



North Carolina Department of Health and Human Services
Division of Public Health – Women’s & Children’s Health Section
1917 Mail Service Center • Raleigh, North Carolina 27699-1917
Tel 919-707-5550 • Fax 919-870-4824

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

TO: COUNTY HEALTH DEPARTMENT

FROM: Beth Rowe-West, R.N., B.S.N., Immunization Branch Head

SUBJECT: *Urgent:* One-Time Universal Vaccine Allocation for School Requirements for Kindergarten through Eighth Grade

DATE: July 16, 2010

In the past session of the North Carolina General Assembly, permanent state funding for vaccine purchase was eliminated. However \$3,000,000 in non-recurring state funds was appropriated to support the provision of required vaccines to fully insured children entering school (in kindergarten through eighth grade) in the upcoming school year. The purpose of this memo is to create a statewide vaccine distribution plan for these vaccines by securing information from each health department to determine what percentage of the county share of these required vaccines should be delivered to the health department and what percentage should be delivered to private providers in each county.

It is important to note that the federal Vaccines for Children (VFC) program, which provides vaccines for approximately two-thirds of the children in North Carolina, and a substantially higher percentage for children seen in health departments, is unaffected by these changes in state funding.

As mentioned above, the intent of the General Assembly in appropriating these one-time funds is to provide the vaccines required for school entry to fully insured children entering school in grades K-8. For this reason, these funds may not be used to provide immunizations for fully insured infants and toddlers.

The core of the distribution plan for the vaccines to be purchased with this funding is to give local health departments (LHDs) maximum flexibility, in the form of both a ‘right of first refusal’ and an opportunity to implement a distribution plan for your county that will best meet local needs. In order to minimize the amount of paperwork for health departments, we have attempted to devise a simple order form consisting of a ‘Plan A’ and a ‘Plan B.’ While we feel these two plans will meet the great majority of health departments’ needs, if at any point you feel you have questions or unique local issues you would like to address, please contact Caroline Helton of the Immunization Branch at caroline.helton@dhhs.nc.gov.

The Immunization Branch will allocate vaccine purchased with one-time funding to each county based on the size of its unvaccinated non-VFC population. LHDs may choose how much of that vaccine they want to administer.

Plan A is to direct the Immunization Branch to send to the LHD the usual percentage of vaccines you typically provide to fully insured school entry children and to send the remaining vaccine allocated for the county to the private providers in the county. The private provider share will be distributed according to their past usage data.

Plan B allows each LHD to write in the percentage of the county allocation you would like to receive. You may choose to receive anywhere from 0% to 100% of the vaccine allocated for your county. Once you determine the percentage of vaccine you would like for your health department to receive, we will take the remainder of the county allocation and distribute that to local providers based on their historical usage data.

The Immunization Branch will select the practices that will receive vaccine based on the plan you choose. We will notify you of the precise allocation for your LHD and each practice in your county once we receive your feedback. Given the limited amount of vaccine that can be purchased with \$3,000,000, it will not be possible to ship to all the smallest volume private providers in the Immunization Program. We do not yet know what the cut-off will be, but once an allocation would get down to very small numbers of doses, it would not be practical or possible to attempt to ship to all 1,400 providers in the program. At the bottom of this memo is a blank form to complete and return to us via fax, at (919) 870-4824 by **Wednesday, July 21**. We apologize for the short turnaround time, but in consultation with the North Carolina Association of Local Health Directors (NCALHD), it was felt that it is critical to implement the vaccine ordering process as quickly as possible in order to meet local need as school entry approaches. Please indicate the percentage of your allocation you would like to reserve for your LHD. Again, if you choose less than your total allocation, the remainder will be distributed to other providers in your county to help them provide fully insured school children with the vaccinations required for school entry.

Again, if you have questions about this information or this process, please contact Caroline Helton at caroline.helton@dhhs.nc.gov. We thank you for your efforts to protect North Carolinians from vaccine-preventable diseases.

Cc: SMT Steve Shore
NCIB Joy Reed

Greg Griggs
Jessica Gerdes

Maelyn Powell
Taryn Edwards

Timika Poston
NCIB Field Services

Vaccine Manufacturers



Selection of Plan for Distribution of Transitional Vaccines

Please fax your request to: (919) 870-4824

Select only one option:

_____ *Plan A:* COUNTY HEALTH DEPARTMENT wishes to receive X% of the county's vaccine allocation. This is the usual percentage of vaccines typically provided by the LHD to fully insured school entry children. The remaining county allocation will be allocated to the private providers administering the highest percentages of vaccines in the county, according to their past usage data.

_____ *Plan B:* COUNTY HEALTH DEPARTMENT is requesting to receive _____ % of the allocation for the county. (Please choose between 0% and 100%. If you choose 0%, all vaccine allocated for the county will be distributed to private providers in your county. If you choose less than 100%, the remainder of the county allocation will be distributed to local providers based on their historical usage data).

Signature of Local Health Director or designee

Phone number

