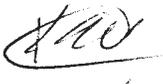




Memorandum

TO: Directors, Health Service Regions
Immunization Program Managers, Health Service Regions
Directors, Local Health Departments
Immunization Program Managers, Local Health Departments

FROM: Karen Hess, Manager
Vaccine Services Group 

THRU: Jack C. Sims, Manager
Immunization Branch 

DATE: August 8, 2007

SUBJECT: Texas Vaccines for Children Program: Influenza Ordering

In previous years, Texas Vaccines for Children (TVFC) Program providers have ordered influenza vaccine on a monthly basis using the Biological Order Form (C-68). Due to legislation in the 80th Texas Legislature, the ordering process for the 2007-08 influenza season will change. Senate Bill 811 directs the Department of State Health Services to offer providers their choice of influenza vaccine products. Providers will have choice of all influenza vaccine products and choice will be honored within the vaccine amounts that the Centers for Disease Control and Prevention (CDC) have allocated to the TVFC. Vaccine brand and quantity are not guaranteed due to limited allocations of specific products to the TVFC. Orders may be filled in their entirety or in partial shipments as vaccines become available throughout the season.

Orders for influenza vaccine should be placed by August 31, 2007 for the entire 2007-08 influenza season using the TVFC Influenza Order Form (attached). Regional and local health departments should expedite these orders to the Austin Office. Orders received late could be delayed or not filled depending upon vaccine availability.

In the past, the distribution contractor has shipped the influenza Vaccine Information Statements (VISs) with the vaccine. Effective in September, Texas will join the CDC's new distribution contract and shipping VISs with the vaccine is not possible. VISs should be ordered along with vaccine on the TVFC Influenza Order Form and will be mailed separately from the vaccine.

The most notable change in the recommendations for influenza vaccination is for providers to begin vaccinating patients when they receive their vaccine and to continue vaccinating throughout the influenza season until vaccine supplies are depleted. Please refer to the attached reference sheet for a list of vaccines, dosages, and eligibility.

If you have questions regarding the influenza vaccine or the ordering process, please call your Health Service Region, Local Health Department, or TVFC Consultant.

Attachments: TVFC Influenza Order Form
TVFC Program 2007-08 Influenza Vaccine Dosages and Information

**Texas Vaccines for Children (TVFC) Program
2007-08 Influenza Vaccine Dosages and Information**

Product Name	Age	Dosage	Number of Doses	Route
FluZone®PF	6 through 35 months	.25 mL	1 or 2*	Intramuscular
FluZone®PF	3 through 18 years	.50 mL	1 or 2*	Intramuscular
FluZone®	3 through 18 years	.50 mL	1 or 2*	Intramuscular
Fluvirin®	4 through 18 years	.50 mL	1 or 2*	Intramuscular
FluMist®	5 through 18 years	0.2 mL	1 or 2*	Intranasal
*All children aged >6 months--8 years who have not been vaccinated previously at any time with either LAIV or TIV should receive 2 doses of age-appropriate vaccine in the same season with either LAIV (doses separated by ≥6 weeks) or TIV (doses separated by ≥4 weeks).				

All vaccines for the 2007-08 season will include protection against virus strains A/Solomon Islands/3/2006 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens.

In general, health-care providers should begin offering vaccination soon after vaccine becomes available and if possible by October. To avoid missed opportunities for vaccination, providers should offer vaccination during routine health-care visits or during hospitalizations whenever vaccine is available. Vaccination efforts should continue throughout the season, because the duration of the influenza season varies, (Texas peaked last year in March 2007). For additional information on influenza vaccine recommendations visit the following website: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5606a1.htm?s_cid=rr5606a1_e.

TVFC Children Eligible for Trivalent inactivated influenza vaccine (TIV)

- Children aged 6 months through 59 months.
- Children and adolescents aged 5 through 18 years with chronic disorders of the pulmonary or cardiovascular system, including asthma.
- Children and adolescents aged 5 through 18 years who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic disease (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medication or human immunodeficiency virus [HIV]).
- Children and adolescents aged 5 through 18 years who are receiving long-term aspirin therapy and may therefore be at risk for developing Reye's Syndrome after influenza.
- Children and adolescents aged 5 through 18 years who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration.
- Children and adolescents aged 5 through 18 years who are residents of nursing homes and other chronic-care facilities that house persons at any age who have chronic medical conditions.
- Females under 19 years who will be pregnant during the influenza season.
- Children and adolescents aged 5 through 18 years who are household contacts of persons in the following high-risk groups:
 1. any children less than 5 years old;
 2. children or adolescents in any of the other groups listed above;
 3. any person 50 years or older;
 4. adults with chronic disorders of the pulmonary or cardiovascular systems;
 5. adults who have required regular medical follow-up or hospitalization during the preceding year for chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus [HIV]).

TVFC Children Eligible for Live, Attenuated Influenza Vaccine (LAIV)

- Healthy children aged 5 through 18 years who meet any high risk category listed above.



Texas Vaccines for Children (TVFC)

Influenza Vaccine Order Form PIN _____

OCTOBER* CLINIC DAYS AND HOURS

	AM	PM
MONDAY	_____ to _____	_____ to _____
TUESDAY	_____ to _____	_____ to _____
WEDNESDAY	_____ to _____	_____ to _____
THURSDAY	_____ to _____	_____ to _____
FRIDAY	_____ to _____	_____ to _____

Contact Person
 (____) _____ (____) _____
 Phone Fax

Clinic Name and Address:

Closed:

* Vaccines may not be received in October

Given a choice about flu formulation, which would you choose and how many doses of each?

VACCINE	FORMULATION	AGE GROUP	REQUESTED QUANTITY IN DOSES
No preference/ First available	0.25 mL each	6-35 months	
No preference/ First available	0.5 mL doses	36 mos-18 yrs	

VACCINE	FORMULATION	AGE GROUP	REQUESTED QUANTITY IN DOSES
FluZone® PF (Sanofi Pasteur)	Prefilled Syringes 0.25 mL each	6-35 months	
FluZone® PF (Sanofi Pasteur)	Vials 1 dose each or Prefilled Syringes 0.5 mL each	36 mos-18 yrs	
FluZone® (Sanofi Pasteur)	Multidose Vial 0.5 mL doses	36 mos-18 yrs	
Fluvirin® (Novartis)	Multidose Vial 0.5 mL doses	4-18 years	

If FluMist is not available, it will be replaced with another product.

FluMist® Live Virus (MedImmune)	Prefilled Single Use Sprayers 0.2 mL each	5-18 years	
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Vaccine Information Statements (VIS) will be mailed separate from vaccines. Indicate the number needed below.

English VIS	_____	Spanish VIS	_____
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Date of Order _____

Approved (Authorized signature) _____

COMMENTS:
