



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
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**Bureau of Immunization  
Vaccines for Children Program (VFC)  
455 1<sup>st</sup> Avenue, Room 100J  
New York, NY 10016  
PHONE: (212) 447-8175  
FAX: (212) 447-8196**

**Seasonal Influenza Vaccine Order Form**

VFC PIN: \_\_\_\_\_ Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**2008 – 2009 Influenza Vaccine Recommendations for Children**

• All children 6 months through 18 years of age should receive an annual influenza vaccination. Providers should implement the expanded influenza vaccine recommendations as soon as feasible during the 2008 – 2009 influenza season, and no later than at the beginning of the 2009 – 2010 season. Prioritize children 6 – 59 months of age and those children with chronic medical conditions.

• Vaccinate all children < 9 years of age with two doses of vaccine during their first season of vaccination, as recommended, to ensure maximal protection.

• Use preservative-free presentations for children 6 months to < 3 years of age.

Estimate the amount of influenza vaccine needed for all VFC-eligible children for the rest of the 2008-2009 influenza season and fax your request to: (212) 447-8196. The vaccines listed below are in adequate supply, and are available without restriction. VFC staff will work closely with you to process the orders as quickly as possible.

<b>Influenza Vaccine</b>	<b>Brand Name (Presentation)</b>	<b>Manufacturer</b>	<b>Doses Requested</b>
Influenza (inactivated) 6 – 35 months	Fluzone® PF (0.25mL per dose) (10 single dose pre-filled syringes)	sanofi pasteur	
Influenza (inactivated) 4 –18 years	Fluvirin® (0.5mL per dose) (10 dose vial)	Novartis	
Live Intranasal Influenza 2 –18 years	Flumist® (0.2mL per dose) (10 single dose pre-filled sprayers)	MedImmune	