



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

August 2, 2010

MEMORANDUM

TO: [NCIP program participant]
FROM: Beth Rowe-West, R.N., B.S.N., Head
Immunization Branch
SUBJECT: *Urgent:* Transitional Vaccine Allocation

The purpose of this memo is to notify you that you will be receiving vaccine based on your local health department’s recent request for a transitional allocation for children **not** eligible for Vaccines for Children (VFC) vaccines who are entering kindergarten through the eighth grade. The allocation is based on limited one-time funding from the North Carolina General Assembly for the purpose of immunizing children to meet school requirements. The vaccines offered through the transition plan are: DTaP, IPV, MMR, and Tdap. The DTaP-containing combination vaccines are **not** part of this plan. DT and Td remain available universally for patients with a 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

Based on size of your unvaccinated non-VFC population of school-entry children, your allocation has been determined to be: [blank] DTaP, [blank] IPV, [blank] MMR, and [blank] Tdap 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 August. The form should be faxed to the NCIP at: 1-800-544-3058 or through email at ncirhelp@dhhs.nc.gov. Note that there is no need to include a cover page.

Because there is a possibility of the need to re-distribute vaccine based on provider uptake, we would also like for you to indicate whether you could use additional amounts of vaccine, should they become available.

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 (out-of-pocket) cannot exceed the current Medicaid rate.

If we do not receive your form by August 6, 2010, you will not receive your allocation (as listed above). Your allocation should arrive by mid-August.

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 **Transition vaccine is intended for non-VFC-eligible children entering kindergarten through 8th grade only. Transition vaccine may not be administered to infants and toddlers.**

If you have questions or concerns regarding this allocation, please contact NCIP Help Desk at 1-877-873-6247.

Cc: SMT Steve Shore Greg Griggs Maclyn Powell Timika Poston Vaccine Manufacturers
NCIB Joy Reed Jessica Gerdes Taryn Edwards NCIB Field Services Mike Watson



Confirmation Form for Transition Plan Vaccines

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

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

From:

[Provider name] [PIN]

Our office hours for the month of August: _____

Please check the appropriate items and sign the following:

Our office/agency agrees to the allocation of [blank] DTaP, [blank] IPV, [blank] MMR, and [blank] Tdap 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, or
Signature of Lead Physician (non-LHD provider)

Phone number

Date

