

A photograph of three children of diverse backgrounds blowing bubbles outdoors. The child in the center is a young girl with dark curly hair, looking upwards with a joyful expression. To her left, another child is partially visible, and to her right, a third child is also blowing a bubble. The background is a soft-focus green, suggesting a park or garden setting.

CHICAGO DEPARTMENT OF PUBLIC HEALTH

Vaccines for Children Manual



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Section One

Overview of the Chicago VFC Program

What is the Chicago VFC Program

The Chicago Vaccines for Children (VFC) program is a federally funded program from the Centers for Disease Control and Prevention (CDC) that provides vaccines at no cost to children who might not otherwise be vaccinated. The benefits of the VFC program include:

- Reducing referrals of children from private providers to state health departments for vaccination.
- Saving Chicago VFC-enrolled providers out-of-pocket expenses for vaccine.
- Eliminating or reducing vaccine cost as a barrier to immunizing eligible children.

Chicago VFC providers contribute to increased immunization coverage level rates and reduced delays in immunizations and, subsequently, the risk of serious illness or death from vaccine-preventable diseases.

The Chicago Department of Public Health (CDPH) offers the VFC program to provide immunizations for children through the age of 18 (Under 19) who are uninsured (“self-pay”), Medicaid Title XIX (19)-eligible, American Indian or Alaskan Native. Underinsured children (children who have limited coverage or caps on the number of vaccines allowed annually) can access VFC vaccines recommended by the CDC’s Advisory Committee on Immunization Practices (ACIP) at participating federally qualified health centers (FQHC) and rural health clinics (RHC), or local health departments (LHD) under an approved deputization agreement. All VFC providers must offer all ACIP-recommended vaccines for the populations they serve.

History of the VFC Program

The Vaccines for Children (VFC) program was established by Congress in 1994 to increase access to vaccination for children who might not get vaccinated because of financial barriers. The VFC program was created as part of the Omnibus Budget Reconciliation Act of 1993 and was officially implemented in October 1994 as part of the President's Childhood Immunization Initiative. It was established as a new entitlement program required to be a part of each state's Medicaid plan. The VFC program is a Title XIX Medicaid program. Section 1928 of the Social Security Act (42 U.S.C. §1396S) provides the legal authority for the VFC program by requiring each state to establish a program for pediatric vaccine distribution to registered provider locations. It provides authority for purchase of vaccines for administration to eligible children using federal Medicaid and state funds (including 317). The VFC program is available in all 50 states, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands.



VFC's Impact



VFC benefits an estimated 40 million children



Approximately 38,000 enrolled health care provider sites in the U.S.



Approximately 72 million VFC vaccine doses distributed in 2022

VFC Provider Requirements

Here is an overview of Chicago VFC provider requirements. All these requirements are covered in detail throughout this manual.

REQUIREMENT	COMPONENT
Chicago VFC Provider Requirements	<p>Chicago VFC providers must:</p> <ul style="list-style-type: none"> • Be licensed in Illinois to administer vaccines to children aged 18 and younger. • Be willing and able to follow all VFC program requirements, policies, and procedures, including participation in site visits and educational opportunities. • Have the capacity to order, receive, manage, store, and monitor the temperature of public vaccines. • Be open at least 4 consecutive hours for three days a week to receive VFC vaccines.
Provider Agreement	<ul style="list-style-type: none"> • Providers must complete and sign CDC's Provider Agreement. • The medical director in a group practice must be authorized to administer pediatric vaccines under state law. • The provider signing the Provider Agreement on behalf of a multi-provider practice must have authority to sign on behalf of the entity. • All licensed health care providers in an enrolled practice and their corresponding professional license numbers must be listed in the VFC Enrollment Form. • Providers must submit a Provider Population Profile at initial program enrollment and updated at least annually or when order patterns indicate a change.
Patient Eligibility Screening	<ul style="list-style-type: none"> • Providers must screen and document patient eligibility screening in the patient's permanent medical record (paper-based or electronic medical record) using the VFC Patient Eligibility Screening Record or document the required elements in the electronic medical record.
Vaccine Management	<p>VFC providers must comply with vaccine management guidelines in the CDC's Vaccine Storage and Handling Toolkit, including:</p> <ul style="list-style-type: none"> • Correct storage units. • Digital data loggers (DDLs) with continuous monitoring capabilities and a current Certificate of Calibration. • Receiving and documenting vaccines. • Daily monitoring and recording of unit temperatures, including responding to any temperature excursion. • Managing expired, spoiled, or wasted vaccines. • Vaccine handling and preparation. • Procedures for emergency situations.

VFC Provider Requirements *Continued*

REQUIREMENT	COMPONENT
Vaccine Management Plan	<p>VFC providers must have standard operating procedures for routine and emergency vaccine management:</p> <ul style="list-style-type: none"> • Contact information for current primary and backup vaccine coordinators. • Provider staff roles and responsibilities. • Documented training related to vaccine management. • Proper storage and handling practices, including how to handle a temperature excursion. • Procedures for vaccine ordering, receiving, inventory control, stock rotation, and handling vaccine loss and waste. • Procedures for emergency situations, including transport, equipment malfunction, power failure, and natural disaster. • Plans must be updated annually or more frequently as needed.
Immunization Schedule	<p>VFC providers must comply with:</p> <ul style="list-style-type: none"> • Current ACIP recommendations and VFC resolutions. • Making available the vaccines identified in the Provider Profile based on the provider type and population served, including non-routine vaccines, if applicable. • Understanding state laws related to vaccination requirements and acceptable vaccine exemptions. • Using ACIP recommendations and vaccine package inserts to understand contraindications for each vaccine type available through the VFC program.
National Childhood Vaccine Injury Act (NCVIA)	<p>VFC providers must comply with:</p> <ul style="list-style-type: none"> • Obtaining and distributing the most current vaccine information statements for all vaccines included in the National Vaccine Injury Compensation Program. • Following the record-keeping requirements for the NCVIA. • Reporting adverse reactions to VAERS.
Fraud and Abuse	<ul style="list-style-type: none"> • VFC providers must operate in a manner intended to avoid fraud and abuse.
Vaccine Restitution	<ul style="list-style-type: none"> • VFC providers agree to replace vaccines purchased with state and federal funds that are deemed non-viable due to provider negligence on a dose-for-dose basis with privately purchased vaccines.
VFC Visits	<ul style="list-style-type: none"> • VFC providers agree to VFC program site visits, which may include compliance visits, unannounced storage and handling visits, or educational site visits.

VFC Site Visits

VFC site visits are designed to evaluate different aspects of provider compliance with and understanding of VFC requirements:

- Enrollment site visit
- Compliance site visit
- Storage and handling site visit (scheduled and unannounced)

The enrollment site visit is completed before a provider location can receive VFC vaccines. The goal of the enrollment site visit is to:

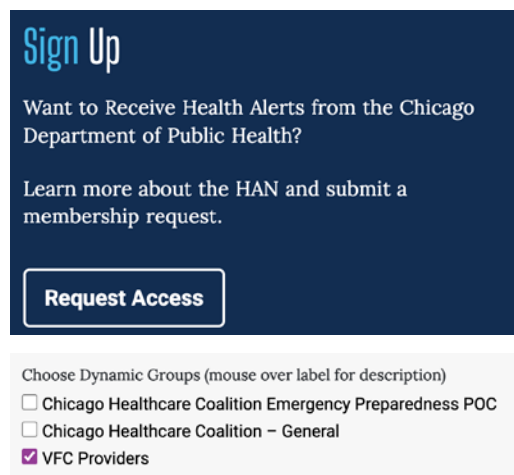
- Educate providers about VFC program requirements
- Educate providers on proper vaccine storage and handling
- Certify provider locations have the appropriate resources to implement requirements
- Confirm providers know whom to contact if problems arise, especially with storage and handling issues
- Complete a Vaccine Management Plan

The compliance site visit is completed within the first year of enrolling into the VFC program and is completed between every 12 to 24 months. During these visits, CDPH staff will ensure provider details, eligibility, documentation, storage and handling (per unit and sitewide), and inventory management are following the requirements outlined in the Provider Agreement.

During storage and handling site visits, reviewers assess individual storage units and DDLs, as well as overall storage and handling operations, based on VFC requirements and CDC's Vaccine Storage and Handling Toolkit.

Where to Find CDPH VFC Resources

The [Chicago Health Alert Network \(HAN\)](#) provides the Chicago Department of Public Health (CDPH) with the capacity for quick, efficient, reliable, and secure web-based communication with CDPH staff, providers of medical care, laboratories, first responders and other local public health agencies. The HAN facilitates CDPH's day-to-day activities, including outbreak detection, investigation, and emergency response.



Signing up for the HAN is quick, easy, and free. Go to chicagohan.org, navigate to the right-hand side of the home screen, and click the **"Request Access"** button. Complete the registration form with your contact information and the kinds of alerts you would like to receive. You will also see an option labelled **"Dynamic Groups."** Select VFC Providers so you can ensure you are kept up to date with VFC news. After choosing the appropriate selections, click Continue. Make sure all the information listed is correct, then click **"Submit."** Your application should be processed within 48 hours, and you will receive an e-mail with detailed instructions on accessing the HAN.

Where to Find CDPH VFC Resources *Continued*



We also have a monthly bulletin that contains information about upcoming events, vaccine news and updates, and more. It is your responsibility to read the newsletter to follow our most updated guidelines and news so you can best serve your patient population and continue receiving vaccines. Sign up for the newsletter [here](#).

How to Enroll as a VFC Provider

If you would like to enroll as a new provider site with the Chicago Vaccines for Children program, welcome! We encourage all eligible offices to enroll as a VFC provider site – it's a great way to ensure all children in Chicago have access to vaccines at low or no cost to you. You can enroll as a VFC provider through I-CARE.

New Chicago VFC Provider Enrollment Checklist

Follow the order of the steps below to complete your enrollment as a new provider in the Chicago VFC program. After gaining I-CARE access, you will be given the documents needed to finish your enrollment process via I-CARE. If you have any questions about enrolling in the Chicago VFC program, please reach out to ChicagoVFC@cityofchicago.org.

- 1** Apply for I-CARE access for your site, as well as any individuals that may need access once your site is up and running
- 2** Fill out the [Provider Profile form](#) and [Provider Agreement form](#) (provided in I-CARE)
 - Completed forms can be sent to Victor.Santiago@cityofchicago.org
 - Vax storage and handling, emergency plan outlined
- 3** Complete your enrollment in I-CARE
- 4** Attend a [CDPH VFC/I-CARE Training](#)
- 5** Schedule your enrollment site visit
 - Email Victor.Santiago@cityofchicago.org for scheduling or help



Annual VFC Re-Enrollment

VFC enrollment must be completed annually. The mandatory re-enrollment period usually occurs in early Spring. To re-enroll, navigate to your VFC tab in I-CARE, click on the Enrollments button, then click (Current Year) Enrollment. Be sure to fill out every field and upload all the necessary forms, such as the Provider Agreement, Policy Acknowledgement, training module certificates of completion, and certificates of calibration for digital data loggers. Detailed step-by-step instructions for re-enrollment can be found in the [2023 VFC Re-Enrollment Training](#).

Once you have completed your re-enrollment, be sure to put it into Requested status in I-CARE, then be on the lookout for revisions from ChicagoVFC@cityofchicago.org.

Interested in the Chip Program? Read the [Overview of CHIP program](#) here.

General VFC Calendar of Events and Trainings Available

Sign up for HAN and VFC Newsletter to get updates as these are happening. You are responsible for reading the notices and holding your site accountable to complete the actions needed within the given time period.

> **Annual VFC Re-Enrollment:** Occurs once a year in the spring and is mandatory. If you fail to complete this prior to the deadline, you may be suspended from ordering vaccines. Re-enrollment is completed in I-CARE. Re-Enrollment also requires you to complete You Call the Shots Training from the Centers for Disease Control and Prevention (CDC).

> **Flu Pre-book:** Released mid-summer. Flu vaccines cannot be requested on your typical order request in I-CARE. CDPH staff collects your request via online form/questionnaire and will place the orders in I-CARE for you once the flu vaccines are available. Flu vaccine requests are shipped in waves, and you may not receive your full request all in one shipment.

> **Mandatory Annual VFC Regional Training:** Occurs once a year in late spring. Two staff members and your Medical Director from your site must complete this training and each receive a certificate.

> **Monthly Chicago VFC and I-CARE Training:** Held at CDPH's West Side CDC office once a month. This training is optional, however, highly recommended for new staff or existing staff who have not been trained or continually fail to meet program expectations.



Tip: make sure you and your staff have your correct, current VFC pin so that you receive credit for training.

General VFC Calendar of Events and Trainings Available *Continued*

> **Back-to-School Busy!:** July-September is an especially busy time as we prepare for back-to-school vaccinations, so plan accordingly! Order approval takes longer during this time due to the volume of requests. Submit your request with the expectation that it will take about four business days for approval and another 3-5 days for shipping. Ensure your inventory is in shape to avoid further delays.

> **Review of digital data loggers (DDL) Certificate Validity:** We check to ensure your DDLs are current and properly recalibrated. We will ask for a certificate of recalibration annually. If you are unable to present a certificate of recalibration, your site will be unable to place orders until it is provided. Keep this in mind so that your DDLs stay up to date and you are ready for this review.

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Section Two

Chicago VFC and I-CARE

I-CARE Requirements

I-CARE is where you will log immunization records, pull reports, enroll in programs, manage vaccine inventory, and more. It is an extremely helpful tool, and a requirement for VFC providers. Now is a good time to make sure everyone in your office who needs it has I-CARE access. Having multiple people in the office able to manage and maintain I-CARE can help streamline daily administrative processes.

All Chicago VFC providers must provide individual patient immunization records on how each VFC vaccine was administered. The individual patient immunization records can either be manually entered directly into I-CARE or can be electronically transmitted to I-CARE from the provider's electronic medical record (EMR) system. Chicago VFC providers not in compliance will not be able to continue participating in the VFC program.



Obtaining I-CARE Access

Anyone needing to access I-CARE will need to create their own I-CARE account. This requires supervisor approval. Be sure to identify your site's PRA (Portal Registration Authority), as they will verify your need for access with IDPH. You will need to fill out the IDPH Health Alert Network (HAN) User Registration form on their website and upload it to the corresponding Smartsheet. If you are establishing a new site in I-CARE, be sure to also submit an I-CARE provider enrollment form to the Smartsheet as well.

To create an I-CARE account, you will first need to register for an [IDPH Web Portal account](#). After that is completed, you can fill out the [I-CARE Smartsheet Account Submission](#). When you submit your enrollment application, you will simultaneously need to submit an [Individual User Enrollment Agreement](#). Detailed instructions for how to create an I-CARE account can be found [here](#).

If you need to Reset your I-CARE password, click [here](#).

To get access for a new employee, click on the **"Employees"** tab and click the **"Add Employees"** button. Complete the form and all the required fields. Once saved, an I-CARE Administrator will complete the process once portal registration has been completed and approved.

Once your account is established, if you have any technical issues, please contact the I-CARE help desk at:

- Email: dph.icare@illinois.gov
- Phone: 217-785-1455



Administering COVID-19 Vaccines as a VFC Provider

COVID-19 vaccines are to be treated much like the FLU vaccines provided by the VFC Chicago Program. Join us to stay up-to-date on the commercialization of COVID-19 vaccines. Information will include vaccine formulations, presentation, storage and handling, reimbursements, ordering, clinical guidance, etc. Click [here](#) for a list of dates for webinars on the commercialization of the COVID-19 vaccine. Sign up [here](#)!



Section Three

Vaccine Ordering and Tracking

How to Place an Order for Vaccines

To place an order for vaccines in I-CARE, first sites must complete these steps:

1

Run their Vaccine
Accountability Report

2

Complete Temperature
Log Report

3

Review and Approve Delivery
Hours for Their Site.

Making sure you have ensured inventory accuracy, your fridge temperatures are downloaded and up to date, and your I-CARE inventory is accurate means you are now ready to order vaccines.

Detailed instructions for ordering vaccines in I-CARE can be viewed here: [Vaccine Ordering Guide](#)

COVID and Flu doses are ordered via a pre-book, review your HAN updates for the link or contact chicagovfc@cityofchicago.org.

After you've placed an order, allow at least three business days for order approval. In times of high demand this may take longer and appreciate your patience. Your order may be delayed if you have not followed the steps for inventory accuracy. If you are in a rush to receive vaccine, please let us know via email (chicagovfc@cityofchicago.org) and we will do our best to get it to you on time.

Depending on your site's recommended order period (weekly, bi-weekly, or quarterly), we would like providers to have enough vaccine in their VFC stock to be able to administer vaccine for their next period (monthly, bi-monthly, quarterly) plus a 5-week safety stock. This [cheat sheet](#) will help you calculate how much vaccine to order for your practice. Then, after these calculations are completed, you are ready to fill out the [Vaccine Ordering Template](#) and complete your site's order.

How to Track when Vaccine Shipments will Arrive

After you've placed your order, you can track when your shipments will arrive in I-CARE by following these steps:

- Log-in to I-CARE and navigate to the VFC tab on your site page.
- Go to the VFC Tab and click on [Vaccine Requests](#)
- Click on the corresponding Order ID and scroll down to the list of vaccines.
- Click the drop-down arrow under the "Detail" column to reveal the tracking number. If no tracking number is listed your order has yet to be assigned/approved.
- After your order is approved, please continue to check the shipping status of your order so you and your staff are ready for its arrival.

Site Vaccines COVID Mpox **VFC** Temp Logs VIS Employees Campaigns Import (602.2K) My Sites

Select View: VFC **Vaccine Requests** Staff Enrollment → Add Order VFC Ordering now reserved for Vaccine Coordinator Staff only.

Filter: Orders Returns Waste

Order ID	Order Date	Order Status	Status Date	Summary
1839570	08/07/2023	Transmitted ➤ CDC action required	08/07/2023	VFC Order: 2 vaccines; 140 doses
1839163	08/04/2023	Transmitted ➤ CDC action required	08/04/2023	VFC Order: 5 vaccines; 350 doses
1832220	07/21/2023	Complete	07/24/2023	317 Order: 5 vaccines; 160 doses

#	Vaccine	Line Status	Doses Ordered	Detail
1	Gardasil 9; MSD; SYR; 10-pack 00006-4121-02	Complete	40	➤ Fund: 317 – Federal 317 Grant
2	HEPLISAV-B; DVX; SYR; 5-pack 43528-0003-05	Complete	60	➤ Fund: 317 – Federal 317 Grant

#	Vaccine	Line Status	Doses Ordered	Detail																						
1	Gardasil 9; MSD; SYR; 10-pack 00006-4121-02	Complete	40	<div style="border: 1px solid orange; padding: 5px;"> Fund: 317 – Federal 317 Grant <ul style="list-style-type: none"> Package: 10 doses Inventory: <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>Used-3m</th> <th>Used-12m</th> <th>Waste-12m</th> <th>On Hand</th> </tr> </thead> <tbody> <tr> <td>317</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> Doses Ordered: <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>Requested</th> <th>Approved</th> </tr> </thead> <tbody> <tr> <td>Doses</td> <td>40</td> <td>40</td> </tr> </tbody> </table> Shipped: <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Lot Num</th> <th>Tracking</th> <th>Doses</th> </tr> </thead> <tbody> <tr> <td>317</td> <td> <div style="border: 1px solid orange; padding: 2px;"> UPS 1Z2R43830181395008 1Z2R43830181395044 </div> </td> <td>40</td> </tr> </tbody> </table> </div>		Used-3m	Used-12m	Waste-12m	On Hand	317	0	0	0	0		Requested	Approved	Doses	40	40	Lot Num	Tracking	Doses	317	<div style="border: 1px solid orange; padding: 2px;"> UPS 1Z2R43830181395008 1Z2R43830181395044 </div>	40
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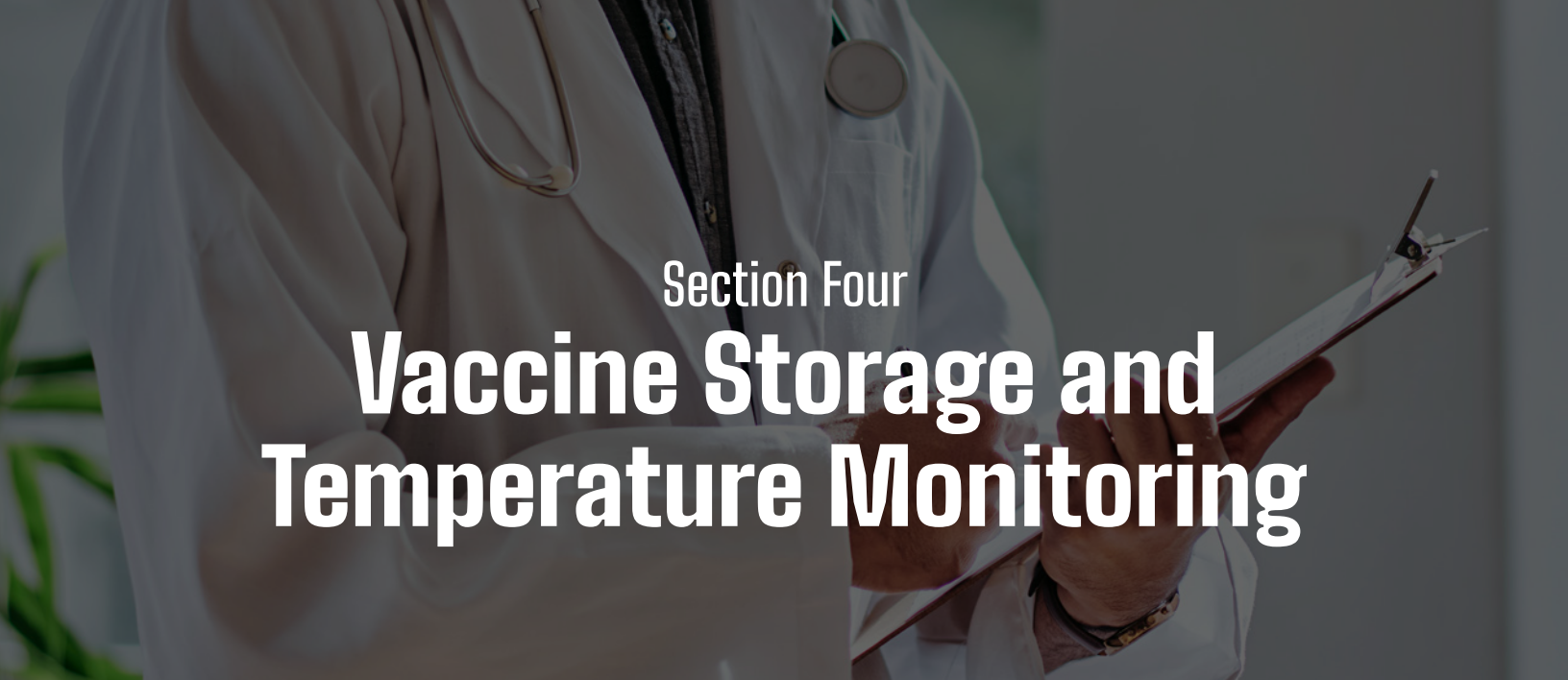


What to do if your Vaccine Shipment is Missing or Incorrect

When you receive a vaccine shipment, the first thing you should do is ensure the shipment is correct. Check that the packing slips match the vaccine you received. Make sure the correct lot numbers show up in your I-CARE inventory. They will be added automatically once your order is in “**Complete**” status in I-CARE. If they are not added please email us at chicagovfc@cityofchicago.org with your packing slip and we will manually enter the doses for you.

Things to note:

- Frozen vaccines ship separately from other refrigerated vaccines.
 - Varivax and ProQuad will arrive with a different tracking number and box.
- If your shipment was incorrect or missing, please email chicagovfc@cityofchicago.org within one week of the delivery. We will work with the manufacturer to get your correct order on the way ASAP.
 - Please check for the tracking number status in I-CARE prior to emailing us about the status.
 - In your email to us please include the following details:
 - VFC Site PIN
 - I-CARE order number ID
 - What vaccines are incorrect or missing from the order



Section Four

Vaccine Storage and Temperature Monitoring

Vaccine Storage Requirements

To ensure the viability of VFC vaccines, provider locations must have:

- 1 Storage units that maintain correct temperatures at all times.
- 2 Refrigerator temperature between 2°C and 8°C (36°F and 46°F).
- 3 Freezer temperature between -50°C and -15°C (-58°F and +5°F).
- 4 Digital data loggers (DDLs) with continuous monitoring capabilities and a current and valid Certificate of Calibration Testing for each unit, as well as at least one backup.

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. Providers should follow the manufacturer's storage specifications for each vaccine, found in the manufacturer's package insert. Providers must also protect the power source for all storage equipment, usually by means of "Do Not Disconnect" warning labels at the electrical outlet and circuit breaker.

Storage Unit Best Practices

- Never store food or beverages in a unit with vaccines.
- Do not store vaccines in the deli, fruit, or vegetable bins (remove bins if possible), in the doors or on the floor of the unit, or under or near cooling vents.
- Place water bottles throughout units—against walls, in the back, on the floor, and in the doors—to help stabilize temperatures.

Temperatures and Digital Data Loggers Introduction

All vaccines are shipped with temperature and digital data loggers (DDL). Each provider uses a DDL to take continuous temperature on their units. These are reported on the paper temperature log on the unit. The data logger unit data is synced every 2 – 4 weeks and stored digitally on the provider’s designated DDL computer. The Chicago VFC Program requires temperatures on units that store VFC vaccines to be reviewed twice daily and the minimum, maximum, and current temperatures to be recorded. Temperature logs must be kept for at least three (3) years. Chicago VFC recommends you download the data weekly, but at least once monthly. It is important to note that the DDL will stop recording if it has not been downloaded for 30 days. DDL data should be reviewed by a supervisor every time data is downloaded.

Daily Temperature Logs can be found and printed from the “Digital Data Loggers (DDL’s and VTMC Cloud)” section of the Chicago HAN <https://chicagohan.org/vfc>.

- If your clinic records in **Fahrenheit**: [Refrigerator](#) | [Freezer](#)
- If your clinic records in **Celsius**: [Refrigerator](#) | [Freezer](#)

You can also manually upload temperature logs into I-CARE. If you are doing manual uploads, you must upload information every 2 weeks. Please let us know if the serial number of your logger changes.

If you have VFC400 data loggers:

The data logger unit data is synced every 2 – 4 weeks and stored digitally on the provider’s designated DDL computer. These data loggers can store up to 30 days of vaccine temperature data. If the data logger has reached maximum data storage capacity and is not synced into the docking station, it will stop recording additional temperature readings. These data loggers are required to be sent to Control Solutions for recalibration every two years for optimal performance.

If your VFC400 data logger is due for recalibration, consider switching to the VFC311 logger.



Temperatures and Digital Data Loggers Introduction *Continued*

If you have VFC311 data loggers:

The data logger unit data is streamed wirelessly over Wi-Fi and stored digitally on the provider's cloud account. These data loggers do not need to be synced every 2 – 4 weeks as they are automatically synced. These data loggers can store up to 30 days' worth of temperature data at 10 second sample intervals when Wi-Fi network connectivity is temporarily lost. After 30 continuous days of lost Wi-Fi network connectivity, it will stop recording additional temperature readings. Once Wi-Fi network connectivity is restored, it will automatically upload the archived temperature readings. The VFC311 DDL requires purchase of a 1-year or 3-year cloud service to function normally. This [flyer](#) will outline costs and features for the device and cloud service subscription. You can also add text or email alerts with the VFC311. Learn how to add text alerts [here](#).

Questions? View DDL FAQs [here](#).

Temperatures and DDLs: How to Download your DDL

DDL Recalibration Instructions can be found [here](#). VFC311 DDLs will never be sent to Control Solutions for recalibration since only ordering a replacement pre-calibrated probe is needed. Pre-calibrated probes will need to be replaced every two years.

Downloading Data from VFC400:

- Make sure Software (Control Solutions VTMC 2.9r11) is downloaded
- Open Control Solutions VTMC 2.9r11 application on your computer (see VTMC Information below)
- Insert DDL into the connected USB Interface Cradle to begin Automatic Data Transfer (See Right)
- After transfer, DDL will then reconfigure itself
- Your DDL is ready to be installed into the unit and begin reading temperatures again!

Downloading Data from VFC311:

- Make sure [Wi-Fi Sensor Software](#) is downloaded
- Open Wi-Fi Sensor application on your computer
- Wi-Fi connected devices will automatically record data to the cloud
- In the event of a Wi-Fi/Power outage, data will remain on the device until re-connectivity (See Control Solutions VFC311 [HELP GUIDES](#) for more information)
- In case of Wi-Fi or power outage, data may be downloaded via the USB cable provided
- In Wi-Fi Sensor Software's Advanced Settings, Click '**USB Download**' and then choose the '**On The Cloud**' option
- For more information on setting up the cloud refer to this [guide](#)

Temperatures and DDLs: Temperature Excursions

Refrigerators where you store vaccines should remain between 2-8 degrees Celsius or 36-46 degrees Fahrenheit. Freezers should remain between (-40) - (-15) degrees Celsius or (-40) - 5 degrees Fahrenheit. You must notify chicagovfc@cityofchicago.org each time your unit goes out of range. Your notification email should include:

- Your site's VFC PIN
- Include DDL Tag Summary as a .pdf document
- Fridge or freezer excursion
- Why the unit went out of range
- If the unit is currently back in range

If your unit goes out of range, HOLD on administering any of the impacted vaccines until a VFC staff member has confirmed if they are still usable. A VFC staff person may follow up with additional questions: please respond to any emails in a timely manner as we cannot notify you about your vaccines until all the information is gathered. The sooner we have the details, the sooner you can vaccinate! We do ask for your patience during this process as sometimes manufacturers do not respond immediately.

Print out this [Excursion Decision Tree](#) and post it on your fridge so you can be prepared for any excursions.

VFC400 Vaccine Temperature Monitoring Cloud

The Vaccine Temperature Monitoring Cloud (VTMC) is an online database that tracks vaccine temperature data. It quickly provides temperature data to staff and ensure proper storage of vaccines. VTMC allows you to automatically upload vaccine temperature data online without manually entering in I-CARE, saving providers time. Vaccine temperatures are also readily accessible prior to vaccine orders. If you are not currently enrolled in VTMC, you can enroll by completing [this form](#) and emailing it to chicagovfc@cityofchicago.org or fax it to 312/746-6220. After approval, you can log in at: <https://vtmc.ameri-pharma.com/>

There are two components to VTMC: VTMC Dashboard (Online Cloud) and the VTMC Software. The VTMC Software downloads vaccine temperature data from the data loggers and automatically uploads the downloaded vaccine temperature data to the Cloud. The VTMC Dashboard confirms if the uploaded vaccine temperature data has made it to the Cloud. More information on using the VTMC Dashboard can be found in [this training](#), and an FAQ document can be found [here](#).

For more information on setting up the cloud refer to [this training](#).

VFC400 Vaccine Temperature Monitoring Cloud *Continued*

For the VTMC, the LogTag Client software is used to automatically send the data to the VTMC system. The LogTag software sends it via FTP to the VTMC servers using the FTPS PASV standard as follows:

- 1 The client-side software initiates a connection from port 21 to the VTMC server at ftp.ameri-pharma.com or 45.79.201.85, port 21 using FTPS (FTP over TLS).
- 2 If and only if the request is wrapped in the TLS encryption, the server responds with an acceptance and a forwarding port between 65100 and 65500 for a PASV (passive) connection.
- 3 The client software then connects to the new port and uses it to make the transfer allowing other connections to be initiated through port 21 without interference.
- 4 When the transfer is complete, the 65100+ port is closed.

Once the VTMC is set up, you will be able to download temperature files. Information on How to Locate Downloaded Control Solutions VTMC Temperature Files can be found [here](#).



Section Five

Inventory Management

Blended Inventory

As of January 14, 2023, CHIP and VFC vaccines are blended into one inventory for providers in both the Illinois Department of Public Health (IDPH) and Chicago Department of Public Health (CDPH) jurisdictions. Vaccines that are part of a blended inventory will be available for children eligible for VFC and CHIP. Every VFC provider in Chicago and the State will be eligible to offer CHIP vaccines to their patients with no additional burden to the provider. This will also significantly reduce the burden to CHIP-eligible patients and their families and improve immunization access. It may be helpful to know that Illinois expanded Medicaid in July 2022, and currently only 3% of Medicaid-enrolled children with medical coverage in Illinois are CHIP-eligible. The other 97% are VFC-eligible. That means many of your patients that were previously CHIP-eligible are now VFC eligible, with a small percentage remaining as CHIP-eligible. Between the Medicaid Expansion and the new blended inventory advantage, now is the perfect time to re-evaluate the VFC and CHIP status of all your Medicaid-enrolled pediatric patients.

Beginning on 1/14/2023, you may use your current VFC vaccine lots to also vaccinate CHIP-eligible patients. Eligibility status codes V02, V03, V04, V05, and V22 will all deduct from your blended inventory in I-CARE. You will need to document the CHIP eligibility status code of “V22 - CHIP”.

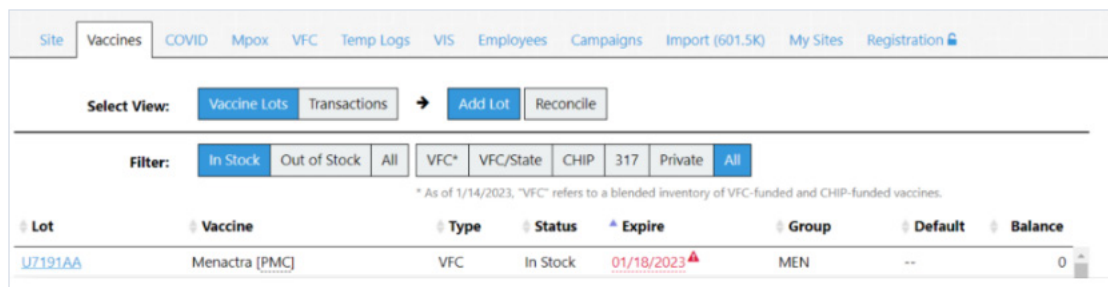


However, you will only need to order them as one blended inventory, you will store them as one blended inventory, and your inventories in I-CARE and your EHRs will be one blended inventory. When you receive your packing slip for publicly funded pediatric vaccines, add together the number that are CHIP and the number that are VFC, and that should equal the total physical stock that you have received. This will be your blended inventory.

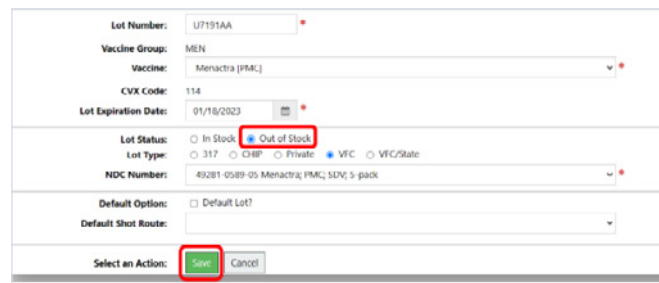
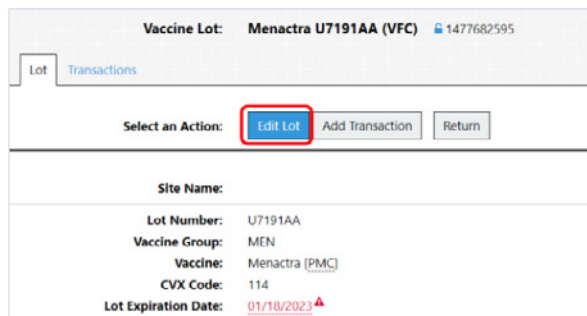
Read more about Blended Inventory guidelines [here](#).

How to Remove Zero Quantity Vaccines

Removing zero quantity vaccines in I-CARE is easy and providers should keep up with doing so regularly. Moving zero quantity vaccines out of stock will prevent you from reaching a negative balance accidentally. To remove zero quantity vaccines, navigate to your I-CARE inventory by clicking on the “site” tab in the top left-hand corner of I-CARE, clicking the “Vaccines” tab, and selecting the lot.



Hit “Edit Lot” and select the “Out of Stock” bubble and hit the green SAVE button.



You should now see that the lot is no longer in your in-stock inventory. All vaccines marked **Out of Stock** can be found by clicking the “Out of Stock” button above the I-CARE inventory.

Do not move any vaccines with any other balance or quantity to out of stock. If you do so, it will adjust your inventory incorrectly and continue to appear in your reports.

Soon-to-Expire Vaccines

Use as many vaccines as you can prior to expiration! It is an expectation of the Chicago VFC program that you report any VFC vaccines you do not expect to use that are expiring within 3 months. Before reporting this to the VFC Vaccine Management Unit, see if you can use the doses by running an [Immunizations Due Report](#) on I-CARE. There may be patients who are overdue for doses set to expire. Please reach out to them and let them know they are overdue for their immunizations.

Report: Site Immunizations Due Report

Criteria

Site: Your site name will auto-populate here

Birth Date: [From] [To]

Immunization Date: [From] [To]

Group: All DTP Hib HAV HBV HPV FLU H1N1 MMR MEN MEN-B PNE POL ROT Tdap Td VAR ZOS ORTHOPOX Other

PLEASE NOTE: The COVID-19 vaccine group is no longer available on this report. Instead please run the dedicated COVID Immunizations Due Report.

Report Notification: E-mail None

Notification Email: []

Select an Action:



First, run the Immunizations Due Report. If after notifying patients of their overdue immunizations you still have unneeded vaccines, please reach out to ChicagoVFC@cityofchicago.org. Let us know the vaccine brand name, expiration date, and quantity of vaccine that is set to expire; we may be able to take some off your hands or redistribute it elsewhere. Once the vaccines are expired, please fill out and send a [Vaccine Return Form](#) to the Vaccine Management Unit via email or fax.

How to Transfer Vaccines to Another Provider/Office

If a partner site needs a few doses of VFC vaccine last minute that you have and are willing to provide, or if you will not use the doses prior to expiration and another site will, you may transfer the doses to them. The transfer must occur with another Chicago VFC office - you are not able to transfer to a non-Chicago site.

To request a transfer, email chicagovfc@cityofchicago.org with the following information:

- Transferring site PIN
- Receiving site PIN
- Lot number
- Number of doses being transferred
- Date of transfer

Once this information is received, our team will transfer the doses in I-CARE. The doses will automatically be deducted from your inventory and appear in the receiving site's inventory.

To complete the physical vaccine transfer, please ensure that consistent temperature monitoring can be maintained during the transport of the vaccine. Transport units should be monitored by digital data loggers (DDLs). Additionally, vaccine should be packed with ice packs, preferably using bubble wrap to separate the refrigerated vaccine from direct contact with the ice packs. Vaccine should only be transported in qualified cooler containers. If you are unsure if your vaccine transport container is sufficient, you can email chicagovfc@cityofchicago.org.


If you want to transfer COVID-19 vaccine, please do not request it through email, but rather fill out the [COVID-19 Vaccine Redistribution Request Form](#).

These transfers are still completed manually; submitting to this Smartsheet does not trigger the transfer of vaccine in I-CARE, so we appreciate your patience with the VFC team as we process them as quickly as possible. We aim to have transfers completed within 3 business days of their submission to the Smartsheet.

Thank you for helping to ensure vaccine is not going to waste!

How to Add Private Stock Doses to Your Inventory

While it is not a requirement of the Chicago VFC program, some providers opt to add their private inventory to I-CARE in addition to their VFC and 317 vaccines. Providers who choose to input all their inventory in I-CARE can have a clearer picture of exactly which vaccines are within their stock. If providers are interested in inputting their private stock into I-CARE, please follow the step-by-step instructions from this guide. If providers have any questions or need more assistance with adding private stock doses to their inventory, contact the CDPH Immunization Program at ChicagoVFC@cityofchicago.org.



Section Six

Achieving Inventory Accuracy

Achieving Inventory Accuracy

Maintaining your I-CARE inventory is a core responsibility of the VFC program. Keeping your inventory clean and accurate allows your site to receive vaccines faster, and when requested, provides accurate records for your patients and your office. Regular monitoring of your I-CARE inventory will save you long sessions at your computer fixing avoidable errors.

There are three main components to ensuring a clean inventory ([Three Steps to Achieve Inventory Accuracy](#)).

1

Checking your *Inventory Analysis Helper Report* (found in I-CARE)

2

Marking your expired/ spoiled vaccines appropriately and returning the doses

3

Completing regular inventory counts using the Vaccine Accountability Report (found in I-CARE)

If you do step 3 before step 1, you may have to back track and undo some of the work you already completed. If you have an inventory discrepancy, please fill out [this form](#).

Inventory Analysis Helper Report

The Inventory Analysis Helper Report is a tool in I-CARE that shows administered shot errors that were not deducted properly from your inventory. We recommend you check this daily, however, weekly is satisfactory. The more often you check this report, the less work will pile up when it comes time that you need a vaccine order approved quickly. By monitoring this report, you can catch errors that may be replicated many times over and save you time from correcting each one manually.

To run this report, navigate to the **“Reports”** tab in I-CARE and then scroll down to click on **“Inventory Analysis Helper Report.”** Run that report from the date of your last vaccine order (or three months ago) until today, then pick how you’d like to receive your report. **“HTML Report”** will open the report as a web page, **“PDF Report”** will open the report as a PDF, and CSV Export will create an Excel file with the data. Detailed instructions for using the Inventory Analysis Helper can also be found [here](#).



Please keep in mind that this report contains Patient Health Information covered under HIPAA, so it **should not be sent by email** unless the email is encrypted.

Removing Expired Vaccines

You can use the I-CARE Vaccine Tab to view all your vaccines. The column titles at the top, **“Lot,” “Vaccine,” “Type,” “Status,” “Expire,” “Group,”** and **“Balance”** can be clicked on individually to order vaccines according to a given category.

If you click on the column header, **“Expire”** it will list your vaccines in order of expiration date either newest to oldest or oldest to newest. Click on **“Expire”** to order your vaccines from oldest to newest. This will bring all your red, or expired, vaccines to the top for you to easily manage.

Site Vaccines COVID Mpox VFC Temp Logs VIS Employees Campaigns Import (194.2K) My Sites

Select View: Vaccine Lots Transactions Add Lot

Filter: In Stock Out of Stock All VFC* VFC/State CHIP 317 Private All

* As of 1/14/2023, "VFC" refers to a blended inventory of VFC-funded and CHIP-funded vaccines.

Lot	Vaccine	Type	Status	Expire	Group	Default	Balance
001122AA	Varivax [MSD]	VFC	In Stock	12/31/2020	VAR	--	-2
0048AE	Varivax [MSD]	VFC	In Stock	06/11/2020	VAR	--	17
0123AB	HAVRIX-Peds [SKB]	Private	In Stock	06/23/2020	HAV	--	28
0123AB	HAVRIX-Peds [SKB]	VFC	In Stock	06/23/2020	HAV	--	28
039K20-2A	ProQuad [MSD]	VFC	In Stock	04/06/2022	MMR,VAR	Default	-4
1138AA	PNEUMOVAX 23 [MSD]	VFC	In Stock	04/27/2020	PNE	--	-3
12345	ProQuad [MSD]	CHIP	In Stock	05/19/2021	MMR,VAR	--	4
12345	ProQuad [MSD]	Private	In Stock	05/19/2021	MMR,VAR	--	-2
12345	COVID-19 Non-US Vaccine, Product Unknown [UNK]	Private	In Stock	12/31/2022	PNE,COVID-19	--	-1
123456	Pfizer-BioNTech COVID-19 Vaccine [PFR]	317	In Stock	12/31/2069	COVID-19	Default	34
123456	M-M-R II [MSD]	Private	In Stock	10/23/2025	MMR	--	6

Removing Expired Vaccines Continued

You are required to keep your I-CARE inventory free of these expired vaccines. The vaccines should be removed at the same time you fill out a [Vaccine Return Form](#). To remove these from your inventory you need to mark them as expired. To do so:

- Click on the lot and select **“Add Transaction”**
- Select the **“Transaction Type”** as **“Expired/Spoiled (Return)”**
- Enter the appropriate **“Wastage Code”** and fill in the quantity. Make sure that the number you enter matches what you are physically sending back, and it should match the return form.
 - Do not worry if this creates a negative balance as this will be corrected in the Vaccine Accountability.
- Enter the date and leave a note, if applicable.
- Hit the green SAVE button. Once you do so, you will notice that the lot balance has been adjusted to reflect the new deduction.

If your inventory has remained accurate, after marking the expired vaccine, your new balance for the lot should be at 0. If so, you may move the lot to out of stock. To do so, select the lot, hit **“Edit Lot”** and select the **“Out of Stock”** bubble and hit the green SAVE button. You should now see that the lot is no longer in your in-stock inventory. **Please do not use this function to zero out or correct your inventory.** If you still have an incorrect balance in I-CARE once this transaction is completed, please send us an edited Vaccine Accountability Report so we can properly adjust your inventory without misreporting vaccine waste.

Transaction Summary:	Deposits	Withdrawn	Administered	Wastage	Adjustments	
Current Lot Balance:	9	20	0	-11	0	0

Transaction Summary:	Deposits	Withdrawn	Administered	Wastage	Adjustments	
Current Lot Balance:	9	20	0	-11	0	0

Before you can move expired vaccines from your inventory, make sure you have completed all the steps to correcting the errors on your Inventory Analysis Helper Report (IAHR) and recording your waste. If you clear expired vaccines from your inventory that show up on your IAHR then you will be unable to correct them as they will no longer exist in your in-stock inventory.

For more information on removing expired vaccine, visit [this training](#).

Returning Vaccines

All VFC/CHIP and flu vaccines received from CDPH should be returned once expired. Vaccines should also be sent back if they experienced a temperature excursion and are deemed no longer viable. Do not return punctured or broken vials, instead please dispose of them in hazards and record it in I-CARE.

To return a vaccine, you must submit a [Vaccine Return Form](#).

Tips for filling out the form:

- > List the vaccine *brand name* (Havrix, Kinrix, etc), do not list the vaccine group (Hep A, B, etc.) as there are different brands that carry the vaccines
- > List the NDC number from the box, not vial nor syringe of the vaccine. This is found on the box, usually by the barcode.
- > **Fax** the return form to **312-746-6220** or email it to chicagovfc@cityofchicago.org.
- > Our team will process this and send you confirmation that it has been processed. Be sure to double check your email, as this is where your UPS Quantum return shipping label will be sent.
 - Note: this email often lands in your spam or junk folders.
- > Once the shipping label is emailed, please return the vaccines within seven days. After seven days, the shipping label will no longer be valid, and you will need to submit a new form.

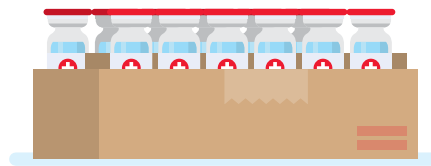
You do not need to return diluent and should not include it on the form. COVID-19 vaccines are not to be returned. Vaccines that have not yet expired cannot be returned.



Please use as many vaccines as you can prior to their expiration.

Tips for returning vaccine:

- > Pack your vaccines in any box and print out the shipping label to send it out.
- > Shipping labels are attached only to the exact vaccines listed on the form. Please do not include vaccines in the box that were not listed on your form.
- > If you are returning a large number of vaccines, we may send you more than one label in case you need multiple boxes to ship them. If you can fit them all in one box, disregard the extra labels.
- > Once a return has been processed you cannot add or make any changes to the form to add additional vaccines.
- > For more information on Returning Vaccine, please visit chicagohan.org/vfc, and under VFC Tools and Policies, click the “Vaccine Return Process” link.



Vaccine Accountability Report

In I-CARE, you can create a Vaccine Accountability Report for a snapshot of your entire vaccine inventory. We use this report to help you reconcile your I-CARE inventory in the case that it does not match the physical inventory you have in stock. To run this report, navigate to the “Reports” tab in I-CARE and then scroll down to “Vaccine Accountability Report.”

1. Fill out the report criteria

Report: Vaccine Accountability Report

Criteria
Report

Site:

Immunization Date: *

From To

Include: All 317 CHIP Private VFC VFC/State

* = Required Field

Select an Action:

Set the dates from the day of your last VFC vaccine order (or three months ago, whichever was more recent) until today, and then select how you’d like to view your report (in your browser with an HTML report, in your browser as a PDF, or in Excel with a CSV export).

Vaccine Accountability Report

Date Range: 11/1/2022 - 2/17/2023

Site: IMMUNIZATION PROGRAM AT WSCDC

VFC PIN: C05000

2160 W OGDEN AVE RM 201
CHICAGO, IL 60612-4219
COOK COUNTY


Phone: 312-746-5385

Fax: 312-746-6220

E-mail:

Delivery Hours: M, T, W, TH, F; MTWTHF 830 TO 4


Report Date: 2/17/2023 4:50 PM



Vaccine	Brand	NDC	Doses on Hand	Lot Num/ Exp Date	Wst/Exp Doses	Age:	<1	1	2	3-5	6	7-10	11-12	13-18	>18	Total
DTP	INFANRIX [OUT OF STOCK]	58160-0810-52	..	4L9E4 (VFC) 02/07/2023	63	..	..	..	..	..	..	..	..	..	..	..
DTP	INFANRIX	58160-0810-52	40	7EC5532 (VFC) 04/30/2023	..	..	..	..	..	..	..	..	..	..	..	..
DTP	INFANRIX	58160-0810-52	30	AK443 (VFC) 09/16/2023	..	..	..	..	..	..	..	..	..	..	..	..
DTP	DAPTACEL	49281-0286-10	10	C5883AA (VFC) 05/11/2023	..	..	..	..	..	..	..	..	..	..	..	..
DTP	DAPTACEL	49281-0286-10	20	C5980AB (VFC) 04/06/2024	..	..	..	..	..	..	..	..	..	..	..	..
DTP,HBV,POL	Pediarix [OUT OF STOCK]	58160-0811-52	..	T4Y35 (VFC) 11/28/2022	50	..	..	..	..	..	..	..	..	..	..	..
DTP,HBV,POL	Pediarix	58160-0811-52	2	7L9PZ (VFC) 11/24/2023	..	..	..	..	..	..	..	..	..	..	..	..
				B4722 (VFC)												

Vaccine Accountability Report Continued

Run this report once you've cleared your Inventory Analysis Helper Report, then print it out, take a physical inventory of your vaccines, and then write the actual quantities you have next to the "Doses on Hand" column on the report if any lot balances do not match up.

Vaccine Accountability Report																
Date Range: 11/1/2022 - 2/17/2023 Site: IMMUNIZATION PROGRAM AT WSCDC VFC PIN: C05000 2160 W OGDEN AVE RM 201 CHICAGO, IL 60612-4219 COOK COUNTY Phone: 312-746-5385 Fax: 312-746-6220 E-mail: Delivery Hours: M, T, W, TH, F; MTWTHF 830 TO 4 Report Date: 2/17/2023 4:50 PM																
																
Vaccine	Brand	NDC	Doses on Hand	Lot Num/ Exp Date	Wst/Exp Doses	Age:	<1	1	2	3-5	6	7-10	11-12	13-18	>18	Total
DTP	INFANRIX [OUT OF STOCK]	58160-0810-52	--	4L9E4 (VFC) 02/07/2023	63	--	--	--	--	--	--	--	--	--	--	--
DTP	INFANRIX	58160-0810-52	37	7EC553Z (VFC) 04/30/2023	--	--	--	--	--	--	--	--	--	--	--	--
DTP	INFANRIX	58160-0810-52	30	AK443 (VFC) 09/16/2023	--	--	--	--	--	--	--	--	--	--	--	--
DTP	DAPTACEL	49281-0286-10	10	C5883AA (VFC) 05/11/2023	--	--	--	--	--	--	--	--	--	--	--	--
DTP	DAPTACEL	49281-0286-10	22	C5980AB (VFC) 04/06/2024	--	--	--	--	--	--	--	--	--	--	--	--
DTP,HBV,POL	Pediarix [OUT OF STOCK]	58160-0811-52	--	T4V35 (VFC) 11/28/2022	50	--	--	--	--	--	--	--	--	--	--	--
DTP,HBV,POL	Pediarix	58160-0811-52	2	7L9PZ (VFC) 11/24/2023	--	--	--	--	--	--	--	--	--	--	--	--

Fax your marked-up copy of the Vaccine Accountability Report to 312-746-6220 or scan and email it to ChicagoVFC@cityofchicago.org. Once we have it, we will be able to reconcile your I-CARE inventory. You should run the report right before you take inventory and send the marked-up copy to us right when you finish taking the inventory, so the numbers are as accurate as possible when we go to adjust them. There may be follow-up email with questions about adjustments that should be made. If an inventory adjustment looks like it could be explained by a transfer of vaccine, or other recordable transactions, we want to record those BEFORE adjusting the inventory to ensure all involved inventories are as accurate as possible.



Section Seven

Administering VFC Vaccines

How to Determine a Patient's VFC Eligibility Status

Providers must screen, document, and verify VFC eligibility with every immunization visit before administering vaccines. Providers must check the eligibility status in the [MEDI system](#) or an equivalent system receiving the HFS 270/271 electronic transaction data. Children (regardless of their state of residency) through the age of 18 (under 19) must meet at least one of the following criteria to be eligible to receive Vaccines for Children (VFC) vaccine:

- 1** Medicaid-eligible: A child who is eligible for the Medicaid Title XIX (19) program. "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by Medicaid Title XIX (19).
- 2** Children with Title XXI (21) or State-funded coverage (as shown in the Illinois Department of Healthcare and Family Services MEDI system in the "Special Information" section) have Children's Health Insurance Program (CHIP) coverage are not eligible for VFC vaccines and must receive CHIP vaccines. As of September 1, 2019, CHIP vaccines will be provided through the VFC program.
 - CHIP and VFC vaccines will be blended into one inventory for providers in both the Illinois Department of Public Health (IDPH) and Chicago Department of Public Health (CDPH) Vaccines for Children (VFC) programs. All VFC and CHIP vaccines currently in the field will be merged into one blended inventory. At that time, all VFC providers can offer vaccines from their blended inventories to both VFC and CHIP-eligible children.
- 3** Uninsured: A child who has no health insurance coverage. May also be referred to as "Self-Pay".

How to Determine a Patient's VFC Eligibility Status *Continued*

4

Underinsured: A child has health insurance, but it:

- Does not include vaccines.
- Does not cover all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines. The child would be eligible to receive those vaccines not covered by the insurance.
- Covers vaccines but has a fixed dollar limit or cap for vaccines. Once that fixed dollar amount is reached, a child is then eligible.

5

American Indian or Alaskan Native (AI/AN): As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603).

Occasionally, children may be VFC-eligible for more than one eligibility category. A provider must select and document the VFC eligibility category that will require the least amount of out-of-pocket expenses to the parent/guardian for the child to receive necessary immunizations. VFC is an entitlement program and participation in VFC is not mandatory for an eligible child.

Underinsured children are eligible to receive VFC vaccine only through a federally qualified health center (FQHC), rural health clinic (RHC), or local health department (LHD) under an approved deputized agreement.

Before administering a vaccine, providers must verify whether the child's health insurance plan covers ACIP-recommended vaccines. If the provider cannot verify vaccination coverage, for the purposes of the VFC program, the child is considered insured and not eligible to receive VFC vaccines at that immunization visit.

For further guidance on a patient's VFC eligibility status, please refer to this [decision tree](#).

To record VFC patient eligibility of your patients, please use [this form](#).



CDPH Pediatric Vaccines
ILLINOIS DEPARTMENT OF PUBLIC HEALTH Patient Eligibility Screening Record
Beginning 1-14-2023

A record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider's office for 3 years or longer depending on state law. Eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure that the child's eligibility status has not changed since the last visit. Children who have Medicaid must have their eligibility verified in Medi before vaccinations are administered at each visit. It is necessary to retain this or a similar record for each child receiving vaccine. Providers using a similar form (paper-based or electronic) must capture all reporting elements included in this form.

1. Child's Name: _____
Last Name First Name MI

2. Child's Date of Birth: _____

3. Parent/Guardian/Individual of Record: _____
Last Name First Name MI

4. Primary Provider's Name: _____
Last Name First Name MI

5. To determine if a child (0 through 18 years of age) is eligible to receive publicly funded vaccine, at each immunization encounter/visit enter the date and mark the appropriate eligibility category. If Column A-E is marked, the child is eligible for blended inventory vaccines. If Column F or G is marked the child is not eligible for publicly funded vaccine.

Date	Eligible for Blended Inventory Vaccine						Not eligible for VFC Vaccine
	A	B	C	D	E	F	G
	Medicaid Enrolled Title XX (V02)	No Health Insurance (V03)	American Indian or Alaskan Native (V04)	*Underinsured served by FQHC, RHC or deputized LHD (V05)	**Enrolled in CHIP Title XXI (V1) or State Funded (V22)	Has health insurance that covers vaccines (V01)	***Other underinsured (V01)

Footnotes:
*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. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the applicable territorial immunization program in order to vaccinate underinsured children.
**Eligible for Blended Inventory as of 1/14/2023.
*** Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider of health is not a FQHC/RHC or a deputized provider.

Revised 01/04/2023

Administering VFC Vaccines

Before administering vaccine to a VFC patient, providers must give each patient or their guardian (if minor) a current version of the vaccine information statement for any vaccine that was administered that is covered under the National Vaccine Injury Compensation Program. Immunize.org has vaccine information statements available in 47 languages.



Administering VFC Doses to Privately Insured Patients and Vice Versa

VFC-enrolled providers are expected to manage and maintain an adequate inventory of vaccine for both their VFC and non-VFC-eligible patients. Borrowing of VFC vaccine is not permissible. However, there are instances where VFC can approve of vaccine replacement. Occasional exchange between stocks can only occur with permission from Chicago VFC. Each dose of VFC vaccine used on non-VFC eligible children must be replaced, dose for dose, within 90 days. VFC eligibility will be validated through MEDI and the I-CARE registry.

In order to replace each dose of VFC vaccine used on non-VFC eligible children, please submit a [vaccine replacement request](#). If you are unable to access the online form, please complete [the printable form](#) and send it to chicagovfc@cityofchicago.org. The Vaccine Replacement Log is split into three portions: clinic/contact information, dose administered information, and replacement dose information. When entering dose information for BOTH administered and replacement doses, please be sure to include the vaccine name, lot number, expiration date, and NDC number. Upon completion of the vaccine replacement form, the provider will receive an email confirmation on their survey submission. Once received, VFC eligibility status of the patient(s) will be verified. Once the vaccine replacement request is approved, the provider's I-CARE inventory will be updated, and the provider will be notified on any changes. Please allow three to five business days for your vaccine replacement request to be processed.

Reporting Adverse Reactions

VAERS (Vaccine Adverse Event Reporting System) is a national vaccine safety surveillance program in the United States. VAERS collects and analyzes reports of adverse events (side effects or health problems) that occur after the administration of vaccines licensed in the United States. Healthcare providers, vaccine manufacturers, and the public can submit reports to VAERS.

Healthcare providers are required by law to report to VAERS:

- Any adverse event listed in the [VAERS Table of Reportable Events Following Vaccination](#) that occurs within the specified time period after vaccinations.
- An adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine.

Healthcare providers are strongly encouraged to report to VAERS:

- Any adverse event that occurs after the administration of a vaccine licensed in the United States, whether it is or is not clear that a vaccine caused the adverse event.
- Vaccine administration errors.

Adverse effects can be reported at the VAERS website via this [online form](#), a link to which can also be found in I-CARE under **Home -> Immunization Links -> VAERS**.

VAERS COVID-19 Guidelines

The reporting requirements for COVID-19 vaccines are the same for those authorized under emergency use (EUA) or approved under Biologics License Application (BLA). Healthcare providers who administer COVID-19 vaccines are **required** to report the following to VAERS:

- Vaccine administration errors, whether or not associated with an adverse event (AE):
 - If the incorrect mRNA COVID-19 vaccine product was inadvertently administered for a second dose in a 2-dose series, **VAERS reporting is required**.
 - If a different product from the primary series is inadvertently administered for the additional or booster (third dose), **VAERS reporting is required**.
 - **VAERS reporting is not required for the following situations:**
 - Same vaccine not available
 - Previous dose unknown
 - Person would otherwise not complete the vaccination series
 - Person starts but unable to complete a vaccination series with the same COVID-19 vaccine due to a contraindication

VAERS COVID-19 Guidelines *Continued*

- > Serious AEs regardless of causality. Serious AEs per FDA are defined as:
 - Death
 - A life-threatening AE
 - Inpatient hospitalization or prolongation of existing hospitalization
 - A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions
 - A congenital anomaly/birth defect
 - An important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes listed above
- > Cases of myocarditis after a Pfizer-BioNTech, Moderna, or Novavax vaccine
- > Cases of pericarditis after a Pfizer-BioNTech, Moderna, or Novavax vaccine
- > Cases of Multisystem Inflammatory Syndrome in children and adults
- > Cases of COVID-19 that result in hospitalization or death

Healthcare providers are encouraged to report to VAERS any additional clinically significant AEs following vaccination, even if they are not sure whether vaccination caused the event.

Also, healthcare providers must report any additional selected AEs and/or any revised safety reporting requirements per FDA's conditions of authorized use of vaccine(s) throughout the duration of any COVID-19 vaccine's Emergency Use Authorization (EUA) or any approved COVID-19 vaccine as outlined in [the Fact Sheet for Healthcare Providers](#).



Record Keeping

The National Childrens Vaccine Injury Act requires providers to document the date and name of the vaccine, manufacturer, lot number, name and business address of the person who administered the vaccine, VIS version date, and the date the VIS was provided to the parent/guardian. Maintain records for a minimum of three years or longer, if required by state law (even in the case of provider retirement or provider location closure).



Section Eight

Perinatal Hepatitis B

Overview

Hepatitis B is a liver infection that is caused by the hepatitis virus (HBV). It is transmitted when blood, semen, or other body fluid with the virus infects someone who does not have the virus.

People can become infected from birth (from infected mother to baby during birth), sexual contact with someone infected with HBV, sharing needles or syringes, or direct contact with blood/open sores. Without post-exposure prophylaxis with hepatitis B immune globulin (HBIG) and HepB vaccine, approximately 45% of infants born to HBV-infected mothers will become infected and 80 - 90% of those infected will develop chronic, life-long infection. Among infants who do develop infection, up to 25% will die prematurely of liver cirrhosis or cancer. Although treatment of HBV infection is now possible and can attenuate the impact of infection, hepatitis B cannot yet be cured.

Prevention of perinatal hepatitis B infection requires prenatal identification and early reporting of HBV-infected mothers [hepatitis B surface antigen (HBsAg) positive] during each pregnancy.

Role of Clinicians

- Notify CDPH for all HBV+ mothers.
- Select a test designated as “prenatal” or on a prenatal/obstetric panel when ordering an HBsAg screening test for a pregnant woman to help ensure confirmatory testing is performed on all positive HBsAg screens.
- Inform selected laboratory of a woman’s pregnancy status to ensure confirmatory testing is performed on all positive HBsAg screens.
- Include any and all ICD 10 diagnosis codes indicating current or recent pregnancy when ordering HBsAg tests.

For more information on perinatal hep B testing and reporting as well as provider resources, visit the [Perinatal Hepatitis B](#) page on the CDPH HAN website.



Section Nine

EMR/HL7 Transmissions

EMR/HL7 Transmissions

An EMR (Electronic Medical Record) or EHR (Electronic Health Record) is a digital version of a patient's paper-based medical history, which contains all the relevant medical and treatment information in electronic format. EMRs/EHRs allow healthcare providers to securely access and share patient information with other providers involved in the patient's care.

EMRs/EHRs typically include patient demographics, medical history, and laboratory tests results, among other things. Crucially for us, EMRs/EHRs also track a patient's vaccination records. These records are sent to I-CARE, Illinois' proprietary Immunization Information System (IIS) system.

To ensure clear communication between systems, it is crucial for both the sender and recipient to adopt a standard messaging format. Complying with CDC recommendations, data sent from the providers, EMRs/EHRs is sent encoded via the HL7 standard. The HL7 standard defines a common language and syntax for the exchange of medical information. For specific use in immunization messaging, the CDC and American Immunization Registry Association (AIRA) have developed the [HL7 Version 2.5.1 Implementation Guide \(IG\)](#), which further refines the HL7 standard. I-CARE supports both a one directional connection as well as a bidirectional connection. A bidirectional connection is preferred because the EMR will not only send the data to the registry but will also ingest doses back into their EMR if there is a vaccine record on the registry.

The HL7 IG outlines the required formatting for electronic immunization messages to ensure readability by information systems such as I-CARE. It specifies the appropriate message types for each situation, the order in which data should appear, and the specific data elements that each message type should include.

Compliance with the HL7 IG can be compared to using proper formatting and grammar in written communication, as it establishes a clear set of rules to accurately convey messages. Additionally, the HL7 IG recommends specific code and value sets for common data elements such as the use of National Drug Code (NDC) codes to identify a specific vaccine product.

Section Ten

Compliance Site Visits & Immunization Quality Improvement for Providers

Compliance Site Visits & Immunization Quality Improvement for Providers

Each VFC Provider is assigned a Public Health Administrator I (PHA I) and a Public Health Administrator II (PHA II) from the VFC Program. The PHA I will review and provide technical assistance to meet the VFC compliance requirements. The PHA II will support the implementation of provider-level quality improvement strategies designed to increase vaccine uptake among child and adolescent patients in adherence to the Advisory Committee on Immunization Practices' (ACIP) recommended routine immunization schedule.

According to law, providers may disclose patient health records to health officials within the VFC Program without patient permission. Information obtained from patient records will be kept confidential.

Compliance Site Visit (CSV)

Compliance involves review and evaluation of VFC provider practices and is a legal requirement of the VFC program. A PHA I from the VFC Program will conduct the compliance site visit. The purpose of the visit is to monitor compliance with VFC Program requirements and to determine if VFC vaccines are being distributed, handled, and given to patients according to VFC policies.

Compliance Site Visit (CSV) Continued

Each VFC provider is required to have a Compliance Site Visit (CSV) every 12–24 months. This type of visit requires a thorough evaluation of the provider’s compliance with all VFC program requirements including:

- Verification of information in the provider profile
- Review of VFC eligibility screening and documenting procedures
- Review of vaccine storage and handling practices (including temperature logs and vaccine storage units)
- Evaluation of provider’s written procedures related to temperature monitoring, routine vaccine storage and handling and emergency vaccine storage and handling
- Review of documentation of VIS given
- Review of documentation for vaccine administration
- Review of vaccine ordering and accountability
- Verification that VFC Program policies are being properly implemented.

If problems are identified during either routine or comprehensive visits, the PHA I will work with provider staff to create a corrective action plan. A provider is required to take action to correct any VFC deficiencies within the specified time given. Failure to do so may result in vaccine delivery suspension, termination of the VFC enrollment, or possible prosecution.

Immunization Quality Improvement for Providers (IQIP)

The purpose of IQIP is to promote and support the implementation of provider-level quality improvement strategies designed to increase vaccine uptake among childhood and adolescent patients in adherence to the ACIP-recommended routine schedule. IQIP serves to assist and support health care providers by identifying opportunities to improve vaccine uptake, determining options for improving immunization delivery practices, and ensuring providers are:

- Aware of and knowledgeable about their vaccination coverage and missed opportunities to vaccinate.
 - Suggest new immunization service delivery strategies and incorporate changes into your current practices.
- Capable of sustaining changes and improvements to your vaccination delivery services.
- Able to use available data from the I-CARE to improve services and coverage.

VFC providers should expect at least one IQIP session every four years. During this session, the PHA II from the VFC Program Quality Improvement Section will:

- Generate coverage reports from I-CARE for pediatric and adolescent patients
- Create a plan of action with realistic goals and timelines
- Provide feedback and a report of assessment findings
- During the feedback session, engage the provider in meaningful dialogue for quality improvement planning
- Share ideas, resources and best practices related to immunization.

Immunization Quality Improvement for Providers (IQIP) Continued

The IQIP process consists of several check-ins over the course of a year:



Site Visit (In-Person)

- Assess provider workflow
- Review assessment reports and set coverage goals
- Discuss/select QI strategies and provide technical assistance
- Establish action items for the Strategy Implementation Plan (SIP)
- Enter data into IQIP Database



2 Month Check-In (Phone Call)

- Prepare by reviewing synopsis and notes from site visit
- Review SIP and discuss implementation status
- Identify barriers and provide technical assistance
- Establish new action items for updated SIP
- Enter data into IQIP Database



6 Month Check-In (Phone Call)

- Prepare by reviewing synopsis and notes from 2-month check-in
- Review SIP and discuss implementation status
- Identify barriers and provide technical assistance
- Establish new action items for updated SIP
- Enter data into IQIP Database



12 Month Follow Up (Phone Call or In-Person)

- Prepare by reviewing synopsis and notes from 6-month check-in
- Review SIP and discuss implementation status
- Identify barriers and provide technical assistance
- Establish new action items for updated SIP
- Review coverage levels and discuss year-over-year changes
- Enter data into IQIP Database
- Send provider high-level summary including selected strategies, coverage levels, and final SIP; encourage continued efforts

IQIP is a collaborative project between providers and CDPH staff. It is not an audit. IQIP is a collaborative project between providers and CDPH staff. It is not an audit.

If you have any questions about IQIP, email Victor Santiago at Victor.Santiago@cityofchicago.org or contact your assigned Public Health Administrator II.

Using Assessment Results to Raise Provider Immunization Coverage

Frequently, the IQIP chart assessment reveals that many children's immunizations are not up-to-date for their age. The CDC's Healthy People 2020 goal is for 80% of children ages 19-35 months to have completed the 4:3:1:3:3:1 series (4 DTaP: 3 Polio: 1 MMR: 3 Hib: 3 Hep B: 1 Varicella) by 24 months of age. However, very few providers meet this goal and rates of 70%, 50%, and even 30% are not uncommon. However, the PHA II from the VFC Program can help clinics raise even the lowest rates. Adolescent immunization coverage levels are also used to determine if providers are adequately immunizing their adolescent patients with the recommended vaccines.

Providers often are surprised when they are informed that their rate is less than ideal, and desire to know why. The most common reasons for these low rates include missing opportunities to immunize, administering invalid doses, and not routinely identifying inactive patient records.

Missed Opportunities

Missed opportunities occur when a patient received some immunizations on their last visit, but one or more recommended shots were not given, for unknown reasons. For instance, MMR was given but not varicella, and there is no evidence of chickenpox disease documented on the immunization record. Since this vaccine was not given at subsequent visits, this counts as a missed opportunity.

Quality improvement strategies to reduce missed opportunities include:

- Using a one page immunization summary form that prompts the provider to identify all missing immunizations
- Giving all shots needed at one visit
- Updating the immunization record (to a newer version) to have room for all vaccines on the CDC's recommended schedule
- Implementing use of the state's immunization registry- "I-CARE"
- Using Reminder/Recall Techniques: Sending cards or making phone calls to parents to remind them of upcoming visits or of missed appointments



Invalid Doses

Invalid doses occur when a patient received vaccines at a clinic visit but one (or more) was given before the minimum age or interval that the CDC has determined to be effective. For instance, the fourth dose of DTaP vaccine must be given a minimum of six months from the previous dose. If it is given more than four days before the six-month interval, it is considered an invalid dose. Invalid doses lower the coverage rate, and may contribute to the missed opportunity category (if these doses could have been repeated at a subsequent immunization visit).

When vaccines are given elsewhere, providers may not notice if one or more invalid doses were administered. However, because the chart assessment includes all vaccines given, this will lower the provider's coverage rate, even though the invalid shots were not given at his/her clinic.

Quality improvement strategies to reduce invalid doses include:

- Referring to the Patient Immunization Report from I-CARE to determine what is due
- Giving shots at the proper intervals and ages
- Obtaining the previous immunization history from I-CARE
- Reconciling past immunization record's dates to the EMR record
- Repeating doses that were given too early at other clinics.

Inactive Patients

This means that patients who have not visited the provider's clinic in over a year were included in the assessment. A patient is considered active unless denoted as "inactive." Evidence of the patient having moved away, or transferred to another clinic, is needed to exclude these patients from the analysis. Attempts should be made to recall the patients before changing their status to inactive.

Quality improvement strategies to identify inactive patients:

- Refreshing the active patient list in I-CARE
- Reviewing the I-CARE immunization history to see if shots are being given at other clinics
- Checking the most recent address listed in I-CARE to see if the patient has moved far from the clinic
- Using I-CARE to create an updated active patient list.

These activities have been shown to be effective for raising coverage rates and improving record-keeping. The quality improvement staff can explain and assist in implementing these strategies.

¹ U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

Compliance Visit Checklist

What You Will Need for Your Compliance Site Visit (CSV)

Please have available a listing of **40 patients TOTAL (20 VFC eligible & if applicable 20 private)**. List patients' full name & date of birth. PATIENT CRITERIA: 0-18 years of age; Immunized 1x or more during the 12 months; (Include both VFC and non-VFC eligible children/ Private).

At the time of the compliance site visit, have a folder ready for review to expedite process with the following copies:

- 1** **Three months of temperature logs** for refrigerator & freezer & print matching DDL report.
- 2** **One of each of the VIS statements** utilized in your facility (approximately 20 total) or demonstrate in your system how current VIS is accessed and provided to patient.
- 3** **Emergency Vaccine Management Plan/ Routine Vaccine Storage and Handling Plan.**
- 4** **Certificate of Calibration** of the following:
 - Refrigerator
 - Freezer
 - Back up thermometers
- 5** Certificate received of current and/or prior yearly **VFC Regional Training** attended by your staff.
- 6** **Inventory of Private Vaccines** currently on site (Name of Vaccine and Quantity).

NOTE: At the time of the site visit, we need access to view your circuit breaker. We need verification of the dollar amount the clinic charged the patient of administration fee for self-paying patient. This is separate from an office visit charge.

Section Eleven

Reporting Fraud/Abuse

Reporting Fraud/Abuse

Misuse of VFC or CHIP vaccines will not be tolerated. Your site will be held accountable for instances of fraud and abuse. It is your responsibility to read and understand our [Fraud and Abuse Policy](#). Full details are linked in the guide, however, please reach out to us if you have any questions or concerns regarding the policy.



The Chicago Department of Public Health Immunization Program may take the following actions when fraud and/or abuse may have occurred:

- Determine if a situation requires immediate referral or if educational intervention and follow-up are adequate.
- Make decisions to refer cases to the Medicaid Integrity Group (MIG) and any other state or city agencies that are required by law to refer suspect cases.
- Make appropriate referrals and notify CDC of referral to MIG and any other appropriate agencies.

Reporting Fraud/Abuse *Continued*

Possible examples of the types of fraud and/or abuse that may occur with respect to the VFC Program may include, but are not limited to:

- 1 Providing VFC vaccine to non-VFC-eligible children.
- 2 Selling or otherwise misdirecting VFC vaccine.
- 3 Billing a patient or third party for VFC-funded vaccine.
- 4 Charging more than the established maximum regional charge for administration of a VFC-funded vaccine to a federally vaccine-eligible child.
- 5 Failing to implement provider enrollment requirements of the VFC program.
- 6 Failing to screen patients and document screening results for VFC eligibility at every visit.
- 7 Failing to maintain VFC records and comply with other requirements of the VFC program.
- 8 Failing to properly store and handle VFC vaccine.
- 9 Ordering VFC vaccine in quantities or patterns that do not match the provider's profile or otherwise over-ordering of VFC doses of vaccine.



You should report any suspicions of fraudulent activity at your clinic to the CDPH VFC Program Manager Kevin Hansen at kevin.hansen@cityofchicago.org or Victor Santiago at victor.santiago@cityofchicago.org.

Section Twelve

I-CARE Reports

Patient List Export & Managing Active Patients

I-CARE can generate a comma-delimited text file, i.e. an Excel spreadsheet, of patients that match a given criteria. Under the reports tab, scroll down to **“Site Reports,”** and then click on the **“Patient List Export”** link.

You will be brought to a screen that looks like this:

Site Reports

- [Bad Address](#) – Generate a list of active patients with an invalid primary address.
- [Invalid Doses](#) – Generate a list of patients with invalid doses.
- [Missed Opportunities Detail](#) – Generate a report of missed opportunities for a site. A patient, and then listing all forecasted shots where the forecasted date is before the patient's forecasted date.
- [Missed Opportunities Summary](#) – Generate a summary report of missed opportunities for a site.
- [Missing Lots](#) – Generate a list of patients with missing lot numbers on immunization.
- [Monthly Statistics](#) – Generate a monthly statistics report for patients aged 24 - 35 months.
- [Patient List Export](#)** – Generate a comma-delimited text file of patients that match the criteria.
- [Shot Refusals](#) – Generate a list of shots refusals reported by a site within a given time period.

Report: Patient List Export

Criteria | Report

Site: ICARE TRAINING SITE1 *

Birth Date: 01/01/2021 From To

Forecasted Date: From To

Active Patients Only:

Select an Action: **CSV Export** Cancel

Patient List Export & Managing Active Patients *Continued*

Select the site for the requested report by typing the name or entering the associated VFC pin. Then select a range of patient DOBs for **“Birth Date.”** Next to **“Forecasted Date,”** select the range you would like for the desired vaccination dates. Next, select the **“Active Patients Only”** checkbox unless you are searching for historical data. Click the **“CSV Export Button”** and I-CARE will generate a report based on the criteria that you have entered.

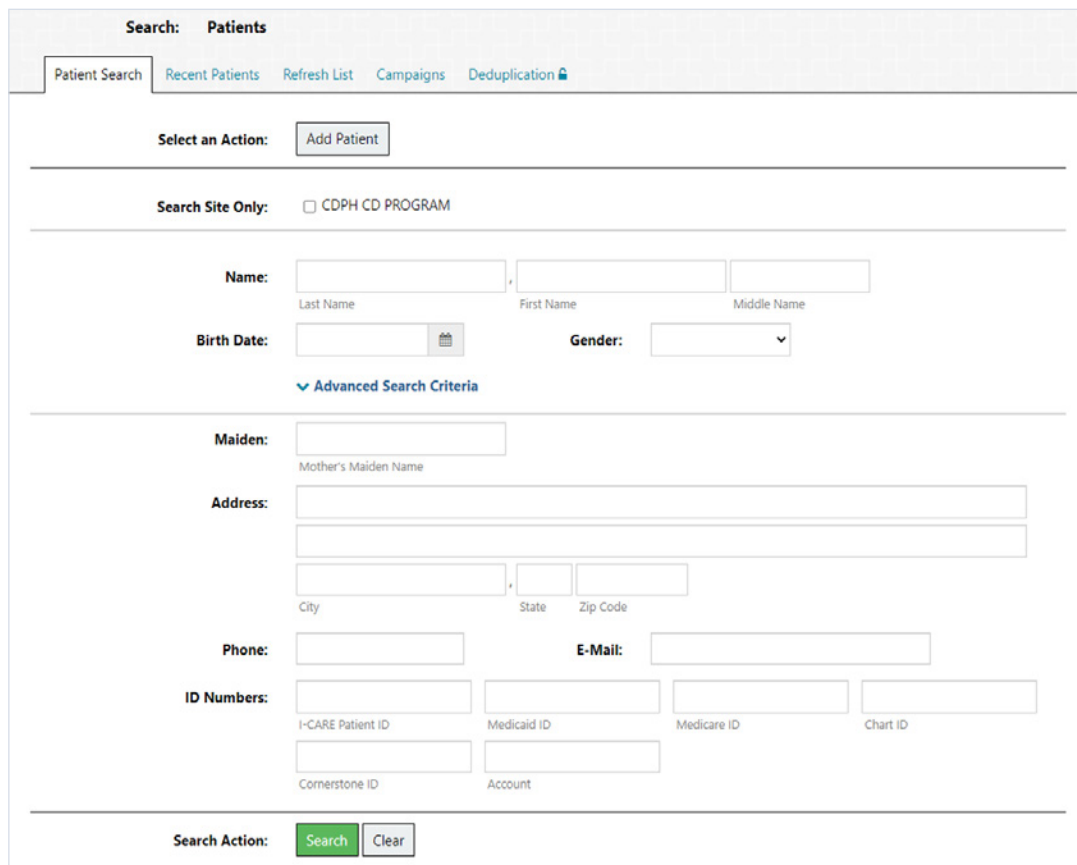
Active patients can be monitored in I-CARE in two ways, either by searching in the top search bar with **“Patients”** selected in the dropdown menu:



Or under the **“Patients”** tab located just below that:



While the main search bar is useful for finding the records for individual patients, the **“Patients”** tab provides a more robust search, the option of an advanced search function, as well as a button to manually add a new patient.



Clicking on the downward facing arrow next to the word **“Patients”** will show a list of recently viewed patients, as well as an option to clear that list.

Immunizations Due & Immunizations Given

Immunizations Due Report will generate a list of active patients at your site who are overdue for a particular vaccination. Providers can use this report to determine patients in their population that need to come in for an appointment. Providers also use this report when they have vaccine in their inventory that expires soon. If you can schedule appointments with these patients, you may be able to use some of those doses prior to expiration. See [this guide](#) for instructions on how to run this report.

The screenshot shows the 'Site Immunizations Due Report' form in the I-CARE system. The form includes the following fields and options:

- Site:** ICARE TRAINING SITE1
- Birth Date:** From 03/01/2022 To 07/24/2023
- Immunization Date:** From 03/01/2022 To 07/24/2023
- Groups:** All, DTP, HIB, HAV, HBV, HPV, FLU, H1N1, MMR, MEN, MEN-B, PNE, POL, ROT, Tdap, Td, VAR, ZOS, ORTHOPOX, Other, RSV
- PLEASE NOTE:** The COVID-19 vaccine group is no longer available on this report. Instead please run the dedicated COVID Immunizations Due Report.
- Report Notification:** E-mail, None
- Notification Email:** Test.Email@Example.com
- Select an Action:**

Immunizations Given Report will generate a list of active patients who received a dose during the specified time frame. Providers may use this report to review their past immunizations given over specific time frames. Providers may also use this report to target any missing doses or review any possible data entry issues.

The screenshot shows the 'Immunizations Given Report' form in the I-CARE system. The form includes the following fields and options:

- Site:** ICARE TRAINING SITE1
- Shot Provider:** [Dropdown menu]
- Shot Vaccinator:** [Dropdown menu]
- Birth Date:** From 07/24/2022 To 07/24/2023
- Immunization Date:** From 07/24/2022 To 07/24/2023
- Groups:** All, DTP, HIB, HAV, HBV, HPV, FLU, H1N1, MMR, MEN, MEN-B, PNE, POL, ROT, Tdap, Td, VAR, ZOS, ORTHOPOX, Other, RSV
- PLEASE NOTE:** The COVID-19 vaccine group is no longer available on this report. Instead please run the dedicated COVID Immunization Activity Report.
- Lot:** [Text field]
- Include:** All, 317, CHIP, Private, VFC, VFC/State
- Non-inventory Shots
- Shots from other sites
- Report Notification:** E-mail, None
- Notification Email:** Test.Email@Example.com
- Select an Action:**

Customize Letters & Reminder Recall

Reminder/Recall Reports

[Customize Letters](#) – Edit Reminder/Recall letter & postcard text for the site.

[Reminder Recall](#) – Generate Reminder/Recall letters/postcards for patients that match the search criteria.

Customize Letters is used to create customized messages for providers to send out to patients reminding them to return to their office for forecasted or overdue vaccinations. Custom Letter options include: “**Site Name**,” “**Letter Subject**,” “**Language/Translation**,” “**Status (Active or Inactive Patients)**,” “**Salutation**,” “**Body**,” and “**Signature**.” These messages are most used during a reminder recall campaign to send mass mailings to a large patient population.

Reminder Recall Custom Letter

Letter Edit

Site: ICARE TRAINING SITE1

Letter:

Language: English

Status: Active Inactive

Salutation:

Body:

B I U S [List Icons] [Link Icon] [Image Icon]

This letter is to remind you that your child due for an Influenza Immunization. Please contact our office at 312-XXX-XXXX to set up an appointment at your convenience.

Signature:

Select an Action:

Customize Letters & Reminder Recall *Continued*

Reminder Recall Reports are used to remind patients of a future vaccination or to target patients who are past due for a vaccination and recall them to return to the office. Providers can generate a patient list or use their customized letters to send out these notifications.

Report: Reminder Recall Reports

Criteria

Report Type: Reminder - Send reminder notices (for immunizations due)
 Recall - Send recall notices (for immunizations past due)

County:

Zip Code:

Group:

Site: ICARE TRAINING SITE1

Date of Birth:
From To

Immunization Date:
From To

Groups: All DTP Hib HAV HBV HPV FLU H1N1 MMR MEN MEN-B PNE POL
 ROT Tdap Td VAR ZOS COVID-19 ORTHOPOX Other RSV

Patient Status: Active Inactive Inactive-Lost to follow-up Inactive-Moved or gone elsewhere
 Inactive-Permanently inactive (deceased) Other/unspecified Unknown

Report Notification: E-mail None

Notification Email: *

Select an Action:

Once the background report is completed, you have the options of printing address labels, downloading the list of patients, or sending customized letters or postcards to the patients.

Criteria

Select an Action:

Select Reminder Type: Address Labels (Avery 5160) Patient List Export Letters Postcards

Report: Reminder - Letters, Postcards, Labels

Coverage Level Childhood & Coverage Level Adolescent

How many patients do you have and of those patients, how many are protected from a specific vaccine-preventable disease?

Coverage Level Reports

[Coverage Level Report](#) – Generate a standard coverage level report.

[Coverage Level Patient List](#) – Generate a list of patients that match the search

[Coverage Level Adolescent](#) – Generate adolescent immunization coverage level Goals.

[Coverage Level Childhood](#) – Generate childhood immunization coverage level Goals.

[MenB Coverage Levels](#) – Generate MenB coverage levels on active patients w

This report is used to generate childhood immunization coverage levels on active patients which match the search criteria, with comparisons to the Healthy 2025 Goals.

TOTAL SELECTED PATIENTS:		741	
VACCINE SPECIFIC COVERAGE LEVELS			
Doses Documented	Number of Patients	Percent	Healthy People 2020 Goal (HP2020)
DTaP 4+:	35	4.7%	90%
Polio 3+:	38	5.1%	90%
MMR 1+:	17	2.3%	90%
Hib UTD:	16	2.2%	90%
Birth Dose Hep B:	0	.0%	85%
Hepatitis B UTD:	35	4.7%	90%
Varicella 1+:	13	1.8%	90%
PCV UTD:	3	.4%	90%
Rotavirus UTD:	0	.0%	90%
Hepatitis A 2+:	0	.0%	85%

Childhood Coverage Level

Childhood Coverage level counts how many active patients are at a clinic and provides a percentage of how many patients are fully vaccinated for each vaccine group up to 2 years of age.

TOTAL SELECTED PATIENTS:		315		
VACCINE SPECIFIC COVERAGE LEVELS				
Doses Documented	Number of Patients	Percent	Healthy People 2020 Goal (HP2020)	
Tdap 1+:	23	7.3%	80%	
Polio UTD:	0	.0%	80%	
MMR 2+:	0	.0%	80%	
Hep. B UTD:	5	1.6%	80%	
Varicella 2+:	0	.0%	90%	
MEN UTD+:	22	7.0%	80%	
MCV4 1+**:	19	6.0%		
MCV4 2+**:	0	.0%		
HPV 1+:	97	30.8%		
HPV UTD:	85	27.0%	80%	
Hep. A 2+:	0	.0%		
*Includes MCV4 unspecified, MPSV4 and MCV4				
**Includes MCV4				
VACCINE SERIES COMPLETE COVERAGE LEVELS				
Tdap 1, POLIO 3+, MMR 2+, Hep B 3, Varicella 2, MCV4 1:	0	.0%		
HPV VACCINATION COVERAGE LEVELS				
	Number of Females	Percent	Number of Males	Percent
HPV 1+	81	33.9%	16	21.1%
HPV UTD	71	29.7%	14	18.4%
Total Females	239		Total Males	
			76	

Adolescent Coverage Level

Adolescent Coverage level counts how many active patients are at a clinic and provides a percentage of how many patients are fully vaccinated for each vaccine group for ages 12–18.

Site Reports

[Bad Address](#) – Generate a list of active patients with an invalid primary address.

[Invalid Doses](#) – Generate a list of patients with invalid doses.

[Missed Opportunities Detail](#) – Generate a report of missed opportunities for a site. A missed opportunity patient, and then listing all forecasted shots where the forecasted date is before the most recent shot.

[Missed Opportunities Summary](#) – Generate a summary report of missed opportunities for a site.

Bad Address

This report flags any active patients at the site who have an incorrect or invalid address in the system. If parts of an address are missing, they may not show up on your coverage reports.

Invalid Doses

This report is used in quality assurance review and flags any problems. For every patient at your site, it looks at each vaccine and vaccine group and matches against the vaccine administration schedule to make sure vaccines are being administered correctly.

Patient Name	Birth Date	Shot Date	Vaccine	Vaccine Group	Reason
NAME, EXAMPLE	03/07/2023	04/13/2023	DTaP, unspecified formulation	DTP	Minimum age for 1st shot is 6 weeks old

Missed Opportunities Detail

This report shows each patient that you should have given vaccination for other overdue doses. It is also used in quality assurance visits. You can also generate a Missed Opportunity Summary report that will show all missed opportunities for an entire site. When a patient presents for vaccination, make sure to give any other vaccines they are overdue for at the same time, if possible.

Childhood Birth Range: From 06/25/2020 To 07/24/2021

Patient Name	Birth Date	Vaccine Missed	Dose # Missed	Last Visit Date	Forecasted Date
NAME, EXAMPLE	12/13/2020	DTP	1	04/13/2021	02/13/2021
NAME, EXAMPLE	12/13/2020	HBV	1	04/13/2021	12/13/2020
NAME, EXAMPLE	12/13/2020	PNE	1	04/13/2021	02/13/2021
NAME, EXAMPLE	12/13/2020	POL	1	04/13/2021	02/13/2021

COVID Duplicate Doses

COVID Reports

[COVID Aggregate Report](#) – Generate a COVID Aggregate report.

[COVID Duplicate Doses](#) – Generate a list of COVID Duplicate doses.

[COVID Exclusions](#) – Report that helps identify incorrect COVID immunization data.

This report looks at your patients and reports any COVID duplicate doses. In order to work this report, you will need to conduct an in-depth review of the patients records. Check the name, aliases, shot record, addresses, and imports. Always compare to the data in your EMR for an accurate picture of the patient's vaccinations. If a duplicate dose is coming from your office, you can edit the shot record and delete the duplicate dose. In many cases there may have been an erroneous patient merge resulting in 2 records being combined. In these cases, input a help desk ticket in I-CARE to flag the patient record for review.

If too many doses are overreported, it will not forecast a future dose on a patient's record.