

# Preparations for Birthing Hospitals - Respiratory Disease Season

## ENSURE THAT YOUR FACILITY IS ENROLLED IN THE VACCINES FOR CHILDREN (VFC) PROGRAM.



The VFC Program is a **public private partnership** that supplies immunizations free of cost to the facility and the patient for children who are uninsured, enrolled in Medicaid, or are Alaskan Native/American Indian. Birthing hospitals may be interested in accessing the **Respiratory Syncytial Virus (RSV)** immunization (Nirsevimab) for their **Vaccines for Children (VFC)**-eligible clients due to its age indication and cost (~\$500/dose).

### VFC REPLACEMENT MODEL



**Birthing Hospitals** and most health systems have found the VFC Traditional Model difficult to implement due to their infrastructure. However, the **VFC Replacement Model** allows health systems to co-mingle their VFC and privately supplied vaccine requiring only one vaccine inventory supply for all their patients. Large healthcare systems which can show they have an electronic process for recording dose-level patient eligibility for each vaccination encounter and can submit this information to **Virginia's Immunization Information System (VIIS)**, may submit a proposal to operate using a replacement model. The Vaccine Replacement Model requires the health system to use their private funds to establish an initial vaccine stock and then order replacement stock through the VFC program on a monthly basis.

### FACILITY PROTOCOL AND EDUCATION



- ↳ **Establish** a process to make birthing hospital and clinic staff aware of RSV/Flu/COVID-19 vaccine availability and recommendations.
- ↳ **Plan** how to establish parental consent and communicate vaccine availability, priority groups, safety, and efficacy to patients. Share vaccine effectiveness and safety information from CDC, including Immunization Information Sheet (IIS), and the FDA.
- ↳ **Ensure** education on documentation needs (EMR, electronic birth certificate, etc.) are provided to staff.
- ↳ Your facility should **establish** a process to document VFC eligibility in your EMR/patient record and/or Immunization Registry for each dose administered.
- ↳ **Update** billing processes for private insurance and VFC-eligible children if needed.
- ↳ **Develop** a process to screen newborns for birth parent's RSV vaccine status during pregnancy.
- ↳ **Update** current facility vaccination/medication administration protocols, if needed.
- ↳ **Implement** standing orders for your facility.
- ↳ **Determine** when nirsevimab will be administered post-delivery and pre-discharge at the hospital. Infants with prolonged hospitalization (e.g., preterm infants) should be immunized ideally shortly before discharge or promptly after discharge.
- ↳ **Develop** a process to report adverse events:
  - ▶ If nirsevimab is administered alone, report adverse events to MedWatch.
  - ▶ If nirsevimab is co-administered with a vaccine, report adverse events to VAERS only.