Department of Public Health and Human Services

Public Health & Safety Division ♦ Communicable Disease Control & Prevention Bureau

Immunization Program ♦ PO Box 202951 ♦ 1400 Broadway St ♦ Helena, MT 59620-2951

Phone: (406) 444-5580 ♦ Fax: (406) 444-2920

Steve Bullock, Governor

Richard H. Opper, Director

To: Vaccines for Children Private Providers
From: Montana Immunization Program
Re: 2015-2016 VFC Influenza Vaccine Orders

It is that time of year again when we collect influenza vaccine orders for the 2015-2016 influenza season! To order VFC influenza vaccine, fax the attached form to 444-2920 no later than Friday, August 7th, 2015.

This year we are offering five different pediatric influenza vaccine products. We will do our best to accommodate your requests; however, due to supply and demand we may need to substitute vaccines. The minimum order for each product is 10 doses.

Fluzone® 0.25mL single-dose p-free syringes, (Quadrivalent) 6–35 months
Fluzone® 0.5mL single- dose p-free vials and syringes, (Quadrivalent) 3–18 years
Fluzone® 5.0mL multi-dose vials, (Quadrivalent) 6 months–18 years
Fluarix® 0.5mL single-dose p-free syringes, (Quadrivalent) 3–18 years
Flumist® Live intranasal single- dose p-free sprayers, (Quadrivalent) 2–18 years

Please order enough vaccine to cover the entire influenza season without over ordering. Orders will be filled over the course of the season as the vaccine becomes available to McKesson.

Please remember if you are an aggregate site in imMTrax, track doses administered according to lot number and age for reconciliation. If you are an integrated site, administer the correct lot number into the patient's records directly in imMTrax.

For more updated information from CDC on the 2015-2016 influenza season please visit: http://www.cdc.gov/flu/index.htm

If you have any questions, please e-mail hhsiz@mt.gov.

2015-2016 INFLUENZA VACCINE ORDER FORM

Please submit this order form to the Montana Immunization Program by

Friday, August 7, 2015.

Please fax completed form to 444-2920.

VFC Pin		
Facility Name		
Physical Address (NO PO Boxes)		
Contact Person		
Contact Numbers	Phone: (406)	Fax: (406)
Contact's E-mail		

Please order enough vaccine to cover the entire influenza season. Orders will be filled over the course of the season as the vaccine becomes available at McKesson. We may modify your order based on your Provider Profile numbers, your past influenza vaccine usage, and vaccine availability. Questions? Call 444-1613

VFC INFLUENZA VACCINE	UNIT SIZE	DOSES ORDERED
Fluzone® 0.25mL single-dose p-free syringes, (Quadrivalent) 6–35 months	10 doses	
Fluzone® 0.5mL single- dose p-free vials and syringes, (Quadrivalent) 3–18 years	10 doses	
Fluzone® 5.0mL multi-dose vials, (Quadrivalent) 6 months–18 years	10 doses	
Fluarix® 0.5mL single-dose p-free syringes, (Quadrivalent) 3–18 years	10 doses	
FluMist® Live intranasal single- dose p-free sprayers, (Quadrivalent) 2–18 years	10 doses	