

VACCINE MANAGEMENT PLAN



FACILITY NAME: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

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VACCINES FOR CHILDREN (VFC) MANAGEMENT PLAN



CLINIC NAME: _____

PIN : _____

CONTACT INFORMATION		
Contact	Name	Telephone Number
Primary Vaccine Coordinator		
Back-Up Coordinator		
Alternate Vaccine Coordinator		
VFC and Immunization Program		
Regional VFC Representative		
ADH Immunization Program		(501) 537-8969
Immunization Program Nurse	Seavia Dixon Seavia.Dixon@arkansas.gov	(501) 6612962
VFC Program Coordinator	Nora Fawcett Nora.Fawcett@arkansas.gov	(501) 661-2170
Vaccine Management Team	Scott Hinton (501) 661-2723 Scot.Hinton@arkansas.gov	(501) 280-4096 - Thomas (501) 661-2159 - Tim
WebIZ Team		(800) 574-4040
24- Hour Clinic Contact		
Location of Back-up Digital Data Logger:		
Dates of Calibration:		
Storage Unit Maintenance and Repair		
Storage Unit & Digital Data Logger Maintenance/Repair		
Local Utility/Power Company		
Generator Maintenance/Repair if applicable		
Medicaid Billing Issues		
Arkansas Department of Human Services- Division of Medical Services	Kimberly Wilmot Kimberly.Wilmot@dhs.Arkansas.gov	Phone: (501) 537-1666 Fax: (501) 682-8013
PHARMACIES ONLY	Allie Staton or Kimberly Wilmot↑ allie@immunizear.org	
IN CASE OF EMERGENCY, MOVE VACCINES TO THE FACILITY LISTED BELOW		
Facility Name: _____ Telephone #: _____		
Facility Address: _____		
Contact Person with 24-hours access at facility: _____		
Contact the vaccine manufactures to determine if the vaccines can be used after an out-of-range emergency temperature exposure.		

“YOU CALL THE SHOTS” REQUIRED TRAININGS

[illegible]

ROUTINE VACCINE STORAGE AND HANDLING PLAN

Vaccine Coordinator Duties and Training

Designate a Primary Vaccine Coordinator, and at least one Back-up Vaccine Coordinator for each facility. The alternate Vaccine Coordinator(s) will assume the responsibility of primary Vaccine Coordinator during the Primary Vaccine Coordinator's absence.

The Primary Vaccine Coordinator and Back-up Vaccine Coordinators are responsible for:

- Completing monthly vaccine inventory reconciliation.
- Placing monthly vaccine orders.
- Oversee the proper receipt and storage of vaccine deliveries.
- Maintaining a well-organized vaccine storage unit, which includes rotating vaccines as needed.
- Remove expired vaccines from the vaccine storage unit.
- Ensure that storage unit temperatures are reviewed and documented per policy.
- Respond to temperature excursions promptly and ensure potentially compromised vaccines are not administered.
- Maintain all appropriate vaccine storage and handling documentation.
- Update clinic staff on vaccine recommendation changes, as they occur.
- Oversee the packing of vaccines for transport to off-site clinics.
- Immediately notify the VFC Program of any changes in key immunization staff and update the VFC Management Plan.

Required Training and Documentation:

- Annually, the Primary Vaccine Coordinator and Back-up Vaccine Coordinators are required to take **CDC's "You Call the Shots Trainings"**
 - Vaccines for Children Program (VFC)- Module Sixteen (Web Based)
 - Storage and Handling- Module Ten (Web Based)
- First create an account with the "**CDC TRAIN**" if you do not have an account prior to taking trainings. Once the account has been created you will be able to complete the required training courses and access the training certificates.
 - Select the "Course Catalog" tab
 - Type the name of the training, on "Search TRAIN"
 - Vaccines for Children Program (VFC)- Module Sixteen (Web Based)
 - Storage and Handling- Module Ten (Web Based)

The "You Call the Shots" training certificates are required to be uploaded into the WebIZ system during your VFC Enrollment. A copy should also be printed and placed in the provider's VFC folder. All VFC documentation should be readily available upon the State's request.

Friendly Reminder:

- All VFC documents must be retained for three (3) years prior to discarding.
- Annual VFC enrollments must be submitted at the beginning of each Fiscal Year (July 1st through June 30th of the following year).
- VFC open enrollment for recertification begins on [July 1st and closes on July 30th](#). Failure to comply may result in the removal of your facility from the VFC program.

VACCINE STORAGE UNIT REQUIREMENTS

Vaccine Storage Unit Requirement and Set-Up

Storage Unit

- Storage units must have enough room to store the largest inventory a provider location might have at the busiest point in the year without crowding. Storage Unit(s) must be one of the following (select all that apply):
 - **Purpose-built or pharmaceutical/ medical-grade units**, including doorless and vending-style units.
 - **Vaccine storage units that conform to National Sanitation Foundation (NSF)/ American National Standards Institute (ANSI) Standard 456** (which have been tested rigorously to be used for the storage of vaccines).
 - **Standalone-storage units** that conform to National Sanitation Foundation (NSF)/ American National Standards Institute
 - **Combination household refrigerator/freezer unit**, using only the refrigerator compartment to store vaccines.
 - Providers should then **use a separate stand-alone freezer** to store frozen vaccines.

NOTE: The use of dormitories or bar-style refrigerator/freezers is always prohibited for VFC program provider locations.

- Protect your vaccine and your patients by ensuring:
 - That the storage unit can maintain the required temperature range throughout the year.
 - That the storage unit has enough room to store the year's largest inventory without crowding (i.e., mass flu/school clinics).
 - That the storage unit has enough room to store water bottles (in the refrigerator) and frozen coolant packs/water bottles (in the freezer) to stabilize the temperatures. Does not apply to pharmaceutical storage units.
 - That no food or beverages are stored in a vaccine storage unit.
 - The use of dormitory or bar-style refrigerator/freezers is always prohibited for VFC program provider locations.

Digital Data Logger Thermometer

- Place a digital data logger that has a detachable probe kept in a bottle containing a thermal-buffered material, such as glycol, in all vaccine storage units.
- In non-pharmaceutical storage units, place the bottle of thermal-buffered material upright in the center of the vaccine storage unit.
- In pharmaceutical storage units, place the bottle of thermal-buffered material in the storage unit designated for the thermometer equipment. The temperature probe does not have to be in the center of the storage unit unless there is no manufacturer-designated area.
- Ensure the data logger is certified and calibrated at least every 2 years or replace it with a new data logger.
- Ensure that a certified and calibrated back-up data logger is available, when needed.

Vaccine Storage Unit Set-Up

- Ensure that the storage unit is level and placed at least 4 inches from the wall.

- Plug the storage unit directly into an outlet dedicated to only that unit and, preferably, connect it to a generator.
- Never plug a vaccine storage unit into an extension cord, power strip or an outlet with a built-in circuit switch/reset button (GFCI outlet).
- Place a “Do Not Unplug” sign by the storage unit plug outlet and, if possible, a plug guard or cover over the plug.
- Place a “Do Not Adjust Temperature” sign on the storage unit.
- Label all storage unit circuit breakers to alert people not to turn off power to the storage units.
- Set back-up generators to self-test weekly. Manually test the generator quarterly and schedule routine generator maintenance at least annually.
- Document routine maintenance tasks and repairs and place in the Equipment Logbook.

Prior to Vaccine Storage

- Set the vaccine storage refrigerators at a temperature between 36°F and 46°F (2°C and 8°C), with an ideal average temperature of 40°F (5°C).
- Set the vaccine storage freezers at a temperature between -58°F and +5°F (-50°C and -15°C).
- Ultracold freezer temperatures are between -130° F and -76° F (-90° C and -60° C), if applicable. The minimum and maximum temperatures of the digital data logger should be cleared each day after documentation. Monitoring and recording are required even if a continuous graphing/recording thermometer or a digital data logger is used.
- To stabilize temperatures in household storage units, place cold bottles of water labeled “Do Not Drink” in the following areas of the refrigerator unit where vaccine storage is prohibited: on the floor, in the shelves of the door and on the top shelf under the cooling vent. Do not block the air vent(s). Place frozen coolant packs or frozen water bottles labeled “Do Not Drink” in the freezer along the back, beside the walls and in the door. Water bottles will be cold and coolant packs will be frozen prior to putting them in the refrigerator/freezer with vaccine, so they don’t alter the temperatures of the storage unit.
 - *Note: Place frozen coolant packs or water bottles in the door of the unit securely so they cannot dislodge and prevent the unit door from closing. Do not overfill the storage unit doors.*
- Once storage unit temperatures stabilize, review the temperatures and document twice a day:
 - At the beginning and end of the clinic day
- The storage unit temperatures will be within recommended range at least 5 days prior to vaccine storage.

Storage Unit Maintenance

- Check storage unit door seals regularly for signs of wear and tear.
- Ensure that the door of the storage unit opens and closes smoothly and fits squarely against the body of the storage unit.
- Ensure that the inside of the vaccine storage unit is cleaned regularly, and the storage unit coils, and motor remain free from dust.
- Defrost manual-defrost freezers if ice buildup is noted. While defrosting the storage unit, store vaccines temporarily in another storage unit with appropriate storage temperatures.

VACCINE STORAGE PRACTICES

Practices

- Maintain vaccine storage refrigerators at a temperature between 36°F and 46°F (2°C and 8°C), with an ideal average temperature of 40°F (5°C).

- Maintain vaccine storage freezers at a temperature between -58°F and +5°F (-50°C and -15°C), and ultracold freezer temperatures are between -130° F and -76° F (-90° C and -60° C), if applicable. The minimum and maximum temperatures of the digital data logger should be cleared each day after documentation. Monitoring and recording are required even if a continuous graphing/recording thermometer or a digital data logger is used.
- Maintain the room temperature where the vaccine storage unit is located between 68°F and 77°F.
- Do not place vaccines against the walls, on the floor of the unit, or under the vent on the top shelf of the storage unit. Store refrigerated vaccines far enough away from the air vent to avoid freezing the vaccine.
- NEVER store vaccines in the door of the storage unit.
- Do not pack storage units too tightly. Allow space between rows of vaccines to promote cold air circulation.
- Store vaccines with similar names or similar packaging separately in the unit to lessen the risk of administration errors.
- Store vaccines in well vented bins or trays.
- Do not store vaccines in vegetable bins or drawers.
- Place vaccines with the soonest expiration dates in front of other vaccines of the same type that have later expiration dates.
- Do not keep blood, enteric, or other lab specimens in the vaccine refrigerator or freezer.
- Protect the following vaccines from light: Varivax, Zostavax, ProQuad, MMR II, Hiberix, Gardasil, Afluria, Fluarix, FluLaval, Fluvirin, MenHibrix, Menveo, Rotarix, and RotaTeq.
- Store vaccines in their original packaging with the lids in place until ready for administration to protect them from sunlight and fluorescent light.
- Store vaccine diluents that contain antigen or that are packaged with their vaccines {e.g., DTaP-IPV/Hib and MenACWY (Menveo)} in the refrigerator next to their corresponding vaccines.
- Never store diluents in the freezer.
- Always store Varicella and Varicella-containing vaccines in the freezer.
- Store MMR vaccine in the freezer, if possible. If unable to store MMR vaccine in the freezer, store MMR vaccine on the top shelf of the refrigerator near the air vent. Do not block the air vent.
- Store all other routinely administered vaccines in the vaccine refrigerator.
- Store MMR and Varicella diluents either at room temperature or in the refrigerator, never in the freezer.
- Notify the VFC Program if there is vaccine in the storage unit that will expire within 90 days and will not be used.

VACCINE TEMPERATURE MONITORING AND RESPONDING TO TEMPETRE EXCURSIONS

Daily Temperature Monitoring

- Review and document vaccine storage unit temperatures at least twice a day (beginning and end of day).
- Review and document the vaccine storage unit minimum and maximum temperatures at least once a day.
- Maintain copies of all Refrigerator/Freezer Temperature Recording Forms for 3 years.
- Responding to Temperature Excursions
- Separate vaccines exposed to inappropriate temperatures from other vaccines, label the vaccines “Do Not Use”, and store at recommended temperatures until vaccine viability is determined.
- Place any vaccine shipments exposed to out-of-range temperatures and/or delayed shipments in the vaccine storage unit at appropriate temperatures and mark “Do Not Use”.
- Move vaccines from a storage unit that will not maintain appropriate temperatures to another storage unit with stable temperatures.
- Report any temperature excursion immediately to the primary or alternate Vaccine Coordinator.

- The Vaccine Coordinator will report all temperature excursions to the vaccine manufacturer(s) and send final temperature excursion information, including the vaccine viability determination by the manufacturer(s), to the regional VFC Program and VFC Representative.
- Do not use or discard any VFC or SCHIP vaccines exposed to out-of-range temperatures until instructed to do so by the VFC Program.
- Document all temperature excursions and actions taken.

Responding to a Power Outage

- During a power outage, never open the storage unit door until the power is restored or it is determined that the vaccine will be moved to an alternate storage facility.
- If you are unsure how long a power outage will last, or you determine power will not be restored in time to maintain proper temperatures inside a vaccine storage unit, implement the Emergency Vaccine Storage, Handling, and Transport Plan.
- Once power has been restored to a storage unit, document the following:
 - The room temperature where the storage unit is located.
 - The length of time the power was off.
 - The minimum and maximum temperatures reached during the power outage.

IMPORTANT: Notify the VFC Program if a vaccine storage unit temperature goes outside of the recommended range during a power outage to determine if the vaccine can be used.

INVENTORY MANAGEMENT

Vaccine Inventory and Reconciliation

- Count all vaccine doses at least once a month to ensure the number of physical doses on hand matches the number of doses indicated in WebIZ.
- Complete an Inventory Reconciliation in WebIZ at least once a month and no more than 14 days prior to ordering vaccine.
- Inventory Reconciliation instructions are available on the WebIZ Home Page.

Vaccine Stock Rotation and Removal

- Rotate vaccine stock at least once a week and with each vaccine shipment to ensure that shorter-dated vaccines are placed in front and used first.
- Check expiration dates weekly and immediately remove any expired vaccines and diluents. Mark expired vaccines “Do Not Use” and remove from the vaccine storage unit.

Vaccine Ordering

- Place routine vaccine orders on the 1st through the 20th of each month. Orders placed beyond this timeframe will be rejected.
- Contact the Vaccine Management Team to order non-routinely recommended vaccines, such as Td, PPSV23 and Meningococcal B, and to place an emergency vaccine order.
- Order appropriately, timely, and accurately to maintain inventory and avoid stockpiling.
- Double check the vaccine quantities in WebIZ prior to clicking the “Add to Order” button.
 - Once the “Add to Order” button has been clicked, it will display the following:

- Type of vaccine
- Quantity of Packages
- Doses Per Package
- Total Doses
- Cost Per Package

Vaccine Mfg NDC Brand/Packaging						
DTAP SKB 56160-0810-52 INFANRIX (0.5 ML X 10 SYR)						
Intent	Quantity of Packages	Doses Per Package	Total Doses	Cost Per Package	Total Cost (\$)	
PEDIATRIC	1	10	10	181.90	181.90	
Funding Source	State PO	Split				
VFC		☐				
Add To Order		Clear				

- Total Cost
- Again, double check the final order prior to clicking “Submit to VFC”.
 - When in doubt on the accuracy of your vaccine order, contact the ADH Vaccine Management Team for assistance.

Receiving Vaccine Shipments

- Upon arrival, examine the shipping container for signs of physical damage.
- Verify that the vaccine shipment was shipped to the correct address/facility.
- Unpack and examine vaccine deliveries immediately.
- Ensure that the vaccine diluent was received with the vaccine.
 - *Note: Vaccine diluent may be shipped in the box lid of the vaccine transport container.*
- Place the vaccine received into the storage unit.
- Never place an unopened vaccine shipment box in a vaccine storage unit.
- Ensure the packing slip matches the vaccines received.
- Check the expiration dates of received vaccines and diluents to ensure that no expired or short-dated vaccines are received.
- Verify that the cold chain monitor included with the vaccine shipment (if applicable) indicates that the vaccine temperature did not go out of range during shipment.
 - *Note: Some vaccine manufacturers do not include a cold chain monitor*
- with vaccine shipments.
- Check all inserts included with vaccine shipments. Some manufacturers include important information on vaccine shipments, such as the allowed shipment timeframe, in the shipment container with the vaccine.
- Notify the Immunization Program at 1-800-574-4040, Option 2 if vaccine viability is questionable when vaccine is received.
- Accept the vaccine shipment in WebIZ to add the vaccines received into the WebIZ inventory.
- Maintain all vaccine packing slips for 3 years.

Vaccine Compromised During Shipments

If providers believe a vaccine shipment was compromised, they must immediately contact the Vaccine Management Team at **501-537-8969**.

In addition, the provider must follow these Immunization Program requirements:

- **Centralized distributor shipments:**
 - Providers must contact the centralized distributor on the **same day** the vaccines arrive at 1-877-TEMP123 (1-877-836-7123).

Failure to report a temperature excursion the same day results in CDC assuming liability for vaccine replacement, which may lead to a budget reduction for the award recipient.

- **Missing shipments:**
 - If a vaccine order does not arrive at the provider’s location as expected, the provider must **immediately** contact the Vaccine Management Team at **501-537-8969**

Vaccine Separation

- Separate and label vaccines according to funding source: VFC, Private, and SCHIP (if applicable).
- Physically separate vaccines by vaccine type and funding source in a storage unit in one or more of the following ways:
 - Mark the vaccine boxes/vials with the appropriate funding source.
 - Store the vaccines in the same storage unit in separate containers and/or separate shelves with the funding source clearly marked on the container/shelf.

- Store vaccine in separate storage units and mark the storage unit with the appropriate funding source.

Vaccine Borrowing

- Borrowing vaccine from VFC vaccine stock will only occur in rare, unplanned situations. For example, a delayed vaccine shipment, vaccine spoiled in-transit to the clinic, or new staff that calculated the ordering time incorrectly.
- Ensure that borrowing from VFC vaccine will not prevent a VFC-eligible child from receiving a needed vaccination because VFC vaccine was administered to a non-VFC eligible child.
- Repay borrowed VFC doses as soon as possible; not to exceed 90 days.
- Never swap short-dated VFC vaccine with vaccine from another funding source to prevent the vaccine from expiring.

VFC Vaccine Borrowing Reports

- Review the VFC Borrowing Report at least once a week.
- Document when a dose of borrowed VFC vaccine is replaced by completing the “Date Dose Returned to Appropriate Stock” and “Returned by” sections of the Vaccine Borrowing Report.
- Maintain all Vaccine Borrowing Reports for 3 years.

Vaccine Transfers

- All vaccine transfers must be approved by the VFC Program.
- Contact your VFC Representative if vaccine needs to be moved to another facility.
- Only transfer vaccines when necessary.
- Transport diluents with their corresponding vaccines to ensure there are always equal amounts of vaccines and diluents for reconstitution.
- Transport diluents that contain antigen, such as Pentacel and Menveo diluent, with the corresponding vaccines at refrigerator temperature.
- If diluents that are stored at room temperature (68°F to 77°F or 20°C to 25°C) are transported with refrigerated vaccines, refrigerate the diluents in advance for as long as possible so they do not raise the container temperature when placed with refrigerated vaccines.
- Never freeze diluents.
- Enter all outgoing vaccine transfers into the WebIZ.
- When receiving incoming vaccine transfers, verify that the vaccine received is the same vaccine entered on the WebIZ transfer.
- Once verified, accept all vaccine transfers in WebIZ. Accepting the WebIZ transfer will add the vaccine to the WebIZ inventory.
- Place all vaccines received into the storage unit immediately.

Expired and Spoiled Vaccines

- Vaccine expiration dates including only a month and year expire at midnight on the last day of the indicated month.
- Vaccine expiration dates including a month, day and year may be used through the day included in the expiration date.
- Always remove expired and spoiled vaccines and diluents from storage units containing viable vaccines to prevent inadvertent administration.
- Label all expired and spoiled vaccine “**Do Not Use**”.

Expired, Spoiled, and Vaccine Returns

- Return all expired and spoiled vaccines as soon as possible.
- Return expired and spoiled vaccines no later than the 20th of each month.

- Do not send any open vaccine vials or syringes to McKesson. Discard all opened vaccine vials and syringes that are expired or spoiled in a medical waste container.
 - *Note: Open boxes of vaccines can be returned but not vials or syringes with the caps removed.*
- Enter vaccine returns using the Vaccine Return module in WebIZ. Vaccine return instructions are available in the WebIZ Reports module under Arkansas WebIZ Training Material and Documents.

TRANSPORTING VACCINES AND DILUENTS IN AN EMERGENCY

- Establish a working agreement with at least one alternative storage facility with a back-up generator where vaccines can be appropriately stored and monitored during a power outage.
- Do not open the storage unit door during a power outage unless vaccine is being moved to an alternate storage facility or site. Open doors only after completing all preparations for packing and moving vaccines.
- If unsure of how long a power outage will last, or it is determined that power will not be restored in time to maintain proper temperature inside the vaccine storage unit, contact the alternate vaccine storage site.
- Verify with the alternate storage facility that their electricity is on or that the generator is working, and they can accept the vaccines for storage.
- Once the alternate storage facility is contacted and transport supplies are gathered, pack the vaccines in the transport container following CDC guidelines.
- Transport vaccines in a hard-sided cooler with at least 2-inch walls, a thick Styrofoam vaccine shipping container or a specialized vaccine transport cooler (e.g., AcuTemp vaccine courier system).
- Always use a digital data logger to monitor temperatures during vaccine transport.
- Place a copy of the vaccine inventory being transported in the transport container with the vaccines.
- Move transport containers directly to a preheated or precooled vehicle.
- Only transport vaccines inside the passenger compartment of a vehicle, not in the trunk.
- Avoid leaving containers in areas where they are exposed to direct sunlight.
- Upon arrival at the alternate storage facility, confirm their vaccine storage unit temperatures are within recommended ranges.
- Record the date, time, and temperature in the transport container upon arrival at the alternate storage facility. The temperature should always be checked prior to opening the transport cooler, if possible.
- Store vaccines immediately upon arrival at the alternate storage facility.
- Once power is restored at the clinic and the storage unit temperatures are stabilized, transport the vaccine back to the clinic and place in the vaccine storage unit.
- Diluents that contain antigen, such as Pentacel and Menveo diluent, should be transported with the corresponding vaccines at a refrigerator temperature in the transport container.
- For diluents stored at room temperature, place the diluent in a refrigerator storage unit prior to transport to cool the diluent before placing the diluent in the transport container.

Diluents

- Transport diluents with their corresponding vaccines to ensure there are always equal amounts of vaccines and diluents for reconstitution.
 - *Note: Placing room temperature diluent in the transport container can raise the temperature of the container.*
- Place an insulation barrier (e.g., bubble wrap) between the diluents and conditioned water bottles.
- Never freeze diluents, not even during transport.

Refrigerator Vaccines

- **Always** transport and store refrigerated vaccines at 36-46°F.
- “Condition” frozen water bottles prior to use in hard-sided and Styrofoam coolers. To condition water bottles, place them in a sink filled with several inches of cool or lukewarm water until you see a layer of

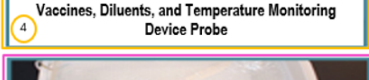
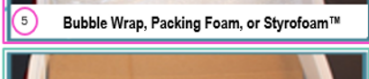
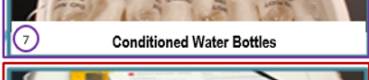
water forming on the inside near the surface of the bottle. The water bottle is properly conditioned if the ice block inside spins freely when the bottle is rotated. **Frozen water bottles that are not conditioned can freeze vaccine.**

- If specialized vaccine transport coolers are not available for emergencies, pack hard-sided coolers and thick Styrofoam shipping containers as follows:
 - Place a layer of “conditioned” water bottles in the bottom of the transport container.
 - Place a piece of corrugated cardboard (cut to fit the interior dimensions of the cooler) over the water bottles.
 - Place at least a 1-inch layer of insulating cushioning material over the cardboard (bubble wrap, packing foam, or Styrofoam). Do not use packing peanuts, paper towels or any thin material as insulation material.
 - Place the vaccine on the insulating material. Refrigerated vaccines should never be placed directly on frozen water bottles.
 - Place the buffered temperature probe from a digital data logger in the middle of the vaccine.
 - Place at least a 1-inch layer of insulating cushioning material over the vaccine.
 - Place a piece of corrugated cardboard over the insulating material.
 - Place a layer of conditioned water bottles on top of the piece of cardboard.
 - Secure the digital data logger display to the outside of the container to decrease the number of times the container door is opened.
- Pack specialized vaccine transport coolers (e.g., Acutemp vaccine courier system) as instructed by the manufacturer.

REFRIGERATED VACCINE PACK-OUT



NOTE:
This pack-out can maintain appropriate temperatures for up to 8 hours, but the container should not be opened or closed repeatedly.

1 	Conditioned Frozen Water Bottles- Line the bottom of the cooler with a single layer of conditioned water bottles.
2 	Insulating Material- Place 1 sheet of corrugated cardboard over the water bottles to cover them completely.
3 	Insulating Material- Place a layer of bubble wrap, packing foam, or Styrofoam™ on top (layer must be at least 1-inch thick and must completely cover the cardboard).
4 	Vaccines- Add remaining vaccines and diluents to cooler, covering the thermometer probe. Temperature Monitoring Device- When cooler is halfway full, place thermometer probe in center of vaccines, but keep temperature display outside cooler until finished loading. Vaccines- Stack boxes of vaccines and diluents on top of insulating material.
5 	Insulate Material- Cover vaccines with another 1-inch layer of bubble wrap, packing foam, or Styrofoam™
6 	Insulate Material- Another sheet of cardboard may be needed to support top layer of water bottles.
7 	Conditioned Frozen Water Bottles- Fill the remaining space in the cooler with an additional layer of conditioned frozen water bottles.
8 	Close Lid- Close the lid and attach the temperature display and temperature log to the top of the lid.

FROZEN VACCINES PACK-OUT

- Transport frozen vaccines in a portable freezer unit that maintains the temperature between -58°F and +5°F, if possible.
- If a portable freezer unit is not available, transport frozen vaccines using a qualified container and pack-out.

1. Frozen Cold Packs

Place a layer of cold packs to completely cover the bottom of the cooler. NEVER USE DRY ICE.



2. Vaccines

Layer vaccine boxes directly on top of the frozen cold packs.



3. Buffered Probe

Place the buffered probe with the top layer of vaccines.



4. Frozen Cold Packs

Spread another layer of frozen cold packs to completely cover the vaccines.



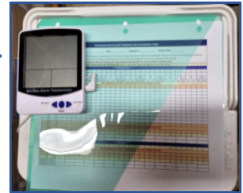
5. Bubble Wrap

Layer bubble wrap to the top of the cooler.



6. Final Steps

Layer bubble wrap to the top of the cooler. Record the temperature before departure on the transport log. Close the cooler and carefully attach the digital display and temperature log on the top of the cooler.



VACCINE MANUFACTURERS CONTACT INFORMATION

Vaccine Manufacturers Contact Information		
AstraZeneca	1-800-221-1638	
- Live-attenuated influenza (FluMist Quadrivalent)		
Bavarian Nordic	1-800-675-9596	info@bavarian-nordic.com
- Smallpox and Monkeypox (Jynneos)		
BioNTech	1-877-VAX-CO19 (1-877-829-2619)	
- COVID-19 vaccine (Comirnaty, with Pfizer)		
CSL Seqirus	1-855-358-8966	customerservice.us@seqirus.com
- Adjuvanted inactivated influenza (Fluad); Cell culture-based inactivated influenza (Flucelvax Quadrivalent); Inactivated influenza (Afluria Quadrivalent);		
Dynavax	1-510-848-5100 or 1-877-848-5100	contact@dynavax.com
- Hepatitis B Vaccine, Recombinant, Adjuvanted (Heplisav-B)		
GSK	1-866-475-8222	
- DTaP (Infanrix); DTaP+IPV (Kinrix); DTaP+Hepatitis B+IPV (Pediarix); Hepatitis A (Havrix); Hepatitis B (Engerix-B); Hepatitis A+Hepatitis B (Twinrix); Hib (Hiberix); Hib; Inactivated influenza (Fluarix Quadrivalent and FluLaval Quadrivalent); Meningococcal-MCV4 (Menveo); MMR (Priorix); Meningococcal serogroup B vaccine (Bexsero); Rabies (RabAvert); Rotavirus (Rotarix); Tdap (Boostrix); Zoster Vaccine Recombinant Adjuvanted (Shingrix)		
MassBiologics	1-800-457-4626	information@massbiologics.org
- Td		
Merck	1-877-829-6372	
- Ebola Zaire Vaccine, Live (ERVEBO); Hib (PedvaxHIB); Hepatitis A (VAQTA); Hepatitis B (Recombivax-HB); HPV (Gardasil 9); Measles, Mumps, and Rubella (M-M-R II); MMR+Varicella (ProQuad); Pneumococcal-PCV15 (Vaxneuvance); Pneumococcal-PPSV23 (Pneumovax 23); Rotavirus (RotaTaq); Varicella (Varivax); Zoster (Zostavax); BCG Vaccine U.S.P.		
Moderna	1-866-MODERNA (1-866-663-3762)	ModernaPV@modernatx.com
- COVID-19 vaccine (Spikevax)		
Novavax	1-844-NOVAVAX (668-2829) (8am- 8pm EST)	
- COVID-19 vaccine		
Pfizer	1-800-505-4426 or 1-877-VAX-CO19 or 1-877-829-2619)	
- COVID-19 vaccine (Comirnaty, with BioNTech); Meningococcal serogroup B vaccine (Trumenba); Meningococcal ABCWY (Penbraya); Pneumococcal-PCV13 (Prevnar 13); Pneumococcal-PCV20 (Prevnar 20); Tick-borne encephalitis vaccine (Ticovac)		
Sanofi U.S.	1-800-VACCINE (1-800-822-2463)	
- DTaP (Daptacel); DTaP+Hib+IPV (Pentacel); DTaP+IPV (Quadracel); DT (pediatric); Hib (ActHIB); High-dose inactivated influenza (Fluzone High-Dose); Inactivated influenza (Fluzone Quadrivalent); Meningococcal conjugate vaccines (Menactra, MenQuadfi); Poliovirus, inactivated (IPOL); Rabies (Imovax); Recombinant influenza (Flublok Quadrivalent); Td (TENIVAC); Tdap (Adacel); Typhoid Vi, inactivated, injectable (TYPHIM Vi); Yellow Fever (YF-Vax)		
VBI Vaccines	1-617-830-3031	info@vbivaccines.com
- Hepatitis B recombinant (PreHevbrio)		

COVID-19 Vaccines

- Given the unique considerations of COVID-19 vaccination, it may not be practical for all VFC providers to stock this vaccine for VFC-eligible patients. In such cases, VFC Providers must identify accessible locations where VFC-eligible children can be referred for COVID-19 vaccination. The Local Health Unit Directory has been attached below to assist VFC Providers when referring patients to local health units.

Providers must advise the patient that they will need to contact the local health unit to schedule a vaccine appointment.

Note: Special Consideration for COVID-19 Vaccine [waiver](#) has ended.

RSV Monoclonal Antibody Products

- Starting July 1, 2025, VFC Providers that serve and plan to vaccinate any privately insured, non-VFC eligible population, must maintain a separate vaccine inventory to vaccinate their non-VFC-eligible population. This will include Nirsevimab and any other RSV monoclonal antibody product that may be added to the VFC program. **Borrowing of VFC monoclonal antibody products for use among privately insured, non-VFC-eligible patients is not permitted. Failure to comply may result in a 30-day vaccine ordering suspension.**
 - For example: If the provider vaccinates privately insured and non-VFC eligible population with routine vaccines, the Provider can choose not to administer the RSV monoclonal antibody (seasonal) and refer them to the Local Health Unit". VFC Providers must **never** use their VFC RSV vaccine to vaccinate the privately insured".

Recruiting And Enrolling Provider Locations

- Award recipients may enroll in multiple provider locations within a jurisdiction that are under a common healthcare entity or group by permitting the medical director or equivalent authority to complete provider agreements for multiple site locations
- Each provider's location must adhere to all requirements of the VFC program. These include:
 - Having a primary and back-up vaccine coordinator
 - Operating within the VFC requirements for storage and handling
 - Completing an enrollment site visit
 - Completing the onboarding process for the immunization system (IIS), if required by the jurisdiction
- Annual VFC Recertifications must be submitted at the beginning of each Fiscal Year (July 1 through June 30 of the following year).
 - VFC open enrollment for recertification begins July 1st and closes on July 31st. Failure to comply may result in the removal of your facility from the VFC program.
- Effective July 1, 2026, new VFC Provider can choose to have their enrollment site visit done virtually instead of in person.**
- New VFC Vaccine Providers can start ordering vaccines the same date their New Enrollment Site Review is completed.
- Facilities must be open with appropriate staff at least one weekday other than Monday, for at least four consecutive hours, to receive and immediately store vaccines.
- All VFC documents must be retained for three (3) years prior to discarding.

ADH IMMUNIZATION CONTACTS

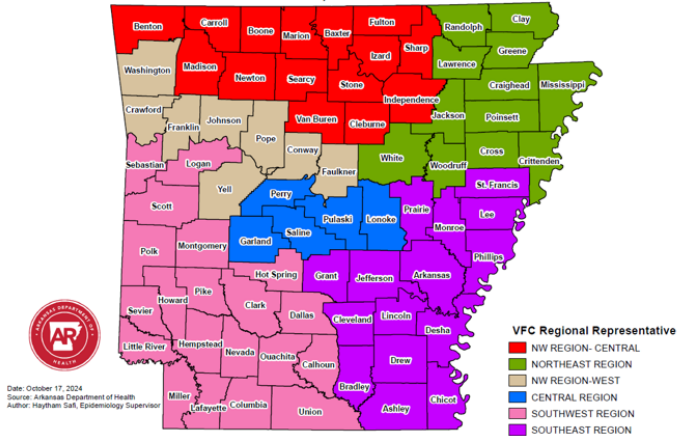
Local Health Unit Directory

Arkansas County/DeWitt	870-659-2056	Lonoke County/Cabot	501-843-7561
Arkansas County/Stuttgart	870-659-2086	Lonoke County/Lonoke	501-676-2268
Ashley County/Crossett	870-364-2115	Madison County/Huntsville	479-738-2612
Ashley County/Hamburg	870-853-5525	Marion County/Yellville	870-449-4259
Baxter County/Mountain Home	870-425-3072	Miller County/Texarkana	870-773-2108
Benton County/Rogers	479-986-1300	Mississippi County/Blytheville	870-763-7064
Benton County/Siloam Springs	479-549-3794	Mississippi County/Osceola	870-563-2521
Boone County/Harrison	870-743-5244	Monroe County/Brinkley	870-734-1461
Bradley County/Warren	870-226-8440	Montgomery County/Mount Ida	870-867-2331
Calhoun County/Hampton	870-798-2808	Nevada County/Prescott	870-887-2004
Carroll County/Berryville	870-423-2923	Newton County/Jasper	870-446-2216
Chicot County/Lake Village	870-265-2236	Ouachita County/Camden	870-836-5033
Clark County/Arkadelphia	870-246-4471	Perry County/Perryville	501-889-5156
Clay County/Corning	870-857-6281	Phillips County/West Helena	870-572-9028
Clay County/Piggott	870-598-3390	Pike County/Murfreesboro	870-285-3154
Cleburne County/Heber Springs	501-362-7581	Poinsett County/Harrisburg	870-578-4480
Cleveland County/Rison	870-325-6311	Poinsett County/Marked Tree	870-358-3615
Columbia County/Magnolia	870-235-3798	Poinsett County/Trumann	870-483-5761
Conway County/Morrilton	501-354-4652	Polk County/Mena	479-394-1597
Craighead County/Jonesboro	870-933-4585	Pope County/Russellville	479-968-6004
Crawford County/Van Buren	479-474-6391	Prairie County/Des Arc	870-256-4430
Crittenden County/Earle	870-792-7393	Pulaski County/ North Little Rock	501-791-8551
Crittenden County/West Memphis	870-735-4334	Pulaski County/Southwest Little Rock	501-565-9311
Cross County/Wynne	870-238-2101	Pulaski County/Central Little Rock	501-280-3100
Dallas County/Fordyce	870-352-7197	Pulaski County/Jacksonville	501-982-7477
Desha County/Dumas	870-382-2377	Pulaski County/West L.R. WIC Unit	501-224-1254
Desha County/McGehee	870-222-3910	Randolph County/Pocahontas	870-892-5239
Drew County/Monticello	870-367-6234	Saline County/Benton	501-303-5650
Faulkner County/Conway	501-450-4941	Scott County/Waldron	479-637-2165
Franklin County/Ozark	479-667-2555	Searcy County/Marshall	870-448-3374
Fulton County/Salem	870-895-3300	Sebastian County/Fort Smith	479-452-8600
Garland County/Hot Springs	501-624-3394	Sebastian County/Fort Smith WIC Unit	479-478-3062
Grant County/Sheridan	870-942-3157	Sevier County/De Queen	870-642-2535
Greene County/Paragould	870-236-7782	Sharp County/Ash Flat	870-994-7364
Hempstead County/Hope	870-777-2191	St. Francis County/Forrest City	870-633-1340
Hot Spring County/Malvern	501-332-6972	Stone County/Mountain View	870-269-3308
Howard County/Nashville	870-845-2208	Union County/El Dorado	870-863-5101
Independence County/Batesville	870-793-8848	Van Buren County/Clinton	501-745-2485
Izard County/Melbourne	870-368-7790	Dr Joseph Bates Outreach Clinic of ↓	479-751-3630
Jackson County/Newport	870-523-8968	Washington County/Springdale	
Jefferson County/Pine Bluff	870-535-2142	Washington County/Fayetteville	479-521-8181
Johnson County/Clarksville	479-754-2949	Washington County/Springdale WIC Unit	479-927-3667
Lafayette County/Lewisville	870-921-5744	White County/Beebe	501-882-5128
Lawrence County/Walnut Ridge	870-886-3201	White County/Searcy	501-268-6102
Lee County/Marianna	870-295-2400	Woodruff County/Augusta	870-347-5061
Lincoln County/Star City	870-628-5121	Yell County/Danville	479-495-2741
Little River County/Ashdown	870-898-3831	Yell County/Dardanelle	479-229-3509
Logan County/Booneville	479-675-2593		
Logan County/Paris	479-963-6126		

VFC Representatives

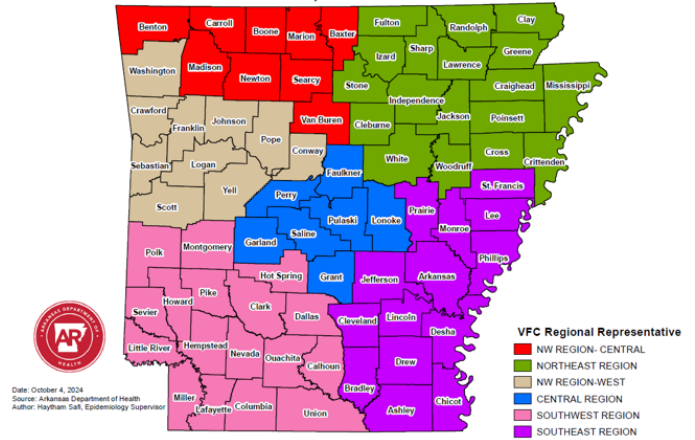
*** PRIVATE CLINICS ***

Vaccines for Children (VFC) Regional Representative by County
Arkansas, June 2024



*** LOCAL HEALTH UNITS ***

Vaccines for Children (VFC) Regional Representative by County
Arkansas, October 2024



Dorie Owen

Northwest Region- Central

Office: 870.448.3374

Cell: 479.287.8674

Fax: 870.448.3783

dorie.owen@arkansas.gov

Searcy County LHU

742 Airport Rd.

Marshall, AR 72650

Allison Pinkley

Northeast Region

Office: 870.933.4585

Cell: 870.219.7597

Fax: 870.933.6416

allison.pinkley@arkansas.gov

Craighead County LHU

611 E. Washington

Jonesboro, AR 72401

Carolyn Robinson

Northwest Region-West

Office: 870.446.2216

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Fax: 479.964.0928

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Alicia Clark

Central Region

Office: 501.624.3394

Cell: 501.249.8485

Fax: 870.460.6210

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Garland County LHU

1425 Malvern Ave

Hot Spring, AR 71901

Susan Carter

Southwest Region

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Cell: 870.807.0601

Fax: 479.394.6610

susan.carter@arkansas.gov

Polk County LHU

702 Hornbeck Ave

Mena, AR 71953

Jamie Henderson

Southeast Region

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Cell: 870.224.1439

Fax: 870.460.6210

jamie.henderson@arkansas.gov

Drew County LHU

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Monticello, AR 71655

CONTACT LIST FOR QUESTIONS OR CONCERNS REGARDING VACCINES

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Becky Snodgrass

Vaccine Safety Coordinator

Becky.Snodgrass@arkansas.gov

VACCINE MANAGEMENT PLAN UPDATES & SIGNATURES

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