DEPARTMENT OF HEALTH

Reporting Nonviable MDH Vaccine to MIIC

This guide describes how to use the Minnesota Immunization Information Connection (MIIC) to report nonviable vaccine for the Minnesota Vaccines for Children (MnVFC) program and the Uninsured and Underinsured Adult Vaccine (UUAV) program.

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Getting Started

- 1 Gather all the information you need to report your nonviable vaccine, including lot numbers and number of doses.
- 2 Log in to MIIC.
 - A Go to the <u>MIIC home page</u> (https://miic.health.state.mn.us).
 - B Enter your organization code, username, and password. Select Login.
 - a If you need help, contact your organization's MIIC administrator or the MIIC Help Desk at <u>health.miichelp@state.mn.us</u> or 651-201-5207.

Report Nonviable Vaccine

1 Select **report nonviable vaccine** under **Vaccine Management** in the left-side navigation bar.



- 2 On the **Report Nonviable MDH Vaccine** page, read the introductory information.
 - A If the nonviable doses you are reporting are related to a storage and handling incident, contact MDH at 651-201-5522 before continuing.
 - B Select from the following options:
 - a Select **Instructions** in the upper left corner to view the *Reporting Nonviable MDH Vaccine to MIIC* user guide.
 - This will take you to the Vaccine Ordering and Management in MIIC webpage.
 - Select the *Reporting Nonviable MDH Vaccine to MIIC* user guide.
 - b Select **Report Nonviable MDH Vaccine** in the upper right corner to report your nonviable vaccine.

c Select **Cancel** in the upper right corner to exit. Note: You may select **Instructions** or **Cancel** at any time before you submit your form.

Instructions	Report Nonviable MDH Vaccine	Report Nonviable MDH Vaccine
		Cancel
Complete this form to report nor of a storage and handling incide	nviable MDH vaccine doses to return and/or doses ent, contact MDH at 651-201-5522 before filling ou	s wasted. If these doses are part it this form.
All nonviable MDH vaccine mus temperatures and is in its origin within six months of expiration.	t be reported to MDH. Vaccine that is expired or e al vial or pre-filled syringe should be returned to M	xposed to out-of-range IcKesson Specialty Distribution
Nonviable vaccine in its original	vial or syringe that should be reported for return i	includes:
 Expired vaccine. Vaccine that is recalled by Vaccine that is nonviable d 	the manufacturer. lue to exposure to out-of-range temperatures.	
Do not return vaccine as "Exp short-dated by the manufactu	pired vaccine" before its expiration date, includ irer.	ling influenza, unless it was
Nonviable vaccine that should b	e reported for wastage includes:	
 Vaccine drawn into the syr Vaccine in open vial but do Compromised vial (e.g. du 	inge but not administered. oses not administered. e to a drop causing damage to vial integrity or ste	rility), broken vial, or lost vial.
Once you have determined vac Use" to avoid unintentional use.	cine is nonviable, remove it from your storage unit	and mark the vaccine "Do Not
Select "Report Nonviable MDH	Vaccine" to continue.	

- 3 On the **Step 1: Verify Contact Information** page, enter and confirm your contact information. MDH will use the information you enter to send you a confirmation email and to contact you with any questions after you submit this form. If you are returning doses, shipping labels will be sent to the email address you provide on this page. Note: If you would like to report nonviable doses for another site, please log in under that site's PIN.
 - A Verify your pre-populated contact information (first name, last name, and email address). You may change the contact information if needed.
 - B If your site's address has changed, check the **My address has changed** box. Then, continue with your nonviable form submission. A MnVFC staff member will contact you to update the address information.
 - C Enter your contact information in the **Phone number** and **Confirm email address** fields. Shipping labels will be emailed to the email address you provide in the **Email address** and **Confirm email address** fields.
 - a If the email address you enter in the **Confirm email address** field does not match the address in the **Email address** field, a pop-up message displays. To continue, make sure the email addresses match and are correct.

Site Information									
Site Name:	348 TOTS								
Address:	500 Tester Street, Suite 5000 Minneapolis, MN 53999	My address has changed.							
Contact first name:									
Contact last name:		Phone number: 222 - 222 - 2222							
Email address:		Confirm email address:							

- D Select **Continue** to move to the next step or select **Back to Intro Page** to return to the previous page.
- 4 On the **Step 2: Select Nonviable Vaccine Type** page, select MDH vaccines to report as nonviable. Note: This page displays information about vaccines that MDH sent directly to your site. On the next page, you will enter the number of doses and the nonviable vaccine reason for each selected vaccine. If you want to report nonviable MDH vaccine that is not displayed on this page (for example, MDH vaccine you received in a transfer), you can enter those doses on the next page.
 - A In the **Nonviable Vaccines Type(s)** section, select a vaccine type (for example, DTaP) you are reporting as nonviable. The list will expand to show all of the vaccines of that type that MDH has shipped to your site. You may need to scroll to find the vaccine type(s) you need.
 - a If you select a vaccine type and the list does not expand, that means MDH has not shipped vaccine of that type directly to your site. If you would like to report vaccine of that type, you may enter it on the next page.
 - B Check the box next to the vaccine that you want to report as nonviable. You can identify the correct vaccine by looking at the brand, presentation, lot number, and expiration date. If there are multiple products listed, you may need to scroll to locate the correct vaccine.
 - a You may see duplicate NDC and lot numbers listed if your site received the same vaccine in multiple shipments. Please do not select duplicate listings of NDCs and lot numbers. You will receive an error message if you try to select the same NDC and lot number multiple times.

Step 2: Select Nonviable V	Instructions		
Mn\/FC Pin 000019			
Select MDH vaccine you are reporting as nonviable vaccine reason(s) on the next	Continue Back to Step 1		
If you are reporting nonviable MDH vacci received in a transfer), you will enter the	ou Cancel		
Nonviable Vaccine Type(s):			
	DT pediatric		
	DTaP		
	DTaP-Hep B-IPV		
	DTaP-IPV		
	DTaP-IPV-Hib		
	HPV		
Brand	Presentation	Lot Number (from box)	Expiration
Gardasil 4	10 single-dose vials	ITCPPN	12/29/2017
		·	

- C Repeat Steps A and B to select all of the vaccines you want to return. Selected vaccines will pop up under the **Nonviable Vaccines Type(s) Selected** heading.
- D Review your selected nonviable vaccine type(s). If incorrect, select the red **X** to delete.

Nonviable Vaccine Type(s) Selected:								
Vaccine	Brand	Presentation	Lot Number (from box)	Expiration Date	Remove Nonviable Item?			
MMR	MMR II	10 single- dose vials with diluent	9993322	11/02/2017	$\overline{\mathbf{x}}$			
HPV	Gardasil 4	10 single- dose vials	ITCPPN	12/29/2017	×			

- E When the list of vaccines that you want to report as nonviable is accurate and complete, select the **Continue** button to move to the next step or select **Back to Step 1** to return to the previous step.
- 5 On the **Step 3: Complete Nonviable Vaccine Information** page, report the number of nonviable doses and the nonviable vaccine reason for each nonviable vaccine selected. You can also report any additional nonviable vaccine.
 - A In the **Number of Doses** column, enter the number of nonviable doses for each vaccine.

- B In the **Nonviable Vaccine Reason** column, select the drop-down arrow to choose a reason for each vaccine.
 - a If you select "Expired vaccine" and the vaccine has not yet expired, MIIC will display a pop-up message to ensure the reason you entered is correct. To choose a different reason, select "Expired vaccine" and **keep holding down the mouse** to expand the drop-down menu and select a new reason.
- C In the **Return or Wastage** column, **Return** or **Wastage** will automatically populate based on the nonviable vaccine reason you selected.
- D If you would like to delete a vaccine from your report, select the red X.

Step 3	Instructions								
Complete information for all nonviable vaccine you are reporting. Continue									
Nonviable Doses									
Report number of nonviable doses and nonviable vaccine reason for each nonviable vaccine type you selected.									
Dranu	Fresentation	Number	Date	of Doses	Nonviable Vaccine Reason	Wastage			
MMR II	10 single- dose vials with diluent	9993322	11/02/2017	1	Refrigerator/freezer too warm	Return	\mathbf{x}		
Gardasil 4	10 single- dose vials	ITCPPN	12/29/2017	1	Refrigerator/freezer too warm	Return	×		

- E You also have the option to add additional vaccines in the **Add Additional Nonviable Vaccine** section.
 - a Enter vaccine type, brand, unit size and packaging, lot number, expiration date, and number of nonviable doses. Then choose the nonviable vaccine reason from the drop-down list. Note: Fields display in this order. When you complete a field, the next field will display.
 - Lot numbers can contain letters, numbers, and dashes. No other special characters are accepted.
 - The expiration date field uses the date format "MM/DD/YYYY." If an expiration date only contains month and year, use the last day of the month for the "DD" portion.
 - b Once all fields are complete, select Add.

Additional Nonviable Vaccine Enter additional nonviable doses. Note: All fields are required.							
Vaccine:	DT pediatric	\checkmark					
Brand:	DT Pediatric - SP 🗸						
Unit Size and Packaging:	- Select Packaging - 🗸						
Lot Number:							
Expiration:							
Number of Doses:							
Nonviable Vaccine Reason:		~					
Return or Wastage:	Add						

- F Select **Continue** to move to the next step or select **Back to Step 2** to return to the previous step.
- 6 If you are reporting any nonviable vaccine for return, stay here to learn about **Step 3a: Select Number of Shipping Labels for Vaccine Return**. If you are only reporting vaccine wastage, skip to number 7.
 - A Review the information about the nonviable doses you are returning.
 - B Select the number of shipping labels needed in the **Select the number of shipping labels you will need to return these doses** drop-down menu at the bottom of the page. The number of shipping labels you select corresponds to the number of boxes you will need to return your nonviable doses. Options are 1, 2, 3, or 4.

Site Info	rmation								
Site Name: Alexandria Clinic Contact First Name: test Contact Last Name: testing Email: lucy.cosgrove@state.mn.us		MnVFC Pin: 000206 Address: 555 West St Testing, MN 53555-1234							
Vaccine	Vaccine Returns								
Your site wi	I return the follo	wing vaco	cine to McKe	sson:					
Brand	Presentatio	on Lot	Number	Expiration Date	Number of Doses	Nonviable VaccineReason	Return or Wastage		
Kinrix	10 single-do vials	ose GN	a∨ju	11/18/2017	1	Expired vaccine	Return		
Select the number of shipping labels you will need to return these doses									

- C Select the **Continue** button to move to the next step or select **Back to Step 3** to return to the previous step.
- 7 On the **Step 4: Review and Submit Nonviable Vaccine Form** page, review your nonviable vaccine information and submit your form.
 - A Review your form to ensure it is accurate and complete.
 - a If your form is accurate and complete, select **Submit Form**. Once you submit your form, you cannot make further changes.
 - b If changes are necessary, select **Modify Form**. This will take you back to **Step 3** to modify your nonviable vaccine information.
 - c If you want to cancel your form and delete its information from MIIC, select **Cancel Form**.

Step 4:	In	structions				
Carefully rev "Submit Forr form after yo	lect to the Mo Ca	bmit Form odify Form Incel Form				
Site Info	rmation					
Site Name: Contact First Contact Last Email: Vaccine Number of si Your site wi	Alexan Name: test Name: testing lucy.co Returns hipping labels request ill return the following	dria Clinic sgrove@state.mr ed: 1 g vaccine to Mck	Mn∨FC Pir Address: n.us Kesson:	n: 000206 555 West St Testing, MN 535	555-1234	
Brand	Presentation	Lot Number	Expiration Date	Number of Doses	Nonviable VaccineReason	Return or Wastage
Kinrix	10 single-dose vials	GNQVJU	11/18/2017	1	Expired vaccine	Return

- 8 On the **Step 5: Print Nonviable Vaccine Form** page, print copies of your Nonviable Vaccine Form.
 - A Select the **Print Preview** button to display a copy of your Nonviable Vaccine Form that is formatted for print. Print a copy of this form to include with each box of vaccine you will return to McKesson.

Step 5: F	Print Non	viable	/accine For	m Submission	for Alexandri	a Clinic		
Nonviable V	accine Form	Confirmat	ion Number: 258			Print Pr	review	
Your nonvia	ble vaccine f	17 orm has b	een saved and su	bmited to MDH for re	eview and	View Vaccine	Management	
processing.				management				
MDH will sen at any time by	d a confirmati y selecting "vi	on email to ew vaccine	lucy.cosgrove@st management" fro	tate.mn.us once we ap m the left-side navigat	prove your form. You ion bar.	u can view the statu	us of your form	
Once MDH a follow the ins	pproves and p tructions on th	processes y ne label(s) f	our form, McKess o return your vacc	on will email <mark>1</mark> shippin ine.	g label(s) to lucy.cos	grove@state.mn.us	s. Please	
Site Info	rmation							
Site Name:		Alexandri	a Clinic	MnVFC Pir	n: 000206			
Contact First	Name:	test		Address:	555 West St			
Email:	Name:	testing lucy.cosg	rove@state.mn.us	i	Testing, MN 53555	5-1234		
Vaccine	Returns							
Your site wil	ll return the f	ollowing v	accine to McKess	son:				
Brand	NDC		Lot Number	Expiration Date	Nonviable Doses	Nonviable vaccine reason	Return or wastage	
Kinrix	58160-	0812-11	GNQVJU	11/18/2017	1	Expired vaccine	Return	

- 9 Shipping labels will be emailed to you from "UPS Quantum View. [pkginfo@ups.com]" after MDH approves your form. In the meantime, remove the nonviable doses from your storage unit and mark them "Do Not Use" to avoid unintentional use.
- 10 Once you receive the shipping label(s) by email, follow the instructions on the label(s) to return your vaccine.
 - A Pack the vaccine you are returning to protect it from breakage. No frozen water bottles needed.
 - B There are two options for returning your vaccine.
 - a If your site has a routine UPS pick-up, put one label on each box of vaccine returns and include the boxes with your other outbound shipments.
 - b If your site does not have a routine UPS pick-up, put one label on each box of vaccine returns and take the boxes to a UPS drop-off location near you. To find the closest drop-off location, visit <u>UPS Global Location</u> (https://www.ups.com/dropoff).

View Vaccine Management

- 1 You will receive a confirmation email when MDH approves your form. To view your form information and status in MIIC:
 - A Go to Vaccine Management on the left-side navigation bar and choose view vaccine management.



B Select the Nonviable Vaccines tab.

View Vaccine	View Vaccine Management									
Search Criteria										
Use the search crite	ria below to display vaccine manag	gement history.								
	Search Field MnVFC PIN V Search									
5	earch String									
	Date Filter Past 2 weeks	~								
Search Results										
Select the status of	an order or nonviable request to vie	ew additional details.								
	Orders No	nviable Vaccines								
Nonviable Form ID MnVFC	PIN MnVFC Site Name	User Su	ıbmit Date Status							
181 666666	VFC Test Clinic	Elizabeth Muenchow	08/23/2017 Completed with Changes							
180 666666	VFC Test Clinic	Lucy Cosgrove	08/23/2017 Completed							
179 666666	VFC Test Clinic	Kristin Hardy	08/23/2017 Approved							

- C Select your form's status. Nonviable form statuses include:
 - a Submitted: Your form is with MDH for review.
 - b Approved: MDH has approved your form.
 - c On Hold-Contact MnVFC: Contact MnVFC staff at 651-201-5522 or <u>health.mnvfc@state.mn.us</u>.
 - d Approved with Changes: MDH approved your form and some changes were made.
 - e Not Approved: MDH did not approve your form.
 - f Completed: MDH has sent your form to CDC. If you are returning doses, UPS will email you the shipping labels within 2 business days.
 - g Completed with Changes: MDH submitted your form to CDC and some changes were made.
- D View your Nonviable Vaccine Form information.

View N	View Nonviable Vaccine Form								Print	Preview
Nonviable Form Number 188 Nonviable Form Submission Date 08/24/2017								View Mana	Vaccine igement	
Nonviabl	Nonviable Form Status Approved									
Site In	formati	on								
Site Name	e:	MN I PRO	DEPT OF HL IGRAM	.TH-MN√FC	:	MnVFC PIN: Status:	9999 Activ	999 ve		
Contact F Contact L	irst Name: .ast Name:	Lucy Cos <u>c</u>	grove			Address: 625 Robert Street North, 2 Loading Dock		nd Floor-		
Email: Phone:		Lucy 111-	.Cosgrove@ 111-1111	state.mn.us			SUP	aul, MN 55	164	
Vaccin	ne Retu	rns								
Shipping	label metho	od:	Emai	I						
Number o	of shipping I	labels requi	ested: 1							
Site will re	eturn the f	ollowing v	accine to Mo	Kesson:						
Brand	NDC	Lot Number	Expiration Date	Nonviable Doses	Approved Doses	Nonviable Vac Reason	cine	Return or Wastage	Status	Remove Nonviable Item?
Gardasil 9		testlot	01/01/2018	1	1	Refrigerator/fre too cold	ezer	Return	Approved	×
MMR II - MRK	00006- 4681-00	123456	08/01/2017	2	2	Expired vaccine	9	Return	Approved	×

MIIC Help

For MIIC assistance, contact the MIIC Help Desk at <u>health.miichelp@state.mn.us</u> or 651-201-5207.

MnVFC Help

For vaccine ordering and management assistance, contact the MnVFC program staff at <u>health.mnvfc@state.mn.us</u> or 651-201-5522/800-657-3970.

Minnesota Department of Health Minnesota Vaccines for Children program PO Box 64975, St. Paul, MN 55164-0975 651-201-5522 health.mnvfc@state.mn.us www.health.state.mn.us/vfc

09/18/2017

To obtain this information in a different format, call: 651-201-5503. Printed on recycled paper.