

September 28, 2016

VFAAR Flu Vaccine for 2016-17

1. Fax temperature and inventory logs to 215-238-6939
2. Contact Nichole Dantzler or Joani Schmeling at 215-685-6837 to verify your fax has been received
3. Order only what your site needs for a 4 to 6 week period
4. Order only what you can store in your refrigerator
5. If you do not receive your order within 7 days contact the VFAAR Program at 215-685-6837

The Immunization Program will make every effort to fulfill your complete flu vaccine request; however, in the event that flu product is available in limited quantity, the Immunization Program will reduce your order.

Continue ordering flu vaccine throughout the season as needed. Keep vaccinating until product expires. Only use VFAAR vaccine to vaccinate VFAAR eligible patients (uninsured and 19 years of age or older).

Flu vaccine may typically arrive separately from other vaccines even if flu and non-flu vaccines are ordered at the same time. If you receive a vaccine shipment with an out-of-range temperature monitoring reading, please contact the Immunization Program immediately: Christine Wilson at 215-685-6728.

The latest VISs can be found on <http://www.cdc.gov/vaccines/hcp/vis/index.html>

Product	Manufacturer	Eligibility	Type	CPT Code	CVX Code
Afluria®	Seqirus Vaccines	19+ years	Inactivated, trivalent	90656	140
Fluvirin®	Seqirus Vaccines	19+ years	Inactivated, trivalent	90658	140

VFAAR Flu Order Form

Philadelphia Immunization Program



Department of
Public Health
CITY OF PHILADELPHIA
LIFE • LIBERTY • AND YOU™

IMPORTANT: Only use this paper order form if you have not been trained to use the vaccine online ordering system through KIDS Plus IIS. If you have not been trained on that system, please use this form to order VFAAR flu vaccine.

Office Name		VFAAR PIN		Office Phone Number	
Days and Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday

INSTRUCTIONS: Order a 4-to-6-week supply of flu vaccine for your VFAAR-eligible patients and re-order as needed throughout the season. Anticipate a processing and delivery time of at least 2 weeks for properly submitted orders. The Immunization Program will start shipping vaccine as soon as it becomes available. If the Immunization Program cannot fill your entire order at the same time, partial orders will be delivered until your entire order has been sufficed.

Product	NDC Number	Manufacturer	Eligibility	Type	Number of Doses Ordered	Number of Doses On-hand
Afluria®	33332-0116-10	Seqirus Vaccines	19+ years	Inactivated, trivalent		
Fluvirin®	70461-0119-10	Seqirus Vaccines	19+ years	Inactivated, trivalent		

IMPORTANT: Vaccine orders require 1) the name and delivery hours of your site and the signature of the person responsible for vaccine ordering, 2) the number of vaccine doses on-hand (your current inventory) for each vaccine ordered, and 3) valid temperature logs for your refrigerator(s) and freezer(s).

Print Name	Today's Date
Signature	

Fax this form to the VFAAR Program: 215-238-6939