



**Department  
of Health**

# **Influenza Update for Pharmacists**

**New York State Department of Health  
February 1, 2018**

# Agenda

- Executive Order No. 176
- Standing Orders
- Influenza Vaccine Administration to Children
- Influenza Vaccine Availability
- NYS Vaccines for Children (VFC) Program
- NYS Immunization Information System (NYSIIS)
- Influenza Antiviral Medications

# Executive Order No. 176

# Executive Order No. 176

- On January 25, 2018, NYS Governor Andrew M. Cuomo issued Executive Order (EO) No. 176 declaring a Disaster Emergency in NYS in response to this year's severe influenza season
- EO No. 176 temporarily permits pharmacists who are already authorized to administer influenza vaccine to adults 18 years and older also to administer **influenza vaccine** to children **between 2 years and 18 years of age** through February 23, 2018
- May be extended for additional 30-day periods if the emergency conditions continue



# Executive Order No. 176

- Other NYS Education laws and regulations related to pharmacist administration of immunization continue to apply
  - <http://www.op.nysed.gov/prof/pharm/pharmimmunizationfaq.htm>
- Pharmacists must be certified by the NYS Education Department in order to administer vaccines. To become certified, a pharmacist must:
  - Be currently licensed and registered in NY,
  - Provide evidence that an approved immunization course has been completed within the past three years, and
  - Provide evidence they are currently certified in CPR or BLS

<http://www.op.nysed.gov/prof/pharm/pharmimmunizations.htm>



# Standing Orders

# Standing Order for Influenza Vaccine Administration for Children 2-18 Years

- On January 27, 2018, NYS Commissioner of Health Howard A. Zucker issued a statewide non-patient specific standing order for pharmacists, with a certificate of administration issued by the NYS Education Department, to administer influenza vaccination to patients between 2 to 18 years of age
- Effective until the expiration of EO No. 176 or until the Commissioner's discontinuation of the order

[https://health.ny.gov/prevention/immunization/providers/docs/2018\\_standing\\_order.pdf](https://health.ny.gov/prevention/immunization/providers/docs/2018_standing_order.pdf)



# Standing Order for Influenza Vaccine Administration for Children 2-18 Years

1. Identify children between 2-18 years of age in need of influenza vaccination
2. Provide a private area for immunization
3. Screen all child and adolescent patients for contraindications and precautions to influenza vaccine
4. Provide all patients, or other persons legally responsible for the patient, with a copy of the most current influenza Vaccine Information Statement (VIS) <http://www.immunize.org/vis/>
5. Inform all patients, or other persons legally responsible, of the total cost of the immunization or immunizations, subtracting any health insurance subsidization, if applicable

# Standing Order for Influenza Vaccine Administration for Children 2-18 Years

6. Obtain consent for immunization
7. Advise patients (or persons legally responsible) about adverse events
8. Administer influenza vaccine
9. Provide recommendations for future doses of influenza vaccine
10. Document vaccine administration in/to:
  - a. Patient medication profile
  - b. Immunization record card, provided to patient
  - c. Patient's primary care physician
  - d. NYSIIS
11. Advise patients (or persons legally responsible) of the importance of having a primary care provider
12. Be prepared for management of a medical emergency related to vaccine administration



# Standing Orders for Epinephrine and Diphenhydramine Administration

- To assist pharmacists who decide to vaccinate children against influenza pursuant to EO No. 176, on February 1, 2018 Commissioner Howard A. Zucker issued statewide standing orders for pharmacists to administer epinephrine and diphenhydramine to children between 2-18 years of age for the emergency treatment of anaphylactic reactions to influenza vaccine
- Copies of the orders will be posted online ASAP

# Influenza Vaccines for Children and Teens: 2017-2018 Influenza Season

# Influenza Vaccines for Children and Teens

- Ensure you are using influenza vaccine that is licensed for the age of the person being vaccinated.
- Vaccines for the 2017-2018 influenza season:
  - Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2017-2018 Influenza Season  
<https://www.cdc.gov/mmwr/volumes/66/rr/pdfs/rr6602.pdf>
    - See Table 1
  - CDC website: 2017 – 18 Summary of Recommendations  
<https://www.cdc.gov/flu/professionals/acip/2017-18summary.htm#products>
  - Includes information on available formulations, mercury content, latex content
  - Options include prefilled syringe, single-dose vial, multidose vial



Trade Name	Manufacturer	Type	Dose	Age Indication
Fluarix	GSK	IIV4	0.5 mL	≥ 6 months
FluLaval	ID Biomed (GSK)	IIV4	0.5 mL	≥ 6 months
<b>Fluzone</b>	<b>Sanofi Pasteur</b>	<b>IIV4</b>	<b>0.25 mL</b>	<b>6 – 35 months</b>
Fluzone	Sanofi Pasteur	IIV4	0.5 mL	≥ 3 years
Afluria	Seqirus	IIV4	0.5 mL	≥ 5 years
Afluria	Seqirus	IIV3	0.5 mL	≥ 5 years
Fluvirin	Seqirus	IIV3	0.5 mL	≥ 4 years
Flucelvax	Seqirus	cclIV4	0.5mL	≥ 4 years

- Only two vaccines are indicated for all ages; dose is same for all ages
- Fluzone has two different doses based on age
- IIV: inactivated influenza vaccine
- IIV4: quadrivalent IIV; IIV3: trivalent IIV; cclIV: cell culture-based IIV



# NYS PHL Section 2112

- Prohibits administration of vaccines containing more than:
  - 1.25  $\mu\text{g}$  of mercury per 0.5 mL to women who know they are pregnant
  - **0.625  $\mu\text{g}$  of mercury per 0.25 mL to children < 3 years old**
- All influenza **single-dose vials** and **prefilled syringes** in the US comply with PHL 2112 (2) and (3)
- Influenza **multidose vials** contain levels of thimerosal in **excess** of the levels established in PHL 2112 (2) and (3)

# NYS PHL Section 2112

- August 28, 2017 NYSDOH Flu Vaccine Supply Declaration: appears that there will be an **adequate supply** of vaccine that complies with PHL 2112 (2) and (3) for the 2017-18 season
- Therefore, **healthcare providers vaccinating pregnant women and children < 3 years should seek out and administer vaccine that complies with PHL 2112 (2) and (3)**
  - i.e., single-dose vials or prefilled syringes of influenza vaccine
  - **NOT Multidose Vials**

[https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/commissioner\\_declaration\\_phl\\_2112.htm](https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/commissioner_declaration_phl_2112.htm)



# NYS PHL Section 2112

- **Exceptions in PHL Section 2112 (4) and (5):**
  - If the Commissioner determines that use of influenza vaccine containing higher levels of mercury is necessary to prevent or respond to an outbreak of disease **and** there are insufficient amounts of vaccine that comply with PHL 2112 (2) and (3) **OR**
  - If the Commissioner determines that influenza vaccine that complies with PHL 2112 (2) and (3) is not available for distribution in NYS
  - Neither exception has occurred at this time.
- If an exception occurred, the provider should **document** good faith attempts to obtain vaccine that complies with PHL 2112 and obtain **informed consent** prior to administering vaccine that contains higher levels of mercury

# Accessing Available Vaccine

- Private vaccine is still available
- Providers should contact distributors and local vendors about remaining supply
- Information about manufacturers and distributors who still have vaccine can be found at:  
<https://www.izsummitpartners.org/ivats/>
- Additional information can be found on the CDC website:  
<https://www.cdc.gov/flu/about/qa/vaxsupply.htm>

# Vaccines for Children (VFC) Program

# NYS Vaccines for Children (VFC) Program

- Pharmacies that expect to vaccinate VFC-eligible children may enroll in the NYS or NYC VFC Programs to receive VFC influenza vaccine for these children
- VFC-Eligible Children:
  - Uninsured,
  - Underinsured,
  - Native American or Alaska Native,
  - Medicaid-enrolled or Medicaid-eligible, or
  - Enrolled in Child Health Plus

# NYS and NYC VFC Enrollment

- For pharmacies operating in NYS outside of NYC:  
Submit the following completed documentation to [nyvfc@health.ny.gov](mailto:nyvfc@health.ny.gov) or fax to (518) 449-6912:
  - Provider Agreement and Profile Form:  
<https://www.health.ny.gov/forms/doh-3836.pdf>
  - Storage and Handling Plan:  
[https://www.health.ny.gov/prevention/immunization/vaccines\\_for\\_children/docs/storage\\_and\\_handling\\_plan.pdf](https://www.health.ny.gov/prevention/immunization/vaccines_for_children/docs/storage_and_handling_plan.pdf)
  - All required trainings for newly enrolling sites at  
[https://www.health.ny.gov/prevention/immunization/vaccines\\_for\\_children/vaccine\\_personal.htm#training](https://www.health.ny.gov/prevention/immunization/vaccines_for_children/vaccine_personal.htm#training)
- For pharmacies operating in NYC:
  - Visit <https://www1.nyc.gov/site/doh/providers/nyc-med-cir/vaccines-for-children-program.page> or call 347-396-2400



# NYS VFC Provider Agreement and Profile

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Immunization  
Vaccine Program  
ESP Corning Tower RM 649  
Albany NY 12237-0627  
Phone: (800) 543-7468 Fax: (518) 449-6912

FOR DOH USE ONLY Date rec'd: \_\_\_\_\_  
VFC PIN # \_\_\_\_\_

## Vaccines For Children (VFC) Program Provider Agreement and Profile

New  New Location-Moved Closed Prior Site (Prior VFC PIN# \_\_\_\_\_)  Annual Renewal VFC PIN# \_\_\_\_\_

### FACILITY INFORMATION

Facility Name

VFC Pin Number

Facility Address

City

County

State

Zip Code

Telephone Number

Fax Number

Email

Shipping Address (if different than facility address)

City

County

State

Zip Code

### OFFICE HOURS OF OPERATION

M	<input type="text"/> : <input type="text"/> a.m. <input type="text"/> : <input type="text"/> p.m.	to	<input type="text"/> : <input type="text"/> a.m. <input type="text"/> : <input type="text"/> p.m.	TH	<input type="text"/> : <input type="text"/> a.m. <input type="text"/> : <input type="text"/> p.m.	to	<input type="text"/> : <input type="text"/> a.m. <input type="text"/> : <input type="text"/> p.m.
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# NYS VFC Provider Agreement and Profile



## MEDICAL DIRECTOR OR EQUIVALENT

**Instructions:** The official VFC registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

<input type="text"/>				
Last Name	First	Middle	Title (MD, DO, NP, PA)	Specialty
<input type="text"/>				
Medical License Number	Medicaid or NPI Number	Employer Identification Number (optional)		
Provide information for second individual as needed:				
<input type="text"/>				
Last Name	First	Middle	Title (MD, DO, NP, PA)	Specialty
<input type="text"/>				
Medical License Number	Medicaid or NPI Number	Employer Identification Number (optional)		



## VFC VACCINE COORDINATOR

<input type="text"/>				
Primary Vaccine Coordinator Last Name	First	Middle	Telephone Number	Email
<input type="text"/>				
Completed annual training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type of training received	<input type="text"/>



<input type="text"/>				
Back-Up Vaccine Coordinator Last Name	First	Middle	Telephone Number	Email
<input type="text"/>				
Completed annual training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type of training received	<input type="text"/>

# NYS VFC New Provider Trainings

Training Number/Title	Approx. Length (min)	Annual Renewal	Staff Change	Newly Enrolling	PDF Version
<a href="#">1. VFC Program Background and Enrollment</a>	12		X	X	<a href="#">PDF Version</a>
<a href="#">2. VFC Personnel and Training</a>	8		X	X	<a href="#">PDF Version</a>
<a href="#">3. VFC Provider Requirements</a>	15	X	X	X	<a href="#">PDF Version</a>
<a href="#">4. Vaccine Management Plans</a>	9		X	X	<a href="#">PDF Version</a>
<a href="#">5. The Vaccine Cold Chain</a>	10	X	X	X	<a href="#">PDF Version</a>
<a href="#">6. Selecting Vaccine Storage Units</a>	16			X	<a href="#">PDF Version</a>
<a href="#">7. Setting up Vaccine Storage Units</a>	14			X	<a href="#">PDF Version</a>
<a href="#">8. Selecting Temperature Monitoring Equipment</a>	13			X	<a href="#">PDF Version</a>
<a href="#">9. Temperature Monitoring Device Calibration</a>	13			X	<a href="#">PDF Version</a>
<a href="#">10. Monitoring Vaccine Storage Unit Temperatures</a>	13	X	X	X	<a href="#">PDF Version</a>
<a href="#">11. Temperature Excursions</a>	15	X	X	X	<a href="#">PDF Version</a>
<a href="#">12. Managing Vaccine Inventory</a>	15	X	X	X	<a href="#">PDF Version</a>
<a href="#">13. Vaccine Orders</a>	12	X	X	X	<a href="#">PDF Version</a>
<a href="#">14. Accepting a Vaccine Delivery</a>	9		X	X	<a href="#">PDF Version</a>
<a href="#">15. Vaccine Disposal and Returns</a>	8		X	X	<a href="#">PDF Version</a>
<a href="#">16. Vaccine Preparation</a>	14			X	<a href="#">PDF Version</a>
<a href="#">17. Vaccine Transport</a>	12		X	X	<a href="#">PDF Version</a>

[https://www.health.ny.gov/prevention/immunization/vaccines\\_for\\_children/vaccine\\_personal.htm#training](https://www.health.ny.gov/prevention/immunization/vaccines_for_children/vaccine_personal.htm#training)

Submit an attestation of training completion at <https://www.surveymonkey.com/r/X5RQSXS>



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**FOR DOH USE ONLY** Date rec'd: \_\_\_\_\_  
 VFC PIN # \_\_\_\_\_

**ADDITIONAL PROVIDERS PRACTICING AT THIS FACILITY** (attach additional pages as necessary)

**Instructions:** List below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.

Provider Name	Title	License No.	Medicaid or NPI Number	EIN (Optional)

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 VFC PIN # \_\_\_\_\_

## PROVIDER AGREEMENT

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

2. I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:

5. I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.

### 6. VFC Vaccine Eligible Children

I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$25.10 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.

### Non-VFC Vaccine Eligible Children

I will not charge a vaccine administration fee to non-Medicaid state vaccine-eligible children that exceeds the administration fee cap of \$25.10 per vaccine dose. I will accept the reimbursement for immunization administration set by the State Children's Health Insurance Program (SCHIP).



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# NYS VFC Provider Agreement and Profile

9. I will comply with the requirements for vaccine management including:

- a) Ordering vaccine and maintaining appropriate vaccine inventories;
- b) Not storing vaccine in dormitory-style units at any time;
- c) Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet New York State Department of Health storage and handling requirements;
- d) Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration

11. I will participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.

12. For pharmacies, urgent care, or school located vaccine clinics, I agree to:

- A. Vaccinate all "walk-in" VFC-eligible children and
- B. Will not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee.

Note: "Walk-in" refers to any VFC eligible child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to VFC patients as well.

14. I will report ALL doses administered according to patient's VFC vaccine eligibility, within two weeks of administration, in the New York State Immunization Information System (NYSIIS). Providers are required by Public Health Law to report all childhood immunizations to NYSIIS.

I will use the NYSIIS Ordering Module to submit vaccine orders.

I will report vaccine inventory in NYSIIS and ensure that inventory reported with each order reflects current doses administered as reported in NYSIIS.

I will record twice daily temperatures in NYSIIS.

If my practice uses an Electronic Medical Record (EMR) system to report doses administered to NYSIIS, I will ensure that the EMR system contains the necessary fields required by NYSIIS and can export a data file for submission that uploads all required fields appropriately into NYSIIS.



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FOR DOH USE ONLY Date rec'd: \_\_\_\_\_  
 VFC PIN # \_\_\_\_\_

## FACILITY TYPE (select facility type)

### Private Facilities \_\_\_\_\_

- Private Hospital
- Private Practice (solo/group/HMO)
- Community Health Center
- Pharmacy
- Birthing Hospital
- School-Based Clinic
- Teen Health Center
- Adolescent Only Provider
- College
- Other \_\_\_\_\_

### Public Facilities \_\_\_\_\_

- Public Health Department Clinic
- FQHC/RHC (Community/Migrant/Rural)
- Community Health Center
- Tribal/Indian Health Services Clinic
- Other \_\_\_\_\_
- STD/HIV
- Family Planning
- Juvenile Detention Center
- Correctional Facility
- Drug Treatment Facility
- Migrant Health Facility
- Refugee Health Facility
- Teen Health Center
- Adolescent Only



# NYS VFC Provider Agreement and Profile

**VACCINES OFFERED** (select only one box)

- All ACIP Recommended Vaccines
- 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.

**Select Vaccines Offered by Specialty Provider**

- DTaP
- Hepatitis A
- Hepatitis B
- HIB
- HPV
- Influenza
- Meningococcal Conjugate
- MMR
- Pneumococcal Conjugate
- Pneumococcal Polysaccharide
- Polio
- Rotavirus
- TD
- Tdap
- Varicella
- Other, specify: \_\_\_\_\_

# NYS VFC Provider Agreement and Profile

## PROVIDER POPULATION

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made. The following table documents how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

VFC Vaccine Eligibility Categories	Number of children who received VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid				0
No Health Insurance				0
American Indian/Alaska Native				0
Underinsured <sup>1</sup>				0
<b>Total VFC</b>	0	0	0	0
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health insurance covers vaccines)				0
Children's Health Insurance Program (CHIP) <sup>2</sup>				0
<b>Total Non-VFC</b>	0	0	0	0
<b>Total Patients</b> (must equal sum of Total VFC + Total Non-VFC)	0	0	0	0

<sup>1</sup> Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.

<sup>2</sup> CHIP – Children enrolled in the state Children's Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC program. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.

# NYS VFC Provider Agreement and Profile

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

\_\_\_\_\_  
Medical Director or Equivalent Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print) Second Individual as Needed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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# NYS VFC Storage and Handling Plan

Please return the completed document via fax at (518) 449-6912 or email at [nyvfc@health.ny.gov](mailto:nyvfc@health.ny.gov) and retain a copy for your records.

## New York State Department of Health (NYSDOH) Bureau of Immunization Vaccine Storage and Handling Plan

Primary Provider/Practice Name: \_\_\_\_\_ PIN # (if renewal) \_\_\_\_\_

**Vaccine must be properly stored and administered to ensure maximum efficacy and safety. All Vaccines for Children (VFC) and Vaccines for Adults (VFA) sites must attest to their compliance with routine and emergency storage and handling procedures. Each section of this agreement includes required elements for an effective storage and handling plan. For guidance, refer to:**

**[https://www.health.ny.gov/prevention/immunization/vaccines\\_for\\_children.htm](https://www.health.ny.gov/prevention/immunization/vaccines_for_children.htm) Storage & Handling Requirements.**



# NYS VFC Storage and Handling Plan

<b>EQUIPMENT and TEMPERATURE MONITORING</b>	
Provide the following information for each VFC or VFA vaccine refrigerator and temperature monitoring equipment in use:	
<b>Refrigerator Unit:</b>	
Unit Location/ ID#:	Refrigerator Type: <input type="checkbox"/> Stand alone refrigerator <input type="checkbox"/> Combination (refrigerator/freezer) <input type="checkbox"/> Other, specify: _____
Use: <input type="checkbox"/> Primary <input type="checkbox"/> Backup/Overflow	Grade: <input type="checkbox"/> Commercial <input type="checkbox"/> Med/Lab/Pharmaceutical <input type="checkbox"/> Household/Consumer <input type="checkbox"/> Other, specify: _____
Thermometer Type: <input type="checkbox"/> State supplied digital data logger, calibration expiration date: ___/___/___ <input type="checkbox"/> Other: Thermometer Brand: _____ Calibration Expiration Date: ___/___/___	



# VFC and Digital Data Loggers

Effective January 1, 2018, the CDC requires that all VFC providers use a calibrated, continuous temperature monitoring device (digital data logger) with:

- A Certificate of Traceability and Calibration Testing,
- An active temperature display,
- Continuous monitoring and recording capabilities, and where
- Data can be routinely downloaded

In each refrigerator and freezer where VFC vaccine is stored and have a back-up digital data logger

[https://www.health.ny.gov/prevention/immunization/vaccines\\_for\\_children/storage\\_and\\_handling.htm#dataloggers](https://www.health.ny.gov/prevention/immunization/vaccines_for_children/storage_and_handling.htm#dataloggers)  
[dataloggers@health.ny.gov](mailto:dataloggers@health.ny.gov)



# NYS VFC Storage and Handling Plan

## VACCINE EMERGENCY PLAN

Any VFC/VFA provider that has an established practice vaccine emergency plan will submit their plan for approval when emailing or faxing this completed document to the VFC Program. Practice vaccine emergency plans must include the key elements of the vaccine emergency plan below (#1 - #4), and include signatures of key vaccine personnel at the end of this document.

All VFC/VFA providers that do not have a vaccine emergency plan are required to adhere to NYS Vaccine Program guidance for any emergency situation which may necessitate vaccine transport. Facilities with an on-site generator are also required to submit their established practice vaccine emergency plan or adhere to the NYS Vaccine Program guidance.

Failure to adhere to this guidance will result in the practice providing restitution for lost vaccine.

### SELECT:

Practice vaccine emergency plan attached

**OR**

Items number 1 and 2 completed below. A copy is retained for use when vaccine emergency transfer is necessary.



# NYS VFC Storage and Handling Plan

We agree to implement the storage and handling plan outlined in this document. In the event of any situation which could potentially compromise the efficacy of VFC or VFA vaccine we will comply with the emergency procedures provided.

**Medical Director or Equivalent:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (Print)	Title (Print)	Email Address (Print)
<input type="text"/>		<input type="text"/>
Medical Director or Equivalent Signature		Date

**Primary Vaccine Coordinator:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (Print)	Title (Print)	Email Address (Print)
<input type="text"/>		<input type="text"/>
Primary Vaccine Coordinator Signature		Date

**Back-up Vaccine Coordinator:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (Print)	Title (Print)	Email Address (Print)
<input type="text"/>		<input type="text"/>
Back-up Vaccine Coordinator Signature		Date



# VFC Contact Information

NYS (outside of NYC):

- [nyvfc@health.ny.gov](mailto:nyvfc@health.ny.gov)
- 1-800-543-7468 (1-800-KID-SHOT)
- [www.health.ny.gov/vfc](http://www.health.ny.gov/vfc)

NYC:

- <https://www1.nyc.gov/site/doh/providers/nyc-med-cir/vaccines-for-children-program.page>
- 347-396-2400



# New York State Immunization Information System (NYSIIS)

# NYSIIS

The New York State Immunization Information System (NYSIIS) is a confidential, secure, web-based system that collects and maintains demographic, immunization and blood lead test information in one consolidated record for persons of all ages in New York State (outside of New York City).

# Reporting Doses Administered to Children

As described in PHL §2168,

- All immunizations administered to persons less than 19 years of age must be reported to NYSIIS within 14 days of administration, except for vaccines administered in NYC, which must be reported to the Citywide Immunization Registry (CIR)
- **There is no consent required or “opt out” option for any person less than 19 years of age**

# Adult Immunization Reporting to NYSIIS

- All health care providers and pharmacists who administer immunizations to persons 19 years of age or older are **required to obtain consent** to submit immunization information
- It may be acquired verbally or included in your organization's existing consent form
- Adult consent must still be **documented**; either by
  - Manually switching the consent indicator to “yes” in NYSIIS
  - Insuring consent is documented in electronic medical record (EMR) and electronically submitted to NYSIIS



# How to Get a NYSIIS Account

- You must have a HCS account:
  - If you have an account: [https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html)
  - If you need to create an account:  
[http://www.health.ny.gov/prevention/immunization/information\\_system/providers/hpn\\_account\\_instructions.htm](http://www.health.ny.gov/prevention/immunization/information_system/providers/hpn_account_instructions.htm)
- You must complete **NYSIIS online training**. Training should be completed by Rx manager/Pharmacist In Charge (must be licensed)
  - To access training please go to:  
[https://www.health.ny.gov/prevention/immunization/information\\_system/status.htm](https://www.health.ny.gov/prevention/immunization/information_system/status.htm)
  - You will **want** to look for **'NYSIIS Pharmacy User Training'** Click on link
  - Click on the title of the training and choose **'view'** This process can take several minutes as video loads
  - **Training takes ~1 hour**
- There will be a registration to fill out before the training will begin. Once you have completed training an email will be sent to you (granting access). You may call **518-473-2839** to expedite your access



## Number of Pharmacies Reporting to NYSIIS as of Jan 2018

GRP_NAME	Number of Stores
Rite Aid	480
CVS Store	384
Walgreens Pharmacy	203
Walmart	114
Kinny Drugs	80
Tops Pharmacy	80
Target Pharmacy	64
Price Chopper	58
Wegmans Pharmacy	47
Stop and Shop Pharmacy	46
Hannaford Pharmacy	44
Medicine Shoppe	29
Shoprite Pharmacy	29
Kmart Pharmacy	6
ACME Pharmacy	5
Weis Pharmacy	4
Single Stores	193
<b>Total</b>	<b>1866</b>

# NYSIIS Information

Additional information can be found at

[http://www.health.ny.gov/prevention/immunization/information\\_system/](http://www.health.ny.gov/prevention/immunization/information_system/)

# CIR Information

Additional information can be found at  
<http://www.nyc.gov/health/cir> or call (347) 396-2400

# Influenza Antiviral Medications

# Influenza Antiviral Medications: Treatment and Chemoprophylaxis

- Antiviral prescription drugs can be used to treat influenza or to prevent influenza and are an important adjunct to vaccine in the control of influenza, especially among individuals at high risk of serious influenza-related complications.
- Clinical trials and observational data show that early antiviral treatment can shorten the duration of fever and illness symptoms, and may reduce the risk of complications from influenza.

# Influenza Antiviral Medications: Treatment and Chemoprophylaxis

- While clinical benefit is greatest when antiviral treatment is administered within 48 hours of onset, data suggest they can still be beneficial in very ill patients even up to five days after getting sick.
- Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza.
- A summary of CDC's antiviral treatment and chemoprophylaxis guidance for clinicians is available at <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>.



# Influenza Antiviral Medications: Supply Update

- CDC is in regular contact with influenza antiviral manufacturers regarding supply and other issues. As of January 31, some manufacturers are reporting delays in filling orders.
- CDC is aware of spot shortages of antiviral drugs, specifically generic versions of oseltamivir capsules and suspension in some places experiencing high influenza activity. CDC is working with manufacturers to address existing gaps in the market.
- Pharmacies and others attempting to make bulk purchases of influenza antiviral drugs may need to call more than one distributor or manufacturer to locate medications available for purchase in the short term.
- CDC maintains a regularly updated webpage with information about influenza antiviral supplies and contact information for several manufacturers for inquiries related to product availability at

<https://www.cdc.gov/flu/professionals/antivirals/supply.htm>.



**Department  
of Health**

# Influenza Antiviral Medications: Supply Update

When a prescription is written for commercially-manufactured liquid oseltamivir suspension and it is unavailable, the State Education Department's Board of Pharmacy has advised that pharmacists in NYS are permitted to compound using oseltamivir 75mg capsules.

- The ability to compound is based on immediate need and the unavailability of commercially-manufactured oral suspension.
- Pharmacists should annotate on the prescription that an emergency exists and the commercially-manufactured oral suspension is not available.
- A separate order from the prescriber is not required.
- Directions for compounding are included in the FDA-approved manufacturer package inserts.

<sup>1</sup> If the prescription is written for commercially-manufactured liquid Tamiflu and "Dispense As Written" is indicated, then Tamiflu (brand name) 75mg capsules must be used to compound.



# QUESTIONS?