

Online Registration

Novel H1N1 Online Registration - Introduction

On-Line Registration with the MDPH H1N1 Vaccine Program

Welcome to the Massachusetts Department of Public Health (MDPH) H1N1 Influenza Vaccine Program Registration System. This fall, to protect the public from the 2009 H1N1 pandemic influenza virus, the federal government will provide states with H1N1 vaccine and supplies (needles, syringes, sharps containers, alcohol swabs, H1N1 immunization cards) at no cost. The Massachusetts Department of Public Health (MDPH) will be responsible for directing the shipment of H1N1 vaccine and supplies in the Commonwealth.

In order to facilitate allocation of H1N1 vaccine to providers in Massachusetts, MDPH has developed this on-line system to register all public and private provider sites interested in receiving and administering novel H1N1 vaccine. Types of provider sites who should enroll include: private providers, hospitals, local health departments, regional public health coalitions, visiting nurses associations, clinics, pharmacists, occupational and employee health, and commercial community vaccinators. MDPH will attempt to deliver vaccine directly to as many registered sites as possible. However, if the number of registered sites exceeds the limit set by the national distributor, we will contact you and link you to a local or regional distributor.

- Registration with the MDPH H1N1 Vaccine Program is necessary but, it does not guarantee that a site will receive vaccine. Vaccine shipments will be determined by the quantity that Massachusetts receives from the federal government and the federal guidance regarding prioritization of certain populations. However MDPH will do its best to work with all registrants.
- Registration does constitute a willingness to accept and administer H1N1 vaccine following federal and state requirements.

For Detailed Instructions on Completing the On-Line Registration [Click Here](#)

You may print a [PDF](#) or [DOC](#) version of this registration in order to collect all the necessary information needed to complete the process prior to proceeding with this website. Please note that you will be able to start the survey and come back to finish your work later.

After completing the registration process, you will receive a confirmation email. If you have any questions or problems with registration, please email Mdphh1n1registration@state.ma.us or call (888) 578-5585.

Novel H1N1 Online Registration - Disclaimer And Login

2009 Influenza A (H1N1) monovalent vaccine

Vaccine Provider Agreement

Your participation in the 2009 Influenza A(H1N1) monovalent vaccine vaccination effort is greatly appreciated as a vital service that will protect individuals and the public against 2009 H1N1 influenza. The 2009 Influenza A(H1N1) monovalent vaccine has been purchased by the federal government as a means of protecting the public against 2009 H1N1 influenza. It is being made available to immunization providers working in partnership with state and local public health departments to vaccinate individuals for whom the vaccine is recommended. This Provider Agreement specifies the conditions of participation in the 2009 Influenza A(H1N1) monovalent vaccine vaccination effort in the U.S. and must be signed and submitted to the immunization program prior to receipt of the vaccine.

The immunization provider agrees to:

1. Administer the 2009 Influenza A (H1N1) monovalent vaccine according to the recommendations of CDC's Advisory Committee on Immunization Practices as adopted by the Centers for Disease Control and Prevention.
2. Store and handle the vaccine in accordance with the package insert provided with the vaccine including in compliance with cold chain requirements.
3. Provide a current Vaccine Information Statement to each individual before vaccination, and answer questions about the benefits and risks of vaccination, including different indications for live versus inactivated vaccines.
4. Record in the patient's medical record or in an office log the date of administration, the site of administration, the vaccine type and lot number, and the name of the immunization provider for each individual vaccinated. The record must be kept for a minimum of three years following vaccination.
5. Report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (1-800-822-7967, <http://vaers.hhs.gov/contact.htm>).

In addition, the provider:

6. Can not charge patients, health insurance plans, or other third party payers for the vaccine, the syringes or the needles as these are provided at no cost to the provider. The provider/facility is also prohibited from selling H1N1 vaccine, syringes or needles.
7. May charge a fee for the administration of the vaccine to the patient, their health insurance plan, or other third party payer. The administration fee cannot exceed the regional Medicare vaccine administration fee. If the administration fee is billed to Medicaid, the amount billed cannot exceed the state Medicaid administration fee.

8. May either administer the 2009 Influenza A (H1N1) monovalent vaccine for free to individuals who cannot afford the administration fee, or refer these individuals to a public health department clinic or affiliated public health provider for vaccination.
 9. Must report the number of doses of 2009 Influenza A (H1N1) monovalent vaccine administered to individuals as requested by the state or local public health department.
 10. Must report to the state health department the number of doses of vaccine that were not able to be used because the vaccine expiration date was exceeded or the vaccine was wasted for other reasons. These doses must be disposed of in accordance with state regulations for biological waste.
 11. Are strongly encouraged to provide an immunization record card to the vaccine recipient or parent/guardian to provide a record of vaccination, to serve as an information source if a Vaccine Adverse Event Reporting System report is needed, and to serve as a reminder of the need for a second dose of vaccine (if necessary). Immunization cards will be included in each shipment of vaccine.
 12. Must post on the Masspro Flu Clinic Website (<http://flu.masspro.org>) clinic information for all public H1N1 vaccination clinics that are opened to the public beyond registered patients or students.
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1. Medical Director Statement: I certify that I have read and agree to the requirements above pertaining to participation in the MDPH Immunization Program. (Required)

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Please complete all required fields below. For sites currently enrolled in the MDPH Vaccine Program please confirm or correct the information already supplied.

2. Basic Information:

Name of Facility or Practice: (Required)

Medical Director's Name: (Required)

Medical Director's Board of Registration in Medicine License No: (Required)

3. Shipping Address:

(Shipping address is the physical location where vaccines will be shipped to - No P.O. Boxes allowed)

Shipping Contact (name): (Required)

Street Address: (Required)

Apt/Suite/Office:

City: (Required)

State: (Required)

Zip: (Required)

Facility Telephone: (xxx) xxx-xxxx (Required)

Facility Fax: (xxx) xxx-xxxx (Required)

Email for H1N1 Vaccine Communication: (Required)

Please Verify: (Required)

4. Hours Open to Receive Shipment of Vaccine: (Vaccine delivery occurs only Monday through Friday between 8:00 am and 5:00 pm)
(Required)

Open	Closed
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	

5. Practice Type: (Required)

- Assisted Living Facility/Adult Day Care
- Board of Health
- Commercial Pharmacy
- Commercial Vaccinator
- Community Health Center
- Correctional Institution
- Council on Aging/Elder Services
- Occupation/Employee Health
- Family Practice
- Home Health Agency/Hospice
- Internal Medicine
- Multi-Specialty Center
- Nursing Homes/LTCF
- OB/GYN
- Other (specify)
- Other Public (specify)
- Pediatric Practice
- Private College
- Private Hospital
- Private School
- Public College
- Public Hospital
- Public School
- Specialty Practice
- State Agency
- Urgent Care Center
- VNA

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6. If you are planning to receive H1N1 vaccine for additional sites, practices, clinics, agencies and/or facilities, please list them below. For all sites listed below, you agree to allocate doses to these sites and collect and report dose administration information.

Name of Practice/Clinic/Provider/Agency/Facility: (Required)

MDPH Provider Site Number or National Provider Identifier (NPI): (Required)

7. Please estimate the total number of patients and employees you expect to vaccinate with H1N1 vaccine from your site and the sites listed above: (Required)

No. of Patients
<= 3 years of age
4 to 24 years of age
25 to 64 years of age
>= 65 years of age

8. How many of these patients are pregnant women: (Required)

9. Employee/Volunteer Information (Required)

No. of Employees/Volunteers
Total number of part and full-time employees and volunteers with direct patient contact you expect to vaccinate with H1N1 vaccine?
Total number of other (non-direct patient contact) part and full time employees and volunteers you expect to vaccinate with H1N1 vaccine?

10. H1N1 Vaccine Administration Capacity Projections (Required)

Count
How many people from the sites listed above will you be able to vaccinate within one month of receiving the vaccine if you are given one week's notice?

11. Would your practice, facility or network administer live, attenuated nasal spray H1N1 Flu Vaccine? (Required)

12. Details of the person who is completing this registration:

Name: (Required)

Telephone: (xxx) xxx-xxxx (Required)

Email: (Required)