



COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Table with 2 columns: Releasing Facility Information and COVID Pin #. Fields include: Releasing Facility Location Name and Address, Including County; Facility Contact Name; Contact Email; COVID Pin #; Date of submission; Contact Phone #; Extension.

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

Table with 4 columns: TO (Receiving Facility/Provider Location Name and Address, Including County and contact), Receiving Provider COVID PIN #, Manufacturer and # of Doses, Target date of transfer. Includes three rows for receiving locations.

Justification (explain in detail the reason for re-distribution):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name:

Date:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement



The Centers for Disease Control and Prevention (CDC) plans to ship a minimum order size of COVID-19 vaccine, constituent products, and ancillary supplies at no cost directly to enrolled COVID-19 vaccination providers throughout the United States. The federally contracted vaccine distributor uses validated shipping procedures to maintain the vaccine cold chain and minimize the likelihood of vaccine loss or damage during shipment. There may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary CDC ship-to sites (i.e., for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations). In these instances, vaccination provider organizations/facilities, third-party vendors, and other vaccination providers may be allowed to redistribute vaccine, if approved by the jurisdiction's immunization program and if validated cold chain procedures are in place in accordance with the manufacturer's instructions

and CDC's guidance on COVID-19 vaccine storage and handling. There must be a signed *CDC Supplemental COVID-19 Vaccine Redistribution Agreement* for the facility/organization conducting redistribution and a fully completed *CDC COVID-19 Vaccination Provider Profile Information* form (Section B of the CDC COVID-19 Vaccination Program Provider Agreement) for each receiving vaccination location.

The parties to this agreement are CDC and healthcare organizations, third-party vendors, and vaccination providers that redistribute COVID-19 vaccine. CDC cannot reimburse costs of redistribution beyond the initial designated primary CDC ship-to site(s), or for purchase of any vaccine-specific refrigerators or qualified containers. Therefore, organizations planning for redistribution of COVID-19 vaccine must carefully assess the associated risks and costs (e.g., vaccine loss due to temperature excursions, purchase of vaccine-specific portable refrigerators and/or containers) before planning this activity.

Organization information

Organization/facility name:

FOR OFFICIAL USE ONLY

VTckS ID:

Unique COVID-19 Organization ID (from Section A):

Primary address and contact information of COVID-19 vaccination organization

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Telephone:

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

Telephone:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

Telephone number:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Primary point of contact responsible for receipt of COVID-19 vaccine
(if different than medical director listed above)

Last name: _____ First name: _____ Middle initial: _____

Telephone number: _____ Email: _____

Secondary point of contact for receipt of COVID-19 vaccine

Last name: _____ First name: _____ Middle initial: _____

Telephone number: _____ Email: _____

COVID-19 vaccination organization redistribution agreement requirements

To redistribute COVID-19 vaccine, constituent products, and ancillary supplies to secondary sites, this organization agrees to:

1. Sign and comply with all conditions as outlined in the CDC COVID-19 Vaccination Program Provider Agreement.
2. Ensure secondary locations receiving redistributed COVID-19 vaccine, constituent products, or ancillary supplies also sign and comply with all conditions in the CDC COVID-19 Vaccination Program Provider Agreement.
3. Comply with vaccine manufacturer instructions on cold chain management and CDC guidance in CDC's *Vaccine Storage and Handling Toolkit*, which will be updated to include specific information related to COVID-19 vaccine, for any redistribution of COVID-19 vaccine to secondary locations.
4. Document and make available any records of COVID-19 vaccine redistribution to secondary sites to jurisdiction's immunization program as requested, including dates and times of redistribution, sending and receiving locations, lot numbers, expiration dates, and numbers of doses. *Neither CDC nor state, local, or territorial health departments are responsible for any costs of redistribution or equipment to support redistribution efforts.*

By signing this form, I understand this is an agreement between my Organization and CDC, implemented and maintained by my jurisdiction's immunization program. I also certify on behalf of myself, my medical practice, or other legal entity with staff authorized to administer vaccines, and all the practitioners, nurses, and others associated with this Organization that I have read and agree to the COVID-19 vaccine redistribution agreement requirements listed above and understand my Organization and I are accountable for compliance with these requirements. Non-compliance with the terms of this Redistribution Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

Organization Medical Director (or equivalent)

Last name: _____ First name: _____ Middle initial: _____

Signature: _____ Date: _____

Chief Executive Officer (chief fiduciary role)

Last name: _____ First name: _____ Middle initial: _____

Signature: _____ Date: _____

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.