

YELLOW FEVER VACCINATION CENTER AGREEMENT

Applicant: _____

Eligibility:

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

Agency (if applicable): _____

Address: _____

City: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

I (we) hereby apply to the Oregon State Public Health Division to be designated as a facility to administer Yellow Fever Vaccine and agree to the following:

1. The vaccine must be stored at temperatures of 2°C - 8°C (35°F - 46°F) until it is reconstituted by the addition of diluent supplied by the manufacturer. Multidose vials vaccine must be held at 2°C - 8°C (35°F - 46°F). It is highly recommended that refrigerator temperatures be checked and documented each morning and afternoon. The diluent may be stored in the refrigerator with the vaccine or separately at room temperature.
2. 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>
3. The vaccine must be promptly administered; any unused vaccine should be discarded within one hour of reconstitution.

4. The Uniform Stamp, which remains the property of the Oregon Health Authority (OHA), 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. It must be returned on request to the OHA in the event that the provider ceases administering yellow fever vaccine.
5. Notify the Oregon Immunization Program, immediately, of a change in address, or if the above named applicant is no longer providing this service.
6. 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).
7. Continued possession of the stamp, and continued need for its possession will be re-established regularly by completing a questionnaire from the OHA. Completion of this questionnaire is required.
8. Either party to the agreement may terminate the agreement with 60 days written notice to the other.

Applicant's Signature

Date

Oregon Provider License#

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: <http://wwwn.cdc.gov/travel/>

ALERT IIS enrollment information:

<http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/alert/Pages/EnrollinALERTIIS.aspx>

For more information about VAERS call 800-822-7967 or visit their website at:

<http://www.vaers.hhs.gov/>

Yellow Fever 2010 *Provisional* Recommendations of the Advisory Committee on Immunization Practice can be located by visiting their website at:

<http://www.cdc.gov/vaccines/recs/provisional/downloads/yf-vac-dec-2009-508.pdf>

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>.

Public Health Division Use Only	
APPROVED: Oregon Health Authority/ Public Health Division	
By _____	
Date _____	
Uniform Stamp # _____	New Issue <input type="checkbox"/> Previously on File <input type="checkbox"/>
cc: Applicant County Health Department Vaccine Manufacturer _____ County Health Department	