

# Flu Pre-Book in VAOS

*Last Updated: 12/3/2025*



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

# Overview

## Purpose

- The Flu Pre-Book job aid provides step-by-step instructions for Texas Vaccines for Children (TVFC) providers to indicate whether they will order flu doses for the upcoming Flu Season in the Vaccine Ordering and Allocation System (VAOS).

## Audience

- TVFC providers who access VAOS.



Texas Department of State  
Health Services

# VAOS Tips & Tricks

## *Keep in mind...*



VAOS works best with **Chrome** as your browser.



Please **check your Spam** folder for emails from [noreply@salesforce.com](mailto:noreply@salesforce.com) as needed. You may also receive emails from [CDCCustomerService@McKesson.com](mailto:CDCCustomerService@McKesson.com).

If possible, flag these addresses as safe-senders to avoid emails being sent to Spam.



Regardless of the number of facilities you are associated with, you will have **one set of login credentials**.

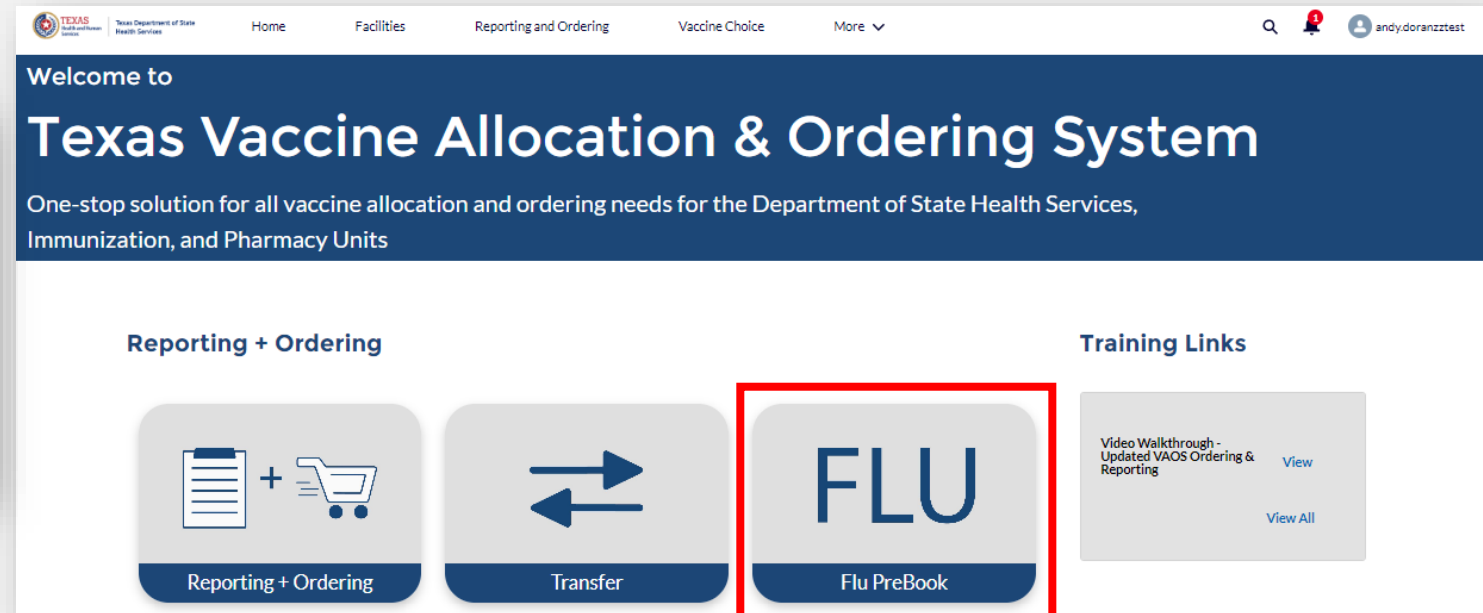
# 1. Flu Pre-Book

Refer to this section if you WILL be ordering flu doses for the upcoming season.



# Step 1: Flu Pre-Book

1. Select **Flu PreBook** from the **More** tab or select the tile on the home page.



## Step 2: Flu Pre-Book

2. Select your **Facility** from the drop-down menu and then use the check marks to answer, *“Do you intend on ordering influenza vaccine for the (YYYY-YYYY) flu season?”*.

Choose your facility below. If a facility is not listed, your account is not TVFC enabled. Contact DSHS for assistance.

Choose Facility ▼

\* Do you intend on ordering influenza vaccine for the 2026-2027 flu season?

☐ NO, I do NOT want to order ANY influenza vaccine for the 2026-2027 influenza season .

☐ YES, I will be placing an order for influenza vaccine for the 2026-2027 influenza season .

## Step 3: Flu Pre-Book

3. Type the amount of each vaccine next to the vaccine name you need in multiples of 10. If you don't need a certain vaccine, leave the box with "0". Do not leave any boxes blank.

\* Do you intend on ordering influenza vaccine for the 2026-2027 flu season?

- ☐ NO, I do NOT want to order ANY influenza vaccine for the 2026-2027 influenza season .
- ☒ YES, I will be placing an order for influenza vaccine for the 2026-2027 influenza season .

**Place all orders in DOSES (not vials).**

**For ordering purposes, 1 multi-dose vial = 10 doses.**

**Abbreviations: Pre-filled syringe (PFS), Single dose vial (SDV), and Multi-dose vial (MDV).**

- Pre-filled syringes (PFS) and single dose vials (SDV) are preservative free (PF).
- Although some products are licensed for use in people older than 18 years, all flu vaccine received through TVFC must be used only on TVFC eligible children ages 6 months through 18 years of age.
- Please order in multiples of 10 doses.
- An entry is required in all fields. You must enter 0 if you do not wish to order a particular vaccine.

Place your flu vaccine order (in multiples of 10 only):

Fluzone PFS; Ped; 2026-2027

80

*Important instructions  
will appear on the  
page in addition to the  
available doses.*

# Step 4: Flu Pre-Book

## 4. Check the boxes indicating:

- *I am the authorizing provider for TVFC, or I have been given authority to order vaccine on behalf of this facility.*
- *I understand that this is my order for (YYYY-YYYY) seasonal flu vaccine. Flu vaccine will be purchased by the State of Texas on my behalf for administration to my TVFC patients.*
- *All flu vaccine ordered here will be used only on TVFC-eligible children.*

Authorization \*

I am the authorizing provider for TVFC, or I have been given authority to order vaccine on behalf of this facility.  
\* ☒ I agree

I understand that this is my order for 2026-2027 seasonal flu vaccine. Flu vaccine will be purchased by the State of Texas on my behalf for administration to my TVFC patients.  
\* ☒ I agree

All flu vaccine ordered here will be used only on TVFC-eligible children.  
\* ☒ I agree

Help combat declining influenza coverage rates in the United States by pre-booking today. Texas has 5.2 million TVFC-eligible children but a worsening decline in coverage rates. Only you can reverse this trend; pre-book and distribute influenza vaccines today and protect your community tomorrow!

Save

5. Click  
Save.



# View Submitted Pre-Book Requests

Once Pre-Book selections are saved, you will receive the confirmation page below. You can select the “View Flu Pre-Book” to view your submitted pre-book request or select “Take Me Home” to navigate back to the homepage of the VAOS Provider Portal.



Thank you for your submission.

To view your pre-booking request(s), select “View Flu Pre-Books” below. Otherwise, select “Take Me Home”.

[VIEW FLU PRE-BOOK](#)

[TAKE ME HOME](#)

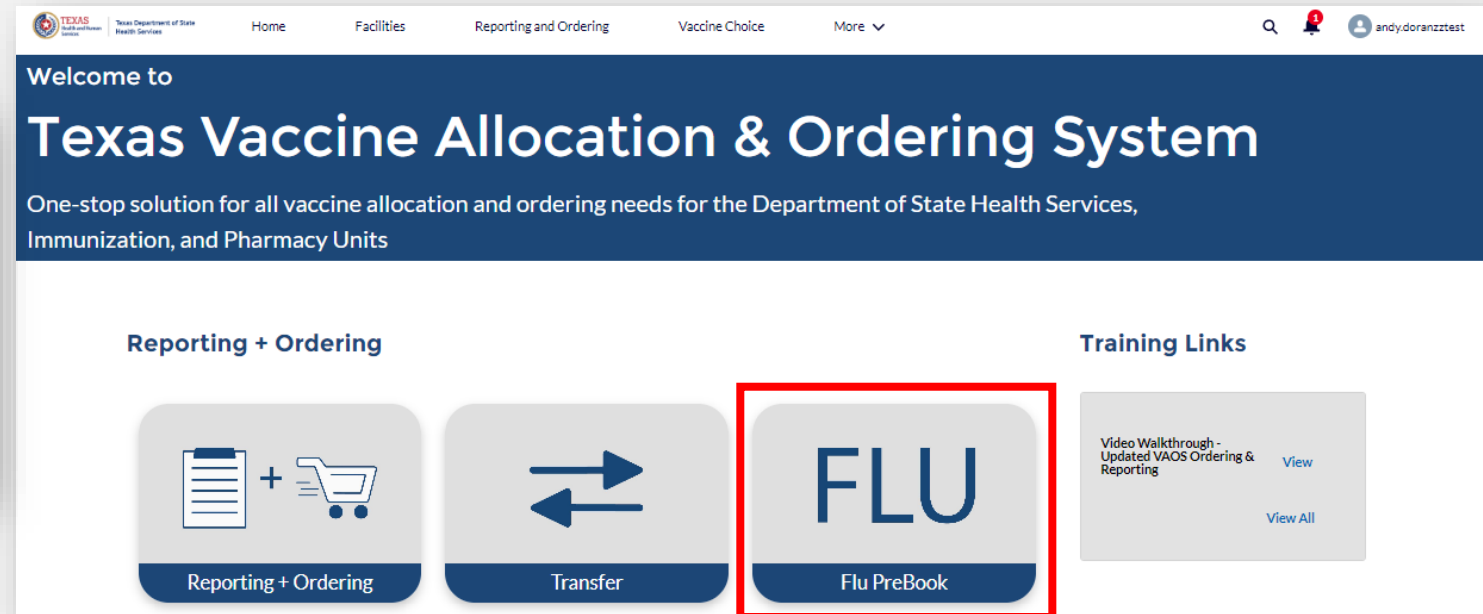
## 2. Flu Pre-Book

Refer to this section if you will NOT be ordering flu doses for the upcoming season.



# Step 1: Flu Pre-Book

1. Select **Flu PreBook** from the **More** tab or select the tile on the home page.



## Step 2: Flu Pre-Book

2. Select your **Facility** from the drop-down menu and then use the check marks to answer, *“Do you intend on ordering influenza vaccine for the (YYYY-YYYY) flu season?”*.

Choose your facility below. If a facility is not listed, your account is not TVFC enabled. Contact DSHS for assistance.

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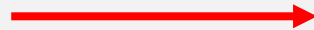
☐ YES, I will be placing an order for influenza vaccine for the 2026-2027 influenza season .

## Step 3: Flu Pre-Book

Options will appear once you click the **“NO”** option.

3. Select the reason(s) why you will not be pre-booking flu vaccine for the upcoming flu season. Select all that apply.

Check applicable  
boxes



\* Do you intend on ordering influenza vaccine for the 2026-2027 flu season?

- ☒ NO, I do NOT want to order ANY influenza vaccine for the 2026-2027 influenza season .
- ☐ YES, I will be placing an order for influenza vaccine for the 2026-2027 influenza season .

I am not ordering TVFC flu vaccine for the coming flu season because: (Select ALL that apply)

- ☐ This facility/office only gives specific vaccines.
- ☐ Our office/facility only serves patients younger than 6 months of age, too young for flu vaccine.
- ☐ This facility/office is a DSHS site that does not see patients.

# Step 4: Flu Pre-Book

## 4. Check the boxes indicating:

- *I am the authorizing provider for TVFC, or I have been given authority to order vaccine on behalf of this facility.*
- *I understand that this is my order for (YYYY-YYYY) seasonal flu vaccine. Flu vaccine will be purchased by the State of Texas on my behalf for administration to my TVFC patients.*
- *All flu vaccine ordered here will be used only on TVFC-eligible children.*

Authorization \*

I am the authorizing provider for TVFC, or I have been given authority to order vaccine on behalf of this facility.  
\* ☒ I agree

I understand that this is my order for 2026-2027 seasonal flu vaccine. Flu vaccine will be purchased by the State of Texas on my behalf for administration to my TVFC patients.  
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Save.