



North Carolina Department of Health and Human Services  
Division of Public Health – Women’s & Children’s Health Section

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Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

August 26, 2010

**MEMORANDUM**

**TO:** COUNTY HEALTH DEPARTMENT  
**FROM:** Beth Rowe-West, R.N., B.S.N., Head  
Immunization Branch  
**SUBJECT:** *Urgent:* Additional Transitional Vaccine Availability and Criteria Change

The purpose of this memo is to notify you that additional transitional vaccine is available. As you recall, vaccine was previously made available through limited one time funding from the North Carolina General Assembly for the purpose of immunizing children to meet school requirements. We have been notified by the Centers for Disease Control and Prevention that additional vaccine funding is available that will allow us to offer additional DTaP, IPV, MMR, and Tdap, as well as varicella, MMRV, and Hib vaccines. These vaccines are for all children through 18 years of age who are **not** eligible for Vaccines for Children (VFC), making these vaccines universally available until your allocation is depleted. DT and Td remain available universally for patients with a medical contraindication for pertussis vaccine. Additional information on the transition plan is available at the North Carolina Immunization Program (NCIP) at: [www.immunizenc.com/programchanges.htm](http://www.immunizenc.com/programchanges.htm)

Your allocation of additional transitional vaccine will be: **0** DTaP, **0** Pediarix, **0** Pentacel, and/or **0** Kinrix as well as **0** IPV, **0** Hep B, **0** Hib, **0** MMR, **0** Tdap, and **0** varicella vaccines. However, **before these vaccines may be shipped to you, we need your consent/approval.** Please return the form below indicating that you are approving the amount of vaccine, and verifying that you have adequate refrigeration to accept and store it properly. Please include your office hours for the month of September. The form should be faxed to the NCIP at: 1-800-544-3058 or through email at [ncirhelp@dhhs.nc.gov](mailto:ncirhelp@dhhs.nc.gov). Note that there is no need to include a cover page.

As is the case with all state-supplied vaccines, providers may not charge or bill for vaccines provided through the transition plan. Providers may charge an administration fee to the patient, or to their insurance plan. Any payment taken directly from a patient for administration fees (out-of-pocket) cannot exceed the current Medicaid rate.

We are hoping to begin shipping vaccine as early as the first week of September. **If we do not receive your form by September 1, 2010, your allocation (as listed above) will be delayed.**

When your vaccine arrives, it should be labeled as “**transition vaccine**” and administered according to the transition period coverage criteria attached to this memo and/or found online at [www.immunizenc.com/coveragecriteria.htm](http://www.immunizenc.com/coveragecriteria.htm) **Transition vaccine is intended for non-VFC-eligible children through 18 years of age.**

If you have questions or concerns regarding this allocation, please contact Brandon Rector at [brandon.rector@dhhs.nc.gov](mailto:brandon.rector@dhhs.nc.gov).

Cc: SMT	Steve Shore	Greg Griggs	Maclyn Powell	Timuka Poston	Vaccine Manufacturers
NCIB	Joy Reed	Jessica Gerdes	Taryn Edwards	NCIB Field Services	Jeffrey Engel

### Confirmation Form for Transition Plan Vaccines

Fax to: North Carolina Immunization Program, 1-800-544-3058, or email to [ncirhelp@dhhs.nc.gov](mailto:ncirhelp@dhhs.nc.gov)

**\*Please do not include a cover page. Thank you.**

From: COUNTY HEALTH DEPARTMENT

Our office hours for the month of September: \_\_\_\_\_

Please check the appropriate items and sign the following:

\_\_\_\_ Our office/agency agrees to the allocation of :

Doses	Vaccine
0	DTAP
0	Kinrix
0	Pediarix
0	Pentacel
0	IPV
0	Hep B
0	Hib
0	MMR
0	Tdap
0	Varicella

Please check this box if you would prefer to receive MMR-V (ProQuad) for your MMR and Varicella vaccines.

\_\_\_\_ Our office/agency has adequate refrigeration and is capable of storing the vaccine properly.

\_\_\_\_ Our office/agency is interested in receiving additional vaccines, should they become available.

\_\_\_\_ **Our office/agency does not accept this allocation of vaccines.**

\_\_\_\_\_  
Signature of Local Health Director or designee

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

