

2019 HEPATITIS VACCINE USAGE AGREEMENT
for San Francisco Department of Public Health (SFDPH)-Supplied Hepatitis Vaccine

*Please complete and return to: SFDPH / CDPU, 101 Grove Street, Room 406, San Francisco, CA 94102
or fax: (415) 554-2579*

As a condition for receipt of hepatitis vaccine from SFDPH,
I, as the physician, director or other medical representative for

Name of organization or medical practice

Agree to the following terms:

1. By **Friday, July 5, 2019 and Friday, January 10, 2020**, I **will report accurate information in all fields of the SFDPH 2019 Hepatitis Vaccine Usage Semi-Annual Report**. In the case of my absence, the person named as the secondary contact in the 2019 SFDPH Hepatitis Vaccine Application will assume full responsibility for reporting accurate and complete information.
2. For each hepatitis immunization given, I **will retain a record** that includes:
 - Vaccine manufacturer
 - Vaccine lot number
 - Vaccine expiration date
 - Patient's name and age-range
 - Date of immunization givenRecords should be maintained for a period of at least 3 years. Do not send this information to SFDPH.
3. For the vaccine awarded, **my organization will NOT charge**:
 - The vaccinee or a third-party insurer any fee for the vaccine itself.
 - An administration fee higher than \$26.03 per dose.
4. My medical staff **will exercise medical judgment** in prescribing immunization for each person receiving hepatitis vaccine and screen patients for contraindications before vaccine administration.
5. **Provide a copy of the Hepatitis A and/or B Vaccine Information Statement** to each person receiving hepatitis vaccine. Allow each person receiving hepatitis vaccine adequate time for reading the information and asking questions before signing the statement. *To make sure you have the most recent vaccine information statements, please visit www.immunize.org/vis regularly.*
6. My medical staff **will administer the vaccine ONLY** to low-income, under-insured or uninsured persons. Preference should be given to those who are at high risk for the complications or transmission of hepatitis.
7. **Develop a workable inventory method** to ensure vaccine quality and distinguish SFDPH-supplied vaccines from other vaccines.
8. If we move locations or sites, I **will notify** SFDPH of my **new contact information**.
9. Make every effort to conduct both HbsAg and anti-HBs testing prior to vaccination for persons who are from areas where chronic HBV is considered endemic (>8% infection rate) to determine vaccine eligibility.
10. Review the 2018-19 SFDPH Vaccine Management Plan, available at www.sfdcp.org/vaccinemanagementplan. Enter password "36to46".
11. Adhere to all storage and handling guidelines, as outlined in the Vaccine Management Plan binder and on the "Checklist for Safe Vaccine Storage and Handling." Agree to an annual site visit from a SFDPH Immunization Program staff member to assess vaccine administration and storage and handling procedures.

Please Print Name _____
Physician, director or other medical representative

SIGNATURE _____ **Date** _____
Physician, director or other medical representative

Address _____

Telephone _____ Fax _____ Email _____