

## PROVIDER CHECKLIST AND RESOURCES FOR RECEIPT OF MONKEYPOX (MPV) VACCINE

| Provider       | A. Review HHS MPV Vaccination Program Provider Agreement to assure compliance with all           |
|----------------|--|
| Agreement      | requirements.  |
|                | B. By accepting and administering vaccine supplied through the Program, the facility is stating  |
|                | agreement with all program requirements.   |
| Immunization   | A. Utilize the Washington State Immunization Information System (IIS) for reporting and          |
| Information    | tracking of vaccine.   |
| System         | B. Submit all vaccine doses administered to IIS weekly.  |
|                |  |
| Vaccine        | A. Upon receipt of vaccine add <b>number of vaccine vials</b> received into IIS inventory by     |
| Inventory      | manually entering the vaccine shipment or 'Receiving' a vaccine transfer.                        |
| Management     | B. Maintain accurate count of <b>number of vaccine vials</b> on hand within IIS inventory.       |
|                | C. Make adjustments and/or corrections to inventory counts <b>daily</b> to assure correct number |
|                | of vials are reflected in inventory balance following the Monkeypox Vaccine Management           |
|                | in the WAIIS instructions.   |
|                | D. Report any loss of vaccine vials resulting from vaccine expiration, wastage, and              |
|                | compromised cold chain in the IIS.   |
| Vaccine        | A. Ensure the storage and handling of vaccines are in accordance with the manufacturer's         |
| Storage        | specifications and CDC's Monkeypox Vaccine Storage and Handling Summary.                         |
|                | B. Use appropriate equipment to store and maintain proper vaccine conditions.                    |
|                | a. Dormitory style units may <u>never</u> be used for storing vaccine.                           |
|                | b. Pharmaceutical grade refrigerators and freezers are strongly recommended.                     |
|                | c. Portable storage units or qualified containers are required to be used during mobile,         |
|                | curbside, or similar off-site vaccination clinics.   |
| Temperature    | A. Use a continuous temperature monitoring device (i.e., digital data logger) in each unit       |
| Monitoring     | storing vaccine to monitor vaccine temperature.  |
|                | B. Visually review and record the refrigerator and freezer min/max temperature at least once     |
|                | a day on a temperature log.  |
|                | C. Ensure the refrigerator temperature stays between 36°F and 46°F (2°C and 8°C), and the        |
|                | freezer temperature is between 5°F and -13°F (between -15°C and -25°C).                          |
|                | D. Take immediate action to correct improper vaccine storage conditions, including exposure      |
|                | to light and exposure to temperatures outside the recommended ranges.                            |
|                |  |
| Vaccine        | A. Ensure all vaccine shipments/transfers are promptly received and stored immediately.          |
| Shipments      | Report any problems with vaccine shipments immediately.  |
| 5p560          | B. Make sure all staff who receive packages know how to handle receipt of vaccine deliveries.    |
| Vaccine        | A. Request for the transfer or redistribution of vaccine should be submitted via the IIS and     |
| Transfers and  | approved by DOH following the MPV Vaccine Management in the WAIIS transfer                       |
| Redistribution | instructions   |
| Redistribution | B. Vaccine transfers should remain within the county. Consult with local health jurisdiction for |
|                | transfers of vaccine to neighboring counties.  |
|                | transfers of vaccine to neighboring countries.   |