

Maryland 2009 Influenza A (H1N1) Monovalent Vaccine Provider

Electronic Agreement

This questionnaire is designed to record acceptance of the terms of the Maryland 2009 Influenza A (H1N1) Monovalent Vaccine Provider Agreement. Submission is accepted as proof of agreement.

A pdf version of this agreement may be accessed by clicking here: [Maryland 2009 Influenza A \(H1N1\) Monovalent Vaccine Provider Agreement and Initial Order Form \(pdf\)](#).

It is highly recommended that you print a copy of each page as you complete the survey. You will not be able to print a copy after you have left the page or after submission. Please retain a copy of this agreement for your records.

Please share this information with staff as needed to educate them of their obligations under the terms of this agreement.

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Facility Information

- * Please provide the name for the facility/site.

Facility Name:

- * Please provide the Provider Identification Number (PIN). Please enter only one PIN number.

NOTE: Maryland Vaccines for Children (VFC) enrolled providers should only enter their VFC PIN. Non-VFC enrolled providers should only enter their assigned H1N1 Provider PIN.

VFC Provider PIN OR
H1N1 Provider PIN
(Hxxxx format):

- * Shipping Address:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

- * County where vaccine will be shipped:

NOTE: Please distinguish between Baltimore County and Baltimore City

- * Name of person completing this questionnaire on behalf of the practice/facility/organization. This person may be the Medical Director or another individual authorized to bind the facility.

Name:

Title:

Phone:

Fax:

E-mail Address:

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Agreement

Your participation in the 2009 Influenza A (H1N1) Monovalent Vaccine vaccination effort is greatly appreciated as a vital service that will protect individuals and the public against 2009 H1N1 influenza. The 2009 Influenza A (H1N1) Monovalent Vaccine has been purchased by the federal government as a means of protecting the public against 2009 Influenza A (H1N1). It is being made available to immunization providers working in partnership with state and local public health departments to vaccinate individuals for whom the vaccine is recommended. This Provider Agreement specifies the conditions of participation in the 2009 Influenza A (H1N1) Monovalent Vaccine vaccination effort in the U.S. prior to receipt of the vaccine.

Please indicate your agreement to each of the conditions by checking "Accept" beside each statement. If you do not agree with each statement, you will not be able to complete the questionnaire and will not be eligible to receive and administer the 2009 H1N1 Monovalent Vaccine in Maryland.

The immunization provider agrees to:

- * Accept 1. Administer the 2009 Influenza A (H1N1) Monovalent Vaccine according to the recommendations of the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices as adopted by the CDC.

Accept

- * Accept 2. Store and handle the vaccine in accordance with the package insert provided with the vaccine including compliance with cold chain requirements.

Accept

- * Accept 3. Provide a current Vaccine Information Statement (VIS) to each individual before vaccination, and answer questions about the benefits and risks of vaccination, including different indications for live versus inactivated vaccines.

Accept

- * Accept 4. Record in the patient's medical record or in an office log the date of administration, the site of administration, the vaccine type and lot number, and the name of the immunization provider for each individual vaccinated. The record must be kept for a minimum of three years following vaccination.

Accept

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- * Accept 5. Report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (1-800-822-7967 or <http://vaers.hhs.gov/contact.htm>).

jm Accept

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Agreement 2

In addition, the provider:

- * Accept 6. Can not charge patients, health insurance plans, or other third party payers for the vaccine, the syringes or the needles as these are provided at no cost to the provider. The provider/facility is also prohibited from selling H1N1 vaccine, syringes or needles.

jn Accept

- * Accept 7. May charge a fee for the administration of the vaccine to the patient, their health insurance plan, or other third party payer. The administration fee cannot exceed the regional Medicare vaccine administration fee. If the administration fee is billed to Medicaid, the amount billed cannot exceed the state Medicaid administration fee. Public health providers may not charge a fee.

jn Accept

- * Accept 8. May either administer the 2009 Influenza A (H1N1) Monovalent Vaccine for free to individuals who cannot afford the administration fee, or refer these individuals to a public health department clinic or affiliated public health provider for vaccination.

jn Accept

- * Accept 9. Must report the number of doses of 2009 Influenza A (H1N1) Monovalent Vaccine administered to individuals as requested by the state health department.

jn Accept

- * Accept 10. Must report to the state health department the number of doses of vaccine that were not able to be used because the vaccine expiration date was exceeded, or the vaccine was wasted for other reasons. These doses must be disposed of in accordance with state regulations for biological waste.

jn Accept

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- * Accept 11. Are strongly encouraged to provide an immunization record card to the vaccine recipient or parent/guardian to provide record of vaccination, to serve as an information source if a Vaccine Adverse Event Reporting System report is needed, and to serve as a reminder of the need for a second dose (if necessary). Immunization cards will be included in each shipment of vaccine.

jm Accept

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Agreement 3

Providers in the State of Maryland also agree to the following:

- * Accept 12. Vaccine shipped at the Provider's request under this agreement to a receiving location outside the state (e.g. a distributor for a pharmacy chain) must be offered for administration at facilities located in the State of Maryland.

jn Accept

- * Accept 13. The person signing this agreement on behalf of the facility or organization will assure that providers participating in the H1N1 vaccination program at this facility are made aware of their obligations under the terms of this agreement. The Maryland Department of Health and Mental Hygiene's (DHMH's) obligations and duties are limited to the coordination efforts previously stated.

jn Accept

- * Accept 14. Providers are strongly encouraged to check and document vaccine storage temperatures at least twice daily when the facility is open to assure that vaccine is stored at proper temperatures (2 to 8 degrees Celsius, or 35 to 46 degrees Fahrenheit).

jn Accept

- * Accept 15. In the event of a vaccine storage failure, the provider agrees to notify the Department of Health and Mental Hygiene by email at H1N1Info@dnhm.state.md.us. The provider agrees not to administer vaccine involved in a storage failure unless the vaccine manufacturer indicates that its use is acceptable.

jn Accept

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- * Accept 16. Providers will submit to DHMH on at least a weekly basis the following data elements on all 2009 Influenza A (H1N1) Vaccine administration:

Note: Data may be submitted using the DHMH administration tracking form or ImmuNet. Existing users of ImmuNet are expected to use ImmuNet for submission of data to DHMH. All other providers will be supplied triplicate forms for capturing the below data elements and which may also serve as a patient record. (Large health care organizations who have a well-functioning electronic record system capable of extracting, formatting and periodically transmitting a single file with the required patient-specific data elements may wish to inquire about electronic reporting of H1N1 vaccine administration data. Inquiries about such may be made by e-mailing H1N1INFO@dhmh.state.md.us).

REQUIRED DATA ELEMENTS:

Patient Last Name

Patient First Name

Patient Zip Code

Patient DOB

Patient Gender

Vaccine Dose Number

Date Vaccine Administered

Provider PIN Number (VFC or H1N1 Provider PIN)

REQUESTED BUT NOT REQUIRED DATA ELEMENTS:

Patient Jurisdiction (county/city code)

Patient Telephone number

Patient Ethnicity

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Patient Race

Patient Target Group (Pregnancy, Live with or care for children <6 months old, Healthcare worker, Underlying risk factor or chronic condition)

Vaccine Manufacturer Name

Vaccine Lot Number

Accept

- * Accept 17. The provider acknowledges that the information pertaining to the provider's name and address, as well as the number of doses delivered under this agreement may be made available to the public.

Accept

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* If the information is publicly made available, how would you like information about your vaccination site to be listed? Please choose one below:

Open for H1N1 vaccination of new patients/general public

Vaccine available to current patients only; not open to new patients/general public

Other (please specify)

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* Accept 18. The provider acknowledges that receipt of H1N1 vaccine shall constitute acceptance of the terms of this agreement.

jm Accept

Maryland 2009 Influenza A (H1N1) Monovalent Vaccine Provider

Provider Agreement Complete

Thank you for completing the Maryland 2009 Influenza A (H1N1) Monovalent Vaccine Provider Agreement!

Please proceed to the next questionnaire section to place your initial vaccine order.

If you have a question, please send an email to: H1N1Info@dhmh.state.md.us.

Maryland 2009 Influenza A (H1N1) Monovalent Vaccine Provider

Maryland 2009 Influenza A (H1N1) Monovalent Vaccine Initial Order Form

Before placing your order, it is important to assess your refrigerator storage capacity and realistic expectations for use. Boxes of supplies to administer the selected vaccine will arrive the day before or the day of the shipment (supplies may include, as needed: patient immunization card, syringes, needles, alcohol swabs, sharps container).

This initial order MUST NOT EXCEED your storage refrigerator's capacity. Boxes of vaccine may arrive at once or in multiple shipments as product is released.

Your initial order should reflect the amount of vaccine you anticipate being able to administer within a 30 day period.

- * 1. Please provide the date you are submitting your order:

MM DD YYYY
Order Submission / /
Date:

- * 2. Please provide the following information so that we may contact you directly should there be questions about your order:

Facility Name:
Person Completing Order:
Phone Number:

- * 3. Please provide the Provider Identification Number (PIN). Please enter only one PIN number.

NOTE: [Maryland Vaccines for Children \(VFC\)enrolled](#) providers should only enter their VFC PIN. [Non-VFC enrolled](#) providers should only enter their assigned H1N1 Provider PIN.

VFC Provider PIN OR
H1N1 Provider PIN
(Hxxxx format):

4. Please provide your facility's office hours and days of operation:

5. Please indicate any specific shipping instructions for your facility (e.g. days vaccines CANNOT be received, etc.).

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Vaccine Order

Please indicate the initial number of vaccine doses needed for a 30 day period.

6. How many doses (in increments of 10) of injectable vaccine would you like to order? Please select vaccine by the formulation appropriate for the age group of the intended recipients.

Preservative-free,
0.25mL Pre-filled
syringes (6-35
months)

Preservative-free,
0.5mL Pre-filled
syringes (4+ years)

Multi-dose vials (6
months and older)

7. How many doses (in increments of 10) of nasal spray Live Attenuated Influenza Vaccine would you like to order?

LAIV-FluMist® (2-49
years of age, healthy,
not pregnant)

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Initial Vaccine Order Form Complete

Thank you for submitting your initial Maryland 2009 Influenza A (H1N1) Monovalent Vaccine order!

Resupplies may be ordered as needed - reordering information will be e-mailed to the facility point of contact. For questions or concerns, please send an e-mail to:
H1N1Info@dhmh.state.md.us