

2013-2014 SEASONAL INFLUENZA VACCINE SURVEY INSTRUCTIONS

The Idaho Immunization Program (IIP) will supply 2013-2014 seasonal pediatric influenza vaccine to all active Idaho Vaccines for Children (VFC) providers for eligible patients (children ages 6 months through 18 years of age who reside in Idaho or Washington).

Do not privately purchase pediatric influenza vaccine for the 2013-2014 season.*

To assist the IIP with efficiently ordering and allocating the vaccine supply, please complete and return page 2 of this survey indicating the total number of 2013-2014 influenza doses your office expects to order from the IIP.** If your office plans to order pediatric seasonal influenza vaccine, then this survey must be returned to the IIP by March 11, 2013. The completed survey may be returned by fax (208-334-4914), email (IIP@dhw.idaho.gov), or standard mail (see address below).

Quadrivalent formulation of influenza vaccines will be available for the 2013-2014 influenza season. The FluMist® (nasal spray for children 2 years of age through 18 years of age) and Fluarix® (prefilled syringes for children 3 years of age through 18 years of age) will be the <u>only</u> quadrivalent influenza vaccines available from the IIP. Please be sure to record the number of doses for each vaccine Trade Name and presentation you plan to order for the 2013-2014 season.

The VFC report in the Immunization Reminder Information System (IRIS) is a helpful tool to use when establishing patient eligibility by age. The report can be run by vaccine group. Another helpful tool in IRIS is the Transaction Summary report. This report will tell you how many doses of influenza vaccine your organization received, administered, and wasted during the 2012-2013 influenza season (please note: your accountability must be current).

* Note: Pediatric vaccines funded by the Idaho Immunization Assessment will not be reimbursed by health insurance carriers for Idaho children.

**Be sure the physician in-charge of immunizations reviews and approves the vaccine formulation entered on the survey (due to significant changes in influenza vaccine formulations for the 2013-2014 influenza season).

Survey on Back



IDAHO IMMUNIZATION PROGRAM PO BOX 83720 BOISE ID 83720-0036

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2013-2014 SEASONAL INFLUENZA VACCINE SURVEY

Organization:	VFC Pin:
Prepared By:	
	nd allocating the vaccine supply, please complete and return
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Please return the completed table below to the Idaho Immunization Program no later than **March 11, 2013**, indicating the number of pediatric influenza vaccine doses your organization plans to order from the IIP:

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email (IIP@dhw.idaho.gov), or standard mail (see address below).

Vaccine**	Trade Name*	Manufacturer	Presentation	Mercury Content (mcg Hg/0.5 mL dose)	Age Group	Number of Doses
TIV	FLUZONE®	Sanofi Pasteur	0.25 mL prefilled syringe	0	6-35 months	
			0.5 mL prefilled syringe	0	≥ 36 months	
			0.5 mL single dose vial	0	≥ 36 months	
			5.0 mL multi-dose vial	25	≥ 6 months	
TIV	FLUVIRIN®	Novartis	0.5 mL prefilled syringe	<1.0	≥ 4 years	
QIV	FLUARIX®	GlaxoSmithKline	0.5 mL prefilled syringe	0	≥ 3 years	
TIV	ALFURIA®	Merck	0.5 mL prefilled syringe	0	≥ 9 years	
LAIV-Quad	FLUMIST®	MedImmune	0.2 mL sprayer	0	2-18 yrs	

^{*} As of February 1, 2013, FluMist and Fluarix have received approval from the Food and Drug Administration for quadrivalent influenza formulations.

This influenza vaccine survey does not constitute a vaccine order; however, 2013-2014 seasonal influenza vaccine available for your organization will be based on the information provided.

**Be sure the physician in-charge of immunizations reviews and approves the vaccine formulation entered on the survey (due to significant changes in influenza vaccine formulations for the 2013-2014 influenza season).



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