



Vaccine Replacement Procedure Toolkit

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Section 1: Introduction to Vaccine Replacement



Introduction to Vaccine Replacement

In conjunction with the Federal Centers for Disease Control and Prevention (CDC), MIP is working to reduce vaccine wastage. On January 1, 2017, the Maine Immunization Program (MIP) implemented a dose-for-dose Vaccine Replacement Procedure. Providers with excess wastage will be required to replace vaccines lost to preventable situations via the Vaccine Replacement Procedure. This procedure was suspended January 2020 and reinstated July 2023.

The Vaccine Replacement Procedure applies to preventable wastage over 5% of distributed vaccines. MIP understands that there are certain situations where wastage is unavoidable and will not expect providers to replace vaccines in these situations. For instance, a vial that was broken due to a young child squirming and knocking the vaccine out of the healthcare provider's hands is a situation where replacement would likely not be necessary. In addition, providers are also given a 5% allowance (based on distribution from previous years) to provide a margin for acceptable human error. Once this threshold has been reached, however, MIP will require replacement of preventable vaccine wastage more than the 5% allowance. Along the way, MIP will work with providers by providing reminders, tools and assistance.

MIP is dedicated to working with providers to decrease their wastage while minimizing burden to providers. As part of this effort, MIP has put together this toolkit to as a resource for providers as they work to decrease/contain wastage levels. In addition to this toolkit, MIP staff are available to assist providers with vaccine related questions by emailing or calling during regular business hours.

Through responsible stewardship of vaccines purchased through federal tax dollars we can contain vaccine costs and ensure that children in Maine will continue to have access to an adequate supply of vaccines. MIP appreciates all your work to control vaccine costs. MIP appreciates all you do to protect the children of Maine. Thank you for being a valued immunization provider.

Sincerely,

The Maine Immunization Program

Section 2: Vaccine Replacement Procedure



Section 2

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Vaccine Replacement Procedure

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

Vaccine Replacement Procedure

Purpose

To ensure that Mainers will continue to have access to an adequate supply of vaccines. The Maine Immunization Program (MIP) provides approximately \$27 million annually in vaccines at no cost for people of Maine. As a Universal State, Maine provides all vaccines recommended by the federal Advisory Committee on Immunization Practices (ACIP), US Centers for Disease Control and Prevention (US CDC) for children under 19 years of age and select vaccine for adults.

Vaccine Replacement Procedure

The vaccine replacement procedure applies to providers actively enrolled with MIP who receive publicly funded vaccines. As set out in the Provider Agreement, enrolled providers are required to report all wasted, expired, spoiled, lost or unaccounted for vaccines, as well as, any unauthorized administration of vaccines to MIP within 30 days of incident. Under the vaccine replacement procedure, dose-for-dose replacement for public vaccine is required for wastage as defined below that exceeds 5% of total vaccine distribution. The provider is responsible for the replacement of vaccines. MIP will review all vaccine loss and determine the dose-for-dose replacement of vaccines. Replacement is required for activities identified in Appendix A.

1. When a provider's wastage is greater than or equal to 3%, MIP will send to the provider, via certified mail, a notice of 3 % wastage.
 - a. The provider has 10 days from the date of the notice to contact MIP to review the wastage calculation.
 - b. The provider will need to satisfy a storage and handling education requirement.
 - i. The provider has an additional 10 days to provide proof of storage and handling education requirement.
 - ii. The provider's ordering status may be put on hold until proof of educational requirement is provided.
2. When a provider's wastage meets or exceeds 5%, the provider will be sent a Notice for Replacement via certified mail and will be required to replace the wasted vaccines. At this time, the provider's ordering status will be put on hold until MIP receives proof of replacement.
 - a. Providers will be required to submit a Corrective Action Plan within 90 days of receiving the Notice of Replacement. These forms will be provided by MIP.
 - b. Replacement vaccine must be placed in the provider's stock within 90 days of receiving the Notice for Replacement. Proof of purchase must be sent to MIP. Acceptable proof of purchase is a packing list or paid invoice showing type, amount, lot number, National Drug Code (NDC) and expiration date of privately purchased vaccine.
 - c. MIP will enter data into ImmPact and identify it as public supplied.

3. If proof of replacement is not received within 90 days, MIP may terminate the Provider Agreement.
4. If wastage meets or exceeds 15%, the provider's enrollment status will be reviewed to determine if enrollment should be continued.
5. While it is not required, MIP strongly recommends that a provider contact their insurance company to verify that they have adequate coverage to cover any type of vaccine loss. This coverage should be evaluated and updated on an annual basis as vaccine usage and vaccine prices change.
6. If public vaccine is administered to individuals not eligible for the vaccine, such as adults or out-of-state residents, this vaccine must be replaced.
 - a) The provider must contact MIP as soon as the unauthorized administered vaccination is discovered.
 - b) Replacement vaccine is due within 90 days. Acceptable proof of replacement is a packing list or paid invoice showing type, amount, lot number, National Drug Code (NDC) and expiration date of privately purchased vaccine. This vaccine will then be marked in ImmPact as public supplied vaccine.
 - c) If it is found that unauthorized administration has occurred at a practice and the practice had not previously contacted MIP, MIP will contact the practice to make arrangements for replacement. The provider will also be required to complete the Corrective Action plan.

Definitions:

- Dose-for-dose Replacement: replenishing public vaccine supply, at the provider's expense, with the same amount, trade name, and National Drug Code (NDC) of the vaccine needing to be replaced.
- ImmPact: the MIP online immunization registry that is a repository for accurate and up-to-date records concerning the distribution, use and return of wastage of publicly funded vaccines and allows for data and communication exchange between MIP and providers.
- Publicly-funded Vaccine: all vaccines supplied by the State of Maine through multiple funding sources. Private Vaccine: any vaccine purchased on the open market and not government subsidized.
- Unauthorized Administration: any public vaccine given to individuals who are not eligible for public vaccine.
- Universal State: a state which provides all ACIP recommended pediatric vaccines to all enrolled providers to vaccinate all children in their jurisdiction regardless of insurance status.
- Vaccines for Children (VFC) Program, a federally funded program that provides vaccines at no cost to qualifying children.
- Wastage: vaccine that is non-viable for any reason including, but not limited to, the following:
 - Expired: any vaccine that has passed its expiration date and is eligible to be returned for excise tax credit.
 - Spoiled: any vaccines that have been deemed non-viable due to temperature excursion, recall, or other safety reasons and able to be returned for excise tax credit.
 - Unaccounted for vaccines: any publicly-supplied vaccine that is lost or cannot be tracked through ImmPact.
 - Waste: any nonviable vaccine that is not able to be returned for excise tax credit (e.g., vaccine drawn into syringe but not administered, broken vials).
- Wastage Allowance: permissible margin of wastage before is required.
 - The 5% wastage allowance is based on the average distribution during the previous two years.

Vaccine Procedure Appendix A: Required Vaccine Replacement Examples

Required Vaccine Replacement Examples	
Expired	<ul style="list-style-type: none"> • Failure to rotate stock. • Failure to transfer expiring vaccines and work with MIP within a reasonable time frame. • Over ordering vaccines.
Spoiled	<ul style="list-style-type: none"> • Failure to immediately open vaccine shipments. • Pre-drawn vaccine that is not used. Please note the MIP strongly discourages the practice of pre-drawing vaccine. • Vaccine that is left out of the refrigerator or freezer and becomes non-viable. • Vaccine stored in dorm style refrigerators. • Freezing vaccine that is supposed to be refrigerated. • Refrigerating vaccine that is supposed to be frozen. • Refrigerator/freezer left unplugged. • Refrigerator/freezer door left open or ajar. • Refrigerator/freezer equipment problems where proof of repair or equipment replacement is not provided to the MIP within 30 days from the date you became aware of the situation. • Power outages in which the provider fails to follow the facility’s vaccine storage and emergency response plan. • Vaccine that is considered spoiled due to the provider not checking, reviewing and recording refrigerator and freezer temperatures or failing to use currently certified calibrated thermometers to check temperatures twice daily. • Vaccine that is considered spoiled because a provider did not take immediate or appropriate action on out-of-range temperatures. • Revaccination due to negligence to keep vaccine viable or improper administration. • Transporting vaccines inappropriately (e.g. not on ice packs or not using a thermometer during transportation) between practices. • Failure to notify the MIP when a provider’s office hours change or the practice moves, resulting in vaccines being undeliverable and consequently spoiled. • Discarding vaccine before the manufacturer’s expiration date (includes multi-dose vials discarded after 30 days).
Unaccounted For	<ul style="list-style-type: none"> • Failure to document doses administered. • Failure to document patient eligibility. • Failure to report inventory. • Inaccurate reporting of inventory or doses administered. • Failure to report expired/wasted vaccine.
Unauthorized Administration	<ul style="list-style-type: none"> • All unauthorized administered vaccines.
Other	<ul style="list-style-type: none"> • Situations not listed above that MIP deems to be wastage due to provider negligence.

Section 3: Tips to Reduce Vaccine Wastage



Tips to Reduce Vaccine Wastage

- Maintain the cold chain of the vaccine to prevent spoilage by immediately opening delivered packages of vaccines and immediately storing the vaccines at appropriate temperatures.
- Vaccines should be stored in their original packaging and in the middle of the unit with space between the side/back of the unit.
- Don't store vaccines in the doors, vegetable bins, on floor the unit, or under or near cooling vents.
- Place water bottles or frozen cooler packs throughout the refrigerator and freezer storage units to:
 - Stabilize or extend temperatures during a power outage,
 - help mitigate the effects of frequent opening/closing of the door during busy clinic days, and
 - serve as physical blocks preventing the placement of vaccines in areas of the unit that are at higher risk for temperature excursions.
- Rotate vaccine every week or when a new shipment comes in (which ever happens more frequently) so that the newer vaccines are stored towards the back of the unit, while those soonest-to-expire are stored in the front.
- Open only one vial or box of a particular vaccine at a time to control vaccine use and allow for easier inventory control.
- In regular clinics/practices, vaccines should be prepared immediately prior to administration. CDC strongly recommends AGAINST pre-drawing doses before they are needed. Although CDC does not recommend pre-drawing vaccines, during mass vaccination clinics providers may pre-draw up to 10 does or use prefilled syringes.
- Maintain four to six weeks' supply of vaccines. To prevent unnecessary vaccine wastage, order less vaccine more often.

Section 4: Promising Practices from Other Providers



Tips from Other Providers

General Tips

- Getting a vaccine schedule that all the doctors agree with and then always checking in with the doc/MA prior to the injection being given to prevent vaccines from being drawn up then not given/wasted. *Western Maine Pediatrics*
- I would suggest looking thoroughly at how your process works. “Is it efficient?” “How many hands handle the vaccine on a regular basis?”, “How many workers are documenting vaccine given?”, and “How often are they documented, counted, and reconciled?” Make the process as easy and efficient as possible. *Brewer Medical Center*
- I recommend daily counting of vaccines after immunization to verify that the inventory is accurate. This prevents a lot of time consuming work at reconciliation time. If there is an error in the interface it is corrected in a timely manner to prevent any errors in the count. *Fish River Rural Health Center*
- We have increased our vaccination rates and decreased our wastage by involving everyone in the process. We discuss key areas that would make any parent want the vaccine for their children. *Fish River Rural Health*
- Make friends with other practices so you can network for support. *MMP Saco Pediatrics*
- Use your staff as a "team". Educate them on how to use ImmPact to identify patients that are in need of vaccines and get patient up-to-date and use up vaccines that otherwise may not be used. Communicate with other offices and immunization program. Talk to school nurse to see if they have children in need of vaccines - have them send note home to parents letting parents know vaccines are available. *Milo Family Practice*
- I review the immunization rates to find patients that need vaccines that may be expiring in a few months, if I cannot use all the doses I reach out to other offices and let them know we have doses to use up ASAP. I contact the school nurse to let her know, she may have new students that need vaccines and can send a note home to parents letting them know vaccines are available. *Milo Family Practice*
- Communication and don't over-order; don't draw up a vaccine without the person or parent and provider “okaying” the administration of the vaccine. This will prevent waste. *Southwest Harbor Clinic*

- Limiting who is responsible for drawing/entering vaccines, the less hands in the "pot" the better. *Downeast Community Pediatrics*
- You need more than one staff assigned to systems. (Make sure to utilize your back-up vaccine coordinator.) *Seaport Community Health Center*
- Reconciliation report interface reviewed daily, actual reconciliation weekly, each MA signs vaccine out, utilizing a wastage log. *Seaport Community Health Center*
- Education, Education, Education. Do not be afraid to ask questions or ask for help if you are too busy to minimize human errors. Educate staff on the importance of correct documentation. *Community Health Center*
- Power outages - have a generator now and text alerts. Excess flu at the end of season - order less in beginning with smaller quantities. Share excess with extra offices. We reconcile daily/weekly. *MMP Saco Pediatrics*
- We use record slips for each vaccine and record slips are used for wasted vaccines. We found weekly reconciling has reduced the amount of time on research. We have information available in our med room for staff. *Skowhegan Family Medicine*
- Networking with practices in radius of our office. *Skowhegan Family Medicine*
- We are a small family practice in northern Maine. However, we do go through a lot of vaccines. First, we never draw a vaccine until the doc has finished with the patient and the doc reaffirms that indeed parents do want the child to have said vaccine(s). As the MA's, we see the parent and patient first and we educate first. We explain to the parents what vaccines are required at said age and we go on to tell them what and why the vaccine is important, at which point we also hand them the VIS sheet so they can review it before they see the doc. This way if there are questions or answers that we the MA did not cover, they can review with the doc. We are also careful not to order more than we need. We order and reconcile weekly, sometimes twice a week, and this gives us a clear and current idea of what we have used and what we are going to need. We are on top of our vaccines daily. We know exactly what vaccine we use most often and those we use the least. We also monitor the fridge and freezer daily, sometimes 3 times a day, being very aware of the current temps. If there are any unusual temps we immediately follow the storage and handling chain before the vaccines can even become compromised. *Northern Maine Medical Center*

Documentation

- Our Doc's have a set schedule that we follow. We do have patients that go off schedule; this presents easy opportunities to offer vaccines without giving extra or wasting any vaccine. We also do not draw up any vaccines until the doc has seen the patient and gone over what the vaccines are to be given at this visit. We have strict logs to keep track of who gets what so it is easier to track. *Western Maine Pediatrics*
- Logs are wonderful and everyone should have one that is for state ONLY vaccines. *Scarborough Family Medicine*

- We were challenged with tracking and missed vaccines during reconciling. We started a log for people to track what/who/when vaccines were given. *Scarborough Family Medicine*
- Too many wasted vaccines, trying to solve by documenting all immunizations. All M.As are documenting their own in EMR and ImmPact. *Dover Foxcroft Family Practice*
- We had problems a few years ago with vaccines that were used but not accounted for, because of poor documentation and other reasons. I learned a process called LEAN Training with other employees. We brain stormed about how to make giving and documenting more efficiently and accurately. Now we have binders for documenting and consent forms that come to me. We also have colored bins to separate private and public vaccines. *Brewer Medical Center*
- We implemented the "Vaccine Log" and one person is delegated as the primary person responsible to input vaccines into ImmPact and a secondary person is training to help as back up. *Topsham Family Practice*
- Use index cards for each vaccine package with a line for each dose. Document each dose as it is administered or wasted so all of your vaccines are accounted for. *Poland Community Health Center*
- I find it extremely helpful to reconcile daily. You are more aware of what you have for inventory and what is used most. The errors are much easier to find each day. Waiting a long time to correct errors is not a good idea because people tend to forget what happened. *St. Mary's Center for Family Medicine*
- I was only reconciling one time a week. I started reconciling daily and it cut down on so many errors. We had eight providers on any given day, so when I reconciled there would be many issues with vaccines. Once I would find it, I always have the person that made the error correct it. I always make sure they are clear on how to do it. *St. Mary's Center for Family Medicine*
- Reconcile weekly verse monthly. *Sacopee Valley Health Center*
- Frequent counting and reconciliation is the key!!! *Downeast Community Pediatrics*
- Went to weekly reconciliation. *St. Croix Regional Family Health Center*
- Reconcile as often as possible. *Lincolnville Regional Health Center*
- Check stock daily and reconcile everyday verse using transaction sheet. *Pen Bay Pediatrics*

Storage and Handling

- In 2015 we had a temp excursion. We lost most of our vaccine stock. It was not our best day, but we worked with MIP & the suppliers of the vaccines to replenish our inventory. We have been very cautious with our temps since & even purchased new refrigerator to ensure this does not happen again. *Knapp Family Practice*

- We had a power outage over a weekend; the temperature alarm system went off but the pharmacy failed to notify the office. All Immunizations had to be wasted. We have set up a protocol with the pharmacy to do temperature drills every three months. *Central Maine Sports Medicine*
- Checking temperatures twice daily as required by MIP has helped as well as learning from the manufacturer about how we can use thermometers to check temperatures back 2-3 days has also helped. *Galbraith Family Medicine*
- We moved into a new location in March 2016 and had a refrigerator that quit on us. Now we have back up alarms in place at the office that goes directly to the hospital security and people are called to resolve the problems. *EMMC Pediatrics Medicine*

Ordering

- Change how you order by ordering smaller orders more often. It helps cut down on expired vaccines. Work together with local practices to help keep your inventory where it should be. *Knapp Family Practice*
- Vaccines are never stock piled. I do a projected schedule of well child checks every 3-4 months to get an approximate need of vaccines. And order according to that need so that there is less over ordering and waste. For flu shot season, I retrieve last year's list of pediatrics and again attempt to foresee the need without excess ordering. *Fish River Rural Health Center*
- Flu vaccine is hard to estimate. It is a good idea to lower the number of doses and only order for 6 weeks. *Redington General Hospital, Norridgewock Health Center, Remington Family Practice*

Section 5: Frequently Asked Questions



Frequently Asked Questions

- **How often will the State be reporting wastage? Will it still be quarterly?**
Yes, you will continue to receive quarterly reports outlining distribution and wastage for your practice. If you would like check your wastage between reports, please see instruction on how to view your wastage in ImmPact on page 26.
- **Why is a replacement procedure needed? Why do we have to pay back now when we never had to before?**
Accountability. The State of Maine provides nearly \$30 million worth of vaccines annually at no charge to families. Accountability is crucial especially when we are dealing with this amount of funding. These vaccines are purchased using federal funds as well as assessments collected through health insurance payers; we have an obligation to be good stewards of tax payer funded resources.
- **Are other states doing this?**
Yes, before implementing the replacement procedure, MIP reviewed other states' policies and has spoken with many other states' immunization programs.
- **What does it mean if I get a 3% warning letter? Why am I getting 3% warning letter, I thought replacement started at 5%?**
The purpose of the 3% warning letter is to notify your practice that you are near the 5% wastage allowance threshold and allow your practice the opportunity to make course corrections before you hit the 5% mark.
- **Do we have to pay back everything if we hit the 5%?**
No, you will only be responsible for vaccines at and above the 5% wastage allowance.
- **How is it decided what vaccines require replacement?**
All preventable vaccine wastage at or above 5% will require replacement.
- **Where can I find the replacement procedure forms?**
(Statement of Replacement Form, Replacement Plan Form, Corrective Action Plan Form)
<http://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/forms-updates.shtml>

- Why is my account on hold?**
Your account could be on hold for various reasons such as not meeting education requirements or exceeding the 5% threshold. If you have concerns or questions, please call Maine Immunization Program at 207-287-3746.
- Why do I have to take storage and handling training again? We have already have done it.**
A refresher storage and handling training has been deemed beneficial based on the reasons for your wastage.
- How do I provide proof of replacement?**
Proof of replacement can be a packing slip or invoice that has the lot numbers and the NDC numbers of the replaced vaccines. A copy may be sent by fax, mail, or email to MIP.
- We are a small practice, and we have a hard time using a full vial of vaccines or full set of 10 vaccines; should we just drop out of the program?**
No, MIP is dedicated to working with practices to ensure their success and realizes that this procedure will likely be more challenging for smaller practices. In most cases, MIP will not be requiring restitution of partially administered vaccine packages/vials.

e.g. Jones Family Practice only saw 5 patients needing Tdap though Tdap comes in packages of 10. They administered the Tdap to 5 patients and still had 5 doses left which have expired. MIP did not require replacement of the 5 expired doses.
- Do I still need to worry about transferring out soon-to-be-expire vaccines if I have used at least one from the package?**
MIP expects that practices do everything they can to prevent vaccine wastage; we all have an obligation to be good stewards of tax payer funded resources. The expectation is that a practice makes reasonable efforts to ensure the remaining vaccines are administered.
- When offices must replace vaccine for wastage, what are they supposed to do if the number of vaccines needed to replace is smaller than a minimum order? (Needing to replace 8 vaccines and the minimum order from a manufacturer is 10)**
Some options are to replace public supply with your own private supply or work with another practice that has private supply to see if they will allow you to purchase private vaccine from them to replace the public vaccine. You will have to order a full set of 10 or 5 depending on the vaccine that is being replaced and the extra doses will not go into public supply they will go into private stock. Keep in mind, MIP will only be requiring replacement of preventable wastage over 5% so you may not have to worry about this very often or at all.

- **Does this mean that we could get kicked out of the program if we have too much wastage?**

It is highly unlikely that a practice would be suspended or “kicked out” of the program if the provider is actively trying to correct their wastage problems and is communicating with MIP. Especially in the first year of implementation of the Vaccine Replacement Procedure, we understand that providers may need some assistance and MIP plans to work with providers that are struggling with vaccine wastage.

- **Why can't I just pay for the wastage instead?**

There are a number of reasons MIP is not able to take payment for vaccine wastage.

- Our grant stipulates that all replacement must be dose for dose.
- MIP has no mechanism for accepting money from providers.
- And most importantly, MIP wants to see the vaccines replaced with new vaccines so more children are able to be vaccinated.

- **Why do I have to pay market price?**

If you are not a federal awardee you are not eligible to receive the federal awardee price rates on vaccines.

- **I accidentally administered a VFC vaccine to an adult; does this mean I don't have to provide replacement for this vaccine if I don't go above 5% wastage?**

Yes, you will still have to replace any vaccines administered to patients 19 years and older dose-for-dose. This is separate from the preventable wastage procedure.

- **What about expired flu vaccine, would the State/MIP ever consider some type of exception to the flu vaccine?**

Flu vaccine has the highest wastage rate of all vaccines supplied by MIP. Our goal is to keep vaccine replacement to a minimum though we still have to be accountable to federal taxpayers and Mainers. Right now, our focus is on strategies to reduce wastage in ways that don't impede vaccination practices. We recommend ordering what you plan on using in 6 weeks or less. If you do run short we are able to get more flu vaccine to you typically in 2-3 days and if you need to order more than once a month, MIP staff can facilitate that for you as well. (To look up your historical vaccine usage, follow the directions on page 30 for running “Vaccine Usage Report” in ImmPact.)

- **What happens if I can't use the vaccine I need to replace?**

MIP recommends that practices network with other practices in their area to be able to transfer vaccines to and/or from each other. Practices could also order their replacement vaccines together.

- **What if our practice can't afford to pay back the vaccine?**

Keep in mind that replacement is only required for preventable wastage. Preventable wastage is wastage that you have control over so we hope and anticipate the need for replacement to be limited. If you should need to provide replacement vaccines, MIP staff will work with you to replace the vaccine in affordable increments and over an extended timeframe.

- **Can my practice still have access to ImmPact if it is no longer enrolled into the VFC Program with MIP?**

At this time providers must be enrolled in the VFC Program to continue having full access to ImmPact.

- **Could one medical organization with multiple individual practices order their VFC vaccines together? Could one medical organization with multiple individual practices order their private stock for replacement together?**

Yes, this is possible under most conditions however you need to work directly with Vaccine Management to ensure the transaction is documented correctly in ImmPact.

- **Who do I call if I have questions?**

You can call MIP's main phone line at 207-287-3746 or email ImmunizeME.dhhs@maine.gov.

Section 6: Tools



Tools

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

Opportunity Cost Worksheet

Maine Immunization Program

286 Water Street, 9th Floor
Augusta, ME 04330
(207)287-3746 or (800)867-4775

Directions: Fill in your facility's information in the blue boxes below. If you don't know what to use for the hourly wage, you can use the table at the bottom of this page.

The yellow and gray squares will calculate automatically.

Hourly Wage	
hourly wage of staff member completing tasks	
Benefits	31.4
% of salary that goes towards benefits; national average according to BLS is 31.4%	
Differential if no differential is needed leave "1" in the box	1
(E.g. overtime may be paid out at 1.5 times regular pay, in this case 1.5 would go in the box.)	
Hours Needed to Complete Public Vaccine Related Tasks	
(Per Week)	
Number of Weeks Needed Per Year	
every week= 52, every other week = 26, 4.33 weeks per month	
Total Annual Cost for Extra Staffing	\$0.00

	-	\$0.00	=	\$0.00
Annual Cost of Public Vaccine Wastage		Annual Staffing Cost		Annual Cost Savings

Job Title	Hourly Wage
Medical Assistants	\$16.26
Licensed Practical and Licensed Vocational Nurses	\$22.44
Nursing Assistants	\$13.66
Registered Nurses	\$36.19
Medical Secretaries	\$17.49
Medical Transcriptionists	\$18.20
Medical Records and Health Information Techs	\$20.61

Hourly wages are taken from the Bureau of Labor and Statistics Website.

<http://www.bls.gov/>

See "Reference" tab for links and more information.

Helpful Links:

CDC Storage and Handling Toolkit:

www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf

Immunization Education and Training for Healthcare Providers:

<http://www.cdc.gov/vaccines/ed/index.html>

Resources for Preteen and Teen Vaccines:

<https://www.cdc.gov/vaccines/partners/teens/>

General Recommendations on Immunization from the ACIP:

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm>

Recommended Immunization Schedule for Persons Aged 0 through 18 Years

<http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Vaccine Price List

<https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html>

Manufacturers' Package Inserts:

<http://www.immunize.org/fda/>

State and Local Immunization Programs:

<http://www.cdc.gov/vaccines/imz-managers/awardee-imz-websites.html>

Immunization Action Coalition:

<http://www.immunize.org/>

American Academy of Pediatrics:

<https://www.aap.org/en-us/Pages/Default.aspx>

American Academy of Family Practice:

<http://www.aafp.org/home.html>

Map of Federally Qualified Health Care Centers (FQHC's)

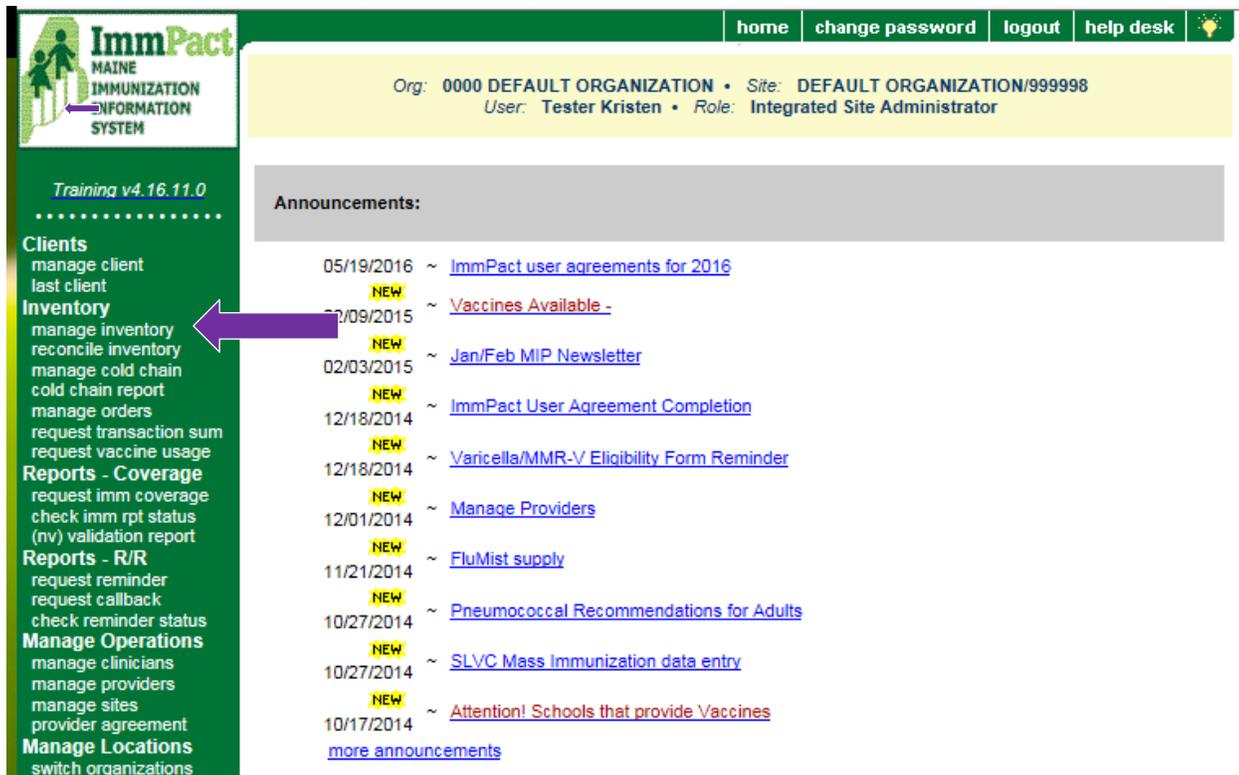
<https://mepca.org/community-health-centers/locations/>

Section 7: Instructions for Looking Up Vaccine Wastage in ImmPact



Instructions for Looking Up Vaccine Wastage in ImmPact

1. Click on “manage inventory”.



The screenshot shows the ImmPact website interface. The top navigation bar includes links for 'home', 'change password', 'logout', and 'help desk'. Below this, a yellow banner displays the user's current session: 'Org: 0000 DEFAULT ORGANIZATION • Site: DEFAULT ORGANIZATION/999998', 'User: Tester Kristen • Role: Integrated Site Administrator'. The left sidebar contains a menu with categories: 'Clients', 'Inventory', 'Reports - Coverage', 'Reports - R/R', 'Manage Operations', and 'Manage Locations'. The 'Inventory' category is highlighted, and a purple arrow points to the 'manage inventory' option. The main content area is titled 'Announcements:' and lists several recent updates with dates and links, such as '05/19/2016 ~ ImmPact user agreements for 2016' and '07/09/2015 ~ Vaccines Available -'.

2. Click on “Show Transactions”.



The screenshot shows the 'Manage Inventory' section of the ImmPact website. The top navigation bar and user session banner are identical to the previous screenshot. The left sidebar menu is the same, but the 'Inventory' category is not highlighted. The main content area is titled 'Manage Inventory' and contains a table with four rows of actions. The 'Show Transactions for Sites...' row is highlighted, and a purple arrow points to the 'Show Transactions' button. The other rows are 'Show Inventory for Sites...', 'Update inventory Alerts...', and 'Return to the Previous Screen...', each with its respective button.

3. Enter the following text and drop downs:

- “Date Entered” both from and to
- “Transaction Type”
 - You will need to look up each transaction type (wastage reason) separately. The transactions types with most preventable wastage that you may want to pay more attention to are:
 - “Failure to store properly upon receipt”
 - “Expired”
 - “Refrigerator too cold”
 - “Refrigerator too warm”
 - “Spoiled – other”
 - “Lost or unaccounted for vaccine”
- Make sure that your site’s name is chosen in the dropdown box in “Site Name”.
- ★If you think you may have more than 200 records, change the “200” to “2000”

The screenshot displays the ImmPact MAINE IMMUNIZATION INFORMATION SYSTEM interface. At the top, there is a navigation bar with links for home, change password, logout, help desk, and a lightbulb icon. Below this, a yellow banner shows the user's organization (0000 DEFAULT ORGANIZATION), site (DEFAULT ORGANIZATION/999998), and role (Integrated Site Administrator). The main content area is titled "Vaccine Transactions for: 0000 DEFAULT ORGANIZATION". It features several search filters: "Date Entered [From]: 01/01/2016" and "To: 12/31/2016" with calendar icons and a purple arrow pointing to the "View" button; "Date shot was given [From]:" and "To:" with calendar icons and a "Cancel" button; "User Name: All User Names" with a dropdown arrow; "Transaction Type: Expired" with a dropdown arrow and a purple arrow pointing to it; "Site Name: All Sites with Inventory" with a dropdown arrow and a purple arrow pointing to it; and "Trade Name/Lot Number: All Lot Numbers" with a dropdown arrow. At the bottom, there is a "Display Last 200★ Records" field with a yellow star icon. A note at the bottom states: "Note: When searching for transactions based on the dates the shot was given, shots entered into the ImmPact system before version 3.0 (08/13/2001) can not be found this way. You must search based on the date they were entered into the system." On the left side, there is a green sidebar with the ImmPact logo and a menu of options including Clients, Inventory, Reports - Coverage, and Reports - R/R.

4. Find wastage on bottom right.



Training v4.16.11.0

Clients

- manage client
- last client

Inventory

- manage inventory
- reconcile inventory
- manage cold chain
- cold chain report
- manage orders

home change password logout help desk

Org: 0000 DEFAULT ORGANIZATION • Site: DEFAULT ORGANIZATION/999998
 User: Tester Kristen • Role: Integrated Site Administrator

Cancel

Vaccine Transactions for Organization: 0000 DEFAULT ORGANIZATION Record Count: 0

Site Name	Trans Date	Vaccination Date	Vaccine Name	Trade Name/NDC	Lot Number	Type	Qty	Client Name	DOB
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No vaccine transactions met your criteria.

Vaccine Transactions Totals

Trans Code	Trans Description	Trans Count	Trans Value
Transaction Totals:		0	0

Section 8: Sample Forms



Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

Corrective Action Plan Example

Date: 1/1/2019
Due Date: 1/11/2019
PROVIDER INFORMATION:
PIN: 0000
Practice Name: Dr. Valerie's Pediatric Specialties
Practice Contact: Kristen Coaty
Telephone Number: 505-555-5505
Fax Number: 505-555-5506

Directions: Please complete the document below. Keep in mind the "Champion" is the person responsible for the entire solution; however, some of the action steps may be delegated to another staff member so the "Person Responsible" may not necessary be the same as the "Champion".

Problem One Summary	Action Steps	Person Responsible	Due Date
Problem:	1.1 Print Log from MIP website.	Jodi	1/5/2018
Unaccounted for vaccines	1.2 Place clipboard with log in hanging file next to vaccine fridge and freezer.	Jodi	1/5/2018
Solution:	1.3 Document immunization on Vaccine Log.	All Staff	continuous
Use Vaccine Log	1.4 Utilize Vaccine Log for reconciliation.	Jodi	monthly
Champion:	1.5		
Jodi	1.6		
Problem Two Summary	Action Steps	Person Responsible	Due Date
Problem:	2.1 Take inventory every Thursday.	Jodi	every Thursday
Too many expired vaccines	2.2 On Fridays, as needed, place orders, not to exceed a 4 to 6 week supply.	Jodi	as needed
Solution:	2.3		
Smaller, more frequent orders	2.4		
Champion:	2.5		
Jodi	2.6		
Problem Three Summary	Action Steps	Person Responsible	Due Date
Problem:	3.1 Require all staff to complete storage and handling training.	All Staff	1/31/2016
Refridgerator door left ajar	3.2 Post reminder signs on fridge and freezer.	Tonya	1/5/2016
Solution:	3.3 Double check the fridge and freezer is closed after every use.	All Staff	continuous
Retraining and Monitoring	3.4		
Champion:	3.5		
Tonya	3.6		

Signature of Vaccine Manager _____ Date _____
Signature of Medical Director _____ Date _____



Augusta, Maine 04333-
Tel: (207) 287-8016; Fax (207) 287-

Vaccine Replacement Plan

Date: 1/1/2019
Due Date:
PROVIDER INFORMATION:
PIN:
Practice Name: Dr. Valerie's Pediatric Specialties
Practice Contact: Kristen Coaty
Telephone Number: 505-555-5505
Fax Number: 505-555-5506

Directions: Please indicate when and how much vaccine you will replace in the form below. It is preferable to replace all vaccines at one time; however, we realize that this may not always be possible. In these instances you may return vaccine in no more than three disbursements.

Vaccine Wasted	Quantity Due to State Supply	Date of First Replacement	Quantity to State	Balance Due	Date of Second Relacement	Quantity to State	Balance Due	Date of Third Relacement	Quantity to State	Balance Due (must read 0)
Tdap - Boostrix	10	February 2, 2019	10							
HepB - Engerix B	10			10	March 15, 2019	10				
DTaP/IPV/Hib - Pentacel	5			5			5	April 25, 2019		5

Sample

Signature of Vaccine Manager	_____	Date	_____
Signature of Medical Director	_____	Date	_____

Section 9: MIP Contact Information



MIP Contact Information

Maine Immunization Program
(207) 287-3746 or (207) 287-9937
Website: <https://www.ImmunizeME.gov>

MIP Contacts
Main line (207) 287-3746
Website: <https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/contact-us.shtml>

Support/Education
(207) 287-9972
Email: ImmunizeME.DHHS@maine.gov

Vaccine Management
(207) 287-3347

ImmPact Help Desk
(207) 287-3006
Email: Immimpact.Support@maine.gov