



Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

MEMORANDUM

To: Illinois Vaccines for Children (VFC) Providers

From: Mark Amerson, VFC Program Administrator

Date: July 15, 2010

Re: VFC Influenza (Flu) Vaccine Orders for 2010-2011

It is time again to order influenza vaccine through the VFC program. We would like to remind all providers to consider the Advisory Committee on Immunization Practices (ACIP) recommendations prior to ordering vaccine. In 2008, ACIP expanded the routine annual vaccination to include all children aged 6 months through 18 years of age. We encourage providers to assure that these children receive protection with appropriately licensed vaccines.

We would also like to remind you that the Mercury Free Vaccine Act (P.A. 094-0614) became effective January 1, 2006. Some presentations of Influenza vaccine exceed the levels specified by the Act. Although the Department has filed an exemption for the period July 1, 2010 through June 30, 2011, the Illinois VFC Program intends to comply with the terms of this Act by assuring that VFC eligible children under three (3) years of age receive only the preservative-free formulation of influenza vaccine unless product supplies are restricted.

The attached VFC Flu Vaccine Order Form will allow us to track doses of vaccine targeted for this age group. Provider Profile data will be reviewed to validate the request included in each order.

Please complete the attached VFC Flu Vaccine Order Form prior to August 1, 2010. You may fax your request to the IDPH Immunization Program at (217) 786-7506, or you may mail your request to the IDPH Immunization Promotional Center at 2840 Via Verde, Springfield, Illinois 62703.

If you have any questions, you may reach the Illinois VFC program at (217) 786-7500 **OR** (800) 526-4372.

Reminder: Influenza vaccine is only provided for VFC Eligible children (Medicaid enrolled; uninsured and Native American ONLY), NOT for VFC *Plus*. Underinsured children must go to a Federally Qualified Health Center.



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Vaccines For Children (VFC) Flu Vaccine Order Form 2010-2011

This form must be filled out completely. Incomplete order forms will not be processed.

ORDERING FACILITY INFORMATION:

FACILITY VFC 6-DIGIT PIN #: _____

FACILITY NAME: _____

CONTACT PERSON: _____

PHONE #: _____

E-Mail: _____

- CHECK ONE: Initial Request
 2nd/Replenishing Request
(Doses administered data must accompany order.)

INSTRUCTIONS FOR COMPLETING THIS FORM:

This vaccine is for VFC eligible children ages 6 months through 18 years ONLY.

For each age group, indicate how many doses are needed. If you need 10 doses, enter '10' under Doses Requested.

Age Group	Number of VFC Children to be immunized	Minimum Doses Per shipment	Doses Requested (in multiples of 10)
Age 6 months through 35 months (Flu PF) .25 ml		10	
Age 36 months through 18 years (FluPF) .5 ml		10	
Age 36 months through 18 years (Flu) .5 ml		10	
Age 2 years through 18 years (LAIV-FluMist®)		10	

NOTE: Flu-PF is Thimerosal- Free
Flu is Thimerosal-containing
LAIV ("FluMist") is Thimerosal-Free

Vaccines may be shipped on separate dates as vaccine becomes available.

Please call the Immunization Section if you have questions regarding the status of your order 217-786-7500.

Please DO NOT resend your order.

RETURN THIS FORM TO:

ILLINOIS IMMUNIZATION SECTION
IMMUNIZATION PROMOTION CENTER
2840 VIA VERDE
SPRINGFIELD, IL 62703

Phone: (217) 786-7500

Fax: (217) 786-7506

for IDPH office use only: