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## FAX BLAST

<b>To:</b>	Dialysis Unit Administrators in Delaware	<b>From:</b>	Suzanne Kirschbaum, RN Quality Improvement Director
		<b>Pages:</b>	4 (including cover)
<b>Subject:</b>	H1N1 Influenza Vaccine		

Please review the attached instructions from the Delaware Department of Health and Social Services regarding “Delaware’s Pre-Registration for Providers Interested in Administering the Novel H1N1 Influenza Vaccine”.

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## Delaware Pre-Registration for Providers Interested in Administering the Novel H1N1 Influenza Vaccine

### INSTRUCTIONS AND INFORMATION (PLEASE READ BEFORE REGISTERING):

The U.S. Government will provide federally funded vaccine against the 2009 Novel H1N1 influenza virus. Details of this planned vaccination effort are still being decided but it is expected that enough vaccine will be available within six months of the beginning of vaccine distribution to meet U.S. demand. At this time, vaccination will be restricted to the following populations, per recommendations of the CDC Advisory Committee on Immunization Practices: pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months and 24 years old, and people ages of 25 through 64 years of age who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems.

### KEY POINTS ON VACCINE REGISTRATION:

- The Delaware Division of Public Health (DPH) is establishing a pre-registration process for all licensed immunization providers interested in administering the H1N1 vaccine.
- **Providers are cautioned that the pre-registration process as outlined here may be subject to change depending on unforeseen factors affecting the distribution of H1N1 vaccine. Any change(s) to the proposed plan will be communicated through various avenues including this website.**
- Pre-registration is free and registered providers are not committed to order or administer the vaccine, but may receive updates and vaccine planning information. Depending on the final distribution plan decided upon, they will have the opportunity to order vaccine as outlined by the final terms of the H1N1 vaccine distribution program.
- Pre-registration will collect the shipping and contact information necessary for the shipment of vaccine to providers. In addition, providers will be asked to estimate the number of persons they realistically intend to vaccinate and the type of vaccine they expect to use (nasal or injectable). Only providers with active licenses and in good standing in the state of Delaware need register.
- Providers already enrolled in the Vaccines for Children (VFC) Program will be expected to make the H1N1 vaccine available to their VFC clients that seek it. Their estimates should therefore include both their VFC **and** non VFC (private) clients.
- Registered providers will receive email and/or fax updates to assist with pandemic vaccine administration planning.

### DEFINITIONS:

- Authorized Immunization Provider – the licensed healthcare professional responsible for signing the H1N1 Provider Agreement before placing the initial vaccine order.
- Primary Point of Contact – Person within the facility who should receive all email, fax or phone updates concerning planning for the administration of pandemic vaccine. This person may be the same or different than the practice's Shipping Contact.
- Shipping Contact – The person to whom shipping alerts should be sent. This may be the primary point of contact or another person. This information must be accurate and will be used to set up the facility shipping account for vaccine.

# Delaware Pre-Registration for Providers Interested in Administering the Novel H1N1 Influenza Vaccine

The \* indicates mandatory information.

\* Name of site being pre-registered: \_\_\_\_\_

\* Type of site being pre-registered: Please select from the list of drop down options.

- |   |  |
|---|--|
| <input type="checkbox"/> Pediatric Practice               | <input type="checkbox"/> School or College                 |
| <input type="checkbox"/> Family Practice                  | <input type="checkbox"/> Urgent Care Center                |
| <input type="checkbox"/> Hospital                         | <input type="checkbox"/> Federally Qualified Health Center |
| <input type="checkbox"/> Internal Medicine                | <input type="checkbox"/> Community Vaccinator              |
| <input type="checkbox"/> Obstetric / Gynecology           | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Long Term Care / Assisted Living |  |
| <input type="checkbox"/> Occupational Health              |  |

\* Authorized Immunization Provider:

NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT: \_\_\_\_\_

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\* Title of Authorized Immunization Provider (e.g. M.D., D.O., PA-C, RN): \_\_\_\_\_

\* Medical License Number: \_\_\_\_\_

\* Primary Point of Contact (POC):

NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT: \_\_\_\_\_

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\* Facility shipping information:

FACILITY NAME: \_\_\_\_\_

SHIPPING CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT: \_\_\_\_\_

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Delaware VFC Provider PIN Number, if applicable: \_\_\_\_\_

\* Choose the type and quantity of H1N1 vaccine that you expect to administer at this site.

INJECTABLE:

- Less than 100 (Injectable)
- 101 to 400 (Injectable)
- More than 400 (Injectable)
- None

NASAL:

- Less than 100 (Nasal)
- 101 to 400 (Nasal)
- More than 400 (Nasal)
- None

\* **DELIVERY:** Check all days and times you may receive vaccine. (Please Note: Vaccine must immediately be placed in refrigerator upon receipt.) If closed during lunch hour, please specify.

<input type="checkbox"/> MON	FROM: _____	TO: _____	CLOSED FOR LUNCH FROM: _____	TO: _____
<input type="checkbox"/> TUE	FROM: _____	TO: _____	CLOSED FOR LUNCH FROM: _____	TO: _____
<input type="checkbox"/> WED	FROM: _____	TO: _____	CLOSED FOR LUNCH FROM: _____	TO: _____
<input type="checkbox"/> THUR	FROM: _____	TO: _____	CLOSED FOR LUNCH FROM: _____	TO: _____
<input type="checkbox"/> FRI	FROM: _____	TO: _____	CLOSED FOR LUNCH FROM: _____	TO: _____

**Completed forms should be faxed to (800) 318-0810.**

For questions about registration, contact the Immunization Program at 1-800-282-8672.