Program Updates

Important Date to Remember

• Friday, July 17: Final date to submit re-certification packets prior to suspension of vaccine shipments. Deadline applies to non-responders and providers who received an email stating that their packet was incomplete.

• Monday, September 7: State offices closed in observance of Labor Day

• Friday, September 11: 22nd Annual Immunize Georgia Conference, Crowne Plaza Atlanta Ravinia

Vaccine Updates

HPV Gardasil®9: Suggestions for implementation during the transition from 4vHPV to 9vHPV

- Providers who have 4vHPV-stock in their office but prefer to vaccinate their VFC patients with 9vHPV can now order 9vHPV.
- For those providers who choose to implement 9vHPV but still have 4vHPV-stock in their office, doses of 4vHPV-can be used to complete the series for patients who have received two doses of 4vHPV, or may be used in boys since the additional protection from 9vHPV-will mostly benefit females.
- To reduce missed opportunities for timely HPV vaccination providers should vaccinate adolescents with whatever HPV vaccine is currently in stock.
Meningococcal disease remains at a historic low in the United States with approximately 50 to 60 cases of serogroup B meningococcal disease reported annually. The majority of those cases (80%) reported occur in older adolescents and young adults 11 through 24 years of age. The current low number of cases and deaths from serogroup B meningococcal disease limits the potential public health impact of routine vaccination in adolescents. Due to the current low disease incidence, a “Category B” permissive recommendation which would allow for individual clinical decision making was assigned to this vaccine during the last ACIP meeting.

ACIP Updated Recommendation: A serogroup B meningococcal (MenB) vaccine series **may be** administered to adolescents and young adults 16 – 23 years of age to provide short term protection against most strains of serogroup B meningococcal disease. The preferred age for MenB vaccination is 16 through 18 (Category B = Permissive).

**Flu Season Pre-Book 2015-2016**
The deadline for the 2015 VFC Influenza Pre-Book has passed. If you missed the deadline, you may submit your wait list request via the following link: [https://www.surveymonkey.com/r/2015VFCFLUWL](https://www.surveymonkey.com/r/2015VFCFLUWL)

**Flu Season 2015-2016 Brand, Presentation and CPT Codes**

<table>
<thead>
<tr>
<th>CPT</th>
<th>NDC</th>
<th>Brand</th>
<th>Presentation</th>
<th>VFC Age Group</th>
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<tbody>
<tr>
<td>90685</td>
<td>49281-0515-25</td>
<td>Fluzone® - Quad</td>
<td>Single Dose Syringe</td>
<td>6-35 months</td>
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<td>90686</td>
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<td>Fluzone® - Quad</td>
<td>Single Dose Vial</td>
<td>3-18 years</td>
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<td>90672</td>
<td>66019-0302-10</td>
<td>FluMist® - Quad</td>
<td>Intranasal Sprayer</td>
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</table>

**FluMist®**
MedImmune notified CDC of a shipping delay for their vaccine for the 2015-16 season. Based on information MedImmune provided to CDC about anticipated vaccine availability by month, we anticipate this vaccine to become available for shipment mid to late September. Providers should take this into consideration when planning flu vaccination clinics. If MedImmune notifies CDC of any significant changes to this schedule, we will notify you.
Beginning this year, each VFC Update features a VFC Provider Requirements and Guidelines Spotlight created to highlight sections of the VFC Provider Agreement, Vaccine Loss Policy, Accountability Policy and the Fraud & Abuse policy. The intent of the spotlight is to remind busy clinic staff of program requirements and help them better understand policies and protocols in place to ensure vaccine safety and accountability. Feel free to submit questions you would like to see addressed in this special spotlight. Send requests to DPH-gavfc@dph.ga.gov.

**VFC Provider Requirements & Guidelines Spotlight: Vaccine Borrowing**

As a reminder, borrowing is not authorized and should only occur in rare instances and with prior approval from VFC. Repeated usage of the borrowing report indicates poor vaccine management and may require corrective action and may lead to suspension from the program. Providers who submit monthly reports are in violation of the borrowing policy which is currently being revised to include definitions of abuse and an outline of corrective action guidelines for repeat users. Once approved by the CDC, the new policy will be distributed to providers. In the meantime, below are important guidelines for borrowing:

- The Borrowing Form is intended to be used only in emergency situations upon approval by VFC and should not be used routinely.
- VFC doses should not be administered to private pay patients.
- Suspended providers may not administer private doses to VFC patients and request repayment from VFC. Replacement of wasted doses must occur within 30 days or less so that regular shipments may resume, and VFC patients are able to receive vaccinations from doses purchased to replace wasted vaccine.
- Failure to purchase private stock vaccine is not an acceptable reason for administering VFC doses to private stock patients.
- Contact VFC for borrowing guidelines prior to making a decision especially when considering borrowing from VFC stock
- Delay in shipment should only be marked as the reason for borrowing if the distributor or manufacturer has provided written notice explaining the delay. This written notice must accompany the borrowing report.
- Provider’s failure to place vaccine orders in a timely manner or complete corrective actions required to resume VFC vaccine shipments are not justified reasons for borrowing. Providers will be required to replace all VFC vaccines borrowed as a result of the above with private vaccine supply.
Tips and Reminders:

- All providers must enter their vaccine orders using the manage orders function in GRITS including providers utilizing the manual Excel report. *Orders must be placed within 14 days of submitting a report.*
- VFC will no longer automatically enter vaccine orders on behalf of the provider based on the ‘Doses Presumed Needed’ column of the Vaccine Accountability Report.
- Orders can only be placed for vaccines selected as preferences. Missing vaccine choices from your order screen indicate that a preference was not selected. *(For more information see the Frequently Asked Questions/FAQ Document included with this update)*
- **Do not manually enter your inventory into GRITS** *(for GRITS reporters only)*. Orders appear as transfers on the manage transfers screen and area available to accept which will electronically update your inventory counts. *(see FAQ for more information)*
- Check your order status frequently and contact VFC if a status remains stuck in one phase beyond the time frames listed below
  - Pending = needs review and approval by VFC. Order can be changed by the site. Orders should be in this pending state for no more than 3 days.
  - In Progress = order is being reviewed by VFC and no changes can be made by the site. If an order is ‘In Progress’ for more than 1 day, check your email for a follow up request and/or contact VFC to determine the issue.
  - Denied = entire order denied by VFC. View the comments section for the denial reason.
  - Approved = Order approved by VFC, should transition to the next phase in 1 day or less
  - Sent to CDC/Distributor = Order data uploaded to VFC’s vaccine management database VTrckS for processing and fulfillment by McKesson. Orders should remain in this status for approximately 4-5 days while orders is packed and shipped from McKesson.
  - Partially Shipped = a portion of the order has delivered and transfer data is pending acceptance on the manage transfers screen. *(See Frequently Asked Questions document for more information)*
  - Fulfilled = All items ordered have been delivered and transfer data is pending acceptance.
  - Accepted = Order complete, shipment received, and for GRITS reporters, transfers accepted and doses have been added to the provider’s current inventory count.
- Link to Manage Orders training:
  [https://www.gritstest.state.ga.us/docs/ManageOrders_20FEB_2014_Final_Copy.htm](https://www.gritstest.state.ga.us/docs/ManageOrders_20FEB_2014_Final_Copy.htm)
**STORE** VFC vaccines according to current CDC guidelines. VFC strongly recommends that frozen vaccines be stored in a pharmaceutical grade, commercial grade, or stand-alone unit. GA VFC will require providers currently using combination units to store frozen vaccines to adhere to this guideline as of **January 1, 2016**. More information on recommended frozen vaccine storage can be found in the CDC’s Storage and Handling Toolkit by clicking on the following link: [http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf)

**RECORD** temperatures a minimum of twice per day using a certified thermometer with a current certificate of calibration. Refrigerator temperatures should remain between 35-46°F Fahrenheit and 2°-8°C Celsius. Freezer temperatures should remain between 5° or colder Fahrenheit and -15° or colder Celsius. Temperature excursions outside of the required range should be reported to VFC immediately!

**VERIFY AND DOCUMENT** eligibility status for each patient during each immunization encounter. Be sure to differentiate between Medicaid and PeachCare CMO (Amerigroup, Peach State and WellCare). The two should be reported separately on the GRITS and the manual Excel reporting form.

**REPORT** doses administered to Medicaid patients separately from doses administered to PeachCare for Kids® patients. Doses administered to PeachCare for Kids® patients should be reported in the PeachCare column of the manual report.

**REPORT** usage, inventory, and wastage monthly via GRITS. Monthly reports are used to replenish vaccine shipments based on usage and inventory totals. Replenishment totals are based on a 3 month storage cushion and is calculated as follows:

\[
\text{Usage} \times 3 \text{ months} - \text{Inventory} = \# \text{ of doses to ship/doses presumed needed}
\]

**NEW FOR 2015** **SUBMIT** orders online using the new GRITS Manage Orders function. As of May 18, 2015 VFC will no longer automatically ship doses listed on column J of the Vaccine Accountability Statement.

**REVIEW** GRITS monthly reports for errors presented as doses listed in the “Insured/Ineligible” column and doses listed as (-) or (over) on the Vaccine Accountability Statement. Submit a copy of the report and a written explanation of errors by fax or email to avoid shipping delays.

**REPORT** short dated vaccines 90 days prior to expiration. Per the VFC Loss Policy, providers are required to report expiring vaccines 90 days prior to expiration.

**RETURN** wasted and/or expired doses to McKesson within 6 months of expiration. VFC vaccine should not be discarded. Exemptions to this rule include expired/wasted multi-dose vials or expired/wasted syringes. Both however must be reported monthly.

**RECORD** date, vaccine manufacturer, trade name, lot number and VIS publication date in the patient records for every vaccine administered.

**MAINTAIN** a completed Vaccine Emergency/Disaster Recovery Plan in an accessible location in the event of refrigerator/freezer malfunctions, natural disasters, etc.

**NOTIFY** VFC of changes in staff, vacation, power outages, address change, etc. Physicians and nursing staff signed to the provider agreement are responsible for notifying VFC of any changes that may affect vaccine shipments.

**REVIEW** CDC guidelines for Storage and Handling and set protocols in place to ensure effectiveness of vaccine administered to patients.