



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Immunization Program

Date: January 31, 2018
To: Vaccines for Children (VFC) Providers
From: Robin Cahall, VFC Coordinator, 1-800-282-8672
Subject: VFC Flu Vaccine: Supply Update/ Fluarix Revised Age Indication

PLEASE POST FOR ALL VACCINE MANGEMENT STAFF

VFC Influenza vaccine continues to be available. Please place orders for vaccine if needed.

VFC Supply update

Delaware's allocation of the Fluzone, preservative free syringe (NDC: 49281-0417-50) is completed distributed to providers but other presentations are available. The order form is updated and attached to this communication.

Fluarix

The indication for Fluarix, Quad 0.5mL single dose syringe (NDC: 58160-0907-52) is updated to include ages 6 months and up. Please see the revised information on CDC's webpage:

<https://www.cdc.gov/flu/protect/vaccine/vaccines.htm>

Revised Package Insert:

<https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM220624.pdf>

58160-0907-52: Fluarix, 0.5mL preservative free syringe is indicated for ages 6 months and up

19515-0912-52: FluLaval, 0.5mL preservative free syringe is indicated for ages 6 months and up

49281-0417-10: Fluzone, 0.5mL preservative free vial is indicated for ages 36 months and up

49281-0517-25: Fluzone, 0.25mL preservative free syringe is indicated for ages 6-35 months

Please contact the VFC program with questions or concerns, 1-800-282-8672.



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Vaccines for Children (VFC) Program

2017-2018 Seasonal INFLUENZA VACCINE Order Form

Fax to 302-739-2555

revised 01/31/2018

| | | | | |
|------------------------|----------------|-----------|-----|------|
| PRACTICE/FACILITY NAME | CONTACT PERSON | TELEPHONE | FAX | DATE |
| | | | | |

FACILITY EMAIL: _____ PIN: _____

| | MON | TUES | WED | THUR | FRI | FROM: | TO: | CLOSED FOR LUNCH FROM: | TO: |
|--|-----|------|-----|------|-----|-------|-----|------------------------|-----|
| Delivery: Indicate all days and times you may receive vaccine. If closed during lunch, please specify. | | | | | | | | | |
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Vaccine orders may be partially filled depending on the percentage of product available at McKesson. Back orders will be kept on file and shipped as soon as vaccine becomes available.

INSTRUCTIONS: Order a four to six week supply of influenza vaccine for your VFC-eligible patients. Reorder as needed through the season. Allow two weeks for delivery for properly submitted orders.

THIS IS NOT A PRE-BOOK FORM

| BRAND/PRESENTATION | NDC | AGE | LOT# | DOSES ON HAND | DOSES REQUESTED | PROGRAM USE |
|---|---------------|----------|------|---------------|-----------------|-------------|
| Fluarix- Quad (GSK) 0.5mL single dose SYR, 10-pack | 58160-0907-52 | 6mths + | | | | |
| FluLaval- Quad (GSK) 0.5mL single dose SYR, 10-pack | 19515-0912-52 | 6mths + | | | | |
| Fluzone- Quad (Sanofi) 0.5mL single dose VIAL, 10-pack | 49281-0417-10 | 36mths + | | | | |
| Fluzone- Quad (Sanofi) 0.5mL single dose SYR, 10-pack | 49281-0417-50 | 36mths + | | | Not Available | |
| Fluzone- Quad (Sanofi) 0.25mL single dose SYR, 10-pack | 49281-0517-25 | 6-35mths | | | | |