



**AmeriHealth Caritas**<sup>™</sup>  
District of Columbia

**To:** AmeriHealth Caritas DC Providers

**From:** Jacob Mbafor, VFC Program

**Date:** August 30, 2016

**Subject:** 2016-2017 VFC Influenza Vaccine Distribution Update

AmeriHealth Caritas District of Columbia (“AmeriHealth Caritas DC”) received the following message from the Vaccine for Children (VFC) program.



Government of the District of Columbia  
Department of Health  
DOH Immunization Program



**August 24, 2016**

**Subject:** 2016-2017 Vaccines for Children Influenza Vaccine Distribution Update

Dear VFC Providers:

The VFC Program will start processing orders for the 2016-2017 influenza vaccines by Friday September 2, 2016. You may plan for flu vaccine clinic after requesting and receiving your vaccines. You may order as often as needed, but allow at least 7 days for delivery. Please do not wait until your inventory is exhausted before placing your next order. Presently, flu vaccine orders cannot be placed directly into the Vaccine Tracking System (VTrckS).

Please use the attached 2016-2017 Influenza Order Form to place your vaccine order. **Orders placed on the regular VFC Order Form or a different kind of form will not be accepted**, and will cause delays in shipping flu vaccine to your practice. Available formulations are listed on the current Flu Order Form.

The 2016-2017 influenza Vaccine Information Statement (VIS) is dated August 7, 2015. **It's the law to use current VISs, and to properly document the publication date in your vaccination records (paper and/or electronic records).**

**Shipments:**

Flu vaccine is shipped separately from other vaccines, even when ordered at the same time. The number of doses you request may be adjusted. For each shipment, please verify that the quantity and formulation match with what is listed on the packing list, and alert the VFC of any discrepancy immediately (same day).

**Eligibility Screening and Accountability Requirements:**

Vaccines supplied by the VFC Program, including influenza vaccine, are for VFC-eligible population 0-18 years of age (1 day before the 19th birthday) only. No other use is allowed. **Any unused flu vaccine must be returned to the VFC Program (via McKesson), accompanied by a Return/Wasted Report after June 30, 2017 and no later than July 10, 2017. All doses received must be accounted for through your VFC reports and/or returns at the end of the season.**

If you have any questions or comments please contact the VFC/Immunization Program at (202) 576-9319.

Sincerely,

Jacob Mbafor  
VFC Program Coordinator

2016-17 Pediatric Influenza Vaccine Order Form (VFC accounts only)

Date: _____		<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>							
Email: _____		Write VFC PIN Above							
Facility/Provider Name: _____									
Contact Person /Telephone: _____									
Presentation and Dosing by Patient's Age ↓ (PEDIATRIC (VFC) ACCOUNTS ONLY)!	Doses administered in 2015-2016 that you reported in the Registry: _____								
	2015-2016 doses returned: _____								
	List your requested doses for 2016-2017 ↓(below)								
	Doses Ordered ↓	Comments for all listed formulations							
<b>Fluzone™ (Sanofi Pasteur)</b> Quadrivalent Inactivated Influenza Virus (IIV4); 6-35 months old (no preservative pediatric dose, 0.25ml pre-filled syringe; 1or 2 doses intramuscular*		You may not get all vaccines requested in a single shipment							
<b>Fluzone™ (Sanofi Pasteur)</b> Quadrivalent Inactivated Influenza Virus (IIV4); 6months-18years old (contains preservative, 5ml (10-dose) vial; 1 or 2 doses intramuscular*		<b>There will be no back-orders. You must reorder at any time before you run out of vaccine(s).</b>							
<b>Fluzone™ (Sanofi Pasteur)</b> Quadrivalent Inactivated Influenza Virus IIV4 ( ≥ 36 months) (no preservative, 0.5ml dose; single dose (10 vial) intramuscular)*		Allow up to 7 days from the time of ordering to when vaccines may be delivered.							
<b>Fluzone™ (Sanofi Pasteur)</b> Quadrivalent Inactivated Influenza Virus IIV4 ( ≥ 36 months) (no preservative, 0.5ml dose; single dose (10 pre-filled syringes) intramuscular)*		Flu vaccine is recommended for every VFC eligible member who is 6 months old to 18 years of age, subject to contraindication and/or your medical judgment.							
<b>FLUARIX® (GlaxoSmithKline)</b> Quadrivalent; IIV4; 3-18 years old (10 pre-filled 0.5ml, no preservative dose syringe)*		Any unused flu vaccine(s) must be returned after June 30, 2017 and no later than July 10, 2017.							

\*For children aged 6 months-8 years, refer to current ACIP recommendations to determine whether 1 or 2 doses are indicated. Children 9 years of age and older may receive 1 dose of the 2016-2017 influenza vaccine.

List the days and hours that you are open to receive vaccines (include the time that your practice is closed for lunch) on the line below:

\_\_\_\_\_

Signature \_\_\_\_\_

If you have any questions or comments please contact the Immunization Program at (202) 576-9319.

Vaccines supplied by the VFC Program, including influenza vaccine, are the VFC-eligible children 0-18 years of age (1 day before the 19<sup>th</sup> birthday) only receiving healthcare in your practice. No other use is allowed.

Note: Your total request may be adjusted, and there may be multiple shipments. In each shipment, please verify that the quantity and formulation match what is listed on the packing list. Please follow guidelines on temperature monitoring devices included in shipments.



District of Columbia Immunization Program  
Community Health Administration  
Vaccines for Children (VFC) Program



## VFC Vaccine Order Form

Instructions: Request all vaccines at once as there will be no multiple shipments. Refrigerated vaccine will take 7 to 14 business days for delivery. Direct-ship vaccines (Varicella and ProQuad-MMRV) may take more than 3 weeks to deliver. Temperature logs must be current.

<b>Practice/Provider Name:</b>		<b>PIN #:</b>		<b>Date</b>		
<b>VFC Contact Name:</b>		<b>Email</b>				
<b>Tel. #:</b>		<b>Fax #:</b>				
Vaccine Name		Manufacturer/Brand Choice Place an X in the box of your choice			Total Doses on Hand	Total Doses Requested
DTaP	6wks-6yrs	<input type="checkbox"/> GSK- Infanrix	<input type="checkbox"/> ___ syringes	<input type="checkbox"/> ___ vials		
		<input type="checkbox"/> Sanofi- Daptacel	<input type="checkbox"/> ___ syringes	<input type="checkbox"/> ___ vials		
DTaP-HepB-IPV	6wks-6yrs	<input type="checkbox"/> GSK-Pediarix	<input type="checkbox"/> ___ syringes	<input type="checkbox"/> ___ vials		
DTaP-IPV-Hib	6wks-4yrs	<input type="checkbox"/> Sanofi- Pentacel <input type="checkbox"/> ___ vials				
DTaP-IPV	4-6 yrs	<input type="checkbox"/> GSK- Kinrix	<input type="checkbox"/> ___ syringes	<input type="checkbox"/> ___ vials		
Hib	6wks-4yrs	<input type="checkbox"/> Sanofi- ActHib		<input type="checkbox"/> ___ vials		
		<input type="checkbox"/> Merck- PedVaxHib		<input type="checkbox"/> ___ vials		
e-IPV	6wks-18yrs	<input type="checkbox"/> Sanofi- Ipol	<input type="checkbox"/> ___ syringes	<input type="checkbox"/> ___ vials		
HepB-PF	Birth-18yrs	<input type="checkbox"/> GSK- Engerix B	<input type="checkbox"/> ___ syringes	<input type="checkbox"/> ___ vials		
		<input type="checkbox"/> Merck- Recombivax	<input type="checkbox"/> ___ syringes	<input type="checkbox"/> ___ vials		
MMR	12mos- 18 yrs	<input type="checkbox"/> Merck- MMR II <input type="checkbox"/> ___ vials				
Varicella	12 mos- 18 yrs	<input type="checkbox"/> Merck- Varivax <input type="checkbox"/> ___ vials				
MMRV	12mos -12 yrs	<input type="checkbox"/> Merck- ProQuad <input type="checkbox"/> ___ vials				
Tdap*	11-18yrs	<input type="checkbox"/> Sanofi- Adacel	<input type="checkbox"/> ___ syringes	<input type="checkbox"/> ___ vials		
	10-18yrs	<input type="checkbox"/> GSK- Boostrix	<input type="checkbox"/> ___ syringes	<input type="checkbox"/> ___ vials		
Td	7-18yrs	<input type="checkbox"/> Sanofi- Tenvirac	<input type="checkbox"/> ___ syringes	<input type="checkbox"/> ___ vials		
Pneumo. (PCV-13)	6wks-5yrs	<input type="checkbox"/> Wyeth- Prevnar	<input type="checkbox"/> ___ syringes only			
HepA	12mos-18yrs	<input type="checkbox"/> GSK- Havrix	<input type="checkbox"/> ___ syringes	<input type="checkbox"/> ___ vials		
		<input type="checkbox"/> Merck- Vaqta	<input type="checkbox"/> ___ syringes	<input type="checkbox"/> ___ vials		
Human Papillomavirus (HPV) (Circle choice/preference )		<input type="checkbox"/> Merck- Gardasil (HPV4)	<input type="checkbox"/> Gardasil (HPV9)	<input type="checkbox"/> ___ vials		
		<input type="checkbox"/> GSK- Cervarix	<input type="checkbox"/> ___ syringes	<input type="checkbox"/> ___ vials		
Rotavirus	6 -32 wks	<input type="checkbox"/> Merck- Rotateq		<input type="checkbox"/> ___ vials		
		<input type="checkbox"/> GSK- Rotarix		<input type="checkbox"/> ___ vials		
Meningococcal Conjugate	11 -18 yrs	<input type="checkbox"/> Sanofi- Menactra (MCV4)**		<input type="checkbox"/> ___ vials		
		<input type="checkbox"/> Novartis- Menveo (MCV4)***		<input type="checkbox"/> ___ vials		
Meningococcal B (check brand)		<input type="checkbox"/> Novartis-Bexsero (syringes)	<input type="checkbox"/> Pfizer-Trumenba (syringes)			
Other— Please write name of vaccine						

\*Off-label use of Tdap is recommended for under-vaccinated children 7-10 years of age.

\*\* May administer to children, starting at 9 months. See usage recommendation/ACIP

\*\*\*May administer to children, starting at 2 months. See usage recommendation/ACIP

**MUST PROVIDE RESPONSES TO THE QUESTIONS BELOW, INCLUDING DELIVERY INSTRUCTIONS**

- ❖ Have vaccine storage units changed since the previous order? **Yes / No. circle one**
- ❖ Have vaccine coordinators changed? **Yes / No. circle one**
- ❖ Are the Data Logger/Thermometer Calibration Certificates current (not expired)? **Yes / No. circle one**

**VFC vaccine supply is only for the vaccination of VFC eligible children from birth 18 years of age only.**

**Delivery Instructions:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Best Contact #:** \_\_\_\_\_