



North Carolina Department of Health and Human Services  
Division of Public Health – Women’s & Children’s Health Section

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Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

September 17, 2009

**MEMORANDUM**

**TO:** Facilities Administering 2009 H1N1 Vaccine

**FROM:** Beth Rowe-West, RN, BSN, Head *BRW*  
Immunization Branch

**SUBJECT:** 2009 H1N1 (Influenza A) Monovalent Vaccine Provider Agreement

The purpose of this memo is to notify your facility of the need to complete a provider agreement specifically for the H1N1 vaccine project. Your local health department identified your facility as willing to participate in the 2009 H1N1 monovalent vaccine project. Attached you will find four documents pertaining to the distribution and administration of H1N1 vaccine. **Failure to return any of the attached forms by the deadlines listed below will result in delays of your H1N1 vaccine shipment(s).**

**Private Provider Vaccine Agreement:** This form was developed by the Centers for Disease Control and Prevention (CDC) for all immunization providers participating in this program, and applies to the H1N1 program only. This agreement must be signed by the individual who can bind the organization and returned to the Immunization Branch by **COB Friday, September 25, 2009** in order for you to receive your H1N1 vaccine supply in a timely manner. The agreement may be faxed to the Branch at 1-800-544-3058 or mailed to the branch at:

NC Immunization Branch  
1917 Mail Service Center  
Raleigh, NC 27699-1917

**Note: H1N1 vaccine cannot be shipped to your facility until this agreement has been signed by the individual who can bind the organization, and returned to the Immunization Branch.**

**Weekly Aggregate H1N1 Influenza Vaccine Use Form:** All providers must report their usage of H1N1 vaccine to the North Carolina Immunization Branch on a weekly basis. Completed forms must faxed to the Branch at 1-800-544-3058 or e-mailed to [H1N1doses@dhhs.NC.gov](mailto:H1N1doses@dhhs.NC.gov) by 12 PM (noon) every Monday even if there has been no usage of H1N1 vaccine in the past week. Do not use hash or tic marks. If no doses have been administered put a check in the appropriate field. This form is available in an electronic format on our website at <http://www.immunizenc.com>.

**Wasted/Expired Vaccine Report:** All wasted or expired doses of H1N1 must be reported to the North Carolina Immunization Branch via this form. There are instructions on the second page of the form for returning wasted doses. Pre-paid shipping labels are available by calling the Immunization Help Desk at 1-877-872-6247.

**UCVDP Minimum Required Vaccine Ordering, Handling, and Storage Procedures:** Please use these guidelines to review your vaccine storage practices. H1N1 vaccine, like all vaccines, cannot be stored at room temperature. The vaccine must be stored in a refrigerator between 2° Celsius (36° Fahrenheit) and 8° Celsius (46° Fahrenheit). Please be sure that your facility has proper refrigeration equipment and thermometers, and that temperatures are checked twice daily. If you are unable to store vaccine appropriately, you will be unable to participate in the H1N1 vaccination program. Please contact the Branch immediately.

For additional information on H1N1 in NC, go to: <http://flu.nc.gov>. The CDC requires that any provider administering vaccine provide a vaccine information statement (VIS) to the patient. Once these become available for H1N1, they will be posted on the CDC’s web site at: <http://www.cdc.gov/vaccines/pubs/vis/default.htm>.

Thank you for your participation in this program. If you need additional program information or assistance please contact the Immunization Help Desk at 1-877-873-6247.

Attachments

Cc: SMT NC Immunization Branch Steve Shore Greg Griggs Maclyn Powell  
Joy Reed NCIB Field Services Ann Nance Vaccine Manufacturers Jessica Gerdes

Filename: H1N1 contract cover new providers final