



## Department of Health

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### **New York State COVID-19 Vaccination Program Redistribution**

**May 21, 2021**

#### **WHAT IS VACCINE REDISTRIBUTION?**

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution.

#### **WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?**

- The facility that is redistributing the vaccine must have a fully completed and signed CDC Redistribution Agreement, as well as a completed NYSDOH Notice of Redistribution of Vaccine Between Locations (see attached), that has been submitted to [CovidVaccineRedistribution@health.ny.gov](mailto:CovidVaccineRedistribution@health.ny.gov) prior to the planned redistribution. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing such vaccine must be enrolled as a COVID-19 Vaccination Program Provider. The redistributing provider must confirm the receiving provider is an enrolled provider prior to submission of the NYSDOH Notice of Redistribution of Vaccine Between Locations.
- All providers submitting a NYSDOH Notice of Redistribution Vaccine Between Locations for the first time must also submit the CDC Redistribution Agreement form. Once submitted, the CDC Redistribution Agreement form will be kept on file for future requests and does not need to be submitted again.
- After the facility that is redistributing the vaccine has submitted a completed CDC Redistribution Agreement, and has submitted the NYSDOH Notice of Redistribution of Vaccine Between Locations, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

## HOW DO I SEND THE REQUIRED NOTICE TO NYSDOHTO REDISTRIBUTE VACCINE?

- You must:
  - Submit the CDC Redistribution Agreement (once submitted this form will be kept on file for future redistributions); and
  - Submit a completed NYSDOH Notice of Redistribution of Vaccine Between Locations form, including the name and PIN number of both enrolled providers who are a party to the redistribution, and all other required information.

**Note:** NYSDOH must be notified consistent with this process before the vaccine may be redistributed. Once notification has been sent to NYSDOH at [CovidVaccineRedistribution@health.ny.gov](mailto:CovidVaccineRedistribution@health.ny.gov) the redistribution can occur.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). The NYSDOH Notice of Redistribution of Vaccine Between Locations form is not needed in such situations, however, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted, and NYSIIS or CIR Inventory updated appropriately.

## HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Guidance for COVID-19 Vaccine Transport](#) for details on vaccine transport.
- Individual vials of Pfizer vaccine may be transported at refrigerated temperatures (2° C to 8° C) or frozen temperatures (-25°C to -15°C). Full trays of Pfizer vaccine may be transported in an ultra-cold shipper or ultra-cold portable freezer at -90°C to -60°C or frozen temperatures (-25° C to -15° C).
- Moderna vaccine may be transported at frozen (-25°C to -15° C) or refrigerated temperatures (2°C to 8° C).
- Janssen vaccine may only be transported at refrigerated temperatures (2° C to 8° C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine should not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



New York State COVID-19 Vaccination Program
Notice of Redistribution of Vaccine Between Locations

Providers must submit this form to NYSDOH whenever they plan to redistribute COVID-19 vaccine between locations. Providers must NOT redistribute vaccine prior to submitting this notice. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory.
Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
Prior to requesting redistribution of vaccine between enrolled COVID-19 vaccine providers, the provider with the vaccine in their inventory should first conduct outreach to eligible populations they serve to ensure all individuals not yet vaccinated have an opportunity to receive the vaccine.
All redistributions must follow safe transport guidelines for cold chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):
Releasing Provider COVID PIN #:
Facility Contact Name and email: enter here
Contact Phone #:

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

Table with 4 columns: Receiving Facility Location Name and Address (including County), Contact Name and Email, Receiving Provider COVID PIN #, Manufacturer and # of Doses, Target date of transfer. Includes three rows for receiving facility information.

Justification (explain in detail the reason for re-distribution):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Signature:

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

# CDC Supplemental COVID-19 Vaccine Redistribution Agreement



The Centers for Disease Control and Prevention (CDC) plans to ship a minimum order size of COVID-19 vaccine, constituent products, and ancillary supplies at no cost directly to enrolled COVID-19 vaccination providers throughout the United States. The federally contracted vaccine distributor uses validated shipping procedures to maintain the vaccine cold chain and minimize the likelihood of vaccine loss or damage during shipment. There may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary CDC ship-to sites (i.e., for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations). In these instances, vaccination provider organizations/facilities, third-party vendors, and other vaccination providers may be allowed to redistribute vaccine, if approved by the jurisdiction's immunization program and if validated cold chain procedures are in place in accordance with the manufacturer's instructions

and CDC's guidance on COVID-19 vaccine storage and handling. There must be a signed *CDC Supplemental COVID-19 Vaccine Redistribution Agreement* for the facility/organization conducting redistribution and a fully completed *CDC COVID-19 Vaccination Provider Profile Information* form (Section B of the CDC COVID-19 Vaccination Program Provider Agreement) for each receiving vaccination location.

**The parties to this agreement are CDC and healthcare organizations, third-party vendors, and vaccination providers that redistribute COVID-19 vaccine.** CDC cannot reimburse costs of redistribution beyond the initial designated primary CDC ship-to site(s), or for purchase of any vaccine-specific refrigerators or qualified containers. Therefore, organizations planning for redistribution of COVID-19 vaccine must carefully assess the associated risks and costs (e.g., vaccine loss due to temperature excursions, purchase of vaccine-specific portable refrigerators and/or containers) before planning this activity.

## Organization information

Organization/facility name:

**FOR OFFICIAL USE ONLY**

*VTckS ID:*

*Unique COVID-19 Organization ID (from Section A):*

## Primary address and contact information of COVID-19 vaccination organization

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Telephone:

Fax:

## Responsible officers

### Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

Telephone:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

### Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

Telephone number:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

**Primary point of contact responsible for receipt of COVID-19 vaccine**  
*(if different than medical director listed above)*

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary point of contact for receipt of COVID-19 vaccine**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

**COVID-19 vaccination organization redistribution agreement requirements**

*To redistribute COVID-19 vaccine, constituent products, and ancillary supplies to secondary sites, this organization agrees to:*

1. Sign and comply with all conditions as outlined in the CDC COVID-19 Vaccination Program Provider Agreement.
2. Ensure secondary locations receiving redistributed COVID-19 vaccine, constituent products, or ancillary supplies also sign and comply with all conditions in the CDC COVID-19 Vaccination Program Provider Agreement.
3. Comply with vaccine manufacturer instructions on cold chain management and CDC guidance in CDC's *Vaccine Storage and Handling Toolkit*, which will be updated to include specific information related to COVID-19 vaccine, for any redistribution of COVID-19 vaccine to secondary locations.
4. Document and make available any records of COVID-19 vaccine redistribution to secondary sites to jurisdiction's immunization program as requested, including dates and times of redistribution, sending and receiving locations, lot numbers, expiration dates, and numbers of doses. *Neither CDC nor state, local, or territorial health departments are responsible for any costs of redistribution or equipment to support redistribution efforts.*

*By signing this form, I understand this is an agreement between my Organization and CDC, implemented and maintained by my jurisdiction's immunization program. I also certify on behalf of myself, my medical practice, or other legal entity with staff authorized to administer vaccines, and all the practitioners, nurses, and others associated with this Organization that I have read and agree to the COVID-19 vaccine redistribution agreement requirements listed above and understand my Organization and I are accountable for compliance with these requirements. Non-compliance with the terms of this Redistribution Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.*

**Organization Medical Director (or equivalent)**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Chief Executive Officer (chief fiduciary role)**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Requirements incorporated by reference; refer to [www.cdc.gov/vaccines/hcp/admin/storage-handling.html](http://www.cdc.gov/vaccines/hcp/admin/storage-handling.html).