

# Ohio Vaccines for Children (VFC) Vaccine Education

Jan. 30, 2025

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# Agenda

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- Welcome.
- Objectives.
- VFC Vaccine Updates.
- VFC Recertification.
- Human Papillomavirus (HPV) Vaccination in Ohio .
- Reminders.
- Presubmitted questions.

# Objectives

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At the end of the webinar, providers should:

- Be aware of VFC vaccine updates.
- Understand the VFC recertification process.
- Know about cervical cancer prevention and methods to increase HPV vaccine uptake.

# VFC Vaccine Updates

What's new in the world of VFC immunizations.

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# **Respiratory Syncytial Virus (RSV) Vaccination for Pregnant Women**

# Abrysvo Administration

**Reminder: Abrysvo vaccination of pregnant women stops at close of business on Friday, Jan. 31, 2025.**

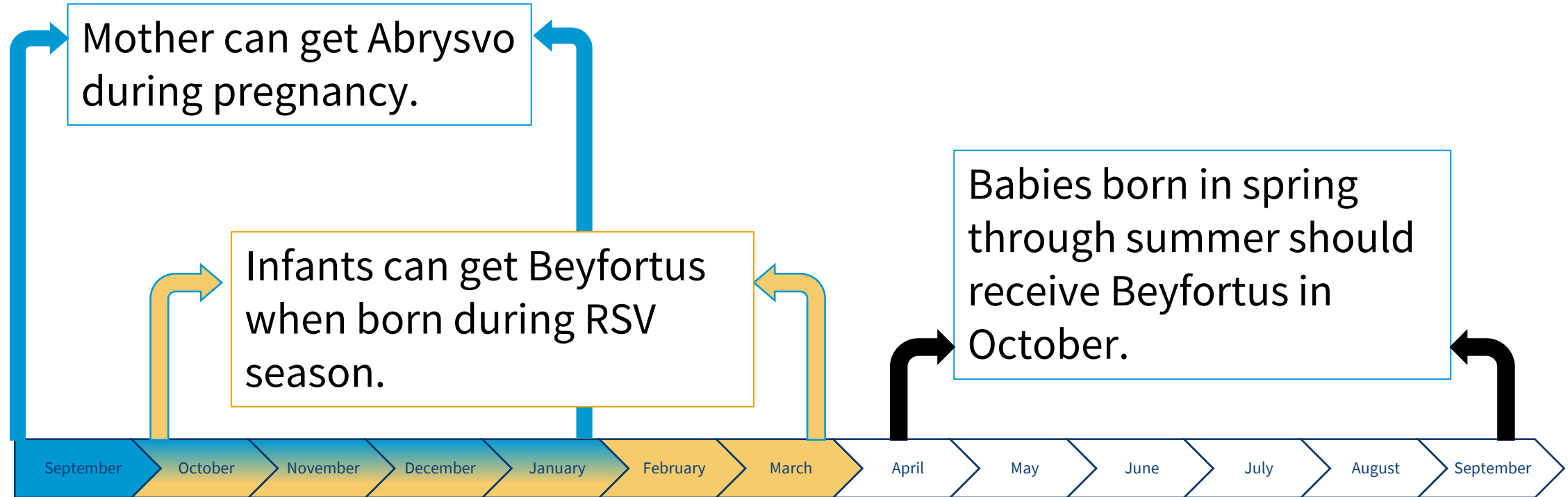
## JANUARY 2025

SUN	MON	TUE	WED	THU	FRI	SAT
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

Store any remaining vaccine inventory until expiry.

May begin use again in September.

# Timing of Abrysvo and Beyfortus Administration



# Beyfortus

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Vaccinate newborns up through ages 7 months with Beyfortus during RSV season.

The stop date for Beyfortus vaccination is at the end of the day on March 31, 2025.

Beyfortus is readily available.

Order what you need of each presentation:

- 50mg for infants < five kilograms.
- 100mg for infants  $\geq$  five kilograms.



# Pertussis and Pertussis-Containing Vaccines

# Pertussis

- Pertussis is a very contagious respiratory illness.
- After exposure, it may take five to 10 days for symptoms to appear.

For young children, early symptoms are like a common cold: runny or stuffy nose, low grade fever, and occasional cough.



Infants usually do not develop a cough. Instead, they experience periods of apnea along with struggles breathing.



# Pertussis

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One to two weeks after disease exposure, people may develop paroxysms (coughing fits).



The cough gets worse and increases in frequency.



May last one to six weeks but can last for up to 10 weeks.

# Pertussis

Coughing fits can cause people to:

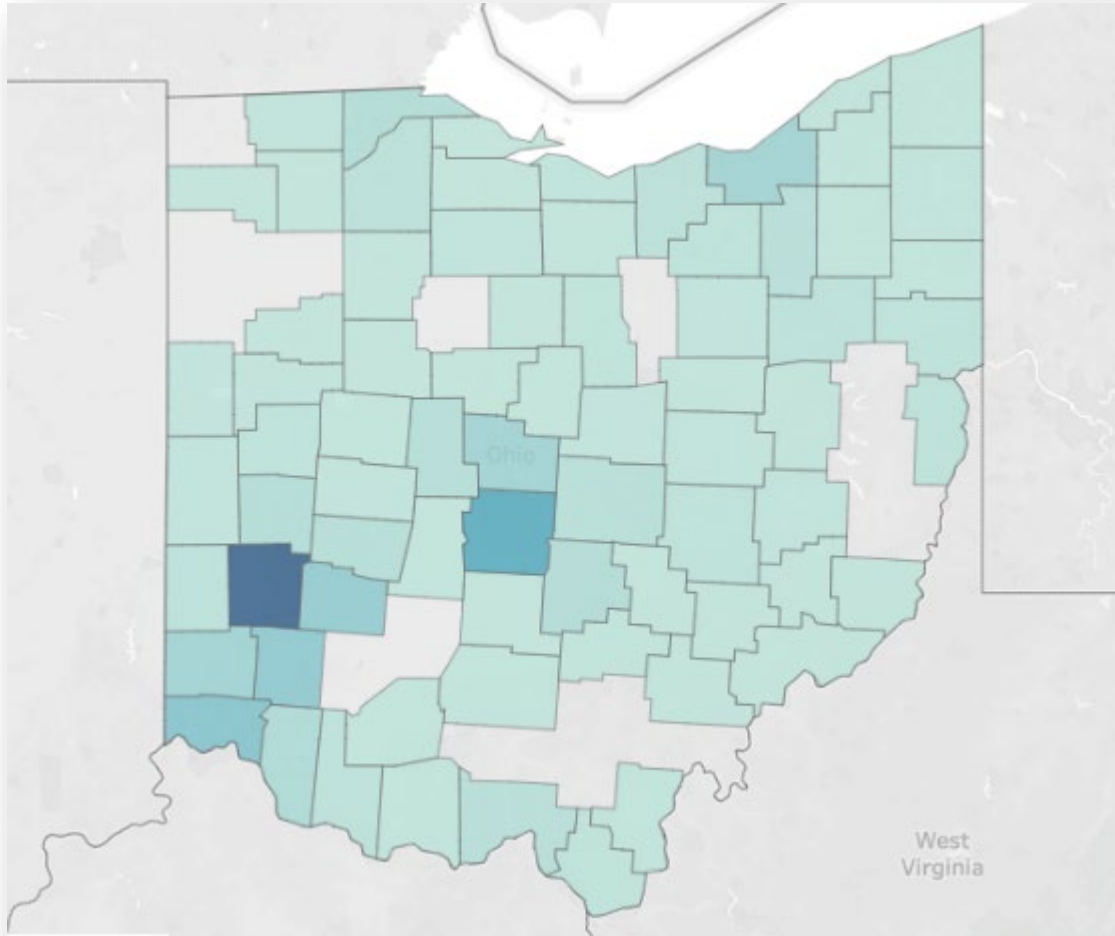
- Make a high-pitched "whoop" when they inhale after a coughing fit.
- Vomit during or after coughing fits.
- Feel very tired after the fit but seem well in-between fits.
- Have difficulty sleeping at night.
- Struggle to breathe.
- Fracture a rib.



The coughing can last for weeks or several months.

# Pertussis Cases in Ohio

## January 22, 2024 – January 22, 2025



County	# Pertussis Cases
Montgomery	431
Franklin	206
Hamilton	122
Warren	106
Greene	96

# Pertussis Cases in Ohio

## January 22, 2024 – January 22, 2025

**Total Cases:**  
1,734

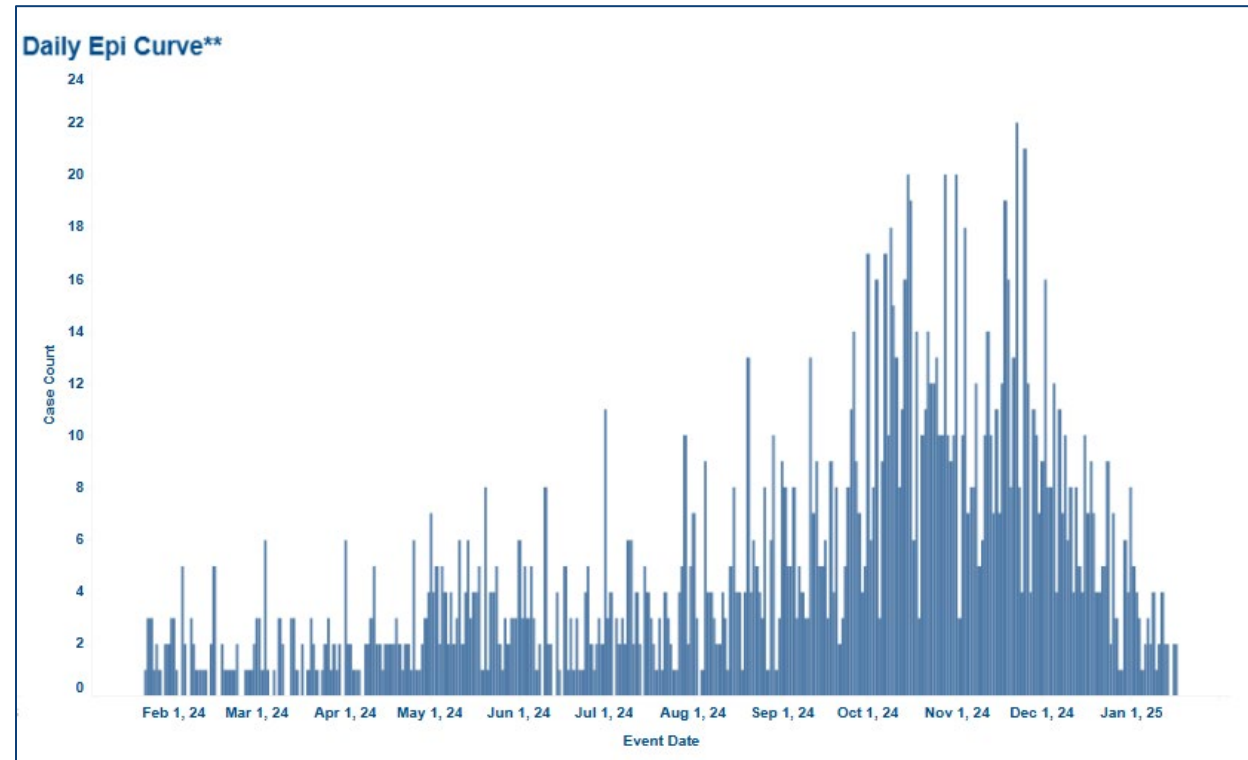
**Hospitalization:**  
85 (4.9%)

**Age Range:**  
0 - 86 years  
Median Age: 11 years

**Illness Onset Range:**  
January 22, 2024 -  
January 17, 2025


**Sex:\*\***  
Male: 855 (49.3%)  
Female: 871 (50.2%)

Percentages may not sum to 100% as the sex of some records may be unknown.




# Pertussis

**People of all ages need  
WHOOING COUGH  
VACCINES**

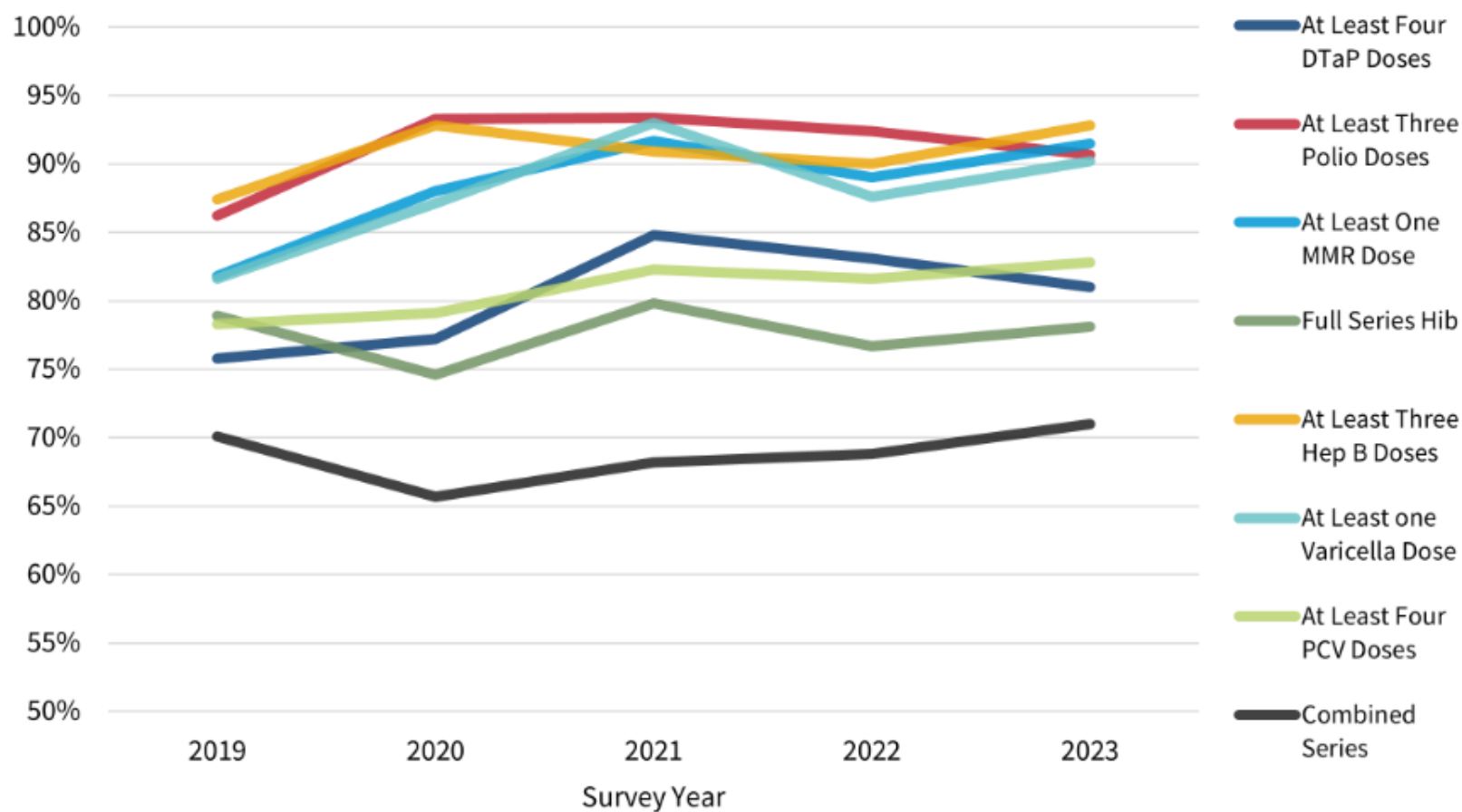


<b>DTaP</b> for young children	<b>Tdap</b> for preteens	<b>Tdap</b> for pregnant women	<b>Tdap</b> for adults
✓ 2, 4, and 6 months ✓ 15 through 18 months ✓ 4 through 6 years	✓ 11 through 12 years	✓ During the 27-36th week of each pregnancy	✓ Anytime for those who have never received it

[www.cdc.gov/whoopingcough](http://www.cdc.gov/whoopingcough)



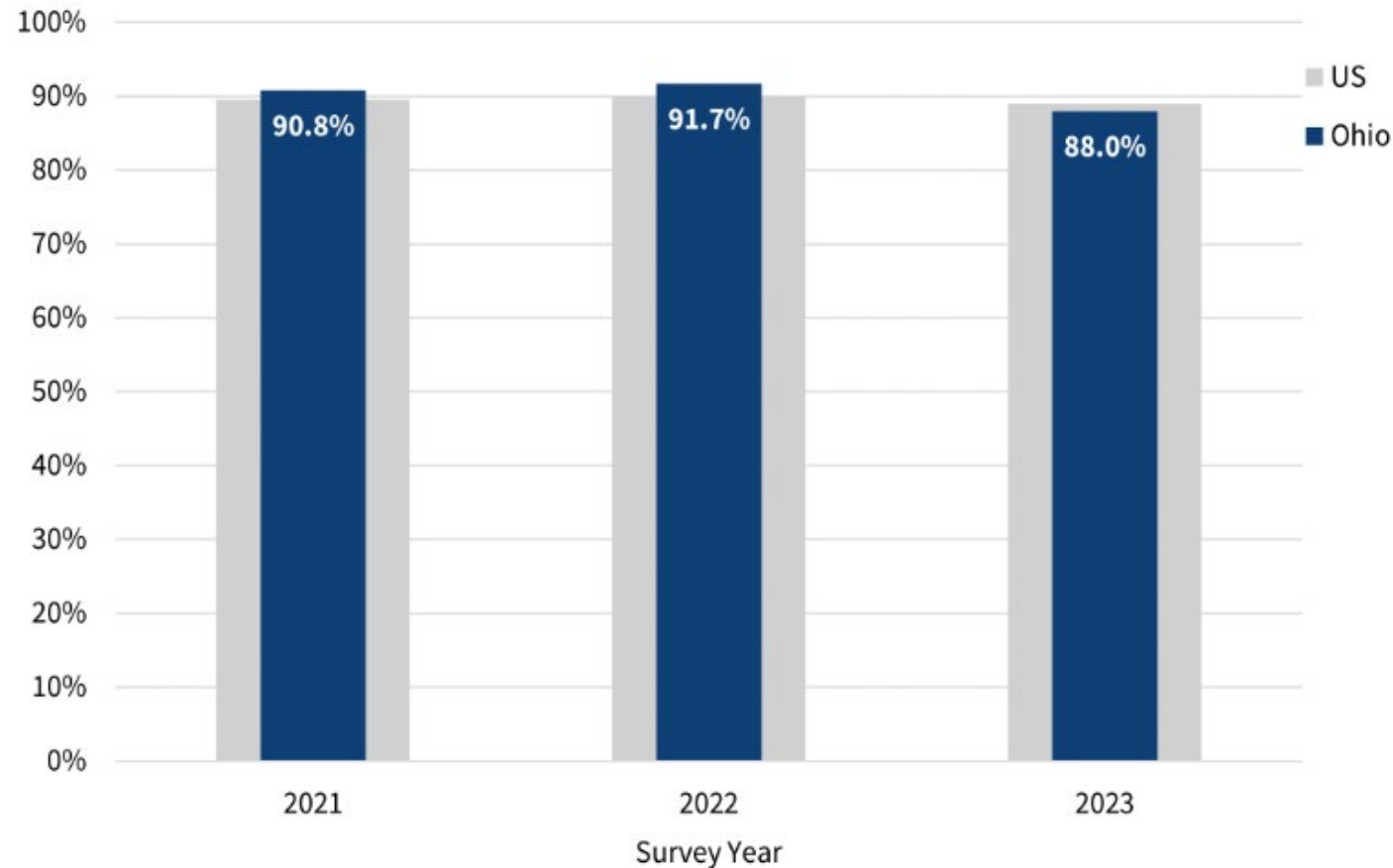
# Immunization coverage rates of Ohio's pediatric population by age 24-months using data from the National Immunization Survey-Child (NIS-Child).



Source: CDC



# Ohio and U.S. Average Up-To-Date Tdap Immunization Rates for 13 through 17-Year-Olds



Source: CDC

# Diphtheria, Tetanus, Pertussis (DTaP)

Vaccine/ Grade	K	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
<b>DTaP</b> Diphtheria, Tetanus, Pertussis													
Four or more doses													

## Grades K through 12th grade entry:

- Four or more doses of DTaP/DT are required.
- For students aged 7 or older, if the third dose is Td or Tdap, a fourth dose is not required.
- Students aged 7 to 18 years who are not fully vaccinated with DTaP, should receive one dose of Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.

# Tetanus, Diphtheria, Pertussis (Tdap)

Vaccine/ Grade	K	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
Tdap Tetanus, Diphtheria, Pertussis								One dose					

## Seventh grade entry:

- One dose of Tdap vaccine must be administered on or after the 10th birthday.

# DTaP and Tdap Catch-up Guides

## Catch-Up Guidance for Children 4 Months through 6 Years of Age

### Diphtheria-, Tetanus-, and Pertussis-Containing Vaccines: DTaP<sup>1</sup>

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html).

IF current age is	AND # of previous doses of DTaP or DT is	AND	THEN	Next dose due <sup>2</sup>
4 months through 11 months	Unknown or 0	→	Give Dose 1 (DTaP) today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1	Give Dose 2 (DTaP) today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
		It has <b>not</b> been at least 4 weeks since Dose 1	No dose today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2	Give Dose 3 (DTaP) today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3 <b>and</b> at 15 months of age or older <sup>3,4</sup>
		It has <b>not</b> been at least 4 weeks since Dose 2	No dose today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
1 through 3 years	Unknown or 0	→	Give Dose 1 (DTaP) today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1	Give Dose 2 (DTaP) today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
		It has <b>not</b> been at least 4 weeks since Dose 1	No dose today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2	Give Dose 3 (DTaP) today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3 <sup>4</sup>
		It has <b>not</b> been at least 4 weeks since Dose 2	No dose today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
	3	It has been at least 6 calendar months since Dose 3	If 12 through 14 months of age, no dose today <sup>2</sup> If 15 months of age or older, give Dose 4 (DTaP) today <sup>4</sup>	Give Dose 4 (DTaP) at 15 through 18 months of age <sup>4</sup> Give Dose 5 (DTaP) at least 6 months after Dose 4 <b>and</b> at 4 through 6 years of age <sup>4,5</sup>
		It has <b>not</b> been at least 6 calendar months since Dose 3	No dose today	Give Dose 4 (DTaP) at least 6 months after Dose 3 <sup>4</sup>

<sup>1</sup> Vaccine information: DTaP—Administer to children 6 weeks through 6 years of age without a contraindication or precaution to diphtheria, tetanus, or pertussis vaccine. DTaP products include Daptacel, Infanrix, Pediarix, Pentacel, Vaxelis, Kinrix, and Quadracel. Use the correct product based on the approved age indications. DT—Administer to children 6 weeks through 6 years of age with a contraindication to pertussis vaccine.

<sup>2</sup> Next dose due is not the final dose in the series unless explicitly stated.

<sup>3</sup> Dose 4 may be administered as early as age 12 months, provided at least 6 months have elapsed since Dose 3.

<sup>4</sup> Vaxelis should not be used for either Dose 4 or Dose 5.

<sup>5</sup> Dose 5 is not necessary if Dose 4 was administered at age 4 years or older and at least 6 months after Dose 3.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. [www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf](http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf)



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

Source: [CDC](http://www.cdc.gov)

## Catch-Up Guidance for Children 10 through 18 Years of Age

### Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html).

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
10 through 18 years	Unknown or 0	→	→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
	1	Dose 1 was given <b>before</b> 12 months of age	→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 1	Dose 1 was Tdap <sup>2,3</sup>	Give Dose 2 (Td or Tdap) today <sup>2</sup>	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2
			It has <b>not</b> been at least 4 weeks since Dose 1	Dose 1 was <b>not</b> Tdap	Give Dose 2 (Tdap) today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1 <sup>2</sup>
		Dose 1 was given <b>before</b> 12 months of age	It has been at least 4 weeks since Dose 2	Any dose was Tdap <sup>1</sup>	Give Dose 3 (Td or Tdap) today <sup>2</sup>	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3
			It has <b>not</b> been 4 weeks since Dose 2	No dose was Tdap <sup>1</sup>	No dose today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2 <sup>2</sup>
	2	Dose 1 was given at 12 months of age or older	It has been at least 6 calendar months since Dose 2	Any dose was Tdap <sup>1</sup>	Give Dose 3 (Td or Tdap) today <sup>2</sup>	Give Td or Tdap 10 years after Dose 3
			It has <b>not</b> been 6 calendar months since Dose 2	No dose was Tdap <sup>1</sup>	Give Dose 3 (Tdap) today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2 <sup>2</sup>
		Dose 1 was given at 12 months of age or older	Any dose was Tdap <sup>1</sup>	No dose today	Give Dose 3 (Td or Tdap) today <sup>2</sup>	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2 <sup>2</sup>
			No dose was Tdap <sup>1</sup>	No dose today	No dose today	Give Dose 3 (Tdap) at least 6 calendar months after Dose 2

<sup>1</sup> DTaP inadvertently given at age 10 years and older should be counted as a Tdap dose of the catch-up series or adolescent Tdap dose routinely given at age 11–12 years.

<sup>2</sup> Given at 10 years of age or older.

<sup>3</sup> If the previous Tdap dose<sup>1</sup> was administered before the 10<sup>th</sup> birthday, then a dose of Tdap is recommended now.

<sup>4</sup> Or Tdap administered at 9 years of age or younger.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. [www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf](http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf)



Source: [CDC](http://www.cdc.gov)



Department of  
Health

# Strategies to Increase Pertussis Containing Vaccine Coverage in Your Practice

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- Assess DTaP/Tdap vaccine history at every appointment.
- Recommend the DTaP/Tdap vaccine if due.
- Identify patients who are coming due or overdue for a DTaP/Tdap vaccine dose. Send reminders to those coming due. Recall those who are overdue.
- Consider hosting vaccine-only appointments as needed.

# Annual VFC Recertification

# Annual VFC Recertification Process

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Ohio conducts recertification annually, beginning each January. Providers complete and submit VFC paperwork.

## Recertification:

- Ensures Ohio is compliant with VFC federal requirements.
- Verifies provider eligibility.
- Ensures provider information is up to date in our systems.
- Ensures annual education is completed.

# Provider Agreement

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- Collects provider demographic information.
- Collects Medical Director and VFC Primary and Backup Coordinator information.
- Confirms VFC Annual Education is completed.
- Contains the conditions of the VFC Agreement.

## **Signed by the location Medical Director, who must have:**

- Authority to administer pediatric vaccines under state law.
- Authority to sign on behalf of the entity.



# Annual Education Requirement

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VFC Coordinators must complete training at least every 12 months.

To meet the annual education requirement, VFC coordinators at each location must complete:

- “You Call the Shots,” module 10 (Storage and Handling); and
- “You Call the Shots,” module 16 (Vaccines for Children Program).

Coordinators should maintain the certificates of completion on site to be reviewed during site visits. Unless individually requested, certificates should not be submitted with recertification forms.

# Annual Education- Refresher Tests

## **Refresher Tests:**

VFC coordinators who have successfully completed these modules since 2023 may complete a refresher test for each topic. Links to the refresher tests are below.

- [Storage and Handling Refresher Test.](#)
- [Vaccines for Children Program Refresher Test.](#)

Annual education must be completed at least every 12 months. Coordinators should maintain the certificates of completion on site to be reviewed during site visits. Unless individually requested, certificates should not be submitted with recertification forms.

Note: That continuing education credits are not available for completion of the refresher tests.

# VFC Provider Profile

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- Collects the eligibility and age breakdown of patients served at each enrolled location. These values should be based on a reliable data source (e.g., ImpactSIS, electronic medical record (EMR), paper eligibility form, etc.).
  - Calculates maximum vaccine stock level (MSL) for the site.
- Collects license information for the site.
- Must be completed at least annually, or more frequently if patient population changes (e.g., a new pediatrician joins a practice, etc.).

# How To Submit Recertification Forms

- Provider Agreement.
- Provider Profile.

Submit to the Ohio Department of Health Immunization Program via any of the following methods:

1. Email the scanned forms to: [vfc@odh.ohio.gov](mailto:vfc@odh.ohio.gov).
2. Fax the forms to (614) 728-4279, Attention: VFC Program.
3. Mail the completed original forms to:

Immunization Program  
Bureau of Infectious Diseases  
Ohio Department of Health  
246 N. High St., 2nd Floor  
Columbus, Ohio 43215


Complete by Feb. 28, 2025, to avoid delays in VFC order processing.

# Human Papillomavirus (HPV) Vaccination in Ohio

**Emily Sekerak**

**Adolescent Vaccine Coordinator**

**Bureau of Infectious Diseases – Immunization Program**



“If you could give your kids a vaccine to prevent breast cancer... would you do it?”

- Dr. Christa Nagel, MD  
Ohio Gynecologic Oncology Specialist.

# Human Papillomavirus (HPV) Vaccine and Cancer Prevention


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## **Topics to be discussed:**

1. Current HPV-associated cancer rates in Ohio.
2. Current HPV vaccination coverage rates and trends.
3. HPV-associated cancers, vaccination, and equity overview.
4. HPV vaccine successes and safety.
5. Missed opportunities.
6. Research-based methods to help increase vaccine uptake.
7. Vaccine mindsets.

# Current HPV Vaccination Rates and Trends





“You just have to see one patient who is dying of cervical cancer, and you will know why **this vaccine [HPV] is so important.**”

- Dr. Christa Nagel, MD  
Ohio Gynecologic Oncology Specialist.

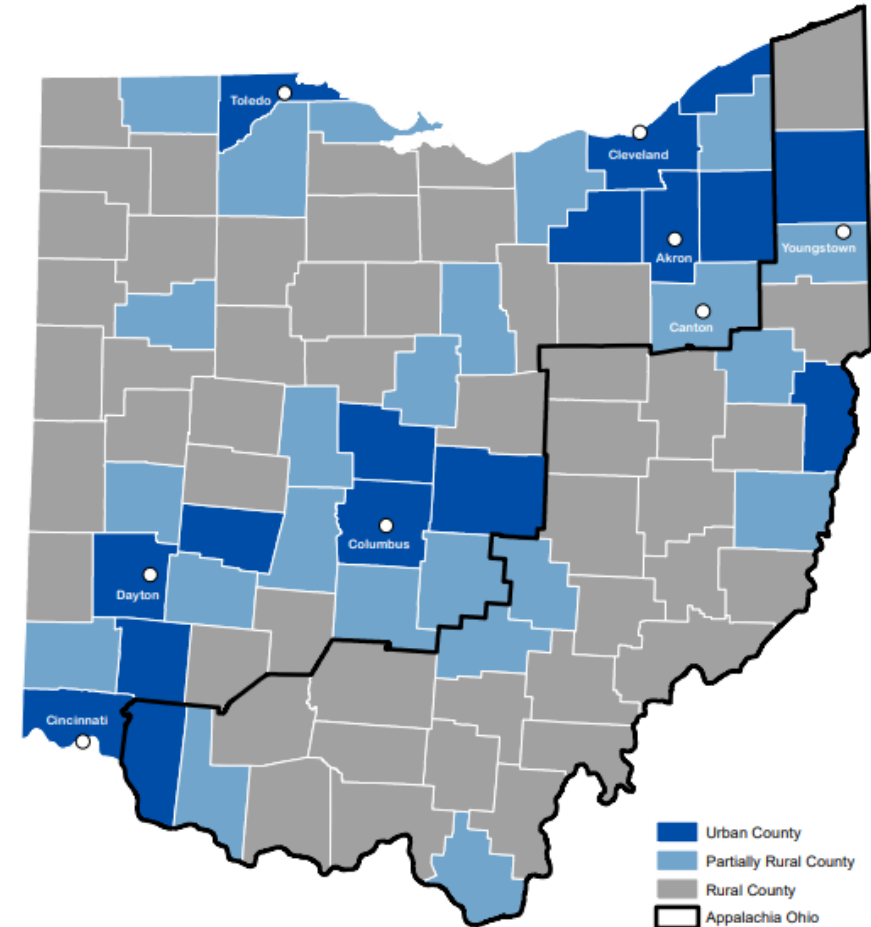
# Current HPV Associated Cancer Rates

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- In the U.S., HPV infections cause three percent (3%) of all cancers in women and two percent (2%) of all cancers in men.
  - Nearly all cervical cancers are attributed to HPV infections (91%).
- On average, around 2,000 HPV associated cancers are diagnosed in Ohio each year.
  - Almost a quarter of those cases are cervical cancer.

# Current HPV Associated Cancer Rates

- Ohio's HPV associated cancer rate is higher than that of the U.S.
  - Ohio: 13.9 per 100,000
  - U.S.: 12.5 per 100,000.
- The counties with the highest HPV associated cancer incidence rates are in Appalachia.
  - Appalachian counties incidence rate is 15.7 cases per 100,000.



Source: Ohio Cancer Incidence Surveillance System and Primary Care Office, Ohio Department of Health, 2023.

# HPV Associated Cancer and Access

- Cancer professionals believe cervical cancer can be eliminated with consistent HPV vaccination, early screening, and pre-cancer management.<sup>1</sup>
- However, these cancer fighting tools are not utilized and distributed equally.<sup>2</sup>

Barriers such as transportation and access in rural or Appalachian areas.

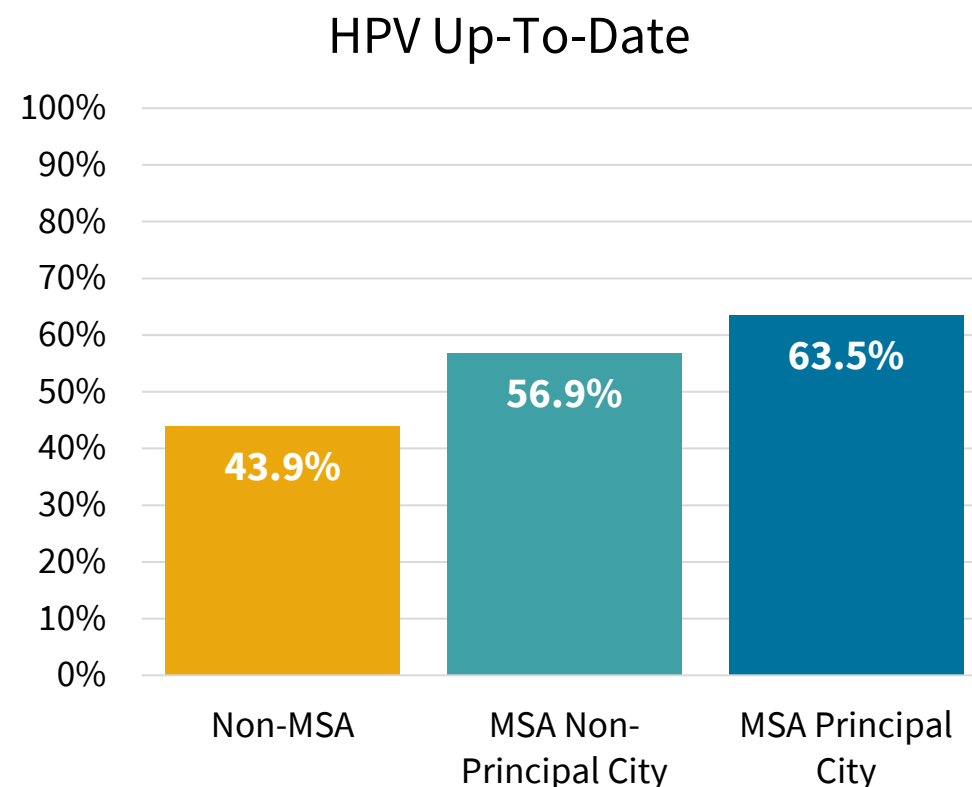
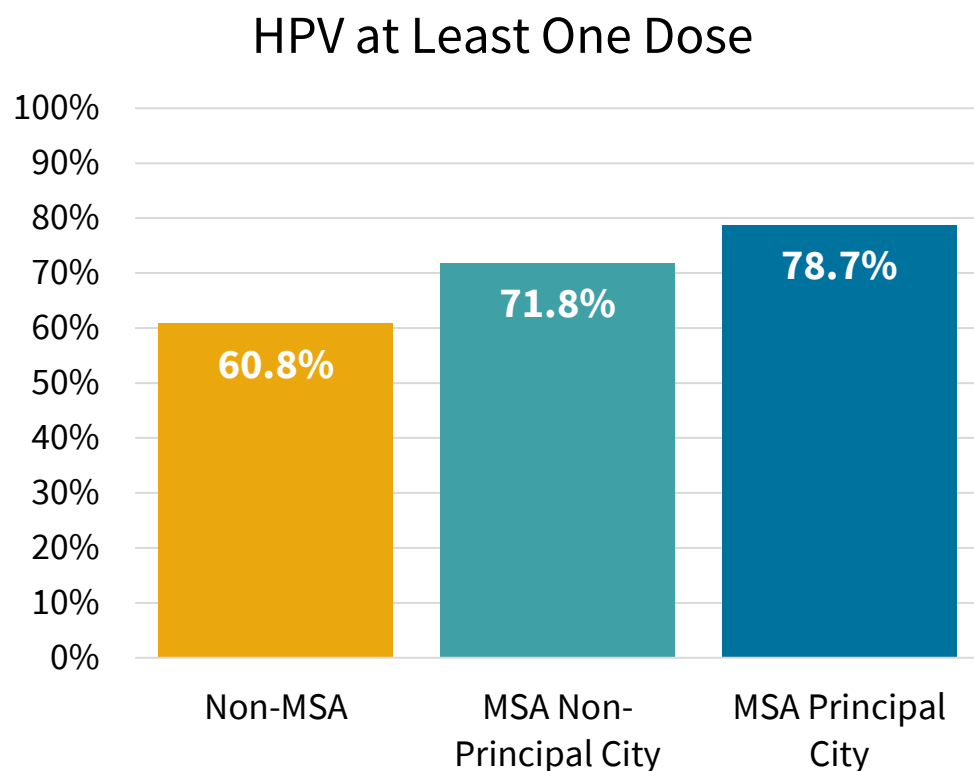
Accommodations



- Variety of open clinic hours.
- Partnering with community hubs such as schools.
- Participating in the Vaccines for Children (VFC) program.

# HPV Associated Cancers in Rural Areas


National Immunization Survey (NIS) data shows that Ohio 13 to 17-year-olds living in **non-metropolitan-statistical-areas (non-MSAs)** are less likely to be fully vaccinated against HPV when compared to their peers living closer to cities.



# HPV Vaccine Successes

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- The administration gap between girls and boys is closing in Ohio.<sup>1</sup>
- HPV infections and HPV-associated pre-cancers have decreased in the U.S. since the introduction of the vaccine in 2006.<sup>2</sup>
- Over 135 million doses of HPV vaccine have been distributed in the U.S. since approval.<sup>3</sup>

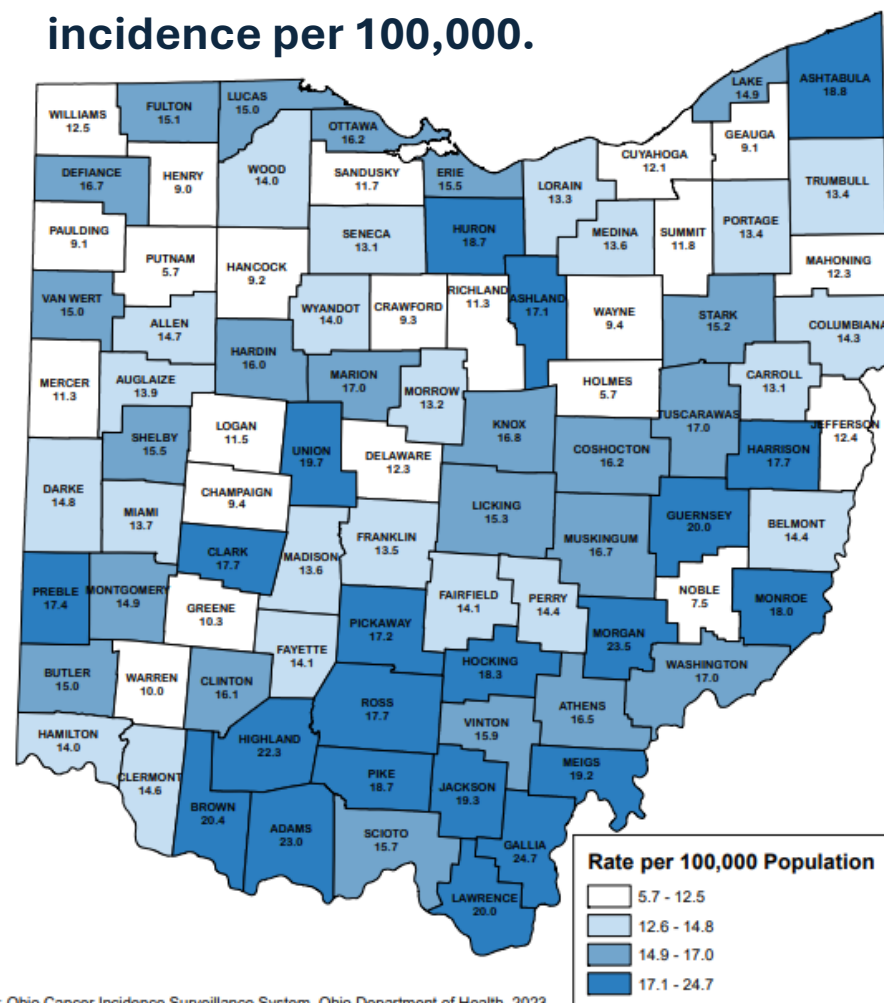


“In medicine there are very few  
low-risk protective measures  
that are as **effective** and **safe**  
as the HPV vaccine.”

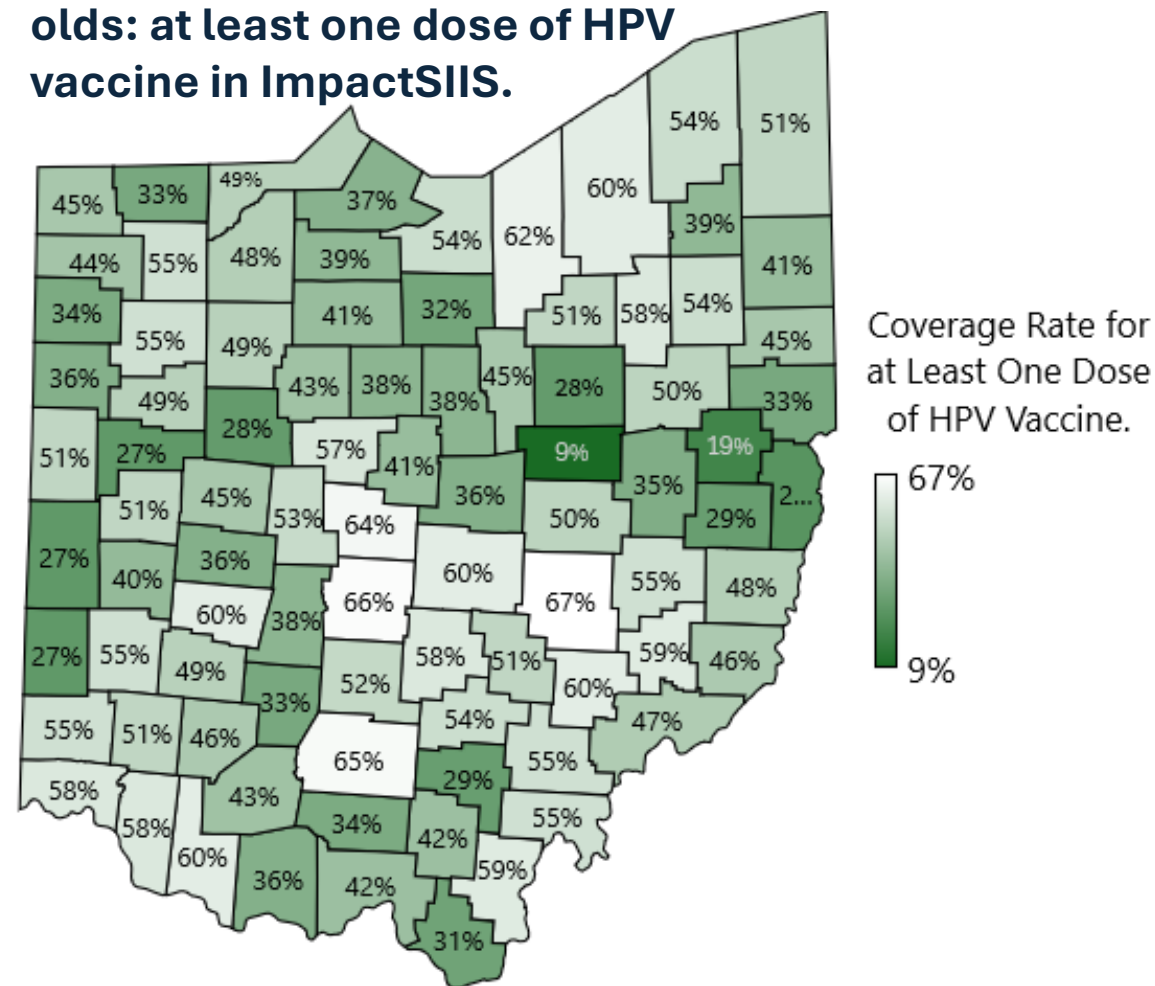
- Dr. Laura Chambers, DO  
Ohio Gynecologic Oncology Specialist.

# HPV Associated Cancer Rates in Ohio

All HPV-associated cancers combined:  
incidence per 100,000.



Vaccination coverage for 13-year-olds: at least one dose of HPV vaccine in ImpactSIIS.



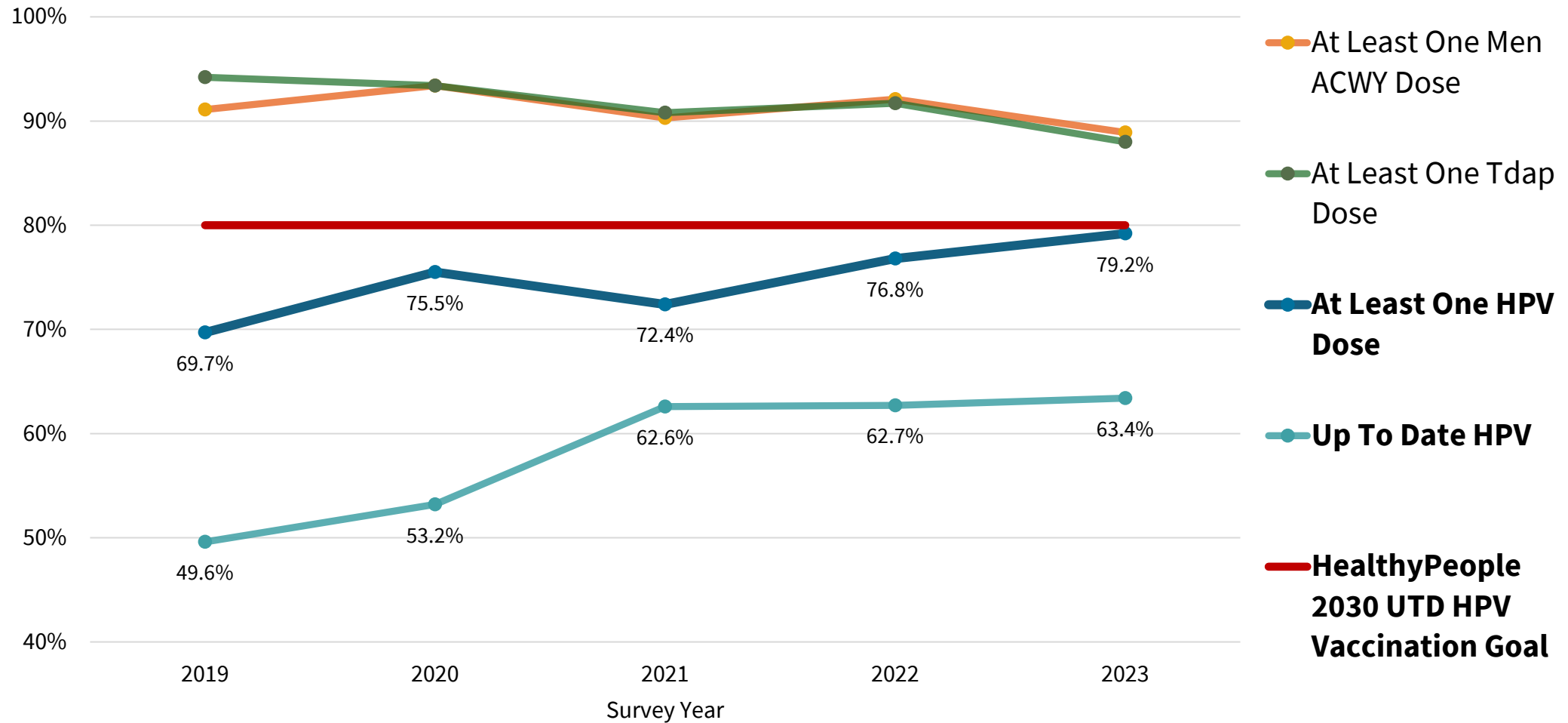


# Current HPV Vaccination Trends

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Up-to-date (UTD) HPV vaccine coverage is lower than other adolescent recommended vaccines such as Tdap and Meningococcal ACWY for adolescents aged 13-17 years in Ohio.

# HPV Vaccination Over Time: 13-17 Year Olds in Ohio



# Increasing Vaccine Confidence

# HPV Vaccine and Missed Opportunities

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Consistent Tdap and meningococcal vaccination among adolescents suggests **missed opportunities** for vaccinating against HPV.

**Missed Opportunity:** a situation in which a child comes in contact with a healthcare facility and is eligible for a vaccination and has no valid contraindications but does **not** receive a recommended vaccine dose.

# Recommending HPV Vaccine

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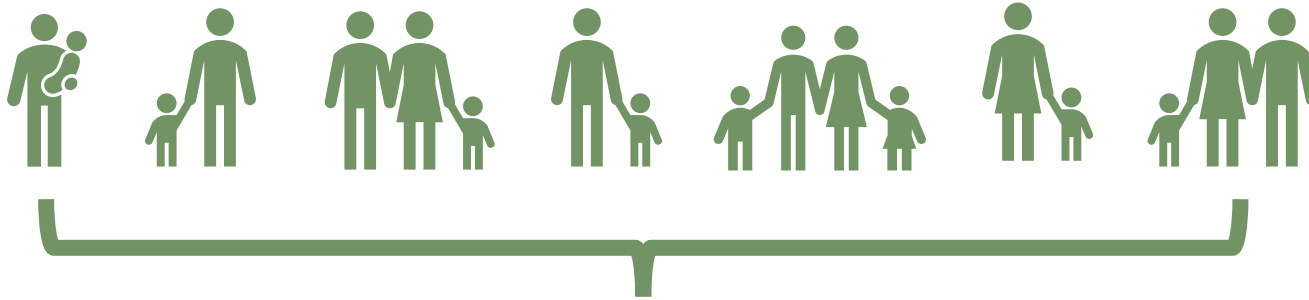
- At **every visit, suggest all** due Advisory Committee on Immunization Practice (ACIP) **recommended vaccines**.
- If the family does not consistently return to the office:
  - Consider HPV vaccination starting at age 9.
  - HPV vaccine shows better immune response the earlier it is administered.
  - Starting the vaccine early can help reduce stigma.

# Research-Based Approaches to HPV Vaccine Uptake

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- **Provide a strong and confident recommendation** of the HPV vaccine.
  - A child's doctor is a family's most trusted source of health information.<sup>1</sup>
- **Focus on cancer prevention.**
  - Parents and caregivers reported that the most important reason for vaccination is cancer prevention.<sup>2</sup>
- **Participate in an IQIP** (Immunization Quality Improvement for Providers).
  - IQIP uses evidence-based approaches and best practices to promote and support implementation of provider-level strategies designed to help increase on-time vaccination of children and adolescents.

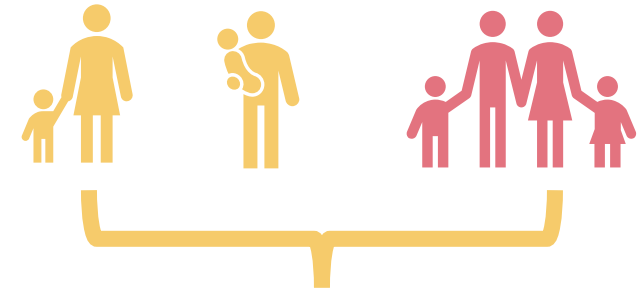
# Vaccine Mindsets



A majority of families support vaccines.

Don't let a fear of rejection be the reason adolescents don't receive this cancer prevention.

For this group to accept HPV vaccination, the announcement approach is typically all that is needed.

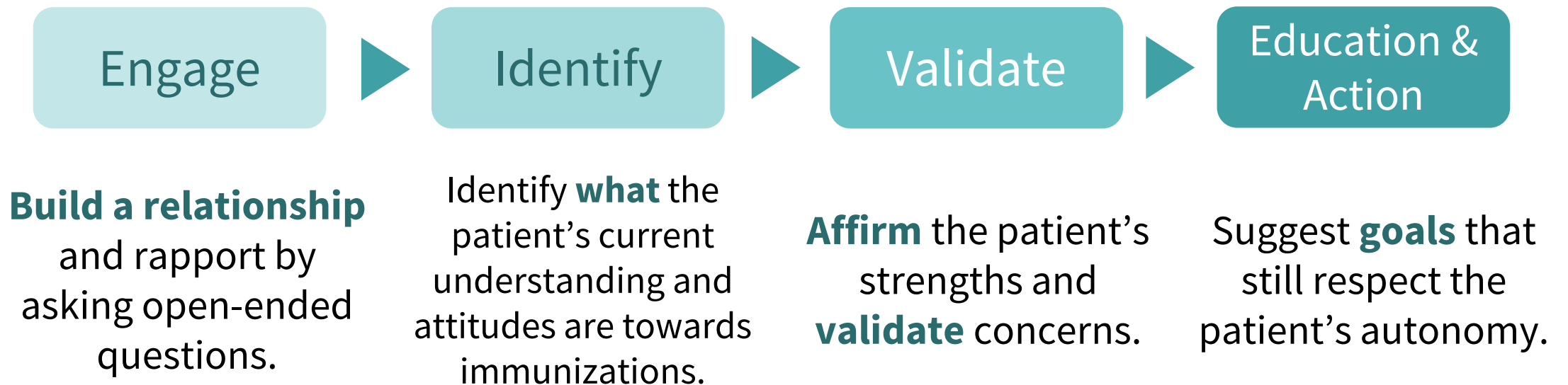


For hesitant or refusing families, motivational interviewing may be a helpful tool.

Motivational interviewing is a patient-centered approach for facilitating change.

# Motivational Interviewing

- **Motivational Interviewing (MI) for vaccine hesitancy**, is a conversational approach to vaccine recommendations that aims to foster a change in health behaviors.



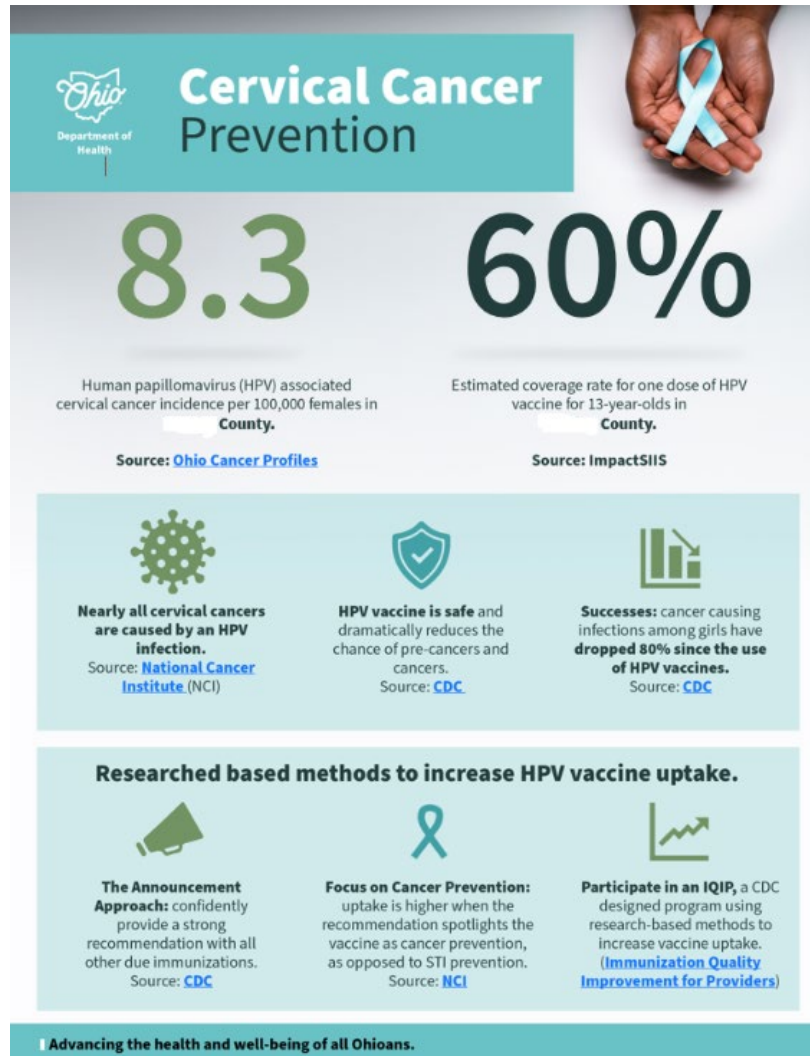




“Pediatricians are the people who can make the biggest impact...they can **have a major impact on the rest of [a child’s] life.**”

- Dr. Christa Nagel, MD  
Ohio Gynecologic Oncology Specialist.

# Infographic with county specific data.



# Frequently-asked-questions for providers.

# Resources and Additional Training

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- **Vaccine Mindset Training:** Stanford Center for Continuing Medical Education.
- Are you interested in learning more about your office's HPV vaccination coverage rate?
  - Participate in an IQIP or a Teen Immunization Education Session (TIES) by emailing [immunize@odh.ohio.gov](mailto:immunize@odh.ohio.gov).

# Motivational Interviewing and Announcement Approach Trainings

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- Want to learn more about how to initiate motivational interviewing in your practice?
  - [Motivational Interviewing Training Module.](#)
- American Academy of Pediatrics: [Immersive learning program for immunization confidence.](#)

# Contact Information:

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Emily Sekerak

[Emily.Sekerak@odh.ohio.gov](mailto:Emily.Sekerak@odh.ohio.gov)

Adolescent Vaccine Coordinator

(614) 466-3321

# Updated Paper Temperature Logs

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The Immunization Program has updated the paper temperature logs. They are available on the [ODH VFC website under Section 4 Temperature Monitoring](#).

At this time, there are no remaining printed packets. Our team is currently working to order additional packets of the temperature logs, which will be distributed during site visits and via mail by request.

# Temperature Monitoring: Reporting Issues

If any of the following temperature issues occur:

- Digital Data Logger (DDL) is flashing red and/or audibly alarming.
- Out-of-range current temperature.
- Out-of-range min/max temperature.
- ODH DDL displays “P Err” indicating an unplugged probe (ODH supplied WIFI only) .

Providers must quarantine VFC vaccine and **call** ODH Immunization Program at 1-800-282-0546.

**Do not** email your consultant or the VFC email account.

# Reminders

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- Closely monitor vaccine expiration dates.
- Contact ODH VFC Program if you have any VFC Coordinator staffing changes.
- Always contact the Immunization Program for approval prior to any non-emergency transport of VFC vaccine.
- Report temperature excursions via phone to the Immunization Program main line: 1-800-282-0546.



# Resources

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- [Ohio's Infectious Diseases Dashboard.](#)
- [Child and Adolescent Immunization Schedule by Age | Vaccines & Immunizations | CDC.](#)
- [About Whooping Cough | Whooping Cough | CDC.](#)
- [Public Health Considerations for Pertussis | Whooping Cough | CDC.](#)
- [Whooping Cough \(Pertussis\) and the Importance of Childhood Vaccination.](#)
- CDC Printable [Pertussis Information](#) Flyers and posters.

# Resources

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## VFC Consultant Territory Map

### **Contact Us:**

#### **Phone:**

(614) 466-4643  
1-800-282-0546

#### **Email:**

[vfc@odh.ohio.gov](mailto:vfc@odh.ohio.gov)  
[Immunize@odh.ohio.gov](mailto:Immunize@odh.ohio.gov)  
[Impact@odh.ohio.gov](mailto:Impact@odh.ohio.gov)

### **Webpage Resources:**

[VFC Providers](#)  
[ImpactSIIS Job Aids](#)

# QUESTIONS?

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[ODH.OHIO.GOV](https://odh.ohio.gov)



**Department of  
Health**