

Temperature Excursion Management and VFC Re-enrollment Webinar October 25, 2018 @ 10:30am-11:30am

Welcome! The webinar will begin shortly.

Join the audio portion of the webinar by dialing

(800) 230-1766

Note: This session will be recorded.



- The moderator will ask for your name, Pin # and facility and will add you to the call line.
- Please **DO NOT** place your line on “hold” while the webinar is in session.

Temperature Excursion Management and VFC Re-enrollment

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New York City Department of Health and Mental Hygiene
October 2018

Overview

- Vaccines for Children (VFC) Program: Orders and Excursions
 - DDL thermometer summary report upload in Citywide Immunization Registry (CIR), Online Registry, Vaccine Inventory Management Module (VIM)
 - Managing temperature excursions
- VFC Re-enrollment
 - Required annual trainings
 - Re-enrollment form

VFC Orders and Excursions

DDL Summary Report Upload in Online Registry, VIM

- As of January 1, 2018, VFC providers are required to upload DDL summary reports for each storage unit when placing their VFC vaccine order

Refrigerator/Freezer Information

Storage Capacity and Modifying Storage Units

- Please enter the storage capacity used for VFC vaccine for each unit in your practice.
- To add or remove storage units, or to edit unit information, click on the 'Modify Storage' button.

Please note: Effective January 1, 2018, Continuous Digital Data Logger (DDL) thermometers are required.

Uploading a Thermometer Summary Report

- DDL thermometer summary reports should be uploaded for each storage unit at your practice.
- Summary report dates should be in accordance with your vaccine ordering tier (monthly, bi-monthly or quarterly) or should cover the time period since your last order
 - For example, if you have two (2) storage units and order vaccines quarterly, you must upload a DDL report for each of the units covering the previous three (3) months or the dates since your last order.
 - **Temperature logs are not acceptable, only upload DDL summary reports.**
- To attach your temperature summary report, click on the '**Choose File**' button and select the file.

Acceptable formats: .pdf, .jpeg, .png, .txt, .xls, .xlsx

Unit Name	Estimated Storage	Storage Used for VFC Vaccine	DDL Summary Report Upload
Test329 Continuous DDL: Y Calibration Exp. Date: 12/31/2060	9.7 ft ³	* 100% ▼	Choose File No file chosen
Regular Stand-Alone Chest Freezer 1 Continuous DDL: Y Calibration Exp. Date: 12/31/2020	15.0 ft ³	* 100% ▼	Choose File No file chosen

* Required



← Previous

Modify Storage

Continue →

DDL Summary Report Upload, cont.

- Acceptable file formats include
 - .pdf, .jpeg, .png, .txt, .xls, .xlsx
- Reports uploaded must cover the interval between the last vaccine order and the current order
 - Example:
 - Site is on a bi-monthly ordering tier
 - The site's last order was placed on August 1st
 - Next order date is October 1st
 - Uploaded DDL report must contain readings from August 1 to October 1
- For DDLs that create multiple reports and do not contain the dates for the full VFC ordering period, combine files by:
 - Using Adobe Pro Software
 - Printing and scanning

Managing Excursions

- DDL summary reports must be submitted along with VFC vaccine orders
 - Staff review the reports submitted
 - No Excursions – Order is sent for processing immediately
 - Excursions – Staff hold the order and conduct follow-up with provider
- According to the Center for Disease Control (CDC), an excursion refers to temperature readings outside of the recommended range

Type of Unit	Fahrenheit (°F)	Celsius (°C)
Refrigerator	36°F to 46°F	2°C to 8°C
Freezer	-58°F to 5°F	-50°C to -15°C

Excursion Follow-up

- If your unit has an excursion, your site will receive an email from VFC staff

Based on your DDL summary report submitted with your last VFC order, there were temperature excursions present in your refrigerator and/or freezer unit. I have provided guidance on what you will need to do to determine the viability of the affected vaccine.

Please note that PIN **XXXXXX** will remain on HOLD until:

- The email will provide guidance on determining vaccine viability
- Attached to the email will be:
 - Temperature Excursion Incident report (TEI)
 - List of vaccine manufacturers and their contact information

Excursion Follow-up Documents

VACCINE MANUFACTURER CONTACT INFORMATION

MANUFACTURER	CONTACT INFO	VFC VACCINE
CSL	1-888-435-8633 www.biocsl.com	Influenza (Age 9 years and older) (Afluria No Preservative) Influenza (Age 9 years and older) (Afluria)
GlaxoSmithKline	1-877-356-8368 www.gsk.com	DTap (Infanrix) DTap-IPV (Kinrix) DTaP-Hep B-IPV (Pediarix) Hepatitis A Pediatric (Havrix) Hepatitis A-Hepatitis B 18 only (Twinrix) Hepatitis B Pediatric/Adolescent (Engerix B) HIBMENY (MENHIBRIX) HPV - Bivalent Human Papillomavirus Types 16 and 18 (Cervarix) Influenza (Age 36 months and older) (Fluarix Quadrivalent Preservative Free) Influenza (Age 36 months and older) (FluLaval Quadrivalent/ FluLaval Trivalent) MENB – Meningococcal Group B (Bexsero) Meningococcal Conjugate (Groups A, C, Y and W-135) (Menveo) Rotavirus, Live, Oral, Oral (Rotarix) Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Boostrix)
MedImmune	1-877-633-4411 www.medimmune.com	Influenza [5] Live, Intranasal (Age 2-49 years) (FluMist® Quadrivalent No Preservative)
Merk	1-800-672-6372 www.merck.com	Hepatitis A Pediatric (Vaqta) Hepatitis B Pediatric/Adolescent (Recombivax HB) Hib (PedvaxHIB) HPV - Quadrivalent Human Papillomavirus Types 6, 11, 16 and 18 Recombinant (Gardasil) Measles, Mumps and Rubella (MMR) (M-M-R II) MMR/Varicella (ProQuad) Pneumococcal Polysaccharide (23 Valent) (Pneumovax23) Rotavirus, Live, Oral, Pentavalent (Rota Teq) Varicella (Varivax)
Novartis	1-855-358-8966 www.novartis.com	Influenza (Age 4 years and older) (Fluvirin) Influenza (Age 4 years and older) (Fluvirin Preservative Free)
Pfizer	1-800-438-1985 www.pfizer.com	Pneumococcal 13-valent (Prevnar 13 TM) MENB – Meningococcal Group B (Trumenba)
Sanofi Pasteur	1-800-822-2463 www.sanofipasteur.us	DTap (Daptacel) DTaP-IP-HI (Pentacel) e-IPV (IPOL) Hib (ActHIB) Influenza (Age 6-35 months) (Fluzone Quadrivalent Pediatric dose No Preservative) Influenza (Age 36 months and older) (Fluzone No-Preservative/ Fluzone Quadrivalent No-Preservative) Meningococcal Conjugate (Groups A, C, Y and W-135) (Menactra) Tetanus & Diphtheria Toxoids (Tenivac) Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Adacel) Influenza (Age 6 months and older) (Fluzone/Fluzone Quadrivalent)

TEMPERATURE EXCURSION INCIDENT REPORT

NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE: VACCINES FOR CHILDREN (VFC) PROGRAM
347-396-2404 (Phone) • 347-396-2559 (Fax) • nycimmunize@health.nyc.gov

In the event of any VFC temperature excursions, please complete this form and file it with the relevant temperature logs. Make sure to file any documents from the manufacturer as well. This report must be readily available if requested by the VFC Program.

VFC Provider Site: _____ VFC PIN #: _____

Name: _____ Phone #: _____ Email: _____

Date of Occurrence: _____ Time of Occurrence: _____ Order ID: _____

IMMEDIATE ACTION TAKEN

1.	Was the Physician In-Charge, Vaccine Coordinator or Back-up Vaccine Coordinator notified of excursion? <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	What was the temperature inside the affected storage unit(s) at the time the problem was discovered (Include Min & Max temperatures as well)? *Please note that any temperature reading outside the recommended ranges (Refrigerator – between 36°F [2°C] & 46°F [8°C]; Freezer – between -58°F [-50°C] & +5°F [-15°C]) is considered a temperature excursion. <input type="checkbox"/> Refrigerator Excursion Temperature _____ Min Temperature _____ Max Temperature _____ <input type="checkbox"/> Freezer Excursion Temperature _____ Min Temperature _____ Max Temperature _____
3.	How long were the vaccines exposed to inappropriate storage temperatures? Please record the total amount of time or cumulative time outside of range. _____
4.	What was the room temperature surrounding the affected unit at the time of the excursion? _____
5.	Were water bottles in refrigerator & frozen coolant packs in freezer at the time of the event? <input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Was an inventory of the vaccines within the affected storage unit conducted? <input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Were the vaccines in the affected storage unit quarantined within the unit and labeled “DO NOT USE” pending manufacturer’s input? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>*If your vaccine storage unit(s) cannot be reset to maintain the appropriate storage conditions, follow the EMERGENCY PLAN as described within the VFC Vaccine Management Plan.</i>
8.	Has the vaccine manufacturer been contacted for further guidance? <input type="checkbox"/> YES <input type="checkbox"/> NO

CAUSE OF EXCURSION:

- Power Outage Unit(s) not plugged in or not turned on
- Prolonged opening of refrigerator /freezer door
- Temperature Monitoring device moved/misplaced
- Unit’s temperature control knob setting is incorrect
- Poor air circulation inside and outside the unit(s)
- Operational problems with the storage unit(s)
- Other _____

Type & Brand Name of Storage Unit Affected by Excursion:

- | | |
|---|---|
| <input type="checkbox"/> Small Stand-Alone Refrigerator | <input type="checkbox"/> Pharmaceutical Grade (Stand-Alone Refrigerator) |
| <input type="checkbox"/> Small Stand-Alone Chest Freezer | <input type="checkbox"/> Pharmaceutical Grade (Combined Refrigerator & Freezer) |
| <input type="checkbox"/> Stand-Alone Freezer | <input type="checkbox"/> Small Household Refrigerator & Freezer (Refrigerator Only) |
| <input type="checkbox"/> Regular Stand-Alone Refrigerator | <input type="checkbox"/> Regular Household Refrigerator & Freezer (Refrigerator Only) |
| <input type="checkbox"/> Regular Stand-Alone Chest Freezer | <input type="checkbox"/> Large Household Refrigerator & Freezer (Refrigerator Only) |
| <input type="checkbox"/> Pharmaceutical Grade (Stand-Alone Freezer) | |

Storage Unit Brand Name: _____ Model/Serial #: _____

Thermometer Brand Name: _____ Model/Serial #: _____

Common Reported Reasons for Excursions

- Power outage
- Circuit breaker
- Defrosting or cleaning the unit
- Prolonged opening of unit door
- Improper placement of probes (i.e. top shelf, walls, cold air vents, door and floor of unit)
- Unit's temperature control knob setting is incorrect
- Poor air circulation inside and outside of the unit(s)
- Unit malfunction
- Unknown cause/spontaneous occurrence

Filling out the Temperature Excursion Incident Report

TEMPERATURE EXCURSION INCIDENT REPORT

NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE: VACCINES FOR CHILDREN (VFC) PROGRAM

347-396-2404 (Phone) • 347-396-2559 (Fax) • nycimmunize@health.nyc.gov

In the event of any VFC temperature excursions, please complete this form and file it with the relevant temperature logs. Make sure to file any documents from the manufacturer as well. This report must be readily available if requested by the VFC Program.

VFC Provider Site: ABC Pediatrics VFC PIN #: 15999

Name: John Doe Phone #: 718-888-8888 Email: johndoe@health.nyc.gov

Date of Occurrence: July 1 to July 5 Time of Occurrence: 10 AM Order ID: 131313

TEMPERATURE EXCURSION INCIDENT REPORT

NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE: VACCINES FOR CHILDREN (VFC) PROGRAM

IMMEDIATE ACTION TAKEN

1.	Was the Physician In-Charge, Vaccine Coordinator or Back-up Vaccine Coordinator notified of excursion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	What was the temperature inside the affected storage unit(s) at the time the problem was discovered (Include Min & Max temperatures as well)? <i>*Please note that any temperature reading outside the recommended ranges (Refrigerator – between 36°F [2°C] & 46°F [8°C]; Freezer – between -58°F [-50°C] & +5°F [-15°C]) is considered a temperature excursion.</i> <input checked="" type="checkbox"/> Refrigerator Excursion Temperature <u>24°F</u> Min Temperature <u>38°F</u> Max Temperature <u>42°F</u> <input checked="" type="checkbox"/> Freezer Excursion Temperature <u>74°F</u> Min Temperature <u>2°F</u> Max Temperature <u>5°F</u>
3.	How long were the vaccines exposed to inappropriate storage temperatures? Please record the total amount of time or cumulative time outside of range. <u>5 days for both Freezer and Fridge</u>
4.	What was the room temperature surrounding the affected unit at the time of the excursion? <u>64°F</u>
5.	Were water bottles in refrigerator & frozen coolant packs in freezer at the time of the event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6.	Was an inventory of the vaccines within the affected storage unit conducted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
7.	Were the vaccines in the affected storage unit quarantined within the unit and labeled “DO NOT USE” pending manufacturer’s input? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>*If your vaccine storage unit(s) cannot be reset to maintain the appropriate storage conditions, follow the EMERGENCY PLAN as described within the VFC Vaccine Management Plan.</i>
8.	Has the vaccine manufacturer been contacted for further guidance? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

TEMPERATURE EXCURSION INCIDENT REPORT

NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE: VACCINES FOR CHILDREN (VFC) PROGRAM

CAUSE OF EXCURSION:

- Power Outage Unit(s) not plugged in or not turned on
- Prolonged opening of refrigerator /freezer door
- Temperature Monitoring device moved/misplaced
- Unit's temperature control knob setting is incorrect
- Poor air circulation inside and outside the unit(s)
- Operational problems with the storage unit(s)
- Other _____

Type & Brand Name of Storage Unit Affected by Excursion:

- | | |
|--|---|
| <input type="checkbox"/> Small Stand-Alone Refrigerator | <input checked="" type="checkbox"/> Pharmaceutical Grade (Stand-Alone Refrigerator) |
| <input type="checkbox"/> Small Stand-Alone Chest Freezer | <input type="checkbox"/> Pharmaceutical Grade (Combined Refrigerator & Freezer) |
| <input type="checkbox"/> Stand-Alone Freezer | <input type="checkbox"/> Small Household Refrigerator & Freezer (Refrigerator Only) |
| <input type="checkbox"/> Regular Stand-Alone Refrigerator | <input type="checkbox"/> Regular Household Refrigerator & Freezer (Refrigerator Only) |
| <input type="checkbox"/> Regular Stand-Alone Chest Freezer | <input type="checkbox"/> Large Household Refrigerator & Freezer (Refrigerator Only) |
| <input checked="" type="checkbox"/> Pharmaceutical Grade (Stand-Alone Freezer) | |

Storage Unit Brand Name: Helmer Scientific Model/Serial #: Fridge - HMZ3092 & Freezer -HMZ3093

Thermometer Brand Name: VFC 400- Log Tag Model/Serial #: Fridge- 1789468 & Freezer- 1789467

TEMPERATURE EXCURSION INCIDENT REPORT

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Description of problem and actions taken:

The thermostat of the refrigerator was adjusted by a staff member since it was not holding stable temperatures. The freezer door was left open after vaccine retrieval. Our office was closed for one week and this excursion was not addressed right away. We contacted all vaccine manufacturers. Spoiled doses were reported to the City Wide Immunization registry (CIR) and returned to McKesson. All supporting documents from the manufacturers are attached.

BASED ON MANUFACTURER'S RESPONSE:

A Provider Quality Assurance (PQA) visit may occur when vaccines are not viable.

Quality of VFC vaccines has not been compromised and may continue to be used.
 [CONTINUE TO MANUFACTURER CASE NUMBER(S) SECTION /SIGN FORM ON PAGE 3]

VFC vaccines are not approved for further use and should be identified as "spoiled".

Manufacturer Case Number(s):
 MSD 00837581 PMC 1-1489853
 SKB _____ SEQ _____
 Wyeth _____

**PLEASE ATTACH COPIES OF ALL DOCUMENTS FROM THE MANUFACTURER STATING THE VIABILITY STATUS OF ALL VACCINES.
 DO NOT DISCARD VACCINES UNLESS DIRECTED BY THE MANUFACTURER(S).

Pediatric Influenza Vaccines, Manufacturer & Lot Number(s) affected due to temperature excursion:

	Vaccine (Manufacturer) <i>Place an 'X' in box next to spoiled vaccines</i>	Vaccine Type	Lot Number(s)	Lot Expiration Date	New Expiration Date (if applicable)	Number of Doses
<input type="checkbox"/>	Afluria [®] (SEQ)	Flu				
<input type="checkbox"/>	Afluria [®] (NP) (SEQ)	Flu				
<input type="checkbox"/>	Fluarix [®] (PF) (SKB)	Flu				
<input type="checkbox"/>	FluMist [®] (NP) Quad (SKB)	Flu				
<input type="checkbox"/>	Fluvirin [®] (SEQ)	Flu				
<input type="checkbox"/>	Fluvirin [®] (PF) (SEQ)	Flu				
<input type="checkbox"/>	Fluzone [®] (PMC)	Flu				
<input checked="" type="checkbox"/>	Fluzone [®] (NP) (PMC)	Flu	U5912CC	06/30/20	6/30/19	200
<input type="checkbox"/>	Fluzone [®] Ped Dose (NP)(PMC)	Flu				

Please note, manufacturers may provide new expiration dates for vaccines when exposed to temperatures outside of the recommended range.

*(NP) = No Preservative, (PF) = Preservative Free, & Quad = Quadrivalent
 Manufacturer Codes: MSD=Merck and Co., Inc., PMC= Sanofi Pasteur, SEQ= Seqirus, SKB=GlaxoSmithKline*

VFC Vaccines, Manufacturer, Lot Number(s) & doses affected due to temperature excursion:

Vaccine (Manufacturer) <i>Place an 'X' in box next to spoiled vaccines</i>	Vaccine Type	Lot Number(s)	Lot Expiration Date	New Expiration Date (if applicable)	Number of Doses
<input type="checkbox"/> ActHIB [®] (PMC)	Hib				
<input type="checkbox"/> Adacel [®] (PMC)	Tdap				
<input type="checkbox"/> Boostrix [®] (SKB)	Tdap				
<input type="checkbox"/> Cervarix [®] (SKB)	HPV				
<input type="checkbox"/> Daptacel [®] (PMC)	DTaP				
<input type="checkbox"/> Engerix B [®] (SKB)	Hep B				
<input checked="" type="checkbox"/> Gardasil [®] (MSD)	HPV	N021571	4/29/20	4/20/19	25
<input type="checkbox"/> Havrix [®] (SKB)	Hep A				
<input type="checkbox"/> Infanrix [®] (SKB)	Tdap				
<input checked="" type="checkbox"/> IPOL [®] (PMC)	e-IPV	NIK921M	11/14/19	N/A	100
<input type="checkbox"/> Kinrix [®] (SKB)	DTaP-IPV				
<input type="checkbox"/> Menactra [®] (PMC)	MCV4				
<input type="checkbox"/> Menveo [®] (SKB)	MCV				
<input checked="" type="checkbox"/> M-M-R [®] II (MSD)	MMR	N020927	8/20/19	N/A	75
<input type="checkbox"/> PedvaxHIB [®] (MSD)	HIB				
<input type="checkbox"/> Pentacel [®] (PMC)	DTap-IPV				
<input type="checkbox"/> Pneumovax [®] 23 (MSD)	Pneumo				
<input type="checkbox"/> Prevnar 13 TM (Wyeth)	Pneumo				
<input checked="" type="checkbox"/> ProQuad [®] (MSD)	MMR-V	R 002937	7/29/19	N/A	100
<input type="checkbox"/> Recombivax HB [®] (MSD)	Hep B				
<input checked="" type="checkbox"/> Rotarix [®] (SKB)	ROTA	GSJL7	10/29/19	N/A	50
<input type="checkbox"/> RotaTeq [®] (MSD)	ROTA				
<input checked="" type="checkbox"/> Tenivac [®] (PMC)	Td	A09801	9/14/19	N/A	50
<input type="checkbox"/> Twinrix [®] (SKB)	Hep A-B				
<input type="checkbox"/> Vaqta [®] (MSD)	Hep A				
<input type="checkbox"/> Varivax [®] (MSD)	VARICELLA				

Please note, the provider may have to replace vaccines distributed by the VFC program that are deemed non-viable due to provider negligence on a dose-for-dose basis.

Reminder: Do not discard spoiled doses. Report all spoiled doses in the Returns/ Wastage section of the registry and return to Mckesson.

Quality Assurance may occur when not viable.

IN FORM ON PAGE 3]

ALL VACCINES.

	Number of Doses
--	-----------------

Manufacturers may expiration dates for exposed to outside of the red range.

	200
--	-----

Manufacturer Codes: MSD=Merck and Co., Inc., PMC= Sanofi Pasteur, SEQ= Seqirus, SKB=GlaxoSmithKline

NAME: **John Doe** SIGNATURE: **John Doe** DATE: **5-1-2018**



Excursion Next Steps

- If vaccines are viable
 - DDL summary report is analyzed to ensure stability of the unit
 - Vaccine order is processed
- If vaccines are not viable
 - Site is referred for a visit
 - Submit a one-week DDL summary report to VFC to ensure unit is stable
 - Report spoiled vaccines and number of doses in the **Returns/Wastage** tab in the VIM section of CIR
 - Receive return label via E-mail
 - Return spoiled doses to McKesson, CDC's centralized distributor
 - Determine if revaccination is necessary; if so, generate a list to recall patients
 - VFC Staff will determine if vaccine replacement is required

Annotating Summary Reports (I)

148075-unit_4671_F.pdf - Adobe Acrobat Pro DC

P1	Time	Date	Notes
37	11:30	7/11/2018	
40.1	11:15	7/11/2018	
42.3	11:00	7/11/2018	
47.6	10:45	7/11/2018	Conducting Inventory
44.2	10:30	7/11/2018	Conducting Inventory
55.2	10:15	7/11/2018	Conducting Inventory
47.6	10:00	7/11/2018	Conducting Inventory
42.2	9:45	7/11/2018	
40.2	9:30	7/11/2018	

Annotating Summary Reports (II)

DicksonOne

07/06/2018 - 08/05/2018
freezer 1/// pin 91536

FREEZER



Channel	Average	Minimum	Maximum	Mean Kinetic Temp
Temperature CH:1	-18.2°F	-29.9°F	71.5°F	-18.2°F
Temperature CH:1	-25.7°F	-30.4°F	71.5°F	-26.0°F

Temperature CH:1 Is Above 5.0°F

Triggered 07/19/2018 02:34:52 PM EDT

Duration 1 hr, 30 mins

Comments 0

Temperature CH:1 Is Above 5.0°F

Triggered 07/13/2018 11:21:26 AM EDT

Duration 2 hrs, 30 mins

Comments

Alarm acknowledged

07/13/2018
11:26:03 AM EDT

Defrosting freezer

07/13/2018
11:27:50 AM EDT

Medications are in the hospital pharmacy and will be stored there until proper temperatures are achieved

Tips for Providers: Dos

- Place water bottles against the walls, in the back, on the floor, in the door racks of unit and label “Do Not Drink”
- Clean unit regularly and check door seals, coils, vents, etc.
- Ensure buffered probe is placed in the center of the unit
- Plug in one unit per electrical outlet
- Perform daily inspection of storage units
- Advise staff to never disconnect power
- Label circuit breakers
- Install/set audible temperature alarms

Tips for Providers: Don'ts

- Do not leave unit open for an extended period of time
- Do not overcrowd unit
- Do not use power outlets such as multi-outlet power strips with an off button, wall switch activation, etc.
- Do not store vaccines in dormitory-style, bar-style units or in the freezer section of a household combination unit
- Do not store food or beverages in unit
- Do not allow untrained staff to reset thermostat of unit

Tips for Providers (I)

Temperature **Warmer** than 46°F/8°C in Refrigerator

- Check:
- Power supply
 - Door/door Seal
 - Overcrowding of vaccines
 - Temperature monitoring device probe
 - Thermostat setting
 - Circulation behind the unit
 - Coils
 - Room temperature
 - Unit usage/stock

Temperature **Colder** than 36°F/2°C in Refrigerator

- Check:
- Temperature monitoring device probe
 - Thermostat setting
 - Room temperature
 - Unit usage/stock

Tips For Providers (II)

Temperature **Warmer** than 5°F/-15°C in Freezer

Check:

- Automatic Defrost
- Ice buildup
- Power supply
- Door seal
- Thermostat setting
- Circulation behind the unit

VFC Re-enrollment

VFC Re-enrollment

- Providers are required to re-enroll in the VFC program **annually**
- 2019 Re-enrollment
 - Opened on Friday, October 5, 2018
 - Deadline for completion is Friday, **November 30, 2018**
 - Vaccine ordering privileges will be suspended for providers who do not re-enroll by the deadline

Required Annual Trainings

The CDC 'You Call the Shots' trainings/courses must be completed by:

- Physician-in-Charge (PIC)
- Vaccine Coordinator (VC)
- Back-up Vaccine Coordinator (BVC)
- Only certificates with a 2018 date will be accepted
 - Vaccine Storage and Handling (WB2897)
 - Vaccines for Children (WB2898)
- Instructions on how to complete the trainings can be found on the Bureau of Immunization website
<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/you-call-inst.pdf>

Accessing *You Call the Shots* Trainings

Accessing *You Call The Shots* Training Modules

NYC DOHMH Vaccines For Children Program: Annual Training Requirement

The Physician In-Charge, Vaccine Coordinator, & Backup Vaccine Coordinator Must Complete This Training Annually

A. Steps To Taking The Course

1. Go to the first course link below (#1a) and then follow #2-4 and then go to the second course link (#1b) and follow # 2-4.
 - a. **You Call the Shots: Vaccine Storage and Handling – 2018 (Course #WB2897)**
Can be found here: <https://www2a.cdc.gov/nip/isd/ycts/mod1/courses/sh/ce.asp>
 - b. **You Call the Shots: Vaccines for Children (VFC)-2018 (Course #WB2898)**
Can be found here: <https://www2a.cdc.gov/nip/isd/ycts/mod1/courses/vfc/ce.asp>
 2. Click on the blue icon that reads 'Continue'
 3. Take the course (if you have to stop and come back note where you left off and forward to that section when you come back)
 4. Repeat steps 1-3 for second course (link #1b)
 5. Once you are done with both courses, proceed to section B. If you have already set up a CDC training account, proceed to section C.
-

Log-in or Create an Account



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

CDC A-Z INDEX ▾

Training and Continuing Education Online (TCEO)



TRAINING AND CONTINUING
EDUCATION ONLINE

TCEO QUICK SEARCH

Sign In

[Create Account](#) | [Forgot Password?](#) | [Forgot Username](#)

TCEO Home

Search Courses

Create Account

9 Simple Steps to Earn CE

Frequently Asked Questions

Contact TCEO

New to TCEO?

Visit [Create Account](#). Once your account has been created, you will be able to search for courses and complete requirements to receive CE.

Already have a TCEO account from the previous system?

To move your account to the new system please sign in above using your existing TCEO username and password. Once signed in, follow the prompts to verify and update your account. After your account has been updated you will sign in using the email and password you provide during this update. Going forward you will use this email address and password to sign in.

Not sure how to get started?

Follow these [9 Simple Steps](#) to earn continuing education for the courses you have taken or conferences you have attended!



Verify Account

Training and Continuing Education Online (TCEO)



TCEO QUICK SEARCH 

Sign In

[Create Account](#) | [Forgot Password?](#) | [Forgot Username?](#)

TCEO Home

Search Courses

Create Account

9 Simple Steps to Earn CE

Frequently Asked Questions

Contact TCEO

Security Questions

Please answer the questions below to verify your account.

Note: If you have forgotten the answers to your security questions, [Contact TCEO](#)

* In what city were you born?

* In what city was your father born?

Next 



Verify Account

CDC

Government Warning

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following:

- This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.
- This system is provided for Government-authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
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 - The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
 - Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

CDCA-Z INDEX ▾

TCEO QUICK SEARCH



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Contact



Registering for the Courses (I)

Training and Continuing Education Online (TCEO)



gelysee@health.nyc.gov Sign Out

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Search Courses

Search Browse

Use at least one of the following search options. **Scroll down for search results.**

Topic/keyword/course number:



CE type:

Date of conference/live event:

Results present the newest courses at the top (in order by start date). Click on the column headers in the table to sort results by course type, course title, or course number.

 = requires course access code

Total results: 1

results per page [50](#) [20](#) [10](#) [5](#)

Course Type	Course Title and Description	Course Number
-----------------------------	--	-------------------------------

Web Based	 Immunization: You Call the Shots-Module Ten-Storage and Handling - 2018 (Web-based)	WB2897
-----------	--	--------

Completed

You Call the Shots is a series of interactive, web-based, immunization training courses that present...

[View More](#)

Registering for the Courses (II)

Training and Continuing Education Online (TCEO)



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[< Go Back to Search Results](#)

Course Completed

Immunization: You Call the Shots-Module Ten-Storage and Handling - 2018 (Web-based)

Course Summary

Course: WB2897

UAN #: 0387-0000-18-033-H06-P

CE Expiration: 12/31/2018, 11:59 PM (ET)

Available CE: CME, CNE, CEU, CPH, CHES, CPE

You Call the Shots is a series of interactive, web-based, immunization training courses that present practice-oriented immunization content in a step-by-step, self-study format. These courses are ideal for medical or nursing students, new vaccination providers, or seasoned health care providers seeking a review.

You Call the Shots consists of a series of modules that discuss vaccine-preventable diseases and the latest recommendations for vaccine storage, administration, and use. Each module provides learning opportunities, self-test knowledge checks, reference and resource materials, and an extensive glossary.

This module is the 10th in the series and focuses on vaccine storage and handling requirements.

Course Link

Note: Clicking Course Link will take you to course content or to a landing page for the course outside of the TCEO system. After taking the course you will need to return to this page and click Continue to complete steps to receive continuing education for the course.

[+ More Information](#)

[+ Continuing Education Accreditation Statements](#)



Continue

Registering for the Courses (III)

Training and Continuing Education Online (TCEO)



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Frequently Asked Questions

Contact TCEO

Georgia Elysee

WB2898 - Immunization: You Call the Shots-Module Sixteen-Vaccines for Children Program - 2018 (Web-based)

Select CE for Your Course

Select your continuing education type. You may select more than one. Depending on the type of CE you select, you may be prompted to provide additional information.

- 1.25 CME (physicians)
- 1 CNE (nurses)
- 0.1 CEU (other professionals)
- 1 CPH (public health professionals)
- 1 CHES (certified health education specialists)
- 0.106 CPE (pharmacists)



Save and Continue

Information you provided to register for CE for this course may require you to update your account in TCEO. Go to [Manage Account](#) to make sure the information is up to date.



Steps for Taking the Courses (I)

Training and Continuing Education Online (TCEO)



[< Go Back to Search Results](#)

Course Completed

Immunization: You Call the Shots-Module Ten-Storage and Handling - 2018 (Web-based)

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[+ More Information](#)

[+ Continuing Education Accreditation Statements](#)



Step for Taking the Courses (II)

Immunization Education & Training

Education and Training Home

You Call The Shots

Current Issues in Immunization NetConferences (CIINC)

Immunization Courses +

Continuing Education

Pink Book Webinars

Patient Education

Quality Improvement Projects

[CDC](#) > [Education and Training Home](#)

You Call The Shots



Web-based Training Course

Note: You Call the Shots is updated regularly to include the latest guidelines and recommendations in vaccine practice. The latest modules are below.

Come back every month for the latest training to stay up to date on the immunization practice.

At a Glance

You Call the Shots is an interactive, web-based immunization training course. It consists of a series of modules that discuss vaccine-preventable diseases and explain the latest recommendations for vaccine use. Each module provides learning opportunities, self-test practice questions, reference and resource materials, and an extensive glossary.



Get Email Updates

To receive email updates about this page, enter your email address:

What's this?

Submit

Follow on Twitter

 [DrNancyM_CDC](#)

Related Link

[Vaccines & Immunizations](#)

[VIS](#)

[ACIP Recommendations](#)

[Schedules](#)

Need Continuing Education or a Certificate?

To receive continuing education (CE) or print a certificate, please visit [TCEO](#) and follow these [9 Simple Steps](#).

If you do not need CE, but require a certificate for training requirements, please select CEU as the type of continuing education you'd like to earn.

Now Available

- [Diphtheria, Tetanus, and Pertussis \(DTaP\)](#) Mar 2016
- [Haemophilus influenzae type b \(Hib\)](#) Jul 2015
- [Hepatitis A](#) May 2017
- [Hepatitis B](#) Mar 2016
- [Human Papillomavirus](#) (updated to reflect October 2016 ACIP vote) Feb 2017
- [Influenza](#) (updated to reflect 2017-2018 recommendations) Sep 2017
- [Meningococcal](#) Jun 2018
- [MMR](#) Jan 2015
- [Pneumococcal](#) Feb 2016
- [Polio](#) Oct 2015

- [Vaccines For Children \(VFC\)](#) Jan 2018

- [Vaccine Storage and Handling](#) Jan 2018

- [Varicella](#) Sep 2016
- [Zoster](#) Mar 2018

Steps for Taking the Courses (III)



A screenshot of a web browser displaying a presentation slide. The browser's address bar shows the URL www2a.cdc.gov/nip/isd/ycts/mod1/courses/vfc/index.html. The slide has a dark blue background with a faint image of a group of children. The main title is "2018 Vaccines for Children" in large white font. Below the title, it says "Released January 2018" in a smaller white font. At the bottom right of the slide, it says "Slide 1 of 103". At the bottom left, there is a navigation bar with icons for back, forward, and search.



A screenshot of a web browser displaying a presentation slide. The browser's address bar shows the URL www2a.cdc.gov/nip/isd/ycts/mod1/courses/sh/index.html. The slide has a dark blue background with a faint image of a group of children. The main title is "2018 Vaccine Storage and Handling" in large white font. Below the title, it says "Released January 2018" in a smaller white font. At the bottom right of the slide, it says "Slide 1 of 137". At the bottom left, there is a navigation bar with icons for back, forward, and search.

Steps for Taking the Courses (IV)

← → ↻ www2a.cdc.gov/nip/isd/ycts/mod1/courses/vfc/index.html 🔍 ☆ 📄 📺 | 👤 ⋮

Continuing Education Information



You have completed this course.

In order to receive continuing education (CE), please visit [TCEO](#) and follow these [9 Simple Steps](#).

If you do not need CE, but require a certificate for training requirements, please select CEU as the type of continuing education you'd like to earn.

For course content-related questions, contact Nipinfo@cdc.gov.

For CE-related questions, contact MBarnett2@cdc.gov.

For assistance with the Training and Continuing Education Online system, call (800) 41-TRAIN Monday through Friday, 8:00 AM to 4:00 PM Eastern Time, or send an e-mail to CE@cdc.gov.

Additional information about CE credit can be found in this module's introductory page.



Evaluation and Post-Test (I)

Training and Continuing Education Online (TCEO)



gelysee@health.nyc.gov Sign Out

TCEO QUICK SEARCH

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9 Simple Steps to Earn CE

Frequently Asked Questions

Contact TCEO

My Activities

Welcome Georgia Elysee,

This page is where you can track your CE activities in progress, under Pending CE, and review those that are completed, under Completed CE.

To earn CE for courses:

- Under Pending CE, click on the course Evaluation and complete it.
- Click on the Posttest and complete it. If you don't pass the Posttest, you will have one opportunity to retake it.
- Return to the Completed CE section of the My Activities page to download your certificate.

To earn CE for conferences:

- Complete the evaluation for each session you attended and the Entire Conference evaluation.
- Return to the Completed CE section of the My Activities page to download your certificate.

If you completed all requirements to earn CE, you can select the course again to change your enrollment.

Pending CE

Adjust Enrollment

Cancel CE

(WB2898)

Immunization: You Call the Shots-Module Sixteen-Vaccines for Children Program - 2018 (Web-based)

1.25 CME

Evaluation

✓ Complete

Posttest

Required by 12/31/2018

Evaluation and Post-Test (II)

Training and Continuing Education Online (TCEO)



TRAINING AND CONTINUING
EDUCATION ONLINE

gelysee@health.nyc.gov [Sign Out](#)

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9 Simple Steps to Earn CE

Frequently Asked Questions

Contact TCEO

WB2898 - Posttest - Immunization: You Call the Shots-Module Sixteen-Vaccines for Children Program - 2018
(Web-based)

 Minimum passing score: 80%

You must complete the test in a single session.

Evaluation and Post-Test (III)

- CDC's Training and Continuing Education Online System allows 2 attempts to take the posttest
 - The 2nd attempt must be completed within 30 days of the first trial
 - If you fail both attempts, you **will not** earn a continuing education credit or a certificate
 - CDC is not able to reopen the post-tests

Retrieving Your Certificates (I)



- TCEO Home
- Search Courses
- My Activities**
- Manage Account
- Transcripts & Certificates
- 9 Simple Steps to Earn CE
- Frequently Asked Questions
- Contact TCEO

My Activities

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Pending CE

Search courses to sign up for CE.

Completed CE

Within the past:

(WB2898)	9/11/2018		CNE
Immunization: You Call the Shots-Module Sixteen-Vaccines for Children Program - 2018 (Web-based)		1	
 Download Certificate			
(WB2897)	3/21/2018	0.1	CEU
Immunization: You Call the Shots-Module Ten-Storage and Handling - 2018 (Web-based)			
 Download Certificate			

Retrieving Your Certificates (II)

The Centers for Disease Control and Prevention (CDC)

certifies that

Georgia Elysee

has participated in the educational activity

**Immunization: You Call the Shots-Module Ten-Storage
and Handling - 2018 (Web-based)**

WB2897

and is awarded

0.1 ANSI/IACET Continuing Education Units (CEUs)
(Ten 60 minute contact hours equal one CEU)

03/21/2018

The Centers for Disease Control and Prevention is authorized by IACET to offer 0.1 CEU's
for this program.



Gabrielle Benenson
Chief, Education and Training Services Branch
Continuing Education
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS E-92
Atlanta, GA 30333



The Centers for Disease Control and Prevention (CDC)
certifies that

Georgia Elysee

has participated in the educational activity

**Immunization: You Call the Shots-Module Sixteen-
Vaccines for Children Program - 2018 (Web-based)**

WB2898

and is awarded

1 Contact Hour(s)

on 09/11/2018

The Centers for Disease Control and Prevention is accredited as a provider of Continuing Nursing
Education by the American Nurses Credential Center's Commission on Accreditation.



Gabrielle Benenson
Chief, Education and Training Services Branch
Continuing Education
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS E-92
Atlanta, GA 30333



Retrieving Your Certificates (III)

The image shows a screenshot of Adobe Acrobat Pro DC with a 'Save As PDF' dialog box open. A green arrow points to the 'File' menu, and another points to the 'File name' field. A third green arrow points to the 'Save' button. The certificate document is visible in the background.

Save As PDF

File name: PIC_Storage_2018

Save as type: Adobe PDF Files (*.pdf)

Centers for Disease Control and Prevention (CDC)

certifies that

Georgia Elysee

has participated in the educational activity

Activity: You Call the Shots-Module Ten-Storage and Handling - 2018 (Web-based)

WB2897

and is awarded

ANSI/IACET Continuing Education Units (CEUs)
(Ten 60 minute contact hours equal one CEU)

03/21/2018

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Gabrielle Benenson

Gabrielle Benenson
Chief, Education and Training Services Branch
Continuing Education
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS E-92
Atlanta, GA 30333




Retrieving Your Certificates (IV)

Please note that each certificate file must have a unique name.

For example:

- **For the PIC**
 - PIC_Storage_2018
 - PIC_VFC_2018
- **For the VC**
 - VC_Storage_2018
 - VC_VFC_2018
- **For the BVC**
 - BVC_Storage_2018
 - BVC_VFC_2018

Accessing the 2019 Re-enrollment Form

- To access the Re-enrollment Form, log onto the CIR Online Registry:
<https://immunize.nyc/provider-client/servlet/PC>
- Be sure to use Google Chrome  Web browser for optimal functionality when logged into the registry.

Accessing the 2019 Re-enrollment Form



Please enter your User ID and Password

User ID

gelysee1

Password

.....

To obtain a **User ID and Password**, each health care facility or practice must designate a **Facility Security Administrator**. The Security Administrator must be associated with a licensed physician, physician's assistant or nurse practitioner, or must be a registered professional nurse or pharmacist who administers vaccines pursuant to *NYS Public Health Law Section 2168*. The Security Administrator must mail or fax a signed confidentiality statement to the CIR. Call us at 347-396-2400 for more information or download the sign up forms from [here](#).

In proceeding beyond this point, the user:

- acknowledges the possibility that the information contained herein may be incorrect or incomplete.
- acknowledges that the medical decision to immunize or test a child for lead rests with the health care provider, based on the child's current health status and past medical history.
- agrees to report immunizations and lead test results in accordance with *NYS Public Health Law Section 2168/ NYC Health Code Section 11.07 and Section 11.09*.
- agrees to look up information only on his/her current patients, and to comply with the restrictions on the disclosure of information from the Online Registry in accordance with *NYC Health Code Section 11.11*.

By clicking the button below, you consent to the above

Cancel X

I Consent →

Online Registry Resources

- Recall patients with text messaging via the Online Registry:
 - Choose custom parameters *New!*

News and Highlights

- VFC Program update, June 2017
 - VIM - Provider FAQs

Accessing the 2019 Re-enrollment Form

Online Registry  PATIENTS Search MyList Reports Add/Edit PRACTICE Tools Recall Adv. Event VIM Set Up Adult ? Help LogOut

Welcome Georgia Elysee
Facility: Citywide Immunization Registry (CIR)
Address: 42-09 28 STREET

Vaccine Inventory Management Reports Other VFC Forms **2019 VFC Re-enrollment** Standing Orders Aggregate Form

The VFC Reenrollment process is now open until **November 30, 2018**. If not completed by this date, vaccine ordering privileges will be suspended. Please read the [notice](#) that was sent out to providers.

- To complete this form, please update and enter information below. You may use the tab button to proceed through the fields. For further guidance on how to complete the 2019 VFC Re-enrollment form, please click [here](#). If you have any questions about VFC re-enrollment please email nycimmunize@health.nyc.gov or call 347-396-2404.

Provider Annual VFC Re-enrollment

* - Required Fields

Practice/Group Practice/Clinic/Facility

VFC PIN: VFCCIR Facility Name:

Shipping Address

Shipping Address refers to the address where vaccines are shipped. **Please note that the Shipping Address and the address of the shipping contact must be the same.**

Vaccine Delivery Address 1:

Vaccine Delivery Address 2:

City: State: NY Zip Code: -

Telephone #: Ext: Fax #:

2019 VFC Re-enrollment Form

- Most sections are **pre-populated** with data submitted the previous year
 - Review the form to ensure that all information is accurate
 - If there are any changes, update the form before submitting
 - Changes to the form can be saved by clicking on the “**Save**” button at the bottom of the page
- **Required fields** are indicated with a red asterisk(*)
- If there are any **errors** on your form
 - You will receive a notification of them when you attempt to submit the form
 - You will need to fix these errors to proceed with submission

Shipping Address

Online Registry  PATIENTS: Search, MyList, Reports, Add/Edit; PRACTICE: Tools, Recall, Adv. Event, VIM; Set Up, Adult, ? Help, Logout

Welcome Georgia Elysee
Facility: Citywide Immunization Registry (CIR)
Address: 42-09 28 STREET

Vaccine Inventory Management | Reports | Other VFC Forms | **2019 VFC Re-enrollment** | Standing Orders Aggregate Form

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VFC PIN: **VFCCIR** Facility Name:

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Shipping Address refers to the address where vaccines are shipped. **Please note that the Shipping Address and the address of the shipping contact must be the same.**

Vaccine Delivery Address 1:

Vaccine Delivery Address 2:

City: State: NY Zip Code: -

Telephone #: Ext: Fax #:

Email Address: Cell Phone #:

Shipping Hours

← → ↻ ⓘ <https://immunize.nyc/uat/servlet/PC?PCFunction=VfcReenrollment>

Shipping Hours*

Shipping hours refer to the days/times when your facility can receive vaccine shipments. If the days/times below are incorrect, please update. Every day (Monday-Friday) must be accounted for (if there are no shipping hours for a day, please indicate the office is closed). Providers must be on site with appropriate staff to receive vaccine at least one day a week other than Monday, and for at least four consecutive hours on that day.

		First Open Interval			Second Open Interval		
		From	To		From	To	
Monday:	<input type="checkbox"/> Office is closed/no deliveries	09 : 00 am ▼	05 : 00 pm ▼				
Tuesday:	<input checked="" type="checkbox"/> Office is closed/no deliveries						
Wednesday:	<input type="checkbox"/> Office is closed/no deliveries	09 : 15 am ▼	12 : 00 pm ▼	01 : 00 pm ▼	03 : 45 pm ▼		
Thursday:	<input type="checkbox"/> Office is closed/no deliveries	08 : 00 am ▼	12 : 00 pm ▼	02 : 00 pm ▼	06 : 00 pm ▼		
Friday:	<input type="checkbox"/> Office is closed/no deliveries	09 : 00 am ▼	05 : 00 pm ▼				

Delivery Instructions (if applicable):

Vaccines Offered (select only one box)*

- Offers all ACIP Recommended Vaccines for children 0 through 18 years of age.
- Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)

A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g., OB/GYN; STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

If you offer only select vaccines, please indicate below which vaccines you offer:

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> DTaP | <input type="checkbox"/> Meningococcal B | <input type="checkbox"/> Rotavirus |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Meningococcal Conjugate | <input type="checkbox"/> Td |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> MMR | <input type="checkbox"/> Tdap |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal Conjugate | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> HPV | <input type="checkbox"/> Pneumococcal Polysaccharide | |
| <input type="checkbox"/> Influenza | <input type="checkbox"/> Polio | |



VFC Site Personnel

Physician-in-Charge

This title refers to the main physician involved with VFC vaccines. The Physician in Charge can also be the Vaccine Coordinator OR Back-up Vaccine Coordinator. To indicate this, select the **'Same as Physician-in-Charge'** option in either the **"Vaccine Coordinator"** OR **"Back-up Vaccine Coordinator"** sections. Please note that the Physician in Charge cannot be both the Vaccine Coordinator and Back-up Vaccine coordinator.

Shipping Contact

Type: *

First Name: * Last Name: *

Job Title:

Address 1: *

Address 2:

City: * State: NY Zip Code: * -

Telephone #: * Ext: Fax #: *

Email Address: * Cell Phone #:

Vaccine Coordinator

This title refers to the person who is primarily responsible for VFC vaccine management. Please note that the Vaccine Coordinator and Back-up Vaccine Coordinator cannot be the same person.

Same as Physician-in-Charge Shipping Contact

Type: *

First Name: * Last Name: *

Job Title:

Address 1: *

Address 2:

City: * State: NY Zip Code: * -

Telephone #: * Ext: Fax #: *

Email Address: * Cell Phone #:

Back-up Vaccine Coordinator

This title refers to the person who backs up the vaccine coordinator when he/she is not available. Please note that the Vaccine Coordinator and Back-up Vaccine Coordinator cannot be the same person.

Same as Physician-in-Charge Shipping Contact

Type: *

First Name: * Last Name: *

Job Title:

Address 1: *

Address 2:

City: * State: NY Zip Code: * -

Telephone #: * Ext: Fax #: *

Email Address: * Cell Phone #:

Training Requirement

Training Requirement*

All persons holding the titles of Physician in Charge, Vaccine Coordinator, and Back-up Vaccine Coordinator must take the following two trainings: "You Call the Shots: Vaccine Storage and Handling Training Module 10" (Course #WB2755) and "You Call the Shots: Vaccines for Children (VFC) Training Module 16" (Course #WB2757). Only certificates for trainings completed in 2018 will be accepted for 2019 re-enrollment. For further guidance on how to take these training courses, retrieve your certificates, and/or upload them to this section, click [here](#).

Physician-in-Charge

Storage and handling: File: [PC_Storage_Certificate.pdf](#) No file chosen

VFC: File: [PC_VFC_Certificate.pdf](#) No file chosen

Vaccine Coordinator

Storage and handling: File: [VC_Storage_Certificate.pdf](#) No file chosen

VFC: File: [VC_VFC_Certificate.pdf](#) No file chosen

Vaccine Recipient Agreement

Consent*

Please read the Vaccine Recipient Agreement form carefully. By clicking "I agree" below you confirm that you will comply with VFC requirements. Failure to comply with the agreement will prevent you from ordering VFC vaccine. The agreement can also be downloaded or printed [here](#).

VACCINE RECIPIENT AGREEMENT

In order to participate in the New York City (NYC) Vaccines for Children (VFC) Program and/or receive Federally/State/City procured vaccines provided to me at no cost, I and all practitioners employed by this medical office, group practice, HMO, health department, community/migrant/rural clinic, or other entity of which I am the physician-in-charge or equivalent, agree to the following:

I Agree 



Re-enrollment Submission and Confirmation

The screenshot shows the 'Online Registry' interface. At the top, there are two main sections: 'PATIENTS' and 'PRACTICE'. Under 'PATIENTS', there are icons for Search, MyList, Reports, and Add/Edit. Under 'PRACTICE', there are icons for Tools, Recall, Adv. Event, and VIM. To the right, there are buttons for Set Up, Adult, Help, and LogOut. Below this is a navigation bar with several menu items: Vaccine Inventory Management, Reports, Other VFC Forms, 2019 VFC Re-enrollment (highlighted in yellow), and Standing Orders Aggregate Form. A green arrow points to the '2019 VFC Re-enrollment' menu item.

Printer-Friendly Format 

✓ Thank you for re-enrolling in the VFC Program. Your VFC Re-enrollment Id number is 2975.

➔ Your re-enrollment form was submitted by **Georgia Elysee** on **10/02/2018** at **11:21am**. A copy has been e-mailed to SHUUE@HEALTH.NYC.GOV.

A copy of your re-enrollment form is below. Please print this page for your records.

Please e-mail nycimmunize@health.nyc.gov with your CIR facility code and/or VFC PIN if you have questions.

Provider Annual VFC Re-enrollment

New York City Department of
Health and Mental Hygiene

Bureau of Immunization
347-396-2404
347-396-2559 (fax)
nycimmunize@health.nyc.gov

Practice/Group Practice/Clinic/Facility

VFC PIN: **VFCCIR**

Facility Name: **CITY IMMUNIZATION REGISTRY**

Shipping Address

Vaccine Delivery Address 1: **2 GOTHAM**

Vaccine Delivery Address 2: **5TH FLOOR**

City: **LONG ISLAND CITY** State: **NY** Zip Code: **11101**

Telephone #: **(347) 396-2400** Ext: Fax #: **(555) 555-5555**

Email Address: **SHUUE@HEALTH.NYC.GOV** Cell Phone #:

Facility Classification

Practice Type: **Pediatric**

Funding Class: **Public**

Facility Type: **Hospital**

Re-enrollment Error and Resubmission

The screenshot shows the 'Online Registry' interface. At the top left is the 'Online Registry' logo with a family icon. Below it are two main navigation tabs: 'PATIENTS' and 'PRACTICE'. Under 'PATIENTS' are buttons for 'Search', 'MyList', 'Reports', and 'Add/Edit'. Under 'PRACTICE' are buttons for 'Tools', 'Recall', 'Adv. Event', and 'VIM'. To the right of these are 'Set Up', 'Adult', '? Help', and 'LogOut'. Below the navigation is a row of yellow buttons: 'Vaccine Inventory Management', 'Reports', 'Other VFC Forms', '2019 VFC Re-enrollment' (highlighted in blue), and 'Standing Orders Aggregate Form'. On the right side, there is a welcome message: 'Welcome Georgia Elysee Facility: Citywide Immunization Registry (CIR) Address: 42-09 28 STREET'.

The VFC Reenrollment process is now open until **November 30, 2018**. If not completed by this date, vaccine ordering privileges will be suspended. Please read the [notice](#) that was sent out to providers.

Your re-enrollment form was submitted by **Georgia Elysee** on **10/02/2018** at **11:21am**. A copy of your re-enrollment form is below. Your VFC Re-enrollment Id number is 2975.

If you have any questions about VFC re-enrollment please e-mail nycimmunize@health.nyc.gov or call 347-396-2404.

🌀 If you would like to make changes to your re-enrollment form, please click the "Amend" button.



For Re-enrollment help, please contact the
Bureau of Immunization, Provider Quality Assurance
(PQA) unit

Phone: 347-396-2404

Email: nycimmunize@health.nyc.gov