OREGON YELLOW FEVER VACCINE UNIFORM STAMP/VACCINATION CENTER AGREEMENT

New Application ◯ **Update New Location** ◯ **Replacement Stamp** ◯

Provider Eligibility: Stamps are issued to health care practitioners and certified immunizing pharmacists.

Please select one of the following:

◯ Physician
◯ Physician's Assistant
◯ Nurse Practitioner (with prescription-writing privileges)
◯ Naturopath
◯ Certified Immunizing Pharmacist

Provider's License Number:

_____
_____
_____
_____
_____

Provider's Name:		
Organization Name:		
Organization Address:		
City:	ZIP:	County:
Telephone:		FAX:

Provider Org. Email Address:	
Provider Personal Email Address:	
Company Web address:	

I am applying for a Uniform Stamp:	Yes ◯	No ◯		
I have a Uniform Stamp, update my new location:	Yes ◯	No ◯		
I have a Uniform Stamp, need a replacement stamp:	Yes ◯	No ◯		
I have the CDC Yellow Fever Training Certificate:	Yes ◯	No ◯	Attached ☐	

CDC's Yellow Fever Vaccine Course can be taken for CE credit. It is located at:
http://www.cdc.gov/travel-training/about-yellow-fever-vaccine.html

I have seen the OIP YF PowerPoint Presentation on the web page: Yes ◯ No ◯

web site: http://www.oregon.gov/oha/ph/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/yellfev.aspx

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The licensed eligible provider with a valid immunization administration certification to whom a stamp is issued for authentication of International Certificates of Vaccination (ICV) should be fully knowledgeable concerning the procedures necessary for issuing a valid document. These procedures are described in the Centers for Disease Control (CDC) annually updated booklet, *Health Information for International Travel* (Yellow Book). [1, 2]

☐ I hereby apply to the Oregon Health Authority/Public Health Division for a **Yellow Fever Uniform Stamp/Vaccination Center Agreement**. I agree to the following control measures and requirements.

Acknowledgement for Yellow Fever Vaccination Certification	
1. The Yellow Fever Uniform Stamp is issued for authentication of International Certificates of Vaccination. The stamp holder should be fully knowledgeable concerning the procedures necessary for issuing a valid document.	Initial Here:
2. The procedure and sample document are described in the resource "Health information for International Travel". [1, 2]	Initial Here:
3. A current Certificate of Vaccination will be provided to each vaccinee. • Certificates shall be fully completed in English. They may also be completed in another language, in addition to either English. Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.	Initial Here:
• Certificates are individual and shall in no circumstances be used collectively. Separate certificates shall be issued for children. A parent or guardian shall sign the certificate when the child is unable to write.	Initial Here:
• The signature of an illiterate shall be indicated in the usual manner by the person's mark and the indication by another that this is the mark of the person concerned.	Initial Here:
• If the stamp holder believes the vaccination or prophylaxis is contraindicated on medical grounds, the stamp holder shall provide the person with reasons, written in English, and where appropriate in another language in addition to English, underlying that opinion, which the competent authorities on arrival should consider.	Initial Here:
• The stamp holder and competent authorities shall inform such persons of any risk associated with non-vaccination and with the non-use of prophylaxis.[1, 2]	Initial Here:
4. The Foreign Quarantine Program will sample travelers' International Certificates of Vaccination periodically at ports of entry. Improperly authenticated Certificates bearing the Uniform Stamp will be returned to the Health Center of the State in which they were issued.[1]	Initial Here:
5. Once the vaccine has been administered, patient and vaccine dose information must be entered in the ALERT Immunization Information System (IIS) within 14 days of administration. • ALERT must also be used to check vaccine history and to forecast what vaccines are due for the patient that day or in the future. Please see enrollment information at: http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/alert/Pages/EnrollinALERTIIS.aspx	Initial Here:

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• The Uniform Stamp, which remains the property of the Oregon Health Authority (OHA), should be used to validate only those certificates issued by stamp holder. The stamp, must be properly safeguarded and access to it must be limited only to the official signing the agreement and his/her formally designated (in writing) representatives.	Initial Here:
• The stamp must not be loaned to any other person and must be returned on request to the OHA if the provider ceases administering yellow fever vaccine.[1]	Initial Here:
• This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering center; however, this shall not be an accepted substitute for the signature.	Initial Here:
6. Notify the Oregon Immunization Program at the Public Health Division, immediately: • If the stamp holder's address changes	Initial Here:
• If the stamp holder is no longer providing this service or	Initial Here:
• If the stamp is lost or stolen	Initial Here:
• Call 971-673-0300 to report any changes	Initial Here:
7. Reports of any serious vaccine adverse events must be made promptly to the Vaccine Adverse Events Reporting System (VAERS). Serious adverse events are those that require a health care visit within 30 days of the vaccination(s).[3]	Initial Here:

Vaccine Storage and Administration	
1. The vaccine must be stored at temperatures of 2ºC - 8ºC (36ºF - 46ºF) until it is reconstituted by the addition of diluent supplied by the manufacturer.	Initial Here:
2. Multi dose vials must be held at 2ºC - 8ºC (36ºF - 46ºF). It is highly recommended that refrigerator temperatures be checked and documented each morning and afternoon.	Initial Here:
3. The diluent may be stored in the refrigerator with the vaccine or separately at room temperature.[4]	Initial Here:
4. The vaccine must be administered within 60 minutes of reconstitution; any unused vaccine should be discarded within one hour of reconstitution.[4]	Initial Here:

[1]International Health Regulations, 2005, third edition. Pages 53 and 53. Available at: http://apps.who.int/iris/bitstream/10665/246107/1/9789241580496-eng.pdf

[2] CDC. Traveler's Health 2018. Chapter 3: Yellow Book Yellow Fever. Figure 3–02. Example international certificate of vaccination or prophylaxis (ICVP). Available at: https://wwwnc.cdc.gov/travel/yellowbook/2016/infectious-diseases-related-to-travel/yellow-fever#2849

[3]Vaccine Adverse Event Reporting System (VAERS). Report adverse event online. Available at: https://vaers.hhs.gov/esub/

[4]Yellow Fever vaccine package insert June, 2016. Available at: https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM142831.pdf

Applicant Signature Date Provider License Number

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Resources:

A list of countries and areas of the countries in which Yellow Fever is endemic shall be maintained and kept current, at each center and sub-center. This information is included in the current book "Health Information for International Travel," and updated in CDC's Travelers' Health website under "Travel Health Notices." It can also be found by visiting the CDC Travelers' Health website at: https://wwwnc.cdc.gov/travel/

ALERT IIS enrollment information:
http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/alert/Pages/EnrollinALERTIIS.aspx

CDC. Yellow Fever Vaccine Booster Doses: Recommendations of the Advisory Committee on Immunization Practices, 2015 at: https://www.cdc.gov/mmwr/pdf/wk/mm6423.pdf

CDC. Yellow Fever Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP) July 30, 2010 / Vol. 59 / No. RR-7. Available at: https://www.cdc.gov/mmwr/pdf/rr/rr5907.pdf

Public Health Division Use Only
APPROVED: Oregon Health Authority/Public Health Division
By _____ **Stamp Impression:** **Date**_____ Notify CDC Yellow Fever Center **and** Vaccine Manufacturer ☐
Uniform Stamp # _____ New Issue ☐ Previously on File ☐
cc: Applicant County Health Department: _____