Iowa's Vaccines for Children Program

NOVEMBER UPDATE WEBINAR

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VFC & IQIP Manager / Epidemiologist

November 20, 2024





Housekeeping

- ► All attendees are in "Listen Only" Mode.
- ► Want to ask a question?
 - Type your question into the "Q&A box" in the lower area of your screen.
 - Additional questions can be sent to <u>lowaVFC@hhs.iowa.gov</u>.
- ► This webinar is being recorded. The recording and slides will be made available on https://hhs.iowa.gov/immunization/vfc.
- ► Questions regarding the VFA Program? Email lowaVFA@hhs.iowa.gov.



Presentation Outline

- ► Programmatic Updates & Reminders
 - Upcoming Delivery & Holiday Holds
 - MPOX Vaccine
 - VFC Resolutions
 - Respiratory Season Updates
 - COVID-19 return
 - Additional Flu vaccine
 - RSV vaccines & updated recommendations
- ► General Immunization Updates
 - IRIS 2.0 & Webinars
- ► Improving Vaccination Rates
- ► Tips & Tricks to Avoid Common VFC Program Noncompliance Issues
- ► Q&A Ask Your Questions!



Programmatic Updates & Reminders



Upcoming Delivery Holds

- Deliveries made by UPS & FedEx
 - McKesson may place temporary holds due to severe weather conditions in Iowa or at the warehouse site
- Review and update delivery hours with each order
 - Required to have at least one four-hour consecutive period on a day other than a Monday to receive shipments
 - Hours do not update in IRIS unless included on a submitted order
- Upcoming delivery holds this quarter:
 - November 27, 28, and 29, 2024
 - December 20 31, 2024
 - January 1 3, 2025



Holiday Delivery Holds

- ► Routine shipments from McKesson may take up to 4 business days to process before they are shipped.
 - Frequently arrives within 4 days, but may take up to two weeks
- Orders placed after December 9th may not be shipped prior to start of new year.
- ▶ If you have any questions regarding vaccine orders, please contact the lowa VFC Program by email at lowaVFC@hhs.iowa.gov



MPOX Vaccine

- ► Bavarian Nordic, manufacturer of JYNNEOS, launched the vaccine on the commercial market as of April 1, 2024
- Available to VFC Providers for VFC eligible patients
- Most VFC Providers do not need to carry or administer JYNNEOS
 - Not considered a routine vaccine
- Action item: Vaccine available by request in IRIS. Contact lowaVFC@hhs.iowa.gov with questions



ACIP Meeting October 23-24, 2024 Recommendations:

Immunization Schedules:

- ► Approve the Recommended Child and Adolescent Immunization Schedule, United States, 2025 and the Recommended Adult Immunization Schedule, United States, 2025
- ► Schedules to be updated on website: https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html



ACIP Meeting October 23-24, 2024 Recommendations:

Meningococcal Vaccines:

- ▶ ACIP recommends MenB-4C (Bexsero®) be administered as a 2-dose series at 0 and 6 months when given to healthy adolescents and young adults aged 16–23 years based on shared clinical decision-making for the prevention of serogroup B meningococcal disease.
- ► ACIP recommends MenB-4C (Bexsero®) be administered as a 3-dose series at 0, 1–2, and 6 months when given to persons aged ≥10 years at increased risk for serogroup B meningococcal disease (i.e., persons with anatomic or functional asplenia, complement component deficiencies, or complement inhibitor use; microbiologists routinely exposed to *N. meningitidis* isolates; and persons at increased risk during an outbreak).

Resources:

https://www.cdc.gov/vaccines-for-children/downloads/meningococcal-508.pdf



ACIP Meeting October 23-24, 2024 Recommendations:

- ► <u>COVID-19 Vaccines:</u> In addition to previously recommended 2024-2025 vaccination:
 - ACIP recommends a second dose** of 2024-2025 COVID-19 vaccine for people ages 6 months-64 years who are moderately or severely immunocompromised
 - ACIP recommends additional doses (i.e., 3 or more doses) of 2024-2025
 COVID-19 vaccine for people ages 6 months and older who are moderately or severely immunocompromised under shared clinical decision making

**If previously unvaccinated or receiving initial vaccination series, at least 2 doses of 2024-2025 vaccine are recommended, and depending on vaccination history more may be needed. This additional 2024-2025 vaccine dose is recommended 6 months (minimum interval 2 months) after completion of initial vaccination series.

Resources: https://www.cdc.gov/acip-recs/hcp/vaccine-specific/covid-19.html



2024-2025 Respiratory Season Updates



Return COVID-19 Vaccines

- ▶VFC Providers are expected to return all spoiled and expired VFC vaccines, including 2024-2025 COVID-19 vaccines, as soon as possible within the first 30 days but not to exceed six months after expiration date
 - Single dose syringes, unopened single dose vials, and only full, unopened multidose vials to McKesson
 - ■Products in open boxes can be returned, however opened multi-dose vials cannot be returned
 - Shipping label is only valid for 30 days
- ► Nonviable Vaccine Return Instructions: IRIS contains functionality to manage nonviable vaccine returns, including notifications prompting providers to return nonviable VFC vaccines to McKesson
- ► Avoid excessive expired and wasted vaccines by ordering minimum quantity



Additional Flu Vaccine Available

- ► lowa VFC Program has extra influenza vaccines available to ship to providers for VFC eligible children
 - FluLaval quad, preservative free, 0.5mL single dose syringe, 10-pack

Action item: Contact lowaVFC@hhs.iowa.gov if you need additional doses



Five RSV prevention products licensed by U.S. FDA

RSV vaccines for adults aged ≥60 years

Arexvy, GSK¹ Not Available

Abrysvo, Pfizer² through VFC

- mResvia, Moderna Program

- RSV vaccine for pregnant persons (to protect the infant)
 - Abrysvo, Pfizer Available through VFC Program
- Monoclonal antibody products for infants and young children
 - Synagis (palivizumab), Sobi Not Available through VFC Program
 - Beyfortus (nirsevimab), Sanofi and Astra Zeneca Available through VFC Program
- GSK RSV vaccine (Arexvy) is also licensed by the Food and Drug Administration for use in non-pregnant adults 50-59 who are at increased risk for lower respiratory tract disease caused by RSV (<u>Package Insert - AREXVY (fda.gov</u>)). However, there is currently no U.S. ACIP/CDC recommendation for the use of RSV vaccines in non-pregnant adults in this age group.
- Pfizer RSV vaccine (Abrysvo) is also licensed by the Food and Drug Administration for use in non-pregnant adults 18-59 who are at increased risk for lower respiratory
 tract disease caused by RSV (<u>Package Insert ABRYSVO (STN 125769</u>)). However, there is currently no U.S. ACIP/CDC recommendation for the use of RSV vaccines in nonpregnant adults in this age group.



Key take-aways on RSV immunization for the 2024-2025 season

All infants should be protected by either maternal RSV vaccine or nirsevimab. Both are not needed for most infants.



Pregnant Women

- Pregnant women 32-36
 weeks of gestations should
 get RSV vaccine using
 seasonal administration
 (meaning September –
 January in more of the U.S.)
- Only Pfizer RSV vaccine (Abrysvo) is licensed and recommended for use in pregnant women.



Infants and Children

- All infants <8 months* and children through 19 months with risk factors should get nirsevimab.
- For infants born during
 October through March,
 nirsevimab should be
 administered in the first
 week of life ideally during
 the birth hospitalization. **



Adults 60+

- All adults ≥75 years and adults 60-74 years with risk factors should get a dose of RSV vaccine (GSK Arexvy, Pfizer Abrysov, or Moderna mResvia).
- Adults who have already received RSV vaccination should not receive another dose this season.*

*If birthing mother is not vaccinated with maternal RSV vaccine

**Because timing od the onset, peak, and decline of RSV activity may vary, providers can adjust administration schedules based on local epidemiology.

*A single dose provides protection for at least two RSV seasons. The need for additional RSV vaccine doses will be evaluated by ACIP in the future.



Nirsevimab and maternal vaccination have different administration windows to provide optimal protection to the infant

	AUG	SEP	ост	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
Maternal RSV vaccine		Administ in most o	er Septemb If the contin	er through . ental U.S.ª	lanuary	In the second			governments			elektrova so
Infant RSV immunization, nirsevimab			ideally as	iminister Oc f the continu	tober throughtal	ugh March						

In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rica, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance. However, nirsevimab may be administered outside of routine seasonal administration (i.e., October through March) based on local RSV activity and other special circumstances. For infants born during October through March, nirsevimab should be administered in the first week of life—ideally during the birth hospitalization.

Optimal timing for nirsevimab administration is shortly before season

Administration should be targeted shortly before the start of their first RSV season and continued during the season for those who have not received a dose

For infants born shortly before or during the RSV season, immunize within 1 week of birth, ideally during the birth hospitalization



General Immunization Updates



Transition to IRIS 2.0

- ► Timeline: Q2-Q3 2025
- ► **Training**: Iowa Immunization Program will communicate training dates for IRIS 2.0 in future listserv updates
- Action Item specific to VFC Program: None at this time
 - Review regular IRIS Updates: Continue to review regular updates provided by the Iowa Immunization Program and share the updates with other IRIS users within the organization
- Users may contact the IRIS Program at <u>irisenrollment@hhs.iowa.gov</u> with any questions about the IRIS transition



Final 2024 IRIS Webinar Tuesday 12/10 at 12 p.m.

- ► Topics will include:
 - document vaccine doses administered
 - IRIS inventory management
 - mass vaccination
 - reminder recall
 - vaccine transfers
 - documentation of vaccine wastage
 - patient search tips
 - how to unlock user accounts and reset user passwords
- Registration is required for each session, or users can join at https://www.zoomgov.com/join
- ► 2024 IRIS Webinar Schedule
- 2025 IRIS Webinar Schedule
- Contact the IRIS Help Desk at 800-374-3958 with any questions

Tuesday, December 10, 12:00-1:00 p.m.

Webinar ID: 160 734 8084

https://www.zoomgov.com/webinar/register/WN q9aOFVQ RBewRKIsB7J gw



Improving Vaccination Rates



You Call The Shots

Now Available

Diphtheria, Tetanus, and Pertussis (DTaP) Mar 2024

Haemophilus influenzae type b (Hib) Jul 2023

Hepatitis A May 2023

Hepatitis B Feb 2024

Human Papillomavirus Jan 2024

Influenza Sept 2023

Meningococcal Jun 2024

MMR Jan 2023

Pneumococcal Jun 2024

Polio Sept 2023

Rotavirus Mar 2024

Tetanus, Diphtheria, and Pertussis (Tdap) Apr 2024

Understanding the Basics: General Best Practice Guidelines on Immunization Feb 2023

Vaccine Administration Mar 2023

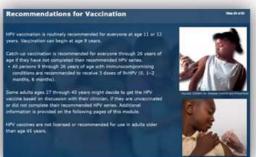
Vaccines For Children (VFC) Jan 2024

Vaccine Storage and Handling Jan 2024

*VFC Program requirement

Varicella Oct 2024

Zoster Aug 2024





YOU CALL_THE

https://www.cdc.gov/immunization-training/hcp/you-call-the-shots/index.html



Vaccinate Your Family Trainings

- Advocate Training Bundle
 - A 5-part, self-paced training for advocates looking to learn more about a variety of vaccine-related topics.





https://vaccinate.thinkific.com/



Vaccinate Your Family "Dispelling Respiratory Rumors" Campaign

- Vaccinate Your Family (VYF) launched
 <u>Dispelling Respiratory Rumors</u>
 <u>campaign</u> to help dispel common myths
 about influenza, COVID-19, RSV, and
 general wellness during the winter
 months.
- Includes resources, shareable materials, helpful messages, and social media graphics to help dispel rumors and address the most common misconceptions.



https://vaccinateyourfamily.org/viral-mythbusting/



Medscape

 Medscape Education released an education curriculum for healthcare professionals who care for patients at risk for measles:

Measles—United States, January 1, 2020–March 28, 2024

Objective is to help learners be better able to evaluate the epidemiology and clinical characteristics of measles infections in the United States

between 2020 and 2024.

CME, MOC or CE credit available



https://www.medscape.org/viewarticle/1001379



Increasing Immunization Confidence Immersive Learning Program

- ► Launched by Bodyswaps and American Academy of Pediatrics
- ▶ For members of the entire health care team
- ► Users work through various scenarios with the objective of increasing confidence, giving a strong recommendation, responding with empathy, and how to tailor communication
- ► https://bodyswaps.co/soft-skills-training-in-vr/healthcare/increasing-immunization-confidence



Scenario

In this immersive learning simulation, the learner joins a virtual team at Mill View Pediatrics and works through various scenarios with vaccine-hesitant parents to build the different skills necessary to have confident conversations.



Tips & Tricks to Avoid Common VFC Program Noncompliance Issues

How to ace your next site visit!



VFC Non-Compliance and Other Programmatic Issues

- ► Potential issues to tackle prior to a site visit:
 - Adequately screening patients
 - A major root cause of borrowing
 - Wastage
 - Return Reusable Shipping Coolers
 - Changes to Key Staff



Borrowing Reasons

Occurs when VFC vaccine is administered to a private-pay patient, or private vaccine is administered to a VFC-eligible patient.

VACCINE BORROWING SHOULD NOT ROUTINELY OCCUR

When it is OK to borrow:

- Borrowing short-dated vaccine to prevent vaccine expiration
- Vaccine delivery delays
- Vaccine damaged in transit

When it is **NOT** OK to borrow:

- If borrowing from VFC stock would result in vaccine not being available for VFC patients
- Routine borrowing for any reason
- Repeated human error
- Running out of stock between orders



Avoid Borrowing Through Proper Screening

- Eligibility screening and documentation must take place at each immunization visit.
- Providers must properly and accurately document eligibility status, including eligibility category, at each immunization encounter prior to vaccine administration.



VFC Eligibility

	Child's insurance Status	VFC Eligibility Category	VFC	Private
70	Enrolled in Medicaid	Medicaid	V	
Medicaid	Primary insurance plan with Medicaid as secondary insurance	Medicaid ¹	1	
Me	Enrolled in Medicaid and is American Indian/Alaska Native (Al/AN)	Medicaid¹ or Al/AN	1	
AN AN	AI/AN	AI/AN	V	
A A	Al/AN with no health insurance coverage	AI/AN or Uninsured ²	✓.	
Un- nsured	No health insurance coverage	Uninsured ²	~	
Uni	Enrolled in a Healthcare Sharing Ministry	Uninsured ²	1	
Birthing Hospital	All insurance statuses	Birth Dose Hepatitis B is available for the whole birth cohort at enrolled facilities regardless of eligibility	~	
p	Health insurance, but plan does not cover any vaccines	Underinsured ^{2,3,4}	~	
Underinsured	Health insurance plan does not cover all ACIP-recommended vaccines	Underinsured ^{2,3,4}	V	
nderi	Health insurance plan covers all vaccines, but has a fixed dollar limit or	Underinsured after fixed dollar limit is met ^{2,3,4}	~	
Ď	cap on amount of coverage	Insured until fixed dollar limit is met		1

Iowa Vaccines for Children (VFC) Quick View of Eligibility and Insurance Coverage Situations

- 1. Administer VFC vaccines and bill administration fee to Medicaid to provide the least out-of pocket expense for the family.
- 2. Provider may charge an administration fee per vaccine at the time of service.
- 3. Before administering a vaccine, providers must verify if the child's health insurance plan covers ACIP-recommended vaccines. If the provider cannot verify vaccination coverage, the child is considered insured and not eligible to receive VFC vaccines at the immunization encounter.
- 4. Eligible to receive vaccines only if they are served by a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Local Public Health Agency (LPHA)



Not VFC Eligible

Iowa Vaccines for Children (VFC)
Quick View of Eligibility and
Insurance Coverage Situations

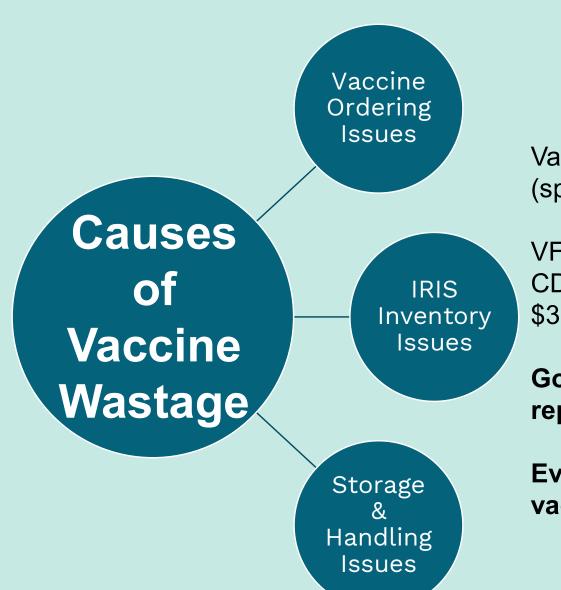
	Child's insurance Status	VFC Eligibility Category	VFC	Private
ပ္	Enrolled in the Healthy and Well Kids in lowa (Hawki) Program	Insured – Not VFC Eligible		1
- Not VF gible	Health insurance covers all vaccines but has not yet met plan's deductible or paid for other services at visit	Insured – Not VFC Eligible		~
Insured – Not VFC Eligible	Health insurance covers all vaccines. Child is referred to LPHA by private clinic when the plan's deductible has not been met or the private clinic does not stock private vaccines	Insured – Not VFC Eligible. Children are not automatically considered VFC eligible when seeking vaccines at LPHA. ³		4



Screening All Patients

- ► Updated screening documents
 - Patient Eligibility Screening Record Private Sector
 - Patient Eligibility Screening Record Public Sector
 - Patient Eligibility Screening Record (Spanish) Private
 Sector
 - Patient Eligibility Screening Record (Spanish) Public
 Sector



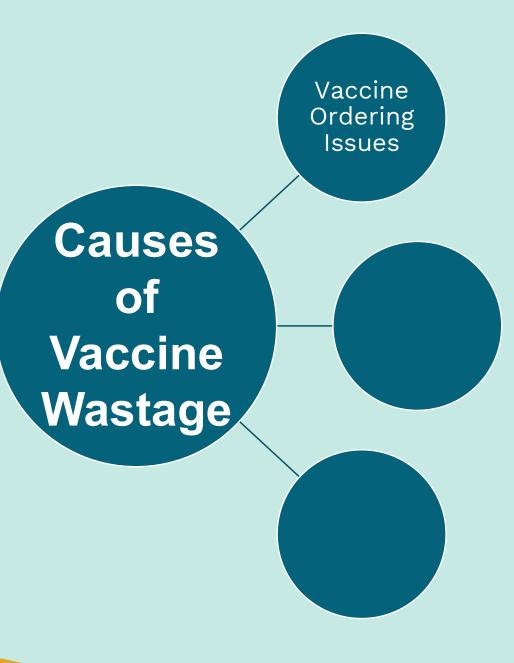


Vaccine wastage is nonviable vaccine (spoiled, wasted, or expired)

VFC vaccines purchased through CDC contract range from \$11.07 to \$395.00 per dose, averaging \$99.30

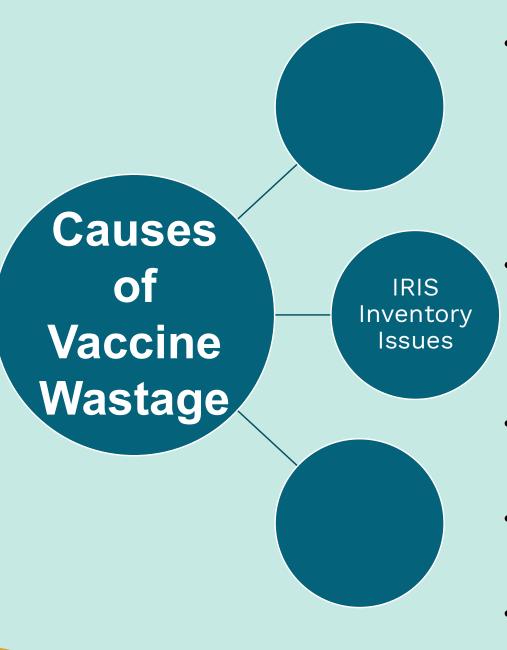
Goal of Iowa VFC Program to report less than 5% wastage

Every VFC Provider can reduce vaccine wastage!



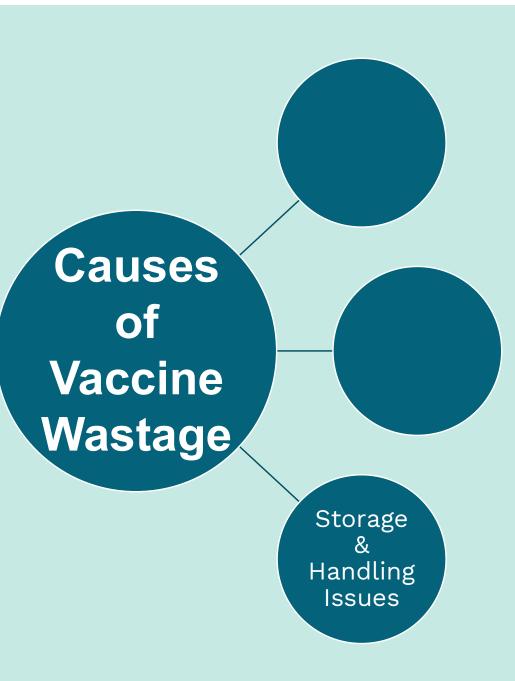
- Follow order frequency cadence
- Do not overorder avoid stockpiling!
- Review current inventory/expiration dates and consider seasonal events or specialty clinics
- Review recommended order quantities in IRIS
- Ensure proper delivery hours on each order
- If applicable, review VFC Program messages on previous IRIS orders





- Select the most appropriate wastage reason codes
 - Inappropriate codes lead to inappropriate wastage reported in IRIS and to the CDC
- Do not manually add VFC inventory to IRIS
 - If you do double add inventory, call the VFC Program
- Return expired/spoiled VFC vaccines
- Conduct counts of vaccine inventory at least monthly
- Call IRIS helpdesk when IRIS inventory issues arise





- Respond quickly to all temperature excursions
 - Never assume vaccine is nonviable in the event of a storage problem.
- Update S&H Plan
- Follow S&H best practices
 - Avoid drawing up and wasting vaccine
 - Rotate stock regularly, earliest expiration first
 - Store VFC stock separately from private stock
 - Check vaccine expiration dates at least monthly.
- Report VFC vaccine that will not be used and will expire within 2-3 (or even 4-6) months to the Iowa VFC Program



Return Reusable Coolers

- ► EcoFlex96 reusable coolers are sent with all frozen and some refrigerated vaccine
 - Includes a pre-paid shipping label in each shipments
 - Flyers are included in each shipment include step-by-step directions, including how to request a UPS pick up if not part of a regular route
- ► Smaller orders may be shipped in standard Styrofoam (not EcoFlex) and do not need to be returned

Action item:

- ► Return all EcoFlex shippers
- ► Do not included non-viable vaccines in these returns





Reporting Changes to Key Staff

Requirement: All changes in key staff must be communicated to Iowa Immunization Program

- ► IRIS Admin users can update Edit Organization Page
 - Primary, back-up, and vaccine delivery contacts
- Primary & Back-up vaccine coordinators required to complete two You Call the Shots Modules
 - Vaccines For Children (VFC)
 - Vaccine Storage and Handling

Action Steps:

Review contacts in IRIS Edit Organization page



Staff IRIS Access

Recommendation:

Primary & Back-up vaccine coordinators recommended to have IRIS Admin Access to complete VFC related activities

Action Step:

- ► Verify IRIS Admin Access
- ► Complete IRIS Authorized Site Agreement-Organization if primary or back-up coordinators do not have IRIS Admin Access



Ordering Replacement DDLs

Immunization Program has Log Tag 400s available to VFC Providers at no cost

- Send email request to lowaVFC@hhs.iowa.gov containing:
 - VFC PIN
 - Number of refrigerator DDLs requested
 - Number of freezer DDLs requested
 - If a docking station is needed



New Iowa HHS Emails & Staff Directory

Immunization Program Directory								
Don Callaghan	Bureau Chief	515-473-8344	Don.Callaghan@hhs.iowa.gov					
Bethany Kintigh	Immunization Program Manager	515-201-4614	Bethany.Kintigh@hhs.iowa.gov					
Shelly Jensen	Immunization Nurse Consultant	515-423-3341	Shelly.Jensen@hhs.iowa.gov					
Emma Gelman	CDC Public Health Advisor	515-229-5080	Emma.Gelman@hhs.iowa.gov					
Hannah Schram	Epidemiologist	515-419-1142	Hannah.Schram@hhs.iowa.gov					
Karen Quinn	Contract and Budget Specialist	515-537-8401	Karen.Quinn@hhs.iowa.gov					
IRIS Help Desk: 1-800-374-3958								
Kim Tichy	IRIS Coordinator	515-322-7780	Kim.Tichy@hhs.iowa.gov					
Tory King	IRIS Help Desk Staff	515-322-7538	Tory.King@hhs.iowa.gov					
Cindy Oliver	IRIS Help Desk Staff	515-322-2374	Cindy.Oliver@hhs.iowa.gov					
Joseph Zehner	IRIS Trainer/Data Exchange Specialist	515-322-7797	Joseph.Zehner@hhs.iowa.gov					
	Vaccines for Children Program: lowaVI	C@hhs.iowa.go	v					
Jessica Schultz	VFC/IQIP Manager/Epidemiologist	515-322-2287	Jessica.Schultz@hhs.iowa.gov					
Matt Sharp	VFC Program Coordinator	515-201-3935	Matt.Sharp@hhs.iowa.gov					
Jenni Newton	VFC Program Vaccine Distribution Coordinator	515-601-1777	Jenni.Newton@hhs.iowa.gov					
Immunization Assessments								
Kelly Rooney-Kozak	Assessments/Adolescent Program Coordinator	515-201-6730	Kelly.Rooney-Kozak@hhs.iowa.gov					
Brandy Rushing	Assessments/Nurse Consultant	515-322-9704	Brandy.Rushing@hhs.iowa.gov					
John Fiedler	Assessments/Nurse Consultant	515-954-9859	John.Fiedler@hhs.iowa.gov					
Lindsey Dawson	Assessments/Nurse Consultant	515-805-7964	Lindsey.Dawson@hhs.iowa.gov					
Kelli Smith	IQIP Assessments/Nurse Consultant	515-318-9530	Kelli.Smith@hhs.iowa.gov					
Phone: 1-800-831-6293	Fax: 1-800-831-6292							

2025 VFC Webinar Series

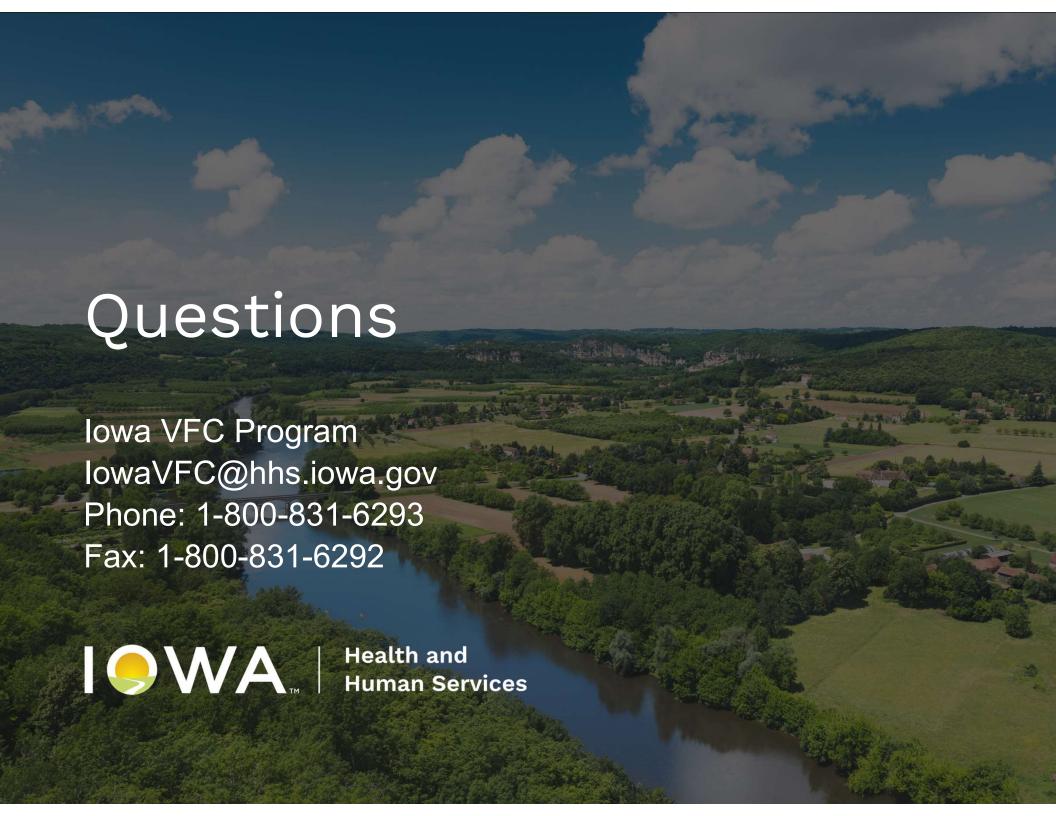
- ► Webinar from 12-1 p.m. on
 - January 29, 2025
 - May 21, 2025
 - July 23, 2025
 - November 19, 2025
- Attendance is not required, but highly recommended, even for experienced VFC Program Providers
- Webinars are recorded and can be found on Iowa VFC website: https://hhs.iowa.gov/immunization/vfc
- Register at https://www.zoomgov.com/webinar/register/WN_ez5EPKu0Q7ewm5 ltfCT-zA#/registration



VFC Resources

- Iowa HHS Immunization Program: https://hhs.iowa.gov/public-health/immunization
- VFC Program: https://hhs.iowa.gov/public-health/immunization/vaccines-children-program
- Iowa HHS Immunization Materials: Online order form
- Iowa Public Health Tracking Portal Immunization Data: https://hhs.iowa.gov/iowa-public-health-tracking-portal/health/immunization





VFC Program Q&A:

Respiratory Season Vaccines:

Question: Are we able to order more VFC influenza vaccines?

Answer: Yes, we have additional doses of FluLaval available. Please email additional influenza vaccine requests with the number of doses requested (in quantities of 10) to lowaVFC@hhs.iowa.gov.

Question: When do we pre book for flu vaccine next season?

Answer: The VFC Program expects to open the annual influenza vaccine pre-book in mid-January. The VFC Program will communicate the prebook window when it is available.

Question: What is the age range eligible to receive VFC COVID-19 vaccine? **Answer**: VFC eligible children ages 6 months through 18 years can receive VFC COVID-19 vaccine.

Question: If a woman received a dose of Abrysvo (RSV vaccine) during pregnancy, do we need to give nirsevimab to the baby?

Answer: Most infants younger than 8 months do not need nirsevimab if the mother was vaccinated with Abrysvo. There are a few exceptions:

https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html

Question: If a mother does not remember if she received a dose of Abrysvo (RSV vaccine) during pregnancy, do we need to give nirsevimab to the baby? **Answer**: Nirsevimab is recommended for infants younger than 8 months of age who are born during or are entering their first RSV season (typically fall through spring) if:

- The mother did not receive RSV vaccine during pregnancy, or
- The mother's RSV vaccination status is unknown, or
- The infant was born within 14 days of maternal RSV vaccination

Here are few resources that may be helpful: https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html and https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/pregnant-people.html.

Vaccines for Adults Program:

Question: If a provider ends up with overstock of Bridge Access Program/ Vaccines for Adult flu vaccine and run low on VFC supply, can they borrow from that stock? **Answer**: Here is the link for the VFA Program website which has a great Q&A https://hhs.iowa.gov/immunization/vaccines-adults-program. Sites may use VFA vaccines for VFC and vice versa but the sites must perform adequate screening and documentation.

Screening & Eligibility:

Question: Vaccine are covered by private primary Insurance under the Affordable Care Act, so for a patient with private Primary Insurance has Medicaid as secondary, should we use private or VFC vaccines?

Answer: Patients with private Primary Insurance and Medicaid as secondary are VFC eligible: hhs.iowa.gov/immunization/vfc.

Question: How do you submit a claim to the private primary insurance to get a denial so that Medicaid will cover as the secondary insurance? Typically, if Medicaid is secondary they will automatically deny any primary submission claim that does not include a primary insurance denial.

Answer: Using VFC vaccines is the Preferred Method for this scenario. It is up to the site's discretion if they choose to use Private vaccines and bill Privately or if the site chooses VFC vaccines and bills Medicaid. However, the reason why it is stated that VFC is the preferred method as it is the least out of pocket cost to the patient. Questions regarding billing can be directed to the Iowa Medicaid Provider Services: Phone: 1-800-338-7909 Email: imeproviderservices@dhs.state.ia.us

<u>Immunization Materials:</u>

Question: Where can we order immunization materials from Iowa HHS? **Answer**:

https://forms.office.com/pages/responsepage.aspx?id=TXssjVoIF0aFNjinbRmw2vcriePgTwtLvNG40xpGi9RUODFJRkpINU9ETEg5UUpSMFZaQTBJTzRCWC4u

Question: Do you have to have the data logger400?

Answer: No, VFC Providers can use any other DDL that meets program requirements: Vaccine Storage and Handling Plan Template.

If you would like additional LogTag400s, please send an email to lowaVFC@hhs.iowa.gov containing the PIN, the number of refrigerator DDLs and freezer DDLs needed, and if the site needs a dock.

Specific Vaccines:

Question: When Bexsero was the timeframe of receiving the 2nd dose 1 month laterthose kids now show their second dose as not valid in IRIS. Will this be corrected so it isn't showing they are needing another dose?

Answer: Previously vaccinated individuals using the 1-month interval schedule do not need to be recalled or revaccinated. The Immunization Program is still working through some scheduling issues with IRIS.

Question: We have Jynneos that we have been giving to our sexual health patients if they meet criteria. We did not order them through the VFC program. I want to make sure we are handling this correctly.

Answer: The Immunization Program supplied limited allocations of Jynneos to certain local public health partners, outside the scope of the Vaccines for Children Program.

There are no changes to the criteria for these doses. However, additional doses of VFC Jynneos can be requested to vaccinate VFC eligible patients who are 18 years of age.

Question: To be clear, if Jynneos is ordered through VFC, it's only valid for those age 18.

Answer: Correct, VFC Jynneos can be administered to VFC eligible individuals 18 years of age. It cannot be administered to younger children.

Question: I have one dose of the Prevnar13 left which is no longer given. How can I dispose of this as not expired yet and no chose in system for no longer used? **Answer**: Prevnar 13 can be removed from your IRIS inventory using the 'expired' code. This will trigger a vaccine return and you will follow the same return process used for all other VFC vaccines.