Adult Vaccine Program AVP

USER MANUAL
For clinics participating in the Washington State Adult Vaccine Program

DOH 348-640. January 2019
Questions? Contact the Department of Health at 360-236-2829 or WACaliforniaVaccines@doh.wa.gov

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEFINITIONS</td>
<td>3</td>
</tr>
<tr>
<td>PURPOSE OF THE ADULT VACCINE PROGRAM (AVP)</td>
<td>4</td>
</tr>
<tr>
<td>HOW TO ENROLL IN THE AVP</td>
<td>4</td>
</tr>
<tr>
<td>HOW TO RENEW ENROLLMENT IN THE AVP</td>
<td>4</td>
</tr>
<tr>
<td>HOW AM I NOTIFIED OF THE PROGRAM STARTING?</td>
<td>4</td>
</tr>
<tr>
<td>HOW DO I GET AVP VACCINES?</td>
<td>5</td>
</tr>
<tr>
<td>WASHINGTON’S AVP STANDARDS</td>
<td>6</td>
</tr>
<tr>
<td>PACKING SLIPS FOR DELIVERED VACCINE</td>
<td>8</td>
</tr>
<tr>
<td>ADULT VACCINE STORAGE AND HANDLING</td>
<td>9</td>
</tr>
<tr>
<td>REceiving Vaccine</td>
<td>9</td>
</tr>
<tr>
<td>Shipments</td>
<td>10</td>
</tr>
<tr>
<td>Storage Units</td>
<td>10</td>
</tr>
<tr>
<td>Determining Storage Unit Size</td>
<td>11</td>
</tr>
<tr>
<td>Labeling Vaccine</td>
<td>12</td>
</tr>
<tr>
<td>Temperature Monitoring</td>
<td>12</td>
</tr>
<tr>
<td>How to handle out of range temperatures</td>
<td>13</td>
</tr>
<tr>
<td>Why manage adult vaccines through the IIS?</td>
<td>14</td>
</tr>
<tr>
<td>Adult vaccines and decrementing</td>
<td>14</td>
</tr>
<tr>
<td>Adding adult vaccines into the IIS</td>
<td>15</td>
</tr>
<tr>
<td>Quarterly Reporting</td>
<td>16</td>
</tr>
<tr>
<td>Submitting a Final Report</td>
<td>17</td>
</tr>
<tr>
<td>Transferring AVP vaccine</td>
<td>18</td>
</tr>
<tr>
<td>Vaccine loss form</td>
<td>19</td>
</tr>
<tr>
<td>Frequently asked questions</td>
<td>20</td>
</tr>
<tr>
<td>Emergency planning</td>
<td>22</td>
</tr>
<tr>
<td>Eligibility and billing for publicly funded vaccines</td>
<td>24</td>
</tr>
<tr>
<td>Appendix A – Provider Agreement</td>
<td>25</td>
</tr>
<tr>
<td>Appendix B – Vaccine transfer form</td>
<td>28</td>
</tr>
<tr>
<td>Appendix C – Vaccine loss form</td>
<td>29</td>
</tr>
<tr>
<td>Appendix D – Thermometer guide</td>
<td>30</td>
</tr>
<tr>
<td>Appendix E – Temperature log</td>
<td>32</td>
</tr>
</tbody>
</table>
Definitions

Administration Fee
The billing amount that can be charged for the administration of an adult vaccine. The administrative fee cap is $23.44.

Adult Vaccine Program (AVP)
The Washington State Adult Vaccine Program (AVP) provides vaccine for adults 19 years of age and older who are uninsured or underinsured. This program is funded using 317 federal funding and vaccine is available for providers to order for a limited time once a year (usually during June-September).

IIS
The Washington State Immunization Information System (IIS) is a statewide, lifetime immunization registry that tracks immunization records for people of all ages. The IIS is a secure, web-based tool for healthcare providers that provides a free and user-friendly way to keep immunization records up-to-date and to know which vaccines patients need.

Insured
“Anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan’s deductible had not been met.” – Centers for Disease Control and Prevention (CDC)

Physical Inventory
The total amount of vaccine that is physically located within a storage unit at the time inventory is being taken.

Quarterly Report
The AVP report that is due every 3rd month (December, March, June, September). Submission is through the IIS, and the report provides vaccine administration and quantity totals for adult vaccines for the preceding 3 months.

Receiving Vaccine
Once vaccine has reached your facility, place in storage unit at the correct temperature. If you are “receiving” the vaccine in the IIS, you need to manually enter in the adult vaccines that were delivered.

Underinsured
“A person who has health insurance, but the coverage does not include vaccines or a person whose insurance covers only selected vaccines.” – CDC

Uninsured
Patients that do not have insurance.

Vaccine Order
The number of vaccine doses that were requested and approved by the program. The approved number of doses is the vaccine order that will be delivered to the facility.

Vaccine Return
Any adult vaccine that is expired, spoiled, or wasted must be returned. This includes all vaccine incidents that result in unusable vaccine. Once a return is processed, a return label will be generated and sent to the provider in order to return the vaccine by mail.
Purpose of the Adult Vaccine Program (AVP)

The Washington State Adult Vaccine Program (AVP) provides vaccine for adults 19 years of age and older who are uninsured or underinsured. This program is funded using 317 federal funding and vaccine is available for providers to order for a limited time once a year (usually during June-September). The vaccines that are offered may change from year to year.

How to Enroll in the AVP

To enroll in the AVP you will need to sign and submit a Provider Agreement. All providers will need to complete the Adult Vaccine Program Provider Agreement yearly.

If you are interested in enrolling and missed the opportunity to request vaccine doses, you can contact us. If you meet the requirements of the program, we will add you to our list and inform you if any surplus doses from other providers become available.

How to Renew Enrollment in the AVP

You will need to submit a new Provider Agreement every year in order to receive adult vaccine. At the time of reenrollment, all your reports must be completed and submitted; you cannot have past due reports. Providers are only eligible for vaccine if their Provider Agreement is approved and all reports are complete.

How am I notified of the program starting?

Providers are notified of program initiation, changes and deadlines through the Adult Vaccine Program Updates newsletter. The newsletter includes program requirements, changes, and helpful information regarding adult vaccines.

If you are interested in receiving the newsletter, email us at WAChildhoodVaccines@doh.wa.gov to request addition to the distribution list.
How do I get AVP vaccines?

When vaccine is available, we send out information in our AVP Updates newsletter, with a link to submit your vaccine request. You must also have your reports submitted and a current Provider Agreement.

If you are interested in receiving the AVP Updates newsletter, you can email us at WACareHealthVaccines@doh.wa.gov to request your email address be added to the distribution list.

- **Receive**
  - AVP Updates

- **Complete**
  - AVP request (typically June/July)

- **Submit**
  - AVP Provider Agreement
  - AVP Reports
# Washington’s AVP Standards

Program standards are implemented to ensure vaccine is being used properly in accordance with CDC standards. For more information regarding any of the categories please see the corresponding section within this manual.

| Provider Agreement | A. Renew Provider Agreement yearly and update Agreement if there are any changes.  
B. Notify the program immediately regarding changes to address or delivery information.  
C. Identify designated primary and secondary staff members to perform the responsibilities of vaccine coordinator: ordering, receipt of vaccine, storage and handling, and temperature monitoring. |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Program Eligibility | A. Ensure AVP vaccine is used for adults 19+ years of age, who are uninsured or underinsured.  
B. Fulfill all requirements for vaccine ordering and accountability, operate in a manner that avoids fraud and abuse, and administer vaccine according to the recommendations of the Advisory Committee of Immunization Practices (ACIP). |
| Storage & Handling | A. Have appropriate, approved storage unit(s) to store vaccine while maintaining proper storage conditions (dorm-style storage units are **not** allowed).  
B. Have a primary and back-up thermometer with current certificates of calibration in accordance with National Institute of Standards and Technology (NIST) or the American Society for Testing and Materials (ASTM) standards for each unit that stores vaccine.  
C. Ensure thermometers are calibrated and meet the requirements of the program.  
D. New unit temperatures should be monitored for three to five (3-5) days prior to receipt of vaccine to ensure temperature stability.  
E. To monitor and ensure vaccine viability:  
   a. Check temperatures manually twice a day, at least three (3) times a week.  
      Confirm refrigerator temperatures are between 36°F and 46°F (2°C and 8°C).  
      Confirm freezer temperatures are between -58°F and 5°F (-50°C and -15°C)  
   b. Check the Minimum and Maximum temperatures once a day  
   c. Check thermometer data weekly to confirm temperatures are in range.  
F. Ensure vaccines in all storage units are properly labeled.  
G. Maintain accurate and complete temperature logs. Store completed logs for three (3) years. Be able to submit logs for units storing AVP vaccine upon request.  
H. Have a written emergency back-up plan and use it in the event of power outage or equipment failure. Notify DOH within 24 hours of vaccine incidents and complete a written report including the reasons for the vaccine loss and measures taken to correct the cause of the loss and to prevent reoccurrence. |
I. Have the capacity to store vaccine in addition to existing refrigerator/freezer stable pharmaceuticals (e.g. other childhood/adult vaccines, seasonal flu vaccines, etc.).  
J. Store and handle vaccine in accordance with the package insert and follow storage and handling best practices.  
K. Guarantee your facility will not function as a depot for AVP vaccine.  

**Accountability**  
A. Assure that staff administering and handling vaccine are properly trained and will receive ongoing education and training on best practices in vaccine storage and handling, and current immunization recommendations.  
B. Notify the AVP of all vaccine that will expire three (3) months before expiration.  
C. Utilize the Vaccine Adverse Event Reporting System (VAERS) to report any vaccine related adverse event (1-800-822-7967, [https://vaers.hhs.gov/esub/index](https://vaers.hhs.gov/esub/index)).  
D. Provide the most current Vaccine Information Statement (VIS) to each patient receiving vaccine, and answer questions about the benefits and risks of vaccination.  
E. Comply with ACIP recommendations for use of vaccines and their administration techniques, including observation of priority groups if any. Priority groups include, but are not limited to, pregnant women, immunocompromised persons, etc.  
F. Maintain and report complete, accurate vaccine inventory records based on reporting requirements. Report inventory/doses administered quarterly or monthly.  
G. Ensure ALL vaccine received from the AVP are accounted for at all times.  

**Vaccine Loss & Transfers**  
A. Complete and submit vaccine loss forms for all expired or spoiled vaccine.  
B. Obtain approval from the program before making any transfers.  
C. Transfer vaccines only to actively enrolled AVP providers, following transfer guidelines.  
D. Ensure vaccine temperatures are monitored during transport.  
E. Upon completion of the transfer turn in the completed transfer form.  

**Additional Policies**  
A. Will not charge patients for vaccine or sell vaccine.  
B. Will not refuse to administer vaccine to patients who cannot afford an administration fee. May charge patients who can pay an administration fee up to $23.44.  
C. Is strongly encouraged to provide an immunization record card to the patient and provide information if a VAERS report is submitted.  
D. Record in patients’ medical record date of administration, site of administration, vaccine name, manufacturer, lot number, VIS publication date, date was given, and name and title of the immunization provider for each individual vaccinated. Keep the record for a minimum of three (3) years following vaccination.
Packing Slips for Delivered Vaccine

When the vaccine is delivered, check your packing slip carefully to correctly identify the program the vaccine is provided by. The most common identifying markers for AVP vaccine are ADULT or 317. This program provides adult vaccine using 317 Direct Assistance federal funds.

Carefully inspect your delivery, verify the number of doses received against the amount on the packing slip, and ensure the expiration dates are good. Examples of packing slips are shown below.

Make sure to retain all AVP related materials for three years, this includes the packing slip

Example A

Example B
Adult Vaccine Storage and Handling

Receiving Vaccine

All vaccine shipments must be accepted by your practice. Do not reject a package. Rejecting a vaccine package can result in vaccine spoilage due to the vaccine package exceeding transportation time.

Accept all AVP shipments  Do not reject a vaccine package

When vaccine deliveries arrive

- Contact the vaccine coordinator, back-up, or other staff member to immediately receive and store the vaccine shipment appropriately.

When receiving a vaccine shipment

- Examine container and contents for physical damage. If the package and contents:
  - ARE NOT damaged – continue unpacking.
  - ARE damaged – immediately contact the vaccine distributor, McKesson, at 1-877-836-7123. McKesson must be contacted on the same day the vaccine arrived from the carrier. Also notify DOH at 360-236-2829 or WAChildhoodVaccines@doh.wa.gov.
- Check the packing list or package insert to determine how long the vaccine was in transit, and the cold chain temperature monitors to see if temperatures are within the recommended range.
  - ARE within range – continue unpacking.
  - ARE NOT within range – immediately note the date, time and temperature monitor reading, label the vaccine Do Not Use and store under proper conditions. Contact the vaccine distributor, McKesson, at 1-877-836-7123. McKesson must be contacted on the same day the vaccine arrived from the carrier. Also notify DOH at 360-236-2829 or WAChildhoodVaccines@doh.wa.gov.
- Crosscheck contents and expiration dates with the packing slip.
- Store the vaccine at the appropriate temperatures and contact DOH if you find any discrepancies.
- Receive vaccine using the Washington Immunization Information System if applicable.

Remember:

Never Reject  Inspect/Check  Store
Shipments
If you are getting adult vaccine, you will receive your entire allocation in one order. You will not receive vaccine at a later date. The vaccine will be delivered once per year, if available. If your vaccine is compromised and is no longer viable, there are no replacement doses.

Storage Units
All enrolled AVP providers must use vaccine storage units that properly maintain recommended temperatures at all times. The storage units must also have enough room to store the largest inventory a provider might have at the busiest point in the year without crowding. If your storage unit is new, the unit temperature must be monitored for 3-5 days prior to receipt of vaccine, to ensure stable temperatures. Remember, the use of dormitory or bar-style units is prohibited.
Determining Storage Unit Size
To determine the ideal storage unit size for your facility:

- Estimate the maximum number of doses of publicly-supplied vaccine and privately purchased vaccine (if applicable) that will be in your storage unit.

\[
\text{Public vaccine} + \text{Private vaccine} = \text{Total doses} \times 1.25 = \text{Maximum Doses}
\]

- Match your maximum doses with the minimum cubic feet needed to safely store your vaccine in the table below. Purchase a storage unit that’s properly sized and meets all VFC requirements. Whenever possible, choose medical-grade over household style units.

<table>
<thead>
<tr>
<th>Maximum Doses</th>
<th>Minimum Cubic Feet</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 – 399</td>
<td>4.9 – 6.1 cu. ft.</td>
</tr>
<tr>
<td>400 – 700</td>
<td>11 – 16.7 cu. ft.</td>
</tr>
<tr>
<td>701 – 800</td>
<td>17 – 19.5 cu. ft.</td>
</tr>
<tr>
<td>901 – 1000</td>
<td>36 cu. ft.</td>
</tr>
<tr>
<td>1001 – 2000</td>
<td>40 cu. ft.</td>
</tr>
<tr>
<td>2000+</td>
<td>May need more than one unit</td>
</tr>
</tbody>
</table>
**Labeling Vaccine**

Label your AVP vaccine in your storage unit in order to easily distinguish this vaccine from childhood vaccine or privately purchased vaccine. The diagram below is an example of labeling in your storage unit to identify different vaccine groups.

---

**Temperature Monitoring**

Make sure you are monitoring your storage unit’s temperature with an approved thermometer (Appendix D). Your vaccine viability depends on an approved and currently calibrated thermometer as listed in the AVP Provider Agreement (Appendix A). An ongoing file of temperature logs should also be kept; for a sample temperature log sheet, see Appendix E.
How to handle out of range temperatures

Any temperature reading outside ranges recommended in the manufacturers’ package inserts is considered a temperature excursion. Identify temperature excursions quickly and take immediate action.

Notify
Document
Contact
Correct

Notify the primary and backup vaccine coordinator immediately if you discover a temperature excursion.

Bag the affected vaccines and place a label on them saying, "DO NOT USE."

Do not discard the vaccines or remove them from the storage unit.

Document details of the temperature excursion including:
• Date and time
• Storage unit temperature
• Minimum and maximum temperatures during the time of the event
• Room temperature
• Description of the event
• Inventory of affected vaccines
• Name of the person completing the report

Contact the vaccine manufacturer(s) for guidance.

Be prepared to provide the manufacturer with documentation and Digital Data Logger data.

Do not disconnect the alarm until you determined and addressed the cause.

Check the basics, including:
• Power Supply
• Unit door(s)
• Thermostat Settings

If you believe the storage unit failed, implement your emergency vaccine plan.

If the thermometer failed, implement your back-up thermometer.

Never allow vaccines to remain in a nonfunctioning unit.

Complete the Vaccine Loss if applicable.

Manufacturer contact for excursions:

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merck</td>
<td>1-800-672-6372</td>
</tr>
<tr>
<td>Sanofi Pasteur</td>
<td>1-800-822-2463</td>
</tr>
<tr>
<td>GlaxoSmithKline</td>
<td>1-888-825-5249</td>
</tr>
<tr>
<td>Pfizer</td>
<td>1-800-438-1985</td>
</tr>
<tr>
<td>Seqirus</td>
<td>1-855-358-8966</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Biological Labs (617) 474-3000</td>
</tr>
</tbody>
</table>
Why Manage Adult Vaccines through the IIS?

The AVP does not require providers to enter vaccines in the IIS or manage their inventory using the registry. However, there are many benefits of using the IIS for managing adult vaccines acquired through the AVP. These include:

- Helping ensure patient’s records are accurate
- Helping to visually manage your vaccine stock
- Completing vaccine returns online
- Running reports, including patient recall
- Immunization forecasting

Adult Vaccines and Decrementing

If you have an IIS interface and you add adult vaccines within the IIS, make sure you are using the correct eligibility codes and lot numbers. If you add the ADU extension to a lot number to differentiate it from childhood vaccine stock, make sure the lot number is exactly the same in your Electronic Health Record (EHR). If the lot numbers do not match between your EHR and the IIS, the doses will not decrement. In fact, discordant lot numbers between an EHR and the IIS is one of the most common reasons why a vaccine dose does not decrement.

If you do manage your vaccine through the IIS, make sure to add the vaccines into your inventory after placing the vaccines in the correct storage unit, and ensure everything was entered correctly (expiration date, manufacturer, lot number, dose quantity). This will help prevent doses from not decrementing.
Adding Adult Vaccines into the IIS

Providers with an active IIS account can use the IIS to help manage their adult vaccines. To add the adult vaccines to the reconciliation page:

1. Log into the IIS
2. Select Lot Numbers > Search/Add
3. On the Lot Number Maintenance page, for the Lot Number field, enter in ADU- and the Lot Number on the vaccine box. For example, if the lot number on the box is 34SD8, then in the Lot Number field, enter ADU-34SD8.

4. Select Search
5. If no results are found, select Add
6. When the Lot Number Maintenance [Add] page opens, add the adult vaccine information.

7. Make sure to select PUB in the Funding Source field for adult vaccines.
8. Product and NDC Number are required fields. Select the Product first from the dropdown and then the NDC Number.
9. After all the information is entered, select Add.
Quarterly Reporting

Reporting is an AVP requirement for all providers that receive vaccines. The majority of AVP providers submit quarterly reports. There is the option of submitting monthly reports if the provider is also enrolled in the Childhood Vaccine Program.

☑ Checklist to have before completing the report

☐ Your state assigned PIN for your facility
☐ Current inventory on-hand for each vaccine type.
☐ Know what quarterly report quarter you are reporting for and the date ranges.
☐ Number of doses during the reporting period.

Quarterly Reporting Period

<table>
<thead>
<tr>
<th>Report #</th>
<th>For Vaccines Administered Between (this is the Vaccination Date Range)</th>
<th>Report Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sep. 1st - Nov. 30th</td>
<td>Dec. 20 - 25</td>
</tr>
<tr>
<td>2</td>
<td>Dec. 1st - Feb. 28th</td>
<td>Mar. 20 - 25</td>
</tr>
<tr>
<td>3</td>
<td>Mar. 1st - May 31st</td>
<td>Jun. 20 - 25</td>
</tr>
<tr>
<td>4</td>
<td>Jun. 1st - Aug. 31st</td>
<td>Sep. 20 - 25</td>
</tr>
</tbody>
</table>

Accessing the Report

Go to the Adult Vaccine Program webpage, OR, visit the Department of Health website at www.doh.wa.gov and search for the Adult Vaccine Program. Navigate to the report (go to Program Information > Reports > Complete the Quarterly Report).

Completing the Report

1. Once you select the report link you will be asked to provide your reporting information. This includes your PIN, full name, and contact information.
2. Select the year and date range for the report (see table above), list the number of vaccine doses you administered for adults (19+ years) for the reporting period, and your current Physical Inventory (the total amount of vaccine doses in your storage units).
3. Answer any additional questions, enter in any comments, and select the Finish button.
Submitting a Final Report

When you have administered all doses of vaccine you should be submitting a final report that reflects an inventory with zero doses. You will not need to submit further reports after the final report unless you acquire more adult vaccine.

Steps to Submit Final Report

1. Go to the Adult Vaccine Program webpage, OR, visit the Department of Health website at www.doh.wa.gov and search for the Adult Vaccine Program. Navigate to the report (go to Program Information > Reports > Complete the Quarterly Report).
2. Provide your reporting information. This includes your PIN, full name, and contact information.
3. Select the year and date range for the report (see table above), list the number of vaccine doses you administered for adults (19+ years) for the reporting period, and your current Physical Inventory (the total amount of vaccine doses in your storage units).
   - To report zero inventory (since this is the final report) provide zeros in the total amounts.
4. Answer any additional questions.
5. Provide a comment that you no longer have adult vaccines in inventory.
6. Select the Finish button.
Transferring AVP Vaccine

Short Dated Vaccine
Providers must notify the program if they have vaccine that will expire within 90 days (3 months). Options for using the vaccine:

- **Inform the program ASAP if you cannot/will not use the vaccine before it expires (at least 3 months’ notice if possible). Email: WAChildhoodVaccines@doh.wa.gov, with your PIN, the vaccine name, number of doses, and expiration date.**
- **Receive prior approval before transferring doses**
- **Fill out the Vaccine Transfer Form (Appendix B)**
- **Follow the Vaccine Transport Guidelines**
- **Monitor vaccine temperatures during transport with a calibrated digital data logger**
- **Use approved transfer materials**

- **Don’t transfer vaccine without program permission**
- **Don’t transfer vaccine to providers who are not enrolled in the AVP**
- **Don’t transfer vaccine without a calibrated digital data logger thermometer**

Vaccine Surplus and Demand
Demand for adult vaccine doses is extremely high. Because of the limited doses, we are forced to allocate all available doses to providers every year. Additionally, during the ordering period (June-July) every provider requesting vaccine estimates the number of uninsured and underinsured adults that they anticipate they will be seeing throughout the year. These two factors – dose allocation and dose usage estimation – means that some providers end up with surplus vaccine that they cannot or will not be able to use before they expire, and some providers will need or want more vaccine throughout the year. To help with this supply and demand, we are willing to facilitate vaccine transfers.

Transferring Vaccine between Providers in the AVP

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Run a Reminder/Recall report to locate patients that are due or past due for the vaccine.</td>
<td>• Don’t transfer vaccine without program permission</td>
</tr>
<tr>
<td>• Ensure that short-dated vaccines are moved to the front of the storage unit for immediate use.</td>
<td>• Don’t transfer vaccine to providers who are not enrolled in the AVP</td>
</tr>
<tr>
<td>• Contact the Department of Health to arrange a possible transport of vaccine to another enrolled clinic that can administer the vaccine.</td>
<td>• Don’t transfer vaccine without a calibrated digital data logger thermometer</td>
</tr>
</tbody>
</table>

As we receive information about surplus doses, we will email providers about vaccine availability. We will entitle these emails: *Adult Vaccine Program – Additional Doses Available.*
A Vaccine Loss Form is required for all vaccine that is lost and not administered some categories include; wasted, expired, and spoiled. For more options for vaccine codes please see the Vaccine Loss Form.

Returning Expired or Spoiled Vaccine
You must return adult vaccines that have expired or spoiled. To do this:
1. Fill out and submit the Adult Vaccine Return Form (Appendix C).
2. Once your return is processed you will receive a return label via email. Please allow for processing time of the return.
3. Print the return label.
4. Pack the vaccines properly in a hard sided container with packing material.
5. Affix the return label to the container and ship the package.
Frequently Asked Questions

1. Is the vaccine limited to providers participating in the Childhood Vaccine Program?
   No. Any provider who serves the target population of underinsured or uninsured adults may request vaccine.

2. How do providers who are not part of the Childhood Vaccine Program enroll?
   Providers can enroll into the AVP by completing the AVP Provider Agreement (Appendix A). After the agreement has been processed, we will assign a PIN for the provider.

3. What sort of reporting requirements will be mandatory for this vaccine?
   Providers receiving adult vaccine must submit reports. Quarterly reports requires doses administered and inventory quantities to be entered. Providers can submit quarterly reports using the Adult Vaccine Report link on the Adult Vaccine Program webpage or by going to the Quarterly Reporting section of this manual to select the link.

   **Quarterly Reporting Periods**

<table>
<thead>
<tr>
<th>Report #</th>
<th>For Vaccines Administered Between</th>
<th>Report Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sep. 1st - Nov. 30th</td>
<td>Dec. 20 - 25</td>
</tr>
<tr>
<td>2</td>
<td>Dec. 1st - Feb. 28th</td>
<td>Mar. 20 - 25</td>
</tr>
<tr>
<td>3</td>
<td>Mar. 1st - May 31st</td>
<td>Jun. 20 - 25</td>
</tr>
<tr>
<td>4</td>
<td>Jun. 1st - Aug. 31st</td>
<td>Sep. 20 - 25</td>
</tr>
</tbody>
</table>

   For monthly reporting, the doses administered report and inventory reports must be submitted with ADU lot numbers. These reports can only be submitted if you use ADU lot number extensions and manage the ADU lot numbers within the IIS.

4. Is there an administrative fee cap?
   Yes. The administrative fee cap is $23.44.

5. What are the vaccine expiration dates?
   Vaccine expiration dates are usually 12-24 months from the date of receipt.

6. What is the difference between uninsured and underinsured?
   Uninsured patients do not have insurance of any kind. Underinsured patients have insurance with limited or no vaccine coverage. Providers are not required to verify insurance status.

7. How does the facility differentiate the vaccine for adults from other vaccines?
   The packing list that comes with the shipped vaccine should identify the program the vaccine is provided by. The most common identifying markers for AVP vaccine are **ADULT** or **317**.
8. Can the order be “received” into the IIS and the inventory managed accordingly?
AVP doses must be manually entered into an IIS inventory. When entering these doses, the “ADU-“modifier should be added to the lot number. Once the vaccine has been manually added to the IIS, it can be managed in the same way as childhood vaccine.

9. I completed a Provider Agreement last year do I need to fill out a new form this year?
All providers that want to be actively enrolled in AVP will need to complete a new AVP Provider Agreement each year.

10. Do I need to complete my reports to receive my Adult Order?
Yes, you will need to complete all quarterly reports in order to request and receive adult vaccine.

11. What do I do if I have Adult Vaccine I cannot use?
Contact the program at least three months before your vaccine expires, if possible. We will facilitate transferring the vaccine to other clinics enrolled in the program that could potentially use the vaccine before the expiration date. Once a transfer is approved and completed, send in the completed Vaccine Transfer Form (Appendix B).

12. How do I return Adult Vaccine?
Fill out and send in the Vaccine Return Form (Appendix C). Once the form is processed you will receive a label by email. Please follow the directions on the shipping label to return the vaccine.

13. Who will be the main contact?
We will contact the email address that was provided on the completed survey. Please make sure the email address provided is correct.

14. Have more questions?
You can also visit the CDC webpage regarding Questions on Vaccines Purchased with 317 Funds: Questions Answered on Vaccines Purchased with 317 Funds.
Emergency Planning

In the event of a power outage or equipment failure and power cannot be restored before temperatures go out of range it is important to know what to do with your vaccines. You can use the checklist below to help prepare in the event of an emergency. Vaccines should never be allowed to remain in a nonfunctioning unit for an extended period of time.

Do not discard vaccine  
Do not store vaccine at private residence

Ways to prepare:

1. At a minimum, every facility should have:
   - Back up Temperature Monitoring Device
   - Spare batteries
   - Flashlights
   - Vaccine transport containers and materials

2. Make sure to have the power company contact information readily available to check how long an outage will be.
   - Power Company Name:
   - Power Company Phone:

3. Make sure to have the manufacturer’s contact information readily available of your storage units.
   - Manufacturer Name for Refrigerator:
   - Manufacturer Phone for Refrigerator:

4. If you have a backup generator that will supply power to the storage units or an alternate power source, make sure to keep sufficient fuel on hand. A backup battery power source can also be used in lieu of a generator. Make sure it is tested quarterly and serviced annually.

5. Do you know where you would transfer your vaccines if you have to implement your emergency vaccine storage, handling, and transport procedures? It is good to have an ongoing agreement with backup locations in the event you will need to transfer vaccine. Having a secondary backup provides quick access to a location if the primary is unable to store your vaccines. Make sure to check in with your backup locations regularly regarding your agreement and make sure you have 24-hours access.
   - Primary alternative vaccine storage address:
   - Primary alternative vaccine storage phone:
   - Secondary alternative vaccine storage address:
   - Secondary alternative vaccine storage phone:
6. Provide anyone who needs access to vaccine storage units during an emergency with written instructions, a building map, and locations of: spare batteries, flashlights, keys, circuit breakers, packing materials, and after-hour building access and security procedures (including alarm codes).

7. During a power outage never open the storage unit door until power is restored or it is determined that vaccines need to be packed for transport.

8. Make sure to monitor temperatures from outside the storage unit.

Once it is decided that the vaccines will be transported make sure to transfer the vaccines properly. Improper packing for transport is as risky for vaccines as a failed storage unit.

**Things to do:**

1. Contact the alternative vaccine storage facility before packing any vaccine to confirm they can accept your vaccines for storage.

2. Take inventory of the vaccines.

3. Use appropriate materials for packing. Appropriate materials include:
   - Portable vaccine refrigerator/freezer units (recommended)
   - Qualified containers and pack-outs – do NOT use soft-sided coolers
   - Hard-sided insulated containers or Styrofoam
   - Coolant materials: properly conditioned frozen water bottles or phase change materials
   - Insulating materials: bubble wrap or corrugated cardboard, enough to form two layers per container
   - Temperature monitoring devices for each container

4. Make sure to follow the [Vaccine Transport Guidelines](#) located on the Centers for Disease Control and Prevention website, on how to properly pack your vaccine.

5. Do not use frozen gel packs or coolant packs from vaccine shipments to pack refrigerated vaccines.


7. Do not use dry ice, even for temporary storage.

8. Move transported containers directly to a preheated or precooled vehicle.

9. Ensure that you track the temperatures during transport and pack the vaccine appropriately.

10. Record the time vaccines are removed from the storage unit and placed in the container, the temperature during transport, and the time at the end of transport where vaccines are placed in a stable storage unit.

11. Ensure that the backup vaccine storage locations have calibrated digital data loggers or a temperature monitoring system to ensure your vaccine is stored within the appropriate temperatures provided in the manufacturers package insert.

12. If vaccine temperatures go out of range, follow out of range temperature protocol and contact the manufacturers to determine viability.
## Eligibility and Billing for Publicly Funded Vaccines

<table>
<thead>
<tr>
<th>Patient Status</th>
<th>Eligibility for AVP Vaccine</th>
<th>Eligibility Code</th>
<th>Funding Code</th>
<th>Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicare Adult</strong>&lt;br&gt;Adult is 19 years or older&lt;br&gt;Enrolled in Medicare&lt;br&gt;Medicare covers the vaccine</td>
<td>No</td>
<td>V24 Medicare</td>
<td>PHC70 Privately Funded Vaccine</td>
<td>- Contact Medicare for billing guidance</td>
</tr>
<tr>
<td><strong>Un/Under insured Adult seen at facility with AVP Vaccine</strong>&lt;br&gt;Adult is 19 years or older, is receiving care at a facility that has AVP vaccine, and does not have insurance or has insurance but the insurance does not cover the vaccine.</td>
<td>Yes</td>
<td>V23 State Program eligible (317)</td>
<td>VXC52 Publicly Funded Vaccine</td>
<td>- Cannot bill for cost of vaccine&lt;br&gt;- Can bill underinsured administration fee according to health plan allowance&lt;br&gt;- Can bill uninsured patients administration fee up to $23.44 per vaccine dose&lt;br&gt;- Screen for administration fee waiver</td>
</tr>
<tr>
<td><strong>Un/Under insured Adult seen at facility that does not have AVP Vaccine</strong>&lt;br&gt;Adult is 19 years or older, is receiving care at a facility that does not have AVP vaccine, and does not have insurance or has insurance but insurance does not cover vaccine.</td>
<td>No</td>
<td>V01 Not AVP eligible</td>
<td>PHC70 Privately Funded Vaccine</td>
<td>- For uninsured adult:&lt;br&gt;- Can bill for cost of vaccine according to facility billing practices&lt;br&gt;- Can bill for administration fee according to facility billing practices&lt;br&gt;- For underinsured adult:&lt;br&gt;- Contact insurance plan for billing guidance</td>
</tr>
<tr>
<td><strong>Private Insured Adult</strong>&lt;br&gt;Adult is 19 years or older&lt;br&gt;Has private insurance that covers vaccine</td>
<td>No</td>
<td>V01 Not AVP eligible</td>
<td>PHC70 Privately Funded Vaccine</td>
<td>- Contact insurance plan for billing guidance</td>
</tr>
</tbody>
</table>
AVP Provider Agreement 2019

INSTRUCTIONS
Providers participating in the Adult Vaccine Program (AVP) are required to enroll in the program annually. Complete and send in this enrollment form via email (WACHildhoodVaccines@doh.wa.gov) or fax (Attn: Adult Vaccine Program at 360.236.3811). For more program information, please review the AVP User Manual.

STEP 1: Provide facility information, vaccine delivery information, and certify.

FACILITY INFORMATION
Facility Name: PIN:
Address:
City: State: Zip:

VACCINE DELIVERY ADDRESS
Shipping Address:
City: Fax:
Telephone: Zip:
Primary Contact Name: Email: Backup Contact Name: Email:

VACCINE DELIVERY TIMES (Specify all days and hours your facility is available to receive vaccine. Providers are required to be available for vaccine deliveries a minimum of four consecutive hours, two days a week, excluding Mondays).

<table>
<thead>
<tr>
<th>Day</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Tuesday</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Wednesday</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Thursday</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Friday</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

CERTIFICATION
Your participation in the 2019 Adult Vaccine Program (AVP) is appreciated. The Washington State Department of Health (DOH) purchases adult vaccine to protect adults who could otherwise not afford to be vaccinated. Increasing access to vaccines protects communities against vaccine preventable diseases. This Provider Agreement specifies the conditions of participation in the AVP in Washington State. The agreement must be signed and submitted to the Office of Immunization and Child Profile prior to receipt of vaccine.

☐ I certify that the above delivery address, dates and times to receive vaccine shipments are correct. I agree to notify DOH immediately if any of my information changes.

☐ I understand and accept the conditions of this agreement and agree to comply with these requirements on behalf of myself and all the practitioners associated with this facility. I agree to inform all providers in the facility of their obligations under the agreement. DOH may terminate this agreement at any time for failure to comply with these requirements. I may terminate this agreement at any time for personal reasons.
### STEP 2: Agree to, and maintain compliance with, the following program policies.

| Provider Agreement | A. Renew Provider Agreement yearly and update Agreement if there are any changes.  
|                    | B. Notify the program immediately regarding changes to address or delivery information.  
|                    | C. Identify designated primary and secondary staff members to perform the responsibilities of vaccine coordinator: ordering, receipt of vaccine, storage and handling, and temperature monitoring. |
| Program Eligibility | A. Ensure AVP vaccine is used for adults 19+ years of age, who are uninsured or underinsured.  
|                    | B. Fulfill all requirements for vaccine ordering and accountability, operate in a manner that avoids fraud and abuse, and administer vaccine according to the recommendations of the Advisory Committee of Immunization Practices (ACIP). |
| Storage & Handling | A. Have appropriate, approved storage unit(s) to store vaccine while maintaining proper storage conditions (dorm-style storage units are not allowed).  
|                    | B. Have a primary and back-up thermometer with current certificates of calibration in accordance with National Institute of Standards and Technology (NIST) or the American Society for Testing and Materials (ASTM) standards for each unit that stores vaccine.  
|                    | C. Ensure thermometers are calibrated and meet the requirements of the program.  
|                    | D. New unit temperatures should be monitored for three to five (3-5) days prior to receipt of vaccine to ensure temperature stability.  
|                    | E. To monitor and ensure vaccine viability:  
|                    | a. Check temperatures manually twice a day, at least three (3) times a week. Confirm refrigerator temperatures are between 36°F and 46°F (2°C and 8°C). Confirm freezer temperatures are between -58°F and 5°F (-50°C and -15°C)  
|                    | b. Check the Minimum and Maximum temperatures once a day  
|                    | c. Check thermometer data weekly to confirm temperatures are in range.  
|                    | F. Ensure vaccines in all storage units are properly labeled.  
|                    | G. Maintain accurate and complete temperature logs. Store completed logs for three (3) years. Be able to submit logs for units storing AVP vaccine upon request.  
|                    | H. Have a written emergency back-up plan and use it in the event of power outage or equipment failure. Notify DOH within 24 hours of vaccine incidents and complete a written report including the reasons for the vaccine loss and measures taken to correct the cause of the loss and to prevent reoccurrence.  
|                    | I. Have the capacity to store vaccine in addition to existing refrigerator/freezer stable pharmaceuticals (e.g. other childhood/adult vaccines, seasonal flu vaccines, etc.).  
|                    | J. Store and handle vaccine in accordance with the package insert and follow storage and handling best practices.  
|                    | K. Guarantee your facility will not function as a depot for AVP vaccine. |
| Accountability     | A. Ensure that staff administering and handling vaccine are properly trained and will receive ongoing education and training on best practices in vaccine storage and handling, and current immunization recommendations.  
|                    | B. Notify the AVP of all vaccine that will expire three (3) months before expiration. |
D. Provide the most current Vaccine Information Statement (VIS) to each patient receiving vaccine, and answer questions about the benefits and risks of vaccination.
E. Comply with ACIP recommendations for use of vaccines and their administration techniques, including observation of priority groups if any. Priority groups include, but are not limited to, pregnant women, immunocompromised persons, etc.
F. Maintain and report complete, accurate vaccine inventory records based on reporting requirements. Report inventory/doses administered quarterly or monthly.
G. Ensure ALL vaccine received from the AVP are accounted for at all times.

### Vaccine Loss & Transfers

<table>
<thead>
<tr>
<th><strong>Vaccine Loss &amp; Transfers</strong></th>
<th>A. Complete and submit vaccine loss forms for all expired or spoiled vaccine.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B. Obtain approval from the program before making any transfers.</td>
</tr>
<tr>
<td></td>
<td>C. Transfer vaccines only to actively enrolled AVP providers, following transfer guidelines.</td>
</tr>
<tr>
<td></td>
<td>D. Ensure vaccine temperatures are monitored during transport.</td>
</tr>
<tr>
<td></td>
<td>E. Upon completion of the transfer turn in the completed transfer form.</td>
</tr>
</tbody>
</table>

### Additional Policies

<table>
<thead>
<tr>
<th><strong>Additional Policies</strong></th>
<th>A. Will not charge patients for vaccine or sell vaccine.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B. Will not refuse to administer vaccine to patients who cannot afford an administration fee. May charge patients who can pay an administration fee up to $23.44.</td>
</tr>
<tr>
<td></td>
<td>C. Is strongly encouraged to provide an immunization record card to the patient and provide information if a VAERS report is submitted.</td>
</tr>
<tr>
<td></td>
<td>D. Record in patients’ medical record date of administration, site of administration, vaccine name, manufacturer, lot number, VIS publication date, date was given, and name and title of the immunization provider for each individual vaccinated. Keep the record for a minimum of three (3) years following vaccination.</td>
</tr>
</tbody>
</table>

### Step 3:

This agreement **must** be signed by the organization’s Medical Director, authorized to bind the organization to the terms of the agreement. The Medical Director’s name and Washington State medical license number must be included.

<table>
<thead>
<tr>
<th>Medical Director Full Name:</th>
<th>Program Coordinator Full Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Director License Number:</td>
<td>Program Coordinator Title:</td>
</tr>
<tr>
<td>Medical Director Signature:</td>
<td>Program Coordinator Signature:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

For people with disabilities, this document is available upon request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711). **DOH 348-637.** January 2019.
**Vaccine Transfer Form**

**INSTRUCTIONS**
Providers participating in the Adult Vaccine Program are required to request, receive approval, and report all vaccine transfers. Complete and send in this form via email (WAChildhoodVaccines@doh.wa.gov) or fax (Attn: Adult Vaccine Program at 360.236.3811).

**STEP 1:** Provide information for both facilities (the facility transferring and the facility receiving vaccine)

<table>
<thead>
<tr>
<th>Transferring Facility Information</th>
<th>Receiving Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>PIN:</td>
<td>PIN:</td>
</tr>
<tr>
<td>Coordinator:</td>
<td>Coordinator:</td>
</tr>
</tbody>
</table>

**STEP 2:** Record the number of doses and details of the vaccine(s) being transferred

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Number of Doses</th>
<th>Lot Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Hep A</td>
<td>10</td>
<td>L01234</td>
<td>04/05/2017</td>
</tr>
</tbody>
</table>

**STEP 3:** Record temperatures, time and date before and after transport

<table>
<thead>
<tr>
<th>Approved refrigerator temperatures:</th>
<th>Temperature before transport:</th>
<th>Time/date before transport:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of Range</td>
<td>Circle °C/°F</td>
<td>Time/date before transport:</td>
</tr>
<tr>
<td>Too Cold</td>
<td>36°F 2°C</td>
<td></td>
</tr>
<tr>
<td>Within Range</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of Range</td>
<td>Too Warm</td>
<td>46°F 8°C</td>
</tr>
<tr>
<td>Temperature after transport:</td>
<td>Circle °C/°F</td>
<td>Time/date after transport:</td>
</tr>
</tbody>
</table>

**STEP 4:** Sign and submit this form

Coordinator Signature:  
Date: 

In case of a temperature excursion, call manufacturers to determine viability:

- GlaxoSmithKline (866-475-8222)
- Merck & Co., Inc. (800-444-2080)
- Sanofi Pasteur (800-822-2463)
- Pfizer Inc. (800-505-4426)
- Massachusetts Biological Labs (617-474-3000)
- Seqirus (855-358-8966)
Vaccine Loss Form

INSTRUCTIONS

Providers participating in the Adult Vaccine Program are required to report all vaccine loss that result in unusable vaccine (including expired, spoiled, and wasted). Complete and send in this report via email (WACHildhoodVaccines@doh.wa.gov) or fax (Attn: Adult Vaccine Program at 360.236.3811).

STEP 1: Provide the facility information where the vaccine loss occurred

FACILITY INFORMATION

Date: PIN:
Facility Name:
Address:
City: Zip:
Contact Name: Telephone:
Email (your return label will be sent to the email on file or you can provide your email here):

STEP 2: Record the number of doses, vaccine product details, and the reason for the vaccine loss

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Number of Doses</th>
<th>Lot Number</th>
<th>NDC Number</th>
<th>Expiration Date</th>
<th>Vaccine Code (see below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Hep A</td>
<td>10</td>
<td>L01234</td>
<td>00006-4096-02</td>
<td>04/05/2017</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Vaccine Codes:
1. Expired
2. Spoiled: Refrigerator too cold
3. Spoiled: Refrigerator too warm
4. Failure to store properly upon receipt
5. Natural disaster/power outage
6. Vaccine spoiled in transit
7. Lost or Missing
8. Mechanical failure
9. Wasted
10. Other:

STEP 3: Describe the reason(s) for the vaccine loss

Reason(s) for vaccine loss:

STEP 4: Submit this form. Allow time for processing if you selected a vaccine code that needs a return label
Thermometer Requirements Guide

This guide highlights the different types of thermometers available and identifies those that comply with the Washington State Childhood Vaccine Program. Using the correct thermometer or continuous monitoring system to monitor vaccine is critical. Providers are better able to maintain their stock of vaccines at the correct temperatures when they use the right thermometer. The table below identifies and describes the various temperature monitoring options available to providers and distinguishes those that are currently in compliance with program regulations.

As of January 1, 2018, federal requirements with regard to temperature monitoring systems have changed. **ALL** providers enrolled in the Childhood Vaccine Program must use a digital data logger with continuous monitoring and recording capabilities. Allowed thermometers must have a probe in solution and a valid certificate of calibration*.

### Thermometer Regulations

<table>
<thead>
<tr>
<th>2018 Requirements</th>
<th>2018 Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>A detachable, buffered probe</td>
<td>Screen shows current temperature, as well as min/max temperatures</td>
</tr>
<tr>
<td>An active temperature display that can be easily read from the outside of unit</td>
<td>Alarm for out-of-range temperatures</td>
</tr>
<tr>
<td>Capacity for continuous monitoring and recording capabilities where the data can be routinely downloaded</td>
<td>Accuracy of +/- 1°F (0.5°C)</td>
</tr>
<tr>
<td>Low battery indicator</td>
<td>Memory storage of at least 4,000 readings</td>
</tr>
<tr>
<td>Must use as primary thermometer for daily min/max readings, cannot use backup device</td>
<td>User programmable logging interval (or reading rate) recommended at a maximum time interval of every 30 minutes</td>
</tr>
<tr>
<td>Backup thermometers must also be digital data loggers</td>
<td></td>
</tr>
</tbody>
</table>

### Approved Thermometers

**Temperature Monitoring System**

A temperature monitoring system is the most complex type of thermometer a provider can use. A temperature monitoring system is a series of thermometers connected to a main computer or hub. Large providers or hospitals use these systems because they have multiple storage units over a wide area. Providers can track the temperatures of all units through one computer.

**Temperature Monitoring Systems meet best practices for temperature monitoring.**

**Digital Data Logger**

A digital data logger is an electronic thermometer device that records temperatures over time. These recordings are stored into system memory. Data loggers connect to a computer so providers may download temperature information and review it via spreadsheets or charts and graphs.

**Digital Data Loggers meet best practices for temperature monitoring.**
## Unapproved Thermometers

<table>
<thead>
<tr>
<th><strong>Digital Thermometer</strong></th>
<th><img src="Image" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>A digital thermometer, also known as a min/max thermometer, is an electronic thermometer that displays the current temperature of the storage unit. It records the highest and lowest temperatures, referred to as the minimum (or MIN) temperature and the maximum (or MAX) temperature. It does not save temperature data and does not plug into a computer.</td>
<td><img src="Image" alt="Image" /></td>
</tr>
<tr>
<td><strong>Providers can no longer use digital thermometers for temperature monitoring.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Chart Logger</strong></th>
<th><img src="Image" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>A chart logger is the precursor to the digital data logger. It records temperatures over time on a circular paper chart or a scroll using needle with ink.</td>
<td><img src="Image" alt="Image" /></td>
</tr>
<tr>
<td><strong>Providers cannot use chart loggers for temperature monitoring.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Fluid-Filled Thermometer</strong></th>
<th><img src="Image" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>A fluid filled thermometer consists of a sealed glass tube containing liquid. The glass tube has a numbered scale which is used to measure temperature as the liquid rises and falls.</td>
<td><img src="Image" alt="Image" /></td>
</tr>
<tr>
<td><strong>Providers cannot use fluid filled thermometers for temperature monitoring.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Dial Thermometer</strong></th>
<th><img src="Image" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>A dial thermometer is a most commonly used for cooking. It has a metal probe connected to a circular temperature scale. A needle on the scale moves depending on the temperature reading.</td>
<td><img src="Image" alt="Image" /></td>
</tr>
<tr>
<td><strong>Providers can’t use dial thermometers for temperature monitoring.</strong></td>
<td></td>
</tr>
</tbody>
</table>

*The certificate for each thermometer must include:

- Identifiable accreditation from an ILAC lab or calibrated by ISO 17025 standards.
- The name, model, and serial number of the device.
- The date of calibration (report or issue date).
- Measurement results indicating the thermometer passed testing with documented uncertainty within +/-1F (+/-0.5C).
### REFRIGERATOR TEMPERATURE MONITORING LOG: Days 1-15

**CLINIC NAME:**

**FRIDGE NAME/NUMBER:**

**PROVIDER PIN:**

**MONTH & YEAR:**

**RECORDING TEMPERATURES:**

1. Circle if you are recording in °C or °F on the temperature log.
2. Record min/max temps preferably at the start of clinic hours.
3. Record storage unit temperatures twice a day.
4. Place an ‘X’ or record the temperature in the box that corresponds with the temperature range.

### Day of Month

<table>
<thead>
<tr>
<th>Day of Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
</table>

### Min/Max Temp Refrigerator

<table>
<thead>
<tr>
<th>Temp</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
</table>

### Exact Time of Temp

| Time of Temp | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm |
|--------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

### Room Temp

<table>
<thead>
<tr>
<th>Temp</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
</table>

### Staff Initials

<table>
<thead>
<tr>
<th>Initials</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
</table>

### Refrigerator Temperature

#### WARNING TOO WARM
Call the manufacturer for vaccine viability

<table>
<thead>
<tr>
<th>Temp</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
</table>

#### WARNING TOO COLD
Call the manufacturer for vaccine viability

<table>
<thead>
<tr>
<th>Temp</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
</table>

### Changes

<table>
<thead>
<tr>
<th>Date</th>
<th>°F / °C</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1</td>
<td>33.1 °F</td>
<td>Fridge control adjusted, notified DOH etc.</td>
</tr>
</tbody>
</table>

Please list any steps you’ve taken to address temperature or storage unit issues.

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 711).

DOH 348-077 August 2018
<table>
<thead>
<tr>
<th>Day of Month</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
<th>30</th>
<th>31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min/Max Temp</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refrigerator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exact Time of Temp</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
</tr>
<tr>
<td>Room Temp</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Initials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Refrigerator Temperature**

249°F (9.5°C)
48°F (8.9°C)
47°F (8.4°C)

**WARNING TOO WARM**

**DANGER!!!**
Call the manufacturer for vaccine viability

**WARNING TOO COLD**

**DANGER!!!**
Call the manufacturer for vaccine viability

**Notes**

Day of Month

Min/Max Temp

Refrigerator

Exact Time of Temp

Room Temp

Staff Initials

**Refrigerator Temperature**

46°F (7.8°C)
45°F (7.3°C)
44°F (6.8°C)
43°F (6.2°C)
42°F (5.5°C)
41°F (5.0°C)
40°F (4.5°C)
39°F (3.9°C)
38°F (3.4°C)
37°F (2.7°C)
36°F (2.3°C)

35°F (1.7°C)
34°F (1.1°C)
33°F (0.6°C)
≤32°F (0.0°C)

**Changes**

Please list any steps you've taken to address temperature or storage unit issues

**DATE**

1/1

**°F /°C**

33.1°F

**Action Taken:** Fridge control adjusted, notified DOH etc.
## FREEZER TEMPERATURE MONITORING LOG: Days 1-15

### CLINIC NAME: ______________________  PROVIDER PIN: ______________________  FREEZER NAME/NUMBER: ______________________  MONTH & YEAR: ______________________

### Recording Temperatures:
1. Circle if you are recording in °C or °F on the temperature log.
2. Record min/max temps preferably at the start of clinic hours.
3. Record storage unit temperatures twice a day.
4. Place an ‘X’ or record the temperature in the box that corresponds with the temperature range.

### IF A TEMPERATURE RECORDING IS IN THE SHADED ZONE:
1. Store the vaccine under proper conditions as quickly as possible. Place the affected vaccine in a bag and mark the vaccine as "Do not use."
2. Call the vaccine manufacturers to determine whether the vaccines are viable.
3. Email WACHildhoodVaccines@doh.wa.gov with the results from manufacturer.
4. Use the Changes tracking area to record the actions taken to correct the problem.

### FREEZER NAME/NUMBER: ______________________

### CLINIC NAME: ______________________

### PROVIDER PIN: ______________________

### MONTH & YEAR: ______________________

### Notes

<table>
<thead>
<tr>
<th>Day of Month</th>
<th>Min/Max Temp</th>
<th>Exact Time of Temp</th>
<th>Room Temp</th>
<th>Staff Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>am</td>
<td>pm</td>
<td>am</td>
</tr>
</tbody>
</table>

| Freezer | 8°F (-13.4°C) | 7°F (-13.9°C) | 6°F (-14.4°C) | 5°F (-15.0°C) | 4°F (-15.6°C) | 3°F (-16.1°C) | 2°F (-16.7°C) | 1°F (-17.2°C) | 0°F (-17.8°C) | -1°F (-18.3°C) | -2°F (-18.9°C) | -3°F (-19.4°C) | -4°F (-20.0°C) | -5°F (-20.6°C) | -6°F (-21.1°C) | -7°F to -57°F |
|         |              |     |    | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm |

### WARNING TOO WARM

- Call the manufacturer for vaccine viability

### WARNING TOO COLD

- Call the manufacturer for vaccine viability

### Changes

<table>
<thead>
<tr>
<th>DATE</th>
<th>°F / °C</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1</td>
<td>33.1 °F</td>
<td>Fridge control adjusted, notified DOH etc.</td>
</tr>
</tbody>
</table>

- If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 711).

- DOH 348-077 August 2018
### FREEZER TEMPERATURE MONITORING LOG: Days 16-31

**CLINIC NAME:**

**FREEZER NAME/NUMBER:**

**MONTH & YEAR:**

<table>
<thead>
<tr>
<th>Day of Month</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
<th>30</th>
<th>31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min/Max Temp</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
<td>F° C°</td>
</tr>
<tr>
<td>Freezer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exact Time of Temp</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
<td>am</td>
<td>pm</td>
</tr>
<tr>
<td>Room Temp</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DANGER!!!

**WARNING TOO WARM**

Call the manufacturer for vaccine viability

**WARNING TOO COLD**

Call the manufacturer for vaccine viability

<table>
<thead>
<tr>
<th>Freezer Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>-7°F to -5°F</td>
</tr>
<tr>
<td>-6°F (-21.1°C)</td>
</tr>
<tr>
<td>-5°F (-20.6°C)</td>
</tr>
<tr>
<td>-4°F (-20.0°C)</td>
</tr>
<tr>
<td>-3°F (-19.4°C)</td>
</tr>
<tr>
<td>-2°F (-18.9°C)</td>
</tr>
<tr>
<td>-1°F (-18.3°C)</td>
</tr>
<tr>
<td>0°F (-17.8°C)</td>
</tr>
<tr>
<td>1°F (-17.2°C)</td>
</tr>
<tr>
<td>2°F (-16.7°C)</td>
</tr>
<tr>
<td>3°F (-16.1°C)</td>
</tr>
<tr>
<td>4°F (-15.6°C)</td>
</tr>
<tr>
<td>5°F (-15.0°C)</td>
</tr>
<tr>
<td>6°F (-14.4°C)</td>
</tr>
<tr>
<td>7°F (-13.9°C)</td>
</tr>
<tr>
<td>8°F (-13.4°C)</td>
</tr>
</tbody>
</table>

### CHANGES

Please list any steps you've taken to address temperature or storage unit issues:

<table>
<thead>
<tr>
<th>DATE</th>
<th>°F °C</th>
<th>Action Taken: Fridge control adjusted, notified DOH etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1</td>
<td>33.1 °F</td>
<td>------------------------------------------------------</td>
</tr>
</tbody>
</table>

**If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 711).** DOH 348-077 August 2018