

TDAP FOR PREGNANT WOMEN VACCINE REQUEST FORM

LOS ANGELES COUNTY IMMUNIZATION PROGRAM (LACIP) – STATE GENERAL FUND

LACIP CUSTOMER SUPPORT SERVICES

- Call 323-869-8080 if you have questions
- Email completed forms to: LACIPInfo@ph.lacounty.gov
- Fax completed forms to: 213-365-9108

PRINT CLEARLY – COMPLETE ALL SECTIONS OF FORM DATE _____ VFC PIN _____ (optional)

FACILITY NAME _____

DELIVERY ADDRESS _____ CITY _____ ZIP _____

CONTACT _____ EMAIL _____ PHONE _____

DELIVERY HOURS/DAYS _____ LUNCH HOURS _____

STORAGE UNITS:

- FRIDGE TEMP: _____ F° or C° **Refrigerated vaccines must be stored between 35° and 46° F (2° to 8° C)**
- FRIDGE TYPE: Stand Alone Pharmacy Household Combo Other _____

VACCINE ORDERING:

Doses Requested	Product	Packaging	Manufacturer
1	 ADACEL® Tdap (Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis)	Single dose vial – 10 pack	Sanofi Pasteur

Accountability System

- Usage and Inventory submitted in CAIR, User ID reported under: _____
- Usage and Inventory tracked in EHR/EMR – **attach usage report if re-order.**
- Usage and Inventory tracked using hard copy log – **attach usage report if re-order.**

NOTE: Usage and inventory must be reported to receive additional doses of vaccine.

VACCINE ELIGIBILITY:

- Pregnant Women
- Post-partum Women
- Close Contacts of NICU Babies
- Household Contacts of Pregnant Women

State-purchased Tdap Vaccine for Pregnant Women

The California Department of Public Health (CDPH), Immunization Branch purchased doses of Tdap vaccine for local health departments and their eligible partners. These doses are State General Fund (SGF) purchased with a prioritization towards pregnant women who have not been immunized yet during their pregnancy. The Los Angeles County Immunization Program (LACIP) is making these doses available to our community partners that meet the requirements below.

If you are interested in participating and meet the patient eligibility and site requirements, plus submit the **Agreement for State-purchased Tdap Vaccine** and the **Tdap Vaccine Order form** to LACIP Customer Support Services Unit at LACIPInfo@ph.lacounty.gov or fax to 213-365-9108.

Eligible Patient Criteria

- Pregnant women
- Post-partum women
- Close contact of NICU babies
- Household contacts of post-partum women

Eligible Sites and General Requirements

- VFC PIN
- Protocol for immunizing pregnant women
- On-site clinical staff experienced in administering vaccine to adults
- Plan for integration of vaccine into existing services
- Acceptable refrigeration only units for the storage of vaccine that meets the Immunization Branch Vaccine Storage Equipment Requirement and agreement to store, handle, and administer vaccine according to CDPH Immunization Branch guidelines.
- Agreement to report the number of Tdap administered and current vaccine inventory to the Branch using CAIR, EMR, or paper report form.

Agreement for State-purchased Tdap Vaccine

VFC PIN: _____

Date: _____

Facility Name: _____

Our clinic meets the eligibility requirements listed above and would like State-purchased Tdap vaccine to reach the following target populations:

- ____ Protocol for immunizing pregnant women
- ____ Staff with experience immunizing adults
- ____ Plan for integration of Tdap into existing services (women's and adult clinics)

Our clinic meets CDPH Immunization Branch storage and handling requirements:

____ Refrigerator-only storage unit and storage & handling guidelines that meet CDPH requirements.

Digital thermometer or Continuous Temperature Monitoring System requirements:

- Accuracy of +/- 0.5°C (+/- 1°F)
- Buffered probe with:
 - Vial filled with glycol
 - Vial filled with sand or glass beads
 - Solid block material (Teflon or aluminum)
- Current, Min, and Max setting
- Certificate of Calibration
- Visual or audible alarm for out-of-range temperatures

Temperature recorded twice daily on VFC temperature logs

Our clinic agrees to account for all Tdap doses given and provide current inventory using one of the following methods:

- ____ CAIR
- ____ EMR reporting
- ____ Paper report form

Signature: _____

(Physician, Director, or Medical Representative)