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SOUTH DAKOTA
DEPARTMENT OF HEALTH

Division of Family and Community Health
Child and Family Services
Chronic Disease Prevention and Health Promotion
Disease Prevention Services
State Epidemiologist

MEMORANDUM 2016-03

TO: All Vaccine Providers

FROM: Tim Heath

DATE: 07/21/2016

RE: Influenza Vaccine Orders, New Vaccine Eligibility Chart

Enclosed you will find the Influenza Vaccine order form for the 2016-17 season. Influenza Vaccine ordered from the state immunization program can only be administered to children eligible for the Federal Vaccines for Children (VFC) program. Please order what you anticipate needing for your VFC eligible children and submit your order by August 08th, 2016.

We will try to accommodate your vaccine preference but we may have to substitute with a different presentation at times as we have a finite amount of each vaccine presentation. FluMist will not be available this year due to the recommendation that FluMist not be used during the 2016-17 season from the Advisory Committee on Immunization Practices.

You will also find a new Vaccine Eligibility Chart enclosed. Please discard previous version and replace with this one. The main change is that Influenza Vaccine is now listed as only available to VFC eligible children.

2016 - 2017 Seasonal Influenza Order Form

CLINIC/HOSPITAL NAME: _____	VFC PROVIDER NUMBER: _____
ADDRESS: _____	CITY: _____, SD _____
EMAIL: _____	PHONE: _____
FAX: _____	CONTACT PERSON: _____

PLEASE READ CAREFULLY!!!!

Use this form to order VFC Influenza vaccine through the South Dakota Immunization Program. To estimate doses necessary, generate a Doses Administered report in the SDIIS from August 2015 through June 2016. Select INFLUENZA in the VACCINE field and check the box beside VFC ELIGIBILITY to obtain a specific breakdown of doses administered during the previous influenza season. The report will separate various age ranges and VFC eligibility categories. Order ALL anticipated influenza doses for the entire influenza season on this form and submit to the Immunization Program as soon as possible. The Immunization Program will order Influenza vaccine as it becomes available.

NOTE: This vaccine may only be administered to VFC-eligible children aged 6 months through 18 years.

The State of South Dakota will receive vaccine in varying quantities at the start of the influenza season from McKesson. The South Dakota Immunization Program will not get all of our doses at once. **Please do not be alarmed that you will receive several shipments over several weeks to fill the entirety of your requested doses below.** We expect shipping to start sometime in late August or early September. It is recommended to start vaccinating as soon as you get the vaccine.

The majority of the vaccine will be preservative free but we will have a limited amount of multi-dose vials available.

*** Community Health Nursing sites, DO NOT use this form to order adult influenza vaccine.**

DESCRIPTION OF VACCINE	MINIMUM NUMBER OF DOSES AVAILABLE TO ORDER	NUMBER OF VFC DOSES REQUESTED
MULTI-DOSE VIAL FOR AGES 6 MONTHS THROUGH 18 YEARS	10	
PRESERVATIVE FREE SYRINGE 0.25 mL FOR 6 - 35 MONTH OLD CHILDREN	10	
PRESERVATIVE FREE SYRINGE 0.5 mL FOR 36 MONTH - 18 YEAR OLD CHILDREN	10	
VACCINE INFORMATION STATEMENTS (VIS)	SHEETS PER PAD	NUMBER OF PADS REQUESTED
INACTIVATED INFLUENZA VIS	50	

South Dakota Immunization Program Vaccines Available for VFC* Eligible Children

Vaccine	Trade Name	Min Order	Presentation ⁺	Ages/Indication
DT	Varies	1	Varies	6 weeks – 6 years Only to be administered when DTaP is medically contraindicated – call for approval to order.
DTaP	Daptacel®	10	SDV	6 weeks – 6 years
	Infanrix®	10	SDV	
DTaP-IPV	Kinrix®	10	SDV	4 years – 6 years Approved for use as the fifth dose of DTaP and fourth dose of IPV.
DTaP-Hep B-IPV	Pediarix®	10	SDS	6 weeks – 6 years Approved only for the primary series (i.e., 2, 4, and 6 months).
DTaP-IPV-Hib	Pentacel®	5	SDV	6 weeks – 4 years
e-IPV	IPOL®	10	MDV	6 weeks – 18 years
Hepatitis A	Vaqta®	10	SDV	1 – 18 years Should be routinely administered to children 12 – 23 months of age.
	Havrix®	10	SDV	
Hepatitis A-B 18 only	Twinrix®	10	SDV	18 years of age only
Hepatitis B	Engerix B®	10	SDV	Birth – 18 years
	Recombivax HB	10	SDV	
Hib	PedvaxHIB®	10	SDV	6 weeks – 59 months PedvaxHIB® is a three-dose series at 2, 4, and 12 – 15 months. ActHib® is a four-dose series at 2, 4, 6, and 12 – 15 months.
	ActHIB®	5	SDV	
HIBMENCY	MENHIBRIX®	10	SDV	6 weeks – 18 months Approved for use in high-risk infants at 2, 4, 6, and 12– 15 months of age.
HPV	Gardasil® 9	10	SDV	Gardasil® 9 is available for both males and females ages 9 and older.
Meningococcal Conjugate	Menactra®	5	SDV	2 months – 18 years Should be routinely administered to children 11-12 years of age, with a booster dose at 16 years of age. Minimum age for Menactra® is 9 months. Minimum age for Menveo® is 2 months.
	Menveo®	5	SDV	
Meningococcal B	TRUMENBA®	10	SDS	16 – 18 years. High risk 10-18 years. TRUMENBA® is 3 doses at 0, 2, and 6 months. BEXSERO® is 2 doses 1 month apart.
	BEXSERO®	10		
Measles, Mumps and Rubella	M-M-R®II	10	SDV	12 months – 18 years
MMR/Varicella	ProQuad®	10	SDV	12 months – 12 years For the first dose of MMR and varicella vaccines at ages 12 – 47 months, either MMR and varicella vaccines administered separately or MMRV vaccine may be used. For the second dose of MMR and varicella vaccines at any age (15 months--12 years) and for the first dose at age ≥48 months.
Pneumococcal	Prenar 13 TM (PCV13)	10	SDS	6 weeks – 59 months The ACIP recommends PCV13 for all children ages two through 59 months and for children ages 60 through 71 months who have underlying medical conditions that increase their risk of pneumococcal disease or complications.
Pneumococcal Polysaccharide	Pneumovax®23	1	SDV	2 – 18 years • Available for high-risk children with one or more of the following conditions: 1. Chronic illnesses such as cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease or CSF leaks. 2. Functional or anatomic asplenia (splenectomy) 3. Conditions associated with immunosuppression, including HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephritic syndrome, or other conditions associated with immunosuppression (organ or bone marrow transplantation); and people receiving immunosuppressive chemotherapy, including long term high-dose corticosteroids. 4. Cochlear implants
Rotavirus, Live, Oral	RotaTeq®	10	SDT	6 weeks – 8 months, 0 days Rotateq® (three dose rotavirus vaccine to be administered at 2, 4, and 6 months of age) Rotarix® (two dose rotavirus vaccine to be administered at 2 and 4 months of age)
	Rotarix®	10	SDV	
Tetanus & Diphtheria Toxoids	Tenivac®	1	SDS	7 – 18 years • Tdap is recommended instead of Td • Td is only necessary for children and adolescents who have not completed the primary series of DTaP, or who are contraindicated for Tdap.
Tdap	Boostrix®	10	SDV	7 – 18 years
	Adacel®	10	SDV	
Varicella	Varivax®	10	SDV	12 months – 18 years
Influenza	Varies	10	Varies	For VFC eligible children 6 months – 18 years of age.

***VFC-eligible children are those who are 18 and younger and meet one of the following criteria (child does not need to be a resident of SD):**

- No health insurance
- Medicaid eligible
- American Indian or Alaskan Native
- Underinsured – have health insurance, but it does not cover a particular vaccine (**VFC vaccine can only be used for underinsured children at Rural Health Clinics, Federally Qualified Health Centers, SD Department of Health Community Health Offices**)

***Presentations (this can change without notice):**

SDS – Single Dose Syringe

SDV – Single Dose Vial

SDT – Single Dose Tube

MDV – Multi-dose vial