STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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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: **Vincent Sacco, MS** **Lynn Sosa, MD**
Immunization Program Manager **Deputy State Epidemiologist**

DATE: **August 4, 2014**

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 2014–15 flu season the Connecticut Vaccine Program (CVP) will only be supplying Quadravalant vaccines licensed for use. The Quadravalent formulation will contain A/California/7/2009 (H1N1)-like, A/Victoria/361/2011 (H3N2)-like, B/Massachusetts/2/2012-like and B/Brisbane/60/2008 like virus. The full 2014 Prevention & Control of Influenza Recommendations are expected to be published sometime in August and will be 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 through18 years who are underinsured (have health insurance that does not cover the cost of immunizations) can be immunized with VFC-supplied vaccine.

Beginning August 4th, 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. Remember that FluMist intranasal spray has a limited shelf life of 16 weeks so 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 FluMist 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 (Quadravalent)**	**0.25 mL**	**6-35 months**	**YES**	**49281-0514-25**	**90685**
Fluzone (Sanofi)	**Single dose syringe (Quadravalent)**	**0.5 mL**	**3 years and older**	**YES**	**49281-0414-50**	**90686**
Fluzone (Sanofi)	**Single dose vial (Quadravalent)**	**0.5 mL**	**3 years and older**	**YES**	**49281-0414-10**	**90686**
Fluarix (GSK)	**Single dose syringe (Quadravalent)**	**0.5 mL**	**3 years and older**	**YES**	**58160-0901-52**	**90686**
FluMist (MedImmune)	**Single dose sprayer (Quadravalent)**	**0.2 mL**	**2-49 years**	**YES**	**66019-0301-10**	**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

Age Group	*Dosage*	*No. of Doses*	*Route*
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 are updated versions of the Vaccine Eligibility Criteria Form and the Vaccine Order Form.
The 2014-15 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 call the Connecticut Vaccine Program at (860) 509-7929.

Connecticut Vaccine Program

Eligibility Criteria for vaccines as of August 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 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-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**
Hib/Hep B	2-15 months	YES	YES	YES	YES	**90748**
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 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**
Pneumococcal Conjugate (PCV13)	2-71 months	YES	YES	YES	YES	**90670**
Influenza	6-59 months 5-18 years	YES YES	YES **NO**	YES YES	YES YES	**90685, 90672, 90686** **90672, 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	**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 7/24/2014

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											
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 *49281-0514-25*	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											

Revised 8/14

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!

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

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