

CDC COVID-19 Vaccination Program Provider Agreement

AGREEMENT REQUIREMENTS

Within 24 hours of administering a dose of COVID-19 Vaccine and adjuvant (if applicable), Organization must record in the vaccine recipient's record and report required information to the relevant state, local, or territorial public health authority. Details of required information (collectively, Vaccine- Administration Data) for reporting can be found on CDC's website.²

Organization must submit Vaccine-Administration Data through either

(1) the immunization information system (IIS) of the state and local or territorial jurisdiction or

(2) another system designated by CDC according to CDC documentation and data requirements.²

Organization's COVID-19 vaccination services must be conducted in compliance with CDC's Guidance for Immunization Services During the COVID-19 Pandemic for safe delivery of vaccines.³

Organization must store and handle COVID-19 Vaccine under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the manufacturer's package insert and CDC guidance in CDC's Vaccine Storage and Handling Toolkit⁴

Organization must monitor vaccine-storage-unit temperatures at all times using equipment and practices that comply with guidance located in CDC's Vaccine Storage and Handling Toolkit⁴

² <https://www.cdc.gov/vaccines/programs/iis/index.html>

³ <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

⁴ <https://www.cdc.gov/vaccines/hcp/admin/storage-handling.html>

⁵ The disposal process for remaining unused COVID-19 Vaccine and adjuvant may be different from the process for other vaccines; unused vaccines must remain under storage and handling conditions noted in Item 7 until CDC provides disposal instructions; website URL will be made available.

⁶ <https://vaers.hhs.gov/reportevent.html>

⁷ See Pub. L. No. 109-148, Public Health Service Act §§ 319F-3 and 319F-4, 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e; 85 Fed. Reg. 15,198, 15,202 (March 17, 2020).

Organization must report the number of doses of COVID-19 Vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction.

Organization must comply with all federal instructions and timelines for disposing COVID-19 vaccine and adjuvant, including unused doses.⁵

Organization must report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).⁶

Organization must provide a completed COVID-19 vaccination record card to every COVID-19 Vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative. Each COVID-19 Vaccine shipment will include COVID-19 vaccination record cards.

Coverage under the Public Readiness and Emergency Preparedness (PREP) Act extends to Organization if it complies with the PREP Act and the PREP Act Declaration of the Secretary of Health and Human Services.⁷

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APPROXIMATE NUMBER OF PATIENTS/CLIENTS ROUTINELY SERVED BY THIS LOCATION

Number of children 18 years of age and younger:

_____ (Enter "0" if the location does not serve this age group.)

Unknown

Number of adults 19 – 64 years of age:

_____ (Enter "0" if the location does not serve this age group.)

Unknown

Number of adults 65 years of age and older:

_____ (Enter "0" if the location does not serve this age group)

Unknown

INFLUENZA VACCINATION CAPACITY FOR THIS LOCATION

Number of influenza vaccine doses administered during the peak week of the 2019–20 influenza season: _____ (Enter "0" if no influenza vaccine doses were administered by this location in 2019-20)

Unknown

² <https://www.cdc.gov/vaccines/programs/iis/index.html>

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ESTIMATED NUMBER OF 10-DOSE MULTIDOSE VIALS (MDVs) YOUR LOCATION IS ABLE TO STORE DURING PEAK VACCINATION PERIODS (E.G., DURING BACK-TO-SCHOOL OR INFLUENZA VACCINE SEASON) AT THE FOLLOWING TEMPERATURES:

Refrigerated (2°C to 8°C): No capacity Approximately _____ additional 10-dose MDVs

Frozen (-15° to -25°C): No capacity Approximately _____ additional 10-dose MDVs

Ultra-frozen (-60° to -80°C): No capacity Approximately _____ additional 10-dose MDVs

STORAGE UNIT DETAILS FOR THIS LOCATION

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:

1. *Example: CDC & Co/Red series two-door/refrigerator*

2.

3.

PROVIDERS PRACTICING AT THIS FACILITY

Instructions: List below all licensed healthcare providers at this location who have prescribing authority (i.e., MD, DO, NP, PA, RPh).

Provider Name	Title	License No.

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