



VVFC Influenza Vaccine Advanced Order Form 2012-13

Contact	_____	PIN	_____
Facility	_____	Date	_____
Address	_____	Phone	_____
	_____	Fax	_____
Shipping Hours/ Instructions	_____	Email	_____

VVFC must receive all orders for the 2012-13 influenza season by:
March 30, 2012 at 5 PM

DIRECTIONS: Complete the boxes below with your requested number of doses of influenza vaccine. Base your request on VVFC eligibility criteria (see the box below), the influenza vaccine dosage schedule (ACIP resolutions for VFC vaccine can be found at <http://www.cdc.gov/vaccines/programs/vfc/acip-vfc-resolutions.htm>), and last season's demand. All orders are subject to VVFC approval. Orders will be limited based on vaccine availability and your facility's patient enrollment. Influenza vaccine shipments will begin Aug/Sep, 2012. Please keep a copy of your vaccine request and the fax confirmation if applicable.

Eligibility for VVFC Flu Vaccine is determined by age <19 years, and one or more of the following:

Medicaid / Medicaid HMOs / No Health Insurance / American Indian or Alaskan Native / Underinsured at FQHCs/RHCs

* In a SHORTAGE situation, priority for VVFC influenza vaccine will be given to persons with high-risk factors.

If you are requesting vaccine for more than one facility/PIN, please indicate those PIN #s below:
 (Vaccine will be shipped to the PIN indicated in the top right corner of this form)

This request includes vaccine for the following additional sites: _____

NOTE: VVFC requires Local Health Departments (LHDs) be notified of ALL plans for non-routine immunization clinics. Vaccine supply for these efforts must be coordinated with the LHD's knowledge. If VVFC vaccine is ordered for the event, you must ensure appropriate screening for VFC eligibility. Please call the VVFC office for appropriate forms to request vaccine administered outside your regular office hours. LHDs should also make an effort to notify local providers of flu clinic activity.

Please submit your order to:
 Virginia Vaccines for Children
 109 Governor St., Room 314W
 P.O. Box 2448
 Richmond, VA 23218

Fax: (804) 864-8090 or 8089
 e-mail: vvfc@vdh.virginia.gov

Vaccine for VVFC Patients	Doses Requested (in multiples of 10)
6 months - 35 months – <i>injectable</i>	doses
36 months - 18 years - <i>injectable</i>	doses
Healthy, 2 years – 18 years - <i>intranasal</i>	doses
YOUR ADVANCED ORDER FOR VVFC INFLUENZA VACCINE WILL BE CONFIRMED VIA MAIL, INDICATING THE TOTAL DOSES YOUR FACILITY WILL RECEIVE. If you do not receive confirmation by June 29th, please contact the VVFC office.	