



Date: August 17, 2018
To: Vaccines for Children (VFC) Providers
From: Robin Cahall, VFC Coordinator, 800-282-8672
Subject: 2018-2019 VFC INFLUENZA VACCINE ORDERS

PLEASE POST FOR ALL MEDICAL STAFF

The 2018-2019 VFC Influenza Vaccine order form is attached. Please submit your first request as soon as possible so we may prepare for shipping once the vaccine is released from McKesson. We will notify providers once we begin to process orders for shipment. This is not a pre-book request. Do not include the amount of vaccine requested for the entire season. Place orders as needed throughout the season.

Complete the form for a four to six week supply and re-order as needed throughout the season. Allow two weeks for delivery with the exception of the first order which will be shipped once the VFC Program has received notification from McKesson that vaccine is available.

Providers utilizing DelVAX for vaccine inventory and ordering: Please complete the paper order form and fax to the program. Please manually add the doses to your on-hand inventory in DelVAX once the order is received. Orders may be completed through DelVAX after the first orders are processed.

2018-2019 VFC influenza vaccine available for order is preservative free, and is the quadrivalent presentation. Children receiving VFC influenza vaccine must meet VFC eligibility criteria (eligibility screening must be documented for every immunization visit):

- 18 years of age or younger AND one of the following:
 - Medicaid enrolled
 - Uninsured
 - American Indian or Alaskan Native
 - Underinsured (VFC eligible at Federally Qualified Health Center (FQHC) only).

Underinsured is defined as having health insurance that does not cover vaccinations or the coverage includes only select vaccinations. Children who are underinsured for selected vaccines are VFC eligible for non-covered vaccines only.

Providers must have a current VFC enrollment on file and must be in compliance with VFC requirements including continuous temperature monitoring with digital data logger. Data logger reports may be required before an order is placed. Providers must also be actively reporting to DelVAX in order to receive vaccine orders.

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



DELAWARE HEALTH AND SOCIAL SERVICES
 Division of Public Health
 Immunization Program

Vaccines for Children (VFC) Program

2018-2019 Seasonal INFLUENZA VACCINE Order Form

Fax to 302-739-2555

revised 07/06/18

PRACTICE/FACILITY NAME	CONTACT PERSON	TELEPHONE	FAX	DATE
FACILITY EMAIL:				
PIN:				

	MON	FROM:	TO:	CLOSED FOR LUNCH FROM:	TO:
Delivery: Indicate all days and times you may receive vaccine. If closed during lunch, please specify.	TUES	FROM:	TO:	CLOSED FOR LUNCH FROM:	TO:
	WED	FROM:	TO:	CLOSED FOR LUNCH FROM:	TO:
	THUR	FROM:	TO:	CLOSED FOR LUNCH FROM:	TO:
	FRI	FROM:	TO:	CLOSED FOR LUNCH FROM:	TO:

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. (All presentations available for VFC are Preservative Free.)

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	58160-0898-52	6mths +				
Flucelvax- Quad (Seqirus USA) 0.5mL single dose SYR, 10-pack	70461-0318-03	4 Years +				
FluLaval- Quad (GSK) 0.5mL single dose SYR, 10-pack	19515-0909-52	6mths +				
Fluzone- Quad (Sanofi) 0.5mL single dose VIAL, 10-pack	49281-0418-10	36mths +				
Fluzone- Quad (Sanofi) 0.5mL single dose SYR, 10-pack	49281-0418-50	36mths +				
Fluzone- Quad (Sanofi) 0.25mL single dose SYR, 10-pack	49281-0518-25	6-35mths				