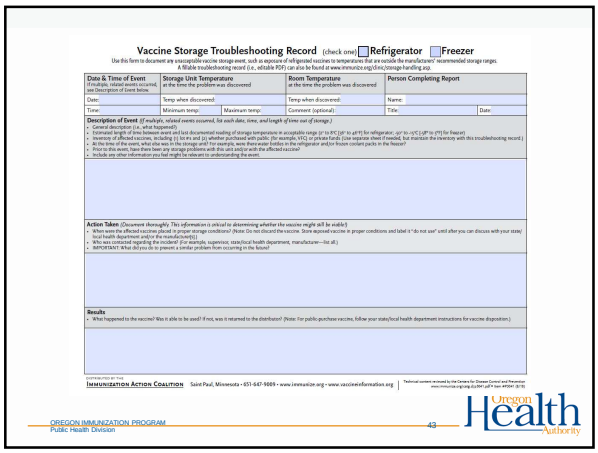
Danger! Temperatures below 2°C are too cold! Call the the VFC Helpdesk (971-673-4832) immediately!

OREGON IMMUNIZATION
Public Health Division

Oregon Health Authority

41





Vaccine Storage Troubleshooting Record (check one) ☐ **Refrigerator** ☐ **Freezer**

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.
A fillable troubleshooting record (i.e., editable PDF) can also be found at www.immunize.org/clinic/storage-handling.asp.

Date & Time of Event If multiple, related events occurred, see Description of Event below.	Storage Unit Temperature at the time the problem was discovered		Room Temperature at the time the problem was discovered	Person Completing Report	
Date:	Temp when discovered:		Temp when discovered:	Name:	
Time:	Minimum temp:	Maximum temp:	Comment (optional):	Title:	Date:

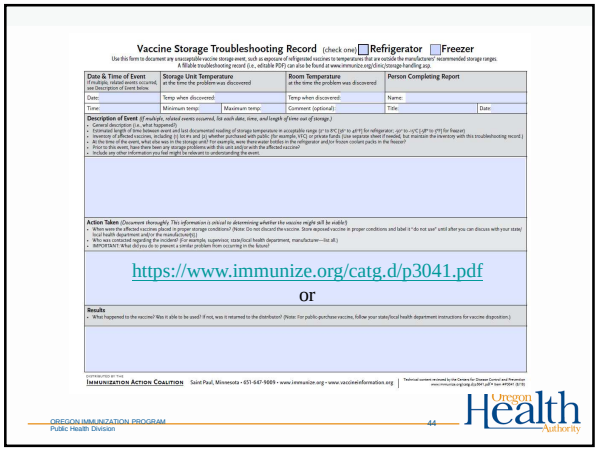
Description of Event *(If multiple, related events occurred, list each date, time, and length of time out of storage.)*
- General description (i.e., what happened?)
- Estimated length of time between event and last documented reading of storage temperature in acceptable range (2° to 8°C [36° to 46°F] for refrigerator; -50° to -15°C [-58° to 5°F] for freezer)
- Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.)
- At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer?
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?
- Include any other information you feel might be relevant to understanding the event.

Action Taken *(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)*
- When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store approved vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer(s).)
- Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)
- IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

Results
- What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.)

Contact Phone or Fax:
IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org | Technical content reviewed by the Centers for Disease Control and Prevention www.immunize.org/catg.d/p3041.pdf • Rev. APRIL 2010

OREGON IMMUNIZATION PROGRAM
Public Health Division
43
Oregon Health Authority



Vaccine Storage Troubleshooting Record (check one) ☐ **Refrigerator** ☐ **Freezer**

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.
A fillable troubleshooting record (i.e., editable PDF) can also be found at www.immunize.org/clinic/storage-handling.asp.

Date & Time of Event If multiple, related events occurred, see Description of Event below.	Storage Unit Temperature at the time the problem was discovered		Room Temperature at the time the problem was discovered	Person Completing Report	
Date:	Temp when discovered:		Temp when discovered:	Name:	
Time:	Minimum temp:	Maximum temp:	Comment (optional):	Title:	Date:

Description of Event *(If multiple, related events occurred, list each date, time, and length of time out of storage.)*
- General description (i.e., what happened?)
- Estimated length of time between event and last documented reading of storage temperature in acceptable range (2° to 8°C [36° to 46°F] for refrigerator; -50° to -15°C [-58° to 5°F] for freezer)
- Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.)
- At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer?
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?
- Include any other information you feel might be relevant to understanding the event.

Action Taken *(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)*
- When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store approved vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer(s).)
- Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)
- IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

https://www.immunize.org/catg.d/p3041.pdf

or

Results
- What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.)

Contact Phone or Fax:
IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org | Technical content reviewed by the Centers for Disease Control and Prevention www.immunize.org/catg.d/p3041.pdf • Rev. APRIL 2010

OREGON IMMUNIZATION PROGRAM
Public Health Division
44
Oregon Health Authority

Provider Resources

- For Immunization Providers
- Vaccines for Children (VFC)
- Maternal Immunization Toolkit
- Provider Resources
- Provider Training
- For Local Health Departments
- Model Standing Orders for Immunizations
- For Pharmacists
- Pharmacy Protocols
- ALERT IIS
- IQIP
- Contact Us

Oregon VFC Documents and Resources

VFC Program Requirements
- Make sure you're meeting VFC requirements by conducting a Clinic Self-Assessment (fillable pdf)

oregon vaccines for children

Vaccine Management
- Public Provider Adult Hepatitis A Allocation List (pdf)
- Oregon Immunization Program Vaccine Management Guide (Updated January 2018)
- Oregon VFC Borrowing Log (pdf)
- VFC Short-Dated Vaccine Policy
- Report Non-Viable Spoiled or Expired VFC Vaccine on-line to receive a Return label from McKesson
- Vaccine Transportation Instructions (Section 6)
- Map of VFC clinics in Oregon
- Multi Dose Vial Guidelines (pg. 75)
- VFC Ordering Cycle Calendars

Vaccine Storage and Handling
- Oregon VFC Refrigerator and Freezer Guide (pdf)
- Oregon VFC Thermometer Guide (pdf)
- Oregon VFC MinMax Guide (pdf)
- Oregon Immunization Program Offsite Clinic Tipsheet (pdf)
- SAMPLE: Temperature Logs
  - Freezer: Celsius (pdf)
  - Freezer: Fahrenheit (pdf)
  - Refrigerator: Celsius (pdf)
  - Refrigerator: Fahrenheit (pdf)
  - Off-site clinic temperature log: Celsius (pdf)
  - Off-site clinic temperature log: Fahrenheit (pdf)
  - Vaccine Storage Troubleshooting Record (pdf)

Vaccine Administration
- CDC One & Only Injection Safety Campaign

ALERT IIS Information and Handouts

Enrollment/Training
- Enrollment and Training
- ALERT standard user
- ALERT super user

Forecasting
- Presumo Forecast Updates (pdf) (Updated 06-25-2019) New

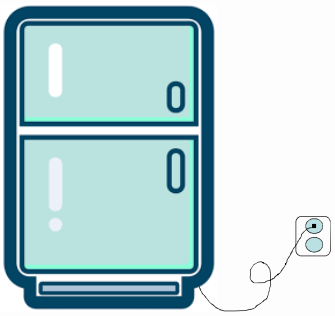
Inventory Management
- How to Manage Inventory (pdf) (Updated 02-13-2013)
- How to Manually Add Inventory (pdf) (Updated 05-25-2013)
- How to Manually Adjust Inventory (pdf) (Updated 05-23-2013)
- How to Order Vaccine (pdf) (Updated 02-13-2013)
- How to Transfer Vaccines (pdf)
- Interpreting the Options in Modify Quantity (pdf) Updated 02-15-2013)
- Preloading Flu Vaccine using the Request Flu feature (pdf)
- "Draw Down" Flu Vaccine in ALERT IIS (pdf)
- How to Request Flu Vaccine when there are Two Seasons Open (pdf) New

Reports
- Creating a Billable Vaccine Report (pdf)
- Manage your Active Patient List (pdf) (Updated 09-12-2017
- How to Run and Interpret the Accountability Report (pdf)
- Overview of Ad Hoc report functionality (pdf)
- Using the Ad Hoc Count Report for Flu Prebook (pdf)

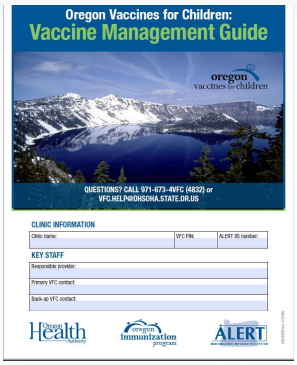
Other Resources

OREGON IMMUNIZATION PROGRAM
Public Health Division
45
Oregon Health Authority

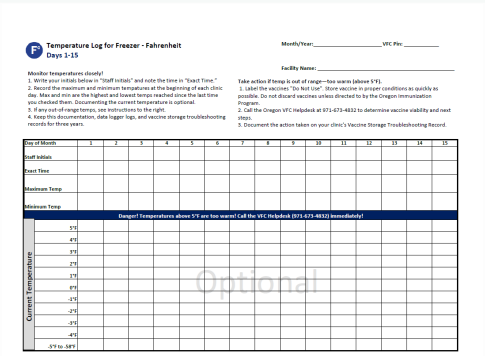
What's Missing from this Picture?



OREGON IMMUNIZATION PROGRAM
Public Health Division
46



OREGON IMMUNIZATION PROGRAM
Public Health Division
47



F Temperature Log for Freezer - Fahrenheit
Days 1-15

Month/Year:_____ VFC Pin: _____

Facility Name: _____

Monitor temperatures closely!
1. Write your initials below in "Staff Initials" and note the time in "Exact Time."
2. Record the maximum and minimum temperatures at the beginning of each clinic day. Max and min are the highest and lowest temps reached since the last time you checked them. Documenting the current temperature is optional.
3. If any out-of-range temps, see instructions to the right.
4. Keep this documentation, data logger logs, and vaccine storage troubleshooting records for three years.

Take action if temp is out of range—too warm (above 5°F).
1. Label the vaccines "Do Not Use". Store vaccine in proper conditions as quickly as possible. Do not discard vaccines unless directed to by the Oregon Immunization Program.
2. Call the Oregon VFC Helpdesk at 971-673-4832 to determine vaccine viability and next steps.
3. Document the action taken on your clinic's Vaccine Storage Troubleshooting Record.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials															
Exact Time															
Maximum Temp															
Minimum Temp															
Danger! Temperatures above 5°F are too warm! Call the VFC Helpdesk (971-673-4832) immediately!															
Current Temperature: 5°F															
4°F															
3°F															
2°F															
1°F															
0°F															
-1°F															
-2°F															
-3°F															
-4°F															
-5°F to -54°F															

Optional

OREGON IMMUNIZATION PROGRAM
Public Health Division
48

Oregon Vaccines for Children Borrowing Log

Vaccine	Patient Name or ID	DOB	Stock Borrowed	Lot # (Optional)	Date Borrowed	Reason Borrowed	Date Paid Back*
Example: ADTP	*Jane Doe*	*11/8/12*	*Private*	*1111111AA*	*1/28/18*	*#*	*2/2/18*

Clinic:
Visit Date:

Current Vaccine Coordinator:
Current Backup Coordinator:
Current Medical Director/Responsible Provider:

Number of Doses and Value of VFC Vaccine Received CY2018:

Oregon Vaccine Stewardship Requirements
These questions should be answered prior to the site visit, so the findings can be discussed during the site visit.

1. **Clinics must enter every dose of vaccine administered with a valid VFC eligibility code.**
   - ☐ ≥ 95% of doses include an eligibility code in ALERT IIS

   Notes:
2. **Clinics must submit all doses to ALERT IIS within 14 days of administration.**
   - ☐ ≥ 95% of doses are submitted within 14 days of administration

   Notes:
3. **Clinics must account for all doses of vaccine using the ALERT IIS inventory module.**
   - ☐ ≥ 95% of doses are accounted for in ALERT IIS accountability report
   - ☐ ≥ 95% of doses reported to ALERT IIS with an eligibility code were deducted from inventory.
   - ☐ Clinic has no outstanding transfers in ALERT IIS
   - ☐ Clinic is using ALERT IIS to manage both public and private stock
   - ☐ Borrowed imm given transactions do not exceed 5% of immunizations given

   Notes:
   - ☐ Water Bottles in Units

Clinics must require at least two staff to complete OIP's training on vaccine preparation, administration, and storage at least once every two years.

- ☐ 2 staff have completed the required trainings in the past 2 years and certificates are retained for documentation Notes:

OREGON IMMUNIZATION PROGRAM
Public Health Division
52

Key: Vaccine Eligibility Code		
M - Medicaid, OHP	U - Underinsured, not FQHC	B - Billable/Not Eligible
N - No Insurance	C - Insured, Co-pay Unaffordable	L - Locally Owned
A - Am. Indian/AK Native	O - Other State Supplied	S - Special Projects
F - Underinsured, FQHC	R - Unknown Insurance Status	G - IG only
		NS - Not Specified

Vaccine	M	N	A	F	U	C	O	R	B	L	S	G	NS	Total
DTPaP	15	1	0	0	0	0	0	0	1	3	0	0	0	20
DTPaP-HepB-Polio	86	2	1	0	0	0	0	0	8	4	0	0	0	101
DTPaP-Polio	16	1	0	0	0	0	0	0	0	2	0	0	0	19
HepA	49	2	0	0	0	0	2	0	11	3	0	0	1	68
HepB	5	0	0	0	0	0	4	0	45	29	0	0	0	83
Hib	93	2	1	0	0	0	0	0	6	2	0	0	0	104
HPV	56	6	1	0	0	0	0	0	35	9	0	0	0	107
Influenza-seasnl	110	4	0	0	0	0	0	0	0	492	0	0	4	610
Meringo	40	3	1	0	0	0	0	0	19	3	0	0	0	66
MMR	3	0	1	0	0	0	0	0	12	8	0	0	0	24
MMR-Varicella	33	2	0	0	0	0	0	0	2	1	0	0	0	38
PneumoConjugate	109	3	0	0	0	0	6	0	41	24	0	0	0	183
PneumoPoly 23	1	0	0	0	0	0	4	0	43	30	0	0	0	78
Polio	15	2	0	0	0	0	0	0	5	1	0	0	0	23

Public Health Division
53

Key: Vaccine Eligibility Code		
M - Medicaid, OHP	U - Underinsured, not FQHC	B - Billable/Not Eligible
N - No Insurance	C - Insured, Co-pay Unaffordable	L - Locally Owned
A - Am. Indian/AK Native	O - Other State Supplied	S - Special Projects
F - Underinsured, FQHC	R - Unknown Insurance Status	G - IG only
		NS - Not Specified

Vaccine	M	N	A	F	U	C	O	R	B	L	S	G	NS	Total
Rotavirus	55	2	0	0	0	0	0	0	3	1	0	0	0	61
TdTdap	24	3	1	0	0	0	25	0	114	65	0	0	1	233
Varicella	14	0	1	0	0	0	0	0	14	5	0	0	0	34
Zoster Recomb	0	0	0	0	0	0	0	0	1	17	0	0	0	18
Total	724	33	7	0	0	0	41	0	360	699	0	0	6	1870

OREGON IMMUNIZATION PROGRAM
Public Health Division
54

Key: Vaccine Eligibility Code		
M - Medicaid, OHP	U - Underinsured, not FQHC	B - Billable/Not Eligible
N - No Insurance	C - Insured, Co-pay Unaffordable	L - Locally Owned
A - Am. Indian/AK Native	O - Other State Supplied	S - Special Projects
F - Underinsured, FQHC	R - Unknown Insurance Status	G - IG only
		NS - Not Specified

Vaccine	M	N	A	F	U	C	O	R	B	L	S	G	NS	Total
DTPaP	15	1	0	0	0	0	0	0	1	3	0	0	0	20
DTPaP-HepB-Polio	86	2	1	0	0	0	0	0	8	4	0	0	0	101
DTPaP-Polio	16	1	0	0	0	0	0	0	0	2	0	0	0	19
HepA	49	2	0	0	0	0	2	0	11	3	0	0	1	68
HepB	5	0	0	0	0	0	4	0	45	29	0	0	0	83
Hib	93	2	1	0	0	0	0	0	6	2	0	0	0	104
HPV	56	6	1	0	0	0	0	0	35	9	0	0	0	107
Influenza-seasnl	110	4	0	0	0	0	0	0	0	492	0	0	4	610
Meningo	40	3	1	0	0	0	0	0	19	3	0	0	0	66
MMR	3	0	1	0	0	0	0	0	12	8	0	0	0	24
MMR-Varicella	33	2	0	0	0	0	0	0	2	1	0	0	0	38
PneumoConjugate	109	3	0	0	0	0	6	0	41	24	0	0	0	183
PneumoPoly 23	1	0	0	0	0	0	4	0	43	30	0	0	0	78
Polio	15	2	0	0	0	0	0	0	5	1	0	0	0	23

Public Health Division

55

Health Authority

Key: Vaccine Eligibility Code		
M - Medicaid, OHP	U - Underinsured, not FQHC	B - Billable/Not Eligible
N - No Insurance	C - Insured, Co-pay Unaffordable	L - Locally Owned
A - Am. Indian/AK Native	O - Other State Supplied	S - Special Projects
F - Underinsured, FQHC	R - Unknown Insurance Status	G - IG only
		NS - Not Specified

Vaccine	M	N	A	F	U	C	O	R	B	L	S	G	NS	Total
DTPaP	15	1	0	0	0	0	0	0	1	3	0	0	0	20
DTPaP-HepB-Polio	86	2	1	0	0	0	0	0	8	4	0	0	0	101
DTPaP-Polio	16	1	0	0	0	0	0	0	0	2	0	0	0	19
HepA	49	2	0	0	0	0	2	0	11	3	0	0	1	68
HepB	5	0	0	0	0	0	4	0	45	29	0	0	0	83
Hib	93	2	1	0	0	0	0	0	6	2	0	0	0	104
HPV	56	6	1	0	0	0	0	0	35	9	0	0	0	107
Influenza-seasnl	110	4	0	0	0	0	0	0	0	492	0	0	4	610
Meningo	40	3	1	0	0	0	0	0	19	3	0	0	0	66
MMR	3	0	1	0	0	0	0	0	12	8	0	0	0	24
MMR-Varicella	33	2	0	0	0	0	0	0	2	1	0	0	0	38
PneumoConjugate	109	3	0	0	0	0	6	0	41	24	0	0	0	183
PneumoPoly 23	1	0	0	0	0	0	4	0	43	30	0	0	0	78
Polio	15	2	0	0	0	0	0	0	5	1	0	0	0	23

56

Key: Vaccine Eligibility Code		
M - Medicaid, OHP	U - Underinsured, not FQHC	B - Billable/Not Eligible
N - No Insurance	C - Insured, Co-pay Unaffordable	L - Locally Owned
A - Am. Indian/AK Native	O - Other State Supplied	S - Special Projects
F - Underinsured, FQHC	R - Unknown Insurance Status	G - IG only
		NS - Not Specified

Vaccine	M	N	A	F	U	C	O	R	B	L	S	G	NS	Total
DTPaP	34	2	0	0	0	0	0	0	6	0	0	0	0	42
DTPaP-HepB-Polio	80	3	0	1	0	0	0	0	10	0	0	0	0	94
DTPaP-Polio	61	12	0	0	0	0	0	0	10	0	0	0	0	83
HepA	106	32	0	0	0	0	0	0	26	0	0	0	0	164
HepB	24	6	0	0	0	0	0	0	9	0	0	0	0	39
Hib	70	4	0	0	0	0	0	0	13	0	0	0	0	87
HPV	102	13	0	0	0	0	0	0	28	0	0	0	0	143
Influenza-seasnl	305	27	0	1	0	0	0	0	3	105	0	0	0	441
Meningo	115	15	0	0	0	0	0	0	25	0	0	0	0	155
MMR	37	6	0	0	0	0	0	0	6	0	0	0	0	49
MMR-Varicella	54	12	0	0	0	0	0	0	13	0	0	0	0	79
PneumoConjugate	96	4	0	1	0	0	0	0	15	0	0	0	0	115
PneumoPoly 23	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Polio	23	8	0	0	0	0	0	0	5	1	0	0	0	37

Public Health Division

57

Health Authority

Key: Vaccine Eligibility Code		
M - Medicaid, OHP	U - Underinsured, not FQHC	B - Billable/Not Eligible
N - No Insurance	C - Insured, Co-pay Unaffordable	L - Locally Owned
A - Am. Indian/AK Native	O - Other State Supplied	S - Special Projects
F - Underinsured, FQHC	R - Unknown Insurance Status	G - IG only
		NS - Not Specified

Vaccine	M	N	A	F	U	C	O	R	B	L	S	G	NS	Total
DTPlaP	34	2	0	0	0	0	0	0	6	0	0	0	0	42
DTPlaP-HepB-Polio	80	3	0	1	0	0	0	0	10	0	0	0	0	94
DTPlaP-Polio	61	12	0	0	0	0	0	0	10	0	0	0	0	83
HepA	106	32	0	0	0	0	0	0	26	0	0	0	0	164
HepB	24	6	0	0	0	0	0	0	9	0	0	0	0	39
Hib	70	4	0	0	0	0	0	0	13	0	0	0	0	87
HPV	102	13	0	0	0	0	0	0	28	0	0	0	0	143
Influenza-seasnl	305	27	0	1	0	0	0	0	3	105	0	0	0	441
Meningo	115	15	0	0	0	0	0	0	25	0	0	0	0	155
MMR	37	6	0	0	0	0	0	0	6	0	0	0	0	49
MMR-Varicella	54	12	0	0	0	0	0	0	13	0	0	0	0	79
PneumoConjugate	95	4	0	1	0	0	0	0	15	0	0	0	0	115
PneumoPoly 23	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Polio	23	8	0	0	0	0	0	0	5	1	0	0	0	37

Public Health Division

58

Why Do We Care?

Key: Vaccine Eligibility Code		
M - Medicaid, OHP	U - Underinsured, not FQHC	B - Billable/Not Eligible
N - No Insurance	C - Insured, Co-pay Unaffordable	L - Locally Owned
A - Am. Indian/AK Native	O - Other State Supplied	S - Special Projects
F - Underinsured, FQHC	R - Unknown Insurance Status	G - IG only
		NS - Not Specified

Vaccine	M	N	A	F	U	C	O	R	B	L	S	G	NS	Total
Rotavirus	55	2	0	0	0	0	0	0	3	1	0	0	0	61
TdTdap	24	3	1	0	0	0	25	0	114	65	0	0	1	233
Varicella	14	0	1	0	0	0	0	0	14	5	0	0	0	34
Zoster Recomb	0	0	0	0	0	0	0	0	1	17	0	0	0	18
Total	724	33	7	0	0	0	41	0	360	699	0	0	6	1870

OREGON IMMUNIZATION PROGRAM
Public Health Division

59

OREGON IMMUNIZATION PROGRAM
Public Health Division

60

Vaccines Offered:

Offers all ACIP recommended vaccines for ages 0 to 18 years.

VFC Eligible Estimates

Category	Age Ranges			
	< 1	1 - 6	7 - 18	Total
American Indian or Alaskan Native	0	0	0	0
Medicaid/Oregon Health Plan	94	245	211	550
No Health Insurance	2	5	3	10
Underinsured in FQHC/RHC	0	0	0	0
Totals	96	250	214	560

Non-VFC Eligible Estimates

Category	Age Ranges				
	< 1	1 - 6	7 - 18	> or = 19	Total
Billable	128	314	232	2	676
Totals	128	314	232	2	676

Grand Totals

Category	Age Ranges				
	< 1	1 - 6	7 - 18	> or = 19	Total
All Totals	224	564	446	2	1236

OREGON IMMUNIZATION PROGRAM
Public Health Division

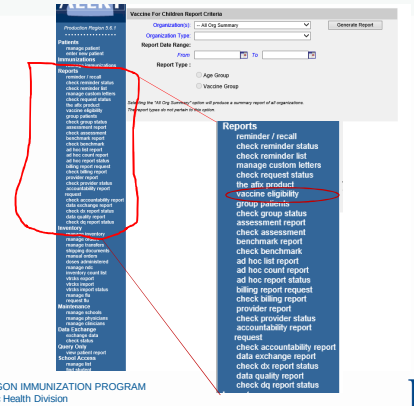
61

Key: Vaccine Eligibility Code		
M - Medicaid, OHP	U - Underinsured, not FQHC	B - Billable/Not Eligible
N - No Insurance	C - Insured, Co-pay Unaffordable	L - Locally Owned
A - Am. Indian/AK Native	O - Other State Supplied	S - Special Projects
F - Underinsured, FQHC	R - Unknown Insurance Status	G - IG only
		NS - Not Specified

(Age)	M	N	A	F	U	C	O	R	B	L	S	G	NS	Total
<1	89	2	0	0	0	0	0	0	124	0	0	0	1	216
1-6	230	4	0	0	0	0	0	0	312	0	0	0	0	546
7-18	226	3	0	0	0	0	0	0	253	0	0	0	0	482
19+	0	0	0	0	0	0	0	0	1	0	0	0	4	5
Total	545	9	0	0	0	0	0	0	690	0	0	0	5	1,249

OREGON IMMUNIZATION PROGRAM
Public Health Division

62



OREGON IMMUNIZATION PROGRAM
Public Health Division

63

Vaccine For Children Report Criteria

Organization(s): Oregon Immunization Program

Generate Report

Organization Type:

Report Date Range:

From 01/01/2019 *To* 11/07/2019

Report Type :

- (●) Age Group
- ( ) Vaccine Group

Selecting the "All Org Summary" option will produce a summary report of all organizations.
The report types do not pertain to this option.

Clinic:
Visit Date:

Current Vaccine Coordinator:
Current Backup Coordinator:
Current Medical Director/Responsible Provider:

Number of Doses and Value of VFC Vaccine Received CY2018:

Oregon Vaccine Stewardship Requirements
These questions should be answered prior to the site visit, so the findings can be discussed during the site visit.

1. **Clinics must enter every dose of vaccine administered with a valid VFC eligibility code.**
   - ☐ ≥ 95% of doses include an eligibility code in ALERT IIS

   Notes:
2. **Clinics must submit all doses to ALERT IIS within 14 days of administration.**
   - ☐ ≥ 95% of doses are submitted within 14 days of administration

   Notes:
3. **Clinics must account for all doses of vaccine using the ALERT IIS inventory module.**
   - ☐ ≥ 95% of doses are accounted for in ALERT IIS accountability report
   - ☐ ≥ 95% of doses reported to ALERT IIS with an eligibility code were deducted from inventory.
   - ☐ Clinic has no outstanding transfers in ALERT IIS
   - ☐ Clinic is using ALERT IIS to manage both public and private stock
   - ☐ Borrowed imm given transactions do not exceed 5% of immunizations given

   Notes:
   - ☐ Water Bottles in Units

Clinics must require at least two staff to complete OIP's training on vaccine preparation, administration, and storage at least once every two years.

- ☐ 2 staff have completed the required trainings in the past 2 years and certificates are retained for documentation Notes:

3. **Clinics must account for all doses of vaccine using the ALERT IIS inventory module.**
   - ☐ ≥ 95% of doses are accounted for in ALERT IIS accountability report
   - ☐ ≥ 95% of doses reported to ALERT IIS with an eligibility code were deducted from inventory.
   - ☐ Clinic has no outstanding transfers in ALERT IIS
   - ☐ Clinic is using ALERT IIS to manage both public and private stock
   - ☐ Borrowed imm given transactions do not exceed 5% of immunizations given

   Notes:
   - ☐ Water Bottles in Units

Clinics must require at least two staff to complete OIP's training on vaccine preparation, administration, and storage at least once every two years.

- ☐ 2 staff have completed the required trainings in the past 2 years and certificates are retained for documentation Notes:

☐ ≥ 95% of doses are accounted for in ALERT IIS accountability report

Report timeframe: Quarter 2, 2019 Report date: 09/03/2019 Funding Source: Both

This report only reflects data reported to ALERT IIS during the report timeframe and does not include influenza vaccine.

Detailed Accountability Data by Vaccine Group and Lot

Vaccine Group	Lot Number	+ Starting Inventory	+ Doses Received	- Doses Reported	- Doses Expired	- Doses Spoiled	- Doses Wasted	- Doses Transferred Out	+ Ending Inventory	Accounted for Doses	Accounted for %
DTP/aP	4YL32	7	0	-2	0	0	0	-2	2	6	85.71%
DTP/aP	G5BE3	0	10	0	0	0	0	0	10	10	100.00%
DTP/aP	**ALL**	**7**	**10**	**-2**	**0**	**0**	**0**	**-2**	**12**	**16**	**94.12%**
DTP/aP-Hep/B-Polio	P4F4F	5	14	9	0	0	0	0	14	14	100.00%
DTP/aP-Hep/B-Polio	8L179	10	8	8	0	0	0	0	18	18	100.00%
DTP/aP-Hep/B-Polio	H9M7	6	6	-7	0	0	0	0	5	6	100.00%
DTP/aP-Hep/B-Polio	**ALL**	**30**	**30**	**-2**	**0**	**0**	**0**	**0**	**37**	**38**	**100.00%**
DTP/aP-Polio	9406X	20	0	-3	0	0	0	0	17	20	100.00%
DTP/aP-Polio	E337X	1	0	-1	0	0	0	0	0	1	100.00%
DTP/aP-Polio	**ALL**	**21**	**0**	**-4**	**0**	**0**	**0**	**0**	**17**	**21**	**100.00%**
Hep/A	3C720	0	100	-53	0	0	0	0	42	95	95.00%
Hep/A	S9875	10	0	-9	0	0	0	0	1	10	100.00%
Hep/A	S53PL	20	0	-12	0	0	0	0	8	20	100.00%
Hep/A	P4G97	0	29	0	0	0	0	0	29	29	100.00%
Hep/A	5D10935	2	0	-2	0	0	0	0	0	2	100.00%
Hep/A	**ALL**	**32**	**129**	**-76**	**0**	**0**	**0**	**0**	**79**	**161**	**96.71%**
Hep/A-Hep/B	5N475	10	0	0	0	0	0	0	10	10	100.00%
Hep/A-Hep/B	Z751V2	2	0	-2	0	0	0	0	0	2	100.00%
Hep/A-Hep/B	**ALL**	**12**	**0**	**-2**	**0**	**0**	**0**	**0**	**10**	**12**	**100.00%**
Hep/B	5S276	10	0	0	0	0	0	0	10	10	100.00%
Hep/B	G9H24	3	0	0	0	0	0	-3	0	3	100.00%
Hep/B	K25VT	3	0	-1	0	0	0	0	2	3	100.00%
Hep/B	**ALL**	**16**	**0**	**-1**	**0**	**0**	**0**	**-3**	**12**	**16**	**100.00%**
Hib	3R66AAB	10	0	-3	0	0	0	0	2	8	38.46%
Hib	3R73AAA	0	20	0	0	0	-10	0	10	20	100.00%
Hib	**ALL**	**10**	**20**	**-3**	**0**	**0**	**-10**	**0**	**12**	**28**	**73.75%**
IPV	P5874V	2	0	-2	0	0	0	0	0	2	100.00%

OREGON IMMUNIZATION PROGRAM
Public Health Division

67

Vaccine Group	Lot Number	+ Starting Inventory	+ Doses Received	- Doses Reported	- Doses Expired	- Doses Spoiled	- Doses Wasted	- Doses Transferred Out	+ Ending Inventory	Accounted for Doses	Accounted for %
DTP/aP	4YL32	7	0	-2	0	0	0	-2	2	6	85.71%
DTP/aP	G5BE3	0	10	0	0	0	0	0	10	10	100.00%
DTP/aP	**ALL**	**7**	**10**	**-2**	**0**	**0**	**0**	**-2**	**12**	**16**	**94.12%**
Varicella	**ALL**	**12**	**20**	**-8**	**0**	**0**	**0**	**0**	**21**	**29**	**90.63%**
ALL	**ALL**	**337**	**260**	**-178**	**0**	**0**	**-10**	**-5**	**383**	**576**	**96.48%**

OREGON IMMUNIZATION PROGRAM
Public Health Division

68

3. Clinics must account for all doses of vaccine using the ALERT IIS inventory module.

- ☐ ≥ 95% of doses are accounted for in ALERT IIS accountability report
- ☐ ≥ 95% of doses reported to ALERT IIS with an eligibility code were deducted from inventory.
- ☐ Clinic has no outstanding transfers in ALERT IIS
- ☐ Clinic is using ALERT IIS to manage both public and private stock
- ☐ Borrowed immi given transactions do not exceed 5% of immunizations given

Notes:

- ☐ Water Bottles in Units

Clinics must require at least two staff to complete OIP's training on vaccine preparation, administration, and storage at least once every two years.

- ☐ 2 staff have completed the required trainings in the past 2 years and certificates are retained for documentation

Notes:

OREGON IMMUNIZATION PROGRAM
Public Health Division

69

Birth Date	Patient First Name	Patient Last Name	Vaccination Date	Vaccine	Vaccine Eligibility	Vaccine Lot	Historical Immunization	Borrowed Inventory	From Inventory
########			######	Tdap	B	C5601AA	No	(null)	No
########			######	Tdap			Yes	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Influenza-H1N1-09, NOS			Yes	(null)	No
########			######	PCV13	M	X91013	No	(null)	No
########			######	HPV9	B	R017625	No	(null)	No
########			######	Flu quadrivalent injectable pfree	M	UJ243AC	No	(null)	No
########			######	Flu quadrivalent injectable pfree			Yes	(null)	No
########			######	Flu quadrivalent injectable pfree			Yes	(null)	No
########			######	Flu quadrivalent injectable			Yes	(null)	No
########			######	Zoster subunit, recombinant, adjuvanted			Yes	(null)	No
########			######	MCV4P	M	U6220AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5601AA	No	(null)	No
########			######	Flu trivalent injectable pfree			Yes	(null)	No
########			######	Flu NOS			Yes	(null)	No
########			######	Pneumococcal 23			Yes	(null)	No
########			######	PCV13	M	X91013	No	(null)	No

OREGON IMMUNIZATION PROGRAM
Public Health Division
70

Birth Date	Patient First Name	Patient Last Name	Vaccination Date	Vaccine	Vaccine Eligibility	Vaccine Lot	Historical Immunization	Borrowed Inventory	From Inventory
########			######	Tdap	B	C5601AA		(null)	No
########			######	Tdap			Yes	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA		(null)	No
########			######	Influenza-H1N1-09, NOS			Yes	(null)	No
########			######	PCV13	M	X91013	No	(null)	No
########			######	HPV9	B	R017625	No	(null)	No
########			######	Flu quadrivalent injectable pfree	M	UJ243AC	No	(null)	No
########			######	Flu quadrivalent injectable pfree			Yes	(null)	No
########			######	Flu quadrivalent injectable pfree			Yes	(null)	No
########			######	Flu quadrivalent injectable			Yes	(null)	No
########			######	Zoster subunit, recombinant, adjuvanted			Yes	(null)	No
########			######	MCV4P	M	U6220AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5601AA	No	(null)	No
########			######	Flu trivalent injectable pfree			Yes	(null)	No
########			######	Flu NOS			Yes	(null)	No
########			######	Pneumococcal 23			Yes	(null)	No
########			######	PCV13	M	X91013	No	(null)	No

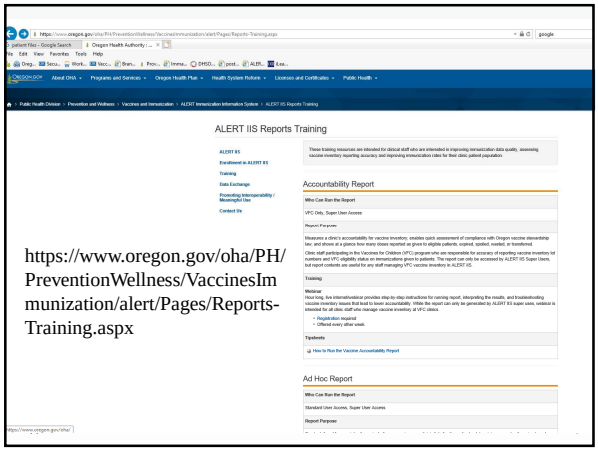
OREGON IMMUNIZATION PROGRAM
Public Health Division
71

Birth Date	Patient First Name	Patient Last Name	Vaccination Date	Vaccine	Vaccine Eligibility	Vaccine Lot	Historical Immunization	Borrowed Inventory	From Inventory
########			######	Tdap	B	C5601AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	PCV13	M	X91013	No	(null)	No
########			######	HPV9	B	RO17625	No	(null)	No
########			######	Flu quadrivalent injectable pfree	M	UJ243AC	No	(null)	No
########			######	MCV4P	M	U6220AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5601AA	No	(null)	No
########			######	PCV13	M	X91013	No	(null)	No

OREGON IMMUNIZATION PROGRAM
Public Health Division
72

Birth Date	Patient First Name	Patient Last Name	Vaccination Date	Vaccine	Vaccine Eligibility	vaccine lot	Historical Immunization	Borrowed Inventory	From Inventory
########			######	Tdap	B	C5601AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	PCV13	M	X91043	No	(null)	No
########			######	HPV9	B	RO17625	No	(null)	No
				Flu quadrivalent injectable					
########			######	pfree	M	UJ243AC	No	(null)	No
########			######	MCV4P	M	U6220AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5660AA	No	(null)	No
########			######	Tdap	B	C5601AA	No	(null)	No
########			######	PCV13	M	X91043	No	(null)	No

OREGON IMMUNIZATION PROGRAM
Public Health Division
73



https://www.oregon.gov/oha/PH/PreventionWellness/VaccinesImmunization/alert/Pages/Reports-Training.aspx

Image Courtesy of CDC

Your Questions are Always Welcome!

VFC Help Desk
(971) 673-4832
VFC.help@state.or.us

Nick Chew
(971) 673-0289
Nicholas.a.chew@dhsoha.state.or.us

Oregon Health Authority