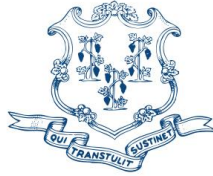


STATE OF CONNECTICUT


DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Immunization Program

TO: Health Care Providers
FROM: Mick Bolduc 
Vaccine Coordinator-Connecticut Vaccine Program (CVP)
DATE: August 12 , 2016
SUBJECT: Update on Seasonal Flu Vaccine Availability

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 2016–17 flu season the Connecticut Vaccine Program (CVP) will only be supplying Quadrivalent vaccines licensed for use. The full 2016 Prevention & Control of Influenza with Vaccines Recommendations will be published in the next few weeks and available at: www.cdc.gov/mmwr

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.



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Beginning August 12th, 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. 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	49281-0516-25	90685
Fluzone (Sanofi)	Single dose Syringe (Quadrivalent)	0.5 mL	3 years and older	YES	49281-0416-50	90686
Fluzone (Sanofi)	Single dose Vial (Quadrivalent)	0.5 mL	3 years and older	YES	49281-0416-10	90686
Fluarix (GSK)	Single dose Syringe (Quadrivalent)	0.5 mL	3 years and older	YES	58160-0905-52	90686
Flucelvax (Seqirus)	Single dose Syringe (Quadrivalent)	0.5 mL	4 years and older	YES	70461-0614-01	90674

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
3–8 years	0.50 mL	1 or 2	IM
9 years and older	0.50 mL	1	IM

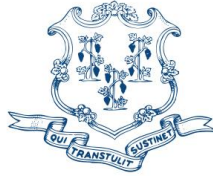
Attached are updated versions of the Vaccine Order Form, Vaccine Eligibility Criteria, Vaccine Return Form, and Vaccines supplied by the CVP. The 2016-17 Vaccine Information Statement (VIS) for Inactivated Influenza Vaccine will be the same as the 2015-16 version and will be available at: www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html or www.immunize.org/vis/. Providers can use the 2015-16 version until this year’s version is published.

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

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Immunization Program

TO: Health Care Providers
FROM: Mick Bolduc 
Vaccine Coordinator-Connecticut Vaccine Program (CVP)
DATE: August 12, 2016
SUBJECT: Hib Vaccine Update

The primary purpose of this communication is to update you on the licensure of Hiberix vaccine for the 3 dose Hib primary series.

Hiberix Vaccine

On January 14, 2016, GlaxoSmithKline received approval from the Food and Drug Administration (FDA) to expand use of Hiberix (Haemophilus b Conjugate Vaccine [Tetanus Toxoid Conjugate]) for a 3-dose infant primary vaccination series at ages 2, 4, and 6 months. Hiberix was first licensed in the United States in August 2009 for use as a booster dose in children aged 15 months through 4 years under the Accelerated Approval Regulations, in response to a *Haemophilus influenzae* type b (Hib) vaccine shortage that lasted from December 2007 to July 2009. Expanding the age indication to include infants provides another vaccine option in addition to other currently licensed monovalent or combination Hib vaccines recommended for the primary vaccination series. For the 3-dose primary series, a single (0.5 mL) dose should be given by intramuscular injection at ages 2, 4, and 6 months; the first dose may be given as early as age 6 weeks. The recommended catch-up schedule (<http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>) should be followed. As previously recommended, a single booster dose should be administered to children aged 15 months through 18 months; to facilitate timely booster vaccination, Hiberix can be administered as early as age 12 months, in accordance with Hib vaccination schedules for routine and catch-up immunization.

An updated Vaccine Order Form, Vaccine Return Form, Eligibility Criteria Form and List of Vaccines Supplied by the CVP is attached.

If you have any questions, please feel free to contact me at (860) 509-7940.



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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

Vaccines supplied by the Connecticut Vaccine Program as of August 1, 2016

VACCINE	BRAND NAME	Packaging	NDC #
DTaP	Daptacel	10 pack single dose vials	49281-0286-10
DTaP	Infanrix	10 pack single dose vials	58160-0810-11
DTaP/IPV	Kinrix	10 pack single dose vials	58160-0812-11
DTaP/IPV/Hep B	Pediarix	10 pack single dose syringes	58160-0811-52
DTaP/IPV/Hib	Pentacel	5 pack single dose vials	49281-0510-05
IPV	IPOL	10 dose vial	49281-0860-10
Hepatitis A	Havrix	10 pack single dose vials	58160-0825-11
Hepatitis A	Vaqta	10 pack single dose vials	00006-4831-41
Hepatitis B	Engerix-B	10 pack single dose vials	58160-0820-11
Hepatitis B	Recombivax	10 pack single dose vials	00006-4981-00
Hib	ActHib	5 pack single dose vials	49281-0545-05
Hib	Hiberix	10 pack single dose vials	58160-0818-11
Hib	Pedvax	10 pack single dose vials	00006-4897-00
HPV 9	Gardasil 9	10 pack single dose vials	00006-4119-03
MCV4	Menactra	5 pack single dose vials	49281-0589-05
MCV4	Menveo	5 pack single dose vials	46028-0208-01
Meningococcal Serogroup B	Bexsero	1 single dose syringe	46028-0114-02
Meningococcal Serogroup B	Trumenba	10 single dose syringes	00005-0100-10
Meningococcal Conjugate/Hib	MenHibrix	1 single dose vial	58160-0801-11
MMR	MMR II	10 pack single dose vials	00006-4681-00
MMRV	ProQuad	10 pack single dose vials	00006-4171-00
PCV13	Prenar 13	10 pack single dose syringes	00005-1971-02
PPSV23	Pneumovax23	10 pack single dose vials	00006-4943-00
Rotavirus	Rotarix	10 pack single dose vials	58160-0854-52
Rotavirus	Rotateq	10 pack single dose tubes	00006-4047-41
Td	Tenivac	1 single dose syringe	49281-0215-15
Tdap	Adacel	10 pack single dose vials	49281-0400-10
Tdap	Boostrix	10 pack single dose vials	58160-0842-11
Varicella	Varivax	10 pack single dose vials	00006-4827-00
Influenza .5mL	Fluarix-Quad	10 pack single dose syringes	58160-0905-52
Influenza .5mL	Flucelvax-Quad	10 pack single dose syringes	70461-0614-01
Influenza .25 mL	Fluzone-Quad	10 pack single dose syringes	49281-0516-25
Influenza .5mL	Fluzone-Quad	10 pack single dose vials	49281-0416-10
Influenza .5mL	Fluzone-Quad	10 pack single dose syringes	49281-0416-50

Connecticut Vaccine Program (CVP)
Eligibility Criteria for vaccines as of August 1, 2016

Vaccine	Age Group	Status of Children VFC and State Supplied Vaccine				CPT Code(s)
		VFC Eligible ¹	Non-VFC Eligible Privately Insured ²	Non-VFC Eligible Under-Insured ²	S-CHIP ²	
Hepatitis B	Newborns in hospital Children 0-18 years	YES YES	YES YES	YES YES	YES YES	90744 90744
Varicella (Doses 1 & 2)	12 months-18 years ³	YES	YES	YES	YES	90716
Td	7-18 years ⁴	YES	YES	YES	YES	90714
MMR (Doses 1 & 2)	12 months-18 years College (any age)	YES YES	YES YES	YES YES	YES YES	90707 90707
MMRV (Doses 1 & 2)	12 months-12 years	YES	YES	YES	YES	90710
DTaP	2 months – 6 years	YES	YES	YES	YES	90700
Hib	2-59 months	YES	YES	YES	YES	90647, 90648
IPV	2 months-18 years	YES	YES	YES	YES	90713
DTaP/IPV	4-6 years	YES	YES	YES	YES	90696
DTaP/IPV/Hep B	2-83 months	YES	YES	YES	YES	90723
DTaP/IPV/Hib	2-59 months	YES	YES	YES	YES	90698
Meningococcal Conjugate High Risk Children	2 months-10 years	YES	YES	YES	YES	90734
Routine Doses 1 & 2	11-18 years	YES	YES	YES	YES	90734
Meningococcal Conjugate/Hib	6 weeks-18 months	YES	YES	YES	YES	90644
Tdap	7-18 years ⁵	YES	YES	YES	YES	90715
Pneumococcal Conjugate (PCV13)	2 months-18 years	YES	YES	YES	YES	90670
Pneumococcal Polysaccharide (PPSV23)	2-18 years	YES	YES	YES	YES	90732
Influenza	6-59 months	YES	YES	YES	YES	90685, 90674, 90686
	5-18 years	YES	NO	YES	YES	90674, 90686
Hepatitis A	12-23 months 2-18 years	YES YES	YES NO	YES YES	YES YES	90633 90633
Rotavirus	6 weeks-8 months	YES	NO	YES	YES	90680, 90681
HPV (males & females)	9-18 years	YES	NO	YES	YES	90651
Meningococcal Serogroup B	10-15 years (High Risk) 16-18 years	YES YES	NO NO	YES YES	YES YES	90620, 90621 90620, 90621

¹ VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; (c) American Indian or Alaskan native; or (d) underinsured seen at an FQHC.

² Non-VFC children refers to patients who have private insurance that covers the cost of immunizations, patients that are under-insured for some or all vaccines seen by a private provider; and S-CHIP children- those children enrolled in HUSKY B.

³ Susceptible children who do not have a clinical history of chicken pox.

⁴ Td vaccine can be given to children 7-18 years of age to complete their primary series, or to those children 7-18 years of age who are in need of a Tetanus containing vaccine and cannot receive Tdap.

⁵ Tdap vaccine should be administered routinely to children at the 11-12 year old preventive health care visit, and to children 7-10 years old who have not been fully vaccinated against pertussis and for whom no contraindication to pertussis containing vaccine exists.

As of July 1, 2015 the only childhood vaccines not available from the CVP are: Flu for privately insured patients 5-18 years of age; Hep A for privately insured patients 2-18 years of age; Rotavirus for privately insured patients 6 weeks-8 months of age; Meningococcal Serogroup B for patients 10-18 years of age; and HPV for privately insured patients 9-18 years of age. For those vaccines providers can purchase them privately and submit billing requests to the appropriate insurer in accordance with normal billing procedures.

Revised 7/27/16

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



VACCINE RETURN FORM

Connecticut Vaccine Program

Fax or email completed form to: FAX: 860-509-8371 email: DPH.Immunizations@ct.gov

Please use this form to report all types of state vaccine wastage

1. For vaccines that have spoiled please complete this form and a spoilage letter explaining why the vaccine spoiled and steps you will take to prevent future incidents from occurring. Fax or email the form and letter to the CVP using the contact information above.
2. The form and letter will be reviewed by the VFC Coordinator and a determination will be made if vaccine replacement is required in accordance with the Financial Restitution Policy. Please visit the [CVP web page](#) or contact the program at 860-509-7929 for a copy of the policy.
3. After you have submitted this form and spoilage letter to the CVP you will receive a label via email from UPS on behalf of McKesson Specialty Care. If an email is not on file with the CVP you will receive a UPS return label by U.S. mail from McKesson.
4. When you receive the UPS return label, package the vaccine, affix the UPS return label to the package and give to your UPS driver.
5. Return only the vaccine and quantities reported on this return form. **Never return open multi-dose vials, broken vials or syringes with needles.**
6. If you do not receive a UPS label within 5 days of submitting your return form call the CVP at 860-509-7929.

FACILITY NAME	COMPLETED BY	DATE OF REPORT	PIN NUMBER
	PHONE	SPOILAGE LETTER ATTACHED (Y/N)?	

Vaccine Brand	Vaccine	NDC Code	Lot #	Expiration Date	No. of Doses	Cost Per Dose	Reason For Return
ActHib	Hib	49281-0545-05				\$9.55	
Adacel	Tdap	49281-0400-10				\$31.37	
Bexsero	Meningococcal Serogroup B	46028-0114-02				\$98.51	
Boostrix	Tdap	58160-0842-11				\$31.98	
Cervarix	HPV	58160-0830-52				\$107.97	
Daptacel	DTaP	49281-0286-10				\$16.73	
Engerix-B	Hepatitis B	58160-0820-11				\$11.60	
Fluarix-Quad	Influenza .5mL Syringe	58160-0905-52				\$14.43	
Flucelvax-Quad	Influenza .5mL Syringe	70461-0614-01				\$14.34	
Fluzone-Quad	Influenza .25 mL Syringe	49281-0516-25				\$19.14	
Fluzone-Quad	Influenza .5mL Vial	49281-0416-10				\$15.82	
Fluzone-Quad	Influenza .5mL Syringe	49281-0416-50				\$14.93	
Gardasil	HPV	00006-4045-41				\$113.54	
Gardasil 9	HPV 9	00006-4119-03				\$141.60	
Havrix	Hepatitis A	58160-0825-11				\$17.83	
Hiberix	Hib	58160-0818-11				\$9.46	
Infanrix	DTaP	58160-0810-11				\$16.85	
IPOL	IPV	49281-0860-10				\$12.72	
Kinrix	DTaP/IPV	58160-0812-11				\$39.57	
Menactra	MCV4	49281-0589-05				\$89.16	
MenHibrix	Meningo. Conjugate/Hib	58160-0801-11				\$10.53	
Menveo	MCV4	46028-0208-01				\$68.32	
MMR II	MMR	00006-4681-00				\$20.11	
Pediarix	DTaP/IPV/Hep B	58160-0811-52				\$55.90	
Pedvax	Hib	00006-4897-00				\$12.48	
Pentacel	DTaP/IPV/Hib	49281-0510-05				\$56.91	
Pneumovax23	PPSV23	00006-4943-00				\$46.40	
Prevnar 13	PCV13	00005-1971-02				\$120.39	
ProQuad	MMRV	00006-4171-00				\$114.25	
Recombivax	Hepatitis B	00006-4981-00				\$12.30	
Rotarix	Rotavirus	58160-0854-52				\$86.75	
Rotateq	Rotavirus	00006-4047-41				\$66.49	
Tenivac	Td	49281-0215-10				\$19.69	
Trumenba	Meningococcal Serogroup B	00005-0100-10				\$95.75	
Twinrix	Adult Hep A/HepB	58160-0815-52				\$55.35	
Vaqta	Hepatitis A	00006-4831-41				\$18.23	
Varivax	Varicella	00006-4827-00				\$88.34	