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**Provider Notification Update**

<b>Date of Notification</b>	<b>7/28/09</b>
<b>Plans Affected</b>	<b>Mercy Care Plan</b>
<b>Subject</b>	<b>Vaccine For Children Program – Flu Vaccine Mailing from ADHS</b>

A letter dated July 1, 2009 was recently sent out by the Arizona Department of Health Services indicating that effective July 7, 2009 that the Arizona Immunization Program Vaccine Center will begin accepting influenza vaccine orders for the 2009-2010 flu season for Arizona VFC eligible children. Mercy Care is attaching a copy of this letter, along with order forms for your convenience. (Please see pages 2-4.)



## ***Division of Public Health Services***

*Office of the Assistant Director*

*Public Health Preparedness Services*

Phoenix, Arizona 85007-

3233

(602) 364-3642

(602) 364- 3276 FAX

JANICE K. BREWER, GOVERNOR

WILL HUMBLE, INTERIM DIRECTOR

July 1, 2009

Dear Vaccines for Children Provider,

Beginning July 7, 2009, the Arizona Immunization Program Vaccine Center will begin accepting initial influenza vaccine orders for the 2009-2010 influenza seasons for Arizona VFC eligible children. The Advisory Committee on Immunization Practices (ACIP) recommends that influenza vaccine be administered to all children 6 months through 18 years of age.

Arizona has requested a total of 433,000 doses of flu vaccines for the 2009/2010 flu season, which equals a 35% increase in the number of flu doses from the 2008/2009 season. Below is the list of presentations and their amounts;

Sanofi MDV	85,000 doses	Sanofi 0.5mL syringes	52,000 doses
Sanofi 0.25mL syringes	138,000 doses	Sanofi 0.5mL single vials	40,000 doses
Norvartis 0.5mL syringes	13,000 doses	Medimmune FluMis	105,000 doses

The Initial Influenza Order/Reporting Form must be filled out for **only the amount of flu vaccine you will administer in 6 weeks**, and returned to our office no later than **August 1, 2009**. Consider the amount of flu vaccine you are requesting and the amount of storage you have in your refrigerators when placing your order. Six (6) choices of flu vaccine are offered, please closely review and consider the age groups, manufacturer, and vaccine dosages when placing your order. If the initial order is received after August 1, 2009 the order will not be processed until all flu orders received by August 1<sup>st</sup> are processed. Initial flu orders may be reduced due to vaccine availability, doses administered last year, or because of over ordering. You **will not** automatically receive the balance of your initial order if the supply is reduced.

After receipt of initial influenza orders, providers may order additional influenza vaccine on the **revised vaccine order form** (enclosed). **Important:** Doses administered and influenza vaccine inventory must be reported monthly on the same order/reporting form as your other VFC vaccines. Incomplete orders will be returned for completion.

The Influenza Vaccine Information Statements (VISs) will be available after July 1, 2009. Please check [www.immunize.org](http://www.immunize.org) for the current TIV (trivalent inactivated influenza vaccine) and LAIV (live attenuated influenza vaccine) versions.

Please remember that children under nine (9) years of age receiving influenza vaccine for the first time should receive two doses spaced four (4) weeks apart. Children who received only one dose of influenza vaccine in their first year of vaccination should receive two (2) doses in their second year of vaccination.

If you have questions, please call the Vaccine Center at (602) 364-3642.

Sincerely,

Cherry Boardman, RN, MSN  
Vaccine Center Manager  
Arizona Immunization Program Office

Enclosures



Arizona Immunization Program Office  
 Vaccine Center  
 Vaccines For Children (VFC) Program  
 Voice: (602) 364-3642 FAX: (602) 364-3276

**INITIAL  
 Influenza Order  
 Fax to 602-364-3276**

## Initial Influenza Vaccine Order 2009 – 2010

**Due no later than August 1, 2009**

(If received after August 1, 2009, orders will be processed last)

<b>Practice/Provider name:</b>	<b>Date submitted:</b>	<b>PIN</b>
<b>Name of person submitting form:</b>	<b>Fax &amp; Area code:</b>	<b>Phone &amp; area code:</b>

Vaccine Name	Manufacturer/Choice	*Doses Requested	Doses Shipped <small>For VFC use only</small>
<b>Influenza</b> Ages 6 months through 35 months	Sanofi Pasteur - Fluzone® 0.25 mL Pre-filled syringe (Preservative free) 10 syringes/box		
<b>Influenza</b> Ages 3 through 18 years	Sanofi Pasteur - Fluzone® 0.5 mL single-dose vial (Preservative free) 10 single dose vials/box		
	Sanofi Pasteur - Fluzone® 0.5 mL Pre-filled syringe (Preservative free) 10 syringes/box		
	Sanofi Pasteur - Fluzone® 5.0 mL Multi-dose vial One 10 dose vial/box		
<b>Influenza</b> Ages 4 through 18 years	Novartis - Fluvirin™ 0.5 mL Pre-filled syringe (Preservative free) 10 syringes/box		
<b>Influenza-Live</b> Ages 2 yrs – 18 yrs	MedImmune - FluMist™ 0.5 mL single-dose sprayer Preservative free) 10 sprayers/box		

\*Based on availability of influenza vaccines.

Additional doses of both Live and Inactivated Influenza vaccines can be ordered on the “Revised Order/Reporting Form “ that contains the flu presentations (see accompanying form), after receipt of your initial order.

**For ADHS Office Use Only**

Date Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date Approved: \_\_\_\_\_



**Arizona Immunization Program Office**  
**Vaccines Management Center**  
 Voice: (602) 364-3642  
 FAX: (602) 364-3276

## Vaccine Order/Reporting Form

<b>PIN:</b>
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*Please complete all sections. If order form is missing any information the order will not be processed.*

<b>Practice/Provider Name:</b>	<b>Area Code &amp; Phone Number:</b>	<b>Date logs begin:</b>	<b>Date logs end:</b>
<b>Provider's Contact Name:</b>		<b>Area Code &amp; Fax number:</b>	

**Total number of eligible children who have received VFC vaccine during the above time frame**

KidsCare	AHCCCS	Uninsured	Native American/Alaskan Native	Underinsured	Non VFC Eligible
Vaccine Name		Doses Administered	Doses on Hand	Manufacturer/Choice ** Place an X in the box of your choice	Doses Requested
	DTaP/IPV/Hib	6 wks - 4 yrs.		<input type="checkbox"/> Sanofi – Pentacel®	
	DTaP/IPV	4 yrs to 6 yrs		<input type="checkbox"/> GSK - Kinrix® <input type="checkbox"/> syringes <input type="checkbox"/> vials <input type="checkbox"/> Sanofi – Tripedia <input type="checkbox"/> GSK – Infanrix ..... <input type="checkbox"/> syringes <input type="checkbox"/> vials <input type="checkbox"/> Sanofi – Daptacel	
	DTaP	6 wks - 6 yrs		<input type="checkbox"/> GSK – Pediarix™ <input type="checkbox"/> syringes <input type="checkbox"/> vials <input type="checkbox"/> Sanofi – ActHib <input type="checkbox"/> Merck - Pedvax	
	DTaP/HepB/IPV	6 wks - 6 yrs.		<input type="checkbox"/> GSK – Pediarix™ <input type="checkbox"/> syringes <input type="checkbox"/> vials <input type="checkbox"/> Sanofi – ActHib <input type="checkbox"/> Merck - Pedvax	
	Hib	6 wks -4 yrs		<input type="checkbox"/> Merck – Comvax	unavailable
	Hep B/Hib	6 wks - 4 yrs			
	Pneumococcal Conjugate PCV-7	6 wks - 5 yrs.		<input type="checkbox"/> Wyeth/Lederle- Prevnar    syringes only <input type="checkbox"/> GSK - Rotarix® - RV 1 <input type="checkbox"/> Merck - RotaTeq® RV 5	
	Rotavirus	6 wks- 32 wks		<input type="checkbox"/> Sanofi – IPOL <input type="checkbox"/> syringes <input type="checkbox"/> vials <input type="checkbox"/> GSK – Enderix B..... <input type="checkbox"/> syringes <input type="checkbox"/> vials <input type="checkbox"/> Merck – Recombivax HB	
	e-IPV	6wks – 18 yrs		<input type="checkbox"/> GSK – Havrix ..... <input type="checkbox"/> syringes <input type="checkbox"/> vials <input type="checkbox"/> Merck – Vaqta	
	Hep B- PF (3 dose)	Birth – 18 years		<input type="checkbox"/> Merck – MMRII <input type="checkbox"/> Merck – MMR/Varivax	unavailable
	Hep A	12 mo. – 18 yrs			
	MMR	12 mo. – 18 yrs			
	MMR/Varicella	12mo -12yrs		<input type="checkbox"/> Merck – Varivax	
	Varicella	12 mo.- 18 yrs		<input type="checkbox"/> Sanofi-Decavac	
	Td	7 yrs – 18 yrs			
	Pneumococcal Polysaccharide PPV 23	2 yrs – 18 yrs		<input type="checkbox"/> Merck - Pneumovax 23 <input type="checkbox"/> GSK – Boostrix..... <input type="checkbox"/> syringes <input type="checkbox"/> vials <input type="checkbox"/> Sanofi – Adacel ..... <input type="checkbox"/> syringes <input type="checkbox"/> vials	
	Tdap	10yrs – 18 yrs 11yrs – 18 yrs		<input type="checkbox"/> Merck - Gardasil® <input type="checkbox"/> Sanofi – Menactra <input type="checkbox"/> Sanofi Pasteur - Fluzone® 0.25 mL pre-filled syringes	
	Human Papillomavirus HPV	11yrs – 18 yrs		<input type="checkbox"/> Sanofi Pasteur - Fluzone® 0.5 mL SDV <input type="checkbox"/> Sanofi Pasteur - Fluzone® 0.5 mL pre-filled syringe <input type="checkbox"/> Sanofi Pasteur - Fluzone® 5.0 mL MDV	
	Meningococcal Conjugate -MCV 4	11yrs -18yrs		<input type="checkbox"/> Novartis - Fluvirin™ ® 0.5 mL pre-filled syringe <input type="checkbox"/> MedImmune - FluMist™ 0.5 mL nasal sprayer	
	Influenza	Ages 6 months through 35 months		<input type="checkbox"/> Merck Adult – Recombivax HB <input type="checkbox"/> Bayer - HBIG	
	Influenza	Ages 3 through 18 years			
	Influenza	Ages 3 through 18 years			
	Influenza	Ages 3 through 18 years			
	Influenza	Ages 4 through 18 years			
	Influenza-Live	Ages 2 yrs – 18 yrs			
	Special Orders Available for Peri-natal Program & Birthing Hospitals only Adult Hepatitis B and HBIG				

\*\*VFC will honor your choice based on vaccine availability      Temperature log must be faxed to the VFC office monthly      Revised May 7, 2009