

CDC's Vaccines for Children Program Addendum: Special Considerations for COVID-19

Updated 10/18/2023



This addendum to the *2023-2024 VFC Operations Guide* provides supplemental information and guidance related to the addition of COVID-19 vaccine to the VFC formulary.

Inventory

- VFC providers will be allowed a flexible, time-limited ramp-up period to meet the private inventory requirement for COVID-19 vaccine. During this time awardees will not require VFC providers to meet the private inventory minimum requirements for COVID-19 vaccine if they do not intend to vaccinate their private pay patients. VFC providers are required to meet the private inventory requirement no later than March 31, 2024.
 - This includes VFC providers who serve only Medicaid-eligible patients and no privately insured children; they are not required to privately purchase COVID-19 vaccine.
- If VFC providers utilize this flexibility to not maintain private stock during this season, providers should share information with their privately insured patients about other ways to access COVID-19 vaccine in their areas, including through local pharmacies and health departments.
- In locations where providers report that demand for COVID-19 vaccine is low, awardees should allow providers to order the minimum packaging size of VFC COVID-19 vaccines, as feasible.
 - In these cases, site visit reviewers may observe that COVID-19 inventory is a much lower quantity than other ACIP-recommended vaccines.
 - Based on information that CDC has received from all three COVID-19 vaccine manufacturers, presentations for most of the new fall vaccines will be more typical (i.e., unit dose presentations rather than multidose vials), which will significantly reduce vaccine minimum order quantities.

- At the discretion of the awardee, certain specialty VFC providers, temporary/off-site vaccination clinics, and pharmacies may offer a limited formulary of vaccines, such as COVID-19 and influenza vaccines only.

Borrowing

- For VFC providers who maintain private stock of COVID-19 vaccine and vaccinate privately insured children, bidirectional borrowing of COVID-19 vaccine will be allowed for the 2023-2024 respiratory virus season as described below.
- CDC's borrowing guidance does not supersede jurisdictional policy related to borrowing. VFC providers should refer to awardee or jurisdictional policy to determine if borrowing is allowed in their jurisdictional.
- Borrowing is only applicable if the provider is purchasing private stock and is approved only for instances when:
 - There is a lack of vaccine stock because of delayed or spoiled shipments.
 - As part of the initial set up of private purchasing contracts and ordering systems, there has been a delay for the provider in being able to procure private stock of COVID-19 vaccine.
 - Vaccine will expire soon and will be lost if not used. Provider locations with a small privately insured patient population can use this option to administer short-dated, privately purchased vaccine to a VFC-eligible child and replace it with a longer-dated, VFC dose.
 - New staff calculated ordering intervals incorrectly, leading to a lack of sufficient private or public vaccine stock.



- Borrowed COVID-19 vaccine must be repaid (dose for dose) within one month and administered to the appropriate population.
 - If VFC vaccine is borrowed for a privately insured patient and then repaid to VFC inventory, the repaid dose must be administered to the appropriate category of VFC-eligible child. Note: Given the variability of COVID-19 vaccine types per age group, the same vaccine type borrowed must be repaid.

Vaccine Borrowing Documentation

- A Vaccine Borrowing Report must be completed when either:
 - Privately purchased vaccine is administered to a VFC-eligible child, or
 - VFC vaccine is administered to a privately insured child.
- Awardees may report the information using CDC's template or by developing their own as long as it contains all the components of the CDC template. The template can be found on the ISD Awardees SharePoint Portal. See Module 6 – Program Operations for additional information.

Restitution

- Given the uncertainty with COVID-19 vaccine demand and potential for packaging size concerns, awardees with vaccine restitution policies may not penalize providers for COVID-19 vaccine wastage due to expiration.

Site Visits

- Awardees are required to conduct all VFC site visits (i.e., compliance, enrollment, and unannounced storage and handling) in person unless local conditions indicate medium or high COVID-19 hospitalization rates.
 - If the provider location is in an area experiencing medium or high hospitalization rates, awardees may choose to conduct hybrid or virtual site visits. Please consult the [CDC COVID Data Tracker](#) for hospitalization rates in your jurisdiction. Awardees must review this tracker prior to scheduling the site visit to determine the most appropriate visit method (i.e., in-person, hybrid, or virtual), and continue to monitor the tracker and adjust the visit method as needed up until the date of the visit. Awardees will be required to acknowledge medium or high hospitalization rates in PEAR before a visit can be started.
- Awardees will be allowed to conduct virtual enrollment visits for specialty VFC providers, including drive thru clinics and birthing facilities due to their limited formulary of VFC vaccines.
- Virtual enrollment site visits must be approved in writing (email) by VFC staff. Minimally, awardees must review the following at the virtual enrollment visit:
 - Provider Agreement
 - Provider Profile
 - Vaccine Management Plan
 - Training documentation (if not done by program)
 - Electronic storage and handling documentation
 - Pictures of storage units
 - Pictures of DDL probe placement
 - Certificates of calibration
 - Pictures of "Do Not Disconnect" Signage Placement

NOTE: All awardees will be required to resume conducting enrollment visits in-person if CDC designates.

