



North Carolina Department of Health and Human Services  
Division of Public Health

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Daniel Staley  
Acting Division Director

January 2, 2014

**MEMORANDUM**

**TO:** North Carolina Immunization Program (NCIP) Participants

**FROM:** Wendy Holmes, RN, Acting Head *WH*  
Immunization Branch

**SUBJECT:** Availability of Quadrivalent Influenza Vaccine, Fluzone<sup>®</sup>, 90685

The purpose of this memo is to announce the availability of a new vaccine product, quadrivalent influenza vaccine for VFC eligible children 6-35 months of age.

Per the Centers for Disease Control and Prevention (CDC), quadrivalent influenza vaccine, Fluzone<sup>®</sup>, for children 6-35 months of age will be made available to states on a limited basis. This will mean that providers' orders for the vaccine will be handled on a first come, first serve basis. The vaccine is provided as .25 mL prefilled syringes. Providers are encouraged to first use existing supplies of trivalent .25mL on hand before ordering the quadrivalent vaccine. Note that this particular presentation is only approved for children (6-35) months of age.

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s\\_cid=rr6207a1\\_w#Tab1](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s_cid=rr6207a1_w#Tab1)

New Influenza product available through NCIP for the 2013-2014 influenza season:

Presentation	NCIP Age Criteria	Products
Quadrivalent inactivated influenza vaccine (IIV4), P-free .25mL prefilled syringes 10 doses per box	VFC children 6 through 35 months of age	Fluzone <sup>®</sup> (Sanofi Pasteur) CPT <sup>®</sup> 90685

We also have additional supplies of other influenza products available for ordering. Please completely fill out the enclosed order form and submit it to the NCIP by fax at 1-800-544-3058 or via email at flu.2013-2014@dhhs.nc.gov.

Questions about ordering the vaccine should be addressed to the Immunization Help Desk at **1-877-873-6247**.

CC: SMT	Regional Immunization Staff	Central Office Staff	Vaccine Manufacturers	Steve Shore	Peter Graber
	Terri Pennington	Frank Skwara	Lisa Weeks	Jason Swartz	Taryn Edwards
	Joy Reed	Gregg Griggs	Ann Nichols		

[www.ncdhhs.gov](http://www.ncdhhs.gov) • [www.publichealth.nc.gov](http://www.publichealth.nc.gov) • [www.immunize.nc.gov](http://www.immunize.nc.gov)

Tel 919-707-5550 • Fax 919-870-4824

Location: 5601 Six Forks Road • Raleigh, NC 27609

Mailing Address: 1917 Mail Service Center • Raleigh, NC 27699-1917

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**NORTH CAROLINA IMMUNIZATION PROGRAM (NCIP)  
2013-2014 REQUEST FOR INFLUENZA VACCINE**

*AVAILABLE FOR THE FOLLOWING: VFC-ELIGIBLE CHILDREN THROUGH 18 YEARS OF AGE*

Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Shipping Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Will you be closed anytime in the next two weeks? If so, please list: \_\_\_\_\_

<b>TRIVALENT INACTIVATED INJECTIBLE INFLUENZA PRODUCTS</b>			
<b>Vaccine</b>	<b>Preparation</b>	<b>Age Group Covered</b>	<b>Requested Dose Amounts</b>
Trivalent inactivated influenza vaccine (IIV3)	0.25mL prefilled syringes*	6 months – 35 months	<b>DOSES</b>
Trivalent inactivated influenza vaccine (IIV3)	0.5 mL Single-dose vials*	36 months – 18 years	<b>DOSES</b>
Trivalent inactivated influenza vaccine (IIV3)	0.5 mL Prefilled syringes*	36 months – 18 years	<b>DOSES</b>
Trivalent inactivated influenza vaccine (IIV3)	Multi-dose vials	6 months – 18 years	<b>DOSES</b>

<b>QUADRIVALENT INACTIVATED INJECTIBLE INFLUENZA PRODUCT</b>			
<b>Vaccine</b>	<b>Preparation</b>	<b>Age Group Covered</b>	<b>Requested Dose Amounts</b>
Quadrivalent inactivated influenza vaccine (IIV4)	0.25 mL Prefilled syringes*	6 months – 35 months	<b>DOSES</b>
Quadrivalent inactivated influenza vaccine (IIV4)	0.5 mL Prefilled syringes*	36 months – 18 years	<b>DOSES</b>

<b>QUADRIVALENT LIVE-ATTENUATED INTRANASAL INFLUENZA PRODUCT</b>			
<b>Vaccine</b>	<b>Preparation</b>	<b>Age Group Covered</b>	<b>Requested Dose Amounts</b>
Quadrivalent live attenuated influenza vaccine (LAIV4)	Nasal sprayers*	2 years – 18 years	<b>DOSES</b>

**\*Preservative-free products**

Please complete this form with your requested influenza vaccine doses. **Requests must be submitted via fax (1-800-544-3058) or e-mail ([flu.2013-2014@dhhs.nc.gov](mailto:flu.2013-2014@dhhs.nc.gov)).**

You may call the Immunization Branch Customer Service line at 1-877-873-6247, with any questions you may have regarding this process. We are unable to estimate ship dates of influenza vaccine.