

CHICAGO DEPARTMENT OF PUBLIC HEALTH

# Vaccines for Children Manual



Developed by the Chicago Department of Public Health in partnership  
with the Illinois Chapter of the American Academy of Pediatrics

# Important Program Links/ Contact Information

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[Chicago VFC HAN Webpage](#) – Find detailed information on VFC program re-enrollment, I-CARE, VFC policies, HL7 onboarding/data quality, and more.

[How to Log-in & Use MEDI](#)

[Respiratory Illness Dashboard](#)

[CDC VFC Operations Guide](#) – From the Centers for Disease Control and Prevention (CDC).

[ICAAP VFC Webpage](#) – Use this webpage from the Illinois Chapter, American Academy of Pediatrics (ICAAP) for additional VFC resources for Chicago and Illinois providers.

[IDPH VFC Webpage](#) – From the Illinois Department of Public Health (IDPH) for VFC providers located outside the City of Chicago. Some clinics may have sites in both jurisdictions.

Stay up to date: Register for the HAN via the “Request Access” button on the [right side of the home page here](#).

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# Section One

# Overview of the Chicago VFC Program

## What is the Chicago VFC Program

The 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 local health departments for vaccination.
- Saving Chicago VFC-enrolled providers out-of-pocket expenses for vaccines.
- 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 Illinois Department of Public Health (IDPH) and the Chicago Department of Public Health (CDPH) run Illinois' and Chicago's VFC programs. VFC programs provide immunizations for children through the age of 18 (under 19) who are uninsured (patients may be referred to as "self-pay"), Medicaid-enrolled or Medicaid-eligible, American Indian or Alaskan Native and those who are underinsured. Note that those who are underinsured can only access VFC vaccines at participating federally qualified health centers (FQHC), rural health clinics (RHC), or local health departments (LHD) under an approved deputization agreement.

## State-Level Immunization Guidance

Illinois [House Bill 767](#) empowers the IDPH to issue state-level immunization guidance through adapting recommendations from the Immunization Advisory Committee (IAC). CDPH endorses IDPH's guidance. State-level guidance can be found on IDPH's [Immunizations webpage](#).

# History of the VFC Program

The 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 providers must offer all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines.



## Impacts of the VFC Program



VFC benefits an estimated 40 million children.



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



Approximately 73 million VFC vaccine doses distributed in 2024.

# VFC Provider Requirements

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

REQUIREMENT	COMPONENT
Clinical Requirements	<ul style="list-style-type: none"> <li>• Be licensed in Illinois to administer vaccines to children aged 18 and younger.</li> <li>• Be willing and able to follow all VFC program requirements, policies, and procedures, including participation in site visits and educational opportunities.</li> <li>• Have the capacity to order, receive, manage, store, and monitor the temperature of public vaccines.</li> <li>• Be open at least four consecutive hours for three days a week to receive VFC vaccines.</li> </ul>
Provider Agreement	<ul style="list-style-type: none"> <li>• Complete and sign CDC's Provider Agreement.</li> <li>• The Medical Director in a group practice must be authorized to administer pediatric vaccines under state law.</li> <li>• The provider signing the Provider Agreement on behalf of a multi-provider practice must have authority to sign on behalf of the entity.</li> <li>• All licensed health care providers in an enrolled practice and their corresponding professional license numbers must be listed in the VFC Enrollment Form.</li> <li>• Submit a Provider Population Profile at initial program enrollment and updated at least annually or when order patterns indicate a change.</li> </ul>
Patient Eligibility Screening	<ul style="list-style-type: none"> <li>• Screen for and document VFC eligibility with every immunization visit.</li> <li>• Check the eligibility status in the MEDI system (or an equivalent system receiving HFS 270/271 electronic transaction data).</li> </ul>
Vaccine Management	<p><b>Comply with vaccine management guidelines in the CDC's Vaccine Storage and Handling Toolkit, including:</b></p> <ul style="list-style-type: none"> <li>• Use of correct storage units and digital data loggers (DDLs) with continuous monitoring capabilities and a current Certificate of Calibration.</li> <li>• Receiving and documenting vaccine shipments.</li> <li>• Daily monitoring and recording of unit temperatures, including responding to any temperature excursions.</li> <li>• Managing expired, spoiled, or wasted vaccines.</li> <li>• Proper vaccine handling and preparation.</li> <li>• Adhering to procedures for emergency situations.</li> </ul>

## VFC Provider Requirements *Continued*

REQUIREMENT	COMPONENT
Vaccine Management Plan(s)	<p><b>VFC sites must have Vaccine Management Plan(s). They must be updated annually or more frequently as needed.</b></p> <p><b>Vaccine Management Plan should include:</b></p> <ul style="list-style-type: none"> <li>• Contact information for current Primary and Backup Vaccine Coordinators.</li> <li>• Staff roles and responsibilities.</li> <li>• Documented training related to vaccine management.</li> <li>• Storage and handling practices, including how to handle a temperature excursion.</li> <li>• Procedures for vaccine ordering, receiving, inventory control, stock rotation, and handling vaccine loss and waste.</li> </ul> <p><b>Emergency Vaccine Management Plan should include:</b></p> <ul style="list-style-type: none"> <li>• Procedures for emergency situations, including transport, equipment malfunction, power failure, and natural disasters.</li> <li>• Ready access to the supplies needed for emergency transport. Appropriate materials include:               <ul style="list-style-type: none"> <li>◦ Portable vaccine refrigerator/freezer units or qualified containers and packouts.</li> <li>◦ Hard-sided insulated containers or Styrofoam™. Use in conjunction with the Packing Vaccines for Transport During Emergencies tool. This system is only to be used in an emergency.</li> <li>◦ Coolant materials such as phase change materials (PCMs) or frozen water bottles that have been conditioned to 4°C to 5°C.</li> <li>◦ Insulating materials such as bubble wrap and corrugated cardboard - enough to form two layers per container.</li> <li>◦ Temperature-monitoring devices for each container.</li> </ul> </li> </ul>
Immunization Schedule	<ul style="list-style-type: none"> <li>• Offer vaccines outlined by ACIP recommendations and VFC Program resolutions.</li> <li>• Make available the vaccines identified in the Provider Profile based on the provider type and population served, including non-routine vaccines, if applicable.</li> <li>• Understand state laws related to vaccination requirements and acceptable vaccine exemptions.</li> <li>• Use ACIP recommendations and vaccine package inserts to understand contraindications for each vaccine type available through the VFC program.</li> </ul>

## VFC Provider Requirements *Continued*

REQUIREMENT	COMPONENT
National Childhood Vaccine Injury Act (NCVIA)	<ul style="list-style-type: none"><li>• Obtain and distribute the most current Vaccine Information Statements (VIS) for all vaccines included in the National Vaccine Injury Compensation Program.</li><li>• Follow the record-keeping requirements for the NCVIA.</li><li>• Report adverse reactions to Vaccine Adverse Event Reporting System (VAERS).</li></ul>
Fraud and Abuse	<ul style="list-style-type: none"><li>• Operate in a manner intended to avoid fraud and abuse.</li></ul>
Vaccine Restitution	<ul style="list-style-type: none"><li>• 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.</li></ul>
VFC Visits	<ul style="list-style-type: none"><li>• Agree to VFC program site visits, which may include enrollment visits, unannounced storage and handling visits, or compliance site visits.</li></ul>

# Site Visits

VFC site visits are designed to evaluate different aspects of provider compliance with and understanding of requirements. There are three types of site visits, each outlined below.

## Enrollment Site Visit

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

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

## Compliance Site Visit

Sites must be enrolled and active in the VFC program for three to six months before receiving a compliance site visit. The compliance site visit must be completed within 12 months of enrollment and is repeated every 12 to 24 months. The goal of a compliance site visit is to ensure provider details, eligibility, documentation, storage and handling (per unit and sitewide), and inventory management are following the requirements outlined in the Provider Agreement.

## Storage & Handling Site Visit

These visits may be scheduled or unannounced. The goal of storage and handling site visits is to assess storage units and DDLs, as well as overall storage and handling operations based on program requirements and CDC's Vaccine Storage and Handling Toolkit.

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# Where to Find VFC Resources

The [Chicago Health Alert Network \(HAN\)](#) provides quick, efficient, reliable, and secure web-based communication. The HAN website and HAN alerts are intended for use by clinicians and other medical care team staff, laboratories, first responders and other local public health agencies. Information is shared regarding CDPH programming and day-to-day activities, including outbreak detection, investigation, and emergency response.

The screenshot shows a dark blue sign-up form for the Chicago Health Alert Network (HAN). At the top, it says "Sign Up" in white. Below that, it asks "Want to Receive Health Alerts from the Chicago Department of Public Health?" and provides a link to "Learn more about the HAN and submit a membership request." A prominent white button with the text "Request Access" is visible. Below the button, there is a section titled "Choose Dynamic Groups (mouse over label for description)" with three radio button options: "Chicago Healthcare Coalition Emergency Preparedness POC", "Chicago Healthcare Coalition - General", and "VFC Providers". The "VFC Providers" option is selected, indicated by a purple checkmark.

Signing up for the HAN is quick, easy, and free. Go to [chicagohan.org](http://chicagohan.org), navigate to the right-hand side of the home screen, and click the **"Request Access"** button. Complete the registration form and select the kinds of alerts you would like to receive. Under **"Choose Dynamic Groups,"** select VFC providers. After choosing the appropriate selections, click Continue. Make sure all the information listed is correct, then click **"Submit."** HAN requests will be processed within 48 hours. Once complete, registrants will receive an e-mail with detailed instructions on accessing the HAN.

## Where to Find CDPH VFC Resources *Continued*



Chicago VFC providers receive a monthly bulletin that contains information about upcoming events, vaccine news and updates, and more. A HAN alert will be sent to registered users when each bulletin is available. To access previous bulletins, visit the [VFC HAN webpage](#) and look under “VFC News Bulletins.”

Ensure monthly bulletins and other HAN communications outlining updated guidelines and news are read and applied to clinical operations to best serve patient populations and to continue receiving VFC vaccines.

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## How to Enroll as a VFC Provider

All eligible clinics are encouraged to become VFC providers. The VFC program helps to ensure all children in Chicago have access to vaccines at little to no cost. Enrollment is completed through the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE). Additional information and resources are available on the [VFC HAN webpage](#).

### Enrollment Checklist

Follow the order of the steps below to complete enrollment in the Chicago VFC program. Please send questions about enrolling to [Gira.Patel@cityofchicago.org](mailto:Gira.Patel@cityofchicago.org) or [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org).

- 1** [Apply for I-CARE](#) access for the location enrolling and all individuals that may need access  
Find more details about obtaining I-CARE access on page 15 of this manual
- 2** Fill out the [Provider Profile form](#) and [Provider Agreement](#) form in I-CARE  
Completed forms can be sent to [Gira.Patel@cityofchicago.org](mailto:Gira.Patel@cityofchicago.org) or [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org)
- 3** Complete enrollment in I-CARE as prompted
- 4** The Primary and Backup Vaccine Coordinators must complete the CDC's You Call the Shots [Module 10](#) (Storage and Handling) and [Module 16](#) (Vaccines for Children Program)
- 5** Complete Vaccine Management Plan(s)
- 6** Schedule an enrollment site visit  
Email [Gira.Patel@cityofchicago.org](mailto:Gira.Patel@cityofchicago.org) or [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org) for scheduling or help



# Vaccine Staff

Each facility must identify a Primary and Backup Vaccine Coordinator. The Coordinators are responsible for ensuring all vaccines are stored and handled correctly from the moment they arrive at the facility through the entire period of use. Coordinators should be experts in the clinic's Vaccine Management and Emergency Vaccine Management Plans and the [CDC's Vaccine Storage and Handling Toolkit](#).

## The Coordinators oversee all vaccine management within the facility, including:

- Developing and maintaining the Vaccine Management Plans.
- Monitoring storage and handling and vaccine administration practices in the facility.
- Ensuring and documenting annual vaccine management training for designated staff, as well as training new staff upon hire.
- Participating in and documenting completion of annual training on VFC requirements.
- Storing all required documentation for a minimum of three years, or longer if required by state statutes or rules.

## Responsibilities include:

- Ordering vaccines.
- Overseeing proper receipt and storage of vaccine deliveries.
- Documenting vaccine inventory information.
- Organizing vaccines within storage units.
- Setting up temperature monitoring devices.
- Checking and recording the current temperatures at the start and end of each workday.
- Checking and recording minimum/maximum temperatures at the start of each workday.
- Reviewing and analyzing DDL temperature data at least weekly for any shifts in temperature trends.
- Saving DDL temperature data to the "cloud", or a regularly backed-up network drive, for access and archive.
- Rotating stock at least weekly so vaccines with the earliest expiration dates are used first.
- Removing expired vaccine from storage units.
- Review mismatch report (monthly at least) and have a goal of 0 patients listed.
- Responding to temperature excursions (out-of-range temperatures).
- Maintaining all documentation, such as inventory and temperature logs.
- Organizing vaccine-related training and ensuring staff completion of training.
- Ensuring all VFC Coordinators remain up-to-date on VFC program changes and I-CARE updates to remain knowledgeable on program requirements and recommendations.
- Monitoring operation of vaccine storage equipment and systems.
- Overseeing proper vaccine transport per Vaccine Management Plan(s).
- Overseeing emergency preparations per Vaccine Management Plan(s):
  - Tracking inclement weather conditions.
  - Ensuring appropriate handling of vaccines during a disaster or power outage.


# VFC Re-Enrollment

VFC sites are required to complete re-enrollment every two years. The mandatory re-enrollment period usually occurs in early Spring. To re-enroll, navigate to the 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 DDLs. Re-enrollment instructions can be found in the VFC Program Annual Re-Enrollment section of the [VFC HAN webpage](#).

Once completed, be sure to put it into “requested status” in I-CARE, then be on the lookout for revisions that may be needed from [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org).

## General VFC Calendar of Events and Trainings Available

[HAN alerts](#) will be sent as events and trainings are scheduled or as pre-booking becomes available. Sites are responsible for attending certain trainings and completing certain activities.

- **Flu Pre-book:** Released mid-summer. Flu vaccines may require pre-booking instead of being requested through the normal vaccine ordering process in I-CARE. Completed request forms will serve as flu vaccine orders once the flu vaccines become available. Flu vaccines are normally shipped in waves, so clinics may not receive all flu vaccines in one shipment.
  - **Mandatory Annual Training:** Occurs once a year in the late winter/early spring. Two staff members from each site must complete training and maintain a completion certificate from the training.
  - **Back-to-School:** July-September is an especially busy time as families prepare for back-to-school vaccinations, so clinics should plan accordingly! Order approval takes longer during this time due to the volume of requests. Submit order with the expectation that it will take about four business days for approval and another three-five days for shipping. Clinics should ensure inventory is complete and program status is good to avoid further delays.
  - **Review of DDL Certificate Validity:** CDPH staff will check clinic DDLs to ensure they are current and properly recalibrated. Certificates of recalibration will be requested annually. Clinics unable to present a certificate of recalibration will not be allowed to place vaccine orders until it is provided.
-  **Tip:** Make sure staff registers for training with the correct and most current VFC pin so that completion of this requirement is documented.
- **Virtual VFC and I-CARE Training:** These trainings serve as office hours and are optional. They are highly recommended for new staff or existing staff who have not been trained or continually fail to meet program expectations.

## Section Two

# Chicago VFC and I-CARE

## I-CARE Requirements

I-CARE is a requirement for VFC providers. Having multiple people within a VFC site be able to manage and maintain I-CARE can help streamline daily administrative processes.

All Chicago VFC providers must provide individual patient immunization records for each publicly funded vaccine dose 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 clinic's electronic medical record (EMR) system. Chicago VFC providers not in compliance with this requirement will not be able to continue participating in the VFC program.

Electronic transmission is done via HL7 connection. HL7 is a set of international standards used to provide guidance with transferring and sharing data between various healthcare providers. This is the preferred method for reporting doses administered.



# EMR/HL7 Transmissions

An EMR or Electronic Health Record (EHR) 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 clinicians 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. EMRs/EHRs also track a patient's vaccination records. These records are sent to I-CARE.

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 from provider's 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 Codes (NDCs) to identify a specific product.

Visit the HL7 Onboarding & Data Quality section of the HAN website for more information.

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## Obtaining I-CARE Access

If a clinic has not previously been enrolled in I-CARE, select "New Organizations" and complete the requested forms. All individuals within the organization needing to access I-CARE will need to create their own account. This requires approval from the site's designated Portal Registration Authority (PRA), who is usually a supervisor. Ensure a PRA is assigned in I-CARE.

To apply for an individual I-CARE user account, select "Individual I-CARE Access." Complete an Individual User Enrollment Agreement and additional forms. Once saved, registrants will receive a DocuSign to fill out. Once completed, it will be routed to a supervisor and/or PRA for approval. Upon approval, users will receive an email with login information. If this email is not received, steps are missing. Detailed instructions on this process can be found in the "Applying for an Individual I-CARE User Account" [presentation](#), found on the HAN VFC webpage.

Once an account is established, technical issues should be directed to the I-CARE help desk at [dph.icare@illinois.gov](mailto:dph.icare@illinois.gov) or 217-785-1455. To reset an I-CARE password, visit [here](#).



## Administering Respiratory Virus Vaccines as a VFC Provider

Flu, COVID-19, and RSV immunizations are available through the VFC program. They should be ordered by participating sites and recommended to all eligible patients. Before the start of respiratory virus season, current information about product formulations and presentation, storage and handling, reimbursements, ordering, clinical guidance, etc. will be shared via the HAN and other events. Webinars will be posted on the [Illinois Chapter, American Academy of Pediatrics' website](#) as they become available.



## Section Three

# Vaccine Ordering and Tracking

## How to Place an Order for Vaccines

Please complete the following before submitting a vaccine order:

- Remove all expired vaccines from I-CARE (i.e. submit vaccine return sheet).
- Enter temperatures into I-CARE.
- Clear Inventory Analysis Helper Report (IAHR) report.
- Complete vaccine accountability report.

Completing these steps means sites are now ready to order vaccines. Detailed instructions for ordering vaccines in I-CARE can be viewed here: [Vaccine Ordering Guide](#)

After an order is placed, please allow at least three business days for order approval. This may take longer in times of high demand. Orders may be delayed if inventory is not accurately tracked in I-CARE. Rush orders should be placed in I-CARE, and a follow-up email should be sent to [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org). Note: Rush orders are not guaranteed and should be made on a very limited basis.

Depending on a clinic's recommended order period (weekly, bi-weekly, or quarterly), providers should work to ensure an adequate amount of VFC vaccines are in stock. This means having enough inventory for the next order period plus five weeks. This [cheat sheet](#) will help calculate how much vaccine to order. Use the calculations to fill out the [Vaccine Ordering Template](#) and plan an order.

For up-to-date information on product ordering requirements, sites can refer to the CDC's VFC Program Operations Guide linked on the [CDC's webpage](#).

# Track when Vaccine Shipments will Arrive

Track when shipments will arrive in I-CARE by following these steps:

- Log-in to I-CARE and navigate to the VFC tab.
- 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 the order has yet to be assigned/approved.
- After an order is approved, please continue to check the shipping status to ensure it is ready to be received.

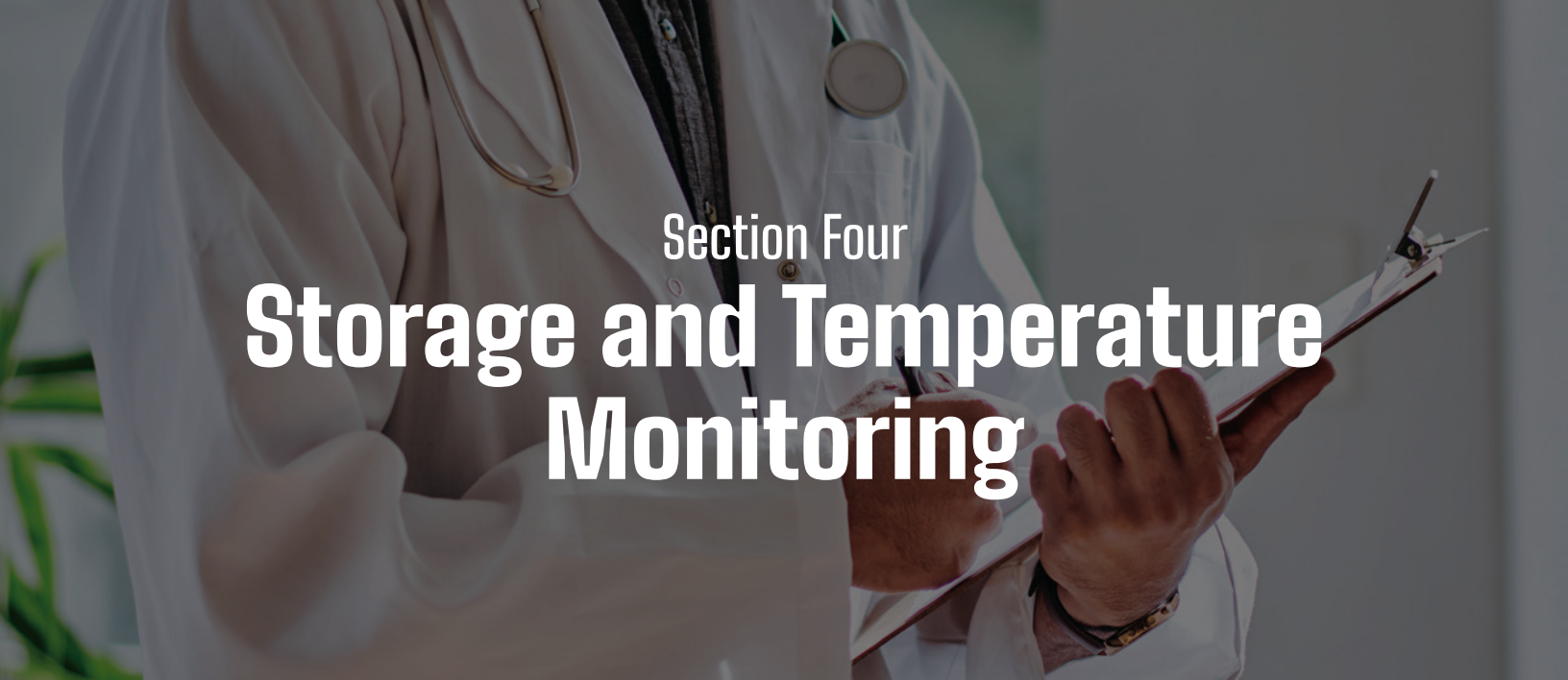
## What to do if a Vaccine Shipment is Missing or Incorrect

When a vaccine shipment is received, check to ensure the shipment is correct. The packing slip should match the vaccines received. Cross-check lot numbers that are listed as inventory in I-CARE. Lot numbers will be automatically added there once the order status is “complete” in I-CARE. If lot numbers are not added, please email a copy of the packing slip to [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org) so CDPH can manually add them.



### Things to note:

- Frozen vaccines ship separately from other refrigerated vaccines.
  - Varivax and ProQuad will arrive with a different tracking number and box.
- If a shipment is incorrect or missing, please email [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org) within one week of the delivery. CDPH staff will work with the manufacturer to get the correct order shipped.
  - Please check for the tracking number status in I-CARE prior inquiring about the status of an order.
  - When emailing CDPH about an order, clinics must include these details:
    - VFC site PIN
    - I-CARE order number ID
    - What vaccines are incorrect or missing from the order



## Section Four

# Storage and Temperature Monitoring

## Storage Requirements

To ensure the viability of VFC products, 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 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 immunization, found in the product's package insert. Providers must also protect the power source for all storage equipment. This can be done by using a "Do Not Disconnect" warning label at the electrical outlet and circuit breaker.

CDC recommends the following units, starting with the most preferable, for storing VFC vaccines:

- Purpose-built or pharmaceutical/medical-grade units, including doorless and vending-style units.
- Vaccine storage units that conform to NSF/ANSI Standard 456 (which have been tested rigorously to be used for the storage of vaccines).
- Stand-alone refrigerator and freezer units. These can vary in size from a compact, under-the-counter style to a large, stand-alone, pharmaceutical-grade storage unit.
- Combination household refrigerator/freezer unit, using only the refrigerator compartment to store vaccines. Use a separate stand-alone freezer to store frozen vaccines.

## Storage Requirements *Continued*

### Storage Unit Best Practices

- ❌ Never store food or beverages in a unit with immunizations.
- ❌ Do not store products in the removable or non-removable deli, fruit, or vegetable bins, the doors, on the floor of the unit, or under or near cooling vents.
- ❌ Dorm- and bar-style units are prohibited for vaccine storage. Dorm-style units have both refrigerator and freezer compartments behind a single exterior door. Vaccines stored in dorm-style units are considered non-viable.
- ✅ Water bottles are recommended for household-grade units and are not recommended for use with the majority of pharmaceutical-grade and purpose-built units. For such units, follow the manufacturer's guidance.
- ✅ Make sure the units are pushed 8–12 inches from the wall and that vents on the units are kept clean. Do not use power strips; plug units directly into the outlets.

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## Temperatures and Digital Data Loggers Introduction

Each provider uses a DDL to take continuous temperature on each units. The data logger data should be synced every two weeks when paper temperature logs are changed. These data files will be stored digitally on the provider's designated DDL computer. It is recommended that sites download the data every two weeks, but at least once monthly. 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. 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" section of the [Chicago HAN webpage](#).

- Records in **Fahrenheit**: [Refrigerator](#) | [Freezer](#)
- Records in **Celsius**: [Refrigerator](#) | [Freezer](#)

Temperature logs must be manually uploaded into I-CARE. This must be done every two weeks. Please ensure CDPH staff know if the serial number of a DDL changes.

### VFC400 Data Loggers:

The data logger unit data is synced every two–four 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. The data loggers must be recalibrated at the provider's expense before the certificate of calibration expires.

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

# Temperatures and DDLs: How to Download

DDL Recalibration Instructions can be found [here](#). Pre-calibrated probes will need to be replaced every two years.

## Downloading Data from VFC400:

- Make sure software (Control Solutions VTMC 3.2.4) is downloaded.
- Open Control Solutions VTMC 3.2.4 application.
- Insert DDL into the connected USB Interface Cradle to begin Automatic Data Transfer.
- After transfer, DDL will then reconfigure itself.
- DDL is ready to be installed into the unit and begin reading temperatures again!



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## Temperature Excursions

Refrigerators where products are stored should remain between 2-8 degrees Celsius or 36-46 degrees Fahrenheit. Freezers should remain between -50°C and -15°C (-58°F and +5°F). Notify [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org) each time a unit goes out of range. Notification should include:

- Site's VFC PIN
- 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 a unit goes out of range, HOLD on administering any of the impacted vaccines until a CDPH staff member has confirmed if the product is still usable. A CDPH staff person may follow up with additional questions: please respond to any emails in a timely manner as this information will help determine next steps. Please be patient during this process as sometimes manufacturers do not respond immediately.

Print out this [Excursion Decision Tree](#) and post it on the storage unit to be prepared for temperature excursions.

# Section Five

# Inventory Management

## Inventory Management

Vaccine accountability is a cornerstone of the VFC program and one of the program's highest priorities. Vaccine losses are absorbed directly by the VFC program's budget. Since the Chicago VFC program is so important to the health and well-being of the children in Chicago, it is essential that every dose of vaccine is used to provide protection against preventable diseases. All VFC providers should continually monitor vaccine storage and handling practices.



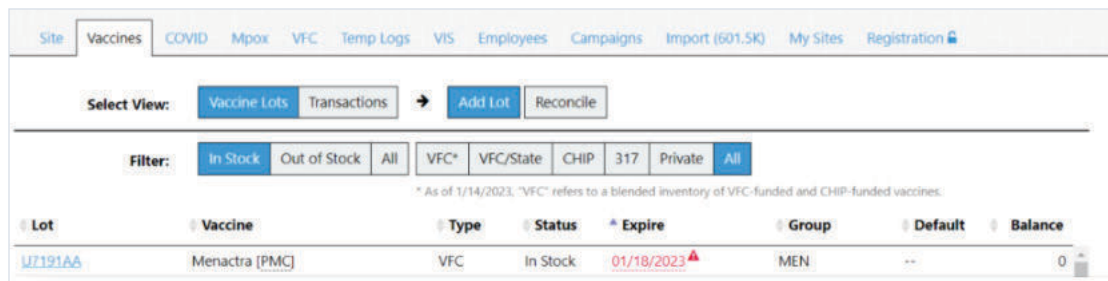
In accordance with the [Vaccine Loss and Replacement Policy](#), CDPH may require VFC enrolled providers to provide restitution for federally-purchased vaccine that have been lost or damaged due to the provider's failure to properly receive, store, handle, or rotate vaccine stock. The Chicago VFC Program will determine restitution actions based on vaccine loss and circumstances under which the loss occurred.

## Medicaid Expansion

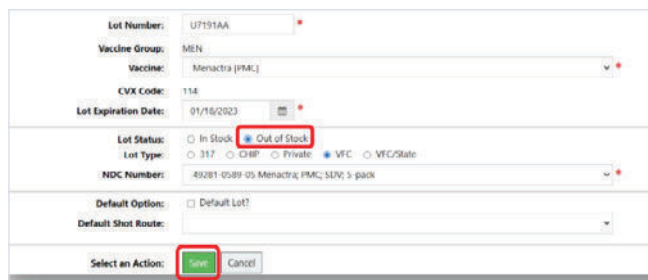
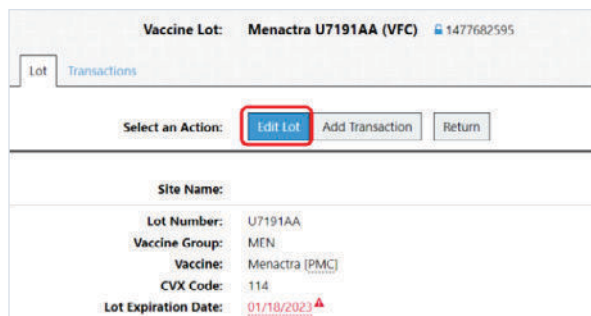
Medicaid expansion in Illinois increased eligibility for children covered under Medicaid-funded programs. As part of this change, children who were previously eligible under the Children's Health Insurance Program (CHIP) are now fully eligible for the Vaccines for Children (VFC) program. With this shift, VFC providers screen all previously CHIP-eligible children using standard VFC eligibility categories, and publicly supplied pediatric vaccines are managed within a single VFC inventory.

# 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 sites from reaching a negative balance accidentally. To remove zero quantity vaccines, navigate to the 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.



That lot should no longer show up in a site’s 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. Doing so will incorrectly adjust the inventory and will continue to be reflected in reports.

# Soon-to-Expire Vaccines

Use vaccines prior to expiration! Sites must report all vaccines with an expiration date within the next three months that are unlikely to be used to CDPH staff. Before reporting this, run an [Immunizations Due Report](#) in I-CARE. There may be patients who are overdue for doses set to expire and clinics should reach out to ensure patients know.

Report: Site Immunizations Due Report

Criteria

Site: Your site name will auto-populate here

Birth Date: [From] [To]

Immunization Date: [From] [To]

Groups:  All  DTP  Hib  HAV  HRV  HPV  FLU  H1N1  MMR  MEN  MEN-B  PNF  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:



If after notifying patients of their overdue immunizations there are still unneeded vaccines, please reach out to [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org). Include the vaccine brand name, expiration date, and quantity of vaccine that is set to expire; products may be redistributed to another site. Once the vaccines are expired, please fill out and send a [Vaccine Return Form](#) to the Vaccine Management Unit via email or fax and then remove the vaccines from I-CARE.

# How to Transfer Vaccines to Another Site

Products may be transferred to another provider or clinic if: vaccines are needed urgently, there is an outbreak, or vaccine doses will not be used at a current site before expiration. The transfer must occur with another Chicago VFC site. Transfers outside of CDPH's jurisdiction are not permitted. To request a transfer, email [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org), and copy the other clinic, 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, CDPH staff will transfer the doses in I-CARE. The doses will automatically be deducted from one 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 DDLs. Vaccine should be packed with ice packs. Refrigerated vaccines must be bubble wrapped (placing directly on the ice is very bad for the vaccines). Frozen vaccines should be transported directly on the ice. Vaccine should only be transported in qualified cooler containers. If a site is not sure if the vaccine transport container is sufficient, email [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org).

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# How to Add Private Stock Doses to Inventory

While it is not a requirement of the Chicago VFC program, some providers add private vaccine inventory to I-CARE also. Providers who choose to input all their inventory in I-CARE can have a clearer picture of exactly which vaccines are within their stock. To do this, follow the step-by-step instructions from [this guide](#). Sites with questions or wanting assistance with adding private stock doses to I-CARE can email [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org).



## Section Six

# Achieving Inventory Accuracy

## Achieving Inventory Accuracy

Maintaining an accurate inventory is a core responsibility of the VFC and other publicly funded vaccine programs. Doing so allows clinics to receive vaccines faster, and when requested, provides accurate records for patients and clinic operations. Regular monitoring inventory in I-CARE will help avoid errors.

There are three main components to ensuring a clean inventory outlined below and available in more detail in this handout: [Three Steps to Achieve Inventory Accuracy](#).

1

Check the *Inventory Analysis Helper Report* found in I-CARE

2

Mark expired/spoiled vaccines appropriately and return those doses

3

Complete regular inventory counts using the Vaccine Accountability Report found in I-CARE

Follow these steps to avoid backtracking and re-doing work. For inventory discrepancies, 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 a vaccine inventory. If this report is reviewed often (recommended daily), errors can be caught early, saving time and manual corrections. It will also help if an order needs approval quickly.

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 the last vaccine order (or three months ago) until today. A “**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

Use the I-CARE Vaccine Tab to view all vaccines in a site’s inventory. 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.

“**Expire**” will list vaccines in order of expiration date either newest to oldest or oldest to newest. Click on “**Expire**” again to order vaccines from oldest to newest. This will bring all expired vaccines to the top of the list to easily manage. Vaccines listed in red are expired.

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

Sites must keep I-CARE inventories free from expired vaccines. These vaccines should be removed when a [Vaccine Return Form](#) is completed. To remove expired vaccines from an inventory, follow these steps:

- 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 entered matches the vaccine physically sent 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 Report.
- Enter the date and leave a note, if applicable.
- Hit the green SAVE button. The lot balance should be adjusted to reflect the new deduction.

If a site’s inventory has remained accurate, after marking the expired vaccine, the new balance for the lot should be at 0. If so, a site can 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. The lot should now be removed from inventory. **Please do not use this function to zero out or correct an inventory.** If there is still an incorrect balance in I-CARE once this transaction is completed, please contact CDPH with an edited Vaccine Accountability Report. This will allow CDPH staff to adjust the inventory without misreporting vaccine waste.

Transaction Summary:					
Deposits	Withdrawn	Administered	Wastage	Adjustments	
20	0	-11	0	0	

Transaction Summary:					
Deposits	Withdrawn	Administered	Wastage	Adjustments	
20	0	-11	0	0	

Before removing expired vaccines from a site’s inventory, complete all the steps to correct errors on the IAHR and record waste. If expired vaccines were cleared from an inventory and show up on an IAHR, corrections cannot be made as those vaccines are no longer in a site’s in-stock inventory.

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

# Returning Vaccines

All VFC vaccines received from CDPH, including flu and COVID, should be returned upon expiration. Vaccines should also be returned after a temperature excursion if deemed no longer viable. Do not return punctured or broken vials, instead please dispose of them in hazards and record as “Wasted (No Return)” in I-CARE. Note there are some vaccines that should or should not be returned to McKesson (refer to this one-pager [What NOT to Return to McKesson](#)).

To return a vaccine, sites 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](mailto:ChicagoVFC@cityofchicago.org).
- > Once a form is received and processed, sites will get a confirmation. UPS Quantum return shipping label will be sent via email.
  - Note: this email often lands in 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, a new form will need to be submitted.

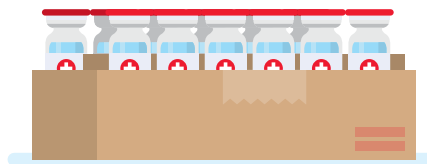
Do not return diluent and do not include it on the form. Vaccines that have not yet expired cannot be returned.



**Please use as many vaccines as possible prior to expiration.**

## Tips for returning vaccine:

- > Pack 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 the form.
- > If returning a large number of vaccines, more than one shipping label may be sent in case multiple boxes are needed. If one box is used, disregard the extra labels.
- > Once a return has been processed, additions and changes are not permitted.
- > For more information on returning vaccine, please visit [chicagohan.org/vfc](http://chicagohan.org/vfc), and under VFC Tools and Policies, click the “Vaccine Return Process” link.



# Vaccine Accountability Report

In I-CARE, sites can create a Vaccine Accountability Report for a snapshot of the entire vaccine inventory. Use this report to help reconcile I-CARE inventory in the case that it does not match physical inventory. 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


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**Select an Action:**

Set the dates from the day of the last VFC vaccine order (or three months ago, whichever was more recent) until today, and then choose the type of report next to “Select an Action.”

**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; MTWTFH 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 after a clear IAHR, print it out and take a physical inventory. Then write up the actual quantities counted next to the “Doses on Hand” column on the report if any lot balances do not match up.

Vaccine Accountability Report																
<b>Date Range:</b> 11/1/2022 - 2/17/2023 <b>Site:</b> IMMUNIZATION PROGRAM AT WSCDC <b>VFC PIN:</b> C05000 2160 W OGDEN AVE RM 201 CHICAGO, IL 60612-4219 COOK COUNTY <b>Phone:</b> 312-746-5385 <b>Fax:</b> 312-746-6220 <b>E-mail:</b> <b>Delivery Hours:</b> M, T, W, TH, F; MTWTHF 830 TO 4 <b>Report Date:</b> 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	--	419E4 (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	C3883AA (VFC) 05/11/2023	--	--	--	--	--	--	--	--	--	--	--	--
DTP	DAPTACEL	49281-0286-10	22	C3980AB (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 the marked-up copy of the Vaccine Accountability Report to 312-746-6220 or scan and email it to [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org). CDPH can then reconcile the I-CARE inventory. Please run the report right before inventory is taken and send the marked-up copy immediately after so that the numbers are as accurate when inventory adjustments are made. There may be follow-up emails with questions. If an inventory adjustment looks like it could be explained by a transfer of vaccine, or other recordable transactions, CDPH staff will aim to record those BEFORE adjusting the inventory.



## Section Seven

# Administering VFC Vaccine

## How to Determine a Patient's VFC Eligibility Status

Providers must screen, document, and verify VFC eligibility with every immunization visit, on the day of the visit, following the [VFC Eligibility Policy](#), 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 (the day someone turns 19 they are no longer eligible) must meet at least one of the following criteria to be eligible to receive VFC vaccine:

- 1 Medicaid-eligible: A child who is enrolled in Medicaid.
- 2 Uninsured: A child who is not covered by any health insurance plan.
- 3 American Indian or Alaskan Native (AI/AN): A child who is part of this population as defined by the [Indian Health Care Improvement Act \(25 U.S.C. 1603\)](#)
- 4 Underinsured:
  - A child who has health insurance, but coverage does not include any vaccines.
  - A child who has health insurance, but coverage does not include all vaccines recommended by ACIP.
  - A child who has health insurance, but coverage has a fixed dollar limit (or cap) for vaccines.
  - A child who has health insurance, but insurance does not provide first dollar coverage for vaccines.

\*Underinsured children are eligible to receive VFC vaccine only through a FQHC, RHC, or LHD under an approved deputized agreement.

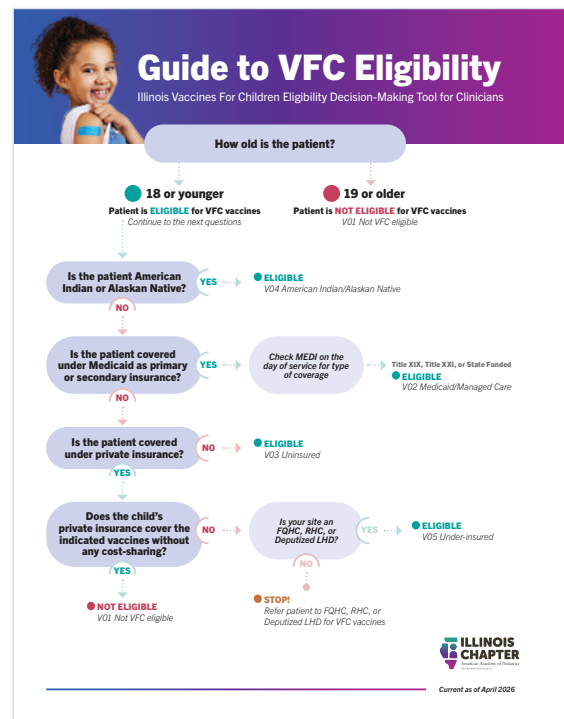
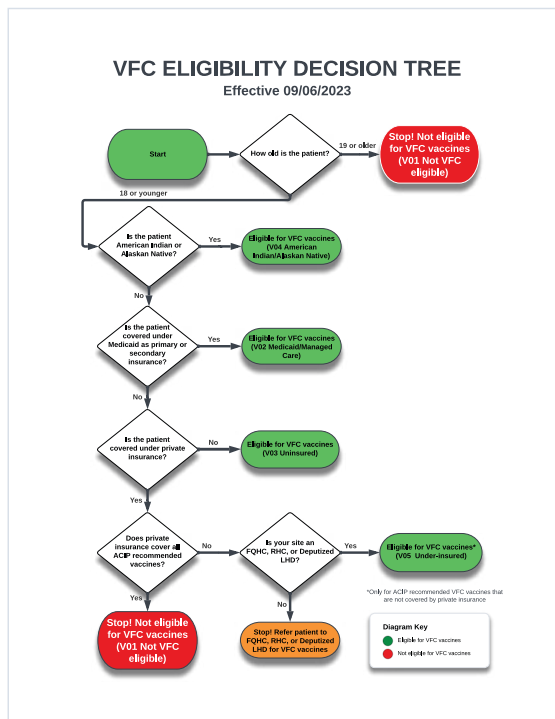
## How to Determine a Patient's VFC Eligibility Status Continued

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 FQHC, RHC, or 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 from IDPH](#) or this [decision tree from ICAAP](#).



Please use [this form](#) (also available in [Spanish](#)) or a similar paper-based or electronic form that captures all reporting elements for VFC patient eligibility.

# Administering VFC Vaccines

Before administering vaccine to a VFC patient, providers must give each patient or patient's guardian a current version of the VIS for any vaccine being administered that is covered under the National Vaccine Injury Compensation Program. [Immunize.org](https://www.immunize.org) has vaccine information statements available in 47 languages.

Providers must present current VISs before they administer every vaccine. Before administering VFC monoclonal antibody immunizing products (e.g. nirsevimab), provide an Immunization Information Statement. Do not delay use of an ACIP-recommended vaccine because a VIS is unavailable. For any ACIP-recommended vaccine or immunization product that does not yet have a VIS or Immunization Information Statement, clinics can use the manufacturer's package insert, written FAQs, or any other document to inform patients about the benefits and risks of that vaccine. Providers may also produce their own information materials for patients. Once a VIS is available, it should be used. If the vaccine is under an Emergency Use Authorization (EUA), use the EUA Fact Sheet for Recipients in place of a VIS.



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## Vaccine Stock

If a VFC provider serves and plans to vaccinate privately insured, non-VFC-eligible patients, the vaccine supply for this population should be stored clearly. To ensure VFC vaccines are administered only to VFC-eligible children, VFC providers serving both VFC and non-VFC-eligible children must maintain vaccine inventories in such a way that they can clearly differentiate public stock from private stock.

CDC does not require VFC providers to maintain a full stock of all ACIP-recommended vaccines for non-VFC-eligible patients if they do not plan to offer all ACIP-recommended vaccines to this population. This guidance includes, but is not limited to, COVID vaccines and RSV monoclonal antibody products.

Example: VFC providers, including birthing hospitals, that serve both VFC-eligible and non-VFC-eligible patients indicated to receive RSV monoclonal antibody products are not required to maintain a separate stock of this product for any non-VFC-eligible patient they do not plan to immunize with this product.

- Using VFC stock to immunize non-VFC-eligible patients is not allowed.
- Unless a site is in a universal purchase jurisdiction or approved to use a vaccine ordering replacement model - privately purchased products must be stocked separately and clearly labeled.
- Privately purchased vaccine inventory also includes state-purchased vaccines that are used for insured patients when third party billing is performed.

# Administering VFC Doses to Privately Insured Patients and Vice Versa

Borrowing of VFC vaccine is not permissible. However, there are instances where CDPH can approve a vaccine replacement. Occasional exchange between stocks can only occur with permission from CDPH. Each dose of VFC vaccine used on non-VFC eligible children must be replaced, dose for dose, within 90 days.

To replace each dose of VFC vaccine used on non-VFC eligible children, please submit a [Vaccine Replacement Log](#) form. If a site is unable to access the form online, print and email it to [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org). The Vaccine Replacement Log is split into three sections: clinic/contact information, dose administered information, and replacement dose information. When entering dose information for BOTH administered and replacement doses, 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. Once received, CDPH will verify the patient(s) VFC eligibility status.

Once the 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 a vaccine replacement request to be processed.

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## Vaccine Administration Fees

VFC vaccines must be provided to an eligible child at no cost for the vaccine. Patients, Medicaid agencies, and third-party payers can never be billed for the cost of the VFC vaccine or other vaccines purchased through CDC federal contracts.

Administration fees can be charged to non-Medicaid VFC-eligible children only and cannot exceed **\$23.87** per vaccine dose. VFC providers may issue a single bill for the administration fee for non-Medicaid VFC-eligible children within 90 days of vaccine administration.

Unpaid VFC vaccine administration fees may not be sent to collections. Providers cannot refuse to vaccinate an eligible child whose parents cannot pay or have an unpaid vaccine administration fee(s).

Only bill Medicaid for the administration fee for VFC-eligible children enrolled in Medicaid (per vaccine and not per antigen).

# Reporting Adverse Reactions

VAERS is a national vaccine safety surveillance program that collects reports of adverse events after a vaccine is administered. Clinicians, 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 the form can be found in I-CARE under **Home > Immunization Links > VAERS**.

Also, clinicians 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) as outlined in [the Fact Sheet for Healthcare Providers](#).

Adverse events that occur after administration of RSV monoclonal antibodies (nirsevimab or clesrovimab) alone should be reported to [MedWatch online](#). Adverse events that occur after the coadministration of an RSV monoclonal antibody and vaccine should be reported to VAERS. In this case, reporting the same adverse events to MedWatch is not necessary.



## Record Keeping

The National Childhood 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. Records should be maintained for a minimum of three years or longer, if required by state law (even in the case of provider retirement or provider location closure).

Digital or electronic storage of records is allowable. As requested, sites must make these records available for review. VFC records include, but are not limited to:

- VFC screening and eligibility documentation
- Medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records
- Billing records



## 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 an 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 hepatitis B testing and reporting as well as provider resources, visit the [Perinatal Hepatitis B](#) page on the CDPH HAN website.

# Section Nine

# Compliance Site Visits & Immunization Quality Improvement for Providers

## Site Support

Each VFC provider is assigned a Public Health Administrator I (PHA I) and a Public Health Administrator II (PHA II) from CDPH. 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 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.

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## Compliance Site Visit

Compliance site visits (CSV) involve a review and evaluation of VFC provider practices. These types of visits are a legal requirement of the VFC program. A PHA I from the VFC Program will conduct the compliance site visit. The visit will allow CDPH to determine if VFC vaccines are being distributed, handled, and given to patients according to program policies.

Each VFC provider is required to have a CSV every 12–24 months. It may include:

- 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

## Compliance Site Visit (CSV) Continued

- Review of documentation of VIS given
- Review of documentation for vaccine administration
- Review of vaccine ordering and accountability
- Verification that VFC policies are being properly implemented

If problems are identified during the visit, 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.

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## 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 current practices.
- Capable of sustaining changes and improvements to vaccination delivery services.
- Able to use available data from 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



#### Two-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



#### Six-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.

For questions about IQIP, email Gira Patel at [Gira.Patel@cityofchicago.org](mailto:Gira.Patel@cityofchicago.org) or assigned PHA II.

# Using Assessment Results to Increase Immunization Coverage

Frequently, the IQIP chart assessment reveals patients are not up-to-date with their immunizations. The CDC's Healthy People 2030<sup>1</sup> vaccination objectives include reducing the proportion of children who get no recommended vaccines by age 2 years and increasing the coverage level of 4 doses of the DTaP vaccine in children by age 2 years. The PHA II from the VFC Program can help clinics meet these goals and raise even the lowest coverage 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 want 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.

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## Missed Opportunities

Missed opportunities occur when a patient does not receive one or more recommended immunizations 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.
- Use of I-CARE.
- Using Reminder/Recall Techniques: Sending cards or making phone calls to parents to remind them of upcoming visits or of missed appointments.



<sup>1</sup> Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

# 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 administered at this location.

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 dates from past immunization records to the EMR record
- Repeating doses that were given too early at other clinics

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# Inactive Patients

Inactive patients are those who have not visited the provider's clinic in over a year and 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 support in implementing these strategies.

# CSV Checklist

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 CSV, 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 VISs** 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 staff.
- 6** **Inventory of Private Vaccines** currently on site (Name of Vaccine and Quantity).

**NOTE:** At the time of the site visit, CDPH needs access to the clinic's circuit breaker. CDPH will also 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 Ten

# Reporting Fraud/Abuse

## Reporting Fraud/Abuse

Misuse of VFC or other publicly funded vaccines will not be tolerated. Sites will be held accountable for instances of fraud and abuse. It is the responsibility of everyone involved in a site's VFC operations to read and understand the [Fraud and Abuse Policy](#).



The CDPH 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.



Report any suspicions of fraudulent activity to Kevin Hansen at [Kevin.Hansen@cityofchicago.org](mailto:Kevin.Hansen@cityofchicago.org) or Gira Patel at [Gira.Patel@cityofchicago.org](mailto:Gira.Patel@cityofchicago.org).

# Section Eleven

# I-CARE Reports

## I-CARE Reports

I-CARE is where clinics can log immunization records, pull reports, enroll in programs, manage vaccine inventory, and more. It is an extremely helpful tool. Here are some of the most common types of reports that can and should be used to improve inventory practices and vaccine uptake.

## 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.

**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
- [Missed Opportunities Summary](#) – Generate a summary report of missed opportunities
- [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
- [Shot Refusals](#) – Generate a list of shots refusals reported by a site within a given time

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 for the desired vaccination dates. Next, select the **“Active Patients Only”** checkbox unless searching for historical data. Click the **“CSV Export Button”** and I-CARE will generate a report based on the criteria entered.

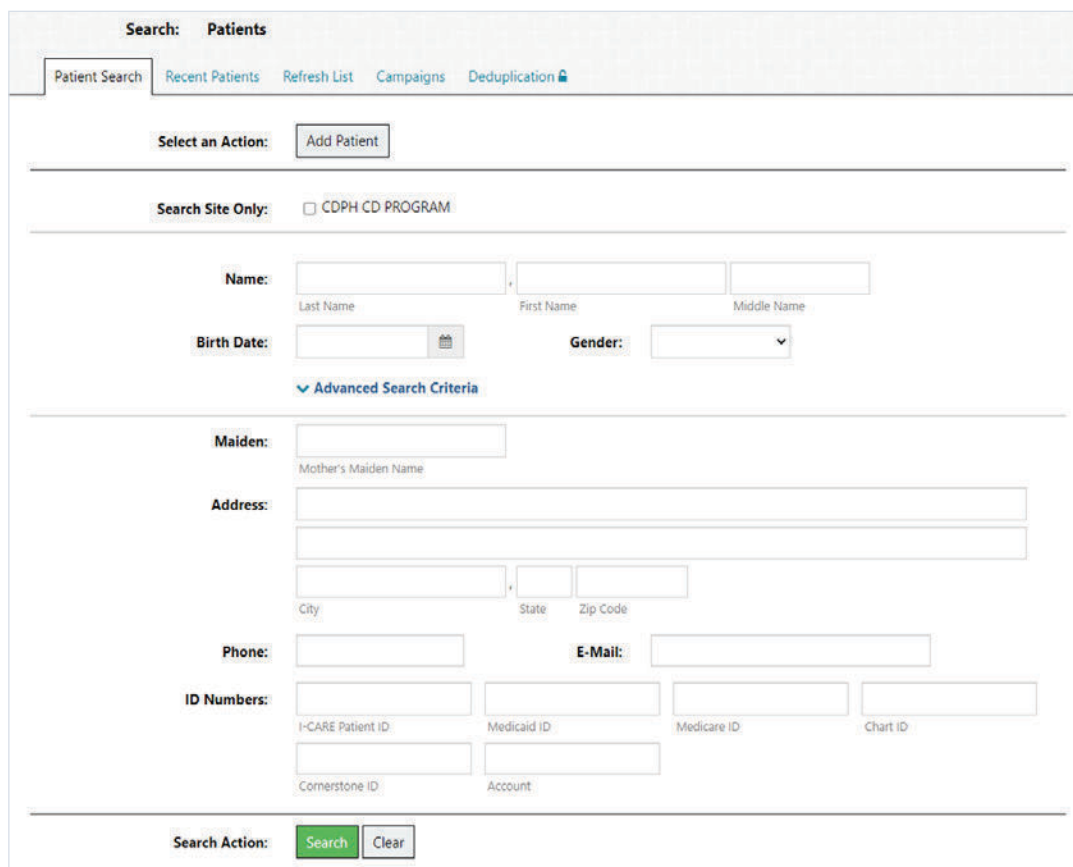
Active patients can be monitored in I-CARE in two ways, either by searching in the top search bar with **“Patients”** selected in the dropdown menu:



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.

# Immunization Activity Report

Generate a summary list of all immunizations administered during a selected time period. Users can specify the date range and select the appropriate funding source to view only the doses associated with that program. This report is useful for reviewing administered doses, reconciling inventory, and confirming that documentation aligns with vaccine usage.

The screenshot shows the 'Immunization Activity Report' form. It includes fields for 'Site Name' (CLINIC NAME), 'Immunization Date' (03/20/2026 to 04/20/2026), and a list of vaccine groups with checkboxes. The 'Include' section has radio buttons for 'All', '317', 'CHIP', 'Private', 'State', and 'VFC'. There are also buttons for 'HTML Report', 'PDF Report', 'CSV Export', and 'Cancel'.

# Immunizations Due & Immunizations Given

The Immunizations Due Report will generate a list of active patients who are overdue for a particular vaccination. Use this report to determine which patients need to come in and to help use vaccines that are expiring soon. See [this guide](#) for instructions on how to run this report.

The Immunizations Given Report will generate a list of active patients who received a dose during the specified time frame. Use this report to review immunizations given over specific time frames, to target missing doses, or to review possible data entry issues.

The screenshot shows the 'Site Immunizations Due Report' form. It includes fields for 'Site' (ICARE TRAINING SITE), 'Birth Date' (05/01/2022 to 07/24/2023), and 'Immunization Date' (05/01/2022 to 07/24/2023). A red box contains a 'PLEASE NOTE' about the COVID-19 vaccine group. There are buttons for 'Submit Background Report' and 'Cancel'.

The screenshot shows the 'Immunizations Given Report' form. It includes fields for 'Site' (ICARE TRAINING SITE), 'Shot Provider', 'Shot Vaccinator', 'Birth Date' (07/24/2022 to 07/24/2023), and 'Immunization Date' (07/24/2022 to 07/24/2023). A red box contains a 'PLEASE NOTE' about the COVID-19 vaccine group. There are buttons for 'Submit Background Report' and 'Cancel'.

# 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 can be used to create customized messages to send to patients about returning 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**

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. Providers can generate a patient list or use customized letters to send out 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:**  \*

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**Select an Action:**

Once the background report is completed, sites can print address labels, download the list, or send customized letters/postcards to patients.

Criteria

**Select an Action:**

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

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**Report:** Reminder - Letters, Postcards, Labels

# Coverage Level Childhood & Coverage Level Adolescent

**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 criteria.
- [Coverage Level Adolescent](#) – Generate adolescent immunization coverage level reports.
- [Coverage Level Childhood](#) – Generate childhood immunization coverage level reports.
- [MenB Coverage Levels](#) – Generate MenB coverage levels on active patients with MenB.

These reports are used to generate immunization coverage levels on active patients which match the search criteria.

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

Vaccine Series	Number of Patients	Percent
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, it may not show up in coverage reports.

## Invalid Doses

This report is used in quality assurance review and flags any problems. 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
<a href="#">NAME, EXAMPLE</a>	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 a summary of patients who have missed opportunities; it is also used in quality assurance visits. 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 all vaccines that are due and overdue 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
<a href="#">NAME, EXAMPLE</a>	12/13/2020	DTP	1	04/13/2021	02/13/2021
<a href="#">NAME, EXAMPLE</a>	12/13/2020	HBV	1	04/13/2021	12/13/2020
<a href="#">NAME, EXAMPLE</a>	12/13/2020	PNE	1	04/13/2021	02/13/2021
<a href="#">NAME, EXAMPLE</a>	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 patients and reports on any COVID duplicate doses. To work this report, conduct an in-depth review of the patients records. Check the name, aliases, shot record, addresses, and imports. Always compare to the data from an EMR for an accurate picture of the patient's vaccinations. If a duplicate dose is coming from the same site, edit the shot record and delete the duplicate dose. In many cases there may have been an erroneous patient merge resulting in two 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.



## Thank You for Being a Chicago VFC Provider

Your commitment to offering the Vaccines for Children program at your clinic makes a real difference in the lives of the families you serve. The work you do every day, screening patients, managing vaccine inventory, staying up to date on requirements, and ensuring no child misses a recommended immunization due to cost, is what makes vaccines truly accessible for all children in Chicago. We are grateful for your partnership and dedication, and we look forward to continuing to support you in this important work.