MEMORANDUM

TO: North Carolina Immunization Program (NCIP) Providers

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

SUBJECT: Policy on Borrowing and Replacing Vaccine

The purpose of this memo is to explain a policy change in the way the Centers for Disease Control and Prevention (CDC) and the NCIP require vaccines are borrowed and replaced. Since January 2008 NCIP providers have been allowed to borrow Vaccines for Children (VFC) vaccines to be administered to non-VFC eligible patients in limited circumstances due to an unexpected lack of private stock vaccine. Providers who borrowed VFC vaccine were required to submit a Vaccine Borrowing Report detailing the borrowing situation and when the borrowed vaccine was replaced.

The borrowing report did not reflect providers’ need to borrow from private stock due to a lack of VFC vaccine. Beginning January 1, 2010, documentation of two-directional borrowing of VFC and private stock vaccine will be required. The report will no longer be submitted to the NCIP when completed. Providers are required to keep the completed report(s) in a file for three years and will be reviewed during the VFC Site Visits. This is similar to the procedure for retention and review of temperature logs.

The following is the revised statement from the CDC:

_Vaccines for Children (VFC) enrolled providers are expected to maintain an adequate inventory of vaccine for both their VFC and non-VFC-eligible patients. VFC vaccine cannot be used as a replacement system for a provider’s privately purchased vaccine inventory. The provider must assure that borrowing VFC vaccine will not prevent a VFC-eligible child from receiving a needed vaccination because VFC vaccine was administered to a non-VFC eligible child. Borrowing would occur only when there is a lack of appropriate stock vaccine (VFC or provider-purchased) due to unexpected circumstances such as a delayed vaccine shipment, vaccine spoiled in-transit to provider, or new staff that calculated ordering time incorrectly. The reason cannot be that the provider planned borrowing from either the private stock or the VFC stock._

_When a provider has borrowed vaccine from one stock to administer to a child who is only eligible to receive vaccine from the other stock, the attached form must be COMPLETELY FILLED OUT for each borrowing occurrence. Each vaccine a child receives must be listed on a separate row. As soon as the borrowed doses of vaccine are replaced to the appropriate vaccine stock, that date must be entered on this form. These borrowing reports must be kept as part of the VFC program records and be made available to the VFC staff during the VFC Site Visit._

During the VFC Site Visit, CDC requires the reports to be reviewed to ensure:
- all required sections of each borrowing form are completed;
- timely replacement of vaccine to appropriate stock (within 90 days);
- the number of occurrences in any 12-month period is not greater than one occurrence.

Providers are required by the CDC and the NCIP vaccine agreement to screen 100% of patients for eligibility according to the most current NCIP Coverage Criteria. State-supplied vaccine is never to be administered to ineligible patients and providers must replace any public doses mistakenly administered. Due to the recent changes in the NCIP Coverage Criteria, it will be very important for
providers to maintain an adequate supply of privately purchased vaccine to ensure borrowing is a rare occurrence. Additionally, the CDC states that if there appears to be a pattern of borrowing that is not rare, that is, greater than one occurrence in any 12-month period, the NCIP must take actions to change the behavior that is causing the need to borrow vaccine between the two inventories. Additionally, a pattern of borrowing state-supplied vaccine could be considered an incidence of fraud and abuse and can result in federal charges.

Remember that as of January 1, 2010, the completed borrowing forms must be kept on site for three years, and available for review during a VFC site visit. It is no longer necessary to fax the forms to the NCIP.

If providers have questions or concerns, they should contact the NCIP at 919-707-5550.

Cc: SMT Regional Immunization Staff Central Office Staff Steve Shore
    Joy Reed Vaccine Manufacturers Terri Pennington Maclyn Powell Ann Nance

Filename: Borrowing and replacement 2010 final
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Date</th>
<th>EHR</th>
<th>Vaccine Stock</th>
<th>Reason for Stock Shortage</th>
<th>NCP or Carrier</th>
<th>Identified Insurer</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>1/1/2023</td>
<td>0/100</td>
<td>Measles Vaccine</td>
<td>Shortage due to delivery delays</td>
<td>NCP</td>
<td>None</td>
</tr>
<tr>
<td>Jane Smith</td>
<td>1/1/2023</td>
<td>0/100</td>
<td>Tetanus Vaccine</td>
<td>Shortage due to delivery delays</td>
<td>Carrier</td>
<td>None</td>
</tr>
</tbody>
</table>

Please note: The replacement of vaccine is at the discretion of the HCIP.
<table>
<thead>
<tr>
<th>Date</th>
<th>NCP</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/12/2007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/12/2007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/12/2007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/12/2007</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please note:** Time replacement of vaccine to applicable stock (within 90 days) is required. Providers found to be borrowing doses more than 90 days once per 12 months period will be referred to OCPs for appropriate action.

**COMPETE NCP**

Providers are expected to maintain an adequate inventory of vaccine for both their child's clinic and physician use. Any supplemental vaccine cannot be used.

**Guideline:**