

Vaccines for Children (VFC) Program

Sara Jean Harden, LSW, CPH
Immunizations Quality Assurance and Training Manager

May 15, 2026
Infectious Disease and Immunization Summit
Summersville, West Virginia



Purpose of Presentation



- Educate currently participating, prospective, and program-adjacent healthcare workers about the Vaccines for Children (VFC) program and West Virginia Immunization Information System (WVSIIS)
- For current VFC providers, to provide an option for completing the annual training requirement

History of the Program

- Investigation of a nationwide Measles Outbreak from 1989-1991 led the Centers for Disease Control and Prevention (CDC) to discover that more than half of the affected children were unvaccinated.

What was the primary reason for the children being unvaccinated, cited by the families?

- A. The children did not have regular healthcare providers/medical homes
- B. The vaccines were too expensive
- C. The Measles, Mumps, and Rubella (MMR) vaccines were still relatively new, and very few healthcare providers offered them

History of the Program

- To address the vaccine affordability issue, the VFC program was created by Congress, and the program was operational by 1994
- A Federal entitlement program, it guarantees by law that eligible children can receive all Advisory Committee on Immunization Practices (ACIP) recommended vaccines at no cost
- Public and private healthcare providers can enroll in the program through their State Immunization Program, enabling them to receive the vaccines for free to administer to their eligible patients

- The West Virginia VFC program currently has 450 participating healthcare facilities. Among them are Local Health Departments (LHDs), Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), school-based health centers, private practices, hospitals and major health systems.

On average, how many doses of zero-cost vaccines are administered through the West Virginia VFC program each year?

- A. 350,000
- B. 500,000
- C. 50,000

How It Works

- Healthcare facilities that serve a population of VFC-eligible patients can enroll in the program by completing an enrollment packet and provider agreement, which are renewed every year.
- The agreement states that the provider will comply with all program expectations and in return will be able to order the publicly-funded vaccines using an assigned VFC PIN.
- VFC compliance reviews are completed in-person at the facility every 12-24 months by Quality Assurance Specialists.
- Vaccine storage and handling “spot checks” are typically done on alternating years with compliance reviews and can be unannounced.
- VFC providers can participate in the evidence-based Immunization Quality Improvement for Providers (IQIP) program to increase immunization rates in their practices.

To receive VFC doses from a participating provider, a patient must be 0-18 years old and meet one or more of the following criteria:

- Uninsured
- Underinsured*
- Medicaid-enrolled or Medicaid-eligible
- American Indian or Alaska Native

***Underinsured patients can receive VFC doses at which provider type(s)?**

- A. Local Health Departments
- B. Rural Health Clinics and Federally Qualified Health Centers
- C. Private Practices

- Patients must be screened for VFC eligibility at every vaccination visit.
- Patients/parents may NOT be charged for the cost of the vaccine but may be charged a vaccine administration fee, not to exceed the maximum fee amount set by the Centers for Medicare and Medicaid Services (CMS).
- Vaccine administration fees may NOT be sent to collections if the patient/parent is unable to pay.

What is the current VFC administration fee cap in West Virginia?

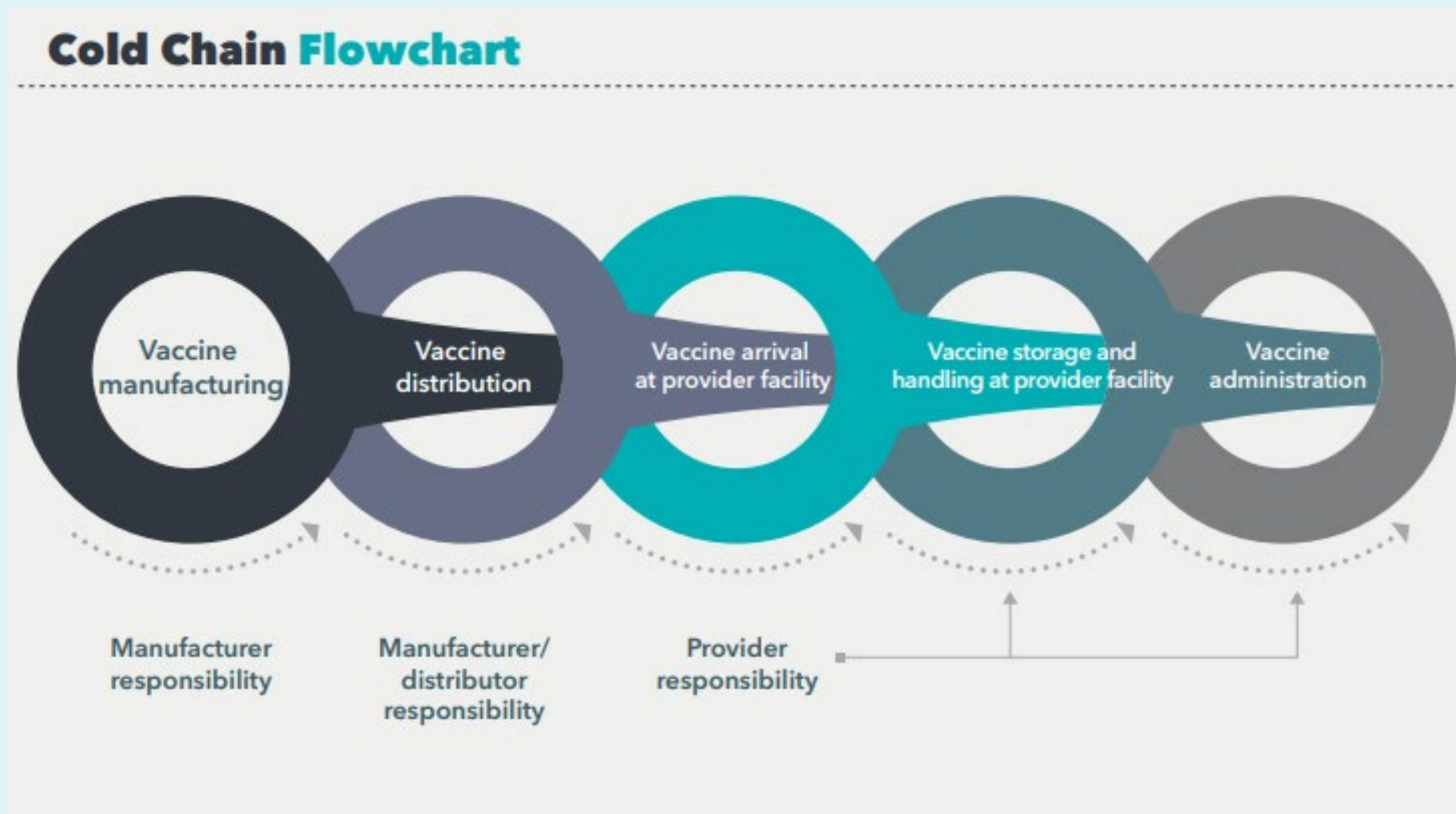
- A. \$12.85
- B. \$5.00
- C. \$19.85

Administrative Requirements

- Vaccine ordering must be scheduled with consideration of staff presence.
- Retention of all VFC-related documents for three years (includes packing slips).
- Documentation of all vaccinations in WVSIS.
- Monthly submission of temperature logs from vaccine storage units.
- Completion of annual training for all staff who order, store, handle, and administer vaccines. Ways to complete annual training:
 - Self-paced online training, like You Call the Shots modules 1, 10, 16, and 18
 - Attending a webinar or conference (like this one!) that covers VFC + vaccine storage and handling
 - Combined with VFC Compliance visit or as a separate visit, the training can be provided by Quality Assurance Specialists

Storage and Handling

- The goal of proper vaccine storage and handling (S+H) is to maintain the integrity/viability of the doses from the point of manufacture to the time of administration.
- The most important factor for ensuring vaccine safety and potency is temperature management, specifically maintaining the Cold Chain.



Storage and Handling: The Cold Chain

- Refrigerated vaccines should be stored at temperatures between 2°C and 8°C (36°F and 46°F).
- Frozen vaccines should be stored at temperatures between -50°C and -15°C (-58°F and +5°F).
- The only way to know the exact temperature of a vaccine storage unit is to use a temperature monitoring device.

Storage and Handling: The Cold Chain

An effective cold chain relies on three things:

1. Accurate vaccine inventory management

- Detailed documentation of what doses are on-hand with lot numbers will be needed in case of a temperature excursion.
- Retention of packing slips and order confirmations for the required amount of time.

How long are VFC providers required to retain VFC-related documents?

- A. For as long as the provider is enrolled in the program
- B. Until the patients who received those vaccines turn 19 years old
- C. 3 years

Storage and Handling: The Cold Chain

An effective cold chain relies on three things:

2. Well-trained staff

- Staff should be assigned to receive shipments of vaccine when they are delivered, or as soon as possible after
- Proper placement in refrigerators/freezers and continuous temperature monitoring are also important to prevent vaccines getting too cold or warm
- Designated staff and backup staff should be trained on how to handle incidents resulting in cold-chain failure
- Instructions should be posted/easy to find when needed

3. Reliable storage and temperature monitoring equipment

- Fridges and freezers that are made for storage of pharmaceuticals are best for maintaining consistent temperatures.
- Household-**, bar-, or dorm-style storage units should be avoided.
- The required temperature monitoring device for VFC storage is a Digital Data Logger (DDL) that has a certificate of current calibration.
 - DDLs provide a record of regularly checked temperatures, called a temp log.
 - DDLs vary in price depending on brand but can be very affordable.
 - When calibration has expired, DDLs can be either re-calibrated by the manufacturer or replaced, whichever is more efficient.

Storage and Handling: The Cold Chain

More about DDLs:

- VFC requires one DDL for each fridge and freezer, plus one backup DDL available.
- All DDLs must be calibrated and have certificates with expiration dates.
- Backup DDLs should have a different date of expiration than the DDLs in use.
- Min/Max display thermometers are similar but do not continuously log temperatures and are not acceptable for VFC use.

Storage and Handling: The Cold Chain

**Household-style Units

- If a facility already has a household-style refrigerator with a clean record of maintaining in-range temperatures, it can continue to be used for VFC storage but must be replaced with a pharmaceutical-grade refrigerator upon failure.
- If using a household-style/combination unit (has both Fridge and Freezer sections), the freezer section may not be used to store VFC doses.
- Household-style units should be buffered with water bottles on all sides (including doors) to help regulate temperatures.
- Vaccines should never be stored in produce bins/drawers inside of household-style units.



When the cold chain fails: Temperature Excursions

- A temperature excursion is a break in the cold chain, or a time during which vaccines are held at temperatures outside of the acceptable range for storing vaccines.

Which is not an example of a temperature excursion?

- A. A newly purchased refrigerator freezes vaccines for 15 minutes
- B. During a power outage, a freezer's internal temperature rises to 36 °F for 1 hour
- C. Both of these are considered temperature excursions

Storage and Handling: Temperature Excursions

What to do after a temperature excursion:

1. Isolate the affected doses in a unit that is within the appropriate temperature range and label them “DO NOT USE”.
2. Document the excursion (details can be found in the CDC Storage and Handling Toolkit).
3. Contact the manufacturer(s) of the affected doses and provide your documentation. The manufacturer will determine whether the vaccines are still viable or whether they should be discarded.
4. VFC providers must forward the manufacturers’ written response to Immunization Services Division.

Never dispose of vaccines until the manufacturer has issued guidance to do so

Storage and Handling: Transport

- Should be as infrequent as possible and only using proper packing, equipment, and temperature monitoring.
- Never transport the same vaccines more than once.
- Types of transport packing:

1. Portable Vaccine Storage Unit (PREFERRED)



Planned or
Emergency

2. Qualified Container & Pack-Out



Planned or
Emergency

3. Conditioned Water Bottle Transport



Emergency
ONLY

Storage and Handling: Administration

Guidelines for administering vaccines:

- Prepare vaccines in a designated area away from any space where potentially contaminated items are placed.
- Only prepare vaccines when you are ready to administer them. Avoid pre-drawing whenever possible.
- Before preparing the vaccine, always check the:
 - Vial to ensure it is the correct vaccine
 - Expiration date or beyond-use date/time to ensure it has not passed
- For quality control and patient safety, only administer vaccines you personally have prepared (best practice standard of medication administration).

Storage and Handling: Administration

- Always check the manufacturer’s package insert for the recommended administration route and site. Deviation from the recommended route increase risk of reduced efficacy and more severe local adverse reactions.
- Practice hand hygiene before administering vaccines.
- When administering a vaccine by injection, choose the correct needle size based on the route, age, patient size, and injection technique.

INJECTABLE VACCINES	ROUTE	SITE*
DTaP, DT, HepA, HepB, Hib, HPV, IIV4, RIV4, cdlIV4, IPV*†, MenACWY, MenB, MMR‡, PCV13, PPSV23*†, RZV, Td, Tdap, TT, VAR†	Intramuscular injection	Vastus Lateralis or Deltoid muscle
IPV*†, MMR‡, PPSV23*†, VAR†	Subcutaneous injection	Fatty tissue of thigh for infants younger or upper outer triceps area
COMBINATION VACCINES	ROUTE	
DTaP-IPV, DTaP-IPV-HepB, DTaP-IPV/Hib, DTaP-IPV-HepB/Hib, HepA-HepB, MMRV†	Intramuscular injection	Vastus Lateralis or Deltoid muscle
MMRV†	Subcutaneous injection	Fatty tissue of thigh for infants younger or upper outer triceps area

Storage and Handling: Administration

- Multiple injections/coadministration of vaccines require special considerations/protocols, available in the CDC Pinkbook.
- Vaccination during a pandemic may affect safety practices and procedures.
- Staff who administer vaccines should be trained annually on managing acute vaccine reactions.

- [CDC Pinkbook](#)
- [CDC Vaccine Storage and Handling Toolkit](#)
- [VFC Provider Manual and templates](#)
- [Vaccine Manufacturers](#)
- [West Virginia Department of Health, Immunization Services Division](#)

West Virginia Immunization Information System (WVSIIS)

What is the Immunization Registry?



- A database created to contain records of all vaccines administered in the State of West Virginia
- Each state has their own Immunization Information system (also called IIS or immunization registry). Ours is called WVSIIIS and can be found at:
www.wvimm.org/wvsiis

What is the Importance of WVSIIIS?

- ▲ Main
 - Home
 - Logout
 - Select Application
 - Select Organization
 - Select Facility
 - Select Pin
 - Document Center
 - Help
 - MyIR
- Dashboard
- ▶ Favorites
- ▶ Patient
- ▶ Waitlist
- ▶ Vaccinations
- ▶ Oral Health Service
- ▶ Exec. Dashboard
- ▶ Lead
- ▶ Organization
- ▶ Facilities
- ▶ Physicians & Vaccinators
- ▶ Inventory Management
- ▶ Dashboard Reports
- ▶ Reports
- ▶ Settings
- CASA Export
- ▶ Reminder/Recall
- ▶ DTT
- ▶ Scheduled Reports
- Job Queue
- Change Password
- Administration
- ▶ Campaigns
- FAQs
- Answers

The IIS has multiple important functions for public health and healthcare providers:

- Allows providers to search for records to determine if a patient has already received a certain vaccine/series, and if so, when it was administered.
- Forecasts when patients are due for Advisory Committee on Immunization Practices (ACIP) recommended vaccines based on the adult or pediatric schedules, patient age, and past administration records.
- Reports Module allows providers to pull their own insights about vaccination in their facility.
- Documents Center and Daily Announcements are easy points of access for information, training, documents, and updates.

Getting Started with WVSIIIS

For staff:

- Each user should have their own login for WVSIIIS (no account sharing is permitted).
- Logins can be obtained by submitting a New User Enrollment Form to the WVSIIIS HelpDesk (can be found on the homepage).

For facilities:

- Records can be entered into the registry by two methods: direct data entry or Electronic Health Record (EHR) connection.
- EHR connectivity is recommended as it directly transmits documentation from the patient chart to WVSIIIS, and new patients (first time getting a vaccine in WV) are created automatically.

EHR Connectivity Overview

- The first steps in bridging the connection are completed by the EHR Vendor, the facility's IT department, and the Immunization Services Division (ISD).
- Once a connection is made and test files have been sent successfully, ISD will facilitate a “go live” call with the EHR vendor and a representative from the provider facility to prepare for implementation.
- ISD will conduct any staff training needed.
- Daily error reports will be sent to the provider staff to indicate which records, if any, were unsuccessfully transmitted to WVSIS and why.

Reminders for Use

Communicate facility changes to the WVSIS team

- New staff should complete the New User Enrollment form and obtain login credentials
- Staff who have left the facility should be inactivated
- Merges, new locations, closures, and facility name changes

Managing patient record ownership

- Ownership is what associates a patient with a facility in WVSIS
- Especially important for accuracy of facility coverage rate reports
- Providers should routinely check the “status” of patients with records owned by the facility, and that they are correctly marked as “active”, “inactive”, or “deceased”

Verify the correct NDC/CVX codes are used for all vaccines

- Codes are defined by CDC

Troubleshooting and Training on WVSIIIS or VFC

- WVSIIIS specialists onsite today.
- Contact ISD for any education or training needs in your facility.

Contact Information



West Virginia Department of Health
Bureau for Public Health
Office of Epidemiology and Prevention Services
Immunization Services Division
350 Capitol Street, Room 125
Charleston, WV 25301
Phone: (304) 558-2188 or (800) 642-3634
Fax: (304) 558-1899
Website: OEPS.wv.gov