

OUTBREAK VACCINE PROVIDER AGREEMENT

To receive publicly funded outbreak vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility:

1. Monkeypox is a disease caused by infection with the monkeypox virus (MPXV). In the current outbreak, MPXV is spreading as described on the NYSDOH Monkeypox Vaccine Information webpage. JYNNEOS vaccine is available to help protect against MPXV infection and is recommended for those who are at risk of becoming infected. I agree to administer JYNNEOS in accordance with the recommendations of CDC and ACIP, and consistent with the scope of the FDA's approval, authorization, and/or any applicable expanded access requirements per FDA's protocol.
2. I will ensure availability of staff to receive/accept outbreak vaccine deliveries during the hours listed on the application.
3. For the vaccines identified and agreed upon, I will use my New York State Immunization Information System (NYSIIS) account through the Health Commerce System to:
 - a) Maintain accurate vaccine inventory by manually adding outbreak vaccine orders to NYSIIS inventory. NYSIIS inventory must be reviewed weekly and verified against physical doses on hand.
 - b) Record doses of outbreak vaccine administered in accordance with Public Health Law. Unless suspended by an executive order or required by CDC, consent is required to report immunizations administered to adults 19 and older to NYSIIS. I will attempt to obtain consent from ALL adult patients for their immunizations to be reported to NYSIIS. Doses administered to children less than 19 years of age or to adults who consent to NYSIIS will be reported to NYSIIS within two weeks of administration, unless timeliness is otherwise defined by executive order or CDC requirement. Doses administered to adults who do not consent will be appropriately decremented from the vaccine inventory in NYSIIS (using reason code "Adult not in NYSIIS").
4. I will store outbreak vaccine under [proper storage conditions](#) at all times. I understand that the refrigerator must be able to maintain temperature ranges between 36° and 46° Fahrenheit (or 2° and 8° Celsius) and the freezer must maintain temperatures between -13F° and 5° Fahrenheit (or -25° and 15° Celsius).
5. I will ensure storage units for vaccines are monitored with a continuous temperature monitoring device (e.g. data logger). I will record the minimum and maximum temperatures on a temperature log each day and report any excursions to vaccinetempexcursion@health.ny.gov.
6. I will follow NYS transport guidance for transport of outbreak vaccine, including use of a digital data logger at all times. I will notify NYSDOH of any redistribution to another provider. I will not redistribute to providers outside of my county, unless approved by NYSDOH.
7. I will administer JYNNEOS™ regardless of the vaccine recipient's ability to pay vaccine administration fees or coverage status. I may seek appropriate reimbursement from a program or plan that covers Jynneos vaccine administration fees for the vaccine recipient, but may not seek any reimbursement, including through balance billing, from the vaccine recipient.
8. Before administering JYNNEOS™ vaccine, I will provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS), as required, to each vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative. I will report any clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
9. With use of the JYNNEOS™ vaccine provided at no cost by the US government, I agreed to comply with the requirements of the HHS Monkeypox Vaccination Program Provider Agreement, including any updates, located at <https://www.cdc.gov/poxvirus/monkeypox/provider-agreement.html>.

MEDICAL DIRECTOR SIGNATURE

The health care provider signing the agreement will be held accountable for compliance of the entire organization and/or its authorized providers to administer vaccine with the conditions outlined in the attached outbreak provider agreement.

Name:	Title:
License Number:	NPI Number:
Email:	Phone:
Signature:	Date: