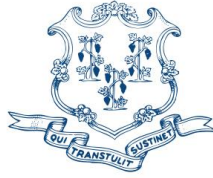


STATE OF CONNECTICUT


DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Immunization Program

TO: Health Care Providers
FROM: Mick Bolduc 
Vaccine Coordinator-Connecticut Vaccine Program (CVP)
DATE: August 22, 2018
SUBJECT: Update on Seasonal Flu Vaccine Availability

The 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 2018–19 flu season the CVP will only be supplying Quadrivalent vaccines licensed for use. The full 2018 Influenza Vaccine Recommendations will soon 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 to all VFC-eligible and SCHIP children 5 through 18 years of age. 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 through 18 years who are under-insured (have health insurance that does not cover the cost of immunizations) can be immunized with CVP-supplied vaccine.



Phone: (860) 509-7929 • Fax: (860) 706-5429
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Starting August 27th, 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. 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 flu vaccine 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 upcoming influenza season:

Vaccine	Package	Dose	Age	P-Free	NDC #	CPT Code
Fluzone (Sanofi)	Single dose Quad. Syringe	0.25 mL	6–35 months	YES	49281-0518-25	90685
Fluzone (Sanofi)	Single dose Quad. Syringe	0.5 mL	3 years and older	YES	49281-0418-50	90686
Fluzone (Sanofi)	Single dose Quad. Vial	0.5 mL	3 years and older	YES	49281-0418-10	90686
FluLaval (GSK)	Single dose Quad. Syringe	0.5 mL	6 months and older	YES	19515-0909-52	90686
FluMist (Astra Zenaca)	Single dose Quad. Sprayer	0.2 mL	2 -49 years	YES	66019-0305-10	90672
Flucelvax (Seqirus)	Single dose Quad. Syringe	0.5 mL	4 years and older	YES	70461-0318-03	90674

As a reminder providers may not receive their entire flu request in one shipment especially in August & September. The CVP will do the best we can to fulfill your order but you may receive several shipments over the course of a month. Providers can continue using the Influenza Vaccine Information Statement (VIS) dated 8/7/15. That document can be accessed at:

www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf

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



CONNECTICUT VACCINE PROGRAM VACCINE ORDER FORM (VOF)

Please read the instructions on page 3 before completing and submitting this form

Completed forms can be FAXED to: (860) 509-8371 or email to: dph.immunizations@ct.gov

Vaccine Brand		Vaccine	NDC Codes	Pack Size	Date of Report			Completed by			Dates Practice will be closed for the month. Do not include weekends.			PIN
					Doses Ordered	Doses On Hand	Lot #	Expiration Date	Doses On Hand	Lot #	Expiration Date	Doses On Hand	Lot #	
Month / Year Reporting:														
ActHib	Hib	49281-0545-03	5											
Adacel	Tdap	49281-0400-10	10											
Boostrix	Tdap	58160-0842-11	10											
Daptacel	DTaP	49281-0286-10	10											
Engerix-B	Hepatitis B	58160-0820-52	10											
Fluzone-Quad	Influenza .25 mL Syr.	49281-0518-25	10											
Fluzone-Quad	Influenza .5mL Syr.	49281-0418-50	10											
Fluzone-Quad	Influenza .5mL Vial	49281-0418-10	10											
FluLaval-Quad	Influenza .5mL Syr.	19515-0909-52	10											
FluMist	Influenza .2mL Spray	66019-0305-10	10											
Flucelvax-Quad	Influenza .5mL Syr.	70461-0318-03	10											
Gardasil 9	HPV 9	00006-4119-03	10											
Havrix	Hepatitis A	58160-0825-11	10											
Hiberix	Hib	58160-0818-11	10											
Infanrix	DTaP	58160-0810-11	10											
IPOL	IPV	49281-0860-10	10											
Kinrix	DTaP/IPV	58160-0812-11	10											

Vaccine Brand	Vaccine	NDC Codes	Pack Size	Doses Ordered	Doses On Hand	Lot #	Expiration Date	Doses On Hand	Lot #	Expiration Date	Doses On Hand	Lot #	Expiration Date	Doses Administered
MMR II	MMR	00006-4681-00	10											
Menactra	MCV4	49281-0589-05	5											
Menveo	MCV4	58160-0955-09	5											
Pediarix	DTaP/IPV/Hep B	58160-0811-52	10											
Pedvax	Hib	00006-4897-00	10											
Pentacel	DTaP/IPV/Hib	49281-0510-05	5											
Prevnar 13	PCV 13	00005-1971-02	10											
ProQuad	MMRV	00006-4171-00	10											
Quadracel	DTaP/IPV	49281-0562-10	10											
Recombivax	Hepatitis B	00006-4981-00	10											
Rotarix	Rotavirus	58160-0854-52	10											
Rotateq	Rotavirus	00006-4047-41	10											
Td Vaccine	Td	13533-0131-01	1											
Tenivac	Td	49281-0215-10	1											
Vaqta	Hepatitis A	00006-4831-41	10											
Varivax	Varicella	00006-4827-00	10											
Bexsero	Meningococcal B	58160-0976-06	1											
Trumenba	Meningococcal B	00005-0100-10	10											
Pneumovax23*	PPSV23	00006-4943-00	1											

*FOR HIGH RISK PATIENTS ONLY