

LOCAL HEALTH DEPARTMENT RESPONSIBILITIES

In addition to the requirements expected of all enrolled VFC providers, Local Health Departments (LHD) must perform the following activities:

1.	Work with each VFC provider within their county or jurisdiction to assure that their annual online enrollment is accurately completed and submitted by April 1 st in MCIR.
2.	Submit an online enrollment via MCIR for the LHD and each of the LHD's satellite clinics by April 1 st .
3.	Ensure all Vaccine Managers and Back-up Managers within your jurisdiction (including LHD staff) receive annual training. Document any changes in primary and back-up staff in PEAR and report these changes to MDHHS via email.
4.	Receive vaccine orders from VFC providers and review the doses administration report (DAR), ending inventory reports and their vaccine storage temperature logs prior to approving and placing orders with MDHHS.
5.	Be accountable to MDHHS for all VFC doses of vaccine administered within the LHD jurisdiction.
6.	<p>Conduct VFC site visits of no less than 50% of the VFC providers within the LHD jurisdiction each year and enter those visits into PEAR. The other 50% of VFC providers must be visited the following year. Provider sites must have a site visit at least every 24 months (Detroit region every 12 months). MDHHS recommends that LHDs strive towards visiting as many VFC providers as possible every year.</p> <p>Site visit objectives are to:</p> <ul style="list-style-type: none"> • Ensure that providers have the most current immunization resource materials available; • Review VFC requirements on vaccine storage and handling, vaccine accountability, record-keeping, and compliance with VFC regulations; • Assess the quality of immunization practices; and • Prepare corrective action plans when necessary, including a process to track follow-up activities related to the corrective action plan.
7.	Disseminate immunization information and updates about the program to all providers within their jurisdiction as needed.
8.	<p>Provide ongoing education and technical assistance to private providers and staff as needed. Conduct on-site reviews of providers who have vaccine storage and handling problems and assist them in the resolution of these problems.</p> <ul style="list-style-type: none"> • Review all incoming vaccine orders, inventory reports, temperature logs and doses administered reports. If inconsistencies are found on these reports (e.g., ordering more vaccines than usual, reports of wasted/expired vaccines), follow-up with the provider to resolve any issues. • Follow-up on problems until improvements are made and maintained. • Make referrals to the MDHHS INE program if additional provider education is indicated regarding the VFC Program and/or vaccine safety, storage, and handling concerns.
9.	Keep all VFC-related documents for 3 years, including: LHD temperature logs, all provider enrollments, site visit questionnaires and CA follow up documentation, and vaccine losses, etc..
10.	Assist providers with creating vaccine Returns and Wastage reports in MCIR. Provide education to ensure providers are using the correct transactions and to reduce incidence of spoiled vaccine.
11.	In order to avoid expired VFC vaccine, the LHD is obligated to receive soon-to-expire provider vaccine and either use it within their own clinic or redistribute the vaccine to another clinic for use as long as

	<p>appropriate storage and handling procedures were followed as evidenced by data logger files. LHDs may require that providers run MCIR patient reminder recalls prior to accepting vaccine.</p> <p>The exception to this would be if LHD receives notification from a provider about expiring vaccine and it is less than three months from expiration date and the doses subsequently expire, the LHD is not obligated to receive the vaccine but should assist in attempting to redistribute or use in their own clinic if feasible. If this is not feasible and doses expire, the original provider is responsible for replacement of the expired doses.</p>
12.	<p>Local Health Departments that border other states (Wisconsin, Ohio, and Indiana) must have agreements in place with those states to vaccinate VFC-eligible children with VFC vaccine regardless of which state the child resides.</p>

LOCAL HEALTH DEPARTMENT AS VFC PROVIDER

1.	<p>Weekly calibration of all temperature monitoring devices which includes the date of calibration, type of monitoring devices, (use a key or legend to indicate the types of monitoring devices you have in use, temperature readings of all thermometers in use in both refrigerator and freezer units that contain VFC vaccines).</p> <ul style="list-style-type: none"> • Document the certified thermometer so the reviewer can easily determine if all other devices are within acceptable range. • Fahrenheit temperatures must be within 3 degrees of certified thermometer temperature; Celsius temperatures must be within 1.5 degrees. <p><i>Document adjustments, if needed. Documentation should include the device that was adjusted (e.g., Data-logger is certified thermometer, 6-17-13 DL= 40, S=46. Adjusted Sensaphone).</i></p>
2.	<p>A continuous- temperature monitoring alarm notification system must be in place in each LHD storage unit.</p> <ul style="list-style-type: none"> • All monitoring devices and alarm systems must be calibrated weekly to ensure they function compatibly and accurately. Readings may not always be exactly the same as the thermometer since the thermometer may react differently to changes in temperature than the alarm system does, depending on types of probes (measuring air temperature vs. liquid-filled solutions). It is best to check the calibration of the alarm system with the thermometer after the unit has been closed for an extended period of time. • An alarm system should be tested at least once a month to assure it is working correctly.