

Pediatric COVID-19 Vaccination Support Program: Eligibility and Application Process

New York City Department of Health and Mental Hygiene

May 26, 2022

This presentation is based on our knowledge as of May 25, 2022, 11:59 PM

Program Background

→ 47% of children ages 5 to 11 years in NYC are fully vaccinated

→ COVID-19 vaccine for children ages 6 months to 4-5 years anticipated in mid June, pending FDA authorization and CDC recommendation

Expected products:

- Moderna for ages 6 months to 5 years
- Pfizer for ages 6 months to 4 years

→ Many parents strongly prefer to have their children vaccinated at their regular doctor's office

Program Overview

- **Up to \$10,000 being provided to independent practices to support expanding access to pediatric COVID-19 vaccination**
- Independent practices may use funds for activities that support routine pediatric COVID-19 vaccination of children ages 11 and younger at their practice, such as:
 - Staff overtime
 - Vaccine education materials
 - Reminder/recall activities
 - Storage units and temperature monitoring devices,
 - Connecting the electronic health record to the Citywide Immunization Registry (CIR)

Process

1. Assess eligibility
2. Fill out a short online application (10 minutes)
3. Once approved to participate, enter into a contract with the Fund for Public Health New York (FPHNY)
4. Complete required activities after contract is in place:
 - a. Enrollment in NYC COVID-19 Vaccination Program through the Vaccine Provider Agreement System (VPAS)
 - b. Submission of online COVID-19 Vaccination Program survey
 - c. By November 15, 2022, reporting at least 100 doses of pediatric COVID-19 vaccine administered at your practice
5. At the completion of each activity, submit an invoice and receive payment for each activity

1. Assess eligibility

- Be an independent healthcare practice not owned or operated by a hospital or federally qualified health center (FQHC)
 - Urgent care centers, pharmacies, and mass vaccination sites are not eligible for this program
- Have a nurse practitioner or a physician licensed to practice medicine in the State of New York
- Provide primary or specialty healthcare services, including immunizations, to children ages 11 years and younger
- Operate within NYC
- Be registered with the CIR and have a CIR Facility Code
- Register as a City of New York approved vendor

2. Fill out an online application

- Link: <https://survey.alchemer.com/s3/6849402/Pediatric-Vaccination-Support-Program>

Pediatric COVID-19 Vaccination Support Program Application

Pediatric COVID-19 Vaccination Support Program Application

Eligibility: To be eligible to participate, your practice must meet the following requirements

Eligibility Requirements -

*

You must check all of the requirements to complete the application

- Be an independent healthcare practice that is not owned, operated by, or affiliated with a hospital or federally qualified health center (FQHC)
- Have a nurse practitioner or a physician licensed to practice medicine in the State of New York
- Provide primary or specialty healthcare services, including immunizations, to children ages 11 and younger
- Operate within NYC
- Be registered with CIR and have a CIR Facility Code
- Agree to register as a City of New York approved vendor.

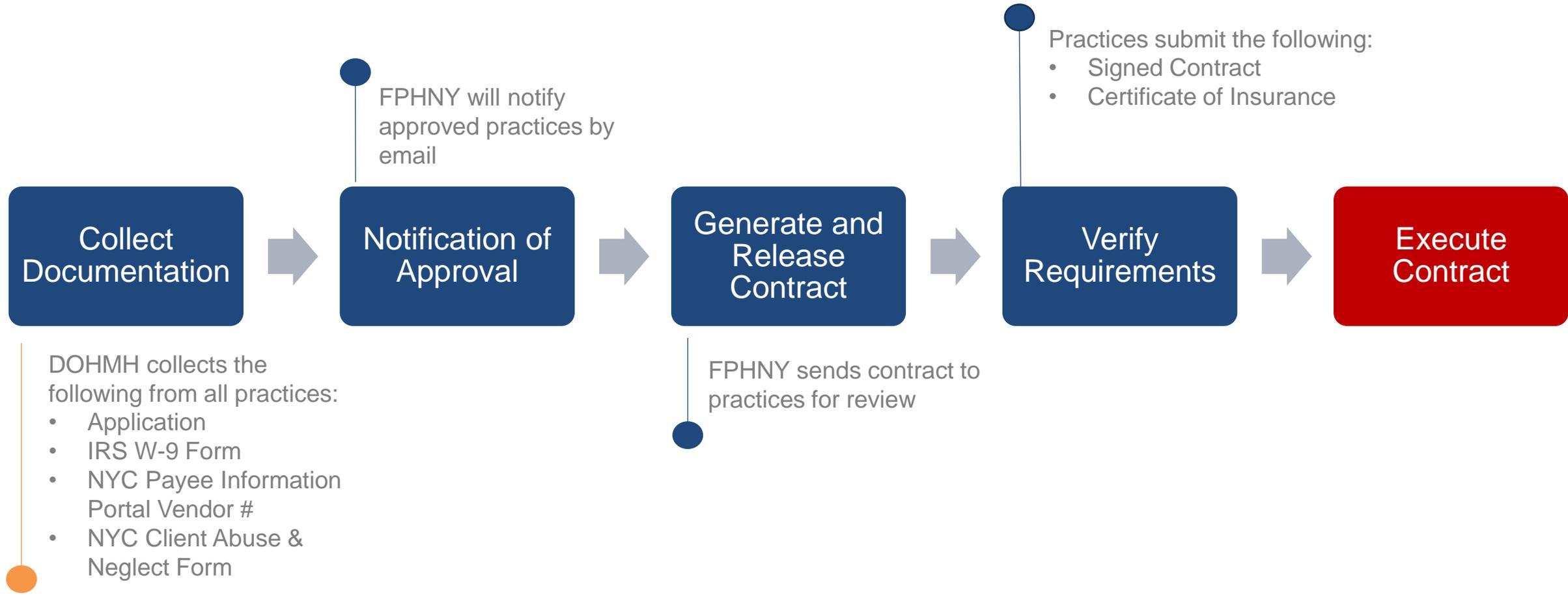
Next

0%

3. Enter into a contract with FPHNY

- Independent practices approved to participate in the Pediatric COVID-19 Vaccination Support Program will be notified by DOHMH
- **NYC REACH will assist practices to establish the contract, including with completing and collecting all documents**

Steps for entering into a contract with FPHNY:



4. Complete program activities

There are 3 program activities to complete after the contract is in place:

ACTIVITY	FUNDING
A: Enroll in the NYC COVID-19 Vaccination Program (Practices already enrolled will not receive funding for this activity)	\$1,000
B: Submit COVID-19 Vaccination Support Program Survey	\$1,500
C: Report 100 doses of COVID-19 vaccine administered to children ages 11 years and under	\$7,500
TOTAL FUNDING	\$10,000

Activity A

- **Complete enrollment into the NYC COVID-19 Vaccination Program**
- If not done previously, complete the online COVID-19 Vaccination Program Provider Agreement, Sections A and B
- Practices already enrolled in the NYC COVID-19 Vaccination Program, including practices already administering COVID-19 vaccines to children ages 5 to 11 years, will not be eligible for funds related to Activity A but are eligible for activities B and C
 - These practices are strongly encouraged to begin administering COVID-19 vaccine to children under 5 years of age if vaccine is authorized and recommended for this age group

Activity B

- **Complete and submit the COVID-19 Vaccination Support Program Survey**

<https://survey.alchemer.com/s3/6860490/COVID-19-Vaccination-Campaign-Survey>

- **Survey topics include:**

- Designation of an onsite COVID-19 vaccination coordinator
- Name of overseeing provider with New York State license number
- CIR Facility Code
- Staff training plan for safe administration of vaccine and storage and handling of vaccine products
- Reporting errors to the NYC Health Department and the Vaccine Adverse Events Reporting System (VAERS)
- Plans for use of funding

Activity C

- Report at least 100 doses of COVID-19 vaccines administered to children ages 11 years and younger. These doses must occur between the start date of your contract with FPHNY and November 15, 2022.
 - Doses administered must be reported to the CIR within 24 hours of administration
 - Includes first, second, and booster doses
- Practices are expected to incorporate COVID-19 vaccination during regular patient visits
 - Doses administered during vaccine-only sessions can also be counted
- Vaccine wastage should not be a barrier
 - Providers should try to use as many doses in a vial as possible
 - However, a vaccine vial should be opened for even one patient who is ready to be vaccinated (even if it requires wasting the remaining doses)
 - Take every opportunity to vaccinate every eligible person who wishes to be vaccinated

Questions about the Program?

Email nycreach@health.nyc.gov

Details of contracting with the Fund for Public Health New York

REQUIRED DOCUMENTATION



IRS W-9 Form



Payee Information Portal (PIP) Vendor Number



Client Abuse & Neglect Form



Certificate of Insurance



Vendor Direct Payment Form

Payee Information Portal (PIP)

The Pediatric COVID-19 Vaccination Support Program is being supported, in part, with funding from the NYC Health Department, which requires that vendors register in the City's Payee Information Portal (PIP).

A PIP account:

- Provides vendors with a NYC Vendor Number
- Allows vendors to view financial transactions from the city, register for electronic funds transfer, and provides additional services
- Qualifies vendors for funding and contracting opportunities with New York City

Welcome to the Payee Information Portal of the City of New York

The Payee Information Portal is a service that allows you, as a payee/vendor for the City of New York, to manage your own account information, view your financial transactions with the City of New York and much more. Click on the Activate button to begin filling out an electronic application to become a payee/vendor for the City of New York.

User ID

Password

[Forgot Password](#)

Click the Activate button to activate a new or existing account.

Click Activate

Announcements

04/14/2018
New process to Manage Commodities and Self-Identified Business Types

As of August 1st 2017 MOCS has implemented the City's Procurement and Sourcing Solutions Portal (PASSPort).

Vendors will no longer be able to manage Commodity Codes or Self-Identified Business Types on the City's Payee Information Portal (PIP).

To manage the commodity codes and self-identified business types on file with the City of New York, vendors should create an account with the City's Procurement and Sourcing Solutions Portal (PASSPort) and select all relevant commodity codes.

Learn more at www.nyc.gov/passport

04/14/2018
If you are registering solely to do business with the Department of Education (DOE), do not register via PIP. Registration will be completed for you upon receipt of a DOE contract or upon a school/office request. If you are seeking other opportunities, register on the DOE's Bidders List at: www.vendorportal.nycenet.edu/vendorportal/public/register.aspx. If you are already a DOE vendor looking to modify your information, fax a 2014 W9 and Change Letter to the DOE at 718-228-8873. Your changes will be processed by the DOE in FMS and the DOE database, FAMS.

New York City Department Contact Listing

Where can I find contact information for a New York City department? Click on the "Department Contacts" link below.

[Department Contacts](#)

Forms

Listed below are quick links to frequently used Vendor forms and PIP reference materials:

- [PIP Activation eLearning #1 - New Vendor](#)
- [PIP Activation eLearning #2 - Existing Vendor](#)
- [PIP eLearning #3 - Account Maintenance](#)
- [PIP eLearning #4 - EFT Enrollment](#)
- [New Vendor Activation Quick Start Guide for New/Existing Vendor](#)
- [EFT Direct Deposit Quick Start Guide](#)

New Vendor Activation

As a new vendor, one who has never done business with the City of New York, you will complete the **new vendor activation process** to accomplish two tasks:

1. Create a **User ID and Password** to access vendor self-service in PIP.
2. Complete an **electronic application** to apply for a **payee/vendor account** with the City of New York.

The new vendor activation process is a sequential process that allows you to complete these tasks in one session.

Note: The new vendor activation process applies to US businesses only. Non-US businesses should send an email inquiry to 1042vendor@comptroller.nyc.gov for further instructions.

[Continue >](#)

Insurance Requirements

The Contract's insurance requirements are listed below:

Commercial General Liability: insurance to provide coverage for bodily injury and property damage, including damage to any facilities, equipment or vehicles, in limits of no less than \$1,000,000 per occurrence \$3,000,000 aggregate.

Professional Liability: insurance to provide coverage for covered medical incidents, in limits of no less than \$1,300,000 per occurrence and \$3,900,000 aggregate.

Employers Liability: insurance to provide coverage for the acts and omissions of Contractor's employees in limits of no less than \$1,000,000 per accident.

Workers' Compensation: workers' compensation and disability insurance as required by the applicable New York State law.

Excess Umbrella Liability: in the event that Contractor's insurance policy(s) does not meet the limits stated above.

Contractor shall list FPHNY and the City of New York as Additional Insureds for General Liability policies and as Certificate Holders for all other required insurance.

Certificate of Insurance

Certificates of insurance (COIs) are documents issued by an insurance company or agent containing all the essential details of an insurance policy in an easy to read, standardized format.

Certificates of insurance identify the following:

- Name of the insured
- Insurer issuing policy
- Types of coverage
- Liability limits
- Effective dates of the policy
- Entity requesting the certificate (certificate holder)

Certificates of insurance cannot:

- Modify coverage
- Alter the terms of the insurance contract/policy

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	PHONE	CONTACT NAME	
	FAX	PHONE (A/C, No. Ext.)	FAX (A/C, No.)
INSURED	E-MAIL ADDRESS	INSURER A:	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	INSG.	SVLG.	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPI. DATE (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						UNBARRERED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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Requesting a Certificate of Insurance

1

Contact your insurance agent or broker and explain that a certificate of insurance is required prior to starting work on a new contract.



2

Confirm for your agent the coverages and limits you need, as listed on previous slide.



3

Request that the Fund for Public Health in NY, Inc. and the City of New York be listed as Additional Insureds for liability policies and Certificate Holders for all other insurance, as shown on the next slide.



4

Review the COI to ensure all information is correct and all requested endorsements are included.



5

Submit COI with your organization's signed contract



How much does it cost?

Certificates of insurance are typically provided free of cost to policyholders.

How long does it take?

If the policy fits the requirements, it should take less than a day; however, if the policies do not match then this process, it can take up to several days.

Completing the Certificate of Insurance

The following are examples of how the Additional Insured and Certificate Holder status should be listed on your insurance certificate.

ADDITIONAL INSUREDS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Fund for Public Health in New York, Inc. and the City of New York are included as additional insureds on the General Liability policy as required by written contract

CERTIFICATE HOLDERS

CERTIFICATE HOLDER

Fund for Public Health in New York, Inc. and
City of New York
22 Cortlandt Street, Suite 802
New York, NY 10007

Both FPHNYC AND the City of New York are listed

Vendor Direct Payment Enrollment

We encourage all practices to enroll in FPHNYC's **Direct Deposit** Payment Program. The program utilizes ACH (Automated Clearing House) payments to provide a convenient, accurate, and timely method of depositing funds owed to vendors.

Benefits of Direct Deposit

RECEIVE FUNDS FASTER	BE SECURE	HELP THE ENVIRONMENT
Get your money sooner and with no hassles	Direct deposit is added protection against theft or time delays from lost checks	Go green by eliminating stamps, envelopes, and paper checks

How to Enroll

- ✓ Complete FPHNYC's Vendor Direct Payment Enrollment Form *(included with your notification email)*
- ✓ Attach a voided check or a bank letter on the bank's letterhead
- ✓ Submit the completed form and voided check along with your signed contract

NYC COVID-19 Vaccination Program, Enrollment Details (Activity A)

Accessing the Vaccine Agreement Invitation in the CIR

- To begin enrollment, a designated staff member should log on to the CIR Online Registry (nyc.gov/health/cir)
 - If you need to update your facility's CIR Online Registry account, email cir-reset@health.nyc.gov.
- Next, navigate to the **VIM/COVID** icon and select the **COVID-19 Vaccination Program** tab
- An invitation link to begin the enrollment process will be sent to your email address after clicking **Start COVID-19 Vaccination Program Enrollment**

The screenshot shows the CIR Online Registry interface. The top navigation bar includes icons for Online Registry, Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VIM/COVID, Set Up, and Adult. Below this is a secondary menu with tabs for Vaccine Inventory Management, COVID-19 Vaccination Program, Reports, Other VFC Forms, and Standing Orders Aggr. A red arrow points to the VIM/COVID icon in the top bar, and another red arrow points to the COVID-19 Vaccination Program tab. The main content area displays a welcome message for MELISSA and instructions to begin the registration process for the COVID-19 Vaccination Program. It details the requirements for Section A (Provider Requirements and Legal Agreement) and Section B (Provider Profile Information).

Welcome MELISSA.

Please click the button below to begin the registration process for the COVID-19 Vaccination Program. Upon clicking the button below, an email will be sent to "lissabkny@yahoo.com", which is associated with your Online Registry login, providing you with access to the COVID-19 Vaccine Provider Agreement System (VPAS).

Once you enter the VPAS, you will be able to complete the required COVID-19 Vaccination Program Provider Agreement.

Section A. Provider Requirements and Legal Agreement
This section must be completed one time per network. You will be able to view and enter data into this section and will be able to add collaborators to complete this section. This section will require electronic signatures of the following individuals:

- Chief Medical Officer
- Chief Executive Officer or Chief Fiduciary Officer

Section B. Provider Profile Information:
One Section B should be completed for each vaccination site associated with your network. You will be able to view and enter data into this section and will be able to add collaborators to complete this section. This section will require the electronic signature of the following individual:

- Medical or pharmacy director or the vaccination site's designated COVID-19 vaccination coordinator

Please note that you will be able to save any incomplete work and return to the Provider Agreement and Provider Profile at a later time. After completing the Provider Agreement, you will also be able to return to the VPAS to add additional vaccination sites (Section B. Provider Profile Information) as needed.

Vaccine Provider Agreement System (VPAS)

- Sign in to VPAS using the email associated with your Online Registry account
- Access Sections A and B on your dashboard

NYC Coronavirus 311 Search all NYC.gov websites

CENTERS FOR DISEASE CONTROL AND PREVENTION
COVID-19 Vaccination Program Application

S shuie@health.nyc.gov

We're in this together.
Your participation in the CDC COVID-19 Vaccination Program will help protect our community.

NY Presbyterian-West

Facility Code: 1464G02

Profile Created: 38 minutes ago

Status: In Progress

PROGRAM APPLICATION FORMS

Section A Provider Requirements and Legal Agreements

To participate in the CDC COVID-19 Vaccination Program, your organization's Chief Medical Officer (or equivalent) and Chief Executive Officer (or Chief Fiduciary) must review the requirements in this section and provide electronic signatures.

Continue Editing

Last Updated: 14 minutes ago

Section B Provider Profile Information – Vaccination Clinic Locations

On your Provider Profile, designate the COVID-19 vaccine coordinators and provide the following information: delivery address and times, storage capacity, information about the health care personnel and patient populations served at this location, and a list of vaccinating providers. This information is required for each facility or location that will participate in this program.

Add Location

COVID-19 Vaccine Program Application Status



Your Organization's COVID-19 Vaccine Program Section B Application for 1555Z01 has been Rejected.

COVID-19 Vaccination Program Application

Dear Provider,

Thank you for your recent enrollment (Section B) of your network and individual facilities in the New York City (NYC) Department of Health and Mental Hygiene (Health Department) COVID-19 Vaccination Program using the Vaccine Provider Agreement System (VPAS). Unfortunately, your enrollment application for facility 1555Z01 has been rejected.

[View Rejected Submission](#)

Or copy and paste the following URL into your browser's address bar:

<https://nyc.vaccineagreement.org/form/69aef08c-af35-4b46-a200-2eab5ca237a0/>

Please log into VPAS using your email, navigate to your dashboard and select the form(s) in rejected status, review the rejection notes located at the top of your screen, then select the "withdraw submission and unlock" button to correct all errors identified and resubmit for review.

Thank you for your cooperation,

Bureau of Immunization
New York City Department of Health and Mental Hygiene



Your Organization's COVID-19 Vaccine Program Section B Application for 1555Z01 has been Approved.

COVID-19 Vaccination Program Application

Dear Provider,

Thank you for your recent enrollment of your network and individual facilities in the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) COVID-19 Vaccination Program. Your enrollment application (Section B) has been approved for Facility Code 1555Z01. Your PIN for the COVID-19 Vaccination Program is BAACV99999.

To place your COVID-19 vaccine order, log into the [CIR Online Registry](#) ONE HOUR after receiving this email. Be sure to use the Online Registry User ID that is associated with the CIR Online Registry Facility Code noted on this approved COVID-19 enrollment application. Please order enough vaccine to cover your healthcare personnel and patients when pre-booking COVID-19 vaccine. Partial vaccine shipments will be sent incrementally as vaccine becomes available.

Along with prebooking COVID-19 vaccine your site will need for health care personnel and eligible patients and community members, you will now be asked to submit a partial order for the number of COVID-19 vaccines your facility is able to administer in one week. Going forward, place an order by Monday at 12pm to receive vaccine for the following week. If you did not receive vaccine for the current week, your request will rollover to the next week and you will not need to re-enter an order. After receiving vaccines, you are required to submit and reconcile your first and second dose on-hand COVID-19 vaccine inventory by lot number. Please see the attached guidance for ordering and managing inventory in the VIM.

COVID-19 Vaccine Ordering & Management

Place COVID-19 Vaccine Weekly Order

- Log-on to the CIR Online Registry www.nyc.gov/health/cir and navigate to the VIM/COVID icon, select 'COVID-19 Vaccination Program' and the 'Order COVID-19 Vaccine' tab
- If this is **not** your first-time ordering, you will need to reconcile your on-hand inventory

The screenshot shows the CIR Online Registry interface. The top navigation bar includes 'PATIENTS' (Search, MyList, Reports, Add/Edit) and 'PRACTICE' (Tools, Recall, Adv. Event, VIM/COVID, Set Up, Adult). The 'VIM/COVID' icon is highlighted with a red arrow. Below the navigation bar, there are buttons for 'Vaccine Inventory Management', 'COVID-19 Vaccination Program', 'Reports', 'Other VFC Forms', and '2021 VFC Re-enrollm'. The 'COVID-19 Vaccination Program' button is also highlighted with a red arrow. Below this, there are buttons for 'COVID-19 Program Enrollment', 'Order COVID-19 Vaccine', and 'Transfer COVID-19 Vaccine'. The 'Order COVID-19 Vaccine' button is highlighted with a red arrow. Below the buttons is a table with the following data:

COVID-19 Vaccine	Total Pre-Booked COVID-19 Vaccine	Amount Already Shipped	Remaining Pre-Book	Current Order Amount
Adult COVID-19 Vaccine				
Moderna COVID-19 Vaccine	2,000	0	2,000	<input type="text" value="0"/>
Janssen COVID-19 Vaccine	0	0	0	<input type="text" value="0"/>
Pfizer COVID-19, tris-suc, 12y+	900	0	900	<input type="text" value="0"/>
Pediatric COVID-19 Vaccine				
Pfizer COVID-19, 5-11 yrs	1,000	0	1,000	Order exists Reconcile Inventory
Total	3,900	0	3,900	

Reconcile COVID-19 Vaccine Inventory

Legend
 LOTS in **RED** are expired. LOTS in **BLUE** will expire within 30 days. Differences shaded in **GREEN** indicate that all inventory for that lot is accounted for.

Can't find your lot? **CLICK HERE:** [Find & Add Lot +](#)

Vaccine Type	Brand / Mfr	Lot# / Exp.Date	Presentation	CIR Total Expected Inventory	On-Hand Inventory Per Dose Allocation	Total Difference	Adjust CIR Expected Inventory by Dose			Add / Remove Reason
							Adjust Direction	Adjust Quantity	Adjustment Reason	
SARS-COV-2	COVID-19, Ad26, 0.5 mL dose (Janssen) Janssen Products, LP	042A21A 12/31/2069	5-dose MDV; 10-pack	0	<input type="text"/>	0	Select... ▾	<input type="text"/>	Select... ▾	<input style="background-color: #d4edda; border: 1px solid #c3e6cb;" type="button" value="+"/>
SARS-COV-2	COVID-19, Ad26, 0.5 mL dose (Janssen) Janssen Products, LP	1805018 12/31/2069	5-dose MDV; 10-pack	0	<input type="text"/>	0	Select... ▾	<input type="text"/>	Select... ▾	<input style="background-color: #d4edda; border: 1px solid #c3e6cb;" type="button" value="+"/>
SARS-COV-2	COVID-19, Ad26, 0.5 mL dose (Janssen) Janssen Products, LP	1805022 12/31/2069	10-dose MDV; 10-pack	1	<input type="text"/>	1	Select... ▾	<input type="text"/>	Select... ▾	<input style="background-color: #d4edda; border: 1px solid #c3e6cb;" type="button" value="+"/>
SARS-COV-2	COVID-19, Ad26, 0.5 mL dose (Janssen) Janssen Products, LP	205121A 12/1/2069	5-dose MDV; 10-pack	54	<input type="text"/>	54	Select... ▾	<input type="text"/>	Select... ▾	<input style="background-color: #d4edda; border: 1px solid #c3e6cb;" type="button" value="+"/>
SARS-COV-2	COVID-19, mRNA, 0.5 mL dose (Moderna) Moderna	001A21A 12/31/2069	10-dose MDV; 10-pack	2	<input type="text"/>	2	Select... ▾	<input type="text"/>	Select... ▾	<input style="background-color: #d4edda; border: 1px solid #c3e6cb;" type="button" value="+"/>
SARS-COV-2	COVID-19, mRNA, 0.5 mL dose (Moderna) Moderna	010M20A	10-dose MDV; 10-pack		<input type="text"/>		Select... ▾	<input type="text"/>	Select... ▾	<input style="background-color: #d4edda; border: 1px solid #c3e6cb;" type="button" value="+"/>

Current **CIR Expected Inventory Total**: 2082
 Current **On-Hand Inventory Total**: 0
Difference: 2082 (100.00%)

- Enter your On-hand Inventory for each COVID-19 lot
- Enter a '0' if you have no vaccine doses to enter
- Your **CIR Total Expected Inventory** should match your On-hand Inventory
 - To balance your inventory, enter the **Adjust Direction**, then **Adjust Quantity**, and then select an **Adjustment Reason**
 - This will update your CIR Expected Inventory
 - To add additional adjustment reasons, use the "+" and "-" icons from the *Add/Remove Reason* column
- Please fill in **ALL** entry fields before pressing the **Save and Continue** button

Vaccine Storage & Handling

Note: Pfizer COVID vaccines 6 months – 4 years and Moderna pediatric COVID-19 vaccines have not yet been authorized for use by the Food and Drug Administration

Pfizer-BioNTech Storage and Handling (1)

- Pfizer-BioNTech “Orange Cap” – ages 5 to 11 years:
 - Store in an ultra-cold vaccine storage for up to 12 months after the manufacture date
 - Store in the refrigerator at 2-8°C (36-46°F) for up to 10 weeks
 - Time spent in the refrigerator cannot exceed the 10 weeks and cannot exceed the expiration date
 - Cannot be stored in a regular freezer
 - Pfizer thermal shippers cannot be used for temporary storage of this product
 - Once punctured, the vial must be discarded after 12 hours (the packaging may indicate 6 hours, but this has been updated in the FDA fact sheet)

Pfizer-BioNTech Storage and Handling (2)

- Pfizer-BioNTech “Maroon Cap” – ages 6 months to < 5 years
 - Expect the storage and handling parameters to be the same as the storage and handling parameters for the Pfizer-BioNTech “Orange Cap” vaccine

Date of Manufacture and Expiry

Date of manufacture printed on the vial, not the date of expiry

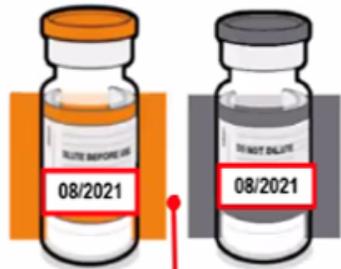
Applicable to the following cap colors:

ORANGE
(Ages 5 thru 11) | **GRAY**
(Ages 12+)
DO NOT DILUTE

Undiluted vials can be stored up to **12 months** in an **Ultra-Low Temperature (ULT) freezer -90°C to -60°C (-130°F to -76°F)**. Regardless of storage conditions, vaccines should not be used after **12 months** from the date of manufacture printed on the vials and cartons.

Undiluted Vials at ULT -90°C to -60°C (-130°F to -76°F)

Printed Manufactured Date	12-month Expiry Date
06/2021	May 31, 2022
07/2021	Jun 30, 2022
08/2021	Jul 31, 2022
09/2021	Aug 31, 2022
10/2021	Sep 30, 2022
11/2021	Oct 31, 2022
12/2021	Nov 30, 2022
01/2022	Dec 31, 2022
02/2022	Jan 31, 2023
03/2022	Feb 28, 2023



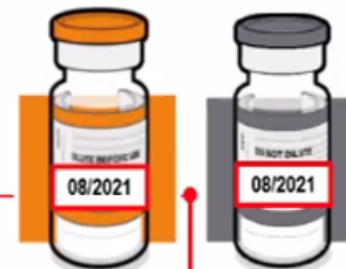
Month 1
Date of Manufacture
August 1, 2021

Month 2
September 2021

Month 3
October 2021

Month 4
November 2021

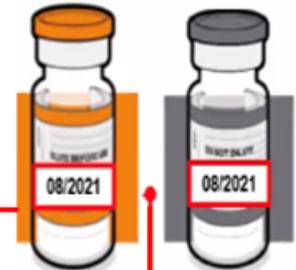
Month 5 - 8
December 2021 –
March 2022



Month 9
Previous Expiration Date
April 30, 2022

Month 10
May 2022

Month 11
June 2022



Month 12
Extended
Expiration Date
July 31, 2022



Once the vials are thawed and moved to the **refrigerator (2°C to 8°C; 35°F to 46°F)**, the vials may be stored for up to **10 weeks**. This 10-week refrigerated expiry date should be recorded on the carton at the time of transfer.



Before administration of the vaccine, please see full Prescribing Information (16+ years of age) and EUA Fact Sheets for Vaccination Providers:

12+ years of age (DILUTE BEFORE USE/Purple Cap), 12+ years of age (DO NOT DILUTE/Gray Cap) and 5 through 11 years of age (DILUTE BEFORE USE/Orange Cap).

For the most recent prescribing information and fact sheets, please visit www.cvdvaccine-us.com



**NYC VACCINE FOR ALL:
SAFE, FREE, EASY**



Moderna Storage and Handling

- Formulation for ages 12 to 17 years expected to be same as that for ages 18 years and older
- New formulation expected for ages 6 months to 11 years
- Storage of current formulation (ages 18+) and expected storage for new formulations:
 - Store in a freezer between -50°C and -15°C (-58°F and 5°F) until expiration
 - Store in a refrigerator between 2°C and 8°C (36°F and 46°F) for up to 30 days
 - Time spent in refrigerator cannot exceed 30 days and cannot exceed the expiration date
- Once punctured, the vial must be discarded after 12 hours (the packaging may indicate 6 hours, but this has been updated in the FDA fact sheet)

Beyond Use Date/Time Tracking Labels

- Label cartons and vials with [beyond-use dates](#) when vaccine is placed in a refrigerator
 - Pfizer-BioNTech – 10 weeks in refrigerator
 - Moderna – 30 days in refrigerator
- Vials should be relabeled when first punctured

FORMULATION: 5 Through 11 Years of Age
Pfizer-BioNTech COVID-19 Vaccine

Store vaccine between 2°C and 8°C (36°F and 46°F) for up to 10 weeks.

Lot number(s): 123456A

Today's date: 06 / 01 / 2021 Time: 2:30 PM

USE BY*

Date: 08 / 10 / 2021 Time: 2:30 PM

*As the 10 week deadline approaches, contact the manufacturer for guidance if you will not be able to use the vaccine.

Name: Amy Nurse RN



Vaccine Preparation and Administration

- Check expiration and beyond use dates before utilizing any vial
- Verify that you are using the correct product for the age group
- Always label vial at time of first puncture

Storage, Handling and Administration Errors

- Report all storage, handling and administration errors to the NYC Department of Health and Mental Hygiene
 - Email: COVIDvax@health.nyc.gov
- For storage and handling errors, submit storage and administration information to the manufacturer – ask for a written response on viability of vaccine
- Report all vaccine storage, handling and administration errors to VAERS
 - <https://vaers.hhs.gov/reportevent.html>

Staff Trainings

Staff Training (1)

- Require and document staff training
 - All clinical staff: screeners, vaccinators, site supervisors, clinical leads, head clinicians
 - All vaccine management staff
 - Include review of the up-to-date Fact Sheet for Healthcare Providers Administering Vaccine
 - Require review of Fact Sheets each time they are updated
 - Include the CDC Trainings
 - Require training each time vaccine indications change
- Conduct a staff huddle at the start of every clinical shift
 - Review key details of each vaccine being used: age, dose, dilution requirements, beyond use timing

Staff Training (2)

- Trainings for non-clinical and clinical staff
 - COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers available at <https://www2.cdc.gov/vaccines/ed/covid19/SHVA/index.asp>
 - CDC Web-based Training Course You Call the Shots: Vaccine Storage and Handling available at <https://www2a.cdc.gov/nip/isd/ycts/mod1/courses/sh/ce.asp>

Staff Training (3)

- Trainings for clinical staff administering Moderna
 - Moderna COVID-19 Vaccine: What Healthcare Professionals Need to Know available at <https://www2.cdc.gov/vaccines/ed/covid19/index.asp>
 - Read the Moderna FDA Fact Sheet(s) for Healthcare Providers and the Moderna FDA Fact Sheet(s) for Recipients and Caregivers available at <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/spikevax-and-moderna-covid-19-vaccine>
 - Vaccine Adverse Events Reporting including Reporting requirements for healthcare providers administering COVID-19 vaccines at <https://vaers.hhs.gov/>
 - CDC's v-safe After Vaccination Health Checker at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

Staff Training (4)

- Trainings for clinical staff administering Pfizer-BioNTech
 - Pfizer-BioNTech (COMIRNATY) COVID-19 Vaccine: What Healthcare Professionals Need to Know available at <https://www2.cdc.gov/vaccines/ed/covid19/index.asp>
 - Read the Pfizer-BioNTech FDA Fact Sheet(s) for Healthcare Providers and the Pfizer-BioNTech Fact Sheet(s) for Recipients and Caregivers available at <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/spikevax-and-moderna-covid-19-vaccine>
 - Vaccine Adverse Events Reporting including Reporting requirements for healthcare providers administering COVID-19 vaccines at <https://vaers.hhs.gov/>
 - CDC's v-safe After Vaccination Health Checker at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

Staff Training (5)

- All staff participating in the COVID-19 vaccination campaign should be aware of the below resources:
 - Vaccine Storage and Handling Toolkit available at (including COVID-19 vaccine addendum) <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>
 - Moderna COVID-19 vaccine website at <https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html>
 - Pfizer-BioNTech COVID-19 vaccine website at <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html>
 - CDC's Use of COVID-19 Vaccines in the United States website at <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>
 - NYC DOHMH's COVID-19 Vaccine Information for Providers at <https://www1.nyc.gov/site/doh/covid/covid-19-providers-vaccines.page>

Reporting to CIR

COVID-19 Vaccine Reporting Requirements

- Methods of reporting to CIR
 - Electronic Medical Record (EMR) direct connection to CIR
 - Online Registry website www.nyc.gov/health/cir
- Reporting patient race and ethnicity is required
 - Race and ethnicity are important demographic data needed to monitor the equity of COVID-19 vaccine distribution among different groups in NYC
 - A patient may decline to share, but that is different from not asking or reporting this element. EHR systems should have different race and ethnicity options, including “Prefer not to answer”

Reporting to the CIR

- If you report immunizations directly into the Online Registry, you can use the **Search** screen to search for existing patients and add new patients to MyList
- After selecting the patient, from the **Add/Edit** screen click the “Quick Add’ link currently shown in the red text below. Or you can go directly to the **Quick Add** screen
- Once on the **Quick Add** screen, you can add the patient’s COVID-19 immunization event



! To report **COVID immunizations**, please use the [Quick Add](#) screen to Search for patients and to enter the specific COVID immunization

Reporting via Online Registry



Quick Add

- COVID-19 Vaccinations
- Adult Patient Vaccinations

Effective December 23, 2021: The new Pfizer 12+ formulation, called Pfizer Tris Sucrose, will be available.

- Pfizer Tris Sucrose has a gray cap, will not require dilution and will be available in 300-dose ordering quantities.
- This new formulation (Pfizer Tris Sucrose gray cap) replaces the current formulation (Pfizer purple cap) for people ages 12
- More on [new storage, handling, and administration requirements for Pfizer Tris Sucrose-gray cap](#).

Fill out the form below to report vaccinations for adult patients. For patients under 19 years of age, report COVID-19 vaccination types use the Search or MyList screen to look up and report events.

For additional instructions, see [Online Registry Reporting COVID-19 Highlights](#); [Online Registry Help Guide for Pharmacists](#); [How to Correct Lot Number](#); [How to Update Patient Information and Modify Immunization Details](#)

For Vaccine Information Statements (VISs) click [here](#) (opens new window).

Patient Information

*Fields marked with * are required. Fields marked with + are recommended.*

First Name*	Middle Name	Last Name*
<input type="text" value="MICKEY"/>	<input type="text"/>	<input type="text" value="MOUSE"/>
Sex*		Date of Birth*
<input type="text" value="Male"/>		<input type="text" value="01/01/2000"/>

Race*	Ethnicity*	
<input type="text" value="NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER"/>	<input type="text" value="Not Hispanic or Latino"/>	
Building*	Street*	Apartment/Suite
<input type="text" value="42-09"/>	<input type="text" value="28th Street"/>	<input type="text"/>
Borough/City*	State*	ZIP Code*
<input type="text" value="QUEENS"/>	<input type="text" value="NEW YORK"/>	<input type="text" value="11101"/>
Phone*	Phone Type*	Email Address
<input type="text" value="(000) 000-0000"/>	<input type="text" value="Mobile"/>	<input type="text" value="test@health.nyc.gov"/>
Immunization Events Click "Add Event" button to enter multiple immunization events.		
Vaccination Date*	Vaccine Administered*	Lot*
<input type="text" value="04/02/2021"/>	<input type="text" value="COVID-19, mRNA, 0.5 mL dose (Moderna..."/>	<input type="text" value="010M20A Moderna, Inc. 12/3..."/>
		Add Lot Number
Route of Administration*	Site of Administration*	<input type="checkbox"/> Comorbidity?
<input type="text" value="Intramuscular"/>	<input type="text" value="Left Deltoid"/>	<input type="checkbox"/>
		Priority Group
		<input type="text" value="Persons aged 16-64 years wit..."/>
<input type="button" value="Add Event"/>		
<input type="button" value="Reset"/> <input type="button" value="Confirm"/>		

Questions?

Email nycreach@health.nyc.gov