



## **Important News from the San Antonio Metropolitan Health District (SAMHD)**

**September 10, 2010**

---

### **Survey of 2011 Back-to-School Vaccine Needs for Special Clinics**

In order to be proactive for the 2011-2012 Back-to-School Season, the San Antonio Metropolitan Health District's (SAMHD) Vaccines for Children (VFC) Program is requesting that providers who plan to hold large or special mass immunization clinics indicate their **total vaccine needs for next season**. This will give the VFC Program a comprehensive picture of the overall vaccine needs of our providers and enable SAMHD to request an adequate supply from CDC. **What you submit on the attached form will represent your order and indicate the number of doses you will need for next season.** When determining your vaccine needs for next year, please pay close attention to the number of doses you requested this season and how many of those doses you actually used. Your careful attention in this matter will be essential, as SAMHD is accountable for all wasted and expired vaccine, as well as the loss in vaccine funds associated with such losses. Depending on the number of doses needed and the number of events you plan on conducting, your orders may be filled either in their entirety or in partial shipments over several months as vaccine supplies are available next summer.

**Note: The following updates will apply for School Year 2011-2012 through the end of any summer session of School Year 2011-2012. Students registering for school may need the following immunizations:**

- 1.) 2 doses of Varicella vaccine for Texas students entering grades Kindergarten - Grade 2 & Grades 7-9; A written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child's positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of either dose of varicella vaccine.**
- 2.) 2 doses of Hepatitis A vaccine for Texas students entering grades Kindergarten-Grade 2;**
- 3.) One dose of Meningococcal vaccine for Texas students entering grades 7- 9;**
- 4.) Tetanus/Diphtheria/Pertussis (Tdap) vaccine for Texas students entering grade 7 (if at least 5 years have passed since the last dose of tetanus-diphtheria-containing vaccine) and boosters for Texas students entering grades 8-12 (when 10 years have passed since the last dose of tetanus-diphtheria-containing vaccine).**

The enclosed order form contains information about all available products and the appropriate age groups for each preparation. Please keep in mind that due to allocation limitations set by the CDC, specific product choices and amounts may not always be guaranteed.

Your Back-to-School pre-order forms are due back to SAMHD on or before **Friday, September 24, 2010**. If the VFC Program does not receive a pre-order form from your facility by September 24<sup>th</sup>, we will assume that you are not planning on hosting any separate or special Back-to-School Clinic for the 2011-2012 school year. As a result, you will not receive any extra vaccine when ordering during your regularly scheduled ordering cycle. You can fax your forms to the VFC Program at (210) 922-9938. If you have any questions pertaining to this information, please contact Kenya Wilson (207-3974) or Anthony Johnson (207-4015) at the VFC Program.

# VFC Back-To-School Mass Immunization Clinic Survey



- 1.) How many Back-to-School Immunization Clinics do you plan on hosting during the summer of 2011? \_\_\_\_\_
- 2.) When will the Back-to-School Immunization Clinic(s) be held? (please provide proposed dates if known) \_\_\_\_\_  
\_\_\_\_\_
- 3.) If holding several large clinics, when will you need for your vaccine to start arriving? \_\_\_\_\_

| Back-to-School 2011-2012 Vaccines for Children Vaccine Order Form  |  |   |  |  |  |
|--|--|---|--|--|--|
| Name of Physician' Office/Practice/Clinic/Etc.   |  |   |  | VFC Pin #  | Order Date   |
| Delivery Address (Number & Street-- NO P.O. Boxes)   |  |   | City   |  | Zip Code   |
| Delivery: Please specify all days & times you may receive vaccine.   | Day & Time<br><input type="checkbox"/> Mon.<br>_____ | Day & Time<br><input type="checkbox"/> Tues.<br>_____ | Day & Time<br><input type="checkbox"/> Wed.<br>_____ | Day & Time<br><input type="checkbox"/> Thurs.<br>_____ | Day & Time<br><input type="checkbox"/> Fri.<br>_____ |
| Contact Person:  |  | Telephone #:  |  | Fax#:  |  |
| You must fill in all columns below in order to have VFC process your order.<br>(Even if you are only ordering one vaccine) |  |   |  |  |  |
| Vaccine  | Use for VFC Eligible Ages:                           | Vaccine Shipped in Vials of the following Sizes       |  | Doses Ordering   |  |
| DTaP (Diphtheria/Tetanus/Pertussis)  | 6 wks-83 mos   | 10 x 1 dose vial                                      |  |  |  |
| DPH (Pediarix®-DTaP/Hep B/ IPV Combo)  | 6 wks-83 mos   | 10 x 1 dose vial                                      |  |  |  |
| DTI (Kinrix®-DTaP/IPV Combo)   | 48-83 mos  | 10 x 1 dose vial                                      |  |  |  |
| DIH (Pentacel®-DTap/IPV/Hib Combo)   | 6 wks-59 mos   | 5 x 1 dose vial                                       |  |  |  |
| Hib (Haemophilus influenzae type b)  | 6 wks-59 mos   | 5 x 1 dose vial                                       |  |  |  |
| HPF (Hepatitis B)  | 0-18 yrs   | 10 x 1 dose vial                                      |  |  |  |
| HAP (Hepatitis A)  | 1-18 yrs   | 10 x 1 dose vial                                      |  |  |  |
| HPV (Human Papillomavirus)   | 9-18 yrs   | 10 x 1 dose vial                                      |  |  |  |
| IPV (Inactivated Polio Vaccine)  | 6wks-18 yrs  | 10 x 1 dose vial                                      |  |  |  |
| MMR (Measles/Mumps/Rubella)  | 1 -18 yrs  | 10 x 1 dose vial                                      |  |  |  |
| MCV4 (Menactra® Meningococcal Conjugate)   | 11 -18yrs  | 5 x 1 dose vial                                       |  |  |  |
| PCV (Pneumovax® Pneumococcal Conjugate)  | 6 wks-59 mos   | 10 x 1 dose vial                                      |  |  |  |
| RT3 ( RotaTeq®-Rotavirus 3 dose series)  | 2 mos-8 mos  | 10 x 1 dose vial                                      |  |  |  |
| TDaP (Tetanus/Diphtheria/Pertussis)  | 10* or 11* -18 yrs                                   | 10 x 1 dose vial                                      |  |  |  |
| TD (Tetanus)   | 7 -18 yrs  | 10 x 1 dose vial                                      |  |  |  |
| Varicella (Varivax®-Chickenpox)  | 1 -18 yrs  | 10 x 1 dose vial                                      |  |  |  |

\*TDaP- Minimum age: 10 years for Boostrix® and 11 years for Adacel®