

2020-2021

GEORGIA SCHOOL BASED FLU PROGRAM
Health Department Guidance

Georgia Department of Public Health
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Georgia's 2020-2021 School Based Flu Program

Note: The purpose of this document is to provide background and information about Georgia's School Based Flu Program (SBFP) to county and district health departments.

Introduction

Annually up to 20 percent of the US population is infected with influenza resulting in approximately 36,000 deaths. Influenza causes more hospitalizations among young children than any other vaccine-preventable disease. Additionally, an estimated 38 million school days are missed each year due to influenza and on average, for every three school days that are lost, a parent loses almost one day of work. (ref: NACCHO/CDC). Children are at higher risk for flu-related complications and the best defense against the flu is getting vaccinated. Receiving flu vaccine can reduce flu illness, doctor's visits, missed work and school days, and prevent flu-related hospitalizations and deaths in children (ref: CDC/Children, the Flu, and the Flu Vaccine).

Annual influenza vaccination has been recommended by the CDC, the American Academy of Pediatrics and the American Academy of Family Practitioners for all children from six months to 18 years of age and multiple approaches are necessary to ensure adequate influenza vaccination coverage among this expanded population. The single best way to protect against seasonal flu and its potential severe complications is for children to get a seasonal influenza vaccine each year.

The seasonal influenza virus differs year to year; however, vaccines to protect against each year's projected influenza strain are available from August through June. Yearly influenza vaccination should begin in September, or as soon as vaccine is available, and continue throughout the flu season which can last as late as May. The CDC recommends that individuals receive their seasonal influenza vaccine by the end of October if possible. Although vaccination by the end of October is recommended, vaccine administered in December or later, even if influenza activity has already begun, is likely to be beneficial in most influenza seasons.

Private providers (e.g., pediatricians) are the primary vaccinators of choice for school-aged children. However, because children of this age infrequently access health care for preventive, non-acute care, and because vaccinating many children in a short period of time early in the season is essential during influenza vaccination season, other vaccination venues should be considered as well.

Along with the private sector and medical home, school-based flu programs (SBFPs) are one such venue for providing additional seasonal influenza vaccine to this high-risk population.

SBFPs have been shown to reduce illness and absenteeism among the immunized students. Because vaccination reduces spread of the influenza virus from sick children, there is also less illness among unvaccinated children and school staff. Reducing the absenteeism rate among students and teachers allows schools to better fulfill their primary mission – to provide the best education possible for our children.

Georgia's School Based Flu Program (SBFP)

The Georgia SBFP is a Georgia Department of Public Health (DPH) initiative in partnership with the Georgia Department of Education (DOE). Georgia's SBFP's mission is to prevent and control seasonal influenza by providing influenza immunization to school-aged children in a school-based setting within Georgia. Georgia's SBFP goal is through an evidence-based, sustainable school-based flu program, significantly reduce seasonal influenza in schools and subsequently increase academic performance associated with reduced school absenteeism related to seasonal influenza. The DPH sees this program to be especially valuable to those children whose parents are unable to take their children to receive flu immunizations at a "medical home."

Ramping up for its 10th year, this program is intended to make flu vaccine available at schools across Georgia. This year's SBFP clinics are anticipated to begin September 1, 2020 and continue to March 31, 2021 targeting children ages 6 through 18 years of age. Last year approximately 51,741 doses were administered through the program. County Health Departments (CHDs) will be notified of their vaccine orders as soon as the State Immunization Office receives delivery information from the CDC. Vaccines will be directly shipped to CHDs to use in their SBFPs for vaccinating student's 6 months through 18 years of age.

Local health departments are in an optimal position to partner with local schools in carrying out school based flu clinics. Most health departments are vaccination sites for the Vaccines for Children (VFC) program and have the management expertise needed to organize SBFPs. School facilities can generally accommodate mass vaccination clinics and have access to parental contact information which greatly facilitates communication.

SBFP: How It Works

The SBFP is developed through a partnership between local public health and local school systems, with support, guidance and resources from the State DPH and DOE. The goal of these local programs is to administer flu vaccine to students at school. The actual vaccination clinics take approximately one or two days. An additional day may be required for follow-up of administration of a second dose to younger students or those who were absent during the initial clinic.

The planning and logistics of running a school based flu program starts several months before the actual clinic with the health department engaging the school administrators, identifying possible clinic dates and engaging other potential partners such as private physicians, student nurses, and/or representatives from the Parent-Teacher Association (PTA) to assist in the facilitation of the clinics. All private providers in participating counties should be informed of the county's intent to offer influenza vaccines at schools. This can be done through mass emails or faxes, phone calls, letters, board of health or other meetings and other mechanisms. All schools in a county can be invited to participate in the SBFP but schools known to have low vaccination coverage rates or demographic variables that might indicate lower vaccination rates should be the focus of the program. Communication with the parents, including educational information and consent forms are distributed by the school. Signed consent forms are reviewed to determine eligibility and to verify

insurance information. Once in-school clinics are held, those running the clinics are responsible for entering data into Georgia’s Immunization Registry (GRITS) and insurance companies are billed for those students with insurance.

Developing a timeline for implementation of a SBFP clinic will help the program run efficiently. Each SBFP is unique with differing resources available which may change the timing of certain events. A sample timeline is found on the table below:

SBFP County Health Department (CHD) Operational Information

| Table 1: Sample Schedule of SBFP Tasks and Responsible Parties Public Health (PH) and Schools | | |
|--|-----------|---------------|
| Calendar of Tasks | PH | School |
| End of Previous School Year (April/May/June) | | |
| • Contact school districts and principles to enlist their support | X | |
| • Identify possible clinic dates | X | X |
| • Inform private providers of the intent to have SBF clinics | X | |
| • Contact other potential partners | X | X |
| Summer (June/July/August) | | |
| • Develop materials (consent forms, letters and other documents) for parents/guardians | X | X |
| • Develop training material for vaccinators and school staff | X | |
| • Begin coordinating clinic staff | X | |
| Beginning of School Year (August/September/October) | | |
| • Schedule clinics | X | X |
| • Disseminate materials to parents/guardians and children | | X |
| • Educate school staff | X | X |
| • Order clinic supplies | X | |
| Clinic Operations (October/November/December) | | |
| • Review consent forms, determine eligibility of students, and verify insurance information | X | X |
| • Report any adverse events | X | X |
| Post-Clinic (December, January, February) | | |
| • Record vaccination in immunization registry | X | |
| • Bill insurance companies | X | |
| • Prepare necessary reports | X | |
| • Send thank-you letters to volunteers | X | X |

The following section provides general CHD operational information about SBFP.

Vaccination Clinic: The School Based vaccination clinic will be planned and conducted in partnership with the CHDs and the school districts. The health department will lead the planning of the clinics, and supply vaccines using public or county purchased supply.

Nurses authorized to administer vaccine in school-based settings: Licensed nurses authorized to administer vaccines in school-based settings include: Registered Professional Nurses (RNs), Advance Practice Registered Nurse (APRN), and Licensed Practical Nurses (LPNs) under the supervision of the RN, APRN or a physician.

All health department staff administering vaccine in school-based settings must be registered with Georgia Registry of Immunization Transactions and Services (GRITS).

HIPAA Requirements: All staff shall comply with all federal and state laws, rules and regulations governing HIPAA, The Privacy and Security Act and confidentiality of client information. Georgia statute allows public health departments to share vaccination information on students with schools without receiving consent from parents. Therefore, it is ok to leave a list of students that were vaccinated with the school for student's school immunization files.

Standard Nurse Protocol for Registered Professional Nurses in Public Health has the following information:

- Off-site settings for immunization clinics (pg. 35)
- Standard Protocol for Transporting Dangerous Drugs (pg. 79)
- Emergency Guidelines, Policies, Procedures and Protocols (pg. 281)

The Standard Nurse Protocol can be found at this link:

<https://dph.georgia.gov/office-nursing/nurse-protocols-and-quality-assurancequality-improvement>

Vaccine Adverse Event Reporting System (VAERS): The County Health Department is required by federal law to report reactions to influenza vaccine; including conditions found in the manufacturers package insert and are encouraged to report any clinically significant or unexpected events. All public health clinics need to submit the reports to the state Immunization Office. Visit the VAERS website for more information: <http://vaers.hhs.gov/>.

Reporting Medical Incidents: The County Health Department is required to report all medical incidents in accordance with the DPH Policy for Safe Patient Care in Public Health Settings.

2020-2021 SBFP: Vaccine Inventory, Billing and Reimbursement

The following section pertains to inventory, billing, and reimbursement information specific for this year's SBFP.

Inventory: There are two sources for this year’s SBF vaccine inventory: The Georgia Department of Public Health vaccine (public) and County Purchased vaccine (private). Public vaccine should be administered to all VFC-eligible children, underinsured, PeachCare for Kids® and privately insured children covered under health plans county clinics are unable to bill. Private (County Purchased) vaccine should be administered to all other privately insured children that the county is able to bill.

Each health district has estimated the number of vaccine doses their CHD will need this flu season. CHD will be notified of their vaccine orders as soon as the State Immunization Office receives delivery information from the CDC.

Once flu vaccine is received at McKesson, doses will be allocated for CHD by the Adult & Adolescent Immunization Coordinator. When the shipment arrives, then the doses should be stored and/or labeled as “public” supply. CHDs should refer to SBF pre-book estimates submitted in the spring to estimate the number of flu vaccines to place in your GRITS SBF inventory. GRITS Inventory Management is discussed in Appendix 7: GRITS Step-by-Step Inventory Management Guidance.

Information from student consent forms will help clinic staff plan the number of doses of “public” and “private” vaccine they will need to supply the scheduled clinics.

Mandatory Reporting: CHDs will track their inventory and enter data into the GRITS system once the vaccine has been administered. Public Health Districts or CHDs will also submit a billing roster and summary table for reimbursement purposes. Denial reasons and re-submittals must be clearly indicated on the appropriate forms included with submitted documents.

- **GRITS:** All School Based Flu vaccine doses administered to an active GRITS client must be entered directly into GRITS or via HL7, Aegis, or Flat File data exchange within 30 business days of the date of administration.

Data to be entered into GRITS:

- ❖ All required demographic information including: race, ethnicity and eligibility status
 - ❖ Doses administered
 - ❖ Lot number (e.g., 501105P-SBF)
 - ❖ Trade Name
 - ❖ Expiration Date
 - ❖ Route/Site
- **Billing Roster:** All School Based Flu vaccine recipients are entered into electronic medical records and/or billing systems. This information is considered the most accurate as it is tied to financial accountability. Information should be entered into these systems as soon as possible after a clinic occurs. All claims submitted for reimbursement and, if needed, resubmitted should be settled within 60 days of the original submission. All billing rosters including all resubmission to insurers to settle doses billed need to be completed in time to

submit SBF reports to the state by **May 1, 2021**. This deadline ensures that districts will have reimbursements by SBFP funds before the June 30th end of state fiscal year. All SBF reports should be in a .csv or another database format e.g. excel. A summary document should accompany the billing roster, so that the state is aware of what districts' anticipated reimbursement should be. The summary document should include **all** SBF doses administered in that district regardless of funding source of doses. SBF clinics should be completed by **March 31, 2021**.

Data to include on the billing roster (same report used in 2019-2020):

- ❖ Patient number (Chart number)
- ❖ Patient name and date of birth
- ❖ All required demographic information including gender, race, ethnicity
- ❖ Servcode
- ❖ Cptcode (Use Vaccine Administration Codes only for public supply)
- ❖ Vaccination date
- ❖ Charge, Paid, Adjustment
- ❖ Insurance code (please include a key as to what insurance is included in each)
- ❖ School name (this allows us to provide DOE with a summary of the number of students vaccinated by school)
- ❖ Self-Pay tracker should include the clients (with patient ID number) who had insurance CHD could not bill as well as those who had incomplete insurance claims that were converted to self-pay status

Billing and Reimbursement: The state is providing public vaccines for both VFC eligible and privately insured children covered under health plans CHDs are unable to bill. However, billing and reimbursement differs between public and private vaccine supply.

1. Public:

CHDs will be reimbursed administration fees for the number of doses of public administered vaccine for students who are uninsured, under-insured, American Indian or Alaska Native, or privately insured children covered under health plans the CHD is unable to bill as verified using GRITS and district submitted billing rosters. The CHDs will not have to bill the State Immunization Office for these administration fees. Information will be gathered from each district's submitted billing rosters.

For Medicaid and PeachCare eligible students, the CHDs will have to bill Medicaid/CMOs.

The state will reimburse at a rate of \$21.93/verified vaccination. All administration fees for public vaccine for uninsured, under-insured, American Indian or Alaska Native will be distributed by the State Immunization Office through Electronic Funds Transfer (EFT) or paper check to the lead county within each health district. The lead county will then distribute the appropriate reimbursements to the respective CHDs.

All billing rosters will be accepted until **May 1, 2021**. There will be no reimbursement for billing rosters submitted after that date. State reimbursement should be completed no later than **July 2, 2021**.

2. Private:

For private vaccine, CHDs may bill the private insurance companies for both the cost of the vaccine and the administration at the maximum reimbursement rate. All vaccine reimbursement funds received from private insurance companies will need to be used to purchase next season’s vaccine.

The following two tables provide basic information on reimbursement and administration fees.

Table 2: 2020-2021 School Based Flu Program Reimbursement Table

| Eligibility | Vaccine Inventory | Who to Bill | What to Bill for |
|---|-------------------|---------------|---------------------|
| Medicaid | Public | Medicaid/CMO | Admin Fee |
| Uninsured | Public | State* | Admin Fee* |
| Under-insured | Public | State* | Admin Fee* |
| AI/AN | Public | State* | Admin Fee* |
| PeachCare | Public | Medicaid/CMO | Admin Fee |
| Privately Insured & Unbillable by CHD** | Public | State** | Admin Fee** |
| Privately Insured*** | Private | Insurance Co. | Vaccine & Admin Fee |

**Vaccine administration fees will be provided by the State Immunization Office based upon verification through GRITS and review of submitted billing rosters. The CHDs will not have to bill the State.*

*** If CHD is unable to bill the insurance company, vaccine administration fees will be provided by the State Immunization Office based upon verification through GRITS and review of submitted billing rosters. The CHDs will not have to bill the State.*

****Privately insured children covered under plans CHD can bill, CHDs are allowed to bill for both admin fee and vaccine cost.*

Table 3: Medicaid and PeachCare for Kids® Fee for Service Reimbursement Rates

| HIPAA Procedure Code | HIPAA Modifier | Procedure Code Description | Trade Names and Ages of Products | Diagnosis Code | Medicaid Fee for Service | PeachCare for Kids® Fee for Service |
|----------------------|----------------|--|--|----------------|--------------------------|-------------------------------------|
| 90672 | EP* | Influenza virus vaccine, quadrivalent (LAIV4), preservative free, 0.2 mL dosage, for intranasal use | FluMist AstraZeneca 2-49 years 0.2 mL (single dose sprayer) | Z23 | \$10.00 | \$18.50 |
| 90686 | EP | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use | Fluarix GSK ≥6 months 0.5 mL (single-dose syringe) FluLaval GSK ≥6 months 0.5 mL (single-dose syringe) Fluzone Sanofi ≥6 months 0.5 mL (single-dose syringe or single-dose vial) | Z23 | \$10.00 | \$18.50 |
| 90756 | EP | Influenza virus vaccine, quadrivalent (ccIIV4), split virus, 5.0 mL multi-dose vial, for intramuscular use | Flucelvax Seqirus ≥4 years 0.5 mL dose | Z23 | \$10.00 | \$18.50 |
| 90688 | EP | Influenza virus vaccine, quadrivalent (IIV4), split virus, 5.0 mL multi-dose vial, for intramuscular use | Fluzone Sanofi ≥6 months 0.5 mL dose | Z23 | \$10.00 | \$18.50 |

*EP- early preventative service office visit.

Insurance and Denial Tracking: Each district codes insurance information differently in their billing system. It is recommended that each district have an “Other Insurance” category for patients that have private insurance CHDs are unable to bill and for billing purposes is treated similarly to self-pay. This will allow self-pay to be more representative of the uninsured or underinsured population being vaccinated.

Often parents do not provide the correct insurance information, or they are unaware of the change in their insurance status. As a result, the insurance status is often changed from the payer listed to self-pay. In order to quantify how often this occurs, it is recommended that the number of patients converted from insured to self-pay is tracked, justified, and documented accordingly on submitted billing rosters. Tracking should be completed on the self-pay tracker and include patient name, date of birth, and patient number.

It is also recommended that billing roster reports be set up in the billing system to track the number of re-submittals and reasons for denial. A second report containing this information will also be accepted. This report should be sent to the state along with district billing rosters. This report may also be used by counties and districts to identify if additional training or mechanisms are needed to better streamline the billing process.

2020-2021 SBFP Frequently Asked Questions (FAQ's):

Q: When will we receive our flu vaccines this year?

A: There is no way to accurately predict when CDC will release flu vaccines that have been booked into the state distribution center. Most flu product is expected to be received mid to late August. As of June 22, 2020, GSK has stated their flu vaccine might possibly be available sometime in July.

Q: Will all vaccine for this program come from the State?

A: Public Vaccine for VFC eligible and privately insured children covered under health plans county clinics are unable to bill have been allocated by the State for the purpose of the school based flu clinics. The State will supply and continue to supply public vaccine until all allocated doses have been distributed. Vaccine purchased by the county should be used for clients with insurance that the county can bill.

Q: Will the CHDs have to purchase any private vaccine to take to the schools for this program?

A: Yes, CHDs should purchase private vaccines to cover the privately insured children covered under health plans CHDs are able to bill.

Q: How will the clinics receive SBFP vaccines from the state? Will we receive two separate VFC inventories of flu vaccine (SBF clients and/or Non-SBF clients)?

A: Vaccine shipments will not be separated between SBF and Public Health Clinic inventories. Clinics will need to determine the number of doses they will need to cover their SBF clinics and manage the inventory in GRITS according to the instructions provided in this guidance under the "Managing Inventory" section.

Q: Will these vaccine inventories have to be kept separate when in the school setting?

A: Yes - "public" and "private" (county purchased) inventories should be kept separate at all times and the separation should be maintained during the SBF clinics.

Q: If a child has private insurance, of the types that we bill (United, Cigna, BCBS, Aetna, etc.) do they still receive vaccine from the "private" school flu pot?

A: Yes, they should receive vaccine from the private (county purchased) inventory.

Q: If a child has private insurance, and we cannot bill that insurance company which vaccine stock does the child get vaccinated from?

A: The state has provided public (state privately purchased) vaccines for insured children covered under health plans CHDs are unable to bill. These children should receive vaccines from public inventory.

Q: How can the funds generated by the 2020-2021 SBF program be used?

A: **Using generated funds to support administrative cost associated with future SBF programs is highly encouraged. However, funds may be used to ensure support for future immunization services, even if not related to SBF.**

Q: Is there an age limit for providing SBF vaccine?

A: **Students aged 19 or older are no longer eligible for the Federal VFC Program. Individuals 19 years and older with Medicaid can receive private pay vaccine and Medicaid can be billed for vaccine and vaccine administration.**

Uninsured/Underinsured students who are 19-21 years of age can receive 317/State supplied flu vaccine and reimbursement for these students will still occur as long as they are age 19-21.

SBFP Sustainability:

For the 2020-2021 season, DPH has purchased public SBFP vaccine and has funds to cover vaccine administration fees for eligible doses this season. However, there are added costs involved in planning, outreach and overall program administration. Future costs and sustainability of this program will be predicated, in part, on insurance reimbursement as well as strong commitment and participation from state and local partners.

SBFP Stakeholder Advisory Group:

The SBFP stakeholder advisory group will meet when necessary in order to provide guidance, focus on programmatic challenges as well as revise materials and toolkits to be used by the local public health and school systems. The SBFP Stakeholder Advisory Group is comprised of state, district and local representatives from health departments, boards of education, public schools, universities, insurance companies, managed care services, and manufacturers and distributors of vaccine. Meetings of the SBFP stakeholders group began in 2012. The long-term goal of the SBFP stakeholders' group is to make the SBFP a successful and sustainable program by providing information, resources and guidance. The SBFP Advisory Committee was convened in January of 2019 to help provide guidance and feedback on program changes and enhancement efforts. The group was comprised of CHD immunization coordinators, nursing staff, billing staff and the Adult & Adolescent Immunization Coordinator. Meetings were held monthly between April 2019 and June of 2019.

Georgia Department of Public Health Guidance:

With the guidance of the SBFP Stakeholders group, DPH will develop tools and resources to support the local SBF programs. This will include the following:

- Standardized information and educational material and toolkits which make information easily adaptable to local needs.
- Informed consent forms reviewed by legal staff to assure that they are consistent with federal and state requirements.
- Technical assistance and training on value of immunizing children and advantages of SBFP.
- Partnership with professional medical organizations to help inform and educate private providers.
- Act as the information warehouse to gather information on best practices as well as evaluation of measurable outcomes.
- Address reimbursement of vaccine and administration fees.
- Link SBFP to public health preparedness activities in plans, staff, expertise, tools and volunteers (e.g. MRC) to assist in the implementation of the SBFP.

Appendices:

A1: References

- National Association of County and City Health Officials [NACCHO] School-located Influenza Immunization School Kit provides information for health departments, schools/school districts and others to conduct successful school based influenza clinics. The school kit is a comprehensive collection of information, best practices, and lessons learned from health departments working with schools to conduct school-located influenza immunization clinics. Each link leads to resources for addressing that particular topic. <http://www.naccho.org/toolbox/tool.cfm?id=1680>
- Children, the Flu, and the Flu Vaccine provides information about flu and the risks flu poses to children. <https://www.cdc.gov/flu/protect/children.htm>
- This document provides updated guidance for reducing the spread of flu in schools. (CDC) <http://www.cdc.gov/flu/school/>
- Feasibility of a School-Based Influenza Vaccination Program in Kansas, January 2009, Gianfranco Pezzino and Tatiana Y. Lin, Immunize Kansas Kids, Topeka, KS http://media.khi.org/news/documents/2009/05/06/1246-School_Based_Influenza_Vaccination.pdf
- Georgia SBFP Pilot Study <http://shared.web.emory.edu/whsc/news/releases/2011/10/school-based-flu-vaccine-clinics-boost-participation-among-adolescents.html>

[A2: Georgia Immunization Registry \(GRITS\)](#)

The [Georgia Immunization Registry law](#), passed in 1996 and expanded by House Bill 1526, requires reporting by “any person who administers a vaccine or vaccines licensed for use by the United States Food and Drug Administration to a person.”

GRITS is designed to collect and maintain accurate, complete and current vaccination records to promote effective and cost-efficient disease prevention and control. The goals of this registry are to:

- Assure that all persons in Georgia receive appropriate, timely immunizations to lead healthy, disease-free lives
 - Assist providers and public health officials in reminding individuals when they or their children need or are past due for vaccination(s)
 - Assist public health officials in assessing and improving community immunization status
- Assure access to up-to-date immunization records of Georgians
 - Assist providers in evaluating the immunization status of their patients
 - Avoid duplicate immunizations
- Meet the needs of Georgia's Immunization Registry mandate
- Provide a Registry that is cost-effective, user friendly, and efficient.

GRITS is used to track SBFP inventory for accountability and reimbursement.

Several options are available for submitting immunization records to the Registry. Georgia's immunization providers also have quick and easy access to immunization records on individuals and can generate a variety of reports on their immunization status.

GRITS Partners include:

- [Children's Healthcare of Atlanta](#)
- [Georgia Academy of Family Physicians \(GAFP\)](#)
- [Georgia Association of Physicians Assistants \(GAPA\)](#)
- [Georgia Chapter American Academy of Pediatrics \(GAAAP\)](#)

[A3: Vaccines for Children \(VFC\)](#)

The VFC Program is a federally funded program intended to help raise childhood immunization levels in the United States, especially infants and young children. This program supplies vaccine *free of charge* to participating providers. The vaccine may then be made available to children through the age of 18 years:

- Medicaid Enrolled
- Uninsured (child has no health insurance coverage)

- Underinsured (child has health insurance but immunizations are not a covered benefit)
- American Indian or Alaska Native

The VFC Program allows providers to immunize eligible children for a nominal administration fee. The maximum administration fee a provider may charge is \$21.93 per injection. Providers may also charge an office visit fee.

VFC and the SBFP: Information regarding the child's VFC eligibility and/or insurance status is collected on the child's consent form. Reviewing the consent forms prior to the clinic date helps clinic staff plan the number of doses from public and private supply they will need to cover the scheduled clinic.

VFC will provide the following vaccines for 2020-2021 SBF clinics:

FluMist - PF 0.2 mL Single Sprayer – Quadrivalent
 Fluvarix – PF 0.5 mL Single Syringe – Quadrivalent
 FluLaval – PF 0.5 mL Single Syringe – Quadrivalent
 Fluzone – 5 mL MDV – Quadrivalent
 Fluzone – PF 0.5 mL Single Syringe – Quadrivalent
 Fluzone – PF 0.5 mL SDV – Quadrivalent
 Flucelvax – 5 mL MDV – Quadrivalent

Clinics should use pre-booked estimates to determine the number of doses from each shipment allocated for SBF clinics and manually enter SBF inventory into GRITS in the appropriate lot number format (Lot#-SBF).

Administration Fees: Normally, administration fees are used to cover expenses related to the administration of the vaccine (staff, needles, syringes, Band-Aids, cotton balls, alcohol pads, and could include paperwork - which could possibly include printing of SBF documents).

[A4: List of Templates, Forms and Information Sheets \(sent in separate file\)](#)

Templates:

- **Parents/Guardians Newsletter***(English)*
Initial form sent home along with SBFP Influenza Vaccine Consent Form
- **Parents/Guardians Newsletter***(Spanish)*
Initial form sent home along with SBFP Influenza Vaccine Consent Form
- **Parents/Guardians Newsletter***(English)*
Seeking advanced consent for vaccination
- **Letter to School Principals**
Informs school principals on SBFP dates, needed documentation & contact information of local county public health officials.

- **Memorandum of Understanding: Board of Health and Board of Education**
SBFP MOU between County Board of Health and County Board of Education.
- **Needs Assessment**
Parental Form used to estimate number of children who will be vaccinated at SBF clinic.
- **Billing Summary Template and Roster**
Outlines the data fields for providing a summary by county and district of what the county and districts are tracking for reimbursement. Outlines the data fields needed to be provided in a .csv or other database e.g. excel format to be used by the State to summarize SBF participants and verify reimbursement summary.
- **Self-Pay Tracker Template**
Outlines the data fields for tracking students' insurance status switched to Self-Pay; due to finding that the student was not covered by the insurance company indicated on the consent form.
- **Denial Template**
Outlines the data fields needed for tracking why claims are denied to help identify systemic level problems with insurance claims and/or training needs.
- **2020-2021 SBF Accountability Report – SurveyMonkey Link:**
<https://www.surveymonkey.com/r/9TM7SL2>
Keeps track of completed clinics and number of doses administered (public & private).

Forms:

- **SBFP Influenza Vaccine Consent Form**(English)
- **SBFP Influenza Vaccine Consent Form**(Spanish)

Information Sheets:

- **Influenza Vaccine Information Statement (Inactive or Recombinant):**
http://www.immunize.org/vis/flu_inactive.pdf
- CDC's The Flu: A Guide for Parents
<https://www.cdc.gov/flu/pdf/freeresources/updated/a-flu-guide-for-parents.pdf>

A5: Lessons Learned/Best Practices

In general, good communication and prior planning seem to be the key elements of success to SBF programs. Although everyone may try to ensure that parents complete forms correctly, verifying insurance information will always be challenging. However, ensuring that expectations from the State to the District and County are clearly communicated and everyone involved with the program is informed at each stage of the process will help ensure the success of the SBFP. Districts that held routine meetings with billing and county staff who completed the clinics appeared to have fewer challenges with billing, consent forms, and other paperwork related to the SBF program. Another contributing factor to their success included addressing all concerns and questions at the beginning of the process and providing clear guidance (as opposed to simply providing an informational packet). It may be beneficial to have CHD staff present at a back to school or open house event to distribute information regarding the SBFP and provide necessary forms to the parents.

Private Providers:

Private providers request VFC and influenza vaccine at the same time counties and districts make their requests. Therefore, it is in the best interest of all parties to ensure everyone has an adequate supply of vaccine. To minimize a surplus of inventory, counties should notify private providers if they intend to conduct SBF clinics. Historical information should be referenced to help estimate the number of schools and student participation. If it will be the first year the program is offered, participation can be estimated based on surrounding jurisdictions' historical data. District Emergency Preparedness offices might have provider rosters, blast email or similar capabilities for ensuring widest dissemination about the SBF with minimal time required. Generally, these messages are short, so more detailed information should be posted on county or district websites.

It is important that every effort be made to encourage parents to take their children to their private provider if possible. It is also important to encourage dialogue with private providers about the process for entering information into GRITS. If providers suspect information is missing, they need to know who to contact to verify a child's vaccination status as it pertains to SBF.

Schools:

The relationship the county health department builds with schools is essential to a successful clinic. The more school staff available to assist with the clinic processes the greater the opportunity for a successful SBF clinic season. This will not only help minimize the amount of time kids are kept out of the classroom, it will also help streamline the process for verifying completeness of information on the consent forms. This may require presenting at a staff meeting to discuss how things should flow the day of the clinic as well as answer school staff's questions about the vaccines. In the event a parent asks a staff member about the vaccines, they will want to be prepared to answer questions or direct parents to the correct location to obtain the information.

Working with the schools to identify volunteers to help create the information packets can also help decrease the amount of time public health staff must use to prepare for the program. To encourage participation and buy-in from school staff, some counties bring additional private stocks of vaccine to vaccinate teachers, volunteers and parents. Although these doses cannot be counted as part of the SBF program, the incentive might be worth the additional help.

Additional support or infrastructure schools might have available:

- Call systems for contacting parents for things like school closures. Some counties were able to leverage this resource as a reminder call for parents the day before the clinic and/or the day before consent forms were due.
- Posting of forms to school website for easy access especially when kids forget the forms
- Although not done in GA, other programs have been known to use an electronic consent form that can be submitted to the county online thereby not requiring the student to remember to bring the form home and back to the school.

Inventory Tracking:

Keeping public vaccine and private vaccine supply separate along with what vaccines are allotted to what program can be a challenge, especially when the lot numbers do not differ, both for inventory tracking and physical stock management. Some of the different mechanisms used by counties and districts have included the following:

- Inventory vaccine and count consent forms prior to leaving school
- At the clinic keep supply in different coolers
- Color code or label boxes and/or vials prior to clinics or upon receipt
- Apply a different service code to each vaccine supply, the lot number may be kept the same, but the service code is what is used to track what part of that lot number is allocated to each program.
- If the lot numbers do not differ, maintain a log that states how many of each vaccine is available by category and at the end of the clinic subtract how many of each category were used based on the consent forms.

Consent Forms and Other Materials:

Many counties reported better participation rates when the program was promoted or at least mentioned that it would occur in the first day of school packet along with a brief outline of when information and dates would be made available. Some provided all information at this point and then only sent home a flyer once the date was announced.

Make sure parents are fully aware of the type of flu vaccine they are consenting to have their child/children vaccinated with. This includes notifying the parent that they do not need to be present (unless required by the school) and whether the option for Mist or Injectable vaccine will be made by the nurse. Many parents do not understand that a live virus vaccine does not mean that you are giving the kids the virus and that it is a vaccine similar to other vaccines children receive e.g. MMR, except a needle is not required. For some populations having an interpreter onsite or requiring parent presence (e.g. hold clinic at school at the end of the school day) may be necessary if language and literacy barriers are anticipated.

Collecting consent forms at least 1 week prior to executing a clinic not only allows counties to identify how much of each vaccine to bring to the clinic, but also allows time for staff to review the insurance information and if needed follow-up with parents when the information is incomplete or missing. Some counties were able to work with the school staff to help in this process. Many reported that when more time was spent up front collecting and verifying information less time was required the day of or after clinic execution.

Verification of Vaccination:

GRITS is the primary mechanism used by the state and other providers in order to verify that someone has or has not received a vaccine. In order to avoid a missed opportunity to vaccinate or over-vaccinating, it is imperative that this information is entered as soon as possible. For most counties, this is done by entering the information into the electronic medical record or billing

system and then transferring the information into GRITS. Because this information is first entered into the electronic medical record or billing system prior to uploading in GRITS the faster information is entered into the system the sooner counties can find out the status of a claim and the sooner the information ends up in GRITS. Occasionally this information is not transferred correctly due to data entry errors; therefore, it is imperative that the records are reviewed to ensure the data has transferred correctly, so that anyone reviewing a vaccination record can be confident that a vaccine is not missing.

Verification of records can be done by running a transaction report in GRITS once the SBF clinic has been completed. Transaction reports in GRITS will show the doses administered, the clients that received the vaccines, and the total doses of flu given in within the time frame the report is generated for. If assistance is needed with running transaction reports, staff can call the GRITS help desk at (866) 483 – 2958 or by sending an email to the GRITS helpdesk at dph-gaimmreg@dph.ga.gov. Every effort should be made to have access to GRITS onsite during SBF clinics to verify if a child has a record of flu vaccine for that season prior to administration of vaccine.

Due to the sheer number of records to be entered after a clinic there is bound to be delay in getting this information into GRITS. Therefore, it is recommended that parents are provided documentation that their child was vaccinated. Some locations have opted to provide a stamp on the student's hand, so the parent can see that the child was vaccinated in the event the child loses any sort of documentation provided to go home.

A6: GRITS Step-by-Step Inventory Management Guidance

Clinics should use flu pre-booked estimates to determine the number of public flu vaccine shipments needed to cover planned SBF clinics. These doses should be entered in GRITS using the following lot number format: **Lot# - SBF**. It is important that vaccines are entered in this manner as GRITS data will be used to validate data contained in submitted billing rosters requesting the \$21.93 state vaccine administration reimbursement for eligible categories. The following steps should be used to manage SBF inventory during the 2020-2021 School Based Flu Season.

Adding SBF Inventory in GRITS:

Scenario 1: Adding New SBF Inventory

For inventory to be differentiated as SBF lots in GRITS, you must add a new lot number to the inventory list using the suffix SBF as follows: 50159P - SBF.

1. Select Manage Inventory from the left side panel and then click “Show Inventory”

Welcome: [] Organization: [] Role: [] Change Password | Logout

parent/vendor

DPH / **GRITS**
 GEORGIA DEPARTMENT OF PUBLIC HEALTH / GA Registry of Immunization Transactions & Services

Home Resources About Us Help

Production Region 15.0.0

Manage Inventory

Organizations
 Maintenance
 Inventory
 Manage Inventory
 Manage Transfers
 Maintain Messages
 Patients
 Immunizations
 Admin Support
 Vtrcks Data
 Assessment Reports
 General
 Enrollment
 Reports

Show Inventory for Sites... **Show Inventory**

Show Transactions for Sites... **Show Transactions**

Return to the Previous Screen... **Cancel**

All orders placed using the Manage Orders menu option, once shipped can be found in Manage Transfers. Click on the "manage transfers" link (blue menu panel to the left) and accept the transfer.
 If the VTrckS transfer is not under Manage Transfers, contact VFC. Do not create a Receipt of Shipment unless approved by VFC (1-800-848-3868).

Funding:

Public Inventory - Inventory received from the Vaccine For Children (VFC) Program. Once a lot expires, the lot will appear in the wastage section of the Monthly Comprehensive Report. VFC will send a Return Invoice via email and McKesson will send a return shipping label. All questions regarding the return of Public Vaccines should be addressed with VFC.

Private Inventory - All other vaccines received from non-VFC sources unless specified by VFC as Public, such as replacement doses.

2. Click “Add Inventory”

Manage Inventory

Add Inventory for Site (Make Believe Peds).... **Add Inventory**

Count Physical Inventory for Selected Site.... **Count Inventory**

Modify Doses on Hand for Selected Site.... **Modify Quantity**

Show Transactions for Site.... **Show Transactions**

Return to the Previous Screen.... **Cancel**

Site: **Make Believe Peds** Show Active Inactive Non-Expired Expired

| Select | Trade Name\ Presentation | Lot Number | Doses on Hand | Active | Public | Exp Date |
|--------------------------|--|-------------|---------------|--------|--------|------------|
| <input type="checkbox"/> | FluMistNS | 01010 - PED | 45 | Y | Y | 03/21/2014 |
| <input type="checkbox"/> | Fluzone > 6 Months\MV | 3333555 | 5 | Y | Y | 01/01/2014 |
| <input type="checkbox"/> | Fluzone-PF 6-35 Months\SS | 50159P | 65 | Y | Y | 12/22/2013 |
| <input type="checkbox"/> | Fluzone-PF > 3 Years\SS | 064AE-19yo | 35 | Y | Y | 01/10/2014 |
| <input type="checkbox"/> | Pediarix\SS | 5556667 | 11 | Y | Y | 06/01/2014 |
| <input type="checkbox"/> | Prevnar 13\SS | 5656565 | 19 | Y | Y | 12/31/2013 |

3. At the “Add Inventory” screen enter the new lot information, entering a minimum of 1 dose, making sure to use the suffix SBF as follows: 50159P - SBF.

Note: All fields in blue are required.

The screenshot shows a web form titled "Add Vaccine Inventory Information". At the top, it says "Site: Make Believe Peds". There are "Save" and "Cancel" buttons on the right. The form contains several fields, some of which are highlighted in blue to indicate they are required. The fields and their values are: "Funding Program" (Public), "Manufacturer" (sanofi pasteur), "Trade Name" (Fluzone-PF 6-35 Months), "Presentation" (Single Dose Syringe-SS), "NDC" (49281-0112-25), "Lot Number" (50159P-SBF), "Dose Size" (.5), "Expiration Date" (12/22/2013), "Lot Active" (Yes), "Cost per Dose" (empty), and "Doses on Hand" (1). A red arrow points to the "Lot Number" field.

4. After saving, return to the Manage Inventory screen

Scenario 2: Deducing SBF Inventory from an Existing Public Flu Inventory Lot

Only clinics that have entered flu vaccine shipments under the actual lot number (printed on the vaccine box) and need to move designated SBF doses from regular “public” clinic inventory to SBF inventory lot should follow the steps outlined below:

Flu vaccine entered in GRITS under the packaging lot number containing doses from regular clinic inventory and SBF inventory will need their amounts adjusted. Subtract specified SBF doses from the existing lot and add to the newly created Lot-SBF inventory.

1. Select the appropriate lot and click “Modify Quantity”

Manage Inventory

Add Inventory for Site (Make Believe Peds)....

Count Physical Inventory for Selected Site....

Modify Doses on Hand for Selected Site....

Show Transactions for Site....

Return to the Previous Screen....

Site: Show Active Inactive Non-Expired Expired

| Select | Trade Name\ Presentation | Lot Number | Doses on Hand | Active | Public | Exp Date |
|-------------------------------------|---------------------------|-------------|---------------|--------|--------|------------|
| <input type="checkbox"/> | FluMist\IS | 01010 - PED | 45 | Y | Y | 03/21/2014 |
| <input type="checkbox"/> | Fluzone > 6 Months\MV | 3333555 | 5 | Y | Y | 01/01/2014 |
| <input type="checkbox"/> | Fluzone-PF 6-35 Months\SS | 50159P-SBF | 1 | Y | Y | 12/22/2013 |
| <input checked="" type="checkbox"/> | Fluzone-PF 6-35 Months\SS | 50159P | 65 | Y | Y | 12/22/2013 |
| <input type="checkbox"/> | Fluzone-PF > 3 Years\SS | 064AE-19yo | 35 | Y | Y | 01/10/2014 |
| <input type="checkbox"/> | Pediarix\SS | 5556667 | 11 | Y | Y | 06/01/2014 |
| <input type="checkbox"/> | Prevnar 13\SS | 5656565 | 19 | Y | Y | 12/31/2013 |

2. Enter the appropriate amount to subtract into the “Amount” column and choose the “Error Correction” reason followed by the “Error Correction – Subtract” reason and select “Save”.
**Please note this is not an action that should be used frequently; only when approved by VFC or GRITS staff.*

Manage Inventory

Save Changes to Doses on Hand for Selected Site....

Return to the Previous Screen....

Modify Doses on Hand for Selected Site

| Trade Name\ Presentation | Lot Number | Doses on Hand | Action | Amount | Reason |
|---------------------------|------------|---------------|----------|--------|-----------------------------|
| Fluzone-PF 6-35 Months\SS | 50159P | 65 | SUBTRACT | 30 | Error Correction |
| | | | | | Error Correction - Subtract |

- After saving, return to the “Manage Inventory” screen and select the lot with the added SBF suffix, then click “Modify Quantity”. You will see the screen below:

Manage Inventory

Save Changes to Doses on Hand for Selected Site...

Return to the Previous Screen...

Modify Doses on Hand for Selected Site

| Trade Name\Presentation | Lot Number | Doses on Hand | Action | Amount | Reason |
|---------------------------|------------|---------------|--------|--------|------------------|
| Fluzone-PF 6-35 Months\SS | 50159P-SBF | 1 | ADD | 30 | Error Correction |

Error Correction - Add

- The above steps will cause a +1 count on the "Accountability Report"; VFC will disregard the one dose. If all the above actions were performed successfully, you should now have both your clinic “public” flu lot and your SBF “public” flu lot listed on the “Manage Inventory” screen as shown below:

Manage Inventory

Add Inventory for Site (Make Believe Peds)...

Count Physical Inventory for Selected Site...

Modify Doses on Hand for Selected Site...

Show Transactions for Site...

Return to the Previous Screen...

Site: Show Active Inactive Non-Expired Expired

| Select | Trade Name\ Presentation | Lot Number | Doses on Hand | Active | Public | Exp Date |
|--------------------------|--|-------------|---------------|--------|--------|------------|
| <input type="checkbox"/> | FluMist\IS | 01010 - PED | 45 | Y | Y | 03/21/2014 |
| <input type="checkbox"/> | Fluzone > 6 Months\MV | 3333555 | 5 | Y | Y | 01/01/2014 |
| <input type="checkbox"/> | Fluzone-PF 6-35 Months\SS | 50159P-SBF | 31 | Y | Y | 12/22/2013 |
| <input type="checkbox"/> | Fluzone-PF 6-35 Months\SS | 50159P | 35 | Y | Y | 12/22/2013 |
| <input type="checkbox"/> | Fluzone-PF > 3 Years\SS | 064AE-19yo | 35 | Y | Y | 01/10/2014 |
| <input type="checkbox"/> | Pediatrix\SS | 5556667 | 11 | Y | Y | 06/01/2014 |
| <input type="checkbox"/> | Prevnar 13\SS | 5656565 | 19 | Y | Y | 12/31/2013 |

Scenario 3: Removing Remaining SBF Inventory from SBF Lots in GRITS

Clinics will be asked to return all SBF inventory to regular public flu inventory upon completion of their final SBF clinic (no later than March 31, 2020). To complete this follow the steps outlined below:

1. On the “Manage Inventory” screen choose the appropriate lot to subtract SBF doses from and click the “Modify Quantity” button.

Manage Inventory

Add Inventory for Site (Make Believe Peds)....

Count Physical Inventory for Selected Site....

Modify Doses on Hand for Selected Site....

Show Transactions for Site....

Return to the Previous Screen....

Site: Show Active Inactive Non-Expired Expired

| Select | Trade Name\ Presentation | Lot Number | Doses on Hand | Active | Public | Exp Date |
|-------------------------------------|--------------------------|-------------|---------------|--------|--------|------------|
| <input type="checkbox"/> | FluMistIS | 01010 - PED | 15 | Y | Y | 03/21/2014 |
| <input checked="" type="checkbox"/> | FluMistIS | 01010 - AD | 30 | Y | Y | 03/21/2014 |
| <input type="checkbox"/> | Fluzone > 6 Months\MV | 3333555 | 5 | Y | Y | 01/01/2014 |
| <input type="checkbox"/> | Fluzone-PF > 3 Years\SS | 064AE-19yo | 35 | Y | Y | 01/10/2014 |
| <input type="checkbox"/> | Pediarix\SS | 5556667 | 11 | Y | Y | 06/01/2014 |
| <input type="checkbox"/> | Prevnar 13\SS | 5656565 | 19 | Y | Y | 12/31/2013 |

2. Enter the total from the “Doses on Hand” column into the “Amount” column and choose the “Error Correction” reason followed by the “Error Correction – Subtract” reason and select “Save”.

**Please note this is not an action that should be used frequently; only when approved by VFC or GRITS staff.*

Manage Inventory

Save Changes to Doses on Hand for Selected Site....

Return to the Previous Screen....

Modify Doses on Hand for Selected Site

| Trade Name\Presentation | Lot Number | Doses on Hand | Action | Amount | Reason |
|-------------------------|------------|---------------|----------|--------|-----------------------------|
| FluMistIS | 01010 - AD | 30 | SUBTRACT | 30 | Error Correction |
| | | | | | Error Correction - Subtract |

Don't forget to save!

3. Select the lot to add the above doses and click “Modify Quantity”

Manage Inventory

Add Inventory for Site (Make Believe Peds)....

Count Physical Inventory for Selected Site....

Modify Doses on Hand for Selected Site....

Show Transactions for Site....

Return to the Previous Screen....

Site: Show Active Inactive Non-Expired Expired

| Select | Trade Name\ Presentation | Lot Number | Doses on Hand | Active | Public | Exp Date |
|-------------------------------------|--|-------------|---------------|--------|--------|------------|
| <input checked="" type="checkbox"/> | FluMistIS | 01010 - PED | 15 | Y | Y | 03/21/2014 |
| <input type="checkbox"/> | FluMistIS | 01010 - AD | 0 | Y | Y | 03/21/2014 |
| <input type="checkbox"/> | Fluzone > 6 Months\MV | 3333555 | 5 | Y | Y | 01/01/2014 |
| <input type="checkbox"/> | Fluzone-PF > 3 Years\SS | 064AE-19yo | 35 | Y | Y | 01/10/2014 |
| <input type="checkbox"/> | Pediarix\SS | 5556667 | 11 | Y | Y | 06/01/2014 |
| <input type="checkbox"/> | Prevnar 13\SS | 5656565 | 19 | Y | Y | 12/31/2013 |

4. Enter the total doses from the previously subtracted lots into the “Amount” column and choose the “Error Correction” reason followed by the “Error Correction – Add” reason and select “Save”.

**Please note this is not an action that should be used frequently; only when approved by either VFC or GRITS staff.*

Manage Inventory

Save Changes to Doses on Hand for Selected Site....

Return to the Previous Screen....

Modify Doses on Hand for Selected Site

| Trade Name\ Presentation | Lot Number | Doses on Hand | Action | Amount | Reason |
|--------------------------|-------------|---------------|--------|--------|------------------------|
| FluMistIS | 01010 - PED | 15 | ADD | 30 | Error Correction |
| | | | | | Error Correction - Add |

Don't forget to save!

Note: Do not try to accomplish this by editing the vaccine lot number. Editing the vaccine lot number will automatically link all SBF administered doses to the updated lot number; making it impossible for Immunization Program staff to validate SBF administered doses and approve reimbursement. If SBF doses are left over do not attempt to make changes on your own if you do not feel comfortable with the instructions provided here. Please contact the GRITS helpdesk to assist you with returning remaining SBF doses back into public flu stock. GRITS helpdesk number is (866) 483 – 2958 and their email address is dph-gaimmreg@dph.ga.gov.