

Philadelphia Immunization Program

SPECIAL DELIVERY

The Philadelphia Department of Public Health
Division of Disease Control

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May 16th, 2012

Return All Unused Seasonal Influenza Vaccine Supplied by Philadelphia Immunization Program

Please return all unused seasonal influenza vaccine!

Submit a "Return/Short Dated Form" by May 31st, 2012.

All unused VFC or VFAAR influenza vaccine supplied by the Philadelphia Immunization Program during the 2011-12 flu season should be reported to the Immunization Program by May 31st, 2012. These vaccine products may include:

VFC	VFAAR
Fluzone ® (sanofi pasteur) <i>Preservative-free, pre-filled syringe for 6-35 months</i> ▪ NDC# 49281-0011-25	Afluria ® (Merck) <i>Single dose syringes</i> ▪ NDC# 33332-0111-01
Fluzone ® (sanofi pasteur) <i>Multi-dose vial for 6 months and older</i> ▪ NDC# 49281-0388-15	Afluria ® (Merck) <i>10 dose Multi-dose vial</i> ▪ NDC# 33332-0111-10
FluMist ® (MedImmune) <i>Nasal Spray</i> ▪ NDC# 66019-0109-10	Flulaval ® (GSK) <i>10 dose Multi-dose vial</i> ▪ NDC# 19515-0888-07

Complete a *Short-Dated/Returned Vaccine Report Form* (attached) and fax it to the Immunization Program at 215-238-6939.

Your report should include all unused doses of flu product obtained through either the Philadelphia Vaccines for Children (VFC) and/or the Vaccines for Adults at Risk (VFAAR) programs. Once received, an Immunization Program representative will pick-up the reported doses – do NOT remove or discard any flu product from your office! If you have both VFC and VFAAR influenza vaccine in stock, please submit two forms- one for VFC and one for VFAAR.

VFC and VFAAR providers must follow these guidelines for reporting unused vaccine at the end of every flu season. The Immunization Program returns unused influenza vaccine to CDC for Federal Excise Tax Credit which helps the Immunization Program continue to purchase vaccine.

Ordering information and guidance for the 2012-13 flu season will be available in August 2012.



Short-Dated/Returned Vaccine Report

Date Submitted: _____

Facility Name: _____ VFC Pin #: _____

Facility Address: _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

Days and Times Office Is Open: _____

***Reason For Return** (use key to fill in form below):

(A) short-dated (60 to 90 days from expiration) **(B)** expired **(C)** fridge left open/unplugged **(D)** power outage
(E) shipping error (please describe below) **(F)** overstock **(G)** storage unit malfunction (out of range temps) **(H)** other
 (please describe below)

Explanation: _____

Vaccine	Lot #	NDC #	Expiration Date	Reason For Return*	# of Doses
DTaP Sample	xyz123 Sample	58160-0810-11 Sample	1/2/2012 Sample	B Sample	22 Sample

The City of Philadelphia Immunization Program will pick up your vaccine within 15 business days of receipt of your fax or letter. If possible, the Immunization Program will redistribute the vaccine to other VFC providers who are in need of additional inventory. Your forward planning will ensure that vaccine is not wasted. Please see the VFC manual regarding the potential financial consequences of wasting vaccine.

INSTRUCTIONS TO PROVIDERS

Please complete all the requested information above, and FAX to the VFC Program at (215) 238- 6939
 Please call Srey Prak at (215) 685 – 6667 to verify that your fax has been received.

Or mail a copy to:

**Philadelphia Department of Public Health
 Vaccines for Children Program
 500 South Broad Street, 2nd Floor
 Philadelphia, PA 19146
 [Please keep a copy for your records]**