

**The Illinois Department of Public Health
MPV Vaccine Provider Agreement**

This Illinois Department of Public Health (IDPH) MPV Vaccine Provider Agreement (Agreement) sets forth the obligations of Provider Organization (Provider). This Agreement is part of IDPH's collaboration with the Centers for Disease Control and Prevention (CDC) for the distribution of vaccines related to MPV (monkeypox virus). This Agreement must be executed by the Provider's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary) in order for the Provider to receive MPV vaccines from IDPH. This Agreement is between IDPH and Provider.

To receive MPV vaccines from IDPH, Provider certifies the following:

1. Provider is enrolled in or has submitted complete enrollment documents for the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE).
2. Each of Provider's staff members with access to I-CARE has completed the I-CARE new user training and executed the IDPH Web Portal User Agreement and the I-CARE Individual User Agreement and Confidentiality Statement.
3. Provider agrees to comply with all requirements in the HHS Monkeypox Vaccination Program Provider Agreement (HHS MPV Vaccination Provider Agreement) attached hereto as Attachment A and to any updates or amendments thereto.
4. Provider will comply with all requirements in (a) this Agreement; (b) the HHS MPV Vaccination Provider Agreement and any new terms or amendments issued by the CDC, HHS or ASPR; (c) when released, the Illinois MPV Vaccination Plan, including any future revisions, (d) IDPH SIREN Alerts; (e) the IDPH Web Portal User Agreement and I-CARE Individual User Agreement and Confidentiality Statement; (f) any surveys, data reporting requirements, or questionnaires issued by the state; and (g) applicable state and federal laws, regulations, and policies relating to MPV vaccination. This includes but is not limited to compliance with the requirements for (a) receiving, handling, storing, and administering the MPV vaccine; (b) reporting complete and accurate information into any state reporting and tracking systems, including but not limited to I-CARE and the Vaccine Adverse Events Reporting System (VAERS); and (c) prioritization for vaccine administration set forth by IDPH in the Illinois MPV Vaccination Plan and any guidance distributed by IDPH.
5. Provider will comply with IDPH guidance or policies on redistribution of vaccine.
6. Provider will not sell or seek reimbursement for the MPV vaccine and any related products and supplies received from IDPH.
7. Provider is not a government contractor or an agent, consultant, or employee of IDPH.
8. Provider will cooperate with any surveys, inspections, or investigations conducted by IDPH related to the distribution and administration of MPV vaccines.

Failure to comply with the requirements of this Agreement; the Illinois MPV Vaccination Plan and any future revisions; the HHS MPV Vaccination Provider Agreement and any future revisions; IDPH SIREN

Alerts relating to MPV vaccination; and applicable state and federal laws, regulations, and policies may be the basis of suspension or termination from the I-CARE system and/or the basis for IDPH to deny requests for additional MPV vaccines.

For every shipment Providers receive, an email will be sent from IDPH which will attach the HHS MPV Vaccination Provider Agreement and advise Providers that by using the MPV vaccine, they agree to the HHS MPV Vaccination Provider Agreement. Provider agrees to provide to IDPH an e-mail address(es) for a staff member of the Provider who will receive such emails and to update such e-mail address(es) if the staff member is no longer working for the Provider or is unable to receive e-mail at that address for any reason.

Please indicate below the e-mail address(es) for such person:

Name

Name

Email Address

Email Address

Name

Name

Email Address

Email Address

By signing this form, I certify that all relevant officers, directors, employees, and agents of the Provider involved in handling MPV vaccine understand and will comply with the requirements of this Agreement. The above requirements are material conditions of IDPH's distribution of the MPV vaccine to Provider.

Chief Medical Officer (or Equivalent)

Chief Executive Officer (or Chief Fiduciary)

Printed Name and Title

Printed Name and Title

Signature

Signature

Date

Date

Provider Facility Name

Name

Address