STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

Immunization Program

TO: All CVP Providers

FROM:

Mick Bolduc Wich Boble

Vaccine Coordinator-Connecticut Vaccine Program (CVP)

DATE: August 31, 2023

SUBJECT: Update on Seasonal Flu Vaccine -FluMist[®] now available

The purpose of this communication is to notify you of the availability of FluMist® vaccine.

Pediatric Influenza Vaccine

The Advisory Committee on Immunization Practices (ACIP) recommends that all children aged 6 months through 18 years be vaccinated annually against influenza. The full 2023–2024 influenza vaccine recommendations are now available at: <u>www.cdc.gov/mmwr</u>.

The Immunization Program will make several different quadrivalent formulations available to vaccinate all children aged 6 months through 18 years of age regardless of insurance status.

FluMist[®] is now available for order thru the CVP. All formulations are now available to order.

Please limit your vaccine order request to your actual need for the current month. The majority of our influenza vaccine supply is expected to be available by 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. The CVP encourages providers to order smaller quantities of flu vaccine as needed rather than all at once, and to plan for the refrigerator storage capacity required to safely keep all childhood vaccines at the proper temperatures.



Phone: (860) 509-7929 • Fax: (860) 706-5429 Telecommunications Relay Service 7-1-1 410 Capitol Avenue, P.O. Box 340308 Hartford, Connecticut 06134-0308 www.ct.gov/dph Affirmative Action/Equal Opportunity Employer



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Below is a list of the t	III formiliations we will	ne supplying this line	oming infilienza season.
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Vaccine	Package	Dose	Age	Preservative	NDC #	CPT Code
			Indication	Free		
Fluzone [®] (Sanofi) NOW AVAILABLE	Single dose Quad. Syringe (10 per pack)	0.5 mL	6 months and older	YES	49281-0423-50	90686
FluLaval [®] (GSK) NOW AVAILABLE	Single dose Quad. Syringe (10 per pack)	0.5 mL	6 months and older	YES	19515-0814-52	90686
FluMist [®] (AstraZenaca) NOW AVAILABLE	Single dose Quad. Sprayer (10 per pack)	0.2 mL	2-49 years	YES	66019-0310-10	90672
Flucelvax [®] (Seqirus) NOW AVAILABLE	Single dose Quad. Syringe (10 per pack)	0.5 mL	6 months and older	YES EGG FREE & CELL BASED	70461-0323-03	90674

Vaccine Information Statements (VISs) | CDC

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