

Rationale and Talking Points for IPI Clinic Checklist

Use these talking points on clinic visits to help explain the rationale for questions asked. They also provide guidance and resources for when a provider is out of compliance. The last two columns reference the page number in the *Policies and Procedure Manual for the MnVFC Program (P&P)* and the item number in the *Annual Provider Agreement (PA)* for the requirement.

★ Must have an action plan completed within 14 days.

! Must have an action plan completed within 30 days.

Use the MDH *Vaccine Storage Guide* (www.health.state.mn.us/divs/idepc/immunize/hcp/vaxhandling.html) to show clinic staff how to correctly set up their refrigerator and freezer.

Question	Rationale	Actions for Primary Education	Resources	P&P	PA
1. Is a working thermometer placed in the center of each unit?	<p>For the most accurate temperature reading, the thermometer probe must be placed in the center of the unit with the vaccine. The temperature near the floor and walls of the unit can differ from that in the middle of the compartment. Also, in a combination household refrigerator-freezer unit, the top shelf of the refrigerator may be colder than the rest of the refrigerator because cold air venting on it from the freezer.</p> <p>The thermometer probe should be kept in the middle of the compartment with the vaccine, away from the coils, walls, floor, and cold air vent.</p>	<p>Provide rationale and resources.</p> <p>Place the probe in the center of the unit.</p> <p>Offer to provide an in-service on storage and handling.</p> <p>Clinic should understand that non-compliance resulting in non-viable vaccine could result in the clinic being responsible for replacing the vaccine.</p> <p>If the provider is not meeting this requirement after 30 days contact the regional MnVFC Clinical Coordinator to do follow-up.</p>	<p><i>General Recommendations on Immunizations Recommendations of the Advisory Committee on Immunization Practices</i>, January 28, 2011, page 18, www.cdc.gov/mmwr/pdf/rr/rr6002.pdf</p>	18	8
2. Is there a current certificate of calibration for the thermometer?	<p>In order to ensure the accuracy of temperature monitoring devices providers are required to have calibrated thermometers in all refrigerators or freezers.</p> <p>Each thermometer is to be calibrated and have a Certificate of Traceability.</p> <p>This certificate is different from the manufacturer's warranty.</p> <p>If a clinic uses internal lab services, e.g. bio-med staff, or contracts out calibration services they should have a copy of a current calibration certificate for those services. Remote electronic temperature monitoring systems and built in digital thermometer must have a certificate of calibration. All thermometers used for vaccine temperature monitoring require recalibration, no matter what the thermometer manufacturer says.</p>	<p>Provide rationale and education regarding this requirement.</p> <p>Provide up to 4 MDH thermometers to the clinic. Clinics may have to purchase some thermometers on their own. They can do this through their durable medical equipment provider.</p> <p>Show clinic staff the "due by" date on the back of the MDH supplied thermometers.</p> <p>Consider offering to provide clinic staff with an in-service on storage & handling separate from the site visit.</p> <p>Instruct the clinic that if vaccine becomes non-viable due to non-compliance the clinic could be responsible for replacing the wasted vaccine.</p> <p>Ask the clinic to provide a certificate of calibration for any thermometer not provided by MDH or for the lab/contract service used for recalibration.</p> <p>Follow up in 30 days; if this requirement is not being met contact the regional MnVFC Clinical Coordinator.</p>	<p><i>General Recommendations on Immunizations Recommendations of the Advisory Committee on Immunization Practices</i>, January 28, 2011, page 18, www.cdc.gov/mmwr/pdf/rr/rr6002.pdf</p>	18	8

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3. What type of thermometer is used?	<p>Check the box indicating the type of thermometer the clinic is using. If they are using an MDH supplied thermometer check only the MDH supplied box.</p> <p>Providers using a remote electronic temperature monitoring system must have a written procedure for their response to alarms from the system, including identifying who will respond and back-ups to that person.</p>	<p>If the clinic is using more than one thermometer make a note in the Action/Comments column.</p>	<p><i>Got Your Shots Provider's Guide</i>, page 12, www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html</p>	18	8
4. Unit types !	<p>A “purpose built”, pharmacy/lab grade or stand alone refrigerator or freezer unit is preferred for storage of vaccines.</p> <p>Vaccine may also be stored in a dual-zone household refrigerator-freezer that has separate exterior doors for each compartment and that was built within the last 10 years. It should have separate controls for each compartment, preferably inside each compartment.</p> <p>The MnVFC program does not allow for the use of combined refrigerator/freezers with one exterior door of any type for the storage of MnVFC vaccine at any time. Under the counter refrigerator or freezer only, “dormitory size” units are acceptable.</p>	<p>Provide rationale and resources.</p> <p>At the visit, establish a date that a plan for a new fridge will be developed and submitted (no longer than 2 weeks).</p> <p>Advise the clinic that if any vaccine becomes non-viable due to not having an appropriate unit the clinic will be responsible for replacing any wasted vaccine.</p> <p>Follow up in 30 days; if no progress is being made contact the regional MnVFC Clinical Coordinator to follow-up.</p> <p>Consider offering an in-service on storage and handling.</p>	<p><i>Pink Book</i> Chapter 5, page 67, www.cdc.gov/vaccines/pubs/pinkbook/index.html</p> <p><i>General Recommendations on Immunizations Recommendations of the Advisory Committee on Immunization Practices</i>, January 28, 2011, page 18, www.cdc.gov/mmwr/pdf/rr/rr6002.pdf</p> <p><i>Got Your Shots Provider's Guide</i>, pages 8-9, www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html</p>	16-17	8
5. How often are temperatures recorded? ★	<p>The MnVFC program requires clinics to manually check and record temperatures twice a day at the clinic site, even if a clinic has a remote electronic temperature monitoring system. A physical inspection of each storage unit must be done twice daily by a staff member. A reading at the beginning of the day alerts staff if the unit is getting too cold overnight or if there has been a power outage during the night. It also verifies that the door(s) were closed overnight. A reading at the end of the day tells them if temperatures are staying within the correct range throughout the day. It also helps ensure the door(s) to the unit are closed tightly before leaving for the day.</p> <p>If a clinic has a remote electronic temperature monitoring system, they are still required to manually check and record temperatures twice a day at the clinic site, because remote monitoring systems can fail.</p>	<p>Provide rationale and resources.</p> <p>Inform the clinic that MDH will request temperature logs for up to the next 3 vaccine orders to ensure consistent twice daily temperature recording if they are out-of-compliance.</p> <p>Advise the clinic that if any vaccine becomes non-viable due to non-compliance with this requirement, the clinic will be responsible for replacing any wasted vaccine.</p> <p>Contact the MnVFC Clinical Coordinator immediately so that clinic's vaccine ordering can be suspended to require temperature logs.</p> <p>Follow up in 14 days following the visit to verify that the clinic is checking temperatures twice a day. You can ask them to fax their current logs to you for review.</p> <p>Consider offering to provide clinic staff with an in-service on vaccine storage and handling.</p> <p>Follow up in 30 days; if no progress is being made contact the regional MnVFC Clinical Coordinator to follow-up.</p>	<p><i>Got Your Shots Provider's Guide</i>, page 12, www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html</p> <p><i>CDC Vaccine Storage & Handling Guide</i>, page 6; www.cdc.gov/vaccines/recs/storage/guide/default.htm</p> <p><i>Vaccine Storage Temperature Charts</i>, www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/mangvax.html</p> <p><i>General Recommendations on Immunizations Recommendations of the Advisory Committee on Immunization Practices</i>, January 28, 2011, page 18, www.cdc.gov/mmwr/pdf/rr/rr6002.pdf</p>	21	8

Question	Rationale	Actions for Primary Education	Resources	P&P	PA
6. A. Record the current temperature on the provider's thermometer (choose F or C) B. Record the current temperature on the reviewer's thermometer (choose F or C)	All vaccines have an established temperature range for storage to preserve viability and reduce wastage. The correct temperature range must be maintained at all times.	Document the temperature on the provider's thermometer(s). If the temperature is not within the correct range, have the clinic adjust the thermostat immediately and recheck it in 30 minutes . If the temperature has not returned to the proper range after 60 minutes , move the vaccine to a unit with proper temperatures and have the unit serviced.	<i>IPI Protocol for Storage and Handling Mishaps</i> , www.health.state.mn.us/divs/idepc/immunize/ipi/formtool.html <i>Got Your Shots Provider's Guide</i> , page 14, www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html	N/A	8
7. Is the refrigerator within 35° to 46°F (2° to 8°C)? Is the freezer within -58° to 5°F (-50° to -15°C)? !	The answer should be yes.	If the answer is no, proceed to the <i>IPI Protocol for Storage and Handling Mishaps</i> .	<i>IPI Protocol for Storage and Handling Mishaps</i> , www.health.state.mn.us/divs/idepc/immunize/ipi/formtool.html	16	8
8. Is food stored with vaccines? ★	In a refrigerator/freezer where food/ beverages are kept, the door will be opened more often, causing frequent fluctuations in the temperature , possibly outside the recommended range. Also, there is a risk of contaminating the vaccine.	Provide rationale and resources. Remove food/beverages during the visit. Follow-up in 14 days to see if this requirement has been met. If the requirement is not met; contact the regional MnVFC Clinical Coordinator for follow-up. Consider offering to provide an in-service on storage and handling.	<i>Got Your Shots Provider's Guide</i> , page 14, www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html <i>CDC Vaccine Storage & Handling Toolkit</i> , http://www2a.cdc.gov/vaccines/ed/shtoolkit/	20	8

Question	Rationale	Actions for Primary Education	Resources	P&P	PA
<p>9. Is there any vaccine in drawers or doors? ★</p>	<p>Vaccines need a stable temperature for optimal storage. There can be several temperature zones in a refrigerator/freezer. Storing vaccines in drawers does not allow for the necessary air circulation. Vaccines stored on the door are exposed to various temperature fluctuations as the door is opened and closed.</p>	<p>Provide rationale and resources.</p> <p>Explain that other medical supplies can be stored in drawers or on the door, or water bottles.</p> <p>Move the vaccine out of the door or drawers during the visit. If the unit is overcrowded, they will need a larger unit.</p> <p>Advise the clinic that if vaccine becomes non-viable due to non-compliance with this requirement, the clinic will be responsible for replacing any wasted vaccine.</p> <p>Follow up 14 days after the visit to determine if this requirement has been met.</p> <p>If the provider is not meeting this requirement; contact the regional MnVFC Clinical Coordinator to follow-up.</p> <p>Consider offering to provide an in-service on storage and handling.</p>	<p><i>Vaccine Storage Guide</i>, www.health.state.mn.us/divs/idepc/immunize/hcp/vaxhandling.html</p> <p><i>CDC Vaccine Storage & Handling Guide</i>, page 7; www.cdc.gov/vaccines/recs/storage/guide/default.htm</p> <p><i>CDC Vaccine Storage & Handling Toolkit</i>, http://www2a.cdc.gov/vaccines/ed/shtoolkit/</p>	20	8
<p>10. Is vaccine stored in the center of the unit so air circulates around the vaccine? ★</p>	<p>To maintain the most stable temperature for vaccines, store them in the center of the unit, away from coils, walls, floor and cold air vent, where temperatures vary the most.</p>	<p>Provide rationale and resources.</p> <p>Move vaccine to the center of the unit. If the unit is overcrowded, they will need a larger unit.</p> <p>Advise the clinic that if vaccine becomes non-viable due to non-compliance with this requirement, the clinic will be responsible for replacing any wasted vaccine.</p> <p>Consider offering to provide an in-service on storage and handling.</p> <p>Follow up in 14 days. If the provider is not meeting the requirement contact the regional MnVFC Clinical Coordinator to follow-up.</p>	<p><i>Vaccine Storage Guide</i>, www.health.state.mn.us/divs/idepc/immunize/hcp/vaxhandling.html</p> <p><i>CDC Vaccine Storage & Handling Guide</i>, page 7; www.cdc.gov/vaccines/recs/storage/guide/default.htm</p> <p><i>CDC Vaccine Storage & Handling Toolkit</i>, http://www2a.cdc.gov/vaccines/ed/shtoolkit/</p>	20	8

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<p>11. Is there a “DO NOT UNPLUG” sign on the refrigerator/freezer outlets?</p> <p>12. Is there a “WARNING” sign on the refrigerator/freezer circuit breakers?</p> <p>★</p>	<p>To maintain proper storage temperatures, there must be power to the storage unit at all times.</p> <p>“Do Not Unplug” and “Warning” stickers remind staff of this and ensure clinic staff, cleaning staff, and maintenance workers to not disrupt the power.</p> <p>Remember; a back-up generator will not work if the circuit is shut off.</p>	<p>Provide rationale and resources.</p> <p>Provide the yellow stickers during the visit.</p> <p>Apply the stickers if possible.</p> <p>If the clinic needs to contact maintenance staff to locate and mark circuit breakers, tell them it must be done within 14 days.</p> <p>Advise the clinic that if vaccine becomes non-viable due to non-compliance with this requirement, the clinic will be responsible for replacing any wasted vaccine.</p> <p>Follow up 14 days after the visit to see if the requirement has been met. If progress is being made to meet the requirement follow up again in another 14 days.</p> <p>If no progress is being made contact the regional MnVFC Clinic Coordinator.</p> <p>If the requirement still has not been met the requirement after 28 days contact the regional MnVFC Coordinator to follow-up.</p>	<p><i>Vaccine Storage Guide</i>, www.health.state.mn.us/divs/idepc/immunize/hcp/vaxhandling.html</p> <p>CDC <i>Vaccine Storage & Handling Guide</i>, page 7; www.cdc.gov/vaccines/recs/storage/guide/default.htm</p> <p>CDC <i>Vaccine Storage & Handling Toolkit</i>, http://www2a.cdc.gov/vaccines/ed/shtoolkit/</p>	21	8
<p>13. Are short-dated vaccines stored in front and used first?</p> <p>14. Did you find any outdated vaccine?</p> <p>★</p>	<p>Always use the vaccine with the earliest expiration date first! Two ways to prevent expired vaccine are to rotate the vaccine supply so short dated vaccine is used first and to take inventory at least monthly This eliminates vaccine waste. Remind the clinic that if they have vaccine that will expire in three months and they are not going to use it, they must call the MnVFC program to see if another clinic can use it before it expires.</p> <p>Emphasize the importance of keeping vaccine in the packaging to enable stock rotation, efficient inventory, clearer identification of the vaccine, and additional insulation if there is a power outage.</p>	<p>Provide rationale and resources.</p> <p>Randomly select vials of vaccine from different areas of the storage unit, check their expiration dates, and remove any expired vaccine.</p> <p>Instruct the clinic on how to return expired or spoiled MnVFC vaccine. Follow up in 14 days to check that the clinic has returned the nonviable vaccine.</p> <p>Demonstrate how to rotate stock if able to.</p> <p>Consider providing an inservice on storage and handling.</p> <p>Advise the clinic that if vaccine becomes non-viable due to non-compliance with this requirement, the clinic will be responsible for replacing any wasted vaccine.</p> <p>Follow-up in 30 days; if no progress is being made contact the regional MnVFC Clinical Coordinator to follow-up.</p>	<p><i>Vaccine Storage Guide</i>, www.health.state.mn.us/divs/idepc/immunize/hcp/vaxhandling.html</p> <p>CDC <i>Vaccine Storage & Handling Guide</i>, page 7; www.cdc.gov/vaccines/recs/storage/guide/default.htm</p> <p>CDC <i>Vaccine Storage & Handling Toolkit</i>, http://www2a.cdc.gov/vaccines/ed/shtoolkit/</p> <p><i>Returning Nonviable MDH Vaccine form</i>, www.health.state.mn.us/divs/idepc/immunize/mnvfc/forms.html</p>		
<p>15. Are temperature logs available for the past 3 months?</p> <p>!</p>	<p>Clinics are required to keep temperature logs on file for a minimum of three years. Keeping temperature logs allows the clinic to track how well their storage unit functions, identify when the unit needs to be serviced or replaced. The logs may be necessary if there is a storage and handling mishap.</p>	<p>Provide rationale and resources.</p> <p>If the clinic does not have three months of temperature logs for any reason, use what is available.</p>	<p><i>Got Your Shots Provider’s Guide</i>, page 14, www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html</p>	21	8

Question	Rationale	Actions for Primary Education	Resources	P&P	PA
<p>16. Including today's reading, record the highest and lowest temperatures logged in the past 3 months (choose F or C)</p> <p>!</p>	<p>Review the logs for out-of-range temperatures at either end of the temperature range that might require action. One of the cardinal errors in vaccine storage is recording out-of-range temperatures and not taking action.</p>	<p>Reinforce these messages: aim for 40°F (5°C) in the refrigerator and 0°F (18°C) in the freezer, and take immediate action on out-of-range temperatures!</p>		21	
<p>17. During the past 3 months, how many times were the refrigerator/freezer outside the recommended range?</p> <p>!</p>	<p>If the temperature was ever outside the recommended range, take immediate action! Refer to <i>IPI Protocol for Storage and Handling Mishaps</i> for guidance.</p>	<p>Document the number of times the temperature was out-of-range.</p> <p>If there were no temperatures out-of-range, write in 0.</p>	<p><i>Got Your Shots Provider's Guide</i>, page 14, www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html</p> <p><i>CDC Vaccine Storage & Handling Guide</i>, page 7; www.cdc.gov/vaccines/recs/storage/guide/default.htm</p> <p><i>CDC Vaccine Storage & Handling Toolkit</i>, http://www2a.cdc.gov/vaccines/ed/shtoolkit/</p>	21	8
<p>18. If the temperatures were outside the recommended range, what action did the clinic take? (Check all that apply)</p> <p>19. Does the clinic have written documentation of the action taken when temperatures were outside of the recommended range?</p> <p>★</p>	<p>The most important step to take when temperatures are out of range is to immediately protect the vaccine supply and resolve the problem. Excessive heat or cold damages vaccine; resulting in a loss of potency. Patients receiving vaccine with decreased potency may not be fully protected against the vaccine preventable disease.</p> <p>Make sure the clinic understands the importance of taking immediate action to correct out-of-range temperatures and documenting the actions taken. Remember: if it is not documented, it is not done.</p>	<p>Provide rationale and resources.</p> <p>Emphasize to clinic staff that they cannot rely on visual inspection to determine vaccine potency.</p> <p>Remind the clinic that MDH will look for documentation when determining if a clinic must pay restitution for wasted vaccine.</p> <p>If there are temperature excursions and no actions were taken follow the <i>IPI Protocol for Vaccine Storage and Handling Mishaps</i>.</p> <p>Request and review temperature logs for the past year.</p> <p>Contact the MnVFC Clinical Coordinator who will suspend the clinic's ordering privileges until the issue is resolved.</p> <p>Consider offering clinic staff an in-service on storage & handling.</p> <p>Follow-up in 14 days to see if the provider has corrected the situation or is actively working on corrections; if not contact the MnVFC Clinical Coordinator for follow-up.</p>	<p><i>Vaccine Troubleshooting Log</i>, www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/mangvax.html</p> <p><i>Got Your Shots Provider's Guide</i>, pages 14 and 41, www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html</p>	21-22	8

Question	Rationale	Actions for Primary Education	Resources	P&P	PA
<p>20. Can staff show you how the clinic physically distinguishes privately purchased vaccine from MnVFC vaccine? Clinic must be able to demonstrate how this is done.</p> <p>!</p>	<p>Clinics must be able to demonstrate how they distinguish between privately purchased and MnVFC Vaccine. Most clinics keep both stocks of vaccine on hand. It is important to keep them separate, because only patients who are eligible for MnVFC vaccine should receive MnVFC Vaccine. When a clinic receives MnVFC vaccine, they should mark it e.g., write MnVFC on the boxes, place a colored sticker on the box, use different colored boxes to store it in the refrigerator, have a separate storage unit, etc.</p> <p>Note: All newly enrolled clinics must keep separate stocks of vaccine. However, there are some clinics that still use the “replacement method” of managing vaccine, so they do not distinguish MnVFC from privately purchased vaccine.</p>	<p>Check your clinic list to see if this clinic is a replacement clinic.</p> <p>If a clinic is using the replacement method, mark “other” on the checklist and write in “uses replacement method”.</p> <p>If you are unsure it is allowed, check with your regional MnVFC Clinical Coordinator.</p> <p>If they should not be using the replacement method: Provide rationale and resources.</p> <p>Establish a date that a plan for changing to separate stock will be submitted (no longer than two weeks). The written plan should include a) how eligibility screening will change, b) steps for transitioning to separate stock, and c) how staff will be trained.</p> <p>Follow up in 30 days; if the provider is making progress toward meeting this requirement consult with the regional MnVFC Clinical Coordinator to follow-up.</p>		23	8
<p>21. Does the clinic/ practice “borrow vaccine” between public stock and private stock?</p>	<p>This question is required by CDC. It relates to borrowing vaccine between a clinic’s privately purchased vaccine and their MnVFC vaccine. Borrowing should be a rare occurrence, and since it is not allowed in the MnVFC program, the answer to this question should always be no. Then you can skip the rest of the question. Note: Clinics using the replacement system for managing their vaccine supply are not borrowing.</p> <p>If the answer is yes, ask how they are documenting the doses borrowed and how they are documenting when the doses are replaced. Look at how they are documenting borrowing between public and private stock, and note that information in the action plan box. Also make a note that MDH may need to contact the clinic.</p>	<p>Provide rationale and resources.</p> <p>Follow-up in 30 days to see if the provider has a plan in action to meet this requirement.</p> <p>If there is no plan contact the MnVFC Clinical Coordinator to follow-up.</p> <p>If there is a plan follow-up in another 30 days to see if the requirement is being met. If the requirement is not being met after 60 days, contact the MnVFC Clinical Coordinator to follow-up.</p>	<p><i>Policies and Procedures Manual for the MnVFC Program, Appendix G: VFC Borrowing Report, www.health.state.mn.us/divs/idepc/immunize/mnvfc/basics.html</i></p>	23	8

Question	Rationale	Actions for Primary Education	Resources	P&P	PA
<p>22. After reviewing 10 patient charts, what percentage of patients had documented MnVFC eligibility? (Can be documented from electronic sources [registry, billing system, EMR, paper chart, etc.])</p>	<p>All patients must be screened before receiving MnVFC vaccine. To determine the percent of patients screened for MnVFC eligibility, review 10 patient records (either charts or electronic sources such as MIIC or electronic medical records). The best way for a clinic to ensure all patients are screened is to provide the <i>MnVFC Patient Eligibility Screening Record</i> at check-in and review the form immediately prior to vaccine administration, especially if the clinic uses the replacement system. Please notify the MnVFC Clinical Coordinator if the clinic is not screening before administering vaccine.</p> <p>Ensure the clinic is using the correct version of the screening for, i.e., private clinic vs. public clinic. A public clinic for MnVFC purposes is an FQHC, RHC, HIS, Tribal, and/or Local Public Health immunization clinic.</p>	<p>Provide rationale and resources.</p> <p>Some clinics with an EMR have created a screening form in the EMR. Review the screening form they have created. Confirm they are using the correct screening form with all the information.</p> <p>If all charts have documentation of screening mark 100%; if one chart lacks documentation mark at least 90%; if 2 or more charts lack documentation mark less than 90%.</p> <p>Follow-up in 30 days; if no progress is being made contact the regional MnVFC Clinical Coordinator to follow-up.</p>	<p><i>MnVFC Patient Eligibility Screening Record</i>, www.health.state.mn.us/divs/idepc/immunize/mnvfc/forms.html</p>	6	7, 9
<p>23. Do medical/immunization records include the following documentation required by statute 42 US Code 300aa-25 and 300aa-26?</p>	<p>All of the documentation items listed on the MnVFC Clinic Checklist are required by federal law.</p> <p>The National Childhood Vaccine Injury Act (statute 42 US Code 300aa-25 and 300aa-26), requires that all health care providers in the United States who administer, to any child or adult, any of the following vaccine – diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, <i>Haemophilus influenza</i> type B (Hib), trivalent influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or varicella document the listed items in the questions.</p>	<p>Provide the rationale and resources.</p> <p>If any of the listed items are missing, the clinic must develop an action plan to add them.</p> <p>Follow-up in 30 days to determine what corrective action was taken or if a plan is in place.</p>	<p><i>Mandatory Instructions for Use of the Vaccine Information Statements</i>, www.cdc.gov/vaccines/pubs/vis/default.htm</p> <p><i>Got Your Shots Provider's Guide</i>, page 193, www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/index.html</p>		



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