

2015 Provider Flu Estimates

1. Introduction

Preparation for the 2015-2016 Influenza Season:

The purpose of this survey is to aid in estimating influenza vaccine needs for VFC-eligible and PeachCare for Kids® patients in your facility. We will use this information to determine how much influenza vaccine to order from the CDC. In addition to assuring a sufficient vaccine supply, we also want to minimize wastage. In the case of VFC supplied influenza vaccine, it also cannot be distributed to non-eligible children or adults. Thus, it is critical for us to obtain the best possible estimates of need.

How to Prepare:

The 2015 Influenza Vaccine Survey must be completed for each provider expecting to receive a shipment of VFC supplied influenza vaccine during the 2015-2016 influenza season. Your facility's claims or vaccine usage data from prior years should be used to estimate your vaccine needs. The survey must be completed by February 16, 2015.

A supply of influenza vaccine cannot be guaranteed for providers who do not complete this survey by the specified deadline. If you do not wish to receive VFC supplied influenza vaccine, please do NOT complete this survey. Any requests for influenza vaccine submitted to the VFC office after the deadline will be added to a waiting list. Wait list requests will be fulfilled according to vaccine availability.

Vaccines Available:

CDC is still working to finalize 2015-2016 Influenza vaccine contract. Vaccine brand and presentation preferences will be fulfilled according to your selected preferences availability through the CDC's Federal Influenza Vaccine contract. If your selected preference will not be available during the 2015-16 season, you will be notified via e-mail and given an opportunity to select an alternate vaccine brand or presentation.

Important: Estimates should be as realistic as possible. For example, 100% uptake may not be a realistic expectation in some practices/clinics. Even 70% may be considered too high. Use your practice's/clinic's uptake data (actual doses administered) from prior years for guidance.

For the most updated information regarding whom to vaccinate, when to vaccinate, and the dosing schedule, please go to the CDC's website dedicated to Seasonal Influenza at <http://www.cdc.gov/flu/>.

If you have questions, please contact the VFC Program at (404) 657- 5013 or outside of metro Atlanta area at (800) 848-3868.

2015 Provider Flu Estimates

2. Provider Information

* 1. Please enter information

Clinic Name:	<input type="text"/>
VFC PIN #	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
ZIP/Postal Code:	<input type="text"/>
Phone:	<input type="text"/>
Contact Person:	<input type="text"/>
Email Address:	<input type="text"/>

2015 Provider Flu Estimates

3. Vaccine Estimates

Please indicate your estimated patient and vaccine needs. Request will be rounded up to the nearest 10, as vaccines are shipped in packages of 10 doses per box or multi dose vial. (Be sure to enter the number of doses and not the number of boxes you are requesting.)

* 2. Eligible children 6 - 35 months of age (0.25ml dose; prefilled syringes)

Number of VFC-eligible Patients Expected (not including PeachCare children)	<input type="text"/>
Number of Doses Needed for the above	<input type="text"/>
Number of PeachCare for Kids Patients Expected	<input type="text"/>
Number of Doses Needed for the above	<input type="text"/>

* 3. Eligible children 3 through 18 years of age* to whom you expect to administer the injectable vaccine (0.5ml dose)

Number of VFC-eligible Patients Expected (not including PeachCare children)	<input type="text"/>
Number of Doses Needed for the above	<input type="text"/>
Number of PeachCare for Kids Patients Expected	<input type="text"/>
Number of Doses Needed for the above	<input type="text"/>

* 4. Presentation Preference for 3-18 year old population. Presentation preference(s) cannot be guaranteed but will be honored based on availability (you may choose multiple options):

- 5mL Multidose Vial (MDV) - Quad or Tri available
- 0.5mL Single Dose Vial (SDV) - Quad Only
- 0.5mL Single Dose Syringe; no needle (SYR) - Quad Only
- No Preference

* 5. Eligible children 2 through 18 years of age* to whom you expect to administer the intranasal spray Flumist®** (0.2ml dose - Quad only) – stored in the refrigerator

Number of VFC-eligible Patients Expected (do not include PeachCare children)	<input type="text"/>
Number of Doses Needed for the above	<input type="text"/>
Number of PeachCare for Kids Patients Expected	<input type="text"/>
Number of Doses Needed for the above	<input type="text"/>

2015 Provider Flu Estimates

* Children, six months to 8 years, who received at least 1 dose of the 2013-14 seasonal vaccine require only 1 dose of the 2014-15 vaccine. Children, six months to 8 years, who did not receive at least 1 dose of the 2013-14 seasonal influenza vaccine, or for whom it is not certain whether the 2013-14 seasonal vaccine was received, require 2 doses of the 2014-15 seasonal influenza vaccine. (This was for 2014-15 and could change for 2015-16)

** FluMist® should not be administered to children under the age of 2 years, nor to any child with a history of asthma or wheezing. Refer to package insert.

4. Storage Capacity

6. Do you have adequate storage capacity to accept all of your requested doses in a single shipment?

yes

no

5.

*** 7. What percentage of your order can you accept at one time?**

Percentage

2015 Provider Flu Estimates

6.

*** 8. Providers may have the option to choose between trivalent and quadrivalent influenza vaccines through the VFC program for the 2015-16 influenza season. If this is an option, please list your preference from the choices below:**

- Trivalent (TIV) (Available as Fluzone MDV only)
- Quadrivalent (QIV)
- Both
- No Preference

*** 9. Are you a public health clinic? (If yes, your VFC ID will begin with the number 2)**

- Yes
- No

2015 Provider Flu Estimates

7. 2015-2016 School Based Flu (SBF) Clinic Estimates

The state is providing vaccines for both VFC eligible and privately insured children covered under health plans public health clinics are unable to bill for immunization services seen in 2015-2016 SBF clinical settings.

Clinics will be able to vaccinate insured children as defined above; using state purchased public vaccine supply and bill the Immunization Program for the administration fee up to \$18.00 per dose.

Clinics will also be able to vaccinate VFC eligible Medicaid and PeachCare children and bill the respective party (Medicaid, Amerigroup, Peach State, WellCare, etc.) for the administration fee at the maximum reimbursement rate.

* 10. Will your district participate in the 2015-2016 School Based Flu Clinic Project?

Yes

No

2015 Provider Flu Estimates

8.

*** 11. Total Number of Schools Targeted (enter "0" if none):**

Childcare/Daycare	<input type="text"/>
Elementary	<input type="text"/>
Middle	<input type="text"/>
High School	<input type="text"/>

*** 12. Total Number of VFC Doses Needed (enter "0" if none):**

Injectable	<input type="text"/>
Intranasal	<input type="text"/>

*** 13. Total Number of State Funded Public Doses Needed (enter "0" if none):**

Injectable	<input type="text"/>
Intranasal	<input type="text"/>

*** 14. Injectable Vaccine Presentation Preference (preferences will be honored based on availability):**

- Single Dose Syringe
- Single Dose Vial
- Multi Dose Vial
- No Preference

*** 15. Anticipated SBF Clinic Start Date:**

Date MM DD YYYY

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
----------------------	---	----------------------	---	----------------------