

Florida SHOTS™

**VFC DOSE
ACCOUNTABILITY
QUICK TIPS**

Contact Information

www.flshots.com

Free help desk:

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Monday – Friday, 8 A.M. to 5 P.M. Eastern

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1. DOCUMENTING PATIENT VFC ELIGIBILITY

Prior to entering Vaccines for Children (VFC) shot records into Florida SHOTS, you must first determine that a patient is eligible to receive VFC vaccine. Below is the **“Patient Eligibility Screening Record: Florida Vaccines for Children Program”** form to document eligibility for your own files.

Patient Eligibility Screening Record Florida Vaccines for Children Program

1. Initial Screening Date: _____
MM DD YYYY
2. Child’s Name: _____
Last Name First MI
3. Child’s Date of Birth: _____
MM DD YYYY
4. Parent/Guardian/Individual of Record: _____
Last Name First MI
5. Is your facility a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC):
 Yes No
6. Primary Provider’s Name: _____
Last Name First MI
7. This patient qualifies for immunization through the VFC Program because he/she:
 (check only one box)
 - a.) Is enrolled in Medicaid
 - b.) Does not have health insurance
 - c.) Is an American Indian or Alaskan Native
 - d.) Is underinsured (has health insurance that does not pay for vaccinations)*
 - e.) This child does not qualify for immunizations through the VFC Program because he/she does not meet the eligibility criteria.

Eligibility Criteria					
Date	Is enrolled in Medicaid	Does not have health insurance	Is an American Indian or Alaskan Native	Underinsured (has health insurance that does not pay for vaccinations)*	Does not meet eligibility criteria

The health care provider must keep in the office a record of all children 18 years of age or younger who receive immunizations. The record may be completed by the parent, guardian, individual of record or by the health care provider. **VFC eligibility screening must take place with each immunization visit to ensure the child’s eligibility status has not changed.** While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

***To be supported with VFC Program-purchased vaccine, underinsured children must be vaccinated through a FQHC or RHC or under a deputized agreement with an approved provider.**

This form can be downloaded from <http://www.floridahealth.gov/programs-and-services/immunization/vaccines-for-children/provider-forms.html>.

2. ADDING A VFC VACCINATION RECORD

Once a patient is in the registry, you are ready to add vaccinations to his or her record. Click the “Vaccinations” link on the left menu. Choose “**Add a Vaccination Record**” to add shots.

The screenshot shows the 'VACCINATION LIST' interface. On the left is a navigation menu with options like 'Patients', 'Patient Data', 'Vaccinations', and 'Forms'. The main area displays a table of vaccination records with columns for Vaccine Series, Vaccine Type, Date Given, Dose/Interval, Age Yr Mo/ in Days, Total Mos/ Adv Event?, Provider/Person, Source, and Del? (checkbox). Below the table are buttons for 'View', 'Change', 'Provider Contact Info', 'Add a Vaccination Record', and 'Add Historical Vaccination Records'. At the bottom are 'Next' and 'Cancel' buttons.

Vaccine Series	Vaccine Type	Date Given	Dose/Interval	Age Yr Mo/ in Days	Total Mos/ Adv Event?	Provider/Person	Source	Del?
DTAP	PEDIARIX	10/11/2015	1 0	0-2 61	2 N	SWEET PEDIATRICS FARRARK	SWEET PEDIATRICS	<input type="checkbox"/>
HEP B	HEP B	08/11/2015	1 0	0-0 0	0 N	SWEET PEDIATRICS FARRARK	SWEET PEDIATRICS	<input type="checkbox"/>
HEP B	PEDIARIX	10/11/2015	2 61	0-2 61	2 N	SWEET PEDIATRICS FARRARK	SWEET PEDIATRICS	<input type="checkbox"/>
POLIO	PEDIARIX	10/11/2015	1 0	0-2 61	2 N	SWEET PEDIATRICS FARRARK	SWEET PEDIATRICS	<input type="checkbox"/>

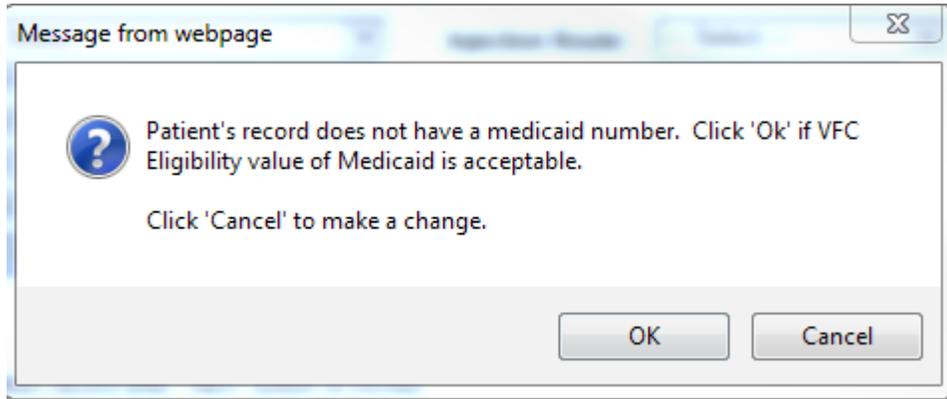
As of January 2016, all VFC providers are required to record all VFC administered vaccines in Florida SHOTS. If you use “**Add Historical Vaccination Records**” you will not be able to record whether the dose is a VFC vaccine. However, filling in all of the information required on the “Add a Vaccination Record” screen meets VFC auditing requirements. Following this method to enter VFC information will allow you to track your shot records and manage your VFC inventory.

Select “Add a Vaccination Record.” The system will display the “Add Vaccination Record” screen that is equipped with pull-down lists that are kept up-to-date with new vaccines added at the central registry. To display the selections, simply click the down arrow next to each box.

The screenshot shows the 'ADD VACCINATION RECORD' form. It includes fields for Vaccine Type (HPV9), Date Given (11/06/2015), Vaccine Information Statements (VIS), VIS Recipient (Mother: SWEET, MOMMY), Type (HPV - GARDASIL-9), VIS Date (04/15/2015), Injection Site (LA-LEFT ARM), Injection Route (IM-INTRAMUSCULAR), Provider Org ID (SWEET PEDIATRICS), Provider Person ID (DOEJ), VFC Eligibility (VFC ELIGIBLE-MEDICAID/MCO), Manufacturer (MSD - MERCK & CO., INC.), Lot Number (L011846), and Expiration Date (01/17/2017). There is a checkbox for 'Add another vaccination record after "Next" button is clicked' and a note that an asterisk indicates a required field. 'Next' and 'Cancel' buttons are at the bottom.

2. ADDING A VFC VACCINATION RECORD (cont.)

If you are adding a Medicaid-eligible VFC vaccine record, make sure you have included the patient's Medicaid number on the "Patient ID Info;" otherwise you will get a pop-up message.



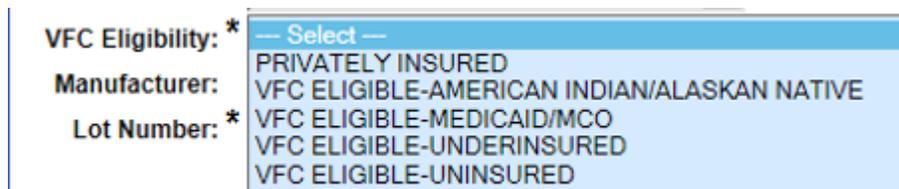
- **Vaccine Type:** Enter the type of vaccine the patient received. A complete list of the vaccine types and their associated Florida SHOTS abbreviations can be found starting on page 5 of this guide.
- **Date Given:** Enter the date, or if vaccine was given today, enter "T" and the current date will automatically populate.
- **VIS Date:** Enter the date of the Vaccine Information Statement provided for this vaccination. Some combination vaccines may require multiple VIS publication dates for each statement needed. If a single VIS statement is developed where multiples are needed currently, you may see a button labeled "Other VIS Options," allowing you to use either the separate statements or the combined statement. This information will be included on the Form DH687, Clinic Record Card. To view current VIS information, please visit <http://www.cdc.gov/vaccines/hcp/vis/index.html>.
- **VIS Recipient:** Select the person receiving the VIS statements for this patient. Mother, father, guardian, and patient names will be available when present in the patient record. "Other" may be selected and you may enter the name of the person receiving the form as well as that person's relationship to the patient. If the relationship is mother, father, or guardian and the name entered is different than what is already on record, you will be given the option to replace the current information with the new information. This information will be included on the Form DH687, Clinic Record Card along with whether or not this person also gave consent for treatment.
- **Consent for Treatment Given by VIS Recipient:** When VIS information is recorded, this field is enabled and required. Leave the default value at "Yes" if the person receiving the VIS gave consent for treatment. If the person giving consent is not the same as the person that received the statements, local policy on documentation of consent for treatment should be used. This information will be included on the Form DH687, Clinic Record Card along with the name of the VIS recipient.
- **Injection Site:** This field records the specific place on the body where an immunization is administered.

2. ADDING A VFC VACCINATION RECORD (cont.)

- Injection Route: This field records the method used to administer the immunization. When “Intranasal” or “Oral” is selected, an Injection Site is not required.
- Provider Org ID: The name of the practice administering the vaccination defaults to your practice. (If you are entering historical shots not administered at your practice, you must select OTHER from the drop-down menu.)
- Provider Person ID: Select the provider person ID of the staff administering the immunization.
 - If vaccination date given is less than 30 days ago (including today) and the user’s organization is chosen as having administered the vaccination (Provider Org ID), the system requires you to select a “**Provider Person.**”
 - If the vaccination date given is more than 30 days ago and the user’s organization is selected as the “**Provider Org ID,**” choosing the “Provider Person” is optional.
 - The “**Provider Person**” field is not shown if “**Provider Org ID**” is selected as “**OTHER.**”
- Imm Service Site: If your organization has more than one service site (clinic) defined in the system and this vaccination was given by your organization, select the site/clinic where the vaccination was administered.
- VFC Eligibility: Specify the patient’s eligibility for receiving VFC vaccine as it applies to this vaccination. If you are vaccinating children who are not VFC-eligible, please select “**Privately Insured**” and ensure that VFC vaccines are not being administered to these patients.

For Private Organizations:

- **The “VFC Eligibility” field will not be displayed unless a VFC PIN number and start date are recorded for your organization/site by Florida SHOTS staff.**
- **The “VFC Eligibility” field will not be displayed unless a VFC vaccine type is chosen as the vaccine to be added.**
- If your organization has recorded VFC start and end dates, the “**VFC Eligibility**” field will not be displayed unless the VFC PIN and start date are recorded and the vaccination date given is greater than the VFC start date and less than the VFC end date.
- If the “**VFC Eligibility**” field is enabled and a patient is 18 years old or younger as of the vaccination date given, you must select a response for “**VFC eligibility;**” otherwise the field is optional.
- VFC Eligible—Medicaid/MCO will default if the patient has a Medicaid ID entered.



The image shows a screenshot of a form with a dropdown menu. The dropdown menu is open, showing the following options: -- Select --, PRIVATELY INSURED, VFC ELIGIBLE-AMERICAN INDIAN/ALASKAN NATIVE, VFC ELIGIBLE-MEDICAID/MCO, VFC ELIGIBLE-UNDERINSURED, and VFC ELIGIBLE-UNINSURED. The form fields are labeled: VFC Eligibility: *, Manufacturer:, and Lot Number: *.

- Manufacturer: This field requires the selection of the manufacturer of the vaccine.
- Lot Number: Enter the lot number of the vaccine given. If you have selected VFC eligible, this field is required.

3. VACCINE ABBREVIATIONS USED IN FLORIDA SHOTS

VACCINE INFORMATION TABLE			
FL SHOTS NAME	VACCINE	BRAND NAME	MANUFACTURER (CODE)
BEXSERO	Meningococcal B, OMV	Bexsero	Novartis (NOV)
CHOLERA	Cholera	*	*
DT	Diphtheria, Tetanus	DT	Sanofi Pasteur (PMC)
DTAP	Diphtheria, Tetanus, Acellular Pertussis	Tripedia, Daptacel Infanrix	Sanofi Pasteur (PMC) GlaxoSmithKline (SKB)
DTAP-HIB	DtaP + ActHIB	TriHIBit	Sanofi Pasteur (PMC)
DTAP-IPV	DtaP + IPV	Kinrix	GlaxoSmithKline (SKB)
DTP	Diphtheria, Tetanus, Pertussis	*	*
DTP-ACTHIB	DTP + ActHIB	*	Sanofi Pasteur (PMC)
DTP-HBOC	DTP + HibTITER	Tetramune	Wyeth (WAL)
FLU3Y+P	Influenza Vaccine, 3Y+	Fluarix Fluvirin Fluzone FluLaval Afluria	GlaxoSmithKline (SKB) Novartis (NOV) Sanofi Pasteur (PMC) GlaxoSmithKline (SKB) CSL Biotherapies (CSL)
FLU3Y+PF	Influenza Vaccine, 3Y+, Preservative-free	Fluarix Fluvirin Fluzone FluLaval Afluria	GlaxoSmithKline (SKB) Novartis (NOV) Sanofi Pasteur (PMC) GlaxoSmithKline (SKB) CSL Biotherapies (CSL)
FLU6-35 P	Influenza Vaccine, 6–35mo	Fluzone	Sanofi Pasteur (PMC)
FLU6-35 PF	Influenza Vaccine, 6–35mo, Preservative-free	Fluzone	Sanofi Pasteur (PMC)
FLU HIDOSE	Influenza Vaccine, High-Dose, Seasonal	Fluzone	Sanofi Pasteur (PMC)
FLU-ID	Influenza, Seasonal, Intradermal, Preservative-free	Fluzone Intradermal Fluzone Quad Intradermal	Sanofi Pasteur (PMC)
FLU-MIST	Influenza Vaccine Live, Intranasal	Flumist	MedImmune (MED)
FLU UNK	Influenza Virus Vaccine, NOS	*	*
FLUBLOK	Influenza, recombinant, injectable, preservative-free	Flublok	Protein Sciences (PSC)
FLUCELVAX	Influenza, injectable, MDCK, preservative-free	Flucelvax	Novartis (NOV)
GAMMA	Hep A Immune Globulin	GamaSTAN	Talecris (TAL)
H1N109 MST	Novel Influenza–H1N1-09, Nasal		MedImmune (MED)
H1N109 P	Novel Influenza–H1N1-09		CSL Biotherapies (CSL) Novartis (NOV) Sanofi Pasteur (PMC)
H1N109 PF	Novel Influenza–H1N1-09, Preservative-free		CSL Biotherapies (CSL) Novartis (NOV) Sanofi Pasteur (PMC)
H1N109 UNK	Novel Influenza–H1N1-09, All Formulations		CSL Biotherapies (CSL) Novartis (NOV) Sanofi Pasteur (PMC)
HBIG	Hep B Immune Globulin	HyperHEP B Nabi-HB	Talecris (TAL) Nabi (NAB)
HEP A	Hepatitis A	VAQTA Havrix	Merck (MSD) GlaxoSmithKline (SKB)
HEP A-HEP B	Hepatitis A + B	Twinrix	GlaxoSmithKline (SKB)
HEP B	Hepatitis B	Energix-B Recombivax HB	Merck (MSD) GlaxoSmithKline (SKB)
HEP B 2-DOSE	Hepatitis B - 2 dose schedule	Recombivax HB (11-15 years, 1.0ml)	Merck (MSD)
HIB (HBOC)	Haemophilus Influenzae Type B	HibTITER	Wyeth (WAL)
HIB PRP-T	Hib (PRP-T)	ActHIB Hiberix	Sanofi Pasteur (PMC) GlaxoSmithKline (SKB)

3. VACCINE ABBREVIATIONS USED IN FLORIDA SHOTS (cont.)

VACCINE INFORMATION TABLE			
FL SHOTS NAME	VACCINE	BRAND NAME	MANUFACTURER (CODE)
HIB PRPOMP	Hib (PRP-OMP)	PedvaxHIB	Merck (MSD)
HIB (UNK)	Unknown Hib	*	*
HIB-HEP	Hib + Hep B	Comvax	Merck (MSD)
HPV2	Human Papillomavirus – Bivalent	Cervarix	GlaxoSmithKline (SKB)
HPV4	Human Papillomavirus – Quadrivalent	Gardasil	Merck (MSD)
HPV9	Human Papillomavirus – 9-valent, recombinant	Gardasil 9	Merck (MSD)
IPV	Polio	IPOL	Sanofi Pasteur (PMC)
JENCEPH	Japanese Encephalitis	JE-VAX Ixiaro	Sanofi Pasteur (PMC) Novartis (NOV)
LYME	Lyme	*	*
MCV4	Meningococcal Conjugate	Menactra Menveo	Sanofi Pasteur (PMC) Novartis (NOV)
MEASLES	Measles	Attenuvax	Merck (MSD)
MENHIBRIX	Meningococcal C/Y-HIB PRP	Menhibrix	GlaxoSmithKline (SKB)
MMR	Mumps, Measles, Rubella	M-M-R II	Merck (MSD)
MMRV	Mumps, Measles, Rubella, Varicella	ProQuad	Merck (MSD)
MPSV4	Meningococcal Polysaccharide	Menomune	Sanofi Pasteur (PMC)
MR	Measles, Rubella	*	*
MUMPS	Mumps	Mumpsvax	Merck (MSD)
MUMPS-RUB	Mumps, Rubella	*	*
OPV	Oral Polio	*	*
PCV7	7-Valent Pneumococcal Conjugate	Prevnar	Pfizer (PFR)
PCV13	13-Valent Pneumococcal Conjugate	Prevnar	Pfizer (PFR)
PEDIARIX	DtaP, Hep B, IPV	Pediarix	GlaxoSmithKline (SKB)
PENTACEL	DtaP, Hib, IPV	Pentacel	Sanofi Pasteur (PMC)
PPSV23	23-Valent Pneumococcal Polysaccharide	Pneumovax	Merck (MSD)
RABIES IM	Rabies, Intramuscular	Imovax RabAvert	Sanofi Pasteur (PMC) Novartis (NOV)
RIG	Rabies Immune Globulin	HyperRAB	Talecris (TAL)
RIG-HT	Rabies Immune Globulin	Imogam Rabies-HT	Sanofi Pasteur (PMC)
ROTARIX	Rotavirus	Rotarix	GlaxoSmithKline (SKB)
ROTATEQ	Rotavirus	ROTATEQ	Merck (MSD)
RUBELLA	Rubella	Meruvax II	Merck (MSD)
TD	Tetanus, Diphtheria	Td	Massachusetts Biologic Labs (MBL)
TD DECAVAC	Tetanus, Diphtheria (DECAVAC)	Decavac	Sanofi Pasteur (PMC)
TD TENIVAC	TD, Preservative-free	Tenivac	Sanofi Pasteur (PMC)
TDAP	Tetanus, Diphtheria, Acellular Pertussis	Boostrix, Adacel	GlaxoSmithKline (SKB) Sanofi Pasteur (PMC)
TRUMENBA	Meningococcal B, recombinant	Trumenba	Pfizer (PFR)
TYPHOID IM	Typhoid, Intramuscular	Typhim Vi	Sanofi Pasteur (PMC)
TYPHOID PO	Typhoid, Oral	Vivotif	Berna (BPC)
VZV	Varicella	Varivax	Merck (MSD)
YELLOW FEVER	Yellow Fever	YF-Vax	Sanofi Pasteur (PMC)
ZOSTER VZV	Varicella Zoster Vaccine	Zostavax	Merck (MSD)

Vaccine Information Table Rev. 09/15/15

* Product information not available.

4. HOW TO CORRECTLY INPUT VIS DATES

In the “CDC Vaccine Information Statements (VIS)” section, for most pediatric vaccines, the system defaults to “Multiple Vaccines.” The Multiple Vaccines VIS is the optional VIS that the CDC has published to cover all of the routine vaccinations given birth through 6 months. If individual VIS sheets are given instead of the “Multiple Vaccines” sheet, you will have to choose “Other VIS Options” to input the separate dates, such as with the following vaccines:

- DT
- DTAP
- Hepatitis B (all types)
- Hib (all types)
- IPV
- Kinrix
- PCV13
- Pediarix
- Pentacel
- Rotarix
- Rotateq

To quickly access the most recent VIS, click on the “CDC Vaccine Information Statements (VIS)” link and it will redirect you to the CDC's VIS page.

5. VACCINE UTILIZATION REPORT

This report will assist you in calculating inventory by generating a list of all VFC-eligible vaccines your office administered over a certain period of time. The “**Vaccine Utilization Report**” can be accessed by clicking on “**Vaccine Utilization**” under the “**Reports**” menu.

VACCINE UTILIZATION REPORT CRITERIA [Show Help Text](#)

Date Given From: * Date Given Thru: *

Vaccine Types: All

VFC Eligibility: All

Report Format: Client Detail
 Excel File - downloaded

Sort on: Vaccine Type, Date Given
 Date Given, Vaccine Type
 Patient Name, Vaccine Type

* Asterisk indicates a required field

To begin, enter the vaccination date given range and select the vaccine type(s) desired to appear on the report. You may view and print the report by selecting “**Client Detail**” as the “**Report Format**,” or you may download the report as an Excel file by selecting “**Excel File – downloaded**” as the “**Report Format**.” To run the report, click “**Generate Vaccine Utilization Report**.”

The report captures the following information:

- Vaccine type
- Date given
- Patient demographics (i.e., name, date of birth, sex, social security number)
- Manufacturer and lot number
- VFC eligibility type
- Location
- Service provider
- CPT code