

Colorado Immunization Manual

SECTION 1

Ordering and Returning Vaccines and Printed Materials



Colorado Immunization Manual

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SECTION 1

Ordering and Returning Vaccines and Printed Materials

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SUBJECT: ORDERING VACCINES

Ordering Vaccines

1. Complete a "Vaccine Order" Form. A current form may be accessed online at www.coloradovfc.com.
 2. Order only the amount of vaccine you will need for use and to maintain a 30–45 day inventory.
 3. Order vaccine *once monthly*. Multiple orders received in one month will NOT be processed.
 - Request all vaccines needed in one order and stock enough to maintain a 30–45 day supply, *if you have the storage capabilities*.
 - Maintaining more than a 30–45 day supply increases the amount of loss if the refrigerator fails and increases the risk of vaccine expiring before it can be used.
 4. Inventory current stock before placing an order!
 5. When filling out a "Vaccine Order" Form, specific office and contact information must be provided:
 - Enter your VFC program Provider Identification Number (PIN).
 - Use the complete name of the facility.
 - Please include the name and email address of the contact person on the order form in the event there are problems with the paperwork.
 - Enter complete VFC inventory on hand.
 6. Order vaccine by product preference. *Be sure to use the most current vaccine order form.* To receive an updated form, download one from www.coloradovfc.com.
 7. In the "Doses Ordered" column, be sure to order by the number of doses NOT vials. The minimum order for each vaccine is the number of doses in one vial, box, or package.
 8. Fax request:
 - DO NOT SEND IT TWICE (i.e., by faxing) as this may result in the program shipping a duplicate order.
 - The Immunization Program will send an order confirmation within 48 hours. If a confirmation is not received, please contact the Immunization Program at (303) 692-2650.
 9. Vaccines are delivered on Tuesday, Wednesday, and Thursday of each week between 9–4. Please allow (3) weeks for delivery.
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SUBJECT: VACCINE SHIPMENT METHODS

Vaccine Shipment Methods

1. Vaccine orders are processed by the CDPHE Immunization Program
Orders are processed by:
 - Forwarding orders for inactivated vaccine, MMR and FluMist to the CDC. The CDC then forwards them to the 3rd party vaccine distribution company.
 - Varicella-containing vaccine orders are forwarded directly to the manufacturer.
 - Influenza vaccine orders are handled differently each year and providers are notified in advance of special ordering and receiving instructions.
 2. All inactivated vaccines, MMR and FluMist received by providers will come directly from the distributor, NOT from the Immunization Program at CDPHE.
 - They will be shipped in Styrofoam coolers surrounded by cold packs and with a temperature-monitoring device in each cooler.
 - There will be a packing slip in each cooler, with the contents of that cooler listed.
 3. Varicella-containing vaccines will be shipped directly to the provider from the manufacturer.
 - Varicella-containing vaccines will be shipped on dry ice. Notify the Immunization Program at (303) 692-2650 immediately if there is NO dry ice in the container when you receive it.
 4. Vaccines are shipped from the distributor on Monday, Tuesday and Wednesday of each week.
 5. All vaccine orders are shipped via commercial carrier (eg UPS, FedEx, etc.)
 - The primary (or secondary) staff member assigned to vaccine management must be available to receive and properly store the vaccine immediately upon its arrival.
 - All inactivated vaccines are refrigerated at a temperature of 35° to 46°F (2° to 8°C). Do NOT expose inactivated vaccines to freezing temperatures.
 - MMR (a live virus vaccine) can be stored in either the refrigerator or freezer. However, the freezer is the preferred method of storage as a means for preventing storage errors of the MMRV (measles, mumps, rubella, varicella vaccine), which must be kept in the freezer and maintained at a temperature between -58°F and +5°F (-50°C to -15°C).
 - Diluents for MMR and varicella vaccine should be stored in the refrigerator or at room temperature.
 6. **Please allow three (3) weeks for delivery of vaccines.**
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SUBJECT: RECEIVING VACCINES

Receiving Vaccines

IMPORTANT: Every provider office is strongly recommended to assign one primary and one secondary (back-up) staff member to serve as the vaccine manager, who will be available in the office to immediately receive and properly store vaccines upon their arrival. (See also *Guidelines for Maintaining Your Vaccine Inventory*, and Section 3, *Vaccine Storage and Handling*).

Upon receipt of a vaccine shipment, open each box immediately and inspect the contents:

- Check the vaccine order submitted against the packing slip and the actual vaccines received. Be sure the vaccine is checked immediately upon delivery. Check quantity, lot number and expiration dates of the vaccines. If there are any discrepancies *immediately* contact the Immunization Program within 2 hours at (303) 692-2650.
- Note the condition of the vaccines. Assure that the vaccines are cool to the touch.
- When unpacking vaccines, always make sure the temperature monitors read "OK." This will verify that the vaccine cold chain has been maintained. If monitor indicates otherwise, place vaccines in the refrigerator or freezer as appropriate and **contact the VFC Program immediately at (303) 692-2650.**
- If any vaccine seems warm, the heat/cold indicators do not say "OK," or if there is any question about the condition of the vaccine at the time of delivery, mark the vaccine "DO NOT USE" and place it in the appropriate storage condition (refrigerator or freezer), separated from other vaccines. DO NOT ASSUME that the vaccine is not usable. Call the Immunization Program at (303) 692-2650 for consultation. Immunization Program staff will be able to recommend your next course of action.
- NOTE: Varicella-containing vaccines will arrive directly from the manufacturer and will not be included in your order received from our contracted distributor. Call Nicole Ortiz at (303) 692-2650 if it does not arrive within 1 week of other vaccines received.

IMPORTANT NOTES: For Special Handling of Varicella and MMRV Vaccines:

- Varicella-containing vaccines are sent directly from the manufacturer and may take up to three weeks to arrive after your order is placed with the Immunization Program.
- Read and follow the instructions that accompany the shipment before handling.
- Varicella vaccines must be shipped on dry ice and stored in a freezer which maintains a temperature between -58°F and +5°F (-50°C to -15°C). (For more information, refer to CIM Section 2, Storage and Handling of Vaccines.)
- The vaccine-shipping container must contain residual dry ice at the time of arrival. If it does not, call the Immunization Program immediately.

PLEASE ALLOW THREE (3) WEEKS FOR VACCINE DELIVERY!!

****Contact the Immunization Program at (303) 692-2650 regarding returning unusable vaccine.****

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SUBJECT: RETURNING VACCINE

Returning Vaccine

Returning Usable Vaccine:

- Call the Immunization Program at (303) 692-2650 for information on the possibility of returning usable vaccines. It may not always be possible for the Immunization Program to identify and forward the usable vaccine to another provider for use prior to the expiration date.
- Call at least 90 days before the vaccine is due to expire.

Procedure for Returning Expired/Wasted (Non-viable) VFC Vaccine:

- This procedure is for the return of expired/wasted vaccine only. Please contact Nicole Ortiz at (303) 692-2650 *three months before the expiration date* if you have vaccines that will not be used before they expire.
 - Complete the Vaccine Return Form and answer questions 5 and 6 on the form.
 - Fax a copy to the VFC Program at (303) 691-6118. A return label and a pick up will be requested by the VFC Program when the faxed form is received. Return labels are mailed within 7–10 business days from McKesson.
 - Package non-viable vaccine in a box (does not need to be on ice packs).
 - Make two copies of the Vaccine Return Form (one for your records) and include a copy in the package with the returned vaccine.
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COLORADO VFC VACCINE ORDER FORM

FAX TO: (303) 691-6118



Order monthly to maintain a 30-45 day supply of vaccine.

VFC PIN#:	DATE:	FAX:
NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.:		E-MAIL:
CONTACT PERSON.:		PHONE:

VACCINE	CURRENT VFC INVENTORY			NEW VACCINE ORDER				
	DOSES ON HAND	LOT #	EXPIRATION DATE	MANUFACTURER	BRAND	PACKAGE DESCRIPTION	NDC	DOSES ORDERED
DT			/ /	Sanofi	DT	(10 pk) 1-dose vials	49281-0278-10	
DTaP			/ /	Sanofi	Daptacel	(10 pk) 1-dose vials	49281-0286-10	
			/ /	Sanofi	Tripedia	(10 pk) 1-dose vials	49281-0298-10	
			/ /	GSK	Infanrix	(10 pk) 1-dose vials	58160-0810-11	
			/ /	GSK		(10 pk) 1-dose syringes	58160-0810-52	
DTaP/IPV			/ /	GSK	Kinrix	(10 pk) 1-dose vials	58160-0812-11	
			/ /	GSK		(10 pk) 1-dose syringes	58160-0812-52	
DTaP/Hep B/IPV			/ /	GSK	Pediarix	(10 pk) 1-dose syringes	58160-0811-52	
DTaP/IPV/Hib			/ /	Sanofi	Pentacel	(5 pk) 1-dose vials	49281-0510-05	
Hepatitis A			/ /	Merck	VAQTA	(10 pk) 1-dose vials	00006-4831-41	
			/ /	GSK	Havrix	(10 pk) 1-dose vials	58160-0825-11	
			/ /	GSK		(10 pk) 1-dose syringes	58160-0825-52	
Hepatitis B			/ /	GSK	Engerix B	(10 pk) 1-dose vials	58160-0820-11	
			/ /	GSK		(10 pk) 1-dose syringes	58160-0820-52	
			/ /	Merck	Recombivax	(10 pk) 1-dose vials	00006-4981-00	
Hib			/ /	Sanofi	ActHIB	(5 pk) 1-dose vials	49281-0545-05	
			/ /	Merck	PedvaxHIB	(10 pk) 1-dose vials	00006-4897-00	
			/ /	GSK	Hiberix	(10 pk) 1-dose vials	58160-0806-05	
HPV			/ /	GSK	Cervarix	(10 pk) 1-dose vials	58160-0830-11	
			/ /	GSK		(5 pk) 1-dose syringes	58160-0830-46	
			/ /	Merck	Gardasil	(10 pk) 1-dose vials	00006-4045-41	

VFC PIN#:								
IPV			/ /	Sanofi	IPOL	(10) dose vials	49281-0860-10	
Meningococcal Conjugate			/ /	Novartis	Menveo	(5 pk) 1-dose vials	46028-0208-01	
			/ /	Sanofi	Menactra	(5 pk) 1-dose vials	49281-0589-05	
MMR			/ /	Merck	MMR-II	(10 pk) 1-dose vials	00006-4681-00	
Pneumococcal Conjugate			/ /	Wyeth	Prevnar 13	(10 pk) 1-dose syringes	00005-1971-02	
Pneumococcal Polysaccharide			/ /	Merck	Pneumovax 23 (PneumoP)	(10 pk) 1-dose vials	00006-4943-00	
Rotavirus			/ /	Merck	RotaTeq	(10 pk) 1-dose tube	00006-4047-41	
			/ /	GSK	Rotarix	(10 pk) 1-dose vials	58160-0805-11	
Td			/ /	Sanofi	Decavac	(10 pk) 1-dose syringes	49281-0291-10	
			/ /	Mass Biologics	Td	(10 pk) 1-dose vials	14362-0111-03	
Tdap			/ /	Sanofi	Adacel	(5 pk) 1-dose syringes	49281-0400-15	
			/ /	Sanofi		(10 pk) 1-dose vials	49281-0400-10	
			/ /	GSK	Boostrix	(10 pk) 1-dose syringes	58160-0842-51	
			/ /	GSK		(10 pk) 1-dose vials	58160-0842-11	
Varicella shipped separately			/ /	Merck	Varivax	(10 pk) 1-dose vials	00006-4827-00	

For VFC questions, please call (303) 692-2650

Please allow up to 3 weeks for delivery

Please visit our website at www.Coloradovfc.com for current VFC information.



COLORADO VACCINE RETURN FORM

FAX TO: (303) 691-6118



For The Return of State Supplied Vaccine Only - DO NOT MAIL VACCINE TO THE COLORADO VFC PROGRAM

VFC PIN#:	DATE:	FAX:
NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.:		E-MAIL:
CONTACT PERSON:		PHONE:

STEPS FOR RETURNING NON-VIABLE/EXPIRED VACCINE:
INCOMPLETE FORMS WILL NOT BE PROCESSED. (Please answer questions completely & enter lot #'s & exp. dates.)

1 - Complete this form (page 1 & 2) and answer questions 5 & 6. 2 - FAX both PAGES to the VFC Program. A return label and a pick up will be requested by the VFC Program when the faxed form is received. Return labels are mailed within 7-10 business days from McKesson. 3 - Package non-viable vaccine in a box. The vaccine does not need to be packed with ice packs or thermometers.	4 - Include a copy of the return form in the package with returned vaccines. 5 - Do you need a mailing label? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many labels? _____ 6 - Do you need a delivery pick-up? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many boxes? _____ 7 - Calculate the total cost of doses returned at the bottom of the second page.
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Vaccines that can be returned include ONLY spoiled or expired vaccines in their original vials or pre-filled syringes (No Needles).
DO NOT return syringes you filled but didn't use, used syringes with or without needles attached, broken vials, or any multidose vial from which some doses have already been drawn.

McKesson recommends providers keep one or two boxes on hand for any expired or non-viable vaccine returns to McKesson.

VACCINE	LOT #	EXPIRATION DATE	MANUFACTURER	# of DOSES RETURNED	COST PER DOSE	TOTAL	PACKAGE DESCRIPTION	NDC	REASON CODE
DT		/ /	Sanofi		\$23.50		(10 pk) 1-dose vials	49281-0278-10	
Daptacel		/ /	Sanofi		\$14.15		(10 pk) 1-dose vials	49281-0286-10	
Tripedia		/ /	Sanofi		\$13.25		(10 pk) 1-dose vials	49281-0298-10	
Infanrix		/ /	GSK		\$14.25		(10 pk) 1-dose vials	58160-0810-11	
		/ /	GSK			(10 pk) 1-dose syringes	58160-0810-52		
Kinrix		/ /	GSK		\$32.75		(10 pk) 1-dose vials	58160-0812-11	
		/ /	GSK			(10 pk) 1-dose syringes	58160-0812-52		
Pediarix		/ /	GSK		\$49.75		(10 pk) 1-dose syringes	58160-0811-51	
Pentacel		/ /	Sanofi		\$50.70		(5 pk) 1-dose vials	49281-0510-05	
Fluzone		/ /	Sanofi		\$8.27		(10) dose vial	49281-0386-15	
		/ /	Sanofi		\$10.64		(10 pk) 1-dose syringes	49281-0010-25	
		/ /	Sanofi		\$9.06		(10 pk) 1-dose vials	49281-0010-10	
		/ /	Sanofi			(10 pk) 1-dose syringes	49281-0010-50		
FluMist		/ /	MedImmune		\$15.70		(1) dose sprayer	66019-0108-10	
Fluvirin		/ /	Novartis		\$11.25		(10) dose vial	66521-0113-10	
		/ /	Novartis		\$12.75		(10 pk) 1-dose syringes	66521-0113-02	
VAQTA		/ /	Merck		\$13.50		(10 pk) 1-dose vials	00006-4831-41	
Havrix		/ /	GSK		\$13.25		(10 pk) 1-dose vials	58160-0825-11	
		/ /	GSK			(10 pk) 1-dose syringes	58160-0825-52		

Engerix B		/ /	GSK			(10 pk) 1-dose vials	58160-0820-11	
		/ /	GSK		\$10.25	(10 pk) 1-dose syringes	58160-0820-52	
Recombivax		/ /	Merck			(10 pk) 1-dose vials	00006-4981-00	
ActHIB		/ /	Sanofi		\$8.83	(5 pk) 1-dose vials	49281-0545-05	
PedvaxHIB		/ /	Merck		\$11.51	(10 pk) 1-dose vials	00006-4897-00	
Hiberix		/ /	GSK		\$8.66	(10 pk) 1-dose vials	58160-0806-05	
Cervarix		/ /	GSK		\$96.08	(10 pk) 1-dose vials	58160-0830-11	
		/ /	GSK			(5 pk) 1-dose syringes	58160-0830-46	
Gardasil		/ /	Merck		\$108.72	(10 pk) 1-dose vials	00006-4045-41	
IPV		/ /	Sanofi		\$11.74	(10) dose vial	49281-0860-10	
Menveo		/ /	Novartis		\$79.75	(5 pk) 1-dose vials	46028-0208-01	
Menactra		/ /	Sanofi			(5 pk) 1-dose vials	49281-0589-05	
MMR		/ /	Merck		\$18.64	(10 pk) 1-dose vials	00006-4681-00	
Prevnar 13		/ /	Wyeth		\$91.75	(10 pk) 1-dose syringes	00005-1971-02	
Pneumovax 23 (PneumoP)		/ /	Merck		\$30.03	(10 pk) 1-dose vials	00006-4943-00	
RotaTeq		/ /	Merck		\$59.18	(10 pk) 1-dose tube	00006-4047-41	
Rotarix		/ /	GSK		\$83.75	(10 pk) 1-dose vials	58160-0805-11	
Decavac		/ /	Sanofi		\$16.50	(10 pk) 1-dose syringes	49281-0291-10	
Td		/ /	Mass Biologics		\$15.00	(10 pk) 1-dose vials	14362-0111-03	
Adacel		/ /	Sanofi		\$28.54	(5 pk) 1-dose syringes	49281-0400-15	
		/ /	Sanofi			(10 pk) 1-dose vials	49281-0400-10	
Boostrix		/ /	GSK			(10 pk) 1-dose syringes	58160-0842-51	
		/ /	GSK			(10 pk) 1-dose vials	58160-0842-11	
Varivax		/ /	Merck		\$67.08	(10 pk) 1-dose vials	00006-4827-00	

			Total Doses:	Total Cost:				
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*** Return Reason Codes: (use all codes that apply)**

1 - Expired Vaccine	2 - Refrigerator/Freezer Temp too warm
3 - Failure to store vaccine properly upon receipt	4 - Refrigerator/Freezer Temp too cold
5 - Natural Disaster/Power Outage	6 - Refrigerator/Freezer Failure
7 - Spoiled Other (explain below)	

EXPLAIN:

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SUBJECT: ORDERING PRINTED MATERIALS

**Following is a form for ordering
printed materials**

**Order form can also be accessed at
[http://www.cdphe.state.co.us/dc/
immunization/publications.html](http://www.cdphe.state.co.us/dc/immunization/publications.html)**



IMMUNIZATION MATERIALS ORDER FORM

Materials are in English unless noted.

ITEM	QTY (#)	ITEM	QTY (#)
Certificates:		Cards: <i>In your Notice of Privacy Practice, state that cards will be sent!</i>	
Certificate of Immunization [#1] (Gray)		Folding Reminder (English) [#41] (Purple)	
Certificate of Immunization for Electronic Records [#2] (Eggshell)		Folding Reminder (Spanish) [#42] (Yellow)	
Record Cards, etc.:		Reminder (English) [#43] (Pink)	
Immunization Administration Record <u>Card</u> for Child or Teen [#7] (White)		Reminder (Spanish) [#44] (Peach)	
Expanded Immunization Administration Record <u>Card</u> for Adult [#8] (White)		Colorado Immunization Information System:	
Personal Immunization Record Card for Children [#9] (Yellow)		Frequently Asked Questions Eng/Sp [#45]	
Personal Immunization Record Card for Adults [#10] (Purple, <i>Wallet Size</i>)		Notification Poster Eng/Sp [#46]	
Plastic Protection Sleeve for Children's Personal Record Cards For ordering with Record card for Children #9 ONLY [#11] (Clear)		CIIS Brochure [#48]	

SHIPPING INFORMATION

PLEASE PRINT CLEARLY!			
Name:		Attention:	
P.O. Box:	We need your P.O. Box in case we ship your order via USPS.	Street Address:	We need your street address in case we ship your order via UPS.
City:		Zip Code:	
Phone:		Date:	
PLEASE ALLOW UP TO THREE (3) WEEKS FOR DELIVERY!			

TO SUBMIT ORDERS (choose one method below):

● **Mail to:** Integrated Document Solutions, ATTN: Immunization Orders, 2 Jetway Ct., Pueblo, CO 81001.

● **Fax to**(303) 866-3235

If you have Microsoft Word on your computer, save Order Form in Word found on website listed above as a file on your computer, complete the form, and...

● **Send as an attachment to**immunizationorder@state.co.us

ORDER FORM ITEM DETAILS:

- 1) **Certificate of Immunization** – gray card, required for schools & childcare providers, updated 07/10
- 2) **Certificate of Immunization for Electronic Records** – tan sheet, alternative certificate to be used w/customized software
- 7) **Immunization Administration Record Card** for Child or Teen – white, card-stock for healthcare providers; smaller size (folded to size 7.5x5)
- 8) **Expanded Immunization Administration Record Card** for Adults – White, card-stock for healthcare providers; smaller size (folded to size 7.5x5)
- 9) **Personal Immunization Record for Children** – yellow tri-fold card for healthcare providers (to give to parents)
- 10) **Personal Immunization Record for Adults** – purple tri-fold card for healthcare providers (to give to patients)
- 11) **Plastic Protection Sleeve** – clear sleeve, fits yellow & purple tri-fold cards above
- 41) **Folding Reminder (English)** – purple card for healthcare providers (to send to parents noting what shots are due)
- 42) **Folding Reminder (Spanish)** – yellow card for healthcare providers (to send to parents noting what shots are due)
- 43) **Reminder (English)** – pink postcard for healthcare providers (to send to parents noting that shots may be due), w/opt out
- 44) **Reminder (Spanish)** – peach postcard for healthcare providers (to send to parents noting that shots may be due), w/opt out
- 45) **Frequently Asked Questions Eng/Sp** – FAQ's about CIIS for distribution by providers to parents. English on one side Spanish on other side
- 46) **Notification Poster Eng/Sp** – Poster in English & Spanish to be posted in provider office for notification of using CIIS
- 47) **CIIS Brochure** – brochure containing additional information about the Colorado Immunization Information System

- **Quantity** is the individual # of documents you wish to receive (not # of packs, groups, stacks, etc.) and not limited.
- There is **no charge** for any of the materials.
- All of these materials (except for the plastic protection sleeves) and many other documents can be **downloaded** from the CIP website: <http://www.cdphe.state.co.us/dc/immunization/publications.html>
- **Vaccine Information Statements** are available on-line www.cdc.gov/vaccines or www.immunize.org
- **International Certificates of Vaccination** are also available on-line www.gpo.gov.

QUESTIONS: (303) 692-2650