

VACCINE FOR OUTBREAK RESPONSE REQUEST

Submit completed request within 30 days by:

Email: VFC@wi.gov, and copy your [regional advisor](#)

Or Fax: 608-267-9493

For questions, call: 608-267-9959

| | |
|-----------------|---------|
| Date of Request | VFC Pin |
|-----------------|---------|

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| Step 1 | GENERAL INFORMATION | | |
| | Name of Local Health Department | | |
| | Name of Requestor | Telephone Number (Include area code) | |
| Step 2 | OUTBREAK INFORMATION | | |
| | Vaccine Preventable Disease(s) <input type="checkbox"/> Mumps <input type="checkbox"/> Varicella <input type="checkbox"/> Pertussis <input type="checkbox"/> Measles <input type="checkbox"/> Other: Hep A | | |
| | Number of Confirmed Cases | Number of Suspect Cases | Number of Susceptible Contacts Needing Vaccine |
| | Description of outbreak (include exposed facilities/organizations and WEDSS outbreak ID No.) | | |
| Step 3 | VACCINE INFORMATION - Vaccine Request | | |
| | Type of Vaccine <input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> Tdap <input type="checkbox"/> Other: | Number of Doses Requested | |
| | Planned Site/Facility for vaccine to be administered? | Planned Date(s) of Administration | |
| Step 4 | Comments: | | |
| Step 5 | USE OF VACCINE | | |
| | A summary of the clinic activities and dosage use is due within 30 days of the clinic (see page 2, steps 7-9). Eligibility status does not need to be assessed. | | |

FOR IMMUNIZATION PROGRAM USE ONLY**Step 6 IMMUNIZATION PROGRAM DECISION**

☐ Not approved ☐ Approved, number of doses:

If not approved provide justification.

Step 7 SUMMARY OF OUTBREAK CLINIC - VACCINE USAGE

Number of Doses Used

Step 8 DESCRIBE USE OF LEFTOVER VACCINE**Step 9 BRIEF SUMMARY OF OUTBREAK CLINIC**

☐ All doses have been documented in WIR. If no, please describe in the summary.

☐ The Immunization Program's Policy and Procedure Manual was followed. If no, please describe in the summary.