



Texas Immunization Stakeholders Work Group

# TVFC Update

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Vaccine Services  
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# Update Topics

- CDC Quality Assurance
- Influenza Ordering Process
- New and Upcoming Vaccines

# CDC Quality Assurance

## **Established Workgroups**

- Fraud and Abuse Policy
- Provider Profile Information

## **Updated federal Vaccines for Children (VFC) Operations Guide.**

- Vaccine Storage Equipment

# Fraud and Abuse

CDC internal work group to update Fraud and Abuse Policy

## Fraud

- Selling or otherwise misdirecting VFC vaccine;
- Billing a patient or third party for VFC vaccine;
- Failing to meet licensure requirements for enrolled providers;

# Fraud and Abuse

## Abuse

- Failing to complete a Provider Enrollment or Re-enrollment Agreement;
- Not providing TVFC-eligible children TVFC vaccine because of parents' inability to pay for the administration fee;
- Not implementing provider enrollment requirements of the TVFC program;
- Failing to maintain TVFC records and comply with other requirements of the VFC program;
- Ordering TVFC vaccine in quantities or patterns that do not match provider profile or otherwise involve over-ordering of TVFC doses.

# Fraud and Abuse

## Fraud or Abuse

- Providing VFC vaccine to non-VFC-eligible children;
- Charging more than \$14.85 for administration of a TVFC vaccine to a vaccine-eligible child;
- Failing to screen patients for TVFC eligibility;
- Failing to fully account for TVFC vaccine;
- Failing to properly store and handle TVFC vaccine;
- Wastage of TVFC vaccine.

# Provider Profile Information

## TEXAS VACCINES FOR CHILDREN PROGRAM PROVIDER PROFILE FOR PIN \_\_\_\_\_

Is your facility a Federally Qualified Health Center, Migrant Health Clinic, or Rural Health Clinic?  
(Circle one) YES NO

Type of Clinic: (  check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Public Health Department/District | <input type="checkbox"/> Private Hospital                       |
| <input type="checkbox"/> Public Hospital                   | <input type="checkbox"/> Private Practice (Individual or Group) |
| <input type="checkbox"/> Other Public Clinic               | <input type="checkbox"/> Other Private Clinic                   |

### PATIENT PROFILE:

Please enter the number of children for each of the following categories and by age group who will be vaccinated at your clinic in the next 12-month period.

NUMBER OF CHILDREN IN EACH CATEGORY	< 1 year old	1 - 6 years	7 - 18 years	Total
Enrolled in Medicaid.				
Uninsured. (Note: Children enrolled in Health Maintenance Organizations are considered insured)				
American Indians.				
Alaskan Natives.				
Underinsured. (Has health insurance that Does Not pay for vaccines, has a co-pay or deductible the family cannot meet, or has insurance that provides limited wellness or prevention coverage.)				
<b>(For Public Health Clinic Use ONLY)</b> Children who do not meet any of the above criteria, but still receive vaccinations at public health clinics.				
Children who receive benefits from the Children's Health Insurance Plan (CHIP).				
Children who are vaccinated in your practice, but are NOT TVFC-eligible.				
<b>TOTAL PATIENTS:</b> (Add columns)				

# Vaccine Storage Equipment: Certified Thermometers

- Required to have certified calibrated thermometers in all refrigerators and freezers used for vaccine storage
- Beginning January 2009
- Supply initial certified thermometers
- Providers responsible for future re-calibration or equipment needs

# Questions/Comments

## Certified Thermometers

- "I wonder if the state would be able to certify non state provided thermometers. For example, we are planning to purchase thermometers for all of our vaccine refrigerators that have auto dialers on them to warn of power outages.....they are also battery backups obviously."
- Will check on requirements and for having staff become qualified to certify thermometers. Certified Thermometers will likely continue to be a CDC requirement in addition to other more sophisticated equipment.

# Questions/Comments

## Certified Thermometers

- “Does anyone know how much it is going to cost to have the thermometers calibrated and certification fee?”
  - Exploring details on recalibration for DSHS-supplied thermometers
- “We had our TX VFC audit by TMF this week. The lady actually gave us thermometers that were calibrated (mercury) for both our refrigerator and freezer. Pretty painless. If they provide them and provide adequate information on how to use them, I have no objections.”
  - Developing instructions on appropriate use of distributed thermometers

# Vaccine Storage Equipment: Refrigerator Specifications

**Specifies the types and conditions of refrigerators and freezers that are acceptable for vaccine storage. The following four criteria all apply:**

- All refrigerators and freezers must be able, year round, to maintain the required vaccine storage temperatures of 36-46 degrees Fahrenheit, and 5 degrees or lower Fahrenheit respectively.
- The unit(s) must be large enough to hold the year's largest inventory.
- The unit(s) must be dedicated to the storage of vaccines. (Food and beverages must not be stored in vaccine storage units because this practice results in frequent opening of the door and destabilization of the temperatures).
- A refrigerator/freezer combination unit must have separate exterior doors for the refrigerator and freezer compartments; or be stand-alone separate refrigerator and freezer units.

# Questions/Comments

## Refrigerator/freezers

- “VFC program wants to have all frigs used to store vaccine as two door regrigs...good. But, in two of ours we keep only non frozen vaccines in the lower compartment and do not use the upper compartment at all.....yet this seems to not meet the criteria they put forth...not sure why if the upper compartment in these is not used at all.”
  - freezer compartment is incapable of maintaining temperatures cold enough to store frozen vaccines (varicella, MMRV, zoster). If attempts are made to cool the freezer compartment to the appropriate temperature, the temperature in the refrigerator compartment will fall below the recommended range, potentially freezing the refrigerated vaccines.

# Questions/Comments

## Refrigerator/freezers

- "The refrigerators are dorm style, so to comply with the full refrigerators requires space that is a crucial issue within our (clinics) -There is more than one dorm style per nursing pod"
  - refrigerators with a freezer unit inside may be used to store a clinic's single-day supply
- "I agree with the recommendations about the type of refrigerator that is acceptable for vaccine storage."

# Influenza Ordering

## **2006-07 Flu Season**

**Total TVFC Flu doses ordered 403,720**

**Flu Returns to Date 67,715**

**Percent Loss to Date ~17%**

## **2007-08 Flu Season** Increase to age 5

**Total TVFC flu doses ordered: 632,820**

**Response rate in 2007-08 ~75**

## **2008-09 Flu Season** Increase to age 18

**Total TVFC flu doses ordered: 809,270**

**Pre Order Response Rate in 2007-08 ~59%**



**2025 Vaccines for Children (TVFC)  
Influenza Vaccine Order Form** PIN \_\_\_\_\_

**OCTOBER\* CLINIC DAYS AND HOURS**

	AM	PM
MONDAY	_____ to _____	_____ to _____
TUESDAY	_____ to _____	_____ to _____
WEDNESDAY	_____ to _____	_____ to _____
THURSDAY	_____ to _____	_____ to _____
FRIDAY	_____ to _____	_____ to _____

Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Clinic Name and Address: \_\_\_\_\_

Closed: \_\_\_\_\_

\*Vaccines may not be received in October

choice about flu formulation, which would you choose and how many doses

Section I: Complete this section if you have no preference of influenza product

VACCINE	FORMULATION	AGE GROUP	REQUESTED QUANTITY IN DOSES
<i>No selection</i>	0.25 mL each	6-35 weeks	
<i>No selection</i>	0.5 mL dose	36 weeks-11 yrs	

Section II: Complete this section if you want to specify influenza product

VACCINE	FORMULATION*	AGE GROUP	REQUESTED QUANTITY IN DOSES
FluZona® PF (Santofi) [Eucelac] [Eucelac]	Profilled Syringe 0.25 mL each	6-35 weeks	
FluZona® PF (Santofi) [Eucelac] [Eucelac]	Vial 1 dose each	36 weeks-11 yrs	
FluZona® PF (Santofi) [Eucelac] [Eucelac]	Profilled Syringe 0.5 mL each	36 weeks-11 yrs	
FluZona® [Santofi] [Eucelac] [Eucelac]	Multidose Vial 0.5 mL dose	36 weeks-11 yrs	
Flucirin® [Mylan]	Profilled Syringe 0.5 mL each	4-11 years	
FluMist® Lice Virus [Mylan]	Profilled Single Use Sprayer 0.2 mL each	2-11 years	

**Options for ordering Vaccine Information Stat:**

- 1.) VIS must be ordered online at [www.dshs.state.tx.us/information/files/vis/vis\\_order\\_form.pdf](http://www.dshs.state.tx.us/information/files/vis/vis_order_form.pdf)
- 2.) VIS will be mailed separate from vaccines. Indicate the number needed below.

English VIS \_\_\_\_\_ Spanish \_\_\_\_\_

3.) VIS order will be allocated by TVFC and mailed separate from vaccines.

Date of Order \_\_\_\_\_

Approved (Authorized signature) \_\_\_\_\_

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# Influenza Ordering VIS

## Options for ordering Vaccine Information Statements (VIS)

- 1.) VIS must be ordered online at [www.dshs.state.tx.us/immunize/literature/litlist.shtm](http://www.dshs.state.tx.us/immunize/literature/litlist.shtm).
- 2.) VIS will be mailed separate from vaccines. Indicate the number needed below.

English VIS	Spanish VIS
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- 3.) VIS order will be allocated by TVFC and mailed separate from vaccines.

# New Vaccines

Vaccine	Manufacturer	Age Indications**	FDA licensure	Status of AAP/CDC recommendations***
<b>DTaP/IPV (KINRIX)</b>	<b>GlaxoSmith Kline (GSK)</b>	<b>4 to 6 years of age</b>	<b>Licensed 6/24/08</b>	<b>Pending AAP and CDC recommendations</b>
<b>Hib/DTaP/IPV (PENTACEL™)</b>	<b>Sanofi Pasteur</b>	<b>2, 4, 6, and 15 to 18 months of age</b>	<b>Licensed 6/23/08</b>	<b>Pending AAP and CDC recommendations</b>
<b>HPV (Cervarix™)</b>	<b>GlaxoSmith Kline (GSK)</b>	<b>Data not available</b>	<b>To be reviewed</b>	<b>Pending FDA licensure</b>
<b>Rotavirus (ROTARIX®)</b>	<b>GlaxoSmith Kline (GSK)</b>	<b>2 and 4 months of age</b>	<b>Licensed 4/3/08</b>	<b>Pending AAP and CDC recommendations</b>

# Questions