

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Immunization Program

PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS IN YOUR PRACTICE

TO: Health Care Providers

FROM: Mick Bolduc, Vaccine Coordinator-Connecticut Vaccine Program

A handwritten signature in black ink, appearing to read "Mick Bolduc".

DATE: April 7, 2016

SUBJECT: Discontinuation of HPV 2 & HPV 4 vaccines

The primary purpose of this communication is to inform you of the discontinuation of HPV 2 (Cervarix), and HPV 4 (4Valent Gardasil) vaccines from the CVP.

HPV 2 & HPV 4 vaccines

The Centers for Disease Control & Prevention has notified the CVP that as of April 1st, approximately 4-5 weeks of inventory for HPV 2 and HPV 4 vaccines exists in the CDC depot at McKesson. Based on this, we expect that provider orders can continue to be fulfilled for HPV2/HPV4 through the end of April. Once those inventories are depleted those vaccines will no longer be available to order through the CVP. At that time the only HPV vaccine that will be available to order through the CVP will be HPV 9 (9Valent Gardasil). Providers should plan their orders accordingly. For availability of HPV 2 & HPV 4 for your privately insured patients, please contact Glaxo SmithKline (HPV 2) and Merck (HPV4). A new Vaccine Order Form (VOF) is enclosed.

As always, if you have any questions, please feel free to contact me at (860) 509-7940.



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Affirmative Action/Equal Opportunity Employer

Vaccine Brand	Vaccine	NDC Codes	Pack Size	Doses Ordered	Doses On Hand	Lot #	Expiration Date	Doses On Hand	Lot #	Expiration Date	Doses On Hand	Lot #	Expiration Date	Doses Administered
MMR II	MMR	00006-4681-00	10											
Menactra	MCV4	49281-0589-05	5											
Menveo	MCV4	46028-0208-01	5											
Pediarix	DTaP/IPV/Hep B	58160-0811-52	10											
Pedvax	Hib	00006-4897-00	10											
Pentacel	DTaP/IPV/Hib	49281-0510-05	5											
Prevnar 13	PCV 13	00005-1971-02	10											
ProQuad	MMRV	00006-4171-00	10											
Recombivax	Hepatitis B	00006-4981-00	10											
Rotarix	Rotavirus	58160-0854-52	10											
Rotateq	Rotavirus	00006-4047-41	10											
Tenivac	Td	49281-0215-10	1											
Vaqta	Hepatitis A	00006-4831-41	10											
Varivax	Varicella	00006-4827-00	10											
Bexsero	Meningococcal B	46028-0114-02	1											
Trumenba	Meningococcal B	00005-0100-10	10											

***** VACCINES BELOW ARE FOR HIGH RISK PATIENTS ONLY *****

MenHibrix*	Meningococcal/Hib	58160-0801-11	1											
Pneumovax23*	PPSV23	00006-4943-00	1											

How To Submit Your Vaccine Order Form (VOF) To The CVP

- FAX or email your VOF to the Immunization Program each month even if you do not require additional vaccine.
- Additional forms are available on our website at <http://www.ct.gov/dph/cwp/view.asp?a=3136&q=511138>. FAX completed forms to **860-509-8371** or email dph.immunizations@ct.gov
- If emailing, please save and name the document with your PIN and name of form. For example: PIN 2000.VOF.pdf. Attach your completed form and email to dph.immunizations@ct.gov. Save and print a copy for your records. Please call (860) 509-7929 with any questions.

Identification & Shipping Information

- Complete all the information at the top of form including facility name, vaccine shipping address, date of order, completed by, PIN, phone and date range of doses administered totals.
- Complete the box with any dates your practice will be closed during the month outside of normal business hours as stated on your provider profile. Do not include weekends.
- **IMPORTANT! Please notify the Immunization Program if changes have occurred to your practice name, shipping address, hours and days to receive vaccine.**

Vaccine Order

- Indicate number of doses needed under the **DOSES ORDERED** column. Order by number of doses needed rounding to the number of doses per pack according to the VOF. **Do not order by number of boxes.** It is recommended that providers maintain at least a 4 week supply of vaccine in inventory to avoid running out of vaccine.

Vaccine Inventory

- The Centers for Disease Control and Prevention (CDC) requires inventory tracking by NDC, lot number, and expiration date of State supplied vaccine. Indicate number of doses on hand for each lot number and expiration date. THREE columns per vaccine product have been provided to record this data. Do not combine lot numbers or post the same lot number twice. If you have more than three different lot numbers per vaccine product, please indicate additional vaccine inventory on a separate vaccine form and note this as an addendum to vaccine inventory accounting.
- Balance inventory from last month's report to physical current inventory: (previous inventory + order – DA) = actual inventory (+ or – transfers & returns). **Resolve all discrepancies before submitting this form to the CVP.**

Expiration Dates

- Record complete expiration dates for all state supplied inventory. If vaccines are approaching their expiration dates and may expire before they can be used an attempt to transfer the vaccine to another practice should be made **4 months before expiration**. Please call the Immunization Program to help facilitate transfer of the vaccine.

Doses Administered

- **ONLY DOSES ADMINISTERED WITH STATE SUPPLIED VACCINE should be included in this count.**
- Indicate the **Month and Year** for which you are reporting doses administered totals.

Thank you for following the above instructions.

VOFs that are complete and accurate enable us to process your order quickly!

If you are interested in registering for VTrckS; CDC's online vaccine ordering and inventory management program, please send a request to: dph.immunizations@ct.gov