NORTH DAKOTA
DEPARTMENT of HEALTH

DIVISION OF DISEASE CONTROL
2635 East Main Avenue
P.O. Box 5520
Bismarck, ND 58506-5520
www.ndhealth.gov

MEMO

TO: North Dakota Prevention Partnership Providers

FROM: Abbi Pierce, MPH
VFC Manager

RE: 2014-2015 Seasonal Influenza Vaccine Pre-Book Information

DATE: February 12, 2014

Please complete the attached influenza vaccine **pre-book** order form and return it to the North Dakota Department of Health (NDDoH) Immunization Program by **February 28, 2014.** It is very important that pre-book orders are received prior to that date, as the NDDoH has to pre-book influenza vaccine with the federal government.

NDDoH-supplied influenza vaccine may be used for **Vaccines for Children (VFC) eligible children (Medicaid-eligible, American Indian or Alaskan Native, uninsured or underinsured) only**. It will be allocated to providers based on pre-book orders, previous influenza vaccine orders, doses administered entered into the NDIIS from the 2013-2014 influenza season and your clinic's size. Providers are not guaranteed to receive all the vaccine that they pre-book.

The 2014-2015 influenza season will again offer trivalent and quadrivalent influenza vaccines. Quadrivalent influenza vaccine will protect against two A strains and two B strains. The trivalent vaccine protects against two As and one B strain. NDDoH will do its best to fill pre-booked orders with the brand and presentation pre-booked but providers must understand that it is not guaranteed and orders may be filled with what is available.

Some suggestions for determining the amount of vaccine to prebook:

- Children, 8 years of age and younger, who are receiving influenza vaccine for the first time, will need to receive **two** doses. When giving IIV3 (trivalent inactivated vaccine), IIV4 (quadrivalent inactivated vaccine) or LAIV4 (quadrivalent live attenuated influenza vaccine), the doses should be given at least four weeks apart.
- Use the North Dakota Immunization Information System (NDIIS) to determine the amount of influenza vaccine administered last year. When running a doses administered report in the NDIIS, use "ALL VFC TYPES" for VFC TYPE and "STATE-SUPPLIED" for VACCINE TYPE. Do not select "All Clients."
- Consider the Advisory Committee on Immunization Practices (ACIP) recommendations for vaccination of all children 6 months – 18 years. http://www.cdc.gov/vaccines/hcp/acip-recs/index.html
- Providers may wish to choose LAIV4 over IIV3 where both are available and otherwise appropriate for children. Vaccination should not be delayed if LAIV4 is not available.

The NDDoH supplies influenza vaccine to Prevention Partnership Providers for all VFC-eligible children ages 6 months – 18 years. **It is your clinic's responsibility to order private influenza vaccine for insured children to ensure all children in your clinic are vaccinated.** VFC influenza vaccine must not be administered to privately insured children or adults older than 18.

VFC and other state/federal influenza vaccine will be shipped from McKesson in multiple shipments to providers for the 2014-2015 influenza season.

Please contact the NDDoH Immunization Program with any questions or concerns at 701.328.3386 or toll-free 800.472.2180.

Enc.

NORTH DAKOTA DEPARTMENT of HEALTH

Prevention Partnership Pre-Book Request for Influenza Vaccine 2014-2015

Division of Disease Control
Fax No.: 701.328.2499

Provider Name: _____ **Provider ID Number:** _____

Vaccine Contact: _____ **Telephone Number:** _____

Please complete the following table with the number of doses of season influenza vaccine needed for your clinic's VFC population.

Vaccine IIV3: trivalent inactivated vaccine IIV4: quadrivalent inactivated vaccine LAIV4: quadrivalent live attenuated influenza vaccine	**Brand (Manufacturer)**	**Age Group**	**Number of Doses Needed 10-dose increments ONLY**
IIV4 (0.25mL pre-filled syringes)	Fluzone® (sanofi pasteur)	6 – 35 months	
IIV4 (0.5mL single dose vials)	Fluzone® (sanofi pasteur)	3 – 18 years	
IIV4 (0.5mL pre-filled syringes)	Fluzone® (sanofi pasteur)	3 – 18 years	
IIV4 (5.0mL multi-dose vial)	Fluzone® (sanofi pasteur)	6 months – 18 years	
IIV3 (0.5mL pre-filled syringes)	Fluzone® (sanofi pasteur)	3 – 18 years	
IIV3 (multi-dose vials)	Fluzone® (sanofi pasteur)	6 months – 18 years	
IIV4 (0.5mL pre-filled syringes)	Fluarix® (GlaxoSmithKline)	3 – 18 years	
IIV4 (5.0mL multi-dose vials)	Flulaval® (GlaxoSmithKline)	3 – 18 years	
IIV3 (5.0mL multi-dose vials)	Flulaval® (GlaxoSmithKline)	3 – 18 years	
IIV3 (0.5mL pre-filled syringes)	Fluvirin® (Novartis)	4 – 18 years	
IIV3 (5.0mL multi-dose vials)	Fluvirin® (Novartis)	4 – 18 years	
LAIV4 quadrivalent (single dose sprayers)	Flumist® (MedImmune)	2 – 18 years	

Please complete this form with your estimated influenza vaccine need for the 2014-2015 influenza season and **fax it to 701.328.2499 by February 28, 2014**. If pre-book information is not provided, you may be unable to obtain adequate supplies of influenza vaccine. Please call the Immunization Program at 701.328.3386 or toll-free 800.472.2180 if you need assistance with the pre-booking process.