

**MEMORANDUM 2022-01**

**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 23<sup>rd</sup>, 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>

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

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

## 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.

DESCRIPTION OF VACCINE	MINIMUM NUMBER OF DOSES AVAILABLE TO ORDER	NUMBER OF DOSES REQUESTED
PRESERVATIVE FREE SYRINGE 0.5 mL FOR 6 MONTH—18 YEAR OLD CHILDREN	10	
FLUMIST FOR 2-18 YEAR OLD CHILDREN	10	
FLUCELVAX PRESERVATIVE FREE SYRINGE 0.5 mL FOR 2-18 YEAR OLD CHILDREN	10	



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

<p><b>PATIENT-SPECIFIC</b></p> <p>Patient Long Form <input type="radio"/></p> <p><b>Patient Short Form</b> <input checked="" type="radio"/></p> <p>Routing Slip <input type="radio"/></p> <p><b>Reminder Notice</b> <input checked="" type="radio"/></p>	<p><b>INVENTORY</b></p> <p>Clinic Inventory <input type="radio"/></p> <p><b>Doses Administered</b> <input checked="" type="radio"/></p> <p>Vaccine Accountability <input type="radio"/></p>
<p><b>REMINDER / RECALL</b></p> <p>Missing Immunizations <input type="radio"/></p> <p><b>Upcoming Immunizations</b> <input checked="" type="radio"/></p> <p>Lack of Activity <input type="radio"/></p>	<p><b>STATISTICAL</b></p> <p>Immunization Coverage <input type="radio"/></p> <p><b>Encounter Summary</b> <input checked="" type="radio"/></p> <p>Patient List <input type="radio"/></p> <p><b>Patient Detail</b> <input checked="" type="radio"/></p> <p>Patient History <input type="radio"/></p> <p><b>Data Verification</b> <input checked="" type="radio"/></p> <p>Roster Billing Report <input type="radio"/></p> <p><b>Patient Count Report</b> <input checked="" type="radio"/></p>

- 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	<a href="#">CALENDAR</a>
TO DATE :	05/31/2020	<a href="#">CALENDAR</a>
FROM AGE :	24	(months)
TO AGE :	36	(months)
AS OF DATE :	06/18/2020	<a href="#">CALENDAR</a>
SERIES :	All Series	▼
CLINIC :	Central Registry	▼
PROGRAM :	ALL	▼
HEALTH PLAN :	ALL	▼
COUNTY :		
REPORT FORMAT :	<input type="radio"/>	
VACCINE-SPECIFIC POSTCARDS :	<input checked="" type="radio"/>	
GENERIC POSTCARDS :	<input type="radio"/>	

Sample Postcard:

### Postcard Format

<p>May 20, 2020</p> <p>Our records indicate that Tied Influenza vaccines will be due for the following vaccinations:</p> <p>DTap (05/01/2008) MMII (05/01/2008) Hep B (05/01/2008) Hib (05/01/2008) IPV - Chiro (05/01/2008) Varicella (05/01/2008) Pneumonia (05/01/2008) Hep A - Chiro (05/01/2008)</p> <p>Please contact our clinic at 717-783-2848 to discuss these vaccinations further and/or make an appointment.</p> <p>Please bring your immunization card with you when you visit the clinic.</p> <p>Thank you.</p> <p>PA State DCH (PH)</p>	<p>PA State DCH (PH) 555 Walnut Street, 9th Floor Forsyth Plaza Harrisburg, Pennsylvania 17101</p> <p>To the parent/guardian of: <b>Tied Influenza</b></p> <p>Address: <b>Central Registry</b></p>	<p>May 20, 2020</p> <p>Our records indicate that Mark Winfrey vaccines will be due for the following vaccinations:</p> <p>DTap (05/01/2008) MMII (05/01/2008) Hep B (05/01/2008) Hib (05/01/2008) IPV - Chiro (05/01/2008) Varicella (05/01/2008) Pneumonia (05/01/2008) Hep A - Chiro (05/01/2008)</p> <p>Please contact our clinic at 717-783-2848 to discuss these vaccinations further and/or make an appointment.</p> <p>Please bring your immunization card with you when you visit the clinic.</p> <p>Thank you.</p> <p>PA State DCH (PH)</p>	<p>PA State DCH (PH) 555 Walnut Street, 9th Floor Forsyth Plaza Harrisburg, Pennsylvania 17101</p> <p>To the parent/guardian of: <b>Mark Winfrey</b></p> <p>Address: <b>Central Registry</b></p>
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