

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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Commissioner



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Governor
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Immunization Program

**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS
IN YOUR PRACTICE**

TO: All Users of State Supplied Vaccines
FROM: Mick Bolduc-CVP Vaccine Coordinator
DATE: August 10, 2015
SUBJECT: Update on Seasonal Flu Vaccine Availability

A handwritten signature in black ink, appearing to read "Mick Bolduc".

The primary purpose of this communication is to notify you of the availability of seasonal flu vaccine.

Pediatric Influenza Vaccine

The Advisory Committee on Immunization Practices (ACIP) recommends that all children aged 6 months through 18 years be vaccinated yearly against influenza. For the 2015–16 flu season the Connecticut Vaccine Program (CVP) will only be supplying Quadravalent vaccines licensed for use. The full 2015 Prevention & Control of Influenza with Vaccines Recommendations are available at:

www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm?s_cid=mm6430a3_e

The Immunization Program will provide several different formulations of vaccine available to immunize all children aged 6 through 59 months regardless of insurance status as well as all VFC-eligible and SCHIP children aged 5 through 18 years. As a reminder, VFC eligibility is defined as follows:

- Medicaid enrolled
- No health insurance
- American Indian or Alaskan Native

SCHIP children are those children enrolled in HUSKY B.

In addition, children aged 5 through 18 years who are underinsured (have health insurance that does not cover the cost of immunizations) can be immunized with VFC-supplied vaccine.

Beginning August 10th, you can begin to order flu vaccine for your patient population. Please limit your vaccine request to your actual need for the current month. The majority of our influenza vaccine supply is expected to be available in September and October. As a reminder MedImmune has notified the CDC of a shipping delay for their Live Attenuated Intranasal Influenza Vaccine FluMist. Doses of FluMist are not expected to be available until early-mid September. To avoid vaccine wastage be sure to order only what you need for the current month and not for the entire flu season. Since providers can order as often as they like the CVP encourages providers to order smaller quantities of flu vaccine several times during the course of a month.

All providers must submit their Flu orders to the Immunization Program via fax or email-even those who have transitioned over to direct vaccine ordering on VTrckS.

Below is a list of the flu formulations we will be supplying this season:

Vaccine	Package	Dose	Age	Preservative Free	NDC #	CPT Code
Fluzone (Sanofi)	Single dose Syringe (Quadrivalent)	0.25 mL	6–35 months	YES	49281-0515-25	90685
Fluzone (Sanofi)	Single dose Syringe (Quadrivalent)	0.5 mL	3 years and older	YES	49281-0415-50	90686
Fluzone (Sanofi)	Single dose Vial (Quadrivalent)	0.5 mL	3 years and older	YES	49281-0415-10	90686
Fluarix (GSK)	Single dose Syringe (Quadrivalent)	0.5 mL	3 years and older	YES	58160-0903-52	90686
FluMist (MedImmune)	Single dose Sprayer (Quadrivalent)	0.2 mL	2–49 years	YES	66019-0302-10	90672

We will do our best to fill your monthly order as completely as possible, but you may not initially receive all the doses you requested, especially for orders placed in August and September before the full influenza vaccine supply is available. We will send out multiple monthly shipments as additional influenza vaccine becomes available. Please be sure to check your order immediately upon receipt to verify which formulation you have received.

Proper Flu Dosage By Patient Age

<i>Age Group</i>	<i>Dosage</i>	<i>No. of Doses</i>	<i>Route</i>
6–35 months	0.25 mL	1 or 2	IM or intranasal**
3–8 years	0.50 mL	1 or 2	IM or intranasal**
9 years and older	0.50 mL	1	IM or intranasal**

** Intranasal administration of live attenuated influenza vaccine is only approved for children 2 years of age and older and is a 0.2 mL dose

Attached is an updated version of the Vaccine Order Form. The 2015-16 Vaccine Information Statements (VIS) for both Live, Intranasal Influenza Vaccine and for Inactivated Influenza Vaccine are expected to be published soon and will be accessible at: www.cdc.gov/vaccines/pubs/vis/default.htm#flu or www.immunize.org/vis/.

As always, if you have any questions please contact me at (860) 509-7940.

How To Submit Your Vaccine Order Form (VOF) To The CVP

- FAX or email your VOF to the Immunization Program each month even if you do not require additional vaccine.
- Additional forms are available on our website at <http://www.ct.gov/dph/cwp/view.asp?a=3136&q=511138>. FAX completed forms to **860-509-8371** or email dph.immunizations@ct.gov
- If emailing, please save and name the document with your PIN and name of form. For example: PIN 2000.VOF.pdf. Attach your completed form and email to dph.immunizations@ct.gov. Save and print a copy for your records. Please call (860) 509-7929 with any questions.

Identification & Shipping Information

- Complete all the information at the top of form including facility name, vaccine shipping address, date of order, completed by, PIN, phone and date range of doses administered totals.
- Complete the box with any dates your practice will be closed during the month outside of normal business hours as stated on your provider profile. Do not include weekends.
- **IMPORTANT! Please notify the Immunization Program if changes have occurred to your practice name, shipping address, hours and days to receive vaccine.**

Vaccine Order

- Indicate number of doses needed under the **DOSES ORDERED** column. Order by number of doses needed rounding to the number of doses per pack according to the VOF. **Do not order by number of boxes.** It is recommended that providers maintain at least a 4 week supply of vaccine in inventory to avoid running out of vaccine.

Vaccine Inventory

- The Centers for Disease Control and Prevention (CDC) requires inventory tracking by NDC, lot number, and expiration date of State supplied vaccine. Indicate number of doses on hand for each lot number and expiration date. THREE columns per vaccine product have been provided to record this data. Do not combine lot numbers or post the same lot number twice. If you have more than three different lot numbers per vaccine product, please indicate additional vaccine inventory on a separate vaccine form and note this as an addendum to vaccine inventory accounting.
- Balance inventory from last month's report to physical current inventory: (previous inventory + order – DA) = actual inventory (+ or – transfers & returns). **Resolve all discrepancies before submitting this form to the CVP.**

Expiration Dates

- Record complete expiration dates for all state supplied inventory. If vaccines are approaching their expiration dates and may expire before they can be used an attempt to transfer the vaccine to another practice should be made **4 months before expiration**. Please call the Immunization Program to help facilitate transfer of the vaccine.

Doses Administered

- **ONLY DOSES ADMINISTERED WITH STATE SUPPLIED VACCINE should be included in this count.**
- Indicate the **Month and Year** for which you are reporting doses administered totals.

Thank you for following the above instructions.

VOFs that are complete and accurate enable us to process your order quickly!

If you are interested in registering for VTrckS; CDC's online vaccine ordering and inventory management program, please send a request to: dph.immunizations@ct.gov