# STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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Commissioner

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**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:** **October 21, 2014**

**SUBJECT:** **Availability of Infant Meningococcal Vaccine**

The primary purpose of this communication is to update you on the availability of a Meningococcal-Hib combination vaccine for infants-brand name MenHibrix®.

**Menhibrix® supply**

In October 2012 the Advisory Committee on Immunization Practices (ACIP) voted to recommend vaccination against meningococcal serogroups C and Y for children aged 6 weeks through 18 months who at increased risk for meningococcal disease. These include infants with recognized persistent complement pathway deficiencies and infants who have anatomic or functional asplenia including sickle cell disease. MenHibrix® is licensed for active immunization of prevention of invasive disease caused by Haemophilus influenza type B (Hib) and meningococcal serogroups C and Y. MenHibrix® is administered in a 4 dose series at 2, 4, 6, and 12-15 months of age. The complete ACIP recommendations for MenHibrix® are available at:
www.cdc.gov/mmwr/preview/mmwrhtml/mm6203a3.htm?s_cid=mm_6203a3_w

Beginning November 1, 2014 providers can begin to order MenHibrix® from the CVP **for infants at increased risk for meningococcal disease**. The number of infants in these high risk groups is small-estimated at between 3,000-5,000 in the entire United States. Providers should not be ordering this vaccine unless they see patients who are at increased risk for meningococcal disease. The supply of MenHibrix® allocated to the CVP is only a few hundred doses so providers need to limit their use of the product exclusively to high-risk patients. The vaccine is available to order in a quantity as small as one dose.

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

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

# Connecticut Vaccine Program

## Eligibility Criteria for vaccines as of November 1, 2014

| 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<br>Children 0-18 years | YES<br>YES | YES<br>YES | YES<br>YES | YES<br>YES | **90744**<br>**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<br>(Doses 1 & 2) | 12 months-18 years<br>College (any age) | YES<br>YES | YES<br>YES | YES<br>YES | YES<br>YES | **90707**<br>**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<br>Dose 1<br>Dose 2 | <br>11-18 years<br>16-18 years | <br>YES<br>YES | <br>YES<br>YES | <br>YES<br>YES | <br>YES<br>YES | <br>**90734**<br>**90734** |
| Meningocoocal Conjugate/Hib | 6 weeks-18 months | YES | YES | YES | YES | **90644** |
| Tdap | 7-18 years[5] | YES | YES | YES | YES | **90715** |
| Pneumococcal Conjugate (PCV13) | 2-71 months | YES | YES | YES | YES | **90670** |
| Influenza | 6-59 months<br>5-18 years | YES<br>YES | YES<br>**NO** | YES<br>YES | YES<br>YES | **90685, 90672, 90686**<br>**90672, 90686** |
| Hepatitis A | 12-23 months<br>2-18 years | YES<br>YES | YES<br>**NO** | YES<br>YES | YES<br>YES | **90633**<br>**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 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; 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 private insurer in accordance with normal billing procedures.** Revised 10/16/2014

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: www.ct.gov/dph/cvp/cwp/view.asp?a=313&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 Totals |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| **HPV** | **Gardasil** *00006-4045-41* | 10 | | | | | | | | | | | |
| | **Cervarix** *58160-0830-52* | 10 | | | | | | | | | | | |

| Facility Name<br>Vaccine Products | | | Order | Inventory | | | | | | | | | PIN # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Vaccine | Brand<br>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**<br>*58160-0854-52* | 10 | | | | | | | | | | | |
| | **Rotateq**<br>*00006-4047-41* | 10 | | | | | | | | | | | |
| PCV13 Pneumo. Conj. | **Prevnar**<br>*00005-1971-02* | 10 | | | | | | | | | | | |
| Hepatitis A | **Havrix**<br>*58160-0825-11* | 10 | | | | | | | | | | | |
| | **Vaqta**<br>*00006-4831-41* | 10 | | | | | | | | | | | |
| MMR | **MMRII**<br>*00006-4681-00* | 10 | | | | | | | | | | | |
| Varicella | **Varivax**<br>*00006-4827-00* | 10 | | | | | | | | | | | |
| DTaP/IPV | **Kinrix**<br>*58160-0812-11* | 10 | | | | | | | | | | | |
| Meningococcal Conjugate | **Menactra**<br>*49281-0589-05* | 5 | | | | | | | | | | | |
| | **Menveo**<br>*46028-0208-01* | 5 | | | | | | | | | | | |
| Tdap | **Boostrix**<br>*58160-0842-11* | 10 | | | | | | | | | | | |
| | **Adacel**<br>*49281-0400-10* | 10 | | | | | | | | | | | |
| MMRV | **ProQuad**<br>*00006-4999-00* | 10 | | | | | | | | | | | |
| Td | **Tenivac**<br>*49281-0215-10* | 10 | | | | | | | | | | | |
| **Influenza**<br>.25mL 6-35 mos. | **Fluzone**<br>Sanofi –Syr<br>*49281-0514-25* | 10 | | | | | | | | | | | |
| ***Influenza***<br>*.5 mL 3-18 yrs* | **Fluzone**<br>*Sanofi –Syr*<br>*49281-0414-50* | 10 | | | | | | | | | | | |
| | **Fluzone**<br>*Sanofi-Vial*<br>*49281-0414-10* | 10 | | | | | | | | | | | |
| | **Fluarix**<br>*GSK-Syr*<br>*58160-0901-52* | 10 | | | | | | | | | | | |
| **Influenza**<br>.2mL 2-18 yrs | **FluMist**<br>MedImmune<br>66019-0301-10 | 10 | | | | | | | | | | | |
| Meningococcal Conjugate/Hib | MenHibrix<br>GSK-Vial<br>58160-0801-11 | 1 | | | | | | | | | | | |

**Revised 10/14**

**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. Forms must be received by the 1st business day of the month.
- Fillable pdf forms are available on our website at www.ct.gov/dph/cvp. 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 5 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!***

**Revised 9/12**

Dept. of Public Health • Immunizations Program • 410 Capitol Avenue; Hartford, Connecticut 06134 Phone (860) 509-7929 • Fax (860) 509-8371 • www.ct.gov/dph/cvp

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

IMMUNIZATION PROGRAM

Vaccines supplied by the Connecticut Vaccine Program as of November 1, 2014

| 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 |
| 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 11 1 2014