

**FEDERAL INFLUENZA A (H1N1)
MONOVALENT VACCINE
VACCINE PROVIDER AGREEMENT
ADMINISTERED
BY**

STATE OF NEVADA HEALTH DIVISION

Immunization Program ▪ 4150 Technology Way ▪ Suite 210 ▪ Carson City ▪ Nevada ▪ 89706

**Federal H1N1 Program
2009-2010 Agreement to Participate**

Business/Clinic Name _____ (Assigned PIN Number) _____

Vaccine Shipping Contact: _____
(Person responsible for the vaccines)

Physical/Shipping Address: _____
Street Address (No Post Office Box) City State Zip Code

Mailing Address: _____
(May be the same as the shipping) City State Zip Code

Direct Phone Number/Ext: _____ Back Office Number: _____

Fax Number: _____ E-mail address (please include): _____

IMPORTANT – Days and times the clinic is open to accept delivery of vaccines:

DAY OF THE WEEK	OPEN TIME	LUNCH TIME	CLOSED TIME
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
Notify the Nevada State Immunization Program (in writing) of any changes, i.e. clinic closures or changes in hours of operation.			

To participate in the FEDERAL H1N1 program and receive federally supplied vaccine provided to my facility at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, and others associated with the medical office, group practice, managed care organization, community/migrant/rural clinic, health department, or health delivery facility of which I am the physician-in-chief or equivalent:

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 H1N1 Influenza. 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. and must be signed and submitted to the Nevada Immunization Program prior to receipt of the vaccine.

The immunization provider agrees to:

Physician in Chief to initial all:

- _____ 1. Administer the 2009 Influenza A (H1N1) monovalent vaccine according to the recommendations of CDC’s Advisory Committee on Immunization Practices as adopted by the Centers for Disease Control and Prevention. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5810a1.htm>
- _____ 2. Store and handle the vaccine in accordance with the package insert provided with the vaccine including in compliance with cold chain requirements. Review the Checklist for Safe Vaccine Handling and Storage and the Vaccine Storage Unit “Things to Consider” as well as the enclosed “Handling Instructions for 2009 H1N1 Vaccine.”
- _____ 3. Provide a current Vaccine Information Statement to each individual before vaccination, and answer questions about the benefits and risks of vaccination, including different indications for live versus inactivated vaccines. <http://www.cdc.gov/vaccines/pubs/vis/default.htm>
- _____ 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.
- _____ 5. Report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (1-800-822-7967, <http://vaers.hhs.gov/contact.htm>).

In addition, the provider:

- _____ 6. Cannot 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.
- _____ 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 (\$21.34) vaccine administration fee. If the administration fee is billed to Medicaid, the amount billed cannot exceed the state Medicaid administration fee. <http://www.cms.hhs.gov/MLN MattersArticles/downloads/SE0920.pdf>
- _____ 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.
- _____ 9. Must report the number of doses of 2009 Influenza A (H1N1) monovalent vaccine administered to individuals as requested by the state or local public health department.
- _____ 10. Must report to the state health division 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.
- _____ 11. Is strongly encouraged to provide an immunization record card to the vaccine recipient or parent/guardian to provide a 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 of vaccine (if necessary). Immunization cards will be included in each shipment of vaccine.
- _____ 12. Must report to the State Health Division on a weekly basis aggregate H1N1 doses administered and comply with NRS 439.265 (*reporting child H1N1 vaccines to the immunization registry – Nevada WebIZ*). The Nevada Immunization Program will notify H1N1 vaccine providers of this process.

Receipt of H1N1 vaccine shall constitute acceptance of the terms of this agreement.

Agreed to on behalf of the above-named providers and facilities:

(Signed or electronic submission)

Printed Name Physician in Chief (authorized to prescribe vaccines under Nevada State Law)

Medical License #

Physician in Chief (authorized to prescribe vaccines under Nevada State Law) Signature

Date

CLINIC NAME:	PIN NUMBER:	CONTACT NAME:	PHONE NUMBER:
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PROVIDER PROFILE: complete the table below to designate the number of H1N1 **doses** you would anticipate administering during the Influenza Season to the various “Initial Target Groups” as well as “All Other Groups”.

Maximum number of doses your vaccine storage unit can hold _____

Designate the number of DOSES you anticipate for the entire H1N1 Influenza Season

H1N1 VACCINE PRESENTATIONS	PF Prefilled syringes 0.25	PF Single dose vials 0.25	PF Prefilled syringes 0.5	PF Single dose vials 0.5	Multi-dose vials	Nasal sprayer 2-49 years	TOTAL FOR H1N1 SEASON
INITIAL TARGET GROUPS							
Pregnant women							
Persons who live with or provide care for infants aged <6months (e.g., parents, siblings, and daycare providers)							
Health-care and emergency medical services personnel (who have direct contact with patients or infectious material)							
Persons aged 6 months—24 years							
Persons aged 25-64 years who have medical conditions that put them at higher risk for influenza-related complications							
ALL OTHER GROUPS							