

2017 – 2018



SEASONAL INFLUENZA OUTREACH CLINIC PROCEDURES MANUAL

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

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Eligibility for Seasonal Influenza (Flu) Vaccine

Anyone who does not have a contraindication to the receipt of influenza vaccine can be vaccinated at a Department of Public Health (DPH) flu clinic (In-house or Outreach). The following persons are eligible to be immunized with vaccine supplied by the Los Angeles County Department of Public Health Immunization Program:

All persons aged 6 months and older should be vaccinated annually.

Emphasis should be placed on vaccination of high-risk groups and their contacts and caregivers:

- Children aged 6-59 months;
- Adults aged ≥ 50 years;
- Persons with chronic pulmonary (including asthma), cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
- Persons who are immunocompromised due to any cause, (including medications or HIV infection);
- Women who are or will be pregnant during the influenza season;
- Children and adolescents (aged 6 months through 18 years) receiving aspirin- or salicylate-containing medications and who might be at risk for Reye syndrome;
- Residents of nursing homes and other long-term care facilities;
- American Indians/Alaska Natives;
- Persons who are extremely obese (BMI ≥ 40); and
- Caregivers and contacts of those at risk:
 - Health care personnel in inpatient and outpatient care settings, medical emergency-response workers, employees of nursing home and long-term care facilities who have contact with patients or residents, and students in these professions who will have contact with patients;
 - Household contacts and caregivers of children aged ≤ 59 months (i.e., < 5 years), particularly contacts of children aged < 6 months, and adults aged ≥ 50 years; and
 - Household contacts and caregivers of persons who are in one of the high-risk categories listed.

Vaccine Composition

The 2017–16 influenza trivalent vaccines used in the United States contain an A/Michigan/45/2015 (H1N1) pdm09-like virus, an A/Hong Kong/4801/2014 (H3N2)-like virus, and a B/Brisbane/60/2008-like (B/Victoria lineage) virus. Quadrivalent vaccines, which have two influenza B viruses, contain the viruses recommended for the trivalent vaccines, as well as a B/Phuket/3073/2013- like (B/Yamagata lineage) virus.

Influenza (Flu) Vaccination Consent Form Completion Instructions (Part 1)

The Seasonal Influenza Vaccination Outreach Clinics will use the current Flu Vaccination Consent Form (See Appendix) to document influenza vaccinations (Inactivated Influenza Vaccine [IIV]). The form is available in multiple languages (English, Spanish, Korean, and Chinese). To order additional vaccination consents or Vaccine Information Statements (VIS), complete the Vaccine Consent and VIS Order Form (See Appendix) and forward to Angela Austin at aaustin@ph.lacounty.gov or fax to (213) 250-8755. Educational materials can be obtained by contacting the Immunization Program Customer Support Services Unit at (213) 351 - 7800.

Completion of the Form:

1. **Client Completed Section:** The top section of the form which includes, name, address, phone, birthday, age, gender, race/ethnicity, pregnancy status, health insurance status, and client signature section should be completed by the client (**in black ink**) and checked by the screener. **Do not use pencil.**
2. **Screener Completed Section:** The next section is completed by the screener. The screener will be responsible for reviewing the initial screening questions completed by the client and verifying the information completed thus far. Review the vaccination form to ensure that the following fields are complete, accurate and legible:
 - o Last Name
 - o First Name
 - o Date of Birth
 - o Age
 - o Zip Code
 - o Phone number
 - o Gender
 - o Mother's First Name
 - o Race/Ethnicity
 - o Pregnancy Status

Next, the screener should review the screening questions (Section immediately below *Stop Do Not Write Below This Line*) with the client to determine if the client is medically eligible to receive a flu vaccination. **After reviewing the remaining screening questions, the screener will then determine if the patient is eligible to receive an influenza vaccination.**

If the vaccine is contraindicated (e.g. patient had an anaphylactic reaction after previous dose of flu vaccine), document the information on the back of the Flu Vaccination Consent Form (**record information on back of the hard copy, not the copy given to the client**) and refer the client to their personal physician.

For children 6 months through 8 years of age, indicate the dose number (i.e. 1st or 2nd) the child is to receive. As a reminder, children in this age group who have **not** received at least 2 doses of flu vaccine prior to July 1, 2017, should receive two doses this flu season (See Figure 2, pg. 12).

Vaccinator Completed Section: The lower section of the form should be completed by the person administering the vaccine and includes the VIS date (pre-printed), type of flu vaccine, manufacturer, lot number, dose, site of administration, and initials of the person administering the vaccine.

Shade in the circle(s) corresponding to the **vaccine manufacturer (SP-Sanofi Pastuer, or GSK-GlaxoSmithKline)**, correct dose (0.5 mL), dose number (1 or 2), route (RT [right thigh], RD [right deltoid], LT [left thigh], or LD [left deltoid]). Document the vaccine lot number using CAPITAL letters neatly in the center of the boxes.

Avoid Medication Errors: document the correct flu vaccine type, manufacturer/ lot number, dosage, route of administration (site), and initials of vaccinator.

Student Nurse Vaccinators: Student nurses providing vaccinations will need to have the vaccination form co-signed by the instructor at the end of the clinic. **Instruct all nursing faculty to co-sign the bottom right-hand corner of the consent form.**

Language interpreters: All persons providing interpreter services are required to sign consent form in the space provided on the lower left-hand corner.

3. **Quality Assurance:** Each outreach should have an assigned QA person (charge PHN will assign a designated person) to review the forms to make sure **all** fields have been completed.

See page 6 for general instructions on completing the Flu Vaccination Consent Form.

Influenza Vaccination Consent Form Completion Instructions (Part 2)

- ✓ Use only **BLACK** ink (no pencil, colored ink, OR marker) to complete handwritten sections of the form.
- ✓ Print neatly in **CAPITAL** letters in the center of the boxes on the form.
- ✓ Ensure most of the area in any circles/bubbles are shaded. **Do not put an X or check mark in the bubbles.** However, if this does happen and there isn't time to shade, leave the form as is.
- ✓ Do **NOT** mark up or write any notes on the front of the form. Notes may be written on the back of the hard copy not the carbon. Keep the form clean (no smudges, marks, stains, etc).
- ✓ Do **NOT** fold the forms.
- ✓ Please ensure **ALL** questions/parts of the form are completed and not left blank.
- ✓ **Common errors made on the form:**
 - As long as the form is complete, legible, and the handwritten information is in the appropriate boxes, the form does **NOT** need to be completed more than once even if more than one mistake was made.
 - It is very important that **Date of Birth** is completed accurately. The screener should verify the date of birth with the client to ensure accuracy.
 - Zip code, Gender, Race/Ethnicity, Pregnancy status, Date Administered, and Mother's first name should be completed accurately.
 - Fill-in the appropriate bubbles for the Manufacturer, Lot number, Dosage, Site and Vaccinator's Initials. This information is required to create an accurate record in CAIR.
 - **PRINT clearly in the space provided, the initials of the person administering the vaccine.** One letter per box. No SIGNATURES please.
 - If patient's last name is written as the first name and vice versa, the form does not need to be corrected or completed again.
- ✓ When removing the carbon/patient copy, please be careful to avoid ripping or tearing the original Vaccination form.

Vaccine Information Statements (VIS)

A Vaccine Information Statement (VIS) is a one-page (two-sided) information sheet, produced by Centers for Disease Control (CDC). VISs inform vaccine recipients or their parents or legal guardians about the benefits and risks of a vaccine. Federal law requires that the VIS is given out whenever certain vaccines are administered, including influenza vaccine. A VIS must be given to the vaccine recipient or their parent or legal representative prior to administration of the vaccine.

The English version of the VIS may be downloaded from the CDC's website at <https://www.cdc.gov/vaccines/hcp/vis/index.html>. Other languages are available on the Immunization Action Coalition's website at <http://www.immunize.org/vis>. Copies of the English and Spanish versions of the VIS may be found in the appendix.

Current VIS dates:

1. Inactivated Influenza Vaccine - IIV (08/07/2015)

Health Insurance and Vaccine for Children (VFC) Eligibility Screening

The screener will be responsible for screening children and adults for their health insurance status to determine if they are eligible to receive certain vaccines. Document the client's health insurance status (e.g., Private HMO, Medi-cal/Medicaid, Medical, Other, None) on the Flu Vaccination Consent Form and the 317 Vaccination Consent Form (if necessary). Adults 19 years and older who are uninsured or underinsured (vaccines not covered by insurance) are eligible to receive Tdap, PCV, PPSV, and certain other vaccines (e.g. Zoster, Hepatitis A, MCV, etc.). However, adults with health insurance should be referred to their primary care provider for these vaccines. **Flu vaccine can be administered to all adults regardless of insurance status.**

In addition to screening for health insurance, the screener will be responsible for screening children aged 6 months through 18 years for VFC eligibility. The screener must review the eligibility criteria with the parent/guardian to determine the child's eligibility status. Indicate the child's eligibility status by choosing from one of the following criteria:

- Uninsured
- Medi-Cal/CHDP
- American Indian/Alaskan Native
- Not VFC eligible*

Children who are VFC eligible can receive Tdap at the outreach, but should be referred to the public health center for vaccines. Flu vaccinations can be given at the outreach flu clinics.

*Children who are not VFC eligible (e.g., have private health insurance) can receive a flu vaccination, but should be referred to their primary care provider to receive other vaccines.

Contraindication & Precaution Screening Questions

And why the question is important!

Every person requesting a flu vaccination needs to be screened for contraindications to the vaccine. The vaccination form contains approved screening questions for IIV. Persons answering yes to any question should be referred to a knowledgeable person, usually the nurse for further assessment. See information below for information on assessing a person for vaccination who has answered yes to any questions. Please note, not all “yes” answers contraindicate vaccination.

Screening Questions:

These questions should be completed by the client and reviewed by the screener.

1. *Do you have a fever or feel sick today?* There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, persons with an acute febrile illness usually should not be vaccinated until their symptoms have improved. **Minor illnesses with or without fever do not contraindicate use of influenza vaccine.** Do not withhold vaccination if a person is taking antibiotics.
2. *Are you pregnant or think you may be pregnant?* However, all pregnant women should be vaccinated with the inactivated influenza vaccine. If the patient is not sure of her pregnancy status, administer IIV.
3. *Have you ever had a serious reaction to the Flu vaccine requiring medical help?* History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses.
4. *Do you have a severe allergy to eggs?* A severe egg allergy contraindicates influenza vaccine. Clients who can eat lightly cooked eggs (i.e. scrambled) can be vaccinated with any influenza vaccine product.

Clients who experience only hives after eating eggs or egg-containing products (e.g. cakes or bread) may be immunized with either IIV or Recombinant Influenza Vaccine (RIV). RIV is an egg-free influenza vaccine and is recommended for use in patients 18 years of age and older. Observe the client for 15 minutes after vaccination to decrease the risk for injury should he/she experience syncope.

Clients who report having had reactions to egg involving symptoms other than hives, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, may similarly receive any licensed and recommended influenza vaccine (IIV or RIV) that is otherwise appropriate for the recipient’s age and health status. These clients should be vaccinated in an inpatient or outpatient medical setting (including but not limited to hospitals, clinics, health departments, and physician offices), under the supervision of a health care provider who is able to recognize and manage severe allergic reactions. (See Figure 1 on page 11).

5. Do you have an allergy to thimerosal? Although exposure to vaccines containing thimerosal can lead to hypersensitivity, the majority of people do not have reactions to thimerosal when it is administered as a component of vaccines, even when patch or intradermal tests for thimerosal indicate hypersensitivity. When reported, hypersensitivity to thimerosal typically has consisted of local delayed hypersensitivity reactions. A previous delayed local hypersensitivity reaction to a vaccine containing thimerosal is not a contraindication to vaccination. Multi-dose vials of influenza vaccines contain thimerosal, whereas single dose vials or syringes do not. Clients with severe allergies to thimerosal should be given preservative-free vaccine.
6. Do you have any long term medical conditions such as: asthma, heart disease, lung disease, kidney disease, metabolic disease (i.e. diabetes), liver disease (i.e. hepatitis, cirrhosis), a blood disorder (i.e. leukemia, lymphoma, and sickle cell disease), immune system disorder (i.e. HIV/AIDS, steroid therapy)? Anyone with a history of chronic illnesses or a weakened immune system should receive an influenza vaccination.
7. Have you ever had Guillain-Barré Syndrome (GBS)? It is prudent to avoid vaccinating persons who are not at high risk for severe influenza complications but who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination (IIV or LAIV). Clients who have developed GBS after a previous influenza vaccination should be referred to their primary care provider for evaluation.

Adapted from materials from the Immunization Action Coalition (www.immunize.org)

Seasonal Influenza (Flu) Vaccine Products for 2017-2018

	Vaccine	Trade name	Manufacturer	Presentation	Age group	Number of doses	Route	Pregnant Women ‡‡
Products Available Through LACIP	IIV4	Fluzone®	Sanofi Pasteur	5.0 mL multi-dose vial ^{††}	≥ 6 months	1 – 2 [§]	IM	No
	IIV4	Fluarix®	GlaxoSmithKline	0.5 mL prefilled syringe	≥3 years	1 – 2 [§]	IM	Yes
	IIV4	FluLaval®	GlaxoSmithKline	0.5 mL prefilled syringe	≥6 months	1 – 2 [§]	IM	Yes

Vaccines Available for Purchase from Manufacturers

Other Products Available	IIV3	Fluvirin®	Seqirus	0.5 mL prefilled syringe [¥]	≥4 years	1 – 2 [§]	IM	Yes
				5.0 mL multi-dose vial ^{††}				No
	HD – IIV3	Fluzone® High-Dose ^{***}	Sanofi Pasteur	0.5 mL prefilled syringe	≥65 years	1	IM	No
	SD – IIV3	Afluria® ^{††}	Seqirus	0.5 mL prefilled syringe	≥5 years	1 – 2 [§]	IM	Yes
				5.0 mL multi-dose vial ^{††}				No
	IIV4 [†]	Fluzone®	Sanofi Pasteur	0.25 mL prefilled syringe	6 – 35 months	1 – 2 [§]	IM	No
	SD – IIV4	Afluria® ^{††}	Seqirus	0.5 mL prefilled syringe	≥18 years ^{**}	1	IM	Yes
				5.0 mL multi-dose vial ^{††}	≥18 years ^{**}			No
	IIV4	FluLaval®	GlaxoSmithKline	5.0 mL multi – dose vial ^{††}	≥ 6 months	1 – 2 [§]	IM	No
	IIV4	Fluzone®	Sanofi Pasteur	0.5 mL prefilled syringe	≥3 years	1 – 2 [§]	IM	Yes
				0.5 mL single – dose vial				Yes
	IIV4	Fluzone® Intradermal	Sanofi Pasteur	0.1 mL prefilled micro-syringe	18-64 years	1	ID	Yes
	RIV3	FluBlok®	Protein Sciences	0.5 mL single-dose vial	≥18 years	1	IM	Yes
	RIV4	FluBlok®	Protein Sciences	0.5 mL single-dose syringe	≥18 years	1	IM	Yes
	cclIV4	Flucelvax	Seqirus	0.5 mL prefilled syringe	≥4 years	1 – 2 [§]	IM	Yes
LAIV4 ^{§§}	FluMist®	MedImmune	0.2 mL sprayer	2--49 years	1 – 2 [§]	Intranasal	No	
aIIV3	Fluad [¥]	Seqirus	0.5 mL prefilled syringe [¥]	≥65 years	1	IM	No	

Inactivated Influenza Vaccine (IIV) includes IIV3, IIV4, cclIV, aIIV4, and cclIV4. Live attenuated influenza vaccine (LAIV4) also known as FluMist.

§ Two doses administered at least 4 weeks apart are recommended for children aged 6 months–8 years who have never received flu vaccine or have not received 2 or more doses of flu vaccine since July 1, 2017. (See Figure 2, Page 12).

§§ ACIP does not recommend Flumist (LAIV4) be used during the 2017 – 18 season.

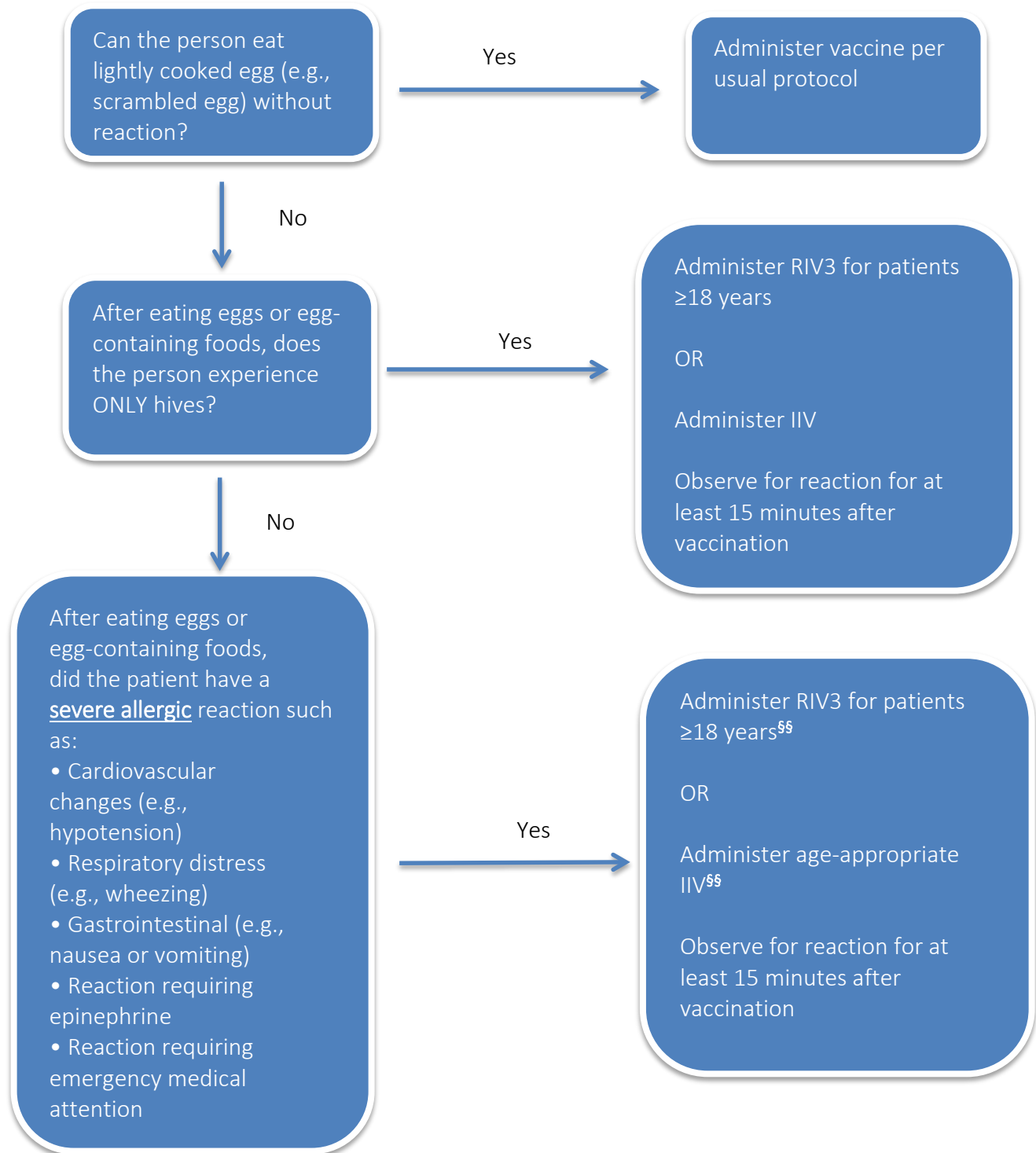
†† Age indication per package insert is ≥5 years; however, ACIP recommends that Afluria not be used in children aged 6 months through 8 years because of increased risk for febrile reactions noted in this age group with CSL's 2010 Southern Hemisphere IIV3. If no other age-appropriate, licensed IIV is available for a child aged 5 through 8 years who has a medical condition that increases the child's risk for influenza complications, Afluria can be used; however, vaccination providers should discuss with the parents or caregivers the benefits and risks of influenza vaccination with Afluria before administering this vaccine. ≥9 years via needle; Adults 18 through 64 years may receive Afluria either by the Stratis injector or with a sterile needle and syringe.

¥ Syringe tip cap may contain natural rubber latex.

*** Inactivated Influenza vaccine high dose. A 0.5-mL dose contains 60 mcg of each *vaccine antigen*.

†† Effective July 1, 2006, the State of California requires that children less than 3 years of age and women who are pregnant, be immunized with vaccines containing restricted amounts of thimerosal, a preservative in some vaccines. Therefore, vaccines contained in multi-dose vials should not be used to vaccinate pregnant women & children less than 3 years of age.

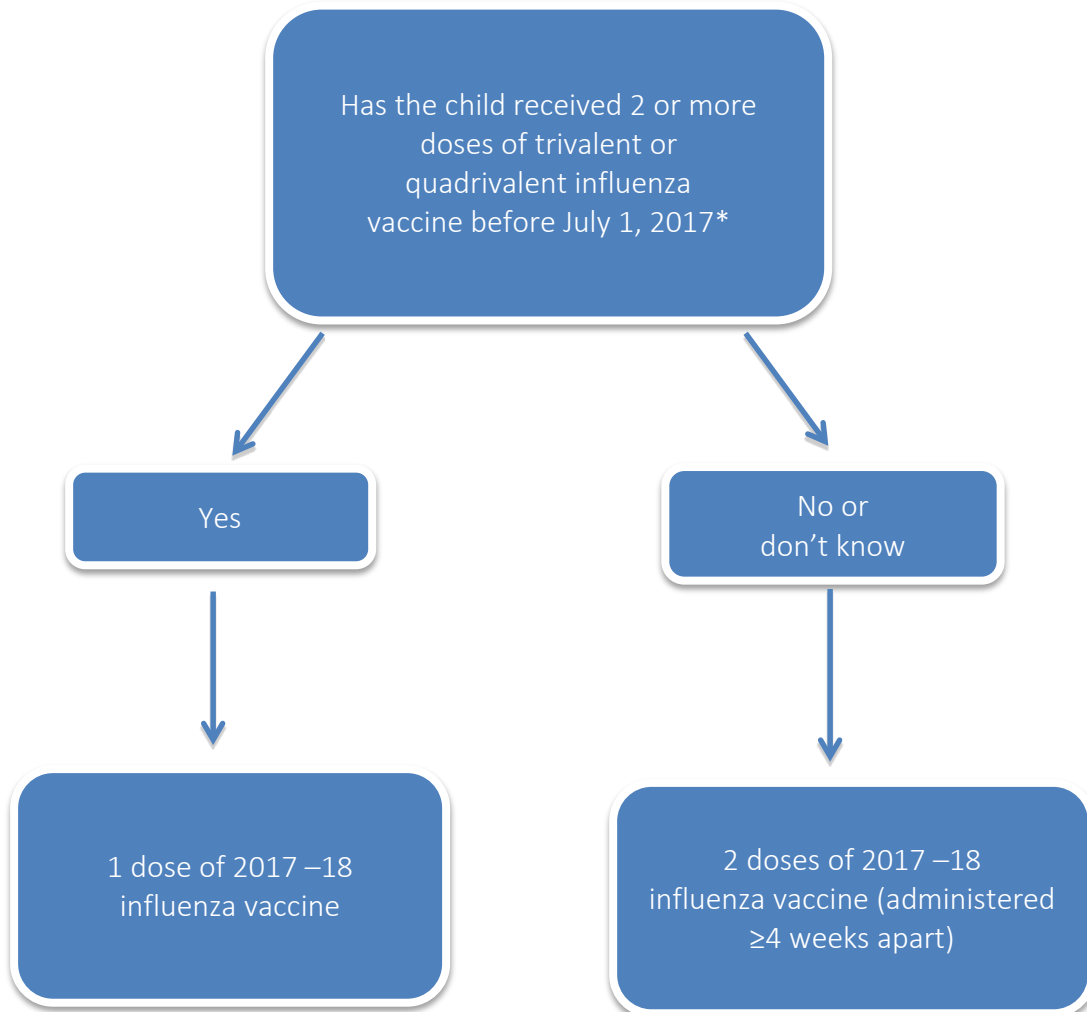
Figure 1: Recommendations Regarding Influenza Vaccination of Persons Who Report Allergy to Eggs[§]



[§]Adapted from 2015-16 ACIP Influenza Vaccine Recommendations for Persons Who Report Allergy to Eggs.

^{§§} Persons with a history of severe allergic reaction to eggs (i.e. any symptoms other than hives) should be vaccinated in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices), under the supervision of a health care provider who is able to recognize and manage severe allergic conditions.

Figure 2: 2017-18 Influenza Dosing Schedule for Children 6 Months Through 8 Years of Age



*The two doses need not have been received during the same season or consecutive seasons.

Vaccine Adverse Reporting System (VAERS)

The Vaccine Adverse Event Reporting System is a cooperative program for vaccine safety of the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). VAERS is a post-marketing safety surveillance program, collecting information about adverse events (possible side effects) that occur after the administration of US licensed vaccines.

Each report provides valuable information that is added to the VAERS database. Accurate and complete reporting of post-vaccination events supplies the information needed for evaluation of vaccine safety. The CDC and FDA use information obtained from the VAERS form to ensure the safest strategies of vaccine use and to further reduce the rare risks associated with vaccines.

VAERS encourages the reporting of any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States. You should report clinically significant adverse events even if you are unsure whether a vaccine caused the event.

For influenza vaccines, health care providers are required to report any event listed by the vaccine manufacturer as a contraindication to subsequent doses of the vaccine.

A copy of the VAERS form can be found in the appendix or can be downloaded from the VAERS website at [VAERS - Report an Adverse Event](#)

A copy of the completed VAERS form should be FAXED to the Los Angeles County Immunization Program at (213) 351-2782. If you have any questions regarding reporting or VAERS, contact the Immunization Program at (213) 351-7800.

Volunteer Information

All persons who wish to participate as a volunteer at the flu outreach clinics must complete the 1-3 Day Volunteer Packet. Non-licensed staff may complete the forms the day of the outreach and submit to HR by the next business day. All licensed staff (RN, LVN, MD, etc.) must complete the forms and email to **Angela Austin** at: aaustin@ph.lacounty.gov and cc Sarena Reyes, HR Liaison, at: sareyes@ph.lacounty.gov at least 3 days prior to the outreach. Original Volunteer packets DO NOT need to be sent to HR or CHS Administration. To request a copy of the DPH Volunteer Program Packet (1 – 3 Day), contact Angela Austin at aaustin@ph.lacounty.gov.

Just in Time Training

Just in time training (JITT) should be completed immediately before the start of each outreach clinic.

Listed below are several topics that should be reviewed during JITT:

- Current influenza vaccine recommendations and administration procedures
- Flu Outreach forms - Flu Vaccination Consent Form; CHS Cover Sheet for Flu Outreaches; VIS
- List of vaccine lot numbers and type of vaccine being used on the day of the outreach
- Review assignments i.e. Screeners, Vaccinators, QA, etc.

Flu Accountability Process for Community Health Services (CHS)

Checklist for Flu Vaccine Inventory

Before the outreach clinic:

- Upon receipt of your flu vaccine, enter all doses in CAIR (i.e. all doses should be entered with the date received). **DO NOT** separate doses by outreach and in-house.
- Vaccines with the same lot number and same expiration date should be combined and not re-entered as a new lot number.

Note: Doses transferred from one health center to another must be deleted from the CAIR inventory of the original health center. The health center receiving the transferred vaccine must enter the doses received into their CAIR inventory. (See Appendix for CAIR Transfer Instructions)

Checklist for Outreach Clinics

The following forms shall be provided to patients receiving an influenza vaccination:

- Vaccine Information Sheet (VIS)
- Current Influenza Vaccination Consent Form

During the outreach

- The nurse in-charge of the outreach clinic must review and complete the CHS Influenza Coversheet. Indicate if each participant is a vaccinator or screener.
- Each person participating in the outreach should sign his/her own name and initials on the Coversheet.
 - Initials should be signed the same as they are signed on the *Flu Vaccination Consent Form*.
- All flu doses administered at outreach clinics conducted by CHS staff will utilize the current *Flu Vaccination Consent Form*.
- Screeners and vaccinators must review each vaccination form to ensure the following fields are complete, accurate, and legible:

○ Last Name	○ Mother's First Name	○ Site of Administration
○ First Name	○ Race/Ethnicity	○ Staff Initials
○ Date of Birth	○ Pregnancy Status	○ Date of Administration
○ Zip Code	○ Age	○ Insurance Coverage
○ Phone number	○ Manufacturer	○ Vaccine Dosage
○ Gender	○ Lot Number	○ Dose Number

Checklist to Prepare Forms for Data Entry

After the outreach:

- The Nurse in-charge must review and complete the Cover Sheet for CHS Flu Outreach Clinics, and attach to the vaccination forms. All of the information on the cover sheet must be completed.
- Check to make sure all of the names and initials of the screeners and vaccinators who participated in the outreach are listed on the Cover Sheet for CHS Flu Outreach Clinics.
- Sort the Flu Vaccination Consent Forms by the vaccinator's initials. For example, all forms signed by Susan R. Smith with the initials "SRS" should be paper clipped together.
- Review the vaccination forms for completeness. Correct forms missing the following information:
 - Type of vaccine
 - Lot numbers should match those listed on the cover sheet
 - Date vaccine administered

CHS Flu Outreach Cover Sheets

After the outreach clinic:

- Within 3 business days of the flu outreach, the flu coordinator (or designee) shall fax or email the CHS Flu Outreach Cover Sheets to the Office of Health Assessment and Epidemiology (OHAE). Faxed forms should be sent to: (213) 250-2594. Forms sent via email should be sent to the attention of Leila Family, Epi Analyst at: LFamily@ph.lacounty.gov, with a cc to: Shelly Hsu, Epi Analyst at: shsu@ph.lacounty.gov, Grace Kim, Epi Analyst at: grkim@ph.lacounty.gov and Bryant Dao, Epi Analyst at: BRDao@ph.lacounty.gov.
- The flu coordinator (or designee) shall ensure all consents are properly batched with the CHS Flu Outreach cover sheet on top and transported to the OHAE on the Monday following the outreach and delivered to:

Office of Health Assessment and Epidemiology
313 N. Figueroa St., Room #127
Los Angeles, CA 90012
***Sign in with Jeremy Huang**

- Once all forms are entered, OHAE will send all batched forms to CHS Administration, to the attention of Angela Austin, CHS Flu Coordinator.
- The CHS Flu Coordinator will work with the Area Nurse Managers to ensure that the forms are returned to the appropriate health center.

Off-Site Clinic Supply Check List

Medical Supplies

- Vaccines
- Safety syringes with needles attached (23-25 Gauge 1 – 1 ½ inch needles)
- Needles (23-25 Gauge 1 – 1 ½ inches) to attach to manufacturer’s prefilled syringes
- Puncture proof sharps disposal containers
- Insulated bag or container for transporting vaccine
- Cold packs for transporting vaccine (NOT FROZEN)
- Thermometers
- Alcohol wipes
- Cotton balls
- 3-6 small trays to hold vaccine
- Emergency Kit (See Emergency Procedures section for list of kit’s contents)
- Drape sheets or roll table covers for tables
- Paper towels
- Hand sanitizer
- Heavy duty, large plastic trash bags
- Kleenex
- Band-Aids
- Cot/Blanket
- Red plastic bags for contaminated supplies
- Gloves (non-latex) small, medium and large

Stationery Supplies

- Current Influenza Outreach Clinic Procedure Manual
- Current Vaccine Information Statement (VIS) for [IIV](#)
- Flu Vaccination Consent Form (current version)
- Vaccine Adverse Event Reporting System ([VAERS](#)) Form
- Volunteer sign-in sheets
- Certificate of County Self-Funding of Insurance Obligation (current version)
- Cover Sheet for CHS Outreach Flu Clinics
- Volunteer Instructions
- Volunteer nametags
- Emergency phone numbers: Physician on call, Health Center contact person
- Stapler/staples
- Rubber bands
- Pens (black ink only), pencils and marking pens
- Clip boards
- Masking tape
- Paper clips
- Listing of other clinic sites and dates

Vaccine Administration Policies and Procedures

- ___ [Administration of Medications, Including Immunizations \(MD/ND Policy 113\)](#)
- ___ [Standard Precautions for the Prevention of Infections \(MD/ND Policy 102\)](#)
- ___ [Patient Identity Verification \(Prior to Providing Health Care Services\) \(MD/ND Policy 101\)](#)
- ___ [Medical Records Documentation \(MD/ND Policy 121\)](#)

Vaccine Storage and Handling Policies and Procedures

- ___ [Routine Vaccines for Children \(VFC\) Vaccine Management Plan \(CHS Policy 210\)](#)
- ___ [Attachment VII – Vaccines for Children \(VFC\) Program Return or Transfer of VFC Vaccines Report](#)
- ___ [Attachment VIII - Transporting Refrigerated Vaccine](#)
- ___ [Transport of Medical Waste \(MD/ND Policy 116\)](#)

Emergency Policies and Procedures

- ___ [Management of Anaphylaxis \(MD/ND Policy 118\)](#)
- ___ [Registered Nurse Standardized Procedure: Management of Anaphylaxis \(MD/ND Policy 402\)](#)
- ___ [LVN Standing Order: Response to Anaphylaxis \(MD/ND Policy 403\)](#)
- ___ [Basic Life Support Certification \(MD/ND Policy 122\)](#)
- ___ [Anaphylaxis Kit for Home Visitation and Community Outreach Events \(CHS Policy 511\)](#)
- ___ [Attachment I - Anaphylaxis Kit for Home Visitation and Community Outreach Events](#)
- ___ [Attachment II - Community Health Services Emergency/Anaphylaxis Event Worksheet](#)
- ___ [University Health System \(UHS\) Safety Intelligence Event Reporting Consortium \(CHS Policy 915\)](#)
- ___ [Report an Adverse Event](#)

Miscellaneous Policies and Procedures

- ___ [Non-Employee Injury Report Form](#)
- ___ [Incident Reporting](#)

Post Off-Site Clinic Checklist

Volunteers

- ___ Ensure all volunteers sign-out on the Volunteer Sign-In form, with the Clinic Manager or designated staff person.
- ___ Collect the Volunteer Sign-In form and return to the public health center.

Vaccine

- ___ Return vaccine to the public health center in an insulated container with cold packs (See [Attachment VIII - Transporting Refrigerated Vaccine](#)).
- ___ Initial and date multi-dose vials.
- ___ Refrigerate vaccine immediately upon return to the public health center.

Forms

- ___ Collect all Flu Vaccination Consent Forms and return to the public health center. Attach CHS Flu Outreach Cover Sheet to the Consent Forms and send to OHAE for data entry.
- ___ If applicable, submit completed Event Notification, VAERS, Non-employee Injury report forms, etc. to Supervisor. A copy of the VAERS report must be FAXED to the Immunization Program at (213) 351-2782.

Other Supplies

- ___ Pack supplies into boxes and return to public health center.
- ___ Seal the used sharps-disposal containers and return to the public health center for disposal in bio-medical container. (See [Transport of Medical Waste Policy – MD/ND 116](#))

Vaccine Storage and Handling Guidelines

Inactivated Influenza Vaccines (IIV)

Storage Requirements: Store at 36° – 46°F (2° – 8°C). **Do not freeze or expose to freezing temperatures.** Protect Fluarix® and FluLaval™ from light at all times by storing in original package.

Instructions for Use: Inspect visually for extraneous particulate matter and/or discoloration. If these conditions exist, the vaccine should not be used. Shake vial or manufacturer-filled syringe well before use. Discard vaccine if it cannot be re-suspended with thorough agitation.

Shelf Life after Opening: Single-Dose Vials: The vaccine should be administered shortly after withdrawal from the vial. If the vaccine is not used by the end of the clinic it must be discarded. Multi-dose Vials: Withdraw a single dose of vaccine into separate sterile needle and syringe for each immunization. The vaccine should be administered shortly after withdrawal from the vial. Unused portions of multi-dose vials may be refrigerated at 36° – 46°F (2° – 8°C) and can be used until the expiration date.

Manufacturer-Filled Syringes: The vaccine should be administered shortly after the needle is attached to the syringe. **Do not recap syringe with rubber stopper and attempt to use at a later date.**

Special Note: See Routine VFC Program Vaccine Management Plan

<http://intranet/ph/PDFs/PolicyProcedures/CHSPProcedureManual/200/Attachment/210-VII.pdf>

Packing Vaccine for Transport to Off-Site Clinics

Transporting Refrigerated Vaccine

Guidelines for vaccine transport and short-term storage

- Use the procedure below to pack all vaccines (**except varicella vaccine**) for transport and/or storing for up to 12 hours at room temperature. If vaccine is packed according to the procedure, temperatures can be as low as -4°F for one of those 12 hours.
- If the vaccine will be stored in refrigerators after transport, be sure those refrigerators have maintained temperatures between 35°F and 46°F for at least 3 to 5 days.

Assemble packing supplies

1. **Cooler.** Use hard plastic Igloo-type coolers. Attach a "Vaccines: Do Not Freeze" label to the cooler.
2. **"Conditioned" cold packs.** Condition frozen gel packs by leaving them at room temperature for 1 to 2 hours until the edges have defrosted and packs look like they've been "sweating." Cold packs that are not conditioned can freeze vaccine. **Do not use dry ice.**
3. **Thermometer.** Prepare the thermometer by placing it in the refrigerator at least 2 hours before you pack the vaccine.
4. **Packing material.** Use two 2-inch layers of bubble wrap. Not using enough bubble wrap can cause the vaccine to freeze.



Pack vaccine

1. Cold packs

Spread conditioned cold packs to cover only half of the bottom of the cooler.



2. Bubble wrap

& Thermometer

Completely cover the cold packs with a 2-inch layer of bubble wrap. Then, place the thermometer/probe on top of the bubble wrap directly above a cold pack.



3. Vaccine

Stack layers of vaccine boxes on the bubble wrap. Do not let the boxes of vaccine touch the cold packs.



4. Bubble wrap

Completely cover the vaccine with another 2-inch layer of bubble wrap.



5. Cold packs

Spread "conditioned" cold packs to cover only half of the bubble wrap. Make sure that the cold packs do not touch the boxes of vaccine.



6. Form & display

Fill the cooler to the top with bubble wrap. Place the thermometer's digital display and the *Return or Transfer of Vaccines Report* form on top. It's ok if temperatures go above 46°F while packing.



As soon as you reach the destination site, check the vaccine temperature. If the vaccine is:

- Between 35°F and 46°F, put it in the refrigerator.
- Below 35°F or above 46°F, contact your VFC Rep or the VFC program immediately at 1-877-243-8832. For H1N1 vaccine, call 1-888-867-6319. Then label the vaccine "Do Not Use" and put it in the refrigerator.

www.eziz.org

Transporting Supplies to and From Off-Site Clinics

1. If supplies are taken to an off-site clinic ahead of time, lock-up all supplies, including needles and syringes.
2. Transporting used needles, syringes, sharp-disposal containers:
 - a. Seal and label used sharps-disposal containers as used hypodermic equipment.
 - b. Separate sharps-disposal containers containing used needles, syringes and intranasal sprayers, and empty vaccine vials from rest of supplies.
 - c. Return red-bagged items and the used sharps-disposal containers to the health center for disposal in biohazard containers. Never dispose of syringes or contaminated supplies at the outreach clinic site.
 - d. Follow health center policy on transporting medical waste (see Transport of Medical Waste, QID Policy 316).
3. Do not transport vaccine in the trunk of your car.

Certificate of County Self- Insurance Coverage

The County is self-insured. Facilities hosting off-site influenza clinics that request proof of insurance may be given a current copy of the County of Los Angeles Certificate of Self- Insurance Coverage: *2017 – 2018 Influenza Campaign*. Copy enclosed in the Appendix.

Appendix

1. Certificate of Self-Funding of Insurance Coverage: 2017 – 2018 Influenza Campaign
2. CHS Cover Sheet for Flu Outreach Clinics
3. Volunteer Sign – in Sheet
4. CAIR Transfer Instructions
5. LACIP Adult Flu Return or Transfer Form



COUNTY OF LOS ANGELES

06/13/2017

CERTIFICATE OF SELF-INSURANCE COVERAGE

PRODUCER/INSURED

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE
RISK MANAGEMENT BRANCH
3333 WILSHIRE BOULEVARD, SUITE 820
LOS ANGELES, CA 90010

This certificate is provided for informational purposes only, and does not affect, or expand any of the County's obligations pursuant to the Agreement. This Certificate also confirms that the County is not an insurance company, and that no insurance obligation or relationship exists, or will be established in any manner whatsoever between the County and any individual, contractor, vendor and public or private entity/organization.

ENTITIES AFFORDING COVERAGE

COUNTY OF LOS ANGELES

PARTICIPATION
100%

COVERAGES

This Certificate of County Self-Funding Insurance Obligation(Certificate) is the County of Los Angeles (County) authorized Statement that is elected to self-fund its financial obligations. This self-funding of liability is in lieu of commercial insurance coverage, and applies only to the extent permitted by State Law.

The County is permitted to self-fund its liabilities arising from acts or omissions of the County; its appointed and elected officers, employees and volunteers (except actual fraud, corruption, or malice), by virtue of California Government Code Sections 989-991.2, County Code 5.32 and Articles 1 and 2 of the County Charter. The liabilities that the County self-funds include general, automobile, property and workers' compensation.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
<input checked="" type="checkbox"/> Commercial General Liability				Occurrence Amount - \$2,000,000 Aggregate Amount - \$10,000,000
<input checked="" type="checkbox"/> Automobile Liability				Occurrence Amount - \$1,000,000 Aggregate Amount - \$10,000,000
<input checked="" type="checkbox"/> Property Liability				Occurrence Amount - \$2,000,000 Aggregate Amount - \$10,000,000
<input checked="" type="checkbox"/> Workers' Compensation and Employers Liability	SELF INSURED	07/01/2017	07/01/2018	Occurrence Amount - Statutory Statutory Aggregate

DEPARTMENT OF OPERATIONS/LOCATIONS

County Department Public Health
Facility Use Agreement 2017-2018 Influenza Campaign

CERTIFICATE HOLDER

To Whom it May Concern

CANCELLATION

SHOULD THE COUNTY ELECT TO DISCONTINUE SELF-INSURING ITS LIABILITIES, THE COUNTY WILL NOTIFY THE HOLDERS ON ITS RISK MANAGEMENT WEBSITE

BY:

STEVE ROBLES, COUNTY RISK MANAGER

Cover Sheet for CHS Flu Outreach Clinics, 2017-2018

Return this Cover Sheet to the Office of Health Assessment & Epidemiology
within 3 BUSINESS DAYS after each outreach ends

Email to: Leila Family, Epi Analyst at: LFamily@ph.lacounty.gov with a cc to: Shelly Hsu, Epi Analyst at: shsu@ph.lacounty.gov, Grace Kim, Epi Analyst at: grkim@ph.lacounty.gov and Bryant Dao, Epi Analyst at: BRDao@ph.lacounty.gov. or FAX to (213) 250-2594.

All outreach staff must clearly **PRINT** their own name, **PRINT** initials, and flu form initials (i.e., initials as they appear on the flu forms)

Cover Sheet Submitted by:

Date ___/___/___ First Name: _____ Last Name: _____

Phone# () _____ - _____ Email _____@ph.lacounty.gov

PLEASE PRINT NEATLY

Outreach Date:		Number of People Vaccinated:	#
Clinic Site Name:			
Clinic Site Address:			
DPH Public Health Center Conducting Outreach Clinic:		SPA Conducting Outreach:	
Vaccine Information* <i>(See manufacturer abbreviations below)</i>	Manufacturer:	Manufacturer:	Manufacturer:
	Lot #:	Lot #:	Lot #:

*SP-Sanofi Pasteur, SEQ-Seirus, GSK-GlaxoSmithKline

	PLEASE PRINT NAME (Example: Susan R. Smith, RN)	Check if you served in any of the following roles at this outreach clinic	Printed Initials (Ex: SRS)	Flu Form Initials (Ex: <i>SRS</i>)
1.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
2.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
3.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
4.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
5.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
6.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
7.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
8.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
9.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
10.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
11.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
12.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		

	PLEASE PRINT NAME (Example: Susan R. Smith, RN)	Check if you served in any of the following roles at this outreach clinic	Printed Initials (Ex: SRS)	Flu Form Initials (Ex: <i>SRS</i>)
13.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
14.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
15.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
16.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
17.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
18.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
19.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
20.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
21.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
22.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
23.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
24.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
25.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
26.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
27.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
28.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
29.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
30.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
31.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
32.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
33.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
34.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
35.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
36.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
37.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
38.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
39.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
40.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		

CAIR Vaccine Transfer Instructions

1. When transferring vaccines OUT of your clinic to another site, click on the “Adjust” link of the vaccine you wish to transfer.

CAIR - Current Inventory For Provider "docoffice"

Click "ID" link to update the lot information. Click the "Adjust" link to make inventory adjustment. Or click the "Default" link to set up this lot as the default lot.

ID	Vaccine	Variant	MFR	Lot Num	Exp Date	State (VFC/317)	Vials Left	MLs Left	Doses Left	Adjust	Default
2901	DTaP	<ADULT>	AVP	22298-VFC	01/01/2020	Y	48.28	965.8	1932	Adjust	Set
8332	DTaP	<PED>	AVP	346222 pvt	05/13/2013	N	66	33	66	Adjust	Set
8344	DTaP	<PED>	AVP	C145AA	05/05/2013	Y	1137	568.5	1137	Adjust	Set
8428	DTaP	<PED>	AVP	123456-VFC	06/02/2016	Y	122	61	122	Adjust	Set
8494	DTaP	<PED>	AVP	M123-PRIVATE	01/30/2014	N	250	125	250	Adjust	Set
8559	DTaP	<PED>	GSK	JKGVLIH	09/12/2015	N	9	4.5	9	Adjust	Set
8523	DTaP	<PED>	GSK	98182-VFC	05/13/2013	Y	50	25	50	Adjust	Set
8531	DTaP	<PED>	AVP	c0025AA	02/15/2015	N	15	7.5	15	Adjust	Set
8533	DTaP	<PED>	AVP	3314785	10/20/2020	N	2	1	2	Adjust	Set
3044	DTaPHBIP	<STD>	ACBA	test1234	01/01/2020	Y	212.99	92438	184876	Adjust	Set
8112	DTaPIPHI	<PED>	AVP	3326546	10/20/2020	Y	100	50	100	Adjust	Set
8330	DTaPIPHI	<PED>	AVP	123456-PP	12/13/2012	N	1100	550	1100	Adjust	Set
8331	DTaPIPHI	<PED>	AVP	98777G	02/02/2013	Y	9	4.5	9	Adjust	Set
8493	DTaPIPHI	<PED>	AVP	C96945A-VFC	08/26/2014	Y	249	124.5	249	Adjust	Set
8475	DTP-HIB	<PED>	AVP	ao2330	11/30/2012	Y	13	6.5	13	Adjust	Set
8462	FLU	<STD>	MSD	657895-VFC	06/30/2013	Y	10	50	100	Adjust	Set
8510	FLU	<STD>	AVP	1213456-VFC	06/30/2013	Y	5	25	50	Adjust	Set
8526	FLU	<STD>	MSD	0784612-PRIVATE	06/30/2013	N	10	50	100	Adjust	Set
8536	FLU	<STD>	AVP	4521	06/15/2013	N	2	10	20	Adjust	Set
8550	FLU	<PED>	AVP	C3250AB	06/30/2013	N	200	50	200	Adjust	Set
8393	FLU	<PED>	AVP	123456-PP	06/01/2013	N	96	24	96	Adjust	Set
3158	FLU	<PED>	ACBA	31456416	01/01/2020	Y	2455.16	29462	117848	Adjust	Set
8218	FLU	<STD>	MSD	010325	02/15/2013	N	15.4	77	154	Adjust	Set
8407	FLU	<STD>	GSK	12876849	06/30/2013	Y	55	275	550	Adjust	Set
8446	FLU	<STD>	AVP	1023	10/20/2012	Y	1	5	10	Adjust	Set
8339	FLU	<STD>	GSK	094859-VFC	06/30/2013	Y	8.1	40.5	81	Adjust	Set
3157	FLU-H1N1	<PED>	AVP	effeffeff	01/01/2020	Y	564563.08	66441970.6	347206853	Adjust	Set

2. Select “Transfer Out” as your Adjustment Type.

CAIR - Inventory Adjustment

Inventory Item ID: 8344
Working Provider ID: docoffice
Vaccine Code: DTaP
Vaccine Variant: <PED>

Adjustment Type: **Transfer Out**

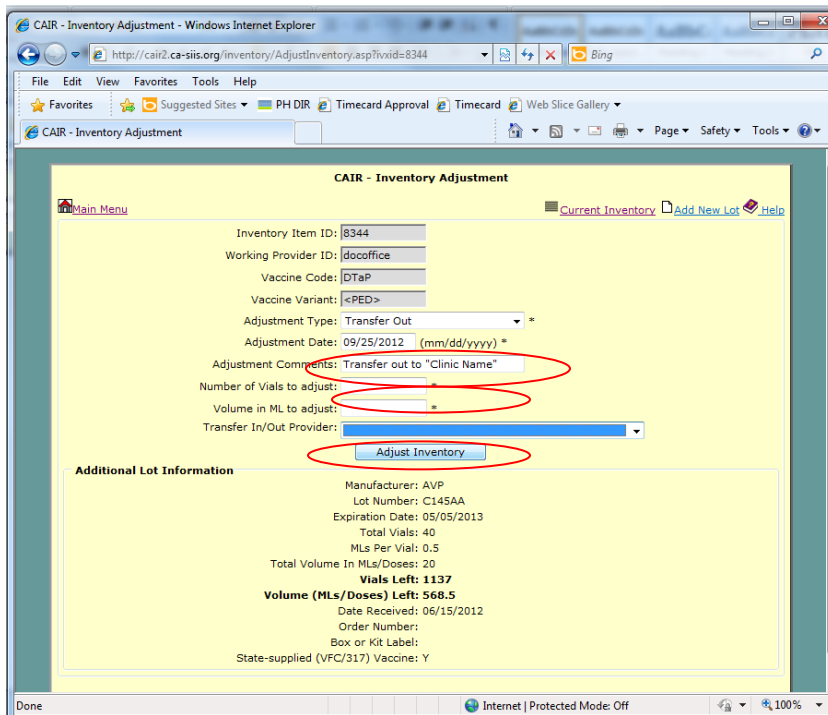
Adjustment Date:
Adjustment Comments:
Number of Vials to adjust:
Volume in ML to adjust:

Additional Lot Information

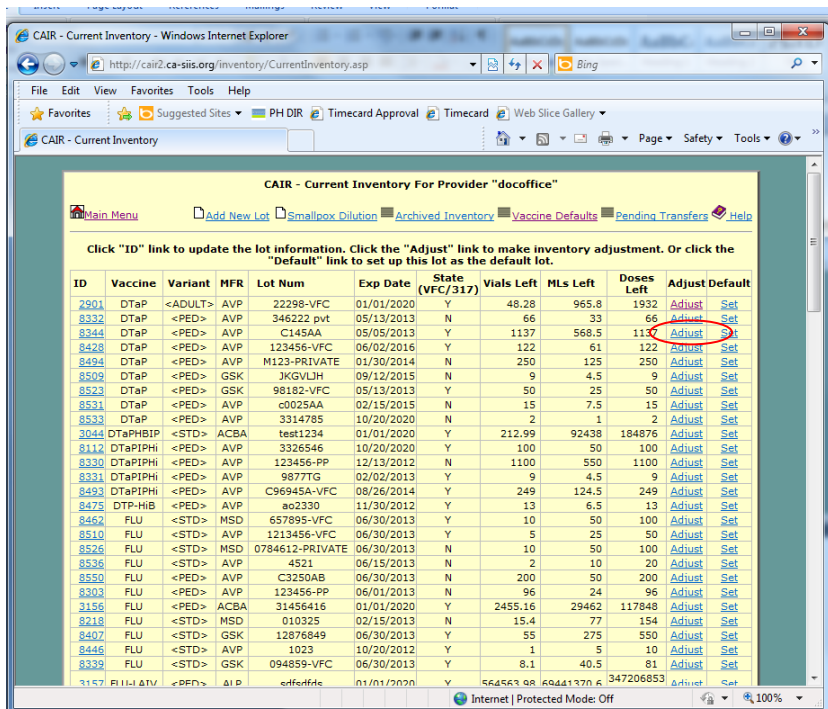
Lot Number: C145AA
Expiration Date: 05/05/2013
Total Vials: 40
MLs Per Vial: 0.5
Total Volume in MLs/Doses: 20
Vials Left: 1137
Volume (MLs/Doses) Left: 568.5
Date Received: 06/15/2012
Order Number:
Box or Kit Label:
State-supplied (VFC/317) Vaccine: Y

CAIR Vaccine Transfer Instructions

- In the "Adjustment comments" field, make a note of your transfer to the specific clinic name. Type in the amount of vials you wish to transfer out, then Click the "Adjust Inventory" (see example below...)

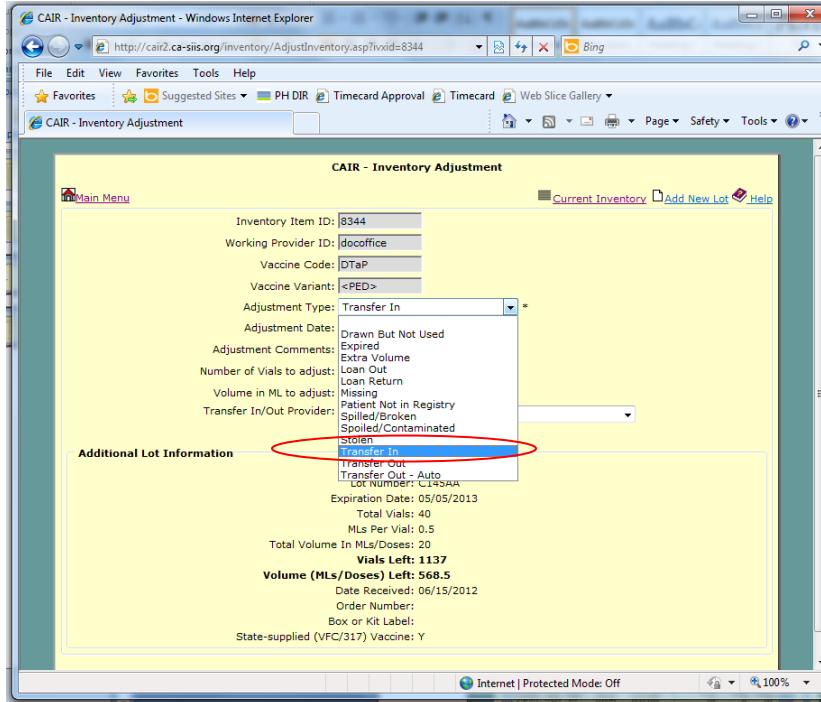


- When transferring vaccines INTO your clinic from another site, repeat step #1, and click on the "Adjust" link of the vaccine you wish to transfer in.



CAIR Vaccine Transfer Instructions

5. Select "Transfer In" as your Adjustment Type.



6. In the "Adjustment comments" field, make a note of your transfer from the specific clinic name. Type in the amount of vials you are transferring in, then click "Adjust Inventory". (see example below...)

CAIR Vaccine Transfer Instructions

CAIR - Inventory Adjustment

Inventory Item ID: 8344
Working Provider ID: docoffice
Vaccine Code: DTaP
Vaccine Variant: <PED>
Adjustment Type: Transfer In *
Adjustment Date: 09/25/2012 (mm/dd/yyyy) *
Adjustment Comments: Transferred in from "Clinic Name"
Number of Vials to adjust: *
Volume in ML to adjust: *
Transfer In/Out Provider: *
Adjust Inventory

Additional Lot Information

Manufacturer: AVP
Lot Number: C145AA
Expiration Date: 05/05/2013
Total Vials: 40
MLs Per Vial: 0.5
Total Volume in MLs/Doses: 20
Vials Left: 1137
Volume (MLs/Doses) Left: 568.5
Date Received: 06/15/2012
Order Number:
Box or Kit Label:
State-supplied (VFC/317) Vaccine: Y

Contact the Immunization Program CAIR Representatives at (213) 351-7800 for any questions regarding the transfer process.

LOS ANGELES COUNTY IMMUNIZATION PROGRAM - STATE GENERAL FUND ADULT INFLUENZA VACCINE - RETURN OR TRANSFER FORM

Instructions:

1. Call the LACIP Customer Support Services Unit at (213) 351 -7800 to report LACIP-supplied Adult flu vaccine that needs to be returned or
2. transferred. Please print or type. Complete this form and then fax to LACIP Customer Support Services Unit at 213-365-9108.
3. Make a copy of this form for your records. Enclose the original copy of the form in the package with th vaccine.

		PIN
		COUNTY
NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.		DATE
MAILING ADDRESS (NUMBER/STREET)	CITY	ZIP CODE
CONTACT PERSON	TITLE	
TELEPHONE NUMBER	FAX NUMBER	

VACCINE TYPE	MANUFACTURER	LOT NUMBER	EXPIRATION DATE	NUMBER OF DOSES	TRANSACTION CODE <small>(SEE BELOW)</small>	VACCINE RECEIVED IN GOOD CONDITION? [†]			COMMENTS
						YES	NO	INITIALS	

TRANSACTION CODES—Enter one of these codes into the column above. Provide additional information as required.

CODE	MEANING	ADDITIONAL INFORMATION			NOTES
1[†]	Viable Vaccine— Transferred to LACIP	NAME	PIN	TELEPHONE	
2[†]	Viable Vaccine— Transferred to Another Provider	NAME	PIN	TELEPHONE	
3*	Spoiled Vaccine — Returned to the LACIP	*Spoiled Reason Codes: (use all codes that apply) <input type="checkbox"/> Vaccine storage unit failure <input type="checkbox"/> Stored incorrectly <input type="checkbox"/> Failure to store vaccines properly upon receipt <input type="checkbox"/> Vaccine damaged/spoiled during shipment to practice/clinic <input type="checkbox"/> Power Outage/Natural Disaster <input type="checkbox"/> Other. Explain _____			
4	Expired Vaccine — Returned to the LACIP				