

Birthing Hospitals and VFC: A Learning Collaborative to Protect Infants from RSV

September 21, 2026



Association of
Immunization
Managers

HOUSEKEEPING

- We encourage discussion but please remain muted when not speaking
- This call is being recorded
- Please introduce yourself in the chat and tell us your role in these efforts
- All slides and resources will be sent after the call
- Use the chat box for any questions

Agenda



Purpose of the Learning Collaborative



Intermountain Health and Utah
Immunization Program use of data for
the Replacement Model



Connecticut Immunization Program
RSV Score Card for Birthing Hospitals



Resources and Next Steps

Purpose

- Increase the capacity to equitably protect infants from serious illness and death due to RSV infection by
 - Understanding challenges to hospital participation in the VFC program
 - Sharing promising practices to overcome these challenges
 - Increasing birthing hospital participation in the VFC program



Intermountain Health VFC

Rick Carlson PharmD, MBA, BCPS

Intermountain by the Numbers¹



6 Primary States²
(CO, ID, MT, UT, NV, WY)



**69,000+
Caregivers**



34 Hospitals
Including 1
Virtual Hospital



**400+
Clinics**



**\$18.15 Billion¹
Total Revenue**



**4,700+
Licensed Beds**



**5,100+ Employed
Physicians & APPs**

Intermountain VFC

- Coordination and oversight provided by System Pharmacy Internal Process Control (IPC) team
 - Ensure each facility is meeting the requirements specific to their state VFC program upon enrollment and annually

Initial Intermountain Utah VFC Set Up 2024

- Enrollment coordinated at a system level for all 25 sites
- 23 Sites enrolled in VFC initially and 2 community pharmacy sites updated enrollment to include nirsevimab
- Documents submitted by each site to a shared Teams folder and then were submitted to VFC by IPC ensuring all requirements were met prior to submission

Initial Intermountain Utah VFC Set Up

- Each site required to have the following by the State of Utah prior to VFC set up
 - Certification to store Vaccine
- Signed by Chief Pharmacy Officer
 - Facility Data Logger Equipment Commitment
 - Vaccine management Plan
 - VFC Program Provider Agreement
 - Including all providers that may participate (updated annually)

VFC Compliance Tasks

- VFC Vaccine Management Plan (Annual)
 - For routine and emergency vaccine management
 - Clearly written, detailed, and up-to-date storage and handling standard operating procedures (SOPs)
 - Outline current vaccine coordinator and backup coordinator
 - Proper storage and handling practices
 - Shipping and receiving procedures
 - Emergency procedures such as equipment malfunctions; power failures, or natural disasters
 - Procedures for vaccine ordering; inventory control, and waste
 - Staff training/documentation on vaccine management, storage, and handling.

VFC Compliance Tasks

- VFC Doses Administered Quarterly Report
 - Quarterly accounting of all VFC doses administered submitted Utah VFC
 - Generated in conjunction with requirements provided by Utah VFC
- VFC Vaccine Reporting, Inventory Transfer and Count Reconciliation
 - Monthly
 - Data reported to VFC program
 - Epic report of patients qualifying for VFC vaccine in the previous month
 - Account for any doses received to or transferred from facility
 - Information reviewed by Utah VFC and replacement doses sent to facility if needed
- VFC Daily Temperature Monitoring
 - Monitored daily and reported weekly

VFC Compliance Tasks

- Assigned from a compliance tracking program

Task

Save ChangesCancel Changes

TypeCorporate

CategoryOperations

TitleVFC - Doses Administered Quarterly Report

DescriptionRequired Attachment(s):

VFC - Doses Administered Report

Must be submitted online to the Utah VFC Program each quarter of the calendar year.

Report is due 15 days after the end of each quarter

Vaccine orders are held if two or more reports are missing within a two year period.

Complete the following:

Login to the [USIIS Portal](#).

Create a new quarterly report by following the instructions found [here](#).

Do not select the option "Populate Report With USIIS Data", doing so adds incorrect data- a manual entry of data is required.

Data from the [Hospital Vaccine for Children \(VFC\) Reporting Dashboard](#) is used to determine the number of doses administered

FrequencyQuarterly

Due01/15/2026

Completed01/15/2026

Assigned ToPharmacy Director

Comments/Notes

Task

Save ChangesCancel Changes

TypeCorporate

CategoryOperations

TitleVFC - Daily Temperature Monitoring

DescriptionComplete the Following:

Using TempTrak, validate the min/max temperature is recorded on the monthly [temperature log](#) each day for the previous week.

If a temperature excursion occurred on either of the two daily readings and an alarm was triggered, notify the IPC team for assistance contacting the VFC program.

To find the min/max temperature using TempTrak:

Log into TempTrak and click the tab labeled "sensors" on the far left side of screen.

Select the fridge(s) containing VFC product.

The bottom right quadrant labeled "Sensor Readings" has two icons, the second icon is called "View Vaccine Storage Report"- click this icon.

The next screen requires a date range for the requested data. It defaults to the last 24 hours - click "Run".

The min/max temperature readings (taken twice daily) are displayed along with the time it was recorded for the selected date range.

Record the 10:00 AM min/max reading for each day on the log.

FrequencyWeekly

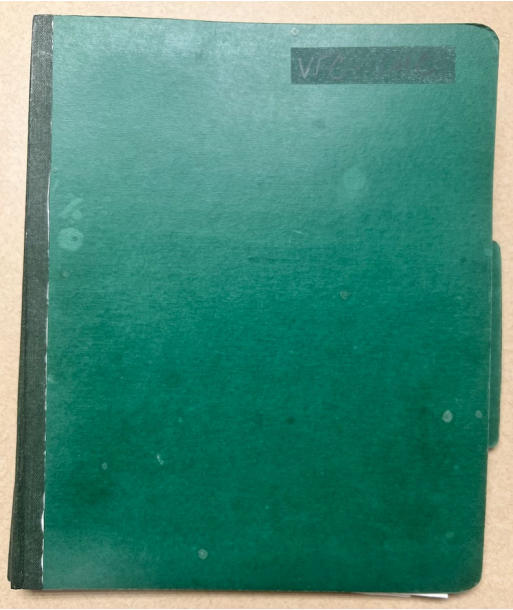
Due01/06/2026

Completed01/05/2026

Assigned ToPharmacy Director

Comments/Notes

Staying Organized

An open binder showing a 'Vaccine Log' template. The left page is a blank white sheet with a red vertical line. The right page is a printed form with a table for recording vaccine administration. The table has columns for 'Date', 'Time', 'Vaccine', 'Lot', 'Expiry', 'Dose', 'Site', 'Route', 'Age', 'Sex', 'Weight', 'Height', 'Temp', 'BP', 'HR', 'RR', 'SpO2', 'Pain', 'Adverse', 'Comments', and 'Signature'. The form is titled 'Vaccine Log' and includes instructions for use.An open binder showing a 'Vaccine Management Plan Template'. The left page is a printed form titled 'Vaccine Management Plan Template' with sections for 'Vaccine Information', 'Vaccine Storage', 'Vaccine Administration', and 'Vaccine Monitoring'. The right page is a blank white sheet with a 'TRAIN' logo and a table for recording vaccine administration. The table has columns for 'Date', 'Time', 'Vaccine', 'Lot', 'Expiry', 'Dose', 'Site', 'Route', 'Age', 'Sex', 'Weight', 'Height', 'Temp', 'BP', 'HR', 'RR', 'SpO2', 'Pain', 'Adverse', 'Comments', and 'Signature'.An open binder showing a 'Vaccine Storage and Monitoring Log'. The left page is a printed form titled 'Vaccine Storage and Monitoring Log' with sections for 'Vaccine Information', 'Vaccine Storage', and 'Vaccine Monitoring'. The right page is a printed form titled 'Doses Administered Report' with a table for recording vaccine administration. The table has columns for 'Date', 'Time', 'Vaccine', 'Lot', 'Expiry', 'Dose', 'Site', 'Route', 'Age', 'Sex', 'Weight', 'Height', 'Temp', 'BP', 'HR', 'RR', 'SpO2', 'Pain', 'Adverse', 'Comments', and 'Signature'.

A	B	C	D	E	F	G
Vaccine For Children Monthly Inventory Log						
Facility:	Intermountain Medical Center					
Product:	Nirsevimab (Beyfortus) 50mg/0.5 mL					
Date	Manufacturer	NDC Number	Expiration Date	Doses Received	Doses Administered for month	Final Inventory
Oct-25	Sanofi	49281-0575-15		70	7	63
Nov-25	Sanofi	49281-0575-15		0	9	54
Dec-25	Sanofi	49281-0575-15		0	26	28
Jan-26	Sanofi	49281-0575-15		0	38	-10

RSV Protection Administration

Card for Newborns

(To be filled out by nurse or LIP)



Name: _____

Date of Birth: _____

☐ I received nirsevimab (Beyfortus) on MM/DD: _____

OR

☐ My mom received the RSV vaccine (Abrysvo) at least 2 weeks before I was born

****Take a picture of this card with your phone in case it is lost!****

Utah VFC Collaboration

- Go Live October 2024
 - Pilot Program collaboration with the CDC and Utah VFC
 - Hospitals may replace privately administered vaccines with VFC stock after patient screening, reconciliation, and approval from Vaccine manager or designee
 - Hospitals must submit a reconciliation report to the VFC manager that includes:
 - Inventory designation NDC, lot #, and VFC stock
 - Cumulative number of doses given - 2-week lag time
 - Patient administration roster (including patient IDs)
 - Inventory reconciliation, including VFC doses on hand

Utah VFC Collaboration

- Benefits
 - Less local waste of doses
 - No need to store VFC and private stock in separate locations. All doses can be stored in a VFC monitored refrigerator
 - Ability to share VFC supply across facilities
- Opportunities
 - Very close collaboration between Intermountain Health Employees and Utah
 - With a close partnership required reports, including formatting there of, can be modified to meet the needs of both sides
 - Thanks to Kayla Strong our VFC Program Manager for her dedication and hard work to make our program successful
- Disadvantages
 - Manual process on the State of Utah side (other states may not have bandwidth to do the same)

Utah VFC RSV Replacement

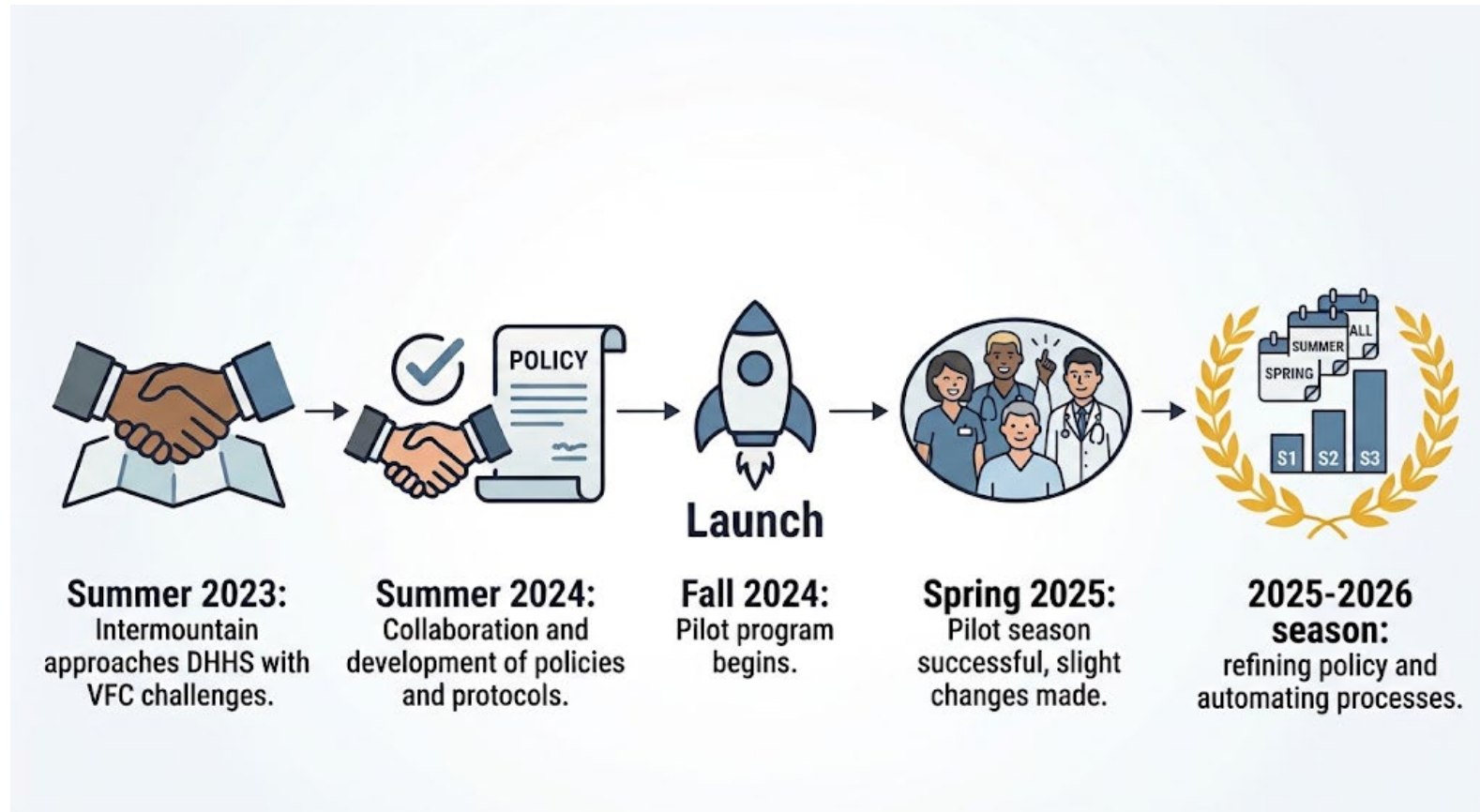
Kayla Strong, MA

VFC Program Manager,
Utah



**Department of Health
& Human Services**

Partnership with Intermountain Health



Utah Advantages

- Opt-out state
- In-house IIS developer, maintenance
- Large and dedicated hospital system provides access for majority of state

VFC Challenges for RSV Administration

- Eligibility difficult to determine in first days after birth
- RSV mAB not covered by DRG
- Expensive to purchase private stock up front
- Limited staff time for pharmacists/pharmacy techs

IIS Limitations

- Reject records with no name
- Incomplete data sharing between health systems
- Forecast limitation for immunized mothers

Requirements from Hospitals

- Annual re-enrollment
- Quarterly doses administered reports
- Primary and back-up coordinator annual trainings
- Compliance visit (specialized)
- Unannounced storage and handling
- Monthly reconciliation reports and temp logs

DHHS Responsibilities

- Process annual enrollment, facilitate VFC compliance (site visits, etc.)
- Process reconciliation reports each month - manual correction of records in USIIS
- Organize replacement doses according to allocation and ship

Manual Record Documentation

Current process - manual correction of each reported dose in USIIS. Includes manual correction of inventory, re-writing chart and documenting replacement.

onstrain entry to vaccines in inventory.

* Vaccination Date: 08/18/2026 Time: ##.## Choose One ▼

* Financial Class Code: V02 * Description: VFC MEDICAID

Inventory Borrowed From: Private ▼ Reason: Replacement of borro

!Borrowing is not allowed by the VFC

Unit of Use Lot Number: UK436AA Choose One ▼

Vaccine Brand: Choose One ▼

* Vaccine Code: 306 * Name: Nirsevimab, 50 mg (RSV mAb

* Manufacturer Code: PMC * Name: sanofi pasteur

Dosage: 0.5

* VIS Version Date: 09/25/2023

* VIS Presented Date: 08/18/2026

* Vaccinator: MOUSE, MICKEY

Route Code: IM Route: INTRAMUSCULAR ▼

Site Code: LT Site: LEFT THIGH ▼

Ordering Physician First: Last:

Impact

Doses Replaced:

2025-2026: **2064**

Doses administered in April 2026 and beyond replaced at beginning of 2027 season.

2026-2027 Improvement

- Automated record reconciliation - in testing!
- Potential ability to offer replacement to all enrolled providers.

Thank You



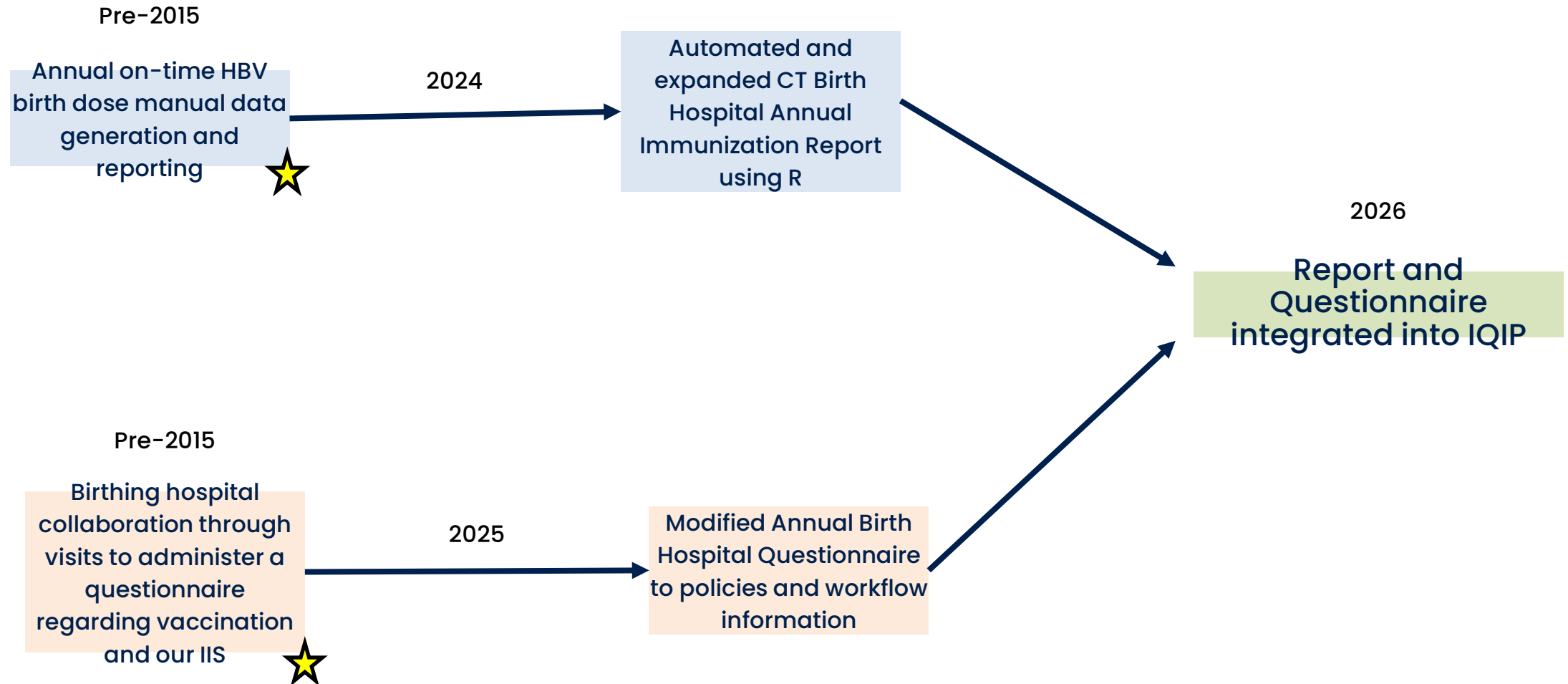
**Department of Health
& Human Services**



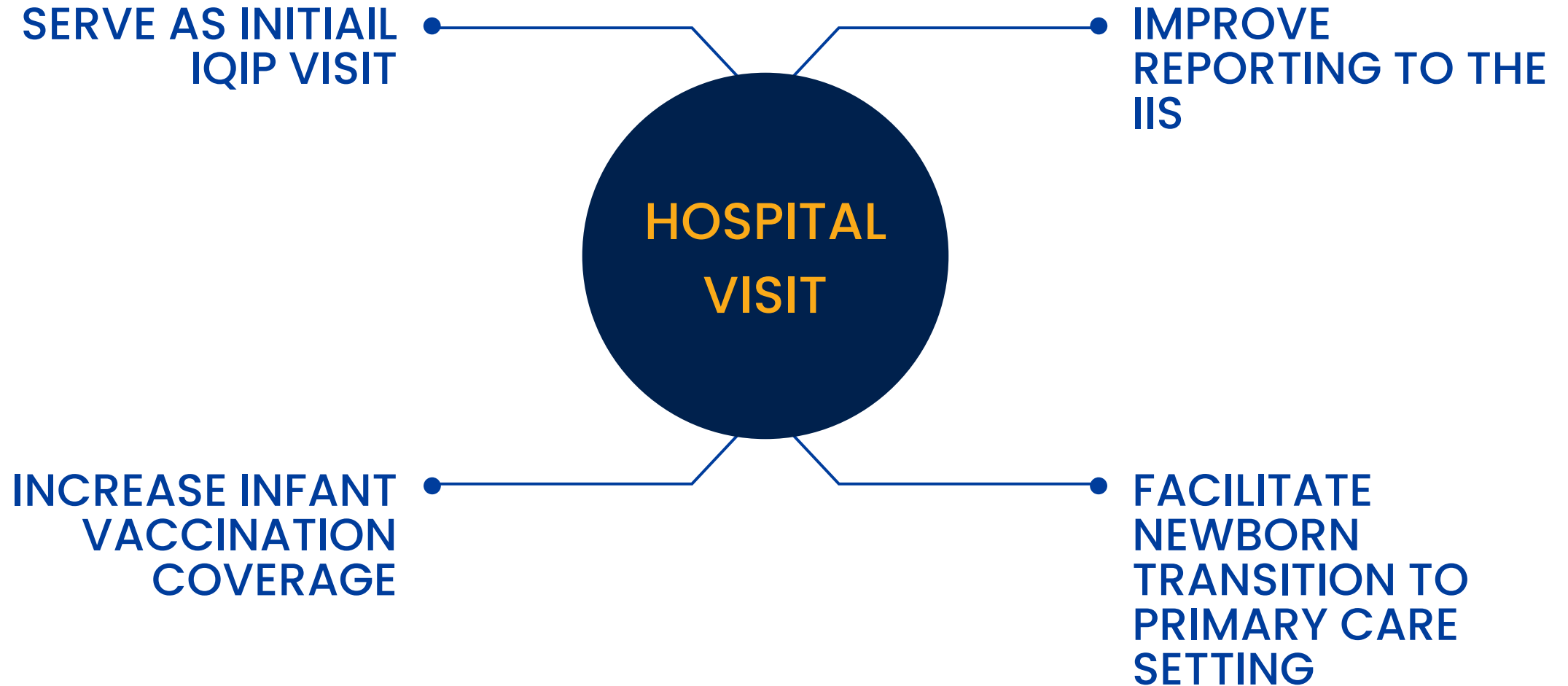
IQIP in Birthing Hospitals

Peri Sosensky, Epidemiologist
CT DPH

IQIP SPARKED INTEGRATION OF HISTORICALLY SEPARATE BIRTH HOSPITAL ACTIVITIES



GOALS OF INITIATIVE INTEGRATION



CT BIRTH HOSPITAL ANNUAL IMMUNIZATION REPORT

2025 CT Birth Hospital Annual Immunization Report

Hospital A

This report was prepared by the CT DPH Immunization Program based on information reported to [CT WiZ](#) by 04/01/2025.

It shows the number of infants that were immunized for respiratory syncytial virus (RSV) at your facility during the 2024-2025 RSV season. It also shows the percentage of infants born at Hospital A in 2024 that received an on-time hepatitis B vaccine dose.

Respiratory Syncytial Virus Immunization

Children born during the RSV season (October - March) whose mother does not receive the RSV vaccine at least 14 days before delivery *can be at risk for severe RSV disease*. They can be protected if nirsevimab is administered within the first week of life, ideally during the birth hospitalization stay.

Between October 2024 and March 2025, Hospital A has **immunized 541 infants born at your facility against RSV**. *It is not known how many infants were protected as a result of their mothers being immunized while pregnant because infant and maternal records are not linked in CT WiZ.*

On-Time Hepatitis B Birth Dose Rates in 2024

To protect newborns from hepatitis B infection, the Centers for Disease Control and Prevention [recommends](#) that medically stable infants with a birth weight of at least 2,000 grams receive a first dose of hepatitis B vaccine *within 24 hours* of birth. In this report, a hepatitis B birth dose is considered on-time if it was administered by the end of the first full day of life (day 0 or 1).

Figure 1 compares birth and on-time immunization data for children born at Hospital A in 2024 to statewide CT data. **Figure 2** shows the percentage of children born at Hospital A with a birth weight of ≥ 2000 grams that were immunized on-time from 2020 to 2024 with CT data for comparison. **Figure 3** shows the day the hepatitis B vaccine was administered to infants at your facility.

The Immunization Action Coalition's *Hepatitis B Birth Dose Honor Roll* recognizes U.S. birthing institutions that have attained an on-time birth dose coverage rate of 90% or greater and have met specific additional criteria. We encourage all providers to strive for at least this 90% coverage rate and join the growing number of hospitals making a positive impact. You can learn more [here](#).

Figure 1: Births and On-Time Hepatitis B Vaccine Administration – Hospital A and Statewide CT Births, 2024

	Hospital A	Connecticut
Number of births in 2024	2469	33509
Number of births ≥ 2000 grams	2422	32618
Number that received hepatitis B vaccine on time	1918	27208
Percent that received hepatitis B vaccine on time	79.2%	83.4%

Figure 2: On-Time Hepatitis B Vaccine Administration Trend – Hospital A and Statewide CT Births (≥ 2000 grams), 2020-2024

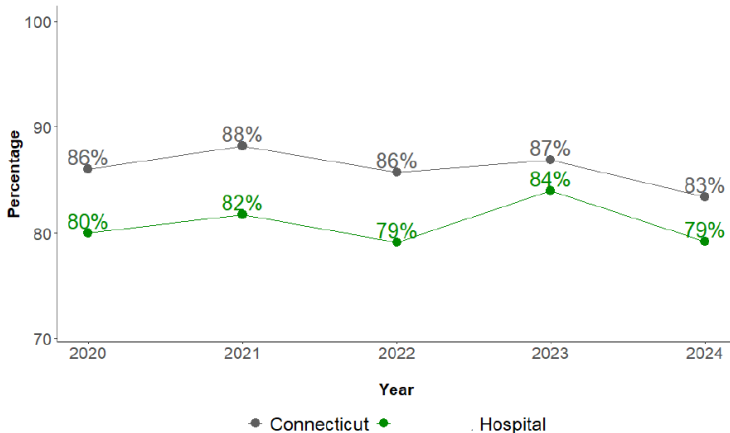
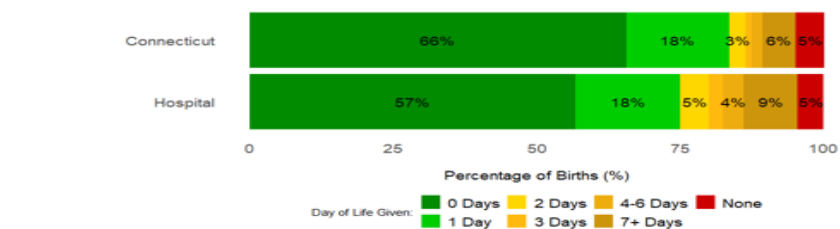


Figure 3: Day of Hepatitis B Vaccine Administration – A Hospital and Statewide CT Births (≥ 2000 grams), 2024



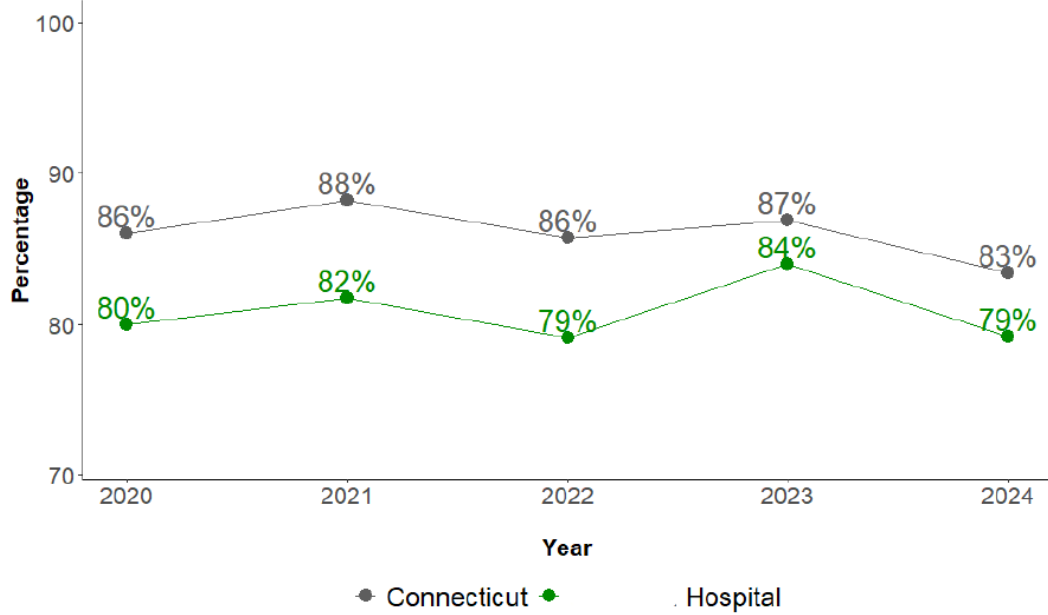
Concise one-page report with text, one table, and two figures.

ON-TIME HBV BIRTH DOSE

Figure 1: Births and On-Time Hepatitis B Vaccine Administration – Hospital A and Statewide CT Births, 2024

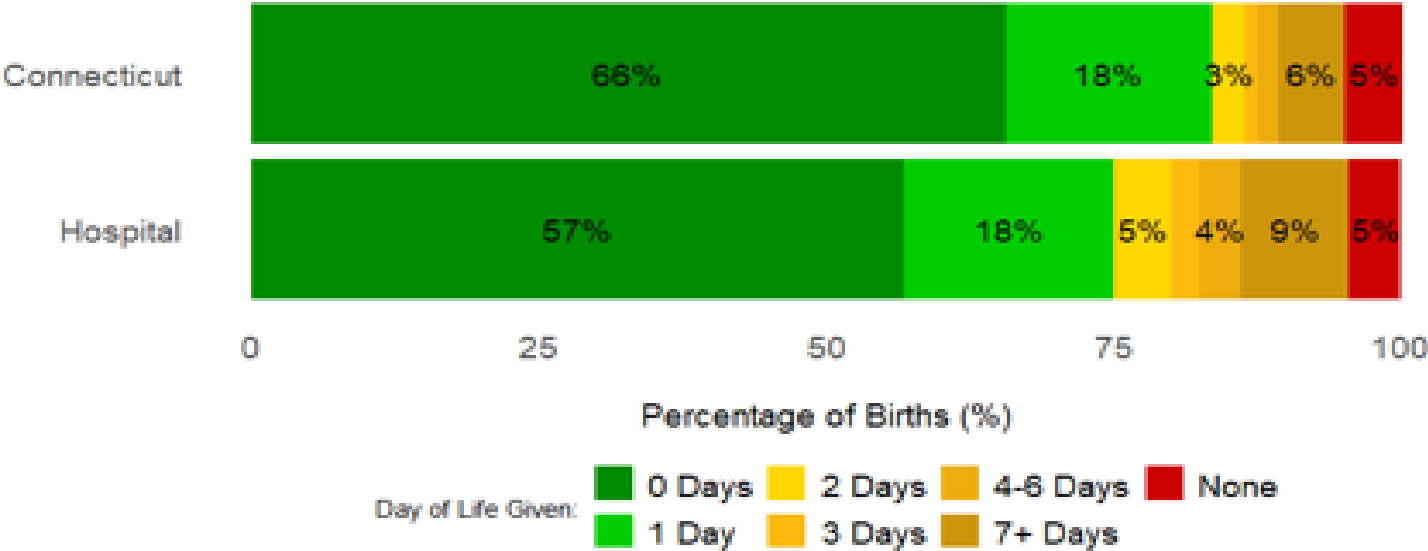
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Figure 2: On-Time Hepatitis B Vaccine Administration Trend – Hospital A and Statewide CT Births ($\geq$ 2000 grams), 2020-2024



HBV VACCINE ADMINISTRATION

Figure 3: Day of Hepatitis B Vaccine Administration – A Hospital and Statewide CT Births (≥ 2000 grams), 2024



ANNUAL BIRTH HOSPITAL QUESTIONNAIRE

16. When a person gives birth at your facility, what does the vaccination workflow look like on your unit?

Please be sure to address hepatitis B and RSV when answering the below questions:

- Who performs the management role in your unit?
- How is documentation prepared and who prepares documentation?
- What does check-in/admission look like? Who performs this?
- Who discusses immunization with parents/patients?
- Who administers vaccines?
- Who oversees appointment scheduling for their first pediatrics appointment post-discharge?
- What does discharge look like?

Enter your answer

17. Do you ask mothers if they were vaccinated during pregnancy (flu, Tdap, RSV, COVID-19)?

- ☐ Yes
- ☐ No

01

General

- Discussion of coverage rates
- Discussion of resources

02

Vaccines: Guidelines, Procedures, Administration, and Documentation

- Infant vaccination workflow
- Maternal vaccination
- Reasons for HepB/RSV refusal
- Guidelines (HBIG, RSV, HepB)

03

CT WiZ Enrollment

- Legal requirements of CT WiZ handout
- Staff education and training on IIS

04

Birth Certification Process/ConnVRS Reporting

- Data transfer from birth certificate to ConnVRS

05

IQIP Action Items

- Strategy choice
- Technical assistance needed
- Action item selection

ALIGNMENT OF QUESTIONNAIRE TO IQIP PROCESSES

93. What were the action items selected for this strategy? *

Format: * Brief description of task [assigned staff: target date]
i.e. * Develop method for documenting that all parents have their first pediatric visit scheduled before discharge [Cheryl: 6/30/25]

Enter your answer

94. What is the second strategy the hospital is choosing? *

Must be different from the first

- ☐ 1. Facilitate Return for Immunization
- ☐ 2. Leverage IIS, EHR, or Electronic System to Improve Immunization Practice
- ☐ 3. Give a Strong Immunization Recommendation
- ☐ 4. Strengthen Immunization Communications to Address Vaccine Hesitancy

95. What technical assistance did you (IAP/DPH staff) provide to the hospital for this strategy? *

Enter your answer

How many action items for this strategy (Strong Recommendation) (i.e., implementation/improvement steps for the provider and future technical assistance you will provide)?
Short bullets (*) recommended. Action items are auto-copied to the Strategy Implementation Plan on the "Synopsis" page, which can be shared with the provider.

Recommended format for action items:
* Brief description of task [assigned staff: target date]

Example action item:
* Encourage staff who administer vaccines to install the "HPV Vaccine: Same Way, Same Day" mobile app; verify they have completed the exercises by 2-month check-in [Susan & Miguel: 12/1/2023]

2

Strong Recommendation Action #1

POC Team Due Date 07-20-2026 Today M-D-Y

Action Note
*Begin emphasizing that Connecticut is a universal state and that VFC/CVP programs provide free-of-charge vaccines from all babies to 19yo. [Team: 7/20/2026]

Expand

Strong Recommendation Action #2

POC Team Due Date 07-20-2026 Today M-D-Y

Action Note
*Ensure that it is communicated that RSV is a monoclonal antibody, not a vaccine (and that meaning). [Team: 7/20/2026]

Expand

QUESTIONS TO AIDE IN IQIP WORKFLOW ASSESSMENT

REDCap Section	Survey Question
Overview of Vaccination Workflow (parse manually)	When a person gives birth at your facility, what does the vaccination workflow look like on your unit?
Overview of Vaccination Workflow (Check-Out)	How is documentation of immunizations at the hospital shared with parents?
Facilitate Return for Vaccination	Do you provide families who have not chosen a pediatrician a list of local ones?
Facilitate Return for Vaccination	Are all parents required to make an appointment at their chosen pediatrician's office prior to leaving the hospital?
Giving a Strong Immunization Recommendation	Are RSV immunizations integrated into the vaccine workflow of the hepatitis B and vitamin K vaccines?
Giving a Strong Immunization Recommendation	What approach do you take when communicating your hepatitis B guidelines to parents?
Strengthen Immunization Communications to Address Vaccine Hesitancy	What reasons do parents most often give when they refuse the hepatitis B or RSV vaccines?
Strengthen Immunization Communications to Address Vaccine Hesitancy	How do you handle vaccine-hesitant parents or anti-vaccine parents?
Strengthen Immunization Communications to Address Vaccine Hesitancy	Are there any programs you mention that are designed to speak with new parents or pregnant women about available community resources?
Leverage IIS, EHR, or Electronic System to Improve Immunization Practice	Who enters vaccine information into your EHR and CT WiZ on the unit?

Additional Directions



Integration of report into IQIP for
birthing hospitals
(Completed: Spring 2026)



Evaluation of report for IQIP
Assessment
(In progress: Summer/Fall 2026)



Implementation of additional
metrics and figures
(Future: Spring 2027)



THANK YOU!



CONNECTICUT

Public Health

Questions???

Resources:

- Birthing hospitals and immunization programs can work together to troubleshoot challenges and process VFC program enrollment
- Previous Call Resources
 - <https://www.immunizationmanagers.org/resources/learning-collaborative/>



Thank you!



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