



Accessing and Using 317 Funds for Hepatitis A Vaccination as Part of the Hepatitis A Outbreak Response

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For specific information about the Hepatitis A outbreak, please visit
<https://www.nj.gov/health/cd/topics/hepatitisa.shtml>

What are 317 funds?

- Section 317 of the Public Health Services Act authorizes the federal purchase of vaccines to vaccinate children, adolescents, and adults. 317-purchased vaccines are directed towards meeting the needs of priority populations. In NJ, those priority populations are uninsured and underinsured adults for routine vaccines AND any at-risk populations during an outbreak response.
- In NJ, the Vaccines for Children (VFC) Program is responsible for both the VFC and 317 programs.

Who can become a 317-provider?

- The following are eligible to enroll in the 317 program: not-for-profit organizations, public health departments, and federally qualified health centers (FQHC).
- Once eligibility has been determined, a 317-provider agreement must be signed.
- The provider signing the 317-provider agreement agrees to all program requirements. The provider signing the 317-provider agreement must have a valid, active medical license issued by the state of NJ Board of Medical Examiners and can administer vaccines under state law.
- Provider must have the capacity to order, receive, and manage public vaccine, including proper vaccine storage and temperature monitoring as established by the Centers for Disease Control and Prevention (CDC).

What are the requirements for 317-providers?

- There are several requirements for 317-providers. Please review the provider manual posted at the NJDOH website (https://njiis.nj.gov/docs/vfc_provider_manual.pdf) for additional information. Pages 25 and 26 of this document is specific to the 317 program.
- The manual listed above includes detailed information about enrollment requirements.

If I get 317 funds for vaccine administration, must I use NJ Immunization Information System (NJIS) to enter doses?

- As a 317-provider, you agree to register as a provider with the New Jersey Immunization Information System (NJIS) and enter all doses of federally-funded vaccine administered into the NJIS within 30 days of administration (regardless of the age of the patient). .
- In accordance with N.J.A.C. 8:57-3, all providers administering vaccines to children less than 7 years of age, regardless if they are a 317-provider or not, must enter the vaccine doses into NJIS within 30 days of administration.

What if the person receiving the vaccine will not provide identifying information for the vaccination to be entered into NJIS?

- All patients born prior to 1998 must complete an “NJIS Consent to Participate” form. If the patient is able to provide basic identifying information such as name and date of birth but is unable (or unwilling) to provide an address, you may use the address of the facility in which the vaccination occurred.
- If a patient fails to consent to participate in NJIS or refuses to provide identifying information, the dose may be documented in NJIS using the “DOSE GIVEN TO PATIENTS NOT IN NJIS” transaction within your NJIS inventory.

Who can be vaccinated with 317 funds?

- For routine vaccinations, uninsured and underinsured adults 19 years of age and older are eligible to receive 317 vaccine.
- During an outbreak response, 317 vaccine funds may be used to vaccinate fully insured individuals seeking vaccines with **prior approval** from the NJ VFC program. Outbreak response activities include activities necessary to prevent and/or contain an outbreak among identified at-risk populations. Screening for insurance status is not required during an outbreak. However, it is typically advised to maximize 317 funding by screening, if possible. The screening process **should not** be a barrier to vaccination.

How would a health department obtain prior approval from the VFC/317 program to use vaccine for outbreak response?

- Providers interested in using 317 outbreak response vaccine should contact the VFC program during normal business hours. Once approval is obtained, approval is not required before each instance of vaccination, clinic, vaccination response activity or to schedule an event.

Can I get 317 vaccine and give it to a partner for them to vaccinate?

- You may obtain 317 vaccine and work with your partner(s) to vaccinate at-risk individuals as part of an outbreak response. However, the LHD who is the approved 317-provider is responsible for ensuring that **all** requirements of the 317 Program are met and that the cold chain is maintained at all times. All unused 317 vaccine must be returned to the 317-provider's office by the end of the same business day. As with all vaccines, 317 vaccine must be properly stored and handled, and doses used must be properly documented in NJIIS.
 - There is no requirement for 317 vaccine administration to be observed by local health department (LHD) staff, nor are LHD staff the only ones allowed to administer 317 vaccine.
 - 317 vaccine may be administered by any trained vaccinator under the coordination of the 317-provider.
 - LHD staff may include ARCH nurses and Medical Reserve Corp as vaccinators during outbreak responses.
- LHDs/317-providers **may not** obtain 317 vaccine, drop it off at a partner's organization and leave it beyond one business day.

Can county jails become 317 providers?

- Due to limited resources and vaccine stewardship requirements, only Local Health Departments, Federally Qualified Health Centers (FQHCs) and not-for-profit immunization organizations can participate in the 317 Program.
- NJDOH would suggest that, when feasible, local health departments who are 317 providers partner with county jails to offer vaccinations.

Since this is an outbreak, can people with insurance receive 317 vaccine?

- During an outbreak response, 317 vaccine funds may be used to vaccinate fully insured individuals seeking vaccines with **prior approval** from the NJ VFC program. As mentioned above, once a 317-provider is approved to administer outbreak response vaccine, approval is not required before each instance of vaccination, clinic, vaccination response activity or to schedule an event.
- Outbreak response activities include activities necessary to prevent and/or contain an outbreak among identified at-risk populations. Screening for insurance status is not required during an outbreak. However, it is typically advised to maximize 317 funding by screening, if possible. The screening process **should not** be a barrier to vaccination

Can 317 vaccines be used to provide the second dose of HAV vaccination?

- According to the Centers for Disease Control and Prevention (CDC), one dose of HAV vaccine provides 95% protection. In an outbreak response, one dose of HAV vaccine may be all that is able to be given due to time, logistics concerns, and staffing constraints.
- As with the first dose, prioritize patients who are un/underinsured to receive a second dose using 317 vaccine. Those with insurance should follow-up with their private provider to get the second dose of HAV vaccine.

Who is able to vaccinate?

- All vaccines must be administered by a trained vaccinator. Additionally, 317 vaccine must be administered under the coordination of a 317-provider.