



In partnership with the Ocean State Adult Immunization Coalition



Influenza Campaign 2011-2012

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Vaccine Products



Vaccine / PI Age Indication	Manufacturer / Distributor	NDC	Doses per unit	Units per box	Pkg	Age Group*	
Fluzone PF 0.25ml (<3 yrs)	Sanofi Pateur	49281-0111-25	1	10	Pre-filled Syringe	6-36 mos.	Pediatric Use
Fluzone PF 0.5ml (>3 yrs)	Sanofi Pateur	49281-0011-50	1	10	Pre-filled Syringe	3-18 yrs	
Fluarix 0.5ml (>3 years)	GlaxoSmithKline	58160-0878-52	1	5	Pre-filled Syringe	3-18 yrs	
Flumist (2-18 yrs)	MedImmune	66019-0109-10	1	10	Nasal Spray	2-18 yrs	
Afluria 0.5ml (>3 yrs)	CSL / FFF Enterprises	33332-0111-10	1	10	Pre-filled Syringe	19+ yrs	Adult Use
Fluvirin 0.5ml (>4 yrs)	Novartis Vaccines	66521-0114-02	1	10	Pre-filled Syringe	19+ yrs	
Flulaval 0.5ml (>18 yrs)	GlaxoSmithKline	19515-0888-07	10	1	MDV	19+ yrs	

*Age Group is determined by the funding account from which the vaccine is purchased. Although the age indication of the product insert may be different, please only use the vaccine for the ages listed on this sheet.

- All Pediatric vaccines are Preservative Free
- Afluria is the only Adult vaccine that is Preservative Free
 - (Fluvirin has trace, Flulaval is preservative containing MDV)
 - Hold Afluria for pregnant women
- No Flumist for adult population

Adult Vaccine Eligibility



- \geq 19 years of age
- RI resident or employed by a RI employer
- Insurance status:
 - Insured: Free vaccine, bill insurer for admin
 - Uninsured: Free vaccine, waive or charge admin fee to patient, or refer to free clinic

Delivery Schedule



- **Pediatric**
 - First release scheduled for the first week of September
 - Due to storm release will be week of 9/12/2011
 - **Adult**
 - Vaccine for Pregnant women released along with pediatric vaccine
 - Remaining adult vaccine first release scheduled for the last 2-weeks of September
 - **Manufacturer release schedule**
 - 50% by September 15, 2011
 - 100% by November 1, 2011*
- *Except Flumist, delivered in multi-release schedule due to short shelf live

Influenza Vaccine Shipping



- Initial release
 - Multiple shipments until 40% of annual request is met for each practice
 - No required steps from practice for initial release
- Additional shipments beyond 40%
 - Practice is required to complete the weekly reporting page
 - Report doses administered
 - Request additional doses of vaccine weekly

Weekly Reporting



- Reports must be submitted on-line
 - Link located on the SSV Menu page
- Deadline is each Monday by noon
 - Report period is for previous Monday - Sunday
 - If deadline is missed, combine weeks in next report
- Orders will be filled same week
 - Call HEALTH if order is not received by Friday 12:00pm
 - Dependent on supply
- New requirements for 2011-2012 campaign
 - Required reporting for pregnant women, HCW, Medicare and Medicaid fee-for-service recipients
 - College students and chronic illness still optional

Weekly Reporting (Administration)



State of Rhode Island Department of Health

Navigation Menu

- ▼ Immunization Resource Manual & Form
- ▼ Return To KIDSNET
- ▼ Logoff

Seasonal Influenza Provider Dose Reporting Entry

Practice:

Current Reporting Period: Mon, Aug 22 2011 12:01AM to Sun, Aug 28 2011 11:59PM

Report for this period must be completed by: Mon, Aug 29 2011 11:59PM



Please review doses of vaccine reported in previous weeks (see bottom of page). Include in the current week's reporting period any doses previously not reported.

(indicates required data)

Section 1: Doses Administered

Doses administered for each age group are required.

Age Group	Doses	Series Information (<9 yrs may require two doses)	
		# of First Doses	# of Second Doses
6 - 35 Months	<input type="text" value="10"/>	<input type="text" value="5"/>	<input type="text" value="5"/>
36 - 59 Months	<input type="text" value="20"/>	<input type="text" value="15"/>	<input type="text" value="5"/>
5 - 18 Years	<input type="text" value="30"/>	<input type="text" value="25"/>	<input type="text" value="5"/>
TOTAL PEDIATRIC DOSES	<input type="text" value="60"/>		

NOTE: If dose # is unknown, report it as a first dose.

Age Group	Doses	Vaccine Group Information				
		Pregnant Women	Healthcare Worker	College Student	Chronic Illness	Other
19 - 24 Years	<input type="text" value="40"/>	<input type="text" value="10"/>	<input type="text" value="15"/>	<input type="text" value="5"/>	<input type="text" value="10"/>	<input type="text" value="0"/>
25 - 49 Years	<input type="text" value="50"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="50"/>
50 - 64 Years	<input type="text" value="60"/>	<input type="text" value="10"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="0"/>	<input type="text" value="25"/>
65+ Years	<input type="text" value="70"/>	<input type="text" value="0"/>	<input type="text" value="50"/>	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="15"/>
TOTAL ADULT DOSES	<input type="text" value="220"/>					

Medicare, Medicaid, or Reimbursable Doses (19+ years only)

Medicare	<input type="text" value="80"/>	# of Medicare Fee for Service patients vaccinated with State Supplied Vaccine
Medicaid	<input type="text" value="90"/>	# of Medicaid recipients vaccinated with State Supplied Vaccine
Reimbursable Doses	<input type="text" value="10"/>	# of Out of State residents & self pay patients vaccinated with State Supplied Vaccine

Weekly Reporting (Inventory)



Section 2: Current Vaccine Inventory

Vaccine Type	6 - 35 M (Injectable)	3 - 18 Y (Injectable)	2 - 18 Y (Intranasal)	19+ Y and Pregnant Women (Injectable)	19+ Y (Syringe)	19+ Y (Multi-Dose Vial)
Quantity On Hand	100	110	120	130	140	150
Brand Names	* Fluzone .25ml	* Fluzone .5ml * Fluorix .5ml	* Flumist	* Affluria .5ml	Fluvirin .5ml	Flulaval .5ml

* Denotes preservative-free vaccine

Section 3: Practice's Seasonal Influenza Campaign Status

Selection Required

- ** This is the final report for the season. No further influenza doses will be administered. **
- This practice is continuing to vaccinate. The practice does not need any more vaccine at this time.
- This practice is continuing to vaccinate. The vaccine quantities listed below are requested for delivery this week.

Vaccine Type	6 - 35 M (Injectable)	3 - 18 Y (Injectable)	2 - 18 Y (Intranasal)	19+ Y and Pregnant Women (Injectable)	19+ Y (Syringe)	19+ Y (Multi-Dose Vial)
Number Of Doses				NOT AVAILABLE		
Brand Names	* Fluzone .25ml	* Fluzone .5ml * Fluorix .5ml	* Flumist	* Affluria .5ml	Fluvirin .5ml	Flulaval .5ml

! All fields above must contain a numeric quantity, including '0' quantities



Vaccine deliveries may take 3-7 business days from order date. Deliveries are not guaranteed, subject to vaccine availability. Provider orders that exceed the pre-book request may be delayed even longer in order to meet the needs of provider orders that have not yet received their entire allotment.



All entries are valid

Submit

Cancel

Doses Administered Reporting History

Date	Total Doses	6-35 MO	36-59 MO	5-18 YR	19-24 YR	25-49 YR	50-64 YR	65+ YR	PW	HCW	CS	ACI	Other	Medi-care	OOS/ SP
Aug 08, 2011 - Aug 14, 2011	280	10	20	30	40	50	60	70	0	0	0	0	220	80	90
Aug 15, 2011 - Aug 21, 2011	380	10	20	30	140	50	60	70	0	0	0	0	320	80	90

Reconciliation / Returns



- Used to close out influenza reporting
 - Balance vaccine accounting
 - Explanation of discrepancy
 - Submit request for return authorization
 - Excise tax credit
- Activated after state declares zero influenza activity in RI
 - Approx. some time between April and June

Reconciliation / Returns



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Seasonal Influenza Dose Reconciliation Report

Please review the following dose information:

SSV PIN:
Practice Name:

The information below represents the data HEALTH has accumulated regarding your practice and influenza vaccine for the current influenza vaccination season. Please review and submit any adjustments you feel are necessary in the "Provider Adjustment" section below

Reminder: Providers will not be held financially responsible for wasted or excess influenza inventory, unless provider negligence is proven to be the cause of the waste (as described in the Restitution Policy).

Health Department Records:

Cumulative Influenza Doses Shipped:
(Note: last ship date was)

Cumulative Influenza Doses Reported
(Note: last report date was)

Number of Doses Reported in Inventory as of last report

Difference between Doses Shipped and Doses Reported/On-hand:

Provider Adjustments:

Cumulative Medicare Fee for Service patients vaccinated with State Supplied Vaccine
(Note: last report date was)

Reason for adjustment:

- Vaccine spoilage
- Health Dept. Shipment info not up-to-date
- Vaccine transfer
- Practice erred in dose reporting
- No adjustment necessary - Health Dept. numbers are correct

Please provide any additional explanation:

Request for Influenza Vaccine Return Authorization:

Please complete the required information for each type of influenza vaccine that you would like to return. Once the information is submitted a request will be processed and a courier will be dispatched to your facility to pick up the vaccine. It is the responsibility of the practice to have the vaccine packaged properly and ready for pick-up. The vaccine does not require cold chain protection when being returned.

Vaccine NDC - Brand Name - Manufacturer	Lot #	Expiration Date	# of Doses	Reason for return / Emergency action taken
Select one	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select one

Add Another Vaccine

Print this page

Please print a copy of this form to include with the return of any vaccines. McKesson will not accept vaccine returns if the form does not accompany the product.

Submit Reconciliation Report



Thank you.

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