TO: All Vaccine Providers

FROM: Tim Heath

DATE: 07/02/2021

RE: Influenza Vaccine Ordering

Enclosed you will find the VFC Influenza Vaccine order form for the 2021-22 Influenza season. As a reminder, Influenza vaccine is available from the state for children eligible for the Vaccines for Children (VFC) program. There will be three types of vaccine available. The majority will be preservative free vaccine in prefilled 0.5 mL syringes that can be used for children 6 months and older. We will have limited supply of FluMist for children 2 – 18 years of age, and Flucelvax in 0.5 mL syringes for children 2 – 18 years of age. Please order what you anticipate needing for your VFC eligible children and submit your order by July 23rd, 2021.

Since there has been some reduction in routine vaccinations during the COVID-19 pandemic, I encourage you to find ways to bring back people to your facilities for vaccination and other services. Some persons may be reluctant to enter a clinic so you may need to let them know what steps are being taken to ensure their safety in your facility. The CDC has issued some guidance on vaccination during a pandemic which you can find here [https://www.cdc.gov/vaccines/pandemic-guidance/index.html](https://www.cdc.gov/vaccines/pandemic-guidance/index.html) Some ideas are to have well visits in the morning and sick visits in the afternoon or on alternating days; having immunization only days or after hours; having curbside vaccination services, or using a separate building for
vaccination. Also please consider the use of reminder recall for getting messages to patients. You can use your own reminder recall method through your electronic medical record system, or you can use SDIIS for this purpose. Instructions are attached.

Thank you for everything you do to keep South Dakota Citizens safe from Vaccine Preventable Disease.

Tim Heath
Immunization Program Manager
2021 - 2022 Seasonal Influenza Vaccine Order Form

**PLEASE READ CAREFULLY!!!!!**

This is the order form for ordering Influenza Vaccine from the state. **This vaccine is for children 6 months through 18 years old who are eligible for the Vaccines for Children Program (VFC). Please order the number of doses in the order form below that you think you will use in the entire upcoming influenza season.** To estimate the number of doses you may need you can run a Doses Administered report in SDIIS for July 2020 through June 2021 to see how many influenza doses you administered last season and in what age categories. For ordering Influenza vaccine you **do not** need to order according to your regular vaccine ordering schedule. Please fill out this form and send it in to us as soon as possible. We will order your vaccine as it becomes available to us.

**Community Health Nursing sites, please note that this order form is **NOT** for ordering adult influenza vaccine.**

The State of South Dakota will receive vaccine in varying quantities at the start of the influenza season at 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.

<table>
<thead>
<tr>
<th>DESCRIPTION OF VACCINE</th>
<th>MINIMUM NUMBER OF DOSES AVAILABLE TO ORDER</th>
<th>NUMBER OF DOSES REQUESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESERVATIVE FREE SYRINGE 0.5 mL FOR 6 MONTH—18 YEAR OLD CHILDREN</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>FLUMIST FOR 2-18 YEAR OLD CHILDREN</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>FLUCELVAX PRESERVATIVE FREE SYRINGE 0.5 mL FOR 2-18 YEAR OLD CHILDREN</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Questions: 605-773-4963 or 605-773-5323
Fax: 605-773-4113
Or mail: South Dakota Dept of Health 615 E 4th St Pierre, SD 57501

Revised 6/16/2021
Instructions to Generate Reminder Postcards in the SDIIS:

- Login to the SDIIS Software
- Click on Print Reports
- Select Upcoming Immunizations under Reminder/Recall

![Select Report Table]

- Complete fields
  - From Date
  - To Date
  - From Age
  - To Age
  - As of Date
  - Series
Select Either - Vaccine Specific Postcards or Generic Postcards
Submit Report
Print Desired Pages

GENERATE REPORT

You can generate a report based on a combination of any criteria below.

FROM DATE: 01/01/2020
TO DATE: 05/31/2020
FROM AGE: 24 (months)
TO AGE: 36 (months)
AS OF DATE: 06/18/2020
SERIES: All Series
CLINIC: Central Registry
PROGRAM: ALL
HEALTH PLAN: ALL
COUNTY:
REPORT FORMAT:
VACCINE SPECIFIC POSTCARDS
GENERIC POSTCARDS:

Sample Postcard:

Postcard Format

May 21, 2019
Dear [Patient’s Name],

Your next scheduled [Vaccine Type] appointment is for [Date]. Please arrive 15 minutes before your appointment time.

Thank you,
[Provider’s Name]
[Provider’s Title]

May 21, 2019
Our records indicate that you have [Vaccine Type] scheduled for [Date]. Please arrive 15 minutes before your appointment time.

Thank you,
[Provider’s Name]
[Provider’s Title]