STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM

PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS

IN YOUR PRACTICE

TO: **All Users of State Supplied Vaccine**

FROM: **Mick Bolduc-Vaccine Coordinator**
Connecticut Vaccine Program

DATE: **October 2, 2012**

SUBJECT: **DTaP/IPV/Hib (Pentacel®) vaccine supply & MMRV vaccine availability**

The primary purpose of this communication is to provide you with an update on the temporary shortage of DTaP/IPV/Hib (Pentacel®) vaccine and the availability of MMRV combination vaccine.

DTaP/IPV/Hib supply

The Centers for Disease Control & Prevention (CDC) has provided the Connecticut Vaccine Program with an update on the temporary shortage of Sanofi Pasteur's DTaP/IPV/Hib vaccine (brand name Pentacel®). The shortage is anticipated to last through March 2013 with monthly supplies of Pentacel® significantly decreasing in the interim. Since the shortage began in May 2012, the Connecticut Vaccine Program has been receiving approximately 2/3 the amount of Pentacel® that we normally distribute each month. Through the end of March 2013 we can expect to receive only about **20 %** of the amount we have been receiving since the shortage began. Providers will need to increase their orders accordingly for single antigen DTaP, IPV, and Hib vaccines as well as consider ordering GlaxoSmithKline's DTaP/IPV/Hep B combination vaccine (brand name Pediarix®) to ensure they have enough vaccine to fully immunize children based on the recommended schedule. There is sufficient supply of DTaP, IPV and Hib for all children to receive a complete series of all recommended vaccines.

We recommend that providers who have started vaccinating a child with Pentacel® vaccine complete the series with Pentacel® whenever possible. Providers may want to consider using Pediarix® in infants who are just beginning their primary series in order to ensure adequate supply for those infants who have already begun their primary series with Pentacel®. Additional vaccine information and sample schedules using single component and combination vaccines for children who have already received one, two, or three doses of Pentacel are available at www.cdc.gov/vaccines/vac-gen/shortages/downloads/pentacel-guidance.pdf

MMRV vaccine

Beginning November 1, 2012 Merck's Measles, Mumps, Rubella, Varicella combination vaccine (brand name ProQuad®) will once again be available for providers to order. ProQuad® is packaged in a box of ten single dose vials and is direct shipped to provider offices by Merck. A copy of the revised Vaccine Order Form (VOF), list of vaccines available from the Connecticut Vaccine Program, and vaccine eligibility criteria form are enclosed and are also available at www.ct.gov/dph/cvp

As always, if you have any questions, please feel free to contact the Immunization Program at (860) 509-7929.

Connecticut Vaccine Program

Vaccine Order Form (VOF)

FAX TO: 860-509-8371 or email: DPH.IMMUNIZATIONS@ct.gov

1. As a requirement of this program, your VOF is due on or before the first business day of each month, even if you do not need additional vaccine.
2. Complete the box below with any dates your practice will be closed this month. Do not include weekends.
3. Balance your inventory from last month's report to match your our current physical inventory:
   (inventory + order – DA) = actual inventory (+ / – transfers & returns).
4. Calculate your order up to at least a 5 week supply of vaccine.
5. Report doses administered totals with **WHOLE NUMBERS ONLY**.
6. Please retain copies of this report for three years.
7. Report state-supplied vaccine only. **Questions?** Please Call: **(860) 509-7929.** To download additional VOF's go to: www.ct.gov/dph/immunizations

Facility Name and Shipping Address	**Date of Report**	**Completed by**	**Dates Practice will be closed for the month. Do not include weekends.**	**Provider PIN #:**
	Doses Administered Month / Year Reporting:	**Phone Number**		

Vaccine Products			Order	Inventory									Doses Administered Total
Vaccine	Brand & NDC#	Doses Per Pack	Doses Ordered	Doses on Hand	Expiration Date	Lot #	Doses on Hand	Expiration Date	Lot #	Doses on Hand	Expiration Date	Lot #	
DTaP/IPV/HIB	**Pentacel** 49281-0510-05	5											
DTaP/IPV/HepB	**Pediarix** 58160-0811-52	10											
DTaP	**Infanrix** *58160-0810-11*	10											
	Daptacel *49281-0286-10*	10											
HIB	**ActHIb** *49281-0545-05*	5											
	Pedvax *00006-4897-00*	10											
IPV	**IPOL** *49281-0860-10*	10											
Hepatitis B	**Engerix-B** *58160-0820-11*	10											
	Recombivax *00006-4981-00*	10											
Hep B/Hib	**Comvax** *00006-4898-00*	10											
HPV	**Gardasil** *00006-4045-41*	10											
	Cervarix *58160-0830-52*	10											

Facility Name Vaccine Products			Order	Inventory									PIN #
Vaccine	Brand NDC #	Doses Per Pack	Doses Ordered	Doses on Hand	Expiration Date	Lot #	Doses on Hand	Expiration Date	Lot #	Doses on Hand	Expiration Date	Lot #	Doses Administered Totals
Rotarvirus	**Rotarix** *58160-0854-52*	10											
	Rotateq *00006-4047-41*	10											
PCV13 Pneumo. Conj.	**Prevnar** *00005-1971-02*	10											
Hepatitis A	**Havrix** *58160-0825-11*	10											
	Vaqta *00006-4831-41*	10											
MMR	**MMRII** *00006-4681-00*	10											
Varicella	**Varivax** *00006-4827-00*	10											
DTaP/IPV	**Kinrix** *58160-0812-11*	10											
Meningococcal Conjugate	**Menactra** *49281-0589-05*	5											
	Menveo *46028-0208-01*	5											
Tdap	**Boostrix** *58160-0842-11*	10											
	Adacel *49281-0400-10*	10											
MMRV	**ProQuad** *00006-4999-00*	10											
Td	**Tenivac** *49281-0215-10*	10											
Influenza .25mL 6-35 mos.	**Fluzone** Sanofi –Syr *49281-0112-25*	10											
Influenza *.5 mL 3-18 yrs*	**Fluzone** *Sanofi –Syr* *49281-0012-50*	10											
	Fluzone *Sanofi-Vial* *49281-0012-10*	10											
	Fluarix *GSK-Syr* *58160-0879-52*	10											
Influenza *5mL 4-18 yrs*	**FluVirin** *Novartis-Syr* *66521-0115-02*	10											
Influenza .2mL 2-18 yrs	**FluMist** MedImmune 66019-0110-10	10											

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

IMMUNIZATION PROGRAM

Vaccines supplied by the Connecticut Vaccine Program as of November 1, 2012

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	Pedvax	10 pack single dose vials	00006-4897-00
Hib/Hep B	Comvax	10 pack single dose vials	00006-4898-00
HPV	Cervarix	10 pack single dose vials	58160-0830-52
HPV	Gardasil	10 pack single dose vials	00006-4045-41
MCV4	Menactra	5 pack single dose vials	49281-0589-05
MCV4	Menveo	5 pack single dose vials	46028-0208-01
MMR	MMR II	10 pack single dose vials	00006-4681-00
MMRV	ProQuad	10 pack single dose vials	00006-4999-00
PCV13	Prevnar 13	10 pack single dose syringes	00005-1971-02
Rotavirus	Rotarix	10 pack single dose vials	58160-0854-52
Rotavirus	Rotateq	10 pack single dose tubes	00006-4047-41
Td	Tenivac	10 pack single dose vials	49281-0215-10
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	10 pack single dose syringes	58160-0879-52
Influenza .2mL	Flumist	10 pack single dose sprayer	66019-0110-10
Influenza .5mL	FluVirin	10 pack single dose syringes	66521-0115-02
Influenza .25 mL	Fluzone	10 pack single dose vials	49281-0112-25
Influenza .5mL	Fluzone	10 pack single dose vials	49281-0012-10
Influenza .5mL	Fluzone	10 pack single dose syringes	49281-0012-50

List of available state supplied vaccines as of 11 1 2012

Connecticut Vaccine Program

Eligibility Criteria for vaccines as of November 1, 2012

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 entry (any age)	YES YES	YES YES	YES YES	YES YES	**90707** **90707**
MMRV (Doses 1 & 2)	12 months-18 years	YES	YES	YES	YES	**90710**
DTaP	2 months – 6 years	YES	YES	YES	YES	**90700**
Hib	2-59 months	YES	YES	YES	YES	**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 (MCV4) Dose 1 Dose 2	 11-18 years 16-18 years	 YES YES	 YES YES	 YES YES	 YES YES	 **90734** **90734**
Tdap	7-18 years[5]	YES	YES	YES	YES	**90715**
Influenza	6-59 months 5-18 years	YES YES	YES **NO**	YES YES	YES YES	**90655** **90656** **90660**
Hepatitis A	12-23 months 2-18 years	YES YES	YES **NO**	YES YES	YES YES	**90633** **90633**
Pneumococcal Conjugate Vaccine (PCV 13)	2-71 months	YES	**NO**	YES	YES	**90670**
Rotavirus	6 weeks-8 months	YES	**NO**	YES	YES	**90681**
HPV (males & females)	9-18 years	YES	**NO**	YES	YES	**90649**

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 a Federally Qualified Health Center (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 November 1, 2012 the only recommended childhood vaccines not available from the Connecticut Vaccine Program are: Influenza for privately insured patients 5-18 years of age; Hepatitis A for privately insured patients 2-18 years of age; PCV13 for privately insured patients 2-71 months of age; Rotavirus for privately insured patients 6 weeks-8 months of age; and HPV for privately insured patients 9-18 years of age. Revised 10/1/2012