

2018-2019 SEASONAL INFLUENZA VACCINE PRE-BOOK INSTRUCTIONS

The Idaho Immunization Program (IIP) will supply 2018-2019 pediatric seasonal influenza vaccine, to all providers actively enrolled with the program, for patients eligible to receive IIP-supplied vaccine.

Do not privately purchase pediatric influenza vaccine for the 2018-2019 season.¹

Please complete and return to the IIP page 2 of this pre-book indicating the total number of 2018-2019 pediatric influenza doses your office expects to order from the IIP throughout the 2018-2019 influenza season.² Please note that **a signature is required** on the 2018-2019 Seasonal Influenza Vaccine Pre-book. The physician in-charge of immunizations or chief executive officer must review the vaccine formulations, number of doses, and sign the pre-book.

If your office plans to order pediatric seasonal influenza vaccine, then this pre-book must be returned to the IIP by **February 2, 2018**. The completed pre-book may be returned by fax (208-334-4914) or email (IIP@dhw.idaho.gov) only.

All pediatric influenza vaccines supplied by the IIP for the 2018-2019 influenza season will be quadrivalent formulations. Please record the number of doses for each vaccine, Trade Name, and presentation that your office expects to order during the 2018-2019 season.

The [Show Transactions](#) and Doses Administered reports in the Immunization Reminder Information System (IRIS) are helpful tools to use when establishing the number of doses needed. These reports will indicate how many doses of influenza vaccine your organization received, administered (by age), and wasted during the 2016-2017 and 2017-2018 influenza seasons (please note: your accountability must be current).

¹ Unless your office serves non-VFC eligible children who do not reside in Idaho or Washington.

² Please submit a pre-book with 0 (zero) doses indicated if your organization does not plan to order 2018-2019 seasonal influenza vaccine from the IIP.

Pre-book on Back

2018-2019 SEASONAL INFLUENZA VACCINE PRE-BOOK

Organization: _____ VFC Pin: _____

Prepared By: _____

Please complete and return this pre-book indicating the total number of 2018-2019 pediatric seasonal influenza vaccine doses your office expects to order from the Idaho Immunization Program (IIP). This information will assist the IIP with efficiently ordering and allocating the vaccine supply. If your office plans to order pediatric seasonal influenza vaccine, then this pre-book must be returned to the IIP by February 2, 2018. The completed pre-book may be returned by fax (208-334-4914) or email (IIP@dhw.idaho.gov) only.

Please complete the table below indicating the number of pediatric seasonal influenza vaccine doses for each presentation that your organization expects to order from the IIP. Return the pre-book to the IIP no later than **February 2, 2018**:

Vaccine	Trade Name	Manufacturer	Presentation	Mercury Content (mcg Hg/0.5 mL dose)	Age Group	Number of Doses
QIV	FLUZONE®	Sanofi Pasteur	0.25 mL prefilled syringe	0	6-35 months	
			0.5 mL single dose vial	0	≥ 36 months	
			0.5 mL prefilled syringe	0	≥ 36 months	
			5.0 mL multi-dose vial	25	≥ 6 months	
QIV	FLULAVAL®	GlaxoSmithKline	0.5 mL prefilled syringe	0	≥ 6 months	
			5.0 mL multi-dose vial	<25	≥ 6 months	
QIV	FLUARIX®	GlaxoSmithKline	0.5 mL prefilled syringe	0	≥ 6 months	
QIV	FLUCELVAX®	Seqirus	0.5 mL prefilled syringe	0	≥4 years	
			5.0 mL multi-dose vial	25	≥4 years	

This influenza vaccine pre-book does not constitute a vaccine order; however, **the availability of 2018-2019 pediatric seasonal influenza vaccine for your organization will be based on the information provided.**

Name of Physician in-Charge of Immunizations or Chief Executive Officer (please print)

Signature of Physician in-Charge of Immunizations or Chief Executive Officer

Date

Instructions on Front

