



North Carolina Department of Health and Human Services  
Division of Public Health – Women’s & Children’s Health Section

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Beverly Eaves Perdue, Governor

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August 4, 2009

**MEMORANDUM**

**TO:** Universal Childhood Vaccine Distribution Program (UCVDP) Private Providers

**FROM:** Beth Rowe-West, R.N., B.S.N., Head *BRW*  
Immunization Branch

**SUBJECT:** Seasonal Influenza Vaccine Ordering and Eligibility Criteria for 2009-2010

The purpose of this memo is to inform you of the Universal Childhood Vaccine Distribution Program (UCVDP) seasonal influenza vaccine ordering process and eligibility criteria for the 2009-2010 influenza season. **Please note this memo does not contain information about H1N1 availability or ordering.**

**Submission of UCVDP Orders for Seasonal Influenza Vaccine**

We anticipate that some seasonal influenza vaccine may be available to providers as early as August. Because the Advisory Committee on Immunization Practices (ACIP) recommends beginning vaccination as soon as flu vaccine is available, UCVDP will begin taking orders for seasonal flu vaccine products later this month. You may begin placing your order for **all seasonal influenza vaccine products after 8 AM on Monday, August 17, 2009. Orders placed before this date will not be honored.**

Before placing your order for state-supplied influenza vaccine, please review your agency’s anticipated influenza vaccine needs and policies. Select those product(s) and presentation(s) best suiting the needs of your agency. Because of the high volume of orders processed in a short period of time, providers are cautioned to carefully consider their orders, since modifying orders increases the likelihood of processing or shipping errors.

Because supplies of seasonal influenza vaccines, both Trivalent Inactivated Influenza Vaccine (TIV) and Live Attenuated Influenza Vaccine (LAIV), are allocated by the Centers for Disease Control and Prevention (CDC), **the Immunization Branch may need to adjust your order after it has been placed in order to accommodate supply limitations.** Although providers may prefer to carry only preservative-free vaccines, it is unlikely that UCVDP will be able to accommodate all orders for preservative-free flu vaccines because of supply. Therefore, providers should plan to have multiple formulations of flu vaccine, including those containing preservatives. You may wish to designate that preservative-free vaccines be used only for specific age groups of children, or only for those who request preservative-free vaccine.

When you place your order, our Customer Service staff will offer a calculated estimate of your anticipated state-supplied influenza vaccine needs. This calculation is based on your historic doses administered data and the number of children seen in your agency. If you have never ordered influenza vaccine from UCVDP before, please be sure to tell us this when you place your order. An updated Vaccine Order Form is attached for those not using the North Carolina Immunization Registry (NCIR).

The distributor of state-supplied vaccines, McKesson Specialty, processes flu vaccine on a packing line separate from all other vaccines, so that flu vaccines will ship separately from other vaccines, even those ordered at the same time. We anticipate shipment of vaccine to go smoothly; however, as in previous seasons, the shipment of flu vaccine from the manufacturers is staggered and not available all at once. Early in the season, all providers, especially larger practices, should be prepared for flu vaccine (both TIV and LAIV) to be delivered in multiple shipments. Once manufacturers have delivered all flu products to McKesson Specialty, flu orders will be shipped in full as supplies allow until the end of the season.

**UCVDP Coverage Criteria for State-Supplied Influenza Vaccine**

At this time, we anticipate UCVDP supplies will be sufficient to cover **all children 6 months through 18 years of age**, regardless of insurance status.



If your agency has pre-booked or ordered private influenza vaccine, you may administer this privately-purchased vaccine to **non-VFC** eligible patients (in order to be able to bill the insurance plan) until your purchased supply is exhausted. At that time, please use state-supplied vaccine for all children 6 months through 18 years of age.

**2009-2010 Seasonal Influenza Vaccine Product Availability from UCVDP**

During the 2009-2010 influenza season, UCVDP intends to offer several brands of influenza vaccine in various presentations. Specific quantities available will be determined by the CDC. Please note that all TIV expires on June 30, 2010, while **LAIV expires at various times. Please pay close attention to expiration dates on LAIV and spread your orders for this vaccine over the flu season.** The following is a description of what we expect to offer:

<b>Product</b>	<b>Presentation</b>	<b>UCVDP Age Criteria</b>
FluMist® (MedImmune) CPT®: 90660	Preservative-free 10 dose sprayers per box	Children aged 2 through 18 years
Fluvirin® (Novartis) CPT®: 90658	Preservative-containing 5mL vial 10 doses per vial	Children aged 4 through 18 years
Fluvirin® (Novartis) CPT®: 90656	Preservative-free .5mL prefilled syringes 10 doses per box	Children aged 4 through 18 years
Fluzone® (sanofi) CPT®: 90655	Preservative-free .25mL prefilled syringes 10 doses per box	Children aged 6 through 35 months
Fluzone® (sanofi) CPT®: 90656	Preservative-free .5mL prefilled syringes 10 doses per box	Children aged 36 months through 18 years
Fluzone® (sanofi) CPT®: 90656	Preservative-free .5mL single dose vials 10 vials per box	Children aged 36 months through 18 years
Fluzone® (sanofi) CPT® (.25mL): 90657 CPT® (.5mL): 90658	Preservative-containing 5mL vial .25mL dose for persons aged 6 through 35 mos. .5mL dose for persons aged 36 mos. through 18 yrs.	Children aged 6 months through 18 years

ACIP recommendations for 2009-2010 seasonal influenza may be found on the CDC web site at:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5808a1.htm?s\\_cid=rr5808a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5808a1.htm?s_cid=rr5808a1_e)

As a reminder, effective July 1, 2005 influenza vaccine was added to the list of vaccines eligible for compensation under Vaccine Injury Compensation Program (VICP). When administering any vaccine covered by the VICP program, a Vaccine Information Statement (VIS) must be provided to the parent/guardian/patient. The Vaccine Information Statements (VIS) for the 2009-2010 flu season have not yet been published. Once published, they may be viewed on the CDC web site at:

<http://www.cdc.gov/vaccines/pubs/VIS>

If you have questions, please call the Immunization Branch Help Desk at 1-877-873-6247 or your Regional Immunization Nurse Consultant.

CC:	SMT Steve Shore Terri Pennington	Regional Immunization Staff Peter Graber Maclyn Powell	Central Office Staff Joy Reed Ann Nance	Vaccine Manufacturers Evelyn Foust Lou Turner	Zack Moore
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North Carolina Department of Health and Human Services  
Division of Public Health

**VACCINE REQUISITION/INVENTORY FORM**

Incomplete order forms will not be processed timely and may result in DELAYS in your vaccine shipment.  
Call **1-877-873-6247** to place your order by phone or fax completed form to **1-800-544-3058**.

FACILITY NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_  
FACILITY STREET ADDRESS \_\_\_\_\_ PROVIDER FED ID# \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DATE \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ EXT \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

\*\*\*Is your office scheduled to be closed any time during the next 30 days? **Yes/No** (circle one). If **yes**, give dates and time.

Clinic Hours \_\_\_\_\_ Hours the office is closed for lunch? \_\_\_\_\_

1. What was the temperature of your refrigerator this morning? \_\_\_\_ ° Celsius (C) or \_\_\_\_ ° Fahrenheit (F)
2. What was the temperature of your freezer this morning? \_\_\_\_ ° C or \_\_\_\_ ° F (For sites carrying Varicella/MMR)

Total Monthly Vaccine Usage	Monthly Usage Xs 3	Doses on Hand	VACCINE	Current Packaging	Doses Requested (Three-month usage minus Doses on Hand)
			<b>DT Pediatric</b> ~ Children < 7 yrs of age ( <i>Limit one pack per facility, if needed</i> )	2 dose pack/	
			<b>DTaP</b>	10 dose pack/ vial	
			<b>DTaP/Hepatitis B/eIPV Combination ~ Pediarix™</b>	10 dose pack/ vial or syringe	
			DTaP/eIPV Combination ~ Kinrix™	10 dose pack/ vial or syringe	
			DTaP/eIPV/HIB Combination ~ Pentacel®	5 dose pack/	
			eIPV	10 dose vial or 10 pack syringe	
			<b>Hepatitis A for Pediatrics</b>	10 dose pack/vial or	
			<b>Hepatitis B for Pediatrics</b> GSK EngerixB® (Circle brand & presentation desired) MSD Recombivax B®	10 dose vial or 5 dose pack	
			Hib ~ ActHIB®	5 dose pack/ vial	
			<b>HPV</b> ~ Gardasil™ - (Available for VFC eligible 9 to 18 yr old females ~RECOMMENDED for 11 to 12 yr old VFC eligible females ~ See most recent UCVDP Coverage Criteria )	10 dose pack/ vial	
			<b>Meningococcal</b> ~ MCV4 - Menactra™ (Available only for VFC eligible patients ~ See most recent UCVDP Coverage Criteria )	5 dose pack/ vial	
			<b>MMR</b>	10 dose pack/ vial	
			<b>PCV7</b> ~ Pneumococcal Conjugate 7-Valent (For VFC and underinsured children 2 mo. through 59 mo. of age. See most recent UCVDP Coverage Criteria)	10 dose pack/ syringe	
			<b>PPV23</b> ~ Pneumococcal Polysaccharide 23-valent (Available for high-risk children, ages 2 yrs to 18 yrs. See most recent UCVDP Coverage Criteria)	5 dose vial	
			<b>Rotavirus</b> ~ Oral Rotavirus vaccine (See most recent UCVDP Coverage Criteria) (Circle brand desired)	10 dose pack/ oral	Rotateq® Rotarix®
			<b>Td Adult</b> (Children 7 yrs through 18 yrs. See most recent UCVDP Coverage Criteria) (Circle brand & presentation desired)	10 dose pack/ vial or syringe	Decavac® Td-Mass
			<b>Tdap</b> (Children 11 yrs through 18 yrs. See most recent UCVDP Coverage Criteria) (Circle brand & presentation desired)	10 dose pack vial or 5 dose pack	Adacel™ Boostrix®
			<b>Varicella</b> (Arrives from manufacturer 1 – 2 weeks from date of order.) Must be stored at -15° C (5° F) or colder at all times.	10 dose pack/ vial	
			<b>Fluzone®</b> ~ .5 mL single dose vials, T Free (Available ONLY for use in patients 36 months through 18 yrs of age.	10 dose pack/ vial	
			<b>Fluzone®</b> ~ 5mL vial (Available ONLY for use in patients 6 months through 18 yrs of age.)	10 dose vial	
			<b>Fluvirin®</b> ~ 5mL vial (Available ONLY for use in patients 4 yrs through 18 yrs of age.)	10 dose vial	
			<b>Fluvirin®</b> ~ .5mL syringes , T Free (Available ONLY for use in patients 4 yrs through 18 yrs of age.)	10 dose pack syringe	
			<b>Fluzone®</b> ~ .25 mL single dose syringes, T Free (Available ONLY for use in patients 6 months through 35 months of age).	10 dose pack syringe	
			<b>Fluzone®</b> ~ .5 mL single dose syringes, T Free (Available ONLY for use in patients 36 months through 18 yrs of age.)	10 dose pack syringe	
			<b>FluMist®</b> ~ T Free (Avail for healthy persons 2 yrs through 18 yrs of age.)	10 dose pack	

DHHS 1227 (REVISED 08/09) IMMUNIZATION (REVIEW 04/10)

By Federal law, a current Vaccine Information Statement must be given prior to administration of the vaccine, and it must be given out each time the vaccine is given.

**Purpose:** To request vaccine orders from the Universal Childhood Vaccine Distribution Program

**Preparation:** Complete original and retain one copy for your records

**Distribution:** Vaccine orders may be telephoned, faxed, or mailed to:

Phone: 1-877-873-6247  
Fax: 1-800-544-3058

Immunization Branch  
1917 Mail Service Center

Raleigh, North Carolina 27699-1917

*If an order is faxed or telephoned, **do not mail the order**.* Additional forms may be ordered from the above office.

**Disposition:** This requisition form may be destroyed upon the receipt of the vaccine order.

**How to use this form:**

1. Review your doses administered data by taking the following steps:
  - a. 1. Total all doses administered from the previous month for each vaccine type.
  2. Compare to last year's doses administered data for the future three months. (i.e. if you are placing an order in May, review April from this year and May, June, July from the previous year.)
  3. Enter the highest of the 4 monthly doses administered in **Total Monthly Vaccine Usage** column.
  - b. Multiply **Monthly Usage** column by three to determine the **Three-Month Usage** column.
1. Inventory current stock.
  - a. Rotate stock to ensure vaccines with the shortest expiration dates are used first.
  - b. Enter inventory amounts in the **Doses on Hand** column.
1. Complete your vaccine order:
  - a. Subtract **Doses on Hand** column from the **Three-Month Usage** column.
  - b. Enter the difference in the **Doses Requested** column. Round up to the package size.
  - c. Call **or** fax your order to the Customer Service staff.

**SPECIAL NOTES FOR HANDLING AND STORAGE OF VACCINES**

- ◆ DTaP, DT Ped, EIPV, Hep B, Hepatitis A – Hepatitis B Adult, Hib, HPV, IG, Td Adult, Influenza, Pneumococcal Conjugate 7-valent (PCV7), Tdap, Hepatitis A Peds, Rotavirus, FluMist, Pneumococcal Polysaccharide 23-valent (PPV23), and the DTaP combination vaccines should be refrigerated between 36° F to 46° F (2° C to 8° C) with an optimum temperature of 40° F (5° C).
- ◆ **Never expose refrigerated vaccine to temperatures below 36°F (2° C).**
- ◆ Varicella must be stored at 5°F (-15°C) or colder at all times in a freezer with a separate sealed freezer door. Store Varicella at an optimum temperature of **0°F (-20°F)** at all times.
- ◆ Store MMR with Varicella. Storing your MMR vaccine in the freezer with your frozen vaccines significantly increases the viability status of the MMR vaccine should you have a power outage or refrigerator malfunction.
- ◆ Rotate your stock weekly to ensure vaccines with the shortest expiration dates are used first.
- ◆ Never return viable vaccine to UCVDP.
- ◆ Fill empty space in the refrigerator with jugs of water and line your freezer with gel packs to maintain temperature in the event of a power outage or refrigerator malfunction.
- ◆ Store refrigerated vaccines on the middle shelf with a thermometer.
- ◆ Never store vaccine in the door of the refrigerator or freezer.
- ◆ Maintain a temperature log for the refrigerator and freezer and monitor twice a day – morning and evening.
- ◆ Notify by either fax or phone if you have transferred vaccine to another provider/health department.

**Your doses administered data is due to the Immunization Branch by the 10<sup>th</sup> of every month.**