



North Carolina Department of Health and Human Services
Division of Public Health

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Danny Staley
Acting Division Director

July 27, 2015

MEMORANDUM

TO: Yellow Fever Vaccination Site

FROM: Wendy Holmes, R.N., Head *WH*
Immunization Branch

SUBJECT: Renewal of Certified Yellow Fever Vaccination Site

The purpose of this memo is to remind yellow fever providers of the Centers for Disease Control and Prevention (CDC) and North Carolina's specific requirements and procedures for yellow fever vaccination site recertification. Recertification includes:

1. Signing the uniform stamp renewal application, and verifying that information is correct on the form.
 - Yellow Fever stamp holder (physician) should verify that all information is correct and make any edits where necessary. Please answer the questions at the bottom, sign and return back to this office.
2. Signing the Acknowledgement for Yellow Fever Vaccination Center Certification form.
 - This form should be initialed and signed by the physician and returned back to this office.
3. Participating in yellow fever training every three years and submitting a certificate of completion. Training is available on-line at the CDC web site: www.cdc.gov/travel-training.
 - This Education Roster is a new form and it is the responsibility of staff to participate in trainings. The Roster of attendees should be kept in the Provider's office and is not needed or required to be returned back to us. The roster form can be found on the Immunization website. However, a certificate of completion is required by the Yellow Fever stamp holder and must be returned to this office.
4. Maintaining proper storage and handling of vaccine and twice-daily recording of in-range temperatures on temperature logs (if not already doing so); retaining temperature logs on file for three years.
 - This form should be completed and maintained in your office for future reference. It may be necessary if requested by this office or for viewing at a site visit to your office. The form may be found on the Immunization website whenever necessary.
5. Maintaining a Yellow Fever Vaccination Log or document yellow fever vaccines administered into the North Carolina Immunization Registry (NCIR). The form may be found on the Immunization website whenever necessary.
6. Ordering International Certificate of Vaccination or Prophylaxis (ICVP) yellow cards. They are available for ordering at: <http://bit.ly/ICVPOrding>.

www.ncdhhs.gov • www.publichealth.nc.gov • www.immunize.nc.gov

Tel 919-707-5550 • Fax 919-870-4824

Location: 5601 Six Forks Road • Raleigh, NC 27609

Mailing Address: 1917 Mail Service Center • Raleigh, NC 27699-1917

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Please note: Providers who have changes in contact information, or no longer wish to participate in the yellow fever vaccination program will need to contact the North Carolina Immunization Program (NCIP). Those who no longer wish to participate must return their uniform stamp.

Completed forms are due no later than Friday, August 28, 2015.

Completed forms should be faxed to 1-800-544-3058 or mailed to:

Immunization Branch
ATTN: Nikki Barbour
1917 Mail Service Center
Raleigh, NC 27699-1917

Thank you for your cooperation with these procedures. Providers may go to the yellow fever section of the NCIP web site at www.immunize.nc.gov to obtain the above referenced forms or for more information. If you have questions about the yellow fever program, please contact Caroline Helton at (919) 707-5583 or caroline.helton@dhhs.nc.gov.



**ACKNOWLEDGEMENT FOR YELLOW FEVER
VACCINATION CENTER CERTIFICATION**

ACIP Recommendations Statement	
I acknowledge that I have read and understand the recommendations outlined by the CDC’s Advisory Committee on Immunization Practices (ACIP) regarding the administration and storage and handling of yellow fever vaccine. http://bit.ly/YellowFeverACIP	Initials
Yellow Fever Vaccine Storage Statement	
I acknowledge that I have read and understand the requirements outlined by the North Carolina Department of Public Health, Immunization Branch for proper storage of yellow fever vaccine and will be compliant with the recommendations. I understand that I must maintain appropriate storage and handling conditions, vaccination and temperature logs (for three years), and may be subject to a site visit without notice and asked to provide these logs for review. Failure to provide this documentation upon request may result in the cancellation of my stamp and ability to order vaccine.	Initials
Staff Training	
I agree to require staff responsible for advising travelers on yellow fever to complete the <i>CDC Yellow Fever Course: Information for Healthcare Professionals Advising Travelers</i> found at http://www.cdc.gov/travel-training/	Initials
Yellow Fever Vaccination Center	
I agree to serve the general public and administer yellow fever vaccine only at a certified North Carolina Yellow Fever Vaccination Center. I agree to order the vaccine directly from the manufacturer.	Initials
International Certificate of Vaccination of Prophylaxis Card	
I agree to record yellow fever vaccine with my official uniform stamp on the International Certificate of Vaccination or Prophylaxis (ICVP) card. I understand that under the International Health Regulations (IHR), documentation of yellow fever vaccination administration (a stamped and signed ICVP) is considered valid only for 10 years and as of December 15, 2007, a new ICVP has replaced the old certificates.	Initials
Vaccine Information Sheet (VIS) Statement	
I acknowledge that I understand that the VIS on yellow fever must be given to a patient prior to administering the yellow fever vaccine.	Initials
Vaccine Administration	
I understand that yellow fever vaccine is administered subcutaneously (SC) and any adverse reactions to yellow fever vaccine must be reported to VAERS.	Initials
Vaccine Entry	
I agree to record each administered dose of yellow fever vaccine in the North Carolina Immunization Registry (NCIR) or on the Yellow Fever Vaccination Log provided and maintain the vaccination log for three years, if applicable.	Initials
Recertification	
I acknowledge that I must recertify as a North Carolina Yellow Fever Vaccination Center every three years to continue receiving vaccine.	Initials
Address Change	
I agree to notify the North Carolina Immunization Branch if there is an address or phone number change; or if the approved physician leaves the practice or if the stamp is lost or stolen.	Initials

Provider Print Name

Provider Signature

Date Signed



OFFICE USE ONLY	<input type="checkbox"/> Renewed
	<input type="checkbox"/> Denied

Uniform Stamp: Renewal Form

Facility Name:		Clinic Hours:	Cost of administration fee:	Physicians DEA #:	
Name-Last		First	MI	NC Medical License Number (Physician Only)	
Current Mailing Address		City	County	State	Zip Code
Office Phone Number	Fax	Email Address			
Facility Shipping Address		City	County	State	Zip Code

Please answer the following questions:

Did you experience any vaccine loss due to expiration or storage over the past 12 month period? If so, please explain.

Number of doses administered over the past year?	Did you report any adverse reactions to the yellow fever vaccine in VAERS for this past year? If so, how many?	Would you like your site added to CDC's U.S. Yellow Fever Vaccination Center Registry?
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I certify the above information is accurate, and understand that the Uniform Stamp of North Carolina is non-transferrable and is the property of the State of North Carolina, Division of Public Health, and is subject to recall at the discretion of the Division.

Physician Signature	Date
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EMPLOYEE YELLOW FEVER EDUCATIONAL ROSTER

Facility Name: _____

Date: _____

	Employee Name	Date of training
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North Carolina Immunization Program Refrigerator Vaccines Temperature Storage Log

Required to be maintained for 3 years

Post on or near the vaccine storage unit and use to record required recordings of AM and PM temperatures for vaccines

Requirements:

- Read and manually record temperatures twice each day; once at the beginning and again at the end of the day
- Record from an interior thermometer with a current certificate of calibration in accordance with National Institute of Standards and Technology (NIST)
- Refrigerator temperature must be maintained between 2°C and 8°C (35° and 46° F) with an optimum of 5°C (40°F)
- Normal readings are 2°, 3°, 4°, 5°, 6°, 7°, 8° C (35°, 36°, 37°, 38°, 39°, 40°, 41°, 42°, 43°, 44°, 45°, 46°F)
- Each temperature reading be accompanied by the time of the reading and name (or initials) of the person who assessed and recorded the reading
- CDC recommends that providers record the minimum and maximum temperatures once each workday (preferably in the morning)
- Take immediate action when temperatures are out-of-range. Isolate the affected vaccine vials or packages, mark "DO NOT USE," and store the vaccines under appropriate conditions in a properly functioning vaccine storage unit. **Call the MFG at 800-822-2463** for assistance and document on the temperature log any actions taken regarding the out of range temperatures.

Facility Name _____					Location of Refrigerator _____						
Day	Date		AM Temperature			PM Temperature			Minimum/Maximum Temperature		Comments
	Day/Mo/Yr	Reading	Time	Initials	Reading	Time	Initials	Minimum	Maximum		
Sunday											
Monday											
Tuesday											
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Uniform Stamp: Yellow Fever Vaccination Log

Logs must be kept for a period of three years, and must be submitted to the Immunization Branch upon request.

Site	Stamp holder's Name	Stamp Number	
Site Address	City	County	Zip Code
Site Phone Number	Site Contact Name		

Patient's Name:	Date vaccine administered:	Date of Birth:	†VIS Date:	Sex:	Destination Country	Yellow Fever vaccination history (Y/N)	Prior Adverse Events (Y/N)	Vaccine Lot number:	*Administration site and route:	Administered By:

Upon request return to: NC Immunization Branch 1917 Mail Service Center Raleigh, NC 27699-1917	<p>*Site: LA= left outer upper arm, RA – right outer upper arm. Yellow fever vaccine is given subcutaneously (SC).</p> <p>†VIS—Vaccine Information Statement. Each VIS has an issue date in the lower corner; record the VIS issue date here. The VIS should be given to the patient before each dose of vaccine is administered. VIS for any vaccine can be ordered from www.cdc.gov/nip/publications/VIS.</p>
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