



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS
IN YOUR PRACTICE**

TO: All Users of State Supplied Vaccine

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DATE: November 8, 2010

SUBJECT: Change in Combination and Hib Vaccine Products

The primary purpose of this communication is to notify you of a change in combination and Hib vaccines supplied by the state.

Pentacel and ActHib Vaccines

When determining which state supplied vaccines are made available to providers through the Connecticut Vaccines For Children (VFC) Program several factors are taken into account including cost, efficacy of the vaccine, number of shots in the series, packaging, and availability of product. Fewer shots in the series plus competitive overall cost has led us to change the brand of combination and Hib vaccines supplied by the state VFC Program.

Effective January 1, 2011, we will only be providing Pentacel combination vaccine and single antigen ActHib and will no longer be offering Pediarix combination vaccine and PedvaxHib. Our intent is for all providers obtaining state VFC vaccine to switch to Pentacel and ActHib products by the end of 2010. We will continue to supply Pediarix and Pedvax during the two-month transition period in order to allow providers to plan for completion of the series for children who started with these vaccine products.

To assure proper administration of HiB-containing vaccines and avoid wastage, providers should plan to:

- Begin using Pentacel combination vaccine for all children born on or after December 1, 2010;
- Use existing PedvaxHib supply to complete the series for a child who started with PedvaxHib;
- Use PedvaxHib or ActHiB for a child who began the series with Pediarix combination vaccine.

As a reminder a total of 4 doses of Hib are needed to complete the series if one or more of the doses are ActHiB. While it is preferable to continue the series with the same vaccine, it is clinically acceptable to interchange HiB-containing vaccines whenever one product is not available.

Attached is an updated VFC Vaccine Eligibility criteria form as of January 1, 2011. As always, if you have any questions, please feel free to contact the Immunization Program at (860) 509-7929.

**Vaccine for Children's Program (VFC)
Eligibility Criteria for State of CT provided vaccines January 2011**

Vaccine	Age Group	VFC Status of Children		CPT Code(s)
		VFC-Eligible ¹	Non-VFC Children	
Varicella Dose 1 Dose 2	12 months-18 years ² 15 months-18 years	YES YES	YES YES	90716 90716
Hepatitis B	Newborns in hospital Children 0-18 years	YES YES	YES YES	90744 90744
Td	Children 7-18 years ³	YES	YES	90714
MMR (Doses 1 & 2)	12 months-18 years College entry	YES YES	YES YES	90707 90707
Pneumococcal Conjugate Vaccine (PCV 13)	6 weeks-71 months	YES	NO	90670
Influenza	6 months-18 years	YES	NO	90655 90656 90657 90658 90660
DTaP	2 months – 6 years	YES	YES	90700
Hib	2-59 months	YES	YES	90648
IPV	2 months-18 years	YES	YES	90713
Meningococcal Conjugate Vaccine (MCV4)	11-18 years	YES	YES	90734
Tdap	10-18 years	YES	YES	90715
Hepatitis A	12 months-18 years	YES	NO	90633
Rotavirus	6 weeks-8 months	YES	NO	90681
DTaP/IPV	4-6 years	YES	YES	90696
HPV	9-18 years	YES	NO	90649
DTaP/IPV/Hib	2-59 months	YES	YES	90698

1 VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; or (c) American Indian or Alaskan native. In addition those individuals who are underinsured (have health insurance that does not fully cover immunizations) can be referred to a Federally Qualified Health Center (FQHC) to be immunized with VFC-supplied vaccine. Non-VFC Children refers to patients who have private insurance that fully covers the cost of immunizations.

2 Susceptible children who do not have a clinical history of chicken pox.

3 Td vaccine can be given to children 7-18 years of age to complete their primary series, or to those children 10-18 years old who are in need of a Tetanus containing vaccine and cannot receive Tdap.

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