



Philadelphia Department of Public Health
Division of Disease Control

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Health Advisory

GIV, Recommendations for the use of hepatitis A vaccine, MMRV vaccine update, Prevnar packaging, VFC Eligibility for Hurricane Evacuees

February 8, 2006

Change in VFC Vaccine Distribution

As of February 28th 2006, the Philadelphia VFC Program will transition distribution responsibilities to General Injectables and Vaccines, Inc (GIV, Denver, PA). GIV will take responsibility for all facets of vaccine distribution including storage, processing orders, packing, quality assurance, labeling, and shipping. **Vaccines orders will be shipped Monday through Wednesday via UPS.** By shipping early in the week, GIV will accommodate any unsuccessful deliveries before the close of the week. VFC vaccine will be delivered to medical practices according to the instructions provided to the VFC Program, during the operating hours indicated on the vaccine order form. If your office hours change unexpectedly, you must notify the VFC Program if you have a vaccine shipment pending.

When vaccine is delivered to your site:

- Sign and date the UPS invoice.
- Open the box immediately and inspect the contents.
- Check the contents of the order against the shipping invoice. If there are any discrepancies between the contents and the invoice, call the VFC Program immediately.
- Evaluate the condition of the vaccines and check the cold or heat indicator.

(Vaccines should be cool to the touch upon delivery. If there is any question about the vaccine, mark the vaccine as "DO NOT USE" and store under the required storage conditions. Call the VFC Program at (215) 685-6728 immediately for further information. Please do not discard vaccine prior to calling the VFC Program.)

The transition to GIV for distribution of VFC vaccines should be a seamless process for VFC providers. The new system will help ensure that all vaccine orders are distributed in a timely, efficient and accurate manner. If you have a question regarding the transition to GIV or a vaccine order question please contact Donovan Robinson at (215) 685-6838.

Hepatitis A

On October 27th 2005, the Advisory Committee on Immunization Practices (ACIP) voted to recommend the routine use of hepatitis A vaccine in children at 1 year of age (i.e., 12-23 months). As of March 1st 2006 the PDPH has determined children 1 year of age (i.e., 12-23 months) to be eligible for hepatitis A vaccine through the VFC Program. (Although ACIP also recommended hepatitis A vaccination for children of ages 2-18 years who had not previously been immunized, there is an inadequate supply of vaccine locally to permit a catch-up strategy at this time.)

The Philadelphia VFC program will offer providers their choice of GlaxoSmithKline's HAVRIX[®] (pediatric formulation) or Merck's VAQTA[®] (pediatric formulation). The VFC program will begin distributing hepatitis A vaccine as of March 1st 2006. If you have not already ordered your VFC supply of hepatitis A vaccine, please place your order using the attached *VFC Order Form*. The ACIP's recommended schedule for use of hepatitis A vaccine is as follows:

<u>Vaccine</u>	<u>Age#</u>	<u>of Doses</u>	<u>Schedule*</u>
HAVRIX [®]	1yr	2	0, 6-12 months
VAQTA [®]	1yr	2	0, 6-18 months

* 0 months represents timing of the initial dose; subsequent numbers represent months after the initial dose. If the second dose of hepatitis A vaccine is administered after 12 or 18 months (respectively) the dose is still considered a valid dose. The latest hepatitis A vaccine recommendations can be found on the CDC's website at:

www.cdc.gov/nip/publications/VIS/vis-hep-a.pdf

MMRV

The Philadelphia Immunization Program will not distribute MMRV (ProQuad[™], Merck & Co., Inc.) in 2006. Further discussions regarding MMRV allocations for 2007 are pending. Please call Dr. Barbara Watson, Immunization Program Medical Specialist, at (215) 685-6842 for questions regarding MMRV.

Pneumococcal Conjugate Vaccine (PCV7, Prevnar[™])

Wyeth Pharmaceuticals will be switching Pneumococcal Conjugate Vaccine (PCV7, Prevnar[™]) from the current presentation of single dose vials to pre-filled syringes. When current inventory of vials is depleted, the pre-filled syringes will be the only presentation for this product. Please anticipate this switch to take place mid-2006.

VFC Eligibility for Individuals Displaced by Hurricane Katrina

Previously, CDC considered all children ages 0 through 18 years who had been displaced by the effects of Hurricane Katrina to be effectively uninsured and, therefore, eligible for VFC vaccines. Please be advised that CDC has alerted PDPH that this presumption of non-insurance will end March 13th 2006. VFC providers should resume standard VFC screening to determine eligibility (i.e., children who are uninsured, Medicaid-eligible, American Indian/Alaska Native, or those who are underinsured with respect to vaccination when served in Federally Qualified Health centers or Rural Health Clinics).

VFC Eligibility and Questions

Vaccine acquired through the VFC Program is to be used in VFC eligible patients only. Privately insured children and all adults are not eligible to receive any VFC vaccines. Please use the revised (attached) VFC form for all future VFC orders. If you have questions concerning vaccine availability through the Philadelphia Vaccine for Children (VFC) Program, please call Donovan Robinson at (215) 685-6838. For medical questions pertaining to use of vaccines, please call Dr. Barbara Watson, Immunization Program Medical Specialist at (215) 685-6842.



**PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF DISEASE CONTROL
IMMUNIZATION PROGRAM
215 - 685-6748**

**VACCINES FOR
CHILDREN (VFC)
ORDER FORM**

(Telephone # for vaccine orders: (215) 685-6728

FAX # for vaccine orders (215) 685-6510

Please Note: Vaccine orders will not be processed without the name of your site and the signature of the person responsible for vaccine administration. Also required are the # of vaccine doses on-hand (i.e., your vaccine inventory) for each vaccine ordered and valid temperature logs for the temperatures of your refrigerator(s) and freezer(s) showing daily temperatures since the time of your last submitted order.

Date: ___/___/___ District Health Care Center # _____

Telephone # _____

Vaccine (Generic)	Manufacturer	# Doses Ordered	# Doses On-hand	For PDPH Use Only		
				VACMAN ID#		VFC Staff Initials
				Doses Issued	Doses Exceeded?	
DTaP	(GlaxoSmithKline)..... Infanrix					
DTaP-HepB-IPV (Combo)	(GlaxoSmithKline)... PEDIARIX					
Hepatitis A	(Merck) VAQTA					
Hepatitis B	(GlaxoSmithKline)... Engerix B					
Hib (4 Dose)	(Aventis Pasteur) ActHIB					
MMR	(Merck)..... MMR II					
Meningococcal Conjugate (MCV4)	(sanofi pasteur) MENACTRA					
Pneumococcal Conjugate (PCV7)	(Wyeth).....Prenvar					
Polio (IPV)	(sanofi pasteur).....IPOL					
Td (for Children 7 Years of Age & Older)	(sanofi pasteur)..... Td Adult					
Tdap (for persons 11-18 Years of Age & Older)	(sanofi pasteur)ADACEL					
Varicella	(Merck) Varivax(Note: Merck Ships)					
Pneumococcal Poly- saccharide (PPV23) for 2 -18 yr old children	(Merck)..... Pneumovax 23					
Influenza (order from September to February only for 6 Months to 18 yr old children)	(sanofi pasteur)..... Fluzone					

Notes/Other Vaccine Requests?

Signature _____
(Person Authorized to Order)