STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Immunization Program

PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS IN YOUR PRACTICE

TO: **Health Care Providers**

FROM: **Mick Bolduc-Vaccine Coordinator**
Connecticut Vaccine Program (CVP)

DATE: **December 10, 2014**

SUBJECT: **Meningococcal & Pneumococcal Vaccines for High-Risk Children**

The primary purpose of this communication is to update you on the expansion of meningococcal conjugate and pneumococcal vaccines available through the Connecticut Vaccine Program (CVP) for immunocompromised children.

Meningococcal Conjugate Vaccines for High-Risk Children

Routine vaccination against meningococcal disease is not recommended for healthy children 6 weeks through 10 years of age. However, children at increased risk for meningococcal disease should be vaccinated according to Advisory Committee on Immunization Practices (ACIP) recommendations with one of the 3 licensed meningococcal conjugate vaccines: Menhibrix®, Menactra®, or Menveo®. The table on the following page summarizes the recommendations for meningococcal vaccination of high-risk children 2 months through 10 years of age. The full ACIP meningococcal vaccine recommendations are available at http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

Beginning January 1, 2015 providers can begin to order Menactra®, and Menveo® for meningococcal vaccination of high-risk children 2 months-10 years of age based on the above recommendations.

Pneumococal Conjugate Vaccine for Immunocompromised Children

ACIP has also updated their recommendations for use of 13-valent Pneumococcal Conjugate Vaccine-brand name Prevnar® 13 for children 6 through 18 years of age with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid (CSF) leaks, or cochlear implants who have not previously received PCV13. The updated recommendations are available at: www.cdc.gov/mmwr/preview/mmwrhtml/mm6225a3.htm.

Beginning January 1, 2015 providers can begin to use PCV13 for all children 6-18 years of age with the immunocompromised conditions listed above when indicated. As of January 1st providers can also begin to order Pneumococcal Polysaccharide Vaccine (PPSV23) for those high-risk children with the conditions listed above and who are recommended to receive 1 or 2 doses according to ACIP guidelines: www.cdc.gov/mmwr/preview/mmwrhtml/mm6225a3.htm.

Vaccine	Age of Primary Vaccination	Booster Doses**	Indicated for infants who:	Not indicated for:
Menveo® *(MenACWY-CRM)*	2, 4, 6 & 12 months	-1st booster 3 years after primary series -Additional boosters every 5 years	-Have complement component deficiencies -Have functional or anatomic asplenia including sickle cell disease -Are in a risk group for an outbreak for which vaccination is recommended -Are traveling to or residing in regions where meningitis is epidemic or hyperendemic	
Menactra® *(MenACWY-D)*	9 & 12 months++	-1st booster 3 years after primary series -Additional boosters every 5 years	-Have complement component deficiencies -Are in a risk group for an outbreak for which vaccination is recommended -Are traveling to or residing in regions where meningitis is epidemic or hyperendemic	-Infants with functional or anatomic asplenia including sickle cell disease$$
MenHibrix® (Meningococcal/ Hib) *(Hib-MenCY-TT)*	2, 4, 6, & 12-15 months	-1st booster using either Menveo® or Menactra® 3 years after primary series -Additional boosters using either Menveo® or Menactra® every 5 years	-Have complement component deficiencies -Have functional or anatomic asplenia including sickle cell disease -Are in a risk group for an outbreak for which vaccination is recommended	-Infants traveling internationally to regions where meningitis is epidemic or hyperendemic -Booster dose in children older than 18 months of age

**If the most recent dose was received before 7 years of age, a booster dose should be administered 3 years later.

++For infants 9-23 months of age, 2 doses of Menactra® should be administered 12 weeks apart. For infants receiving the vaccine before travel, the second dose may be administered as soon as 8 weeks after the first dose.

$$Because of high risk for invasive pneumococcal disease, children with functional or anatomic asplenia should not be immunized with Menactra® before 2 years of age to prevent immune interference with 13-valent pneumococcal conjugate vaccine (PCV13).

An updated Vaccine Eligibility Criteria form, Vaccine Order Form and List of Vaccines provided by the CVP is enclosed. As always, if you have any questions, please feel free to contact me at (860) 509-7940.

STATE OF CONNECTICUT

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IMMUNIZATION PROGRAM

Vaccines supplied by the Connecticut Vaccine Program as of January 1, 2015

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
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
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	00006-4999-00
PCV13	Prevnar 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	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-Quad	10 pack single dose syringes	58160-0901-52
Influenza .2mL	Flumist-Quad	10 pack single dose sprayer	66019-0301-10
Influenza .25 mL	Fluzone-Quad	10 pack single dose syringes	49281-0514-25
Influenza .5mL	Fluzone-Quad	10 pack single dose vials	49281-0414-10
Influenza .5mL	Fluzone-Quad	10 pack single dose syringes	49281-0414-50

List of available state supplied vaccines as of 1 1 2015

Connecticut Vaccine Program (CVP)

Eligibility Criteria for vaccines as of January 1, 2015

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	YES	YES	YES	YES	**90744**
	Children 0-18 years	YES	YES	YES	YES	**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	12 months-18 years	YES	YES	YES	YES	**90707**
(Doses 1 & 2)	College (any age)	YES	YES	YES	YES	**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, 90672, 90686**
	5-18 years	YES	**NO**	YES	YES	**90672, 90686**
Hepatitis A	12-23 months	YES	YES	YES	YES	**90633**
	2-18 years	YES	**NO**	YES	YES	**90633**
Rotavirus	6 weeks-8 months	YES	**NO**	YES	YES	**90680, 90681**
HPV (males & females)	9-18 years	YES	**NO**	YES	YES	**90649, 90650**

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 March 1, 2013 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; 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 12/10/14

Connecticut Department of Public Health

Connecticut Vaccine Program

Vaccine Order Form (VOF)

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

Clear Form

Save Form

Print Document

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: http://www.ct.gov/dph/cwp/view.asp?a=3136&q=511138

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 *58160-0810-52*	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											
DTaP/IPV	Kinrix *58160-0812-11*	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											
PPSV23 Pneumo. Poly.	**Prevmovax 23** 00006-4943-00	10											
Hepatitis A	**Havrix** *58160-0825-11*	10											
	Vaqta *00006-4831-41*	10											
Varicella	**Varivax** *00006-4827-00*	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 *49281-0514-25*	10											
Influenza *.5 mL 3-18 yrs*	**Fluzone** *Sanofi –Syr* *49281-0414-50*	10											
	Fluzone *Sanofi-Vial* *49281-0414-10*	10											
	Fluarix *GSK-Syr* *58160-0901-52*	10											
Influenza .2mL 2-18 yrs	**FluMist** MedImmune 66019-0301-10	10											
Meningococcal Conjugate/Hib	**MenHibrix** *GSK-Vial* *58160-0801-11*	1											

Connecticut Vaccine Program

Vaccine Order Form Instruction Sheet

How To Submit Your Vaccine Order Form (VOF)

- Please FAX or email your VOF to the Immunization Program each month even if you do not require additional vaccine.
- Fillable pdf forms are available on our website at www.ct.gov/dph/immunizations. You may either FAX the completed forms to 860-509-8371 or email them to our central email address: dph.immunizations@ct.gov.
- If emailing, please save the document as a pdf file and name the form with your pin number first and then the name of the document. For example: PIN *2000.VOF.pdf*. Attach your completed form and email to our central email address. We recommend that you save and print a copy for your records. Please note that this email address is only for receiving and processing forms. Please call the program at 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 and phone.
- Complete the box with any dates your practice will be closed during the month. Do not include weekends.
- **IMPORTANT! Please notify the immunization program if changes have occurred to your name, shipping address, hours and days to receive vaccine.**

Order

- Indicate number of doses needed for each vaccine. Round up to the nearest whole 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. Indicate number of doses on hand for each lot number and expiration date. Four spaces per vaccine have been provided to record this data. If you have more than four lot numbers, 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: (inventory + order – DA) = actual inventory (+ / – transfers & returns).

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 Data

- **ONLY DOSES ADMINISTERED WITH STATE SUPPLIED VACCINE should be included in this count.**
- Indicate the **Month and Year** for which you are reporting administration data. Record all totals as whole numbers, please do not use hash or tick marks.

Thank you for following the above instructions. VOFs that are complete and accurate enable us to process your order quickly!