

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM



**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS**

**IN YOUR PRACTICE**

**TO:** All Users of State Supplied Vaccine

**FROM:** Mick Bolduc   
Vaccines For Children (VFC) Coordinator

**DATE:** April 25, 2012

**SUBJECT:** DTaP/IPV/Hib (Pentacel<sup>®</sup>) vaccine supply

The primary purpose of this communication is to inform you of a temporary shortage of DTaP/IPV/Hib (Pentacel<sup>®</sup>) vaccine.

### **DTaP/IPV/Hib supply**

The Centers for Disease Control & Prevention (CDC) has notified the Immunization Program of a temporary shortage of Sanofi Pasteur's DTaP/IPV/Hib vaccine (brand name Pentacel<sup>®</sup>) due to a manufacturing delay. The temporary shortage will result in smaller quantities of Pentacel<sup>®</sup> being made available to the Immunization Program on a monthly basis. We anticipate receiving a little less than 2/3 the amount of Pentacel<sup>®</sup> that we normally distribute each month. Providers should increase their orders for single antigen DTaP, IPV, and Hib vaccines accordingly to ensure they have enough vaccine to fully immunize children based on the recommended schedule. The temporary shortage is expected to last throughout the summer.

In response to the temporary shortage of Pentacel<sup>®</sup>, as of May 1, 2012 the Immunization Program will also be making available GlaxoSmithKline's DTaP/IPV/Hep B combination vaccine (brand name Pediarix<sup>®</sup>). As a reminder Pediarix<sup>®</sup> is licensed for the first 3 doses of the primary series at 2, 4, and 6 months of age.

We recommend that providers who have started vaccinating a child with Pentacel<sup>®</sup> vaccine complete the series with Pentacel<sup>®</sup> whenever possible. Providers may want to consider using Pediarix<sup>®</sup> in infants who are just beginning their primary series in order to ensure adequate supply for those infants who have already begun their primary series with Pentacel<sup>®</sup>.

For those providers wishing to order Pediarix<sup>®</sup> an updated Vaccine Order Form (VOF) is attached and is also available on our website: [www.ct.gov/dph/immunizations](http://www.ct.gov/dph/immunizations). Providers who choose not to order Pediarix<sup>®</sup> can continue to use their current VOF. Also attached is an updated Vaccine Eligibility criteria form dated May 1, 2012.

As always, if you have any questions, please feel free to contact the Immunization Program at (860) 509-7929.

**Vaccine for Children's Program (VFC)**  
**Eligibility Criteria for State of CT provided vaccines as of May 1, 2012**

Vaccine	Age Group	VFC Status of Children			CPT Code(s)
		VFC Eligible <sup>1</sup>	Non-VFC Children <sup>1</sup>	S-CHIP Children <sup>1</sup>	
Varicella Dose 1 Dose 2	12 months-18 years <sup>2</sup> 15 months-18 years	YES YES	YES YES	YES YES	90716 90716
Hepatitis B	Newborns in hospital Children 0-18 years	YES YES	YES YES	YES YES	90744 90744
Td	Children 7-18 years <sup>3</sup>	YES	YES	YES	90714
MMR (Doses 1 & 2)	12 months-18 years College entry	YES YES	YES YES	YES YES	90707 90707
Pneumococcal Conjugate Vaccine (PCV 13)	6 weeks-71 months	YES	<b>NO</b>	YES	90670
Influenza	6 months-18 years	YES	<b>NO</b>	YES	90655 90656 90657 90658 90660
DTaP	2 months – 6 years	YES	YES	YES	90700
Hib	2-59 months	YES	YES	YES	90648
IPV	2 months-18 years	YES	YES	YES	90713
Meningococcal Conjugate (MCV4) Dose 1 Dose 2	11-18 years 16-18 years	YES YES	YES YES	YES YES	90734 90734
Tdap	7-18 years <sup>4</sup>	YES	YES	YES	90715
Hepatitis A	12 months-18 years	YES	<b>NO</b>	YES	90633
Rotavirus	6 weeks-8 months	YES	<b>NO</b>	YES	90681
DTaP/IPV	4-6 years	YES	YES	YES	90696
HPV (males & females)	9-18 years	YES	<b>NO</b>	YES	90649
DTaP/IPV/Hib	2-59 months	YES	YES	YES	90698
DTaP/IPV/Hep B	2-83 months	YES	YES	YES	90723

1 VFC eligibility is defined as follows: (a) Medicaid enrolled (HUSKY A); (b) NO health insurance; or (c) American Indian or Alaskan native. In addition those individuals who are under-insured (have health insurance that does not cover immunizations) can be referred to a Federally Qualified Health Center (FQHC) to be immunized with VFC-supplied vaccine. Non-VFC Children refers to patients who have private insurance that covers the cost of immunizations. S-CHIP children are those children enrolled in HUSKY B.

2 Susceptible children who do not have a clinical history of chicken pox.

3 Td vaccine can be given to children 7-18 years of age to complete their primary series, or to those children 7-18 years of age who are in need of a Tetanus containing vaccine and cannot receive Tdap.

4 Tdap vaccine should be administered routinely to children at the 11-12 year old preventive health care visit, and to children 7-10 years old who have not been fully vaccinated against pertussis and for whom no contraindication to pertussis containing vaccine exists. Revised 4/25/12



# STATE VACCINE ORDER FORM (VOF) IMMUNIZATION PROGRAM

**FAX TO: 860-509-8371 or email: [DPH.IMMUNIZATIONS@ct.gov](mailto:DPH.IMMUNIZATIONS@ct.gov)**

1. Report due on or before the first business day of the month. Late orders will not be processed.
2. **Be sure to fill in the box below with any dates your practice will be closed this month.**
3. Reports must be submitted monthly even if you are not ordering vaccine.
4. Report **State-supplied** vaccine only.
5. Balance inventory from last month's report to actual current inventory: (inventory + order – DA) = actual inventory (+ / – transfers & returns)
6. Calculate your order to a maximum of 2-1/2 month supply of vaccine inventory
7. Do not submit doses administered data using tick or hash marks convert all markings to whole numbers.
8. **Questions?** Please Call: **(860) 509-7929**. To download additional VOF's go to: [www.ct.gov/dph/immunizations](http://www.ct.gov/dph/immunizations)



<b>Name and Shipping Address:</b>			<b>Date of Order:</b>	<b>Completed By:</b>		<b>PIN #</b>
				<b>Dates Practice Will Be Closed for the Month:</b>		<b>Phone #</b>
Vaccine	Doses Per pack	Doses Ordered	Doses on Hand	Expiration Date(s) Include number of doses if multiple expiration dates		Comments
DTaP	10					
DTaP/IPV (Kinrix)	10					
HIB	5					
MMR	10					
IPV	10					
PCV 13 (Pneumococcal)	10					
Hepatitis B	10					
MCV4 (Meningococcal Conjugate)	5					
Tdap	10					
Varicella	10					
DTaP/IPV/Hib (Pentacel)	5					
Td	10					
Hep A	10					
Rotavirus	10					
HPV	10					
Influenza (6-35 months)	10					
Influenza (3-18 years)	10					
FluMist (2-18 years)	10					
DTaP/ IPV/Hep B (Pediarix)	10					

