

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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Commissioner



Dannel P. Malloy
Governor
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Immunization Program

**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS
IN YOUR PRACTICE**

TO: Health Care Providers

**FROM: Mick Bolduc-Vaccine Coordinator
Connecticut Vaccine Program (CVP)**

A handwritten signature in black ink, appearing to read "Mick Bolduc".

DATE: May 18, 2015

SUBJECT: New Vaccine Order Form; Vaccine Return Form; & VIS Update

The primary purpose of this communication is to provide you with a copy of the new CVP Vaccine Order Form (VOF), and Vaccine Return Form as well as the new Vaccine Information Statement for HPV 9 vaccine.

New Vaccine Order Form

As of June 1st providers can begin to order HPV 9 for VFC & SCHIP (HUSKY B) patients 9-18 years of age and both Meningococcal serogroup B vaccines for **high-risk** VFC & SCHIP patients 10-18 years of age (refer to 4/8/15 memo). Enclosed are the newly revised Vaccine Order Form (VOF) and Vaccine Return Form as well as the Vaccine Information Statement (VIS) for HPV 9. The VIS for Meningococcal serogroup B is still under development and should be available soon. **Please discard all old versions of these documents and only use the newly revised forms.**

As always, if you have any questions, please feel free to contact me at (860) 509-7940.

Vaccine Brand	Vaccine	NDC Codes	Pack Size	Doses Ordered	Doses On Hand	Lot #	Expiration Date	Doses On Hand	Lot #	Expiration Date	Doses On Hand	Lot #	Expiration Date	Doses Administered
Rotarix	Rotavirus	58160-0854-52	10											
Rotateq	Rotavirus	00006-4047-41	10											
Cervarix	HPV	58160-0830-52	10											
Tenivac	Td	49281-0215-10	1											
Vaqta	Hepatitis A	00006-4831-41	10											
Varivax	Varicella	00006-4827-00	10											
***** VACCINES BELOW ARE FOR HIGH RISK PATIENTS ONLY *****														
Bexsero*	Meningococcal B	46028-0114-02	1											
MenHibrix*	Meningococcal/Hib	58160-0801-11	1											
Pneumovax23*	PPSV23	00006-4943-00	1											
Trumenb*	Meningococcal B	00005-0100-10	10											

How To Submit Your Vaccine Order Form (VOF) To The CVP

- FAX or email your VOF to the Immunization Program each month even if you do not require additional vaccine.
 - Additional forms are available on our website at <http://www.ct.gov/dph/cwp/view.asp?a=3136&q=511138>. FAX completed forms to **860-509-8371** or email dph.immunizations@ct.gov
 - If emailing, please save and name the document with your PIN and name of form. For example: PIN 2000.VOF.pdf. Attach your completed form and email to dph.immunizations@ct.gov. Save and print a copy for your records. Please call (860) 509-7929 with any questions.
- Identification & Shipping information**
- Complete all the information at the top of form including facility name, vaccine shipping address, date of order, completed by, PIN, phone and date range of doses administered totals.
 - Complete the box with any dates your practice will be closed during the month outside of normal business hours as stated on your provider profile. Do not include weekends.
 - **IMPORTANT! Please notify the Immunization Program if changes have occurred to your practice name, shipping address, hours and days to receive vaccine.**

Vaccine Order

- Indicate number of doses needed under the **DOSES ORDERED** column. Order by number of doses needed rounding to the number of doses per pack according to the VOF. **Do not order by number of boxes.** It is recommended that providers maintain at least a 4 week supply of vaccine in inventory to avoid running out of vaccine.

Vaccine Inventory

- The Centers for Disease Control and Prevention (CDC) requires inventory tracking by NDC, lot number, and expiration date of State supplied vaccine. Indicate number of doses on hand for each lot number and expiration date. THREE columns per vaccine product have been provided to record this data. Do not combine lot numbers or post the same lot number twice. If you have more than three different lot numbers per vaccine product, please indicate additional vaccine inventory on a separate vaccine form and note this as an addendum to vaccine inventory accounting.
- Balance inventory from last month's report to physical current inventory: (previous inventory + order - DA) = actual inventory (+ or - transfers & returns). **Resolve all discrepancies before submitting this form to the CVP.**

Expiration Dates

- Record complete expiration dates for all state supplied inventory. If vaccines are approaching their expiration dates and may expire before they can be used an attempt to transfer the vaccine to another practice should be made **4 months before expiration.** Please call the Immunization Program to help facilitate transfer of the vaccine.

Doses Administered

- **ONLY DOSES ADMINISTERED WITH STATE SUPPLIED VACCINE should be included in this count.**
- Indicate the **Month and Year** for which you are reporting doses administered totals.

Thank you for following the above instructions. VOFs that are complete and accurate enable us to process your order quickly!



VACCINE RETURN FORM

Connecticut Vaccine Program

Fax or email completed from to: FAX: 860-509-8371 email: DPH.Immunizations@ct.gov

Please follow instructions below to report all state supplied vaccine spoilage

1. If the stamped expiration date is documented with month and year only, the vaccine is good until the *last day* of the month.
2. For vaccine spoilage, complete this form **and a spoilage letter explaining why the vaccine spoiled and steps you will take to prevent future incidents from occurring. Fax the vaccine return form and letter to Mick Bolduc (860) 509-8371.** A determination will be made if vaccine replacement is required [CLICK HERE](#) for details on our Financial Restitution Policy or call the Connecticut Vaccine Program (CVP) to request a copy.
3. **After** you have submitted this form and spoilage letter to the CVP you will receive an email from McKesson with UPS return information. If an email is not on file with the CVP you will receive a UPS return label thru the U.S. mail from McKesson.
4. When you receive the UPS return label, package the vaccine, affix the UPS return label to the package and give to your UPS driver.
5. Return only the vaccine and quantities reported on this return form. **Never return open multi-dose vials, broken vials or syringes with needles.**
6. If you do not receive a UPS label within 10 days of submitting your return form call CVP at 860-509-7929.

FACILITY NAME	COMPLETED BY	PHONE	DATE OF REPORT	SPOILAGE LETTER ATTACHED?	PIN NUMBER

Vaccine Brand	Vaccine	NDC Code	Lot #	Expiration Date	No. of Doses	Cost Per Dose	Reason For Return
ActHib	Hib	49281-0545-05				\$9.45	
Adacel	Tdap	49281-0400-10				\$31.25	
Bexsero	Meningococcal Serogroup B	46028-0114-02				\$122.20	
Boostrix	Tdap	58160-0842-11				\$31.25	
Cervarix	HPV	58160-0830-52				\$107.97	
Daptacel	DTaP	49281-0286-10				\$16.04	
Engerix-B	Hepatitis B	58160-0820-11				\$11.08	
Fluarix-Quad	Influenza .5ML Syringe	58160-0901-52				\$13.65	
Flumist-Quad	Influenza .2mL SPRAY	66019-0302-10				\$17.30	
Fluzone-Quad	Influenza .25 ML Syringe	49281-0514-25				\$12.23	
Fluzone-Quad	Influenza .5ML VIAL	49281-0414-10				\$10.85	
Fluzone-Quad	Influenza .5ML Syringe	49281-0414-50				\$10.53	
Gardasil	HPV	00006-4045-41				\$121.03	
Gardasil 9	HPV 9	00006-4119-03				134.26	
Havrix	Hepatitis A	58160-0825-11				\$17.01	
Infanrix	DTaP	58160-0810-11				\$16.15	
IPOV	IPV	49281-0860-10				\$12.58	
Kinrix	DTaP/IPV	58160-0812-11				\$38.50	
Menactra	MCV4	49281-0589-05				\$86.19	
MenHibrix	Meningo. Conjugate/Hib	58160-0801-11				\$10.10	
Menveo	MCV4	46028-0208-01				\$83.42	
MMR II	MMR	00006-4681-00				\$19.90	
Pediarix	DTaP/IPV/Hep B	58160-0811-52				\$53.86	
Pedvax	Hib	00006-4897-00				\$12.34	
Pentacel	DTaP/IPV/Hib	49281-0510-05				\$54.38	
Pneumovax23	PPSV23	00006-4943-00				\$43.98	
Prenar 13	PCV13	00005-1971-02				\$112.44	
ProQuad	MMRV	00006-4999-00				\$109.01	
Recombivax	Hepatitis B	00006-4981-00				\$11.75	
Rotarix	Rotavirus	58160-0854-52				\$85.04	
Rotateq	Rotavirus	00006-4047-41				\$63.96	
Tenivac	Td	49281-0215-10				\$18.82	
Trumenba	Meningococcal Serogroup B	00005-0100-10				\$95.75	
Vaqta	Hepatitis A	00006-4831-41				\$17.40	
Varivax	Varicella	00006-4827-00				\$83.77	

VACCINE INFORMATION STATEMENT

HPV Vaccine Gardasil®-9 (Human Papillomavirus)

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Gardasil-9 prevents many cancers caused by human papillomavirus (HPV) infections, including:

- **cervical cancer** in females,
- **vaginal and vulvar cancers** in females, and
- **anal cancer** in females and males.

In addition to these cancers, Gardasil-9 also prevents **genital warts** in both females and males.

In the U.S., about 12,000 women get cervical cancer every year, and about 4,000 women die from it. Gardasil-9 can prevent most of these cancers.

HPV infection usually comes from sexual contact, and most people will become infected at some point in their life. About 14 million Americans get infected every year. Many infections will go away and not cause serious problems. But thousands of women and men get cancer and diseases from HPV.

2 HPV vaccine

Gardasil-9 is one of three FDA-approved HPV vaccines. It is recommended for both males and females. It is routinely given at 11 or 12 years of age, but it may be given beginning at age 9 years through age 26 years.

Three doses of Gardasil-9 are recommended with the second and third dose 1-2 months and 6 months after the first dose.

Vaccination is not a substitute for cervical cancer screening. This vaccine does not protect against all HPV types that can cause cervical cancer. Women should still get regular Pap tests.

3 Some people should not get this vaccine

- Anyone who has had a severe, life-threatening allergic reaction to a dose of HPV vaccine should not get another dose.

Anyone who has a severe (life threatening) allergy to any component of HPV vaccine should not get the vaccine.

Tell your doctor if you have any severe allergies that you know of, including a severe allergy to yeast.

- HPV vaccine is not recommended for pregnant women. If you learn that you were pregnant when you were vaccinated, there is no reason to expect any problems for you or the baby. Any woman who learns she was pregnant when she got this HPV vaccine is encouraged to contact the manufacturer's registry for HPV vaccination during pregnancy at 1-800-986-8999. Women who are breastfeeding may be vaccinated.
- If you have a mild illness you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get HPV vaccine do not have any problems with it.

Mild or moderate problems following Gardasil-9

- Reactions in the arm where the shot was given:
 - Pain (about 9 people in 10)
 - Redness or swelling (about 1 person in 3)
- Fever:
 - Mild (100°F) (about 1 person in 10)
 - Moderate (102°F) (about 1 person in 65)
- Other problems:
 - Headache (about 1 person in 3)

Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation. *There is a time limit to file a claim for compensation.*

7 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/hpv

Vaccine Information Statement (Interim)
HPV Vaccine (Gardasil-9)

4/15/2015

42 U.S.C. § 300aa-26

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