January 2, 2014

MEMORANDUM

TO: North Carolina Immunization Program (NCIP) Participants

FROM: Wendy Holmes, RN, Acting Head
Immunization Branch

SUBJECT: Availability of Quadrivalent Influenza Vaccine, Fluzone®, 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®, 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

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

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

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
Terri Pennington
Joy Reed

Central Office Staff
Frank Skwara
Gregg Griggs

Vaccine Manufacturers
Lisa Weeks
Ann Nichols

Steve Shore
Jason Swartz
Peter Graber
Taryn Edwards

www.ncdhhs.gov • www.publichealth.nc.gov • 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
An Equal Opportunity / Affirmative Action Employer
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: ________________

<table>
<thead>
<tr>
<th>TRIVALENT INACTIVATED INJECTIBLE INFLUENZA PRODUCTS</th>
<th>Vaccine</th>
<th>Preparation</th>
<th>Age Group Covered</th>
<th>Requested Dose Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trivalent inactivated influenza vaccine (IIV3)</td>
<td>0.25mL prefilled syringes*</td>
<td>6 months - 35 months</td>
<td>DOSES</td>
<td></td>
</tr>
<tr>
<td>Trivalent inactivated influenza vaccine (IIV3)</td>
<td>0.5 mL Single-dose vials*</td>
<td>36 months - 18 years</td>
<td>DOSES</td>
<td></td>
</tr>
<tr>
<td>Trivalent inactivated influenza vaccine (IIV3)</td>
<td>0.5 mL Prefilled syringes*</td>
<td>36 months - 18 years</td>
<td>DOSES</td>
<td></td>
</tr>
<tr>
<td>Trivalent inactivated influenza vaccine (IIV3)</td>
<td>Multi-dose vials</td>
<td>6 months - 18 years</td>
<td>DOSES</td>
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<tr>
<th>QUADRIVALENT INACTIVATED INJECTIBLE INFLUENZA PRODUCT</th>
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<tbody>
<tr>
<td>Quadrivalent inactivated influenza vaccine (IIV4)</td>
<td>0.25 mL Prefilled syringes*</td>
<td>6 months - 35 months</td>
<td>DOSES</td>
<td></td>
</tr>
<tr>
<td>Quadrivalent inactivated influenza vaccine (IIV4)</td>
<td>0.5 mL Prefilled syringes*</td>
<td>36 months - 18 years</td>
<td>DOSES</td>
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<tr>
<th>QUADRIVALENT LIVE-ATTENUATED INTRANASAL INFLUENZA PRODUCT</th>
<th>Vaccine</th>
<th>Preparation</th>
<th>Age Group Covered</th>
<th>Requested Dose Amounts</th>
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<tr>
<td>Quadrivalent live attenuated influenza vaccine (LAIV4)</td>
<td>Nasal sprayers*</td>
<td>2 years - 18 years</td>
<td>DOSES</td>
<td></td>
</tr>
</tbody>
</table>

*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).

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.