



State-Supplied Vaccine (SSV) Training

**Rhode Island Department of Health
Office of Immunization**

Information to Review

State-Supplied Vaccine Program Enrollment

State-Supplied Vaccine and Eligibility (Adult and Pedi)

Flu Season

Reservation

- Products
- Reporting
- Delivery

OSMOSSIS

- Weekly Ordering (Flu)
- Inventory and Transfers
- Waste and Returns

Communications to Providers

- Immunization Representatives
- Advisory's

Data Loggers

- Temperature Excursions
- Daily Login and Audits
- Excursion Process
- Storage and Handling

SSV Enrollment



Flu ordering ends May 31

Reconcile previous flu season

- All doses administered during the previous season must be reported in OSMOSSIS before June 21st.
- All flu reserve dose numbers must be submitted before July 1 of the enrollment year. A reservation does NOT constitute an order.

Enrollment opens **June 1-30**

- Enrollment must be completed by July 1 to be certified for the new program year and continue ordering vaccines.

Vaccine Eligibility



Pediatric Supply

- Due to agreements with bordering states, there are no restrictions for administering vaccines to children (<19 years).

Adult Supply

- ≥ 19 years
- Eligibility: Ask two questions
 1. Are you a RI resident?
Yes = eligible. No = ask next question.
 2. Do you receive health benefits through a RI employer?
Yes = eligible. No = not eligible.
- Insurance status:
 - Insured: Free vaccine, bill insurer for administration only.
 - Uninsured: Free vaccine, waive admin fees (optional).

SSV use for non-eligible patients is prohibited.

State-Supplied Vaccines (non-Flu)



- Can be ordered monthly.
- Special order vaccines require RIDOH permission due to limited supply or other circumstances.

Pediatric Vaccines	
MenQuadfi (MCV4)	Rotarix (Rota)
Prenar 20 (PCV 20)	Boostrix (TDaP)
Infanrix (DTaP)	PedvaxHib (Hib)
Vaxelis (DTaP/He B/IPV/Hib)	Gardasil (HPV9)
Kinrix (DTaP/IPV)	MMR II
Havrix (Hep A)	Proquad (MMRV)
Engerix-B (Hep B)	Varivax
Bexsero (MenB)	COVID-19
Beyfortus (RSV)	

Special Order Pediatric Vaccines
TD
IPOLE (EIPV)
Pneumovax23 (PPV23)
Menveo (MCV4)

Special Order Adult Vaccines
Abrysvo – RSV (pregnant people only)
Jynneos - Mpox

Adult Vaccines
Bexsero (MenB)
MMR II (MMR)
Gardasil (HPV9)
Varivax
Prenar 20 (PCV20)
TD
Adacel (Tdap)
MenQuadfi (MCV4)
Havrix (Hep A)
Heplisav B (Hep B)
COVID-19

Vaccines are purchased with specific funding types and must be used for the intended age group.

Flu Vaccine Products

<u>Vaccine (Funded use)</u>	<u>Manufacturer/ Distributor</u>	<u>NDC</u>	<u>Trivalent</u>	<u>Pkg</u>	<u>P Free</u>	<u>Latex Free</u>
Flulaval 0.5ml (6 mo – 18 yr)	GlaxoSmithKline	19515-0810-52	Yes	Syr	Yes	Yes
Fluzone PF 0.5ml (6mo–18 yr)	Sanofi	49281-0424-50	Yes	Syr	Yes	Yes
FluMist 0.5ml (2-18 yrs)	AstraZeneca	66019-0311-10	Yes	Spray	Yes	Yes
Flucelvax 0.5ml (6mos-18yr)	Seqirus	70461-0654-03	Yes	Syr	Yes	Yes
Fluzone PF 0.5ml (19+)	Sanofi Pasteur	49281-0424-50	Yes	Syr	Yes	Yes
Fluzone HD 0.7ml (65+ yrs)	Sanofi Pasteur	49281-0124-65	Yes	Syr	Yes	Yes
Fluad 0.5ml (65+ yrs)	Seqirus	70461-0024-03	Yes	Syr	Yes	Yes
Flucelvax 0.5ml (19+)	Seqirus	70461-0654-03	Yes	Syr	Yes	Yes

- You must track usage based on the age groups being administered for each of the vaccines.
- You can order flu vaccine every five business days or after delivery of the previous order (whichever comes later), based on RIDOH supply.

Flu Vaccine Ordering and Delivery



Pediatric and Adult Flu vaccines are order by age cohorts.

Pediatric Flu Vaccine Age Cohorts	Adult Flu Vaccine Age Cohorts
6 months – 19 years	19 years – 64 years
2 years – 19 years (Flumist)	65 + years

- RIDOH will group supply based on age groups
- RIDOH will fill orders based on age group need with available products for that age.
- You must track usage based on the age groups being administered for each of the vaccines.
- You can order flu vaccine every five business days or after delivery of the previous order (whichever comes later), based on RIDOH supply.

Manufacturer release schedule: (this can fluctuate based on manufacturer)

- 50% by end of September
- 100% by first week of December

Flu Vaccine – delivery schedule



First orders – dependent on manufacturer releases and inventory amounts received.

- Minimum 20% (per age group) RIDOH pre-book supply available for distribution.

All subsequent orders – will be filled based on supply.

OSMOSSIS



Rhode Island vaccine online ordering system

- Ocean State Management of State-Supplied Immunizations System (OSMOSSIS)

Orders must be submitted online

- Three ordering components: Non flu routine vaccines (monthly), flu (every 5 business days), and COVID-19 (every 5 business days)

Ordering process

1. Provider submits order.
2. Order is approved, placed on hold or denied by RIDOH within two business days.
3. Order is processed (submitted to CDC) within one business day of approval.
4. If your order is placed on hold, the timeline above will change until the issue is resolved and the order is released from hold.
5. Provider DDL is reviewed in the cloud with each order to ensure temperatures are within proper range for the past 30 days from the date the order is being reviewed.

For monthly order quantities more than a 90 day on-hand supply and a 30 day on-hand supply for weekly orders (flu & COVID), orders may be reduced due to doses administered. We do not encourage ordering larger amounts of vaccines if the vaccine is to have on hand and not needed for a specific reason. Should a temperature excursion happen, less vaccine to be spoiled. Vaccine can be ordered monthly. If you need the additional vaccine for a specific reason, please note that in your order.

Weekly Ordering (Flu)



For all vaccine ordering

- Report inventory on-hand, by product and lot number.
- Storage unit temperature tracking for period of time since last order.
 - SSV-supplied logger – viewed by RIDOH from cloud
 - Privately purchased logger – upload logger temperature report with order
 - Email – only temporary if data logger has an issue and waiting for Immunization Team Rep to follow-up.

Orders will be shipped:

- The same week ordered if order is **approved** on a Monday or Tuesday.
- The following week if order is **approved** Wednesday – Friday.
- Based on available supply and provider's allowable delivery dates.

Weekly Flu Ordering Module

- Report doses administered:
 - By age group: 6-35 months, 2-18 years (Mist), 3-18 years, 19+ years (including 65+ not enhanced), 65+ enhanced vaccine (Fluzone HD and Flud only).
 - Pregnant women and healthcare workers.
 - Can report doses administered with placing an order.

Inventory and Transfers



On-hand inventory must be reported with each order

- Combined total of all storage units.
- Administered total will be calculated by OSMOSSIS.

Transferring SSV

- Allowed **only** with Rhode Island SSV-enrolled locations.
- Vaccines purchased for pediatric population can only be transferred for pediatric use. The same applies for adult vaccine.
- Products may **not** be transferred across state lines.
- Transfers **must** be entered into OSMOSSIS and accepted within 48 hours.

Waste and Returns



Must be reported through OSMOSSIS within 48 hours of event

- **Return** – expired or spoiled vaccine in its original condition (original package) and may be returned as such. This includes BUD for COVID vaccine.
- **Waste** – vaccine no longer in its original condition (pre-drawn, damaged, reconstituted, etc.) must be entered as waste
- Please refer to the OSMOSSIS Self-Study if you need instructions.

If you choose OTHER as the reason, you must provide a reason for the return or waste.

Waste and Returns (continued)



RIDOH approves returns as needed (upload file)

- Bi-weekly or monthly(middle and end of month)
- Once RIDOH approves the returns, OSMOSSIS generates an email from DOH.Vaccine@health.ri.gov and is sent to the **vaccine contact** stating that RIDOH processed a batch of returns.

Return labels

- Within 24 hours of the OSMOSSIS-generated email, a UPS return label will be emailed from **pkginfo@ups.com** to the **vaccine contact**.
- The email's subject will be: **"Your Returns Label is Ready"**

Waste and Returns (continued)

- **Contact your Immunization Rep if you do not receive an email from UPS within 48 hours of the OSMOSSIS notification email.**
- Return labels are valid for **30 days**. Returns must be done within 30 days of receiving email
- Returns need to be collected at the SSV PIN shipping address if UPS does not make regular stops, you can bring to a UPS drop off site.

Packaging returns

- Place returns in a plain box for courier pick-up.
- No cold chain required.
- Include OSMOSSIS packing slip in the shipping container.
- Attach shipping label from McKesson.

UPS pick-up or drop-off

- No charge for facilities with regular pick-up/drop-off UPS service.
- \$5 pick-up fee for facilities without UPS service.
- Drop off at UPS store and ship at no cost.

Waste and Returns (continued)



End-of-season returns

- RIDOH will notify SSV enrollees when flu vaccines can be returned
- If you need assistance, please contact your immunization representative

Wasted product

- Enter into OSMOSSIS.
- Discard “live” vaccines with medical waste.
- All other vaccines may be discarded with regular waste.
 - Regulation DEM-OWM-MW-1-2009 (Chapter 23-19.12 sect. 2.3 and 2.4)

Communications to Providers



Two primary channels:

1. Immunization Representative
2. Provider Advisory

Immunization Representative

- Listed in the SSV menu header
- Calls or emails practices

Advisory

- Sender is: "Rhode Island Department of Health", on occasion from **your Immunization Representative**
- **PLEASE READ ALL ADVISORY'S** - Often contains time-sensitive information and program updates
- Can be found on RIDOH website on immunization page under "For Providers".

Communications to Providers

Sample Vaccine Return Email



Subject: Vaccine Return Label Notification

From: Rhode Island Vaccine Manager <DOH.vaccine@health.ri.gov>

Date: Apr 13, 2018, 10:02 AM

To:

Dear SSV Provider,

RIDOH processed a batch of **VACCINE RETURNS** today and you should receive an email from McKesson Specialties (within the next 48-hours) with the return label included. Below is an example of the email that McKesson will send out. Please be sure to check your Spam/Junk/Clutter folders for the email. If the email arrives in one of these folders, please drag and drop it into your INBOX or right click on the email and choose MOVE TO INBOX. This process will allow the email to be sent directly to your inbox for future deliveries (unless your network administrator disallows the email).

Please follow each of the steps required in the UPS information below. The labels are valid for 30-days from the date delivered via email. Failure to retrieve and use the label within 30-days of the email will result in the vaccines having to be returned at the provider's expense.

Please include the OSMOSSIS Packing Slip that is now available in your **GENERATE RETURNS PACKING LIST** from the OSMOSSIS Vaccine Ordering Menu page.

Should your label not be delivered within 48-hours of this email please reach out to your Immunization team representative for follow up.

Thank you for your cooperation in this matter.

RIDOH Immunization Team

Communications to Providers Sample Vaccine Return Label



- Below is a sample notification email from UPS with your return label

Your Returns Label Is Ready



UPS <pkginfo@ups.com>

To: Piluso, Lauren (RIDOH)



You forwarded this message on 5/14/2024 8:06 AM.

If there are problems with how this message is displayed, click here to view it in a web browser.

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.



[\[ups.com\]](#)

Hi ,

Your returns label is available to print or scan.

Tracking Number

1ZB347119000388415

Print your label at home, or bring this barcode to a UPS location and we'll print it for you.

Get Your Shipping Label » [\[ups.com\]](#)

[Find a Location to Scan Your Barcode \[ups.com\]](#)

Communications to Providers Advisory Sample



March 19, 2019

OSMOSSIS Blackout

Due to CDC's renewal of Childhood Vaccine Contracts on April 1, 2019, tracking system (VTrckS) and OSMOSSIS will be down starting at noon system will resume on April 2 at 9:00 a.m.

Any orders placed after the noon deadline on March 27 will be declined, and any incomplete orders will be deleted from OS

If you have any questions, please contact

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April 15, 2019

Important Message Regarding Vaccine Providers and Inventory

We are aware that a company called VaxStability, Inc. has been reaching out to state-supplied vaccine providers like you and offering a pilot program to monitor vaccine inventory, so we would like to clarify some claims in this messaging that are misleading or inaccurate.

Rhode Island Department of Health

[EXTERNAL] : [Test] Important Message Regarding Vaccine Providers and Inventory

Fri 4/12

April 15, 2019 Important Message Regarding Vaccine Providers and Inventory We

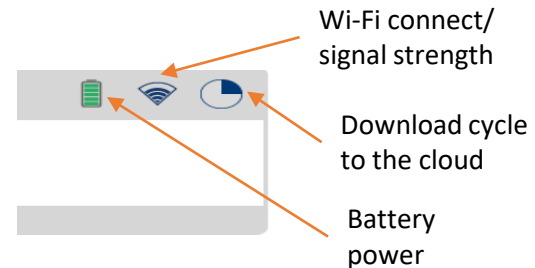
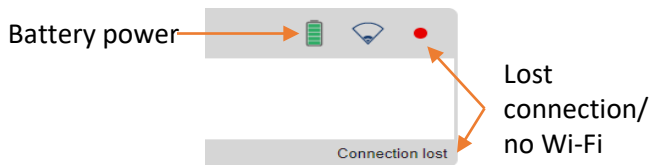
Fri 4/12/2019 4:37 PM

Rhode Island Department of Health <chenelle.chin@health.ri.gov>

[EXTERNAL] : [Test] Important Message Regarding Vaccine Providers and Inventory₁₉

Data Logger Requirements

- Log into the Cloud daily to view temperatures, confirm Wi-Fi connection and battery power to the logger



- You must put your initials in the comment field in the **table view** near an audit when you log into the cloud once a day
- Twice daily audit checks
- When your WI-FI changes, notify your Immunization Rep to prevent disruption
- If your practice is closing, you must make arrangements to have the data logger picked up and all vaccines transferred out.
- If the data logger is damaged, misplaced or lost, you will be responsible to replace it

If you need assistance, please contact your Immunization Representative

Temperature Excursion Reporting Process



If your data logger identifies a temperature excursion, you must:

1. Mark vaccine DO NOT USE and notify all practice staff that the vaccines cannot be used until it is determined by RIDOH that they are safe for use.
2. Complete the [Temperature excursion response worksheet](#) and email it to your Immunization Rep within 48 hours of excursion. Worksheet is a fillable PDF - Complete electronically is recommended.
 - *The worksheet is located on the Immunization Resource Manual ([IRM](#)).*
 - All field on the worksheet are required to be completed before submitting to your Immunization Rep. It will be returned if missing information. The information on this worksheet will help decide on vaccine viability, safety, and financial responsibility.
3. Your Immunization Rep will determine the viability of the vaccine(s) based on manufacturer data.

Temperature excursion reporting process (cont.)



4. Enter any vaccine loss as returns in OSMOSSIS.
5. Based on the worksheet, RIDOH will assess if the practice must bear any financial burden of replacing the vaccine loss, as described in the RIDOH [Vaccine Replacement Policy](#).
 - *The Replacement Policy is available on the IRM.*
6. If practice replacement is not required, the practice will be allowed to place a new order.

Vaccine Storage and Handling Unit



CDC makes the following recommendations for vaccine storage units:

- Use pharmaceutical-grade or purpose-built units designed to either refrigerate or freeze (can be compact, under-the-counter style or large units).
- If a pharmaceutical-grade built-in unit is not available, use a stand-alone household-grade unit.
- If you must use a combination refrigerator/freezer unit, using only the refrigerator compartment to store vaccines - a separate stand-alone freezer must then be used to store frozen vaccines. **Use of the freezer compartment of a household combination unit is not allowed.**



Vaccine Storage and Handling Unit (cont'd)



To fully ensure the safety and effectiveness of vaccines, the following equipment is recommended:

- ♦ Stand-alone refrigerator(s) with enough space to accommodate your maximum inventory without crowding
- ♦ Stand-alone freezer(s) with enough space to accommodate your maximum inventory without crowding
- ♦ Digital data logger (DDL) with a current and valid Certificate of Calibration Testing for each unit and at least one backup in case of a broken or malfunctioning device



Source: Centers for Disease Control and Prevention



Vaccine Storage and Handling Unit (cont'd)



Think of your storage and monitoring equipment as an insurance policy to protect your patients from inadvertent administration of compromised vaccine and your facility against costs of revaccination, replacement of expensive vaccines, and loss of patient confidence in your practice. For the best protection, your facility needs appropriate equipment that is set up correctly and maintained and repaired as needed.

Proper Vaccine Storage Temperatures

- ♦ Refrigerators should maintain temperatures between 2° C and 8° C (36° F and 46° F).
- ♦ Freezers should maintain temperatures between -50° C and -15° C (-58° F and +5° F).
- ♦ Refrigerator or freezer thermostats should be set at the factory-set or midpoint temperature, which will decrease the likelihood of temperature excursions.

Storage and Handling Refrigerator



DO

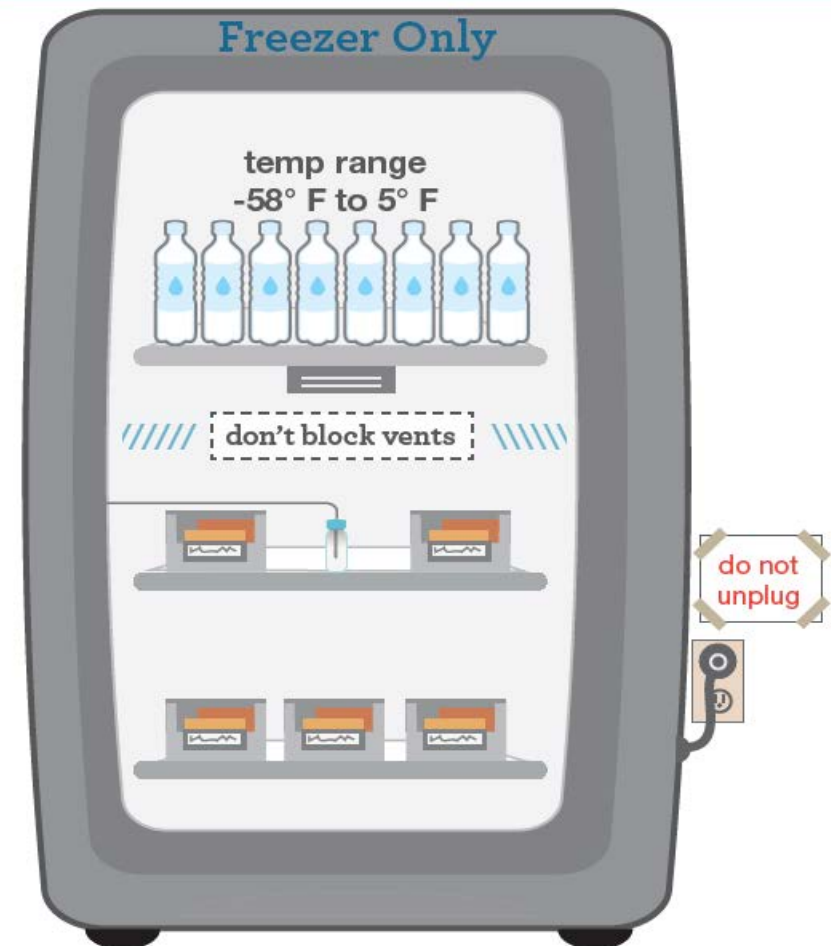
- ✓ Do make sure the refrigerator door is closed!
- ✓ Do replace crisper bins with water bottles to help maintain consistent temperature.
- ✓ Do label water bottles "Do Not Drink."
- ✓ Do leave 2 to 3 inches between vaccine containers and refrigerator walls.
- ✓ Do post "Do Not Unplug" signs on refrigerator and near electrical outlet.

DON'T

- ✗ Don't use dormitory-style refrigerator.
- ✗ Don't use top shelf for vaccine storage.
- ✗ Don't put food or beverages in refrigerator.
- ✗ Don't put vaccines on door shelves or on floor of refrigerator.
- ✗ Don't drink from or remove water bottles.

Storage and Handling Freezer

- A chest-style freezer is acceptable but not required.
- Frozen water bottles for vaccine transport can be stored with vaccines OR in a separate freezer.





OSMOSSIS

Ocean State Management of State-Supplied Immunizations System

Online Self-Study Program

Self-Study Program



*A practice that orders State-Supplied Vaccines (SSV) must complete the following Self-Study Program. The Self-Study must be completed by the practice's listed **Vaccine Contact and Office Contact**.*

Process

1. Review slides on various topics, including Inventory Reporting, Ordering, Temperature Logs, Delivery, Receiving Shipments, Activating Lot #s, Returns/Waste, Transfers, Order History, etc.
2. Answer summary/review questions at the end in order to receive OSMOSSIS access
3. Log into OSMOSSIS by entering the practice PIN number and License number.

Logging In (1/2)



SSV Login: <https://kidsnet.health.ri.gov/llr-practice-prod/ssv/portal.jsf?cid=28>

The screenshot shows the login page for the State of Rhode Island Department of Health's SSV program. The header includes the department's logo and name. The main heading is "Welcome to Immunize for Life". Below this, a paragraph explains the purpose of the SSV program and lists two ways to access it: through KIDSNET or the SSV portal. The KIDSNET login section lists steps for authorized users. The SSV login section lists steps for users with a PIN and license number. A note at the bottom provides contact information for enrollment or login issues. At the very bottom, there are links for "KIDSNET Login" and "SSV Login" separated by "OR".

**State of Rhode Island
Department of Health**

Welcome to Immunize for Life

Welcome to the Immunize for Life, State-Supplied Vaccine (SSV) Program Enrollment. There are two ways to access the SSV Program for enrollment, updating Practice information, and Seasonal Influenza dose reporting/ordering:

- 1. KIDSNET Login** (KIDSNET authorized users only)
 - Log in using individual KIDSNET user Id and password
 - Click on SSV Practice Menu in left hand menu
 - Click on the appropriate menu choice

If you are having difficulty logging into KIDSNET, please call the Help Desk 222-5960 or your KIDSNET Provider Relations Representative.

OR

- 2. SSV Login**
 - Log in using SSV PIN number and lead physician/medical director's license number
 - Click on the appropriate menu choice

If your practice/facility has never been enrolled in any SSV program, it has been longer than one year since you last enrolled in any SSV program, or you are having a problem logging in, please call Deb at 222-7876.

[KIDSNET Login](#) OR [SSV Login](#)

Steps:

1. Click the above link
2. Enter the SSV system through the KIDSNET or SSV Login portal

If you have a KIDSNET User ID it is recommended that you go through the KIDSNET portal. All others should use the SSV portal.

Logging In (2/2)



State of Rhode Island

Department of Health

SSV Login Page

News and Alerts

★ This is the message of the day: Today is a good day to order vaccine!!!

Welcome to the Immunize for Life, State Supplied Vaccine (SSV) Program log-in page. Log in using your SSV PIN number and your lead vaccine provider, physician or medical director's license number. If you have trouble logging into the system call 401-222-7876.

By logging on the user agrees to the terms stated on this page.

If your practice/facility has not been previously enrolled, or it has been longer than 1 year since you last enrolled in any vaccine program, you will need to call 401-222-7876 where you will be assigned your PIN number and password. In proceeding beyond this point, the user:

- Agrees that they are authorized by the Lead Vaccine Provider or Medical Director to enter through this web portal in order to complete enrollment, update practice information and/or place vaccine orders on behalf of the practice;
- Agrees to the Terms and Conditions related to this enrollment on behalf of the practice or facility.

By logging on the user agrees to the terms stated on this page

PIN: *

License No.: *

Log In

Steps:

1. Once on the **SSV Login Page**, enter your practice's SSV PIN and Medical Director/Lead Prescriber's license number
2. Once you fill in the required Login information you will be directed to the **SSV Practice Menu** page



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Rhode Island Department of Health

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SSV Practice Menu Screen



State of Rhode Island
Department of Health

Navigation Menu

- Immunization Resource Manual & Form
- Logoff

SSV Practice Menu

Practice:	RIDOH	Enrollment Year:	2021
Alpha Name:	RI DEPARTMENT OF HEALTH -RIDOH	Lead LVP Lic.:	MD13022
PIN:	1600 Family Practice	Vaccine Contact:	HEIDI WALLACE 401-644-6321 heidi.wallace@health.ri.gov
Logged in as:	1600	Pandemic Vaccine Contact:	Lauren Piluso 401-222-4639 lauren.piluso@health.ri.gov
Practice Contact:	TRAVIS VENDETTI 401-222-4786 TRAVIS.VENDETTI@HEALTH.RI.GOV	Backup Pandemic Vaccine Contact:	Meaghan Joyce 401-222-1580 meaghan.joyce@health.ri.gov
Immunization Rep:	Heidi Wallace 401-222-4631 Heidi.Wallace@health.ri.gov		

HAPPY SPRING!! Influenza vaccine ordering for the 2020-2021 season will end on May 31, 2021. Final doses administered report must be submitted by June 18, 2021. Starting on June 1, practices may return unused influenza vaccine if they feel they have completed vaccinating their patients for the season. All flu vaccine expires June 30, 2021.

Welcome to the Enrollment site for State Supplied Vaccine.
[Instructions Guide](#)

- Enroll annually for the state fiscal year (July 1 - June 30) in which you wish to order vaccine.
- Each Medical Practice location must enroll separately.
- All pages of enrollment must be completed.
- Read and print the Enrollment Confirmation page.
- Follow any required steps if indicated on the Enrollment Confirmation page in order to complete the enrollment process.

Navigation

- DO NOT USE THE FORWARD or BACK ARROW of your internet browser.
- Use the NEXT button to save data and move to the next page.
- Use PREVIOUS button to return to a page.
- When RETURN TO MENU is used, data on that page is not saved.

Maintain Practice Information Links

Enroll 2022 - (Available 06/01/2021)

- [View Practice Profile](#)
- [View Influenza Vaccine Supply Reservation Page](#)
- [Medical Information](#)
- [Delivery Instructions](#)
- [Contact Information](#)
- [Licensed Vaccine Provider List](#)
- [Vaccine Storage Emergency Preparedness Plan \(VSEPP\)](#)
- [View Vaccine Storage Emergency Preparedness Plan \(VSEPP\)](#) (uploaded 09/12/2013)

[Click here to be directed to RIDOH's Resource Manual for Providers](#)

Ocean State Management of State Supplied Immunizations System (OSMOSSIS)

[Enter OSMOSSIS](#) (Vaccine Ordering Module)

OSMOSSIS Self Study
[Data Logger Cloud Login](#)

For issues involving vaccine order or delivery, contact:
Heidi.Wallace@health.ri.gov 401-222-4631
Lauren.Piluso@health.ri.gov 401-222-4639

Please note the following:

- Practice name and PIN
- Practice and Vaccine Contact info
- Assigned RIDOH Immunization Rep

Features

- Update practice information
- Offer RIDOH the ability to view activity on your computer screen in real time
- Access the Office of Immunization's Resource Manual, which contains important forms and resources

Click the OSMOSSIS link to begin the vaccine management process

Attestation



Navigation Menu

- Immunization Resource Manual & Form
- Logoff

Practice Attestation

Practice:	RIDOH		
Alpha Name:	RI DEPT OF HEALTH/THE WELLNESS COMPANY	Enrollment Year:	2023
PIN:	1600 Family Practice	Lead LVP Lic.:	MD08265
Logged in as:	Larsen	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Office Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	COVID Pandemic Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov	Backup COVID Pandemic Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov

Practice Attestation

- ☐ NICOLE SELEMA
- ☐ LAUREN PILUSO
- ☐ MEAGHAN JOYCE
- ☐ JAMES MCDONALD

I attest that I am the person identified by the checkbox above and that I am authorized to order State Supplied Vaccine on behalf of RI DEPARTMENT OF HEALTH - RIDOH

No, Return to SSV Menu

Yes, Continue

Once you click the **OSMOSSIS** link you will be brought to the **Practice Attestation** page where you will be asked to attest to being one of the authorized agents of the practice available to place a vaccine order. Authorized agents include:

- Lead Physician
- Practice Contact
- Vaccine Contact
- Pandemic Contact

Select your name from the list and then click **Yes, Continue**. You will then be brought to the **Vaccine Order Menu** page.

If your name does not appear on this screen, you have not been authorized to order vaccines on behalf of the practice. See your Practice or Vaccine Contact for approval.

Vaccine Ordering Menu (1/3)



State of Rhode Island
Department of Health

Navigation Menu

- Immunization Dashboard
- Manual & Forms
- Logout

Practice: RIDOH
Alpha Name: RI DEPT OF HEALTH/THE WELLNESS COMPANY
PIN: 1600 **Family Practice**
Enrollment Year: 2023
Lead LVP Lic.: MD08265
Vaccine Contact: LAUREN PILUSO
401-222-4639
lauren.piluso@health.ri.gov
COVID Pandemic Contact: LAUREN PILUSO
401-222-4639
lauren.piluso@health.ri.gov
Backup COVID Pandemic Contact: MEAGHAN JOYCE
401-222-1580
meaghan.joyce@health.ri.gov

Logged in as: Larsen

Office Contact: NICOLE SELEMA
401-222-4631
nicole.selema@health.ri.gov
Immunization Rep: Lauren Piluso
401-222-4639
Lauren.Piluso@health.ri.gov

OSMOSSIS Vaccine Ordering Menu

MONTHLY Vaccine

Order ID: 83050
Next Order Date: NOW
Order Status: New

PRINT OUT Current Inventory Lot# Report

Place Vaccine Order

Transfer Vaccine to Another Practice

Enter Vaccine Return or Waste Information

Product Lot Expiration Report

There are currently 2 expired lot numbers that need to be removed from your supply immediately.
There is currently 1 lot number expiring within the next 120 days.

INFLUENZA Vaccine

Order ID: F83934
Next Order Date: NOW
Order Status: New

PRINT OUT Current Flu Inventory Lot# Report

Submit Dose Admin Report / Flu Vaccine Order

Transfer Vaccine to Another Practice

Enter Vaccine Return or Waste Information

COVID-19 Vaccine

COVID-19 vaccine provider enrollment information is available at Rhode Island COVID-19 Vaccine Information for Healthcare Providers webpage. One requirement for vaccine ordering is the completion of COVID-19 training. You have attested that you have completed the required CDC COVID-19 Vaccine Training and will monitor the CDC COVID-19 site for updates.
It is important that you monitor the CDC COVID-19 site for updated information on an ongoing basis.

PRINT OUT Current Inventory Lot# Report

Submit COVID-19 Vaccine Order

Transfer Vaccine to Another Practice
(Please review your pending outgoing transfers)

Accept/Reject Transfers from Another Practice

Order ID: C88599
Next Order Date: 05/10/2021
Ordering Disabled Reason: Not yet next order date

Status	ID	Type *	Doses	Form
PEND	#18186	(COVID-19)	24	
PEND	#18187	(COVID-19)	90	
PEND	#18191	(COVID-19)	30	

Enter Vaccine Return or Waste Information

Receive Shipment from Distributor

View Order History

Generate Returns Packing List

Return to SSV Menu

On the **Vaccine Ordering Menu** page, choose an option from the available list.

Note: certain options are not always available. For example, **Place Vaccine Order** is only available when:

- MONTHLY vaccine – a minimum of 30 days has passed since your last monthly order
- INFLUENZA vaccine – a minimum of 5 days has passed since your last influenza vaccine order
- COVID-19 – COVID certified providers only

Options may also be unavailable if there are still outstanding processes that need to be completed (e.g. transfers, receiving shipments, etc.)

Each of the buttons within the box are associated with that vaccine order type (**Monthly, Influenza or COVID-19**).

The options at the bottom of the screen are *provider-specific*, not order-specific.

Vaccine Ordering Menu (2/3)



State of Rhode Island
Department of Health

SSV Practice Menu

Navigation Menu
Immunization Resource Manual & Form
Logoff

Practice:	RIDOH	Enrollment Year:	2023
Alpha Name:	RI DEPT OF HEALTH/THE WELLNESS COMPANY	Lead LVP Lic.:	MD08265
PIN:	1600 Family Practice	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Logged in as:	Larsen	COVID Pandemic Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Office Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	Backup COVID Pandemic Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		

Information on this page includes:

Practice identifiers based on the information submitted during the annual enrollment period:

- Practice Name
- Alpha Name (created and used by DOH)
- Practice SSV PIN
- Practice Contact (name and phone)
- Vaccine Contact (name and phone)
- Pandemic/backup Pandemic (name and phone)
- Lead Physician License #
- Assigned Immunization Representative

OSMOSSIS Vaccine Ordering Menu

MONTHLY Vaccine Order

Order ID: 29975
Next Order Date: NOW
Order Status: New

PRINT OUT Current Inventory Lot# Report

Place Vaccine Order

Transfer Vaccine to Another Practice

Enter Vaccine Return or Waste Information

Product Lot Expiration Report

INFLUENZA Vaccine Order

Order ID: F29637
Next Order Date: NOW
Order Status: New

PRINT OUT Current Flu Inventory Lot# Report

Submit Dose Admin Report / Flu Vaccine Order

Transfer Vaccine to Another Practice

Enter Vaccine Return or Waste Information

Receive Shipment from Distributor

View Order History

Generate Returns Packing List

Return to SSV Menu

Order ID: each time you sign in to the Vaccine Ordering Menu a new Order ID is created

Next Order Date: shows the next available date for your practice to order vaccines. Once that date has passed, "NOW" will be displayed

Order Status: current order status can be: New, Incomplete, Submitted, Approved/Declined/Held, In Process, Shipped, or Received

Vaccine Ordering Menu (3/3)



SSV Practice Menu

Practice:	RIDOH	Enrollment Year:	2023
Alpha Name:	RI DEPT OF HEALTH/THE WELLNESS COMPANY	Lead LVP Lic.:	MD08265
PIN:	1600 Family Practice	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Logged in as:	Larsen	COVID Pandemic Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Office Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	Backup COVID Pandemic Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		

OSMOSSIS Vaccine Ordering Menu

MONTHLY Vaccine Order

Order ID: 29975
Next Order Date: NOW
Order Status: New

PRINT OUT Current Inventory Lot# Report

Place Vaccine Order

Transfer Vaccine to Another Practice

Enter Vaccine Return or Waste Information

Product Lot Expiration Report

INFLUENZA Vaccine Order

Order ID: F29637
Next Order Date: NOW
Order Status: New

PRINT OUT Current Flu Inventory Lot# Report

Submit Dose Admin Report / Flu Vaccine Order

Transfer Vaccine to Another Practice

Enter Vaccine Return or Waste Information

Receive Shipment from Distributor

View Order History

Generate Returns Packing List

Return to SSV Menu

Active vs. Inactive Buttons

Choose an option from the available list of active links/buttons.

If you hover your mouse over an option and get a red circle with a line through it, it means that option is currently unavailable. Options that are available will be a darker shade and display a finger point cursor when hovered over.

As mentioned, restrictions may be based on processes that have not yet been completed, such as Transfers, Receiving a Shipment, eligible order date not yet reached, etc.

Inventory Lot# Report



State of Rhode Island
Department of Health

SSV Practice Menu

Navigation Menu
Immunization Resource Manual & Form
Logoff

Practice:	RIDOH		
Alpha Name:	RI DEPT OF HEALTH/THE WELLNESS COMPANY	Enrollment Year:	2023
PIN:	1600 Family Practice	Lead LVP Lic.:	MD08265
Logged in as:	Larsen	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Office Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	COVID Pandemic Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov	Backup COVID Pandemic Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov

OSMOSSIS Vaccine Ordering Menu

MONTHLY Vaccine Order	INFLUENZA Vaccine Order
Order ID: 29975	Order ID: F29637
Next Order Date: NOW	Next Order Date: NOW
Order Status: New	Order Status: New
PRINT OUT Current Inventory Lot# Report	PRINT OUT Current Flu Inventory Lot# Report
Place Vaccine Order	Submit Dose Admin Report / Flu Vaccine Order
Transfer Vaccine to Another Practice	Transfer Vaccine to Another Practice
Enter Vaccine Return or Waste Information	Enter Vaccine Return or Waste Information
Product Lot Expiration Report	

[Receive Shipment from Distributor](#)

[View Order History](#)

[Generate Returns Packing List](#)

[Return to SSV Menu](#)

The first link on the Vaccine Ordering Menu page for both Monthly and Influenza orders is the **PRINT OUT Current Inventory Lot# Report**.

Click this link to get a printout of all the Lot #s that the system recognizes as part of your current vaccine inventory. Bring the form to your storage unit to record the vaccine quantities on hand for each Lot #. This information will be needed for the inventory section of your vaccine order.

The Lot # form is **print only**. You cannot enter data into the fields of this form on the computer.

Lot# Printout (Sample)



Product Lot Inventory Report: Nov-16-2012

[Exit](#)[Print This Page](#)

Please report only state-supplied vaccine. Do NOT report privately purchased vaccines.

Adult Vaccine Inventory

Vaccine Type	NDC Code	Brand	Doses per Pkg	Unit Presentation	Lot Quantity
PNEUMO					
	00006-4943-00	Pneumovax	10	PPV23; SDV; 10-PACK	
					0811AA: <input type="text"/>
					1138AA: <input type="text"/>
					1170AA: <input type="text"/>
TDAP AD					
	49281-0400-15	Adacel	5	5X1 DOSE SYRINGE-ADULTS	
					U3486CA: <input type="text"/>
					U3486DA: <input type="text"/>
					U3874BA: <input type="text"/>

Adult Special Initiative Vaccine Inventory

Vaccine Type	NDC Code	Brand	Doses per Pkg	Unit Presentation	Lot Quantity
HEP AB					
	58160-0815-52	Twinrix	10	HEP AB; SYR; 10-PACK	
					AHABB227BA: <input type="text"/>

Pediatric Vaccine Inventory

Vaccine Type	NDC Code	Brand	Doses per Pkg	Unit Presentation	Lot Quantity
DTAP					
	58160-0810-51	Infanrix	5	DTAP-INFANRIX-5 X 1 DOSE PF SYRINGE	
					AC14B121BB: <input type="text"/>
	58160-0810-52	Infanrix	10	CDC INFANRIX SYR 0.5 mL 10/PAC	
					AC14B126BA: <input type="text"/>

Current Inventory Lot # Printout (Sample)

This is a sample of what the Lot # printout will look like. Bring it to your storage unit and fill in the quantities for each Lot # listed on the report.

Vaccine information included on form:

- Vaccine type (grouped by the “short name”)
- National Drug Code (NDC)
- Brand
- Doses per package/carton
- Unit Presentation (short description)
- Lot number
- Lot quantity (on-hand inventory) field

If you do not have any inventory of a certain Lot #, the system will require you to enter a zero (0) in the field. Once you enter zero quantity of a Lot # it will no longer appear in your inventory (effective next order).

Activate Lot



The screenshot shows a vaccine inventory management interface. A table lists various vaccine products and their quantities. A modal dialog box titled "Reactivate/Add Product Lot" is open, prompting the user to enter details for a product lot to be reactivated or added. The dialog includes fields for Contract Type, Vaccine Type, Vaccine Brand, Package Type, NDC Code, Lot # / Exp. Date, and Quantity. The "Activate" button is highlighted.

Type	Pkg	Total
HEP A		
58160-0825-51 Havrix 10 10X1 HEP A PED HAVRIX TIPLOK		
(lot qty: 1) AHAVB408AA:	0	
(lot qty: 1) AHAVB417AA:	0	
(lot qty: 1) AHAVB437BA:	0	
58160-0825-11 Havrix 10 HEP A PEDS 10PK 1 DOSE VIAL		
(lot qty: 10) 1228-27:	0	
HEP A-AD		
58160-0826-4		
58160-0826-1		
HEP B -A		
58160-0821-4		
PNEUMO		
00006-4739-0		
TDAP		
49281-0400-1		
58160-0842-4		

Reactivate/Add Product Lot

! You are about to reactivate or add a product lot the system currently identifies as not being an active inventory item.

Contract Type: Adult

Vaccine Type: HEP A

Vaccine Brand: Havrix

Package Type: PREFILLED SYRINGE

NDC Code: 58160-0825-51

Lot # / Exp. Date: #AV0064-5 -- 01/01/2013 *

Quantity: 2

Cancel Activate

[Activate Product Lot](#)

Previous Save & Continue Later Next

You may need to reactivate a Lot # in the event that you forget to report a vaccine or accidentally indicated zero inventory in your previous inventory reports.

By clicking **Activate Product Lot** at the bottom of your Adult/Pediatric Inventory Report pages, an active window will open for you to enter the specific information about the product you wish to activate. Complete the information required for each dropdown category and click **Activate**. The product will immediately show up in your inventory report.

Vaccine Ordering Wizard



SSV Practice Menu

Practice:	RIDOH	Enrollment Year:	2023
Alpha Name:	RI DEPT OF HEALTH/THE WELLNESS COMPANY	Lead LVP Lic.:	MD08265
PIN:	1600 Family Practice	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Logged in as:	Larsen	COVID Pandemic Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Office Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	Backup COVID Pandemic Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		

Once you have completed the **Current Inventory Lot# Report**, you are ready to start the vaccine ordering process.

Place Vaccine Order – click this link to start the Order Wizard process.

The first step in the process is entering any **Returns/Wasted** vaccines. If it is your first time in the system, select “No” for this option since your on-hand inventory has not yet been established in the system. In future reports you will be able to complete the Returns/Waste section of the wizard (Returns/Waste will be discussed later in this tutorial).

MONTHLY Vaccine Order	INFLUENZA Vaccine Order
Order ID: 29975	Order ID: F29637
Next Order Date: NOW	Next Order Date: NOW
Order Status: New	Order Status: New
PRINT OUT Current Inventory Lot# Report	PRINT OUT Current Flu Inventory Lot# Report
Place Vaccine Order	Submit Dose Admin Report / Flu Vaccine Order
Transfer Vaccine to Another Practice	Transfer Vaccine to Another Practice
Enter Vaccine Return or Waste Information	Enter Vaccine Return or Waste Information
Product Lot Expiration Report	

[Receive Shipment from Distributor](#)

[View Order History](#)

[Generate Returns Packing List](#)

[Return to SSV Menu](#)

Note: the next few slides will address **Monthly Vaccine Orders** only. Influenza ordering will be covered later.

Starting the Wizard



State of Rhode Island
Department of Health

Navigation Menu
Immunization Resource Manual & Form
Logoff

Practice: RIDOH

Alpha Name: RI DEPT OF HEALTH/THE WELLNESS COMPANY Enrollment Year: 2023

PIN: 1600 **Family Practice** Lead LVP Lic.: MD08265

Logged in as: Larsen Vaccine Contact: LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov

Office Contact: NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov COVID Pandemic Contact: LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov

Immunization Rep: Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov Backup COVID Pandemic Contact: MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov

Vaccine Return/Waste

- A **RETURN** is a product that has expired or enrolled due to storage and handling issues and can be returned to the manufacturer.
- A **WASTE** is a product that is in a condition other than its original condition (e.g., pre-drawn vaccines, or re-drawn vaccines).

Before entering your order information, do you have any Vaccine Returns or Waste to report first?

Yes No

Enter Vaccine Waste or Return Information

Action Type: ☒ Return ☐ Waste

Order Type:

Vaccine Type:

Vaccine Brand:

Package Type:

NDC Code:

Lot Number / Exp. Date:

Reason:

Quantity:

After selecting “No” to **Returns/Wasted** reporting you will be directed to the appropriate vaccine reporting pages.

If your practice only offers adult vaccines you will be directed to the **Report Adult Vaccine Inventory** page.

If your practice only offers pediatric vaccines the system will bypass the adult portion of the ordering process.

If your practice offers both adult and pediatric vaccines, you will be required to complete both the **Adult** and **Pediatric** sections of the order process.

These steps are decided based on your Practice Profile when you enrolled in the SSV program.

For this demonstration, we will proceed as a family practice offering both adult and pediatric vaccines.

****Note: Do not use the Back or Forward arrows of your internet browser. If you use these buttons you will be kicked out of the OSMOSSIS system and your data will not be saved.****

Inventory Reporting (1/2)



State of Rhode Island
Department of Health

SSV Practice Menu

Navigation Menu
Immunization Resource Manual & Form
Logoff

Practice: RIDOH
Alpha Name: RI DEPT OF HEALTH/THE WELLNESS COMPANY Enrollment Year: 2023
PIN: 1600 Family Practice Lead LVP Lic.: MD08265
Logged in as: Larsen Vaccine Contact: LAUREN PILUSO 401-222-4639 lauren.pilus@health.ri.gov
Office Contact: NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov COVID Pandemic Contact: LAUREN PILUSO 401-222-4639 lauren.pilus@health.ri.gov
Immunization Rep: Lauren Piluso 401-222-4639 lauren.pilus@health.ri.gov Backup COVID Pandemic Contact: MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov

Report Adult Vaccine Inventory



Please report only state-supplied vaccine. Do NOT report privately purchased vaccines.

On this page you are required to enter in the amount of vaccine you have in your storage unit that is available to be administered to patients. The numbers you enter on this page will affect your order amounts, therefore they need to be an actual count, not a best guess.

Adult Vaccine Inventory

Vaccine Type	NDC Code	Brand	Doses per Pkg	Unit Presentation	Lot Quantity
HEP A - AD	00006-4096-09	Vaqta	6	6-pack SYR	
					3001396: <input type="text"/>
					3007781: <input type="text"/>
HEP B - AD	00006-4094-09	Recombivax HB	6	06 doses	
					3006245: <input type="text"/>
					3007299: <input type="text"/>
VAR	00006-4827-00	Varivax	10	VAR: ADULT; SDV; 10-PACK	
					R006134: <input type="text"/>

Adult Special Initiative Vaccine Inventory

Vaccine Type	NDC Code	Brand	Doses per Pkg	Unit Presentation	Lot Quantity
HEP AB	58160-0815-52	Twinrix	10	HEP AB; SYR; 10-PACK ***Available for PAP facilities only.***	
					B457F: <input type="text"/>
					50531: <input type="text"/>

Activate Product Lot

On the **Report Adult Vaccine Inventory** page you will be required to enter the number of **DOSES** for each state-supplied vaccine NDC and Lot # that you currently have stored in your practice. If you no longer have any doses of a particular Lot #, you need to report a zero (0) quantity in the field, in order for that Lot # to be removed from your inventory for future reporting.

Use the information gathered from the **Lot # Print Out** form to complete the inventory sections.

Only report state-supplied vaccines on the inventory reports; **DO NOT** include privately purchased vaccines.

Page Navigation – use the **Previous** and **Next** buttons to navigate through each page of the order process. Use the **Save & Continue Later** button if you have to leave the system for any period of time.

Inventory Reporting (2/2)



SSV Practice Menu

Navigation Menu

- Immunization Resource Manual & Form
- Logoff

Practice: RIDOH
Alpha Name: RI DEPT OF HEALTH/THE WELLNESS COMPANY
PIN: 1600 **Family Practice**
Enrollment Year: 2023
Lead LVP Lic.: MD08265
Logged in as: Larsen
Vaccine Contact: LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Office Contact: NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov
Immunization Rep: Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov
COVID Pandemic Contact: LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Backup COVID Pandemic Contact: MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov

Report Pediatric Vaccine Inventory

Please report only state-supplied vaccine. Do NOT report privately purchased vaccines.

Pediatric Vaccine Inventory

Vaccine Type	NDC Code	Brand	Doses per Pkg	Unit Presentation	Lot Quantity
DTAP					
	58160-0810-51	Infanrix	5	DTAP-Infanrix-5 X 1 DOSE PF SYRINGE	AC14B1218B: 0
	58160-0810-52	Infanrix	10	CDC INFANRIX SYR 0.5 mL 10/PAC	AC14B157BA: 0 AC14B155BA: 0 AC14B154BA: 0 AC14B149BA: 0 AC14B149AA: 0 AC14B140BA: 0 AC14B146AA: 0 AC14B126BA: 0
DTAP-IPV					
	58160-0812-46	Kinrix	5	KINRIX, PKG 5 SINGLE DOSE SYRINGES	AC20B167FA: 0
	58160-0812-11	Kinrix	10	KINRIX, PKG 10 SINGLE DOSE VIALS	AC20B178DA: 0

Special Pediatric Vaccine Inventory

Vaccine Type	NDC Code	Brand	Doses per Pkg	Unit Presentation	Lot Quantity
EIPV					
	49281-0860-10	IPOL	10	IPV; MDV10; 1-PACK	H13401: 0 H13301: 0

[Activate Product Lot](#)

← Previous Save & Continue Later Next →

On the **Report Pediatric Vaccine Inventory** page, you will be required to enter the number of **DOSES** for each state-supplied vaccine NDC and Lot # that you currently have stored in your practice. If you no longer have any doses of a particular Lot # you need to report a zero (0) quantity in the field, in order for that Lot # to be removed from your inventory for future reporting.

Use the information gathered from the **Lot # Print Out** form to complete the inventory sections.

Once again, only report state-supplied vaccines on the inventory reports; **DO NOT** include privately purchased vaccines.

Vaccine Ordering – Adult



Navigation Menu

- Immunization Resource Manual & Form
- Logoff

SSV Practice Menu

Practice:	RIDOH	Enrollment Year:	2023
Alpha Name:	RI DEPT OF HEALTH/THE WELLNESS COMPANY	Lead LVP Lic.:	MD08265
PIN:	1600 Family Practice		
Logged in as:	Larsen	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Office Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	COVID Pandemic Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov	Backup COVID Pandemic Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov

Place Adult Vaccine Order

Practices are allowed to order vaccine no more than once during any 30-day period. Please order enough vaccine so that you do not run out of supply before you receive delivery of your next order. It is recommended that when you order you should order enough vaccine for your practice to be able to operate for at least 30-days plus any anticipated delivery time of your next order. For example: if you plan on ordering vaccine every 30-days you should order enough vaccine to cover at least 60 days of operations, ordering every 60-days should order 90 days of inventory, and so on.

Indicate in the fields below the number of doses you will need until your next order can be placed and delivered, as described above.

Adult Vaccine Order Entry

Vaccine Type	NDC Code	Brand	Doses per Package	Description	Order Quantity (by dose)
PNEUMO	On Hand: 0				
	00006-4943-00	Pneumovax	10	PPV23; SDV; 10-PACK	0
TDAP AD	On Hand: 0				
	49281-0400-15	Adacel	5	SX1 DOSE SYRINGE-ADULTS	0

Only providers who currently participate in Adult Special Initiatives are eligible to order the following vaccines at this time. If you are not currently enrolled in the Hepatitis, HCW, or HPV initiatives please do not order any of the vaccines listed below.

Adult Special Initiative Vaccine Order Entry

Vaccine Type	NDC Code	Brand	Doses per Package	Description	Order Quantity (by dose)
HEP AB	On Hand: 0				
	58160-0815-52	Twintrix	10	HEP AB; SYR; 10-PACK	0
HEP B-A	On Hand: 0				
	58160-0821-52	Enerix	10	ENERIX-B PFS 20MCG/ML 1ML 10/PAC -CDC	0
HEPA-AD	On Hand: 0				

On the **Place Adult Vaccine Order** page, enter the amount of each vaccine that you wish to order. Please note that vaccines are to be ordered by **Dose Quantity** and must be multiples of the "Doses Per Package". For example, if the dose per package is 5 - order in multiples of 5, if dose per package is 10 - order in multiples of 10, etc.

Orders should include the number of doses you will need in order to maintain *at least a 30-day supply of vaccine beyond your next order date*. For example, if you order every 30 days, order enough vaccine for 60 days; if you order every 60 days, order enough vaccine for 90 days, etc.

Adult Special Initiative vaccines are only to be ordered by practices that have received permission by RIDOH for special initiative projects.

All **Order Quantity** fields must include a value. If you are not ordering a specific vaccine, please indicate so by entering a zero (0) in the order field.

Vaccine Ordering – Pediatric (1/2)



Navigation Menu

- Immunization Resource Manual & Form
- Logoff

Practice: RIDOH

Alpha Name: RI DEPT OF HEALTH/THE WELLNESS COMPANY Enrollment Year: 2023

PIN: 1600 Family Practice Lead LVP Lic.: MD08265

Logged in as: Larsen Vaccine Contact: LAUREN PILUSO 401-222-4639 lauren.pilus@health.ri.gov

Office Contact: NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov COVID Pandemic Contact: LAUREN PILUSO 401-222-4639 lauren.pilus@health.ri.gov

Immunization Rep: Lauren Piluso 401-222-4639 lauren.pilus@health.ri.gov Backup COVID Pandemic Contact: MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov

Place Pediatric Vaccine Order

Practices are allowed to order vaccine no more than once during any 30-day period. Please order enough vaccine so that you do not run out of supply before you receive delivery of your next order. It is recommended that when you order you should order enough vaccine for your practice to be able to operate for at least 30-days plus any anticipated delivery time of your next order. For example; if you plan on ordering vaccine every 30-days you should order enough vaccine to cover at least 60 days of operations, ordering every 60-days should order 90 days of inventory, and so on.

Indicate in the fields below the number of doses you will need until your next order can be placed and delivered, as described above.

Mouse-over message icon when displayed below for more information

Pediatric Vaccine Order Entry

Vaccine Type	NDC Code	Brand	Doses per Package	Description	Order Quantity (by dose)
DTAP-IPV	On-Hand: 0 CDA: 20 KRDA: 0		10	Kinrix DTaP/IPV 0.5ml Pfl Tplck Syr 10pk	<input type="text" value="0"/>
	58160-0812-52	Kinrix	10		
DTAP-IPV-HEPB	On-Hand: 0 CDA: 0 KRDA: 0		10	CDC PEDIARIX SYR TIPLOCK 10/PAC	<input type="text" value="0"/>
	58160-0811-52	Pediarix	10		
HEP A	On-Hand: 0 CDA: 20 KRDA: 0		10	HAVRIX Tiplck NO NDL No Pres 5ml 10 pkg	<input type="text" value="0"/>
	58160-0825-52	Havrix	10		
HEP B	On-Hand: 0 CDA: 20 KRDA: 0		10	CDC ENGERIX B - HEP B (PED) SYR 10/PAC	<input type="text" value="0"/>
	58160-0820-52	Engerix	10		
HIB	On-Hand: 0 CDA: 0 KRDA: 0		10	Haemophilus Influenzae, Type B - PedvaxHIB	<input type="text" value="0"/>
	00006-4897-00	PedvaxHIB	10		
HPV9	On-Hand: 0 CDA: 0 KRDA: 0		10	HPV9	<input type="text" value="0"/>
	00006-4119-03	Gardasil	10		
MCV4	On-Hand: 0 CDA: 10 KRDA: 0		5	MCV4; SDV; 5-PACK	<input type="text" value="0"/>
	49281-0589-05	Menactra	5		
MENB	On-Hand: 0 CDA: 0 KRDA: 0		10	Mening B	<input type="text" value="0"/>
	46028-0114-02	Bexsero	10		
MMR	On-Hand: 0 CDA: 0 KRDA: 0		10	MMR; SDV; 10-PACK	<input type="text" value="0"/>
	00006-4681-00	MMR II	10		
MMRV	On-Hand: 0 CDA: 0 KRDA: 0		10	MMRV	<input type="text" value="0"/>
	00006-4171-00	Proquad *	10		

The instructions for placing pediatric vaccine orders are the same as for adult orders:

On the **Place Pediatric Vaccine Order** page, enter the amount of each vaccine that you wish to order. Please note that vaccines are to be ordered by **Dose Quantity**, and must be multiples of the “Doses Per Package”. For example, if the dose per package is 5 - order in multiples of 5, if dose per package is 10 - order in multiples of 10, etc.

Orders should include the number of doses you will need in order to maintain *at least a 30-day supply of vaccine beyond your next order date*. For example, if you order every 30 days, order enough vaccine for 60 days; if you order every 60 days, order enough vaccine for 90 days, etc.

****NEW:** KRDA represents the KIDSNET Reported Doses Administered amount of each vaccine reported since the last order date. This number should be compared to the Calculated Doses Administered (CDA). The envelope icon will appear if the 10% allowed variance is exceeded.**

Vaccine Ordering – Pediatric (2/2)



Special Pediatric Vaccine Order Entry

Vaccine Type	NDC Code	Brand	Doses per Package	Description	Order Quantity (by dose)
DT	On-Hand: 0				
	49281-0225-10	DT	1	DT; SDV; Must have scheduled appt within 30-days in order request vaccine	0
EIPV	On-Hand: 0				
	49281-0860-10	IPOL	10	IPV; MDV10; 1-PACK	0
MENHIB	On-Hand: 0				
	58160-0801-11	MenHiberix	1	Available for Tomorrow Fund ordering only	0
PNEUMOP	On-Hand: 0				
	00006-4943-00	Pneumovax	1	PNUEMO 10 X 0.5 ML, VIALSD, 10 DOS	1
TD	On-Hand: 0				
	49281-0215-15	Tenivac	10	TD; SYR; 10-PACK	0

[Send note to HEALTH about this order](#)
(You may send more than one note)

Special Pediatric vaccines are vaccines that should be ordered only if regular vaccines cannot fill a need due to patient-specific medical reasons. These vaccines may require special circumstances for order approval and may delay the order approval process.

If you have any special requests or instructions regarding your order, please **DO NOT** send a separate email concerning your order. It may not be reviewed before your order is processed. Instead, please include a note by selecting the “**Send note to RIDOH about this order**” link. This note will be displayed on the order for RIDOH to review before approving the order.

All **Order Quantity** fields must include a value. If you are not ordering a specific vaccine, please indicate so by entering a zero (0) in the order field.

Temperature Reporting



Navigation Menu

- Immunization Resource Manual & Form
- Logoff

SSV Practice Menu

Practice:	RIDOH		
Alpha Name:	RI DEPT OF HEALTH/THE WELLNESS COMPANY	Enrollment Year:	2023
PIN:	1600 Family Practice	Lead LVP Lic.:	MD06265
Logged in as:	Larsen	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Office Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	COVID Pandemic Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov	Backup COVID Pandemic Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov

Temperature Log/Email Address



You must submit a temperature log that represents the most recent thirty days of temperatures.

Temperature Log

Temperature log
submitted by:

- ☐ Upload Non-State Supplied Data Logger File
- ☒ State Supplied Data Logger (LASCAR)

Contact Email Address



An email will be sent to LAUREN PILUSO, the Vaccine Contact for your practice, at lauren.piluso@health.ri.gov. To add additional recipients for emails about this order, enter those email address(es) in the box below, separated by a semi-colon (;).

← Previous

Save & Continue Later

Next →

Storage unit temperatures can be reported in two ways:

1. Upload Temperatures - non-state supplied data logger

2. Cloud (state supplied data logger)- if you have a Cloud-Based Logger supplied by RIDOH, the temperatures will be retrieved automatically through the cloud account

Temperature information is **required** for an order to be approved. If unable to choose an option above and if discussed and agreed upon with your Immz Rep, temperature logs can be faxed to 222-1442. Failure to submit temperature information with result in a delay to approve vaccine order.

An email will be sent to the Vaccine Contact on record when it is submitted, approved, and shipped. If you wish to receive notifications at additional email addresses, enter them on this page.

Delivery Information



SSV Practice Menu

Practice:	RIDOH	Enrollment Year:	2023
Alpha Name:	RI DEPT OF HEALTH/THE WELLNESS COMPANY	Lead LVP Lic.:	MD08265
PIN:	1600 Family Practice	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Logged in as:	Larsen	COVID Pandemic Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Office Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	Backup COVID Pandemic Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		

A practice is required to report the delivery address and office hours that are available for vaccine delivery each time an order is placed. Please plan accordingly for vacations or holidays. Practices are responsible to have staff in the practice on the days identified on the **Delivery Instructions** page.

Delivery Instructions

**** P.O. Box is not a valid delivery address ****

*** Required Fields**

Address Line1: * 123 MAIN STREET

Address Line2: *

City: * PROVIDENCE

State: * RI

Zip Codes: * 22222

Available Delivery Days and Hours

Please **CHECK** the times when you can accept shipments. You **MUST** check delivery hours for at least two days.

Hours	Tuesday	Wednesday	Thursday	Friday
9am-12noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1pm-4pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR				
9am-4pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Delivery Instructions

Please indicate any special delivery instructions, such as "Deliver to RN". Special Delivery instructions can be no more than 14 characters.

NONE

← Previous Save & Continue Later Next →

Please note that a **PO BOX address** is not an acceptable delivery address.

You must select at least **two** delivery times for the week. This information must be updated with every order. change wording

Special Delivery Instructions should only be used if you need to identify a specific area of the practice for delivery, e.g. back door, front desk, etc. These instructions must not exceed 14 characters (including spaces). CHANGING THE HOURS OF OPERATION FOR A SPECIFIC DAY OTHER THAN OPTIONS ABOVE WILL NOT BE HONORED IF LISTED IN THIS BOX. PROVIDER MUST BE AVAILABLE DURING HOURS SELECTED.

Order Summary



Navigation Menu
 ▶ Immunization Resource Manual & Form
 ▶ Logoff

SSV Practice Menu
 Practice: RIDOH
 Alpha Name: RI DEPT OF HEALTH/THE WELLNESS COMPANY Enrollment Year: 2023
 PIN: 1600 **Family Practice** Lead LVP Lic.: MD08265
 Logged in as: Larsen Vaccine Contact: LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
 Office Contact: NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov COVID Pandemic Contact: LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
 Immunization Rep: Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov Backup COVID Pandemic Contact: MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov

Please review your order carefully. You will not be able to make any changes to this order once you submit it. To make changes, use the previous button at the bottom of the page.

Adult Vaccine Order Summary

Vaccine Type/ Line Item	NDC Code	Brand	Pkg	Doses per Package	Description	Order Quantity
PNEUMO	On-Hand: 0					
1	00006-4943-00	Pneumovax	SDV	10	PPV23; SDV; 10-PACK	0
TDAP AD	On-Hand: 0					
2	49281-0400-15	Adacel	SYR	5	5X1 DOSE SYRINGE-ADULTS	20

Adult Special Initiative Vaccine Order Summary

Vaccine Type/ Line Item	NDC Code	Brand	Pkg	Doses per Package	Description	Order Quantity
HEP AB	On-Hand: 0					
3	58160-0815-52	Twinrix	SYR	10	HEP AB; SYR; 10-PACK	0
HEP B-A	On-Hand: 0					
4	58160-0821-52	Engerix	SYR	10	ENGRIX-B PFS 20MCG/ML 1ML 10/PAC -CDC	0
HEPA-AD	On-Hand: 0					
5	58160-0826-52	Havrix	SYR	10	HEP A (ADULT); SYR; 10-pack	0
HPV AD	On-Hand: 0					
6	00006-4045-41	Gardasil	SDV	10	HPV; SDV; 10-PACK	0
MCV4 AD	On-Hand: 0					
7	49281-0589-05	Menactra	SDV	5	MCV4; SDV; 5-PACK	0
MMR AD	On-Hand: 0					
8	00006-4681-00	MMR II	SDV	10	MMR; SDV; 10-PACK	0
TD AD	On-Hand: 0					

The **Vaccine Order Summary** page allows you to review your order before you submit it.

Should you need to make any changes, click on the **Previous** or **Next** buttons to navigate to the page on which you need to make changes.

****As a reminder, do not use the Back or Forward arrows of your internet browser. If you use these buttons you will be kicked out of the OSMOSSIS system and your data will not be saved.****

Order Summary / Submit Order



Order Summary (continued)

Once you have reviewed your order, click the **Submit Order** button to send your order to RIDOH for processing.

Vaccine Type/ Line Item	NDC Code	Brand	Pkg	Doses per Package	Description	Order Quantity
DTAP	On-Hand: 0					
11	58160-0810-52	Infanrix	SYR	10	CDC INFANRIX SYR 0.5 mL 10/PAC	0
DTAP-IPV	On-Hand: 0					
12	58160-0812-52	Kinrix	SYR	10	Kinrix DTaP/IPV 0.5ml Pfl Tplck Syr 10pk	0
DTAP-IPV- HEPB	On-Hand: 0					
13	58160-0811-52	Pediarix	SYR	10	CDC PEDIARIX SYR TIPLOCK 10/PAC	0
HEP A (PED)	On-Hand: 0					
14	58160-0825-52	Havrix	SYR	10	HAVRIX TipLok NO ND L No Pres 5ml 10 pkg	0
HEP B (PED)	On-Hand: 0					
15	58160-0820-52	Engerix	SYR	10	CDC ENGERIX B - HEP B (PED) SYR 10/PAC	0
HIB	On-Hand: 0					
16	00006-4897-00	PedvaxHIB	SDV	10	Haemophilus Influenzae, Type B - PedvaxHIB	0
HPV PED	On-Hand: 0					
17	00006-4045-41	Gardasil	SDV	10	HPV; SDV; 10-PACK	0
MCV4	On-Hand: 0					
18	49281-0589-05	Menactra	SDV	5	MCV4; SDV; 5-PACK	0
MMR	On-Hand: 0					

Special Pediatric Vaccine Order Summary

Vaccine Type/ Line Item	NDC Code	Brand	Pkg	Doses per Package	Description	Order Quantity
DT	On-Hand: 0					
24	49281-0225-10	DT	SDV	1	DT; SDV; 10-pack	0
EIPV	On-Hand: 10					
25	49281-0860-10	IPOL	MDV	10	IPV; MDV10; 1-PACK	0
PNEUMOP	On-Hand: 0					
26	00006-4943-00	Pneumovax	SDV	10	PNUEMO 10 X 0.5 ML, VIALSD 10 DOS	0
TD	On-Hand: 0					
27	49281-0215-15	Tenivac	SYR	10	TD; SYR; 10-PACK	0

← Previous

Save & Continue Later

Submit Order

Submission Confirmation



Navigation Menu

- Immunization Resource Manual & Form
- Logoff

SSV Practice Menu

Practice:	RIDOH	Enrollment Year:	2023
Alpha Name:	RI DEPT OF HEALTH/THE WELLNESS COMPANY	Lead LVP Lic.:	MD08265
PIN:	1600 Family Practice	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Logged In as:	Larsen	COVID Pandemic Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Office Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	Backup COVID Pandemic Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		

Vaccine Order Confirmation

The following order has been submitted to HEALTH for processing on Monday December 17, 2012 03:35PM.

Once your order is APPROVED by HEALTH it should be delivered within 10 business days.

Check your order history to get a copy of your APPROVED order.

Exit Order Wizard

Upon submission of your order you will see the **Vaccine Order Confirmation** page. This page verifies that your order has been submitted to RIDOH for approval.

RIDOH will review the submitted order and may make modifications if necessary. You will receive an email once your order has been approved at which time you will be able to see the approved order on your **Order History** screen.

If all required documentation has been received, barring extenuating circumstances RIDOH should make a decision on your order within 2 business days.

Vaccine Delivery

- **Monthly Vaccine** order – up to 10 business days from the date **approved**
- **Influenza and COVID Vaccine** order – up to 5 business days from the date **approved**

ORDER CONFIRMATION



Upon submission of your order, you will see the **Vaccine Order Confirmation** page. This page verifies that your order has been submitted to RIDOH for approval.

RIDOH will review the submitted order and may make modifications if necessary. You will receive an email once your order has been approved; at which time you will be able to see the approved order on your **Order History** screen.

You may also receive an email that your order has been placed on HOLD or has been DECLINED. The reasons for the HOLD or DECLINE will be listed in the note section of the email.

Reasons for HOLD:

- Temperatures out of range (temperature excursion)
- Past 30 days of temperatures not recorded or submitted
- Not conducting twice daily required audit checks
- Not logging in the cloud one daily to review past 12-24hrs of temps and entering initials in the table view
- All temperature monitoring requirements not met
- Lack of communications from provider to Immunization Rep

Reasons for DECLINED:

- To enter vaccine returns due to temperature excursion.
- Non-compliance to program policies.

If all required documentation has been received, barring extenuating circumstances RIDOH should make a decision on your order within 2 business days.

Receiving Refrigerator Shipments (1/4)



MONTHLY Vaccine
Order ID: 10574
Next Order Date: 11/25/2016
Ordering Disabled Reason: **There are shipments to receive**
[PRINT OUT Current Inventory Lot# Report](#)
[Place Vaccine Order](#)
[Transfer Vaccine to Another Practice](#)
[Enter Vaccine Return or Waste Information](#)
[Product Lot Expiration Report](#)

INFLUENZA Vaccine
Order ID: F10575
Next Order Date: NOW
Order Status: New
[PRINT OUT Current Flu Inventory Lot# Report](#)
[Submit Dose Admin Report / Flu Vaccine Order](#)
[Transfer Vaccine to Another Practice](#)
[Enter Vaccine Return or Waste Information](#)

Receive Shipment from Distributor			
Order Id	Shipped	Tracking Information	Packing Slip Delivery #
10574	10/29/2016	1ZX1228Y10574 UPS	#10574
10574	10/29/2016	2DX1228Y10574 UPS	N/A (Direct-Ship)

[View Order History](#)

[Generate Returns Packing List](#)

Once an order has been approved, it will be transmitted to CDC for shipment. Upon release of the product from the Distribution Center your **Vaccine Order Menu** will be updated to show that there is a shipment to receive. The information will include both the shipment date and a tracking number. Once the product is delivered, you will need to "receive it into OSMOSSIS".

Click the **Packing Slip Delivery #** to view shipment details, where you can receive the product when it arrives.

Click the **Tracking #** to access the website of the shipping company where you can view the status of your delivery.

If shipping details are available but you have not received the delivery at your facility, you **MUST CONTACT RIDOH WITHIN 4-10 DAYS**. Anything after that time frame, the order will not be replaced, and a new order will need to be submitted.

Receiving Refrigerator Shipments (2/4)



Receive Vaccine Shipment

For Tracking Number: 1ZX1228Y10574 (UPS)

Date Shipment Received: *

Vaccine arrived within the allowable temperature ranges?: *

☐ Yes ☐ No

Packing Slip Delivery #10574

Adult Vaccine Shipment Summary

Vaccine Type/ Line Item	NDC Code	Brand	Lot #	Shipped Doses	Rec'd Doses
HEP B-A					
1	58160-0821-52	Engerix	102893840	100	100
HEPA-AD					
2	58160-0826-52	Havrix	102893840	100	100
HPV9					
3	00006-4119-03	Gardasil	102893840	10	10
MCV4 AD					
4	49281-0589-05	Menactra	102893840	10	10

Pediatric Vaccine Shipment Summary

Vaccine Type/ Line Item	NDC Code	Brand	Lot #	Shipped Doses	Rec'd Doses
DTAP-IPV					
12	58160-0812-52	Kinrix	102893840	100	100
DTAP-IPV-HEPB					
13	58160-0811-52	Pediarix	102893840	100	100
HEP A					
14	58160-0825-52	Havrix	102893840	100	100

Save & Continue Later

Receive Shipment

Cancel

In this example, the page to the left will open when you click **Packing Slip Delivery #10574** to receive products shipped by McKesson Specialties.

Fill in the date the shipment was received at your facility and verify that the vaccine arrived within the acceptable temperature ranges by looking at the temperature strips included in the package.

Once shipment arrives, immediately receive the product into inventory. Contact your Immunization Rep immediately if the product in the container does not match that on the packing slip, or if the shipping temperature is out of acceptable range.

Shipping errors must be reported to RIDOH within **4 hours of delivery** to receive credit for reporting shipping errors.

Receiving Refrigerator Shipments (3/4)



Receive Vaccine Shipment

For Tracking Number: 1ZX1228Y10574 (UPS)

Date Shipment Received: *

Vaccine arrived within the allowable temperature ranges?: *

☐ Yes ☐ No

Once you enter the shipment delivery information, a box will appear instructing you to receive the products of the delivery; click **Return to form**.

Receive Vaccine Shipment

For Tracking Number: 1ZX1228Y10574 (UPS)

Date Shipment Received: *

Oct 31, 2016

Vaccine arrived within the allowable temperature ranges?: *

☒ Yes ☐ No

Verify Dose Count



Verify that the amount in the Received Doses column is what you physically received. If it is not, please enter the correct amount.

[Return to form](#)

If you try to complete receipt of shipment without entering **Date Shipment Received** and answering the temperature range question, you will see an error box pop up requiring that you complete the data. Click **Return to form**.

Receive Vaccine Shipment

For Tracking Number: 1ZX1228Y10574 (UPS)

Date Shipment Received: *

Data required

Vaccine arrived within the allowable temperature ranges?: *

☐ Yes ☐ No
value is required

Incomplete or Invalid Data



The information cannot be submitted as entered. Note any error messages and fix all errors and omissions.

[Return to form](#)

Receiving Refrigerator Shipments (4/4)



Packing Slip Delivery #10574

Adult Vaccine Shipment Summary

Vaccine Type/ Line Item	NDC Code	Brand	Lot #	Shipped Doses	Recv'd Doses
HEP B-A					
1	58160-0821-52	Engerix	102893840	100	100
HEPA-AD					
2	58160-0826-52	Havrix	102893840	100	100
HPV9					
3	00006-4119-03	Gardasil	102893840	10	10
MCV4 AD					
4	49281-0589-05	Menactra	102893840	10	10

Pediatric Vaccine Shipment Summary

Vaccine Type/ Line Item	NDC Code	Brand	Lot #	Shipped Doses	Recv'd Doses
DTAP-IPV					
12	58160-0812-52	Kinrix	102893840	100	100
DTAP-IPV-HEPB					
13	58160-0811-52	Pediarix	102893840	100	100
HEP A					
14	58160-0825-52	Havrix	102893840	100	100

Save & Continue Later

Receive Shipment

Cancel

Verify that the products you received match the products and quantities listed on the **Receive Shipments** page.

The next step is to confirm the quantity of vaccine that was delivered by product **Type**, **NDC Code**, and **Lot #**. The **Recv'd Doses** field will already be populated by the shipping file RIDOH received from McKesson. Verify that this number matches the quantity in the shipping container for each vaccine type. If product shipped does not match, change the quantity of **Recv'd Doses** accordingly.

You must report any quantity discrepancy to RIDOH within 4 hours of delivery. Do not discard the packing slip; RIDOH will need it to verify the delivery discrepancy.

Once you have made any necessary changes – or to receive the shipment as indicated – click **Receive Shipment**.

Note: OSMOSSIS will not allow you to place another vaccine order until all outstanding deliveries are “received into the system”.

Receiving Frozen Shipments



MONTHLY Vaccine

Order ID: 10574
Next Order Date: 11/25/2016
Ordering Disabled Reason: **There are shipments to receive**

[PRINT OUT Current Inventory Lot# Report](#)

[Place Vaccine Order](#)

[Transfer Vaccine to Another Practice](#)

[Enter Vaccine Return or Waste Information](#)

[Product Lot Expiration Report](#)

INFLUENZA Vaccine

Order ID: F10575
Next Order Date: NOW
Order Status: New

[PRINT OUT Current Flu Inventory Lot# Report](#)

[Submit Dose Admin Report / Flu Vaccine Order](#)

[Transfer Vaccine to Another Practice](#)

[Enter Vaccine Return or Waste Information](#)

Receive Shipment from Distributor

Order Id	Shipped	Tracking Information	Packing Slip Delivery #
10574	10/29/2016	1ZX1228Y10574 UPS	#10574
10574	10/29/2016	2DX1228Y10574 UPS	N/A (Direct-Ship)

[View Order History](#)

[Generate Returns Packing List](#)

To receive frozen vaccine deliveries directly from Merck Pharmaceuticals, click **N/A (Direct-Ship)** in the **Receive Shipment from Distributor** section.

The receiving process is the same for frozen vaccines as for non-frozen, as indicated on the previous pages.

Be sure to enter **all** quantities in direct-ship boxes on this page. OSMOSSIS knows how many boxes are included in the shipment but does not know how many doses are in each box.

If shipping details are available but you have not received the delivery at your facility, you **MUST CONTACT RIDOH WITHIN 4-10 DAYS**. Anything after that time frame, the order will not be replaced, and a new order will need to be submitted..

Receiving Damaged Shipments



Receive Vaccine Shipment

For Tracking Number: 1ZX1216Y10586 (UPS)

Date Shipment Received:

Vaccine arrived within the allowable temperature range? ☐ Yes ☒ No

Packing Slip Delivery #10586

Adult Vaccine Shipment Summary

Vaccine Type/Line Item	NDC Code	Brand	Lot #	Shipped Doses	Received Doses
HEP B-A					
1	58160-0821-52	Engerix	102895521	10	
MENB					
5	46028-0114-01	Bexsero	102895521	40	
MMR AD					
6	00006-4081-00	MMR II	102895521	10	10

Pediatric Vaccine Shipment Summary

Vaccine Type/Line Item	NDC Code	Brand	Lot #	Shipped Doses	Received Doses
MCV4					
18	49281-0589-05	Menactra	102895521	10	10

Save & Continue Later Receive Shipment Cancel

If a product is received out of acceptable temperature ranges (as indicated by the enclosed temperature strip) please contact RIDOH within 4 hours of delivery, **before** receiving the delivery into OSMOSSIS.

If it is decided that the product is no longer viable, select **No** in answering the question regarding whether the "Vaccine arrived within the allowable temperature ranges". After selecting **No**, you will see the **Verify Dose Count** message appear. Click **Return to form**.

You will still need to verify that all products indicated on the packing slip, in the package, and on the shipping summary file uploaded to OSMOSSIS match.

Once all product quantities are verified or adjusted, select **Receive Shipment** and another pop-up message will appear confirming that you want to continue with the return of vaccine that was shipped inappropriately.

All products in the order must be "received" before an automatic replacement order will be created. Automatic return will not be created until the replacement order is approved by RIDOH.

Receive Vaccine Shipment

For Tracking Number: 1ZX1216Y10586 (UPS)

Date Shipment Received:

Vaccine arrived within the allowable temperature range? ☐ Yes ☒ No

Packing Slip Delivery #10586

Adult Vaccine Shipment Summary

Vaccine Type/Line Item	NDC Code	Brand	Lot #	Shipped Doses	Received Doses
HEP B-A					
1	58160-0821-52	Engerix	102895521	10	
MENB					
5	46028-0114-01	Bexsero	102895521	40	
MMR AD					
6	00006-4081-00	MMR II	102895521	10	10

Pediatric Vaccine Shipment Summary

Vaccine Type/Line Item	NDC Code	Brand	Lot #	Shipped Doses	Received Doses
MCV4					
18	49281-0589-05	Menactra	102895521	10	10

Save & Continue Later Receive Shipment Cancel

Receiving Multiple Packages



OSMOSSIS Vaccine Ordering Menu

MONTHLY Vaccine

Order ID: 10567
Next Order Date: 10/25/2016
Ordering Disabled Reason: **There are shipments to receive**

PRINT OUT Current Inventory Lot# Report

Place Vaccine Order

Transfer Vaccine to Another Practice

Enter Vaccine Return or Waste Information

Product Lot Expiration Report

INFLUENZA Vaccine

Order ID: F10566
Next Order Date: 10/31/2016
Ordering Disabled Reason: **There are shipments to receive**

PRINT OUT Current Flu Inventory Lot# Report

Submit Dose Admin Report / Flu Vaccine Order

Transfer Vaccine to Another Practice

Enter Vaccine Return or Waste Information

Receive Shipment from Distributor				
Order ID	Shipped	Tracking Information		Packing Slip Delivery #
10567	09/27/2016	1ZX1166Y10567	UPS	#10567
10567	09/27/2016	2ZX1166Y10567	UPS	#200010567
10567	09/27/2016	3ZX1166Y10567	UPS	#300010567
10567	09/27/2016	2DX1166Y10567 3DX1166Y10567	UPS	N/A (Direct-Ship)

View Order History

Generate Returns Packing List

If a product shipment includes multiple boxes and packing slips for one order, you will need to receive each box/packing slip independently.

By clicking on the **Packing Slip Delivery #**, OSMOSSIS will open the receiving window for that packing slip only. Complete the entire receiving process for each individual packing slip before moving to the next one.

The example to the left shows a delivery of refrigerator-stable (non-frozen) vaccines in three boxes, and one delivery of frozen vaccines. As you can see, the order ID is the same for all shipments, indicating they are part of the same order.

Multiple Packages (1/2)



Box #1 contains one vaccine that has two different lot numbers to fulfill the adult portion of the order

Receive Vaccine Shipment

For Tracking Number: 1ZX1166Y10567 (UPS)

Date Shipment Received: *

Vaccine arrived within the allowable temperature ranges?: * ☐ Yes ☐ No

Packing Slip Delivery #10567

Adult Vaccine Shipment Summary

Vaccine Type/ Line Item	NDC Code	Brand	Lot #	Shipped Doses	Recv'd Doses
HPV9					
3	00006-4119-03	Gardasil	926152243	25	25
			826152243	25	25

Pediatric Vaccine Shipment Summary

Vaccine Type/ Line Item	NDC Code	Brand	Lot #	Shipped Doses	Recv'd Doses
HPV9					
17	00006-4119-03	Gardasil	926152243	100	100

Save & Continue Later Receive Shipment Cancel

Box #2 contains 25 more doses for the adult portion of the order

Receive Vaccine Shipment

For Tracking Number: 2ZX1166Y10567 (UPS)

Date Shipment Received: *

Vaccine arrived within the allowable temperature ranges?: * ☐ Yes ☐ No

Packing Slip Delivery #200010567

Adult Vaccine Shipment Summary

Vaccine Type/ Line Item	NDC Code	Brand	Lot #	Shipped Doses	Recv'd Doses
HPV9					
3	00006-4119-03	Gardasil	926152243	25	25

Save & Continue Later Receive Shipment Cancel

Multiple Packages (2/2)



Box #3 contains the final 25 doses for the adult portion of the order

Receive Vaccine Shipment

For Tracking Number: 3ZX1166Y10567 (UPS)

Date Shipment Received: *

Vaccine arrived within the allowable temperature ranges?: * ☐ Yes ☐ No

Packing Slip Delivery #300010567

Adult Vaccine Shipment Summary

Vaccine Type/ Line Item	NDC Code	Brand	Lot #	Shipped Doses	Recv'd Doses
HPV9					
3	00006-4119-03	Gardasil	926152243	25	25

Save & Continue Later Receive Shipment Cancel

Box #4 contains the direct-ship (frozen) portion of the order. OSMOSSIS knows how many boxes are included in the shipment but does not know how many doses are in each box. Therefore, you must enter the total of **all** direct ship boxes on this page

For Tracking Numbers: 2DX1166Y10567 (UPS)
3DX1166Y10567 (UPS)

Date Shipment Received: *

Vaccine arrived within the allowable temperature ranges?: * ☐ Yes ☐ No

Packing Slip Delivery # N/A (Direct-Shipment)



This is a Direct-Ship multi-box shipment. Please enter the total quantities received from *ALL* boxes matching the displayed tracking numbers.

Adult Vaccine Shipment Summary

Vaccine Type/ Line Item	NDC Code	Brand	Lot #	Shipped Doses	Recv'd Doses
VAR					
11	00006-4827-00	Varivax	926152243	110	110

Pediatric Vaccine Shipment Summary

Vaccine Type/ Line Item	NDC Code	Brand	Lot #	Shipped Doses	Recv'd Doses
VAR					
27	00006-4827-00	Varivax	C26152243	60	60
			926152243	50	50

Save & Continue Later Receive Shipment Cancel

Returns / Waste Report



State of Rhode Island Department of Health

SSV Practice Menu

Practice:	RI DOH	Lead LVP Lic.:	MD08265
Alpha Name:	RI DEPT OF HEALTH/THE WELLNESS COMPANY	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
PIN:	1600 Family Practice	Pandemic Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Logged in as:	1600	Backup Pandemic Vaccine Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov
Practice Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov		
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		
Order ID:	83050	Next Order Date:	NOW
Order Status:	New	Ordered by:	LAUREN PILUSO

Vaccine Return/Waste

- A **RETURN** is a product that has expired or spoiled due to storage and handling issues and can be returned to the manufacturer in its original condition for refund of the Excise Tax.
- A **WASTE** is a product that cannot be returned for credit due to the vaccine being in a condition other than its original state. Examples of waste include, broken/leaking vials, pre-drawn vaccines, or re-constituted vaccines.

Enter Vaccine Waste or Return Information

Action Type:	<input type="radio"/> Return <input type="radio"/> Waste
Order Type:	<input type="text" value="Select..."/>
Vaccine Type:	<input type="text"/>
Vaccine Brand:	<input type="text"/>
Package Type:	<input type="text"/>
NDC Code:	<input type="text"/>
Lot Number / Exp. Date:	<input type="text"/>
Quantity:	<input type="text" value="0"/>
Reason:	<input type="text" value="Select 'Return' or 'Waste' before selecting a reason"/>

Save and Add Another

Save

Cancel

Returned or wasted vaccine should be entered within 48 hours of event or expiring. Please complete the **Vaccine Return/Waste** information for each affected product and Lot #, quantity and reason.

REMINDER: Return reports are approved at the end of each month. Labels will be sent once approved. Return labels are valid for 30 days. Return vaccine to the manufacture within 30 days of receiving the label.

Please note the differences between a **Return** and **Wasted** vaccine.

Complete the following steps for a vaccine Return or Waste:

1. Select the **Return** or **Waste** Button
2. Select **Order Type**:
 - Pediatric or Pediatric Specialty
 - Adult or Adult Specialty

(From this point on the system will pre-populate your entries if there is only 1 choice available.)

3. Select vaccine type, vaccine brand, package type, NDC code, Lot #, and reason [for waste or return] from dropdown menus
4. Enter quantity of doses to be returned
5. Choose to **Add Another vaccine** return/waste or click **Save** to complete the process.

Transferring Vaccine (1/2)



State of Rhode Island
Department of Health

Navigation Menu
Immunization Resources Manual & Forms
D Logout

Logged in as: 1509
Practice: HEALTH12
Alpha Name: Health 12
PIN: 1509 FAMILY
Practice Contact: MARK FRANCESCONI 222-222-2222
Lead LVP Lic: MD12345
Vaccine Contact: RHANIDA PENÄ 222-222-2222

OSMOSSIS Vaccine Ordering Menu

MONTHLY Vaccine Order
Order ID: 10126
Next Order Date: NOW
Order Status: New
PRINT OUT Current Inventory Lot# Report
Place Vaccine Order
Transfer Vaccine to Another Practice
Enter Vaccine Return or Waste Information
Product Lot Expiration Report

INFLUENZA Vaccine Order
Order ID: F10164
Next Order Date: NOW
Order Status: Incomplete
PRINT OUT Current Flu Inventory Lot# Report
Submit Dose Admin Report / Flu Vaccine Order
Transfer Vaccine to Another Practice
Enter Vaccine Return or Waste Information

Receive Shipment from Distributor
View Order History
Return to SSV Menu

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Vaccines may be transferred between 2 or more enrolled SSV practices.

Transferring vaccine is a 2-step process requiring initiation by the practice releasing the vaccine, and acceptance/rejection by the receiving practice.

This module operates similarly to the Return/Waste module, with additional information needed such as the practice to which the vaccine will be transferred.

Transferring Vaccine (2/2)



Vaccine Transfer



Transfers can only be completed between two actively enrolled SSV practices. Vaccines can only be transferred to practices that are approved to administer that type of vaccine. If you are trying to transfer vaccine to a practice that does not appear on the drop-down list please contact RIDOH at 401-222-4639.

Enter Vaccine Transfer Information

Order Type:	<input type="text" value="Select..."/>
Vaccine Destination:	<input type="text"/>
Vaccine Type:	<input type="text"/>
Vaccine Brand:	<input type="text"/>
Package Type:	<input type="text"/>
NDC Code:	<input type="text"/>
Lot Number / Exp. Date:	<input type="text"/>
Quantity:	<input type="text"/>

Save and Add Another

Save

Cancel

To transfer vaccine, select the appropriate option from each drop-down category: order type, vaccine destination (the practice the vaccine is being transferred to), other vaccine specifics, and the quantity of doses being released/transferred.


As mentioned previously, OSMOSSIS will pre-populate categories if there is only 1 answer choice available.

Once you **Save** the transfer request, the receiving practice will be notified and be required to accept the transfer, after which the inventory will be released from one practice and added to the other.

Follow pack out instruction when packing vaccines in cooler. All transferred vaccine must have a temperature monitoring devices

Order History (1/3)





State of Rhode Island
Department of Health

Navigation Menu

Immunization Resources Manual & Form
Logout

SSV Practice Menu

Practice:	RIDOH	Enrollment Year:	2023
Alpha Name:	RI DEPT OF HEALTH/THE WELLNESS COMPANY	Lead LVP UIC:	MD08265
PIN:	1600 Family Practice	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Logged in as:	Larsen	COVID Pandemic Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Office Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	Backup COVID Pandemic Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		

OSMOSSIS Vaccine Ordering Menu

MONTHLY Vaccine

Order ID: 88656
Next Order Date: 06/07/2023
Ordering Disabled Reason: **Not yet next order date**

PRINT OUT Current Inventory Lot# Report

Place Vaccine Order

Transfer Vaccine to Another Practice

Enter Vaccine Return or Waste Information

Product Lot Expiration Report

There are currently 4 lot numbers expiring within the next 120 days.

INFLUENZA Vaccine

Order ID: F85902
Next Order Date: NOW
Order Status: New

PRINT OUT Current Flu Inventory Lot# Report

Submit Dose Admin Report / Flu Vaccine Order

Transfer Vaccine to Another Practice

Enter Vaccine Return or Waste Information

COVID-19 Vaccine

COVID-19 vaccine provider enrollment information is available at [Rhode Island COVID-19 Vaccine Information for Healthcare Providers](#) subpage. One requirement for vaccine ordering is the completion of COVID-19 training. You have attested that you have completed the required CDC COVID-19 Vaccine Training and will monitor the CDC COVID-19 site for updates.
It is important that you monitor the CDC COVID-19 site for updated information on an ongoing basis.

PRINT OUT Current Inventory Lot# Report

Submit COVID-19 Vaccine Order

Transfer Vaccine to Another Practice

Enter Vaccine Return or Waste Information

Order ID: C67246
Next Order Date: NOW
Order Status: New

Receive Shipment from Distributor

View Order History

Generate Returns Packing List

Return to SSV Menu

The **View Order History** link will allow you to follow the status of a current order being processed as well as view previous orders.

Order History (2/3)



Navigation Menu

- Immunization Resource Manual & Form
- Logout

SSV Practice Menu

Practice: RIDOH
 Alpha Name: RI DEPT OF HEALTH/THE WELLNESS COMPANY
 PIN: 1600 **Family Practice**
 Enrollment Year: 2023
 Lead LVP Lic.: MD08265
 Logged in as: Larsen
 Vaccine Contact: LAUREN PILUSO
 401-222-4639
 lauren.piluso@health.ri.gov
 Office Contact: NICOLE SELEMA
 401-222-4631
 nicole.selema@health.ri.gov
 COVID Pandemic Contact: LAUREN PILUSO
 401-222-4639
 lauren.piluso@health.ri.gov
 Immunization Rep: Lauren Piluso
 401-222-4639
 Lauren.Piluso@health.ri.gov
 Backup COVID Pandemic Contact: MEAGHAN JOYCE
 401-222-1580
 meaghan.joyce@health.ri.gov

Vaccine Order History

Doses Administered

You reported the following Doses administered for the 2015-2016 influenza season.

6-35 Months	3-18 Years	19+ Years	Total 2015-2016 Doses Administered	Total 2016-2017 Doses Available for Order
123	1357	2140	3620	4350 *

* If your Pre-book total exceeds your Total allowance you will not be allowed to proceed to the next page.

Pre-Book Dose Quantity - Patients & Staff

Last User Updated: mvf5988
 Last Date Updated: 08-19-2016

Product	6-35 Months Injectable	3-18 Years Injectable	19+ Years Injectable	Pre-Book Total
Fluzone PF 0.25ml (Ages 6-35 Mos)	240	N/A	N/A	240
PEDIATRIC Fluzone 0.5ml	N/A	300	N/A	300
ADULT Fluzone 0.5ml	N/A	N/A	500	500
PEDIATRIC Fluorix	N/A	300	N/A	300
ADULT Fluorix	N/A	N/A	500	500
Fluzone High Dose (65+ only)	N/A	N/A	500	500
TOTAL DOSES	240	600	1500	2340

Order History

☐ Recent ☒ Past 12

☐ Recent ☒ All

Order ID	Status	Status Date	Next Available Order Date	Flags
10599	New/Incomplete	12/28/2016	NOW	
10417	Received	04/01/2016	04/27/2016	

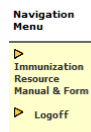
Order ID	Status	Status Date	Next Available Order Date	Flags
F10563	New/Incomplete	09/05/2016	NOW	
F10557	Received	09/02/2016	09/02/2016	
F10421	Received	05/09/2016	05/09/2016	
F10419	Received	04/04/2016	04/05/2016	
F10415	Received	03/31/2016	04/01/2016	

Click **View Order History** to view current and past orders in a chronological sequence (newest to oldest).

Included on this page is seasonal influenza information, including the previous season's doses administered and current season "Reserve" quantities.

Select **Order ID** to view an order's information.

Order History (3/3)



Practice: RIDOH

Alpha Name: RI DEPT OF HEALTH/THE WELLNESS COMPANY Enrollment Year: 2023

PIN: 1600 **Family Practice** Lead LVP Lic.: MD08265

Logged in as: Larsen Vaccine Contact: LAUREN PILUSO
401-222-4639
lauren.piluso@health.ri.gov

Office Contact: NICOLE SELEMA COVID Pandemic Contact: LAUREN PILUSO
401-222-4631
nicole.selema@health.ri.gov 401-222-4639
lauren.piluso@health.ri.gov

Immunization Rep: Lauren Piluso Backup COVID MEAGHAN JOYCE
401-222-4639 Pandemic Contact: 401-222-1580
Lauren.Piluso@health.ri.gov meaghan.joyce@health.ri.gov

Order Status History	
Status	Date
SUBMITTED	11/16/2012 11:03AM
APPROVED	11/16/2012 05:10PM
PROCESSING	11/16/2012 05:10PM
SHIPPED	11/16/2012 05:10PM
RECEIVED	11/16/2012 05:10PM

Order information includes dates for when the order was:

- Submitted by practice
- Approved by RIDOH
- Processed to CDC
- Shipped from the distributor
- Received by the practice

You can also review the vaccines that were ordered, approved, shipped, received, wasted, and returned.

Adult Vaccines

Order							Shipment			Received		Transfers		Wastes	Returns
Line #	Type	Brand	Pkg	NDC	Ord Qty	Aprv Qty	Lot #	Qty	Date	Qty	Date	In	Out		
1	PNEUMO	Pneumovax	SDV	00006-4943-00	90	90						0	0	0	0
2	TDAP AD	Adacel	SYR	49281-0400-15	90	90						0	0	0	0

Pediatric Vaccines

Order							Shipment			Received		Transfers		Wastes	Returns
Line #	Type	Brand	Pkg	NDC	Ord Qty	Aprv Qty	Lot #	Qty	Date	Qty	Date	In	Out		
11	DTAP	Infanrix	SYR	58160-0810-52	100	100						0	0	0	0
12	DTAP-IPV	Kinrix	SYR	58160-0812-52	100	100						0	0	0	0

[Return to List](#)

Product Lot Expiration Report (1/2)



State of Rhode Island
Department of Health

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Practice: RIDOH
Alpha Name: RI DEPT OF HEALTH/THE WELLNESS COMPANY
PIN: 1600 **Family Practice**
Enrollment Year: 2023
Lead LVP Lic.: MD08265
Logged in as: Larsen
Vaccine Contact: LAUREN PILUSO
401-222-4639
lauren.piluso@health.ri.gov
Office Contact: NICOLE SELEMA
401-222-4631
nicole.selema@health.ri.gov
COVID Pandemic Contact: LAUREN PILUSO
401-222-4639
lauren.piluso@health.ri.gov
Immunization Rep: Lauren Piluso
401-222-4639
Lauren.Piluso@health.ri.gov
Backup COVID Pandemic Contact: MEAGHAN JOYCE
401-222-1580
meaghan.joyce@health.ri.gov

MONTHLY Vaccine Order
Order ID: 10126
Next Order Date: NOW
Order Status: New
PRINT OUT Current Inventory Lot# Report
Place Vaccine Order
Transfer Vaccine to Another Practice
Enter Vaccine Return or Waste Information
Product Lot Expiration Report

INFLUENZA Vaccine Order
Order ID: F10164
Next Order Date: NOW
Order Status: Incomplete
PRINT OUT Current Flu Inventory Lot# Report
Submit Your Admin Report / Flu Vaccine Order
Transfer Vaccine to Another Practice
Enter Vaccine Return or Waste Information

Receive Shipment from Distributor
View Order History
Return to SSV Menu

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Select **Product Lot Expiration Report** to view all vaccines currently in your inventory that have expired or will expire within the next 120 days.

This report should be reviewed frequently to make sure that your practice is not using expired vaccines. The way to prevent this is to **rotate vaccine inventory properly**. This means using older vaccines before using newer ones. Failure to rotate inventory properly is considered negligent and may result in the practice having to pay for replacement of expired vaccines.

Product Lot Expiration Report (2/2)



Product Lot Expiration Report: Dec-26-2012

[Exit](#)[Print This Page](#)

Adult Vaccine Inventory

Vaccine Type	NDC Code	Brand	Doses per Pkg	Unit Presentation	Expiration Date
PNEUMO					
	00006-4739-00	Pneumovax	1	PNEUMOCOCCAL 23 VALENT 5-DOSE VIAL	0895AA: Nov-12-2012

Pediatric Vaccine Inventory

Vaccine Type	NDC Code	Brand	Doses per Pkg	Unit Presentation	Expiration Date
HIB					
	00006-4897-00	PedvaxHIB	10	Haemophilus Influenzae, Type B - PedvaxHIB	1688Z: Nov-11-2012 0059AA: Nov-13-2012
MMR					
	00006-4681-00	MMR II	10	MMR; SDV; 10-PACK	1575Z: Nov-11-2012

After clicking **Product Lot Expiration Report**, you will see all the product information including NDC Code, Lot #, and Expiration Date.

If your practice feels that it will not be able to use all of a vaccine before it expires, please contact RIDOH and we will try to assist you in finding another practice that can use the vaccine. It is the responsibility of the practice to initiate this request and make all arrangements with any receiving practice that may be identified.

RIDOH cannot guarantee that it will be able to find a practice that is able to use the vaccine.

Influenza Vaccine Order Menu

The screenshot shows the "State of Rhode Island Department of Health" interface. On the left is a "Navigation Menu" with links for "Immunization Resource Manual & Forms" and a "Logout" button. The main content area displays user information for "RIDOH" and "RI DEPT OF HEALTH/THE WELLNESS COMPANY". It includes fields for "Alpha Name", "PIN", "Enrollment Year", "Lead LVP Lic.", "Logged in as", "Vaccine Contact", "Office Contact", "COVID Pandemic Contact", "Immunization Rep", and "Backup COVID Pandemic Contact". Below this is a "MONTHLY Vaccine Order" section with fields for "Order ID", "Next Order Date", and "Order Status", and buttons for "PRINT OUT Current Inventory Lot# Report", "Place Vaccine Order", "Transfer Vaccine to Another Practice", "Enter Vaccine Return or Waste Information", and "Product Lot Expiration Report". To the right is an "INFLUENZA Vaccine Order" section with similar fields and buttons, including "Submit Dose Admin Report / Flu Vaccine Order". At the bottom are buttons for "Receive Shipment from Distributor", "View Order History", and "Return to SSV Menu".

The next few screens will discuss influenza vaccine ordering. They will address specific items for **Influenza Vaccine Orders** that are different than regular Monthly Orders.

Once you have completed the **Current Flu Inventory Lot# Report** printout, you are ready to start the vaccine order process.

Click **Submit Dose Admin Report / Flu Vaccine Order** to start the order process.

Influenza Ordering



Navigation Menu

- Immunization Resource Manual & Form
- Logoff

Practice: RIDOH
Alpha Name: RI DEPT OF HEALTH/THE WELLNESS COMPANY
PIN: 1600 **Family Practice**
Enrollment Year: 2023
Lead LVP Lic.: MD06265
Logged in as: Larsen
Vaccine Contact: LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Office Contact: NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov
Immunization Rep: Lauren Piluso 401-222-4639 lauren.piluso@health.ri.gov
COVID Pandemic Contact: LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Backup COVID Pandemic Contact: MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov

Vaccine Return/Waste

- A **RETURN** is a product that has expired or spoiled due to storage and handling issues and can be returned to the manufacturer in its original condition for refund of the Excise Tax.
- A **WASTE** is a product that cannot be returned for credit due to the vaccine being in a condition other than its original state. Examples of waste include, broken/leaking vials, pre-drawn vaccines, or re-constituted vaccines.

Enter Vaccine Waste or Return Information

Action Type: ☐ Return ☐ Waste

Order Type:

Vaccine Type:

Vaccine Brand:

Package Type:

NDC Code:

Lot Number / Exp. Date:

Quantity:

Reason:

Vaccine Order Wizard

Before entering your order information, do you have any Vaccine Returns or Waste to report first?

After completing or bypassing the **Returns/Waste** screen, the flu vaccine ordering process is very similar to that of monthly vaccines.

The main difference is that you must enter information about the influenza vaccine doses that were administered to patients on a weekly basis. This will be covered on the following pages.

Inventory / Order Notes



State of Rhode Island
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Practice: RIDOH
Alpha Name: RI DEPT OF HEALTH/THE WELLNESS COMPANY
PIN: 1600 **Family Practice**
Enrollment Year: 2023
Lead LVP Lic.: MD08265
Logged in as: Larsen
Vaccine Contact: LAUREN PILUSO
401-222-4639
lauren.piluso@health.ri.gov
Office Contact: NICOLE SELEMA
401-222-4631
nicole.selema@health.ri.gov
COVID Pandemic Contact: LAUREN PILUSO
401-222-4639
lauren.piluso@health.ri.gov
Immunization Rep: Lauren Piluso
401-222-4639
lauren.piluso@health.ri.gov
Backup COVID Pandemic Contact: MEAGHAN JOYCE
401-222-1580
meaghan.joyce@health.ri.gov

Practices are allowed to order influenza vaccine once every 7-days during the influenza season. Please order enough vaccine so that you do not run out of supply before you receive delivery of your next order. It is recommended that when you order you should order enough vaccine for your practice to be able to administer, please do not stockpile vaccines by ordering more than a 2-week supply. Orders will be filled based on a practices pre-book amounts and availability of supply from the vaccine manufacturers

Indicate in the fields below the number of doses you will need until your next order can be placed and delivered, as described above. "Max." order quantity in the grid below has been calculated based on your reported Doses Administered and available supply.

Adult Flu Vaccine Order Entry

new practice=true, first order=false

Vaccine Type	RDC Code	Brand	Doses per Package	Description	Order Quantity (Max. Qty)
FLU AD	On Hand: 15				
	58160-0900-52	Fluarix 0.5ml (>19 yrs)	10	Adult QIV A=40, B=100, C=40, D=50, E=33, F=40	(combined max. 40)
	33332-0013-10	Afluria	10	For Special order purposes only A=40, B=100, C=40, D=50, E=33, F=40	(combined max. 40)

[Send note to HEALTH about this order](#)
(You may send more than one note)

[Previous](#) [Save & Continue Later](#) [Next](#)

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The **Inventory Tracking** and **Vaccine Order** pages for both adult and pediatric influenza vaccine work the same as those for regular vaccines, covered earlier in the presentation.

Please remember that if you are ordering vaccine outside the norm (i.e. have a special request or instruction regarding your order) click **"Send Note to RIDOH about this order"** and describe the special request; do not send a separate email.

Any orders outside the norm *without a note* will be held until RIDOH can identify the special need by the provider's office or will be processed without the special need being approved.

Doses Administered Report (1/3)



Navigation Menu
Immunization Resource Manual & Form
Logout

Practice: RIDOH
Alpha Name: RI DEPT OF HEALTH/THE WELLNESS COMPANY
PIN: 1600 **Family Practice**
Enrollment Year: 2023
Lead LVP Lic.: MD08265
Logged in as: Larsen
Vaccine Contact: LAUREN PILLUSO
401-222-4639
lauren.pilluso@health.ri.gov
Office Contact: NICOLE SELENA
401-222-4631
nicole.selena@health.ri.gov
COVID Pandemic Contact: LAUREN PILLUSO
401-222-4639
lauren.pilluso@health.ri.gov
Immunization Rep: Lauren Pilluso
401-222-4639
lauren.pilluso@health.ri.gov
Backup COVID Pandemic Contact: MEAGHAN JOYCE
401-222-1580
meaghan.joyce@health.ri.gov

Report Influenza Doses Administered

Report ONLY State Supplied Vaccing doses administered after Sep-02-2016 10:19AM

Age Group Reporting

Mouse-over "Osmosis Calculated Doses Admin'd" numbers for additional detail

Product	Osmosis Calculated Doses Admin'd	6-35 mo	3-18 yrs	19+ yrs	Reported Doses Admin'd
PEDIATRIC Fluzone 0.25ml 49281-0516-25	1				
PEDIATRIC Fluzone 0.5ml 49281-0416-50	2				
PEDIATRIC Fluarix 58160-0905-52	0	N/A	0	N/A	0
ADULT Fluzone 0.5ml 49281-0416-50	0	N/A	N/A	0	0
ADULT Fluarix 58160-0905-52	50	N/A	N/A	50	50
ADULT Fluzone HD 49281-0399-65	100	N/A	N/A	100	100
Total Doses	185				185

After you click **Next** on the **Vaccine Order** page, you will arrive at the **Doses Administered** section of the report. A window will pop up showing the last date that vaccines were reported. Please make note of that date, and only report vaccines administered *after* that date to prevent duplicating reporting doses administered.

IMPORTANT: It is important to accurately report flu doses administered, because practices are allowed seasonal flu vaccine based on the amount of vaccine that was reported as administered during the *previous* flu season.

Failure to report doses administered accurately will impact your flu vaccine supply the following year.

Doses Administered Report (2/3)



Navigation Menu
 > Immunization Resource Manual & Form
 > Logout

Practice: RIDOH
 Alpha Name: RI DEPT OF HEALTH/THE WELLNESS COMPANY Enrollment Year: 2023
 PIN: 1600 **Family Practice** Lead LVP Lic.: MD08265
 Logged in as: Larsen Vaccine Contact: LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
 Office Contact: NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov COVID Pandemic Contact: LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
 Immunization Rep: Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov Backup COVID Pandemic Contact: MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov

Report Influenza Doses Administered



Report ONLY State Supplied Vaccine doses administered after Sep-02-2016 10:19AM

Age Group Reporting

Mouse-over "Osmosis Calculated Doses Admin'd" numbers for additional detail

Product	Osmosis Calculated Doses Admin'd	6-35 mo	3-18 yrs	19+ yrs	Reported Doses Admin'd
PEDIATRIC Fluzone 0.25ml 49281-0516-25	10	10	N/A	N/A	10
PEDIATRIC Fluzone 0.5ml 49281-0416-50	25	N/A	25	N/A	25
PEDIATRIC Fluarix 58160-0905-52	0	N/A	0	N/A	0
ADULT Fluzone 0.5ml 49281-0416-50	0	N/A	N/A	0	0
ADULT Fluarix 58160-0905-52	50	N/A	N/A	50	50
ADULT Fluzone HD 49281-0399-65	100	N/A	N/A	100	100
Total Doses	185				185

YTD Shipped	60
+ YTD Xfers In	0
- YTD Xfers Out	0
- YTD Wastes	0
- YTD Returns	0
- YTD DAR	40
- On-Hand Inv.	10
= CDA	10

On the **Doses Administered** page you will be required to report doses administered by **age group** and **vaccine presentation** for both Pediatric and Adult patients.

Please note that all fields require data entry. If no vaccines were administered to an individual in any field you must enter zero (0).

In the **OSMOSSIS Calculated Doses Admin'd** column, hover your cursor over a number in the field and a pop-up window will appear showing how the system arrived at this number. If your data does not match that in the system, it is due to an entry error by the practice. Please compare the information in the table to ensure it matches your data records.

Doses Administered Report (3/3)



Doses Administered (continued):

Priority Group Reporting – indicate how many of the patients from the **Age Group Reporting** fall under any of the priority groups. If a patient falls under multiple priority groups please only include them in the first available option (e.g. a pregnant healthcare worker would be reported under **Pregnant Women**).

Report Submit Option – select whether you are:

- reporting doses administered and need additional flu vaccine
- reporting doses administered and **do not** need additional flu vaccine
- submitting a final report

Your answer will dictate which screen appears next – either the regular order process or a pop-up asking you to confirm your choice.

At the bottom of the screen, you will see a history of all flu vaccines that were reported as administered to date.

Once you have completed all the information, click **Next**.

ADULT Fluzone HD 49281-0399-65	100	N/A	N/A	100	100
Total Doses	185				185

Priority Group Reporting

Of the doses administered reported in the age groups above please identify how many doses were issued to individuals from each of the following Priority Groups. If an individual falls into multiple priority groups please include them in all groups.

<input type="text" value="0"/>	Pregnant Women
<input type="text" value="0"/>	Healthcare Workers

✓ All entries are valid

Report Submit Option

☒ This practice is reporting doses administered and DOES require additional influenza vaccine
☐ This practice is only reporting doses administered and DOES NOT require any influenza vaccine at this time
☐ FINAL REPORT: This practice is no longer administering vaccines and does not require any additional vaccine for the season

Order ID	Date Submitted	Total Doses	6-35M Fluzone 0.25ml	3-18Y Fluzone 0.5mlQIV	3-18Y FluArix	19+ Fluzone 0.5ml	19+ FluArix	19+ Fluzone HD	Pregnant Women	Healthcare Workers
R10562	09/02/2016 10:19AM	660	40	100	100	100	150	170	0	0
F10557	08/26/2016 09:26AM	0	0	0	0	0	0	0	0	0
		660	40	100	100	100	150	170	0	0

Temperature Log / Delivery Info / Summary / Confirmation



State of Rhode Island Department of Health

Practice:	RIDOH	Enrollment Year:	2023
Alpha Name:	RI DEPT OF HEALTH/THE WELLNESS COMPANY	Lead LVP Lic.:	MD08265
PIN:	1600 Family Practice	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Logged in as:	Larsen	COVID Pandemic Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Office Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	Backup COVID Pandemic Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		

ORDER ID:	F00194	Next Order Date:	NOV 01 2023
Order Status:	Pending Approval	Ordered by:	MARK FRANCESCO

Vaccine Order Confirmation

The following order has been submitted to HEALTH for processing on Friday October 11, 2013 02:59PM.

Once your order is APPROVED by HEALTH it should be delivered within 10 business days.

Check your order history to get a copy of your APPROVED order.

[Exit Order Wizard](#)

HEALTH

Rhode Island Department of Health

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The Temperature Log, Delivery Information, and Summary pages work the same for flu vaccine as they do for regular monthly vaccines, as previously covered.

Please remember to click **Submit Order** at the bottom of the Summary Page. Failure to click this button will result in your order being listed as **incomplete**, and it will not be processed by RIDOH.

Once your order has been submitted you will see the confirmation page indicating date and time of submission. Please note this information along with the **Order ID** in case you need to contact RIDOH for assistance with this order.

Please note that all flu order IDs will begin with the letter "F".

Review / Exam



Final Step:

- Now that you have completed the SSV/OSMOSSIS Self-Study presentation, the final step is completing a **Review/Exam**.
- Please click the link below to be directed to the SSV/OSMOSSIS Review/Exam. Once you complete the Review/Exam you will be directed on how to activate the OSMOSSIS link for your practice.
- Please click the link below to take exam.

<https://forms.office.com/g/tNYrwk5fyL>

Contact Information



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Thank you.

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