

Instructions for Ordering 2009 H1N1 Influenza Vaccine - Quick Guide

1. Review the vaccine supply list for 2009 H1N1 influenza products and decide what vaccines you need to order. Orders will only be accepted in a minimum of 100 doses and in 100 dose increments (e.g., 100, 200, 300 etc.) per vaccine type (National Drug Code [NDC]). (See detailed guide for orders less than 100 doses).
2. Call the Vaccine Call Center at **1-800-KID-SHOT (1-800-543-7468)** on your designated order day only (see detailed guide for ordering schedule). The Vaccine Call Center is open Monday to Friday between 8:30 am and 4:45 pm.
3. Press Option # 1.
4. An operator will assist you with placing the order. The operator will ask for the following information:
 - a. The H1N1 PIN# assigned to your site.
 - b. Confirmation of the shipping address, contact information, and delivery hours of your site.
 - c. The name of the manufacturer and description of the vaccine being requested and the number of doses.
 - d. The maximum amount of doses of vaccine you have room to store.
5. Every effort will be made to accommodate the formulation and amount ordered. NYSDOH has no control over the amount of each vaccine type made available for the State. If you are willing to accept a similar product from a different manufacturer, please let the person taking the call know and it will be taken into account, if possible.

| Manufacturer | NDC (Vaccine Type) | Description | Age/thimerosal content |
|--------------|-----------------------|--|----------------------------------|
| SANOFI | 49281-0650-25 | Prefilled syringe, 0.25 mL, 10 10-packs | 6mo – 35 mo (thimerosal free) |
| SANOFI | 49281-0650-50 | Prefilled syringe, 0.5 mL, 10 10-packs | 3 yrs & older (thimerosal free) |
| SANOFI | 49281-0640-15 | Multi-dose vial (10 doses), 5 mL, 10 1-packs | 6 mo & older (with thimerosal) |
| SANOFI | 49281-0650-70 | Prefilled syringe, 0.25 mL, 4 25-packs | 6 mo – 35 mo (thimerosal free) |
| SANOFI | 49281-0650-90 | Prefilled syringe, 0.5 mL, 4 25-packs | 3 yrs & older (thimerosal free) |
| NOVARTIS | 66521-0200-02 | Prefilled syringe, 0.5 mL, 10 10-packs | 4 yrs & older (thimerosal free) |
| NOVARTIS | 66521-0200-10 | Multi-dose vial (10 doses), 5 mL, 10 1-packs | 4 yrs & older (with thimerosal) |
| CSL | 33332-0519-01 | Prefilled syringe, 0.5 mL, 10 10-packs | 18 yrs & older (thimerosal free) |
| CSL | 33332-0629-10 | Multi-dose vial (10 doses), 5 mL, 10 1-packs | 18 yrs & older (with thimerosal) |
| MEDIMMUNE | 66019-0200-10 | Nasal sprayer, 10 10-packs | 2 yrs – 49 yrs (thimerosal-free) |
| GSK | TBD | TBD | TBA |

Introduction

This document describes the ordering process for 2009 H1N1 influenza vaccine. **To be eligible to order and receive 2009 H1N1 vaccine, you must be a registered provider.** Registration instructions are available at:

<https://hcsteamwork1.health.state.ny.us/pub/toph1n1.html>.

How to Order Vaccine

1. Review the vaccine supply list for 2009 H1N1 influenza products and decide what vaccines you need to order. Orders will only be accepted in a minimum of 100 doses and in 100 dose increments (e.g., 100, 200, 300 etc.) per vaccine type (National Drug Code [NDC]). (See #3 below for orders less than 100 doses).
2. Call the Vaccine Call Center at 1-800-KID-SHOT (1-800-543-7468). Monday-Friday 8:30 a.m.-4:45 p.m. on your designated order day only. (See ordering schedule below).
 - a. Press Option # 1.
 - b. An operator will assist you with placing the order. The operator will ask for the following information:
 - The H1N1 PIN# assigned to your site (A H1N1 PIN# is the identifier given to those who have signed a provider agreement to receive 2009 H1N1 influenza vaccine.).
 - i. **If you do not know your PIN#, use your registration application number and medical director license number to retrieve your PIN# at:**
<https://hcsteamwork1.health.state.ny.us/pub/toph1n1.html>.
 - Confirmation of the shipping address, contact information, and delivery hours of your site.
 - The name of the manufacturer and description of the vaccine being requested and the number of doses.
 - Every effort will be made to accommodate the formulation and amount ordered. NYSDOH has no control over the amount of each vaccine type made available for the State. If you are willing to accept a similar product from a different manufacturer, please let the person taking the call know and it will be taken into account, if possible.
3. If you are ordering less than 100 doses of a particular NDC, the order will be taken by the call center and provided to the respective LHD at the end of the week. The LHD will place a larger order and will then be responsible for further distribution of the lesser doses to providers within their county.

Ordering Schedule

Orders will be taken Monday through Friday between the hours of **8:30 a.m. and 4:45 p.m.** based upon the schedule below. (Vaccine providers may only place orders on the day their county is assigned to, i.e. physicians, colleges, etc. within Albany County would order on Friday.) Your assignment to a particular day may change based upon the volume of calls received during the first few weeks. This process was put in place to ensure fair and equitable distribution of vaccine and to minimize call wait time.

| MONDAY | | |
|---|--|--|
| <ul style="list-style-type: none"> • All Local Health Departments, • Acute Care Hospitals • Federally Qualified Health Centers (FQHCs) | <ul style="list-style-type: none"> • Retail Pharmacy Chains • State Agencies • Veteran's Affairs (VA) Facilities • Others to be identified | |
| Note: All other vaccine providers can only order vaccine based on the day their respective county is assigned to below. | | |
| TUESDAY | | |
| <ul style="list-style-type: none"> • Columbia • Dutchess • Greene • Madison | <ul style="list-style-type: none"> • Nassau • Orange • Putnam • Rockland | <ul style="list-style-type: none"> • Sullivan • Ulster • Wyoming • Yates |
| WEDNESDAY | | |
| <ul style="list-style-type: none"> • Broome • Cayuga • Chenango • Cortland • Herkimer | <ul style="list-style-type: none"> • Jefferson • Lewis • Oneida • Onondaga • Oswego | <ul style="list-style-type: none"> • St. Lawrence • Suffolk • Tioga • Tompkins • Westchester |
| THURSDAY | | |
| <ul style="list-style-type: none"> • Allegany • Cattaraugus • Chautauqua • Chemung • Erie | <ul style="list-style-type: none"> • Genesee • Livingston • Niagara • Ontario • Orleans | <ul style="list-style-type: none"> • Schuyler • Seneca • Steuben • Wayne |
| FRIDAY | | |
| <ul style="list-style-type: none"> • Albany • Clinton • Delaware • Essex • Franklin • Fulton | <ul style="list-style-type: none"> • Hamilton • Monroe • Montgomery • Otsego • Rensselaer | <ul style="list-style-type: none"> • Saratoga • Schenectady • Schoharie • Warren • Washington |

Instructions for Ordering 2009 H1N1 Influenza Vaccine - Detailed Guide

Placement of Orders with the NYSDOH

- Orders received by the NYSDOH on *Monday* and *Tuesday* are expected to be delivered to providers on *Monday*.
- Orders received by NYSDOH on *Wednesday*, *Thursday*, or *Friday* are expected to be delivered to providers on the following *Thursday*.

| Day Provider Places Order | Day Order Expected to Arrive | Day to Contact Call Center if Order Does Not Arrive |
|-------------------------------|------------------------------|---|
| Monday/Tuesday | Monday | Thursday |
| Wednesday/Thursday/ Friday | Thursday | Tuesday |

NOTE: Due to shipping capabilities and other logistical issues, vaccine is NOT GUARANTEED to be delivered on the expected arrival day. Your order is likely to be delivered within a three business day window of the expected arrival date. Ancillary supplies may or may not arrive on the same day as vaccine.

- Based upon available information, vaccine is NOT scheduled to arrive on Saturdays or Sundays.
- Due to the condensed timeline for vaccine shipment, noted above, once an order has been placed with the CDC it CANNOT be cancelled or changed.
- Only those vaccine providers who are registered will be allowed to place an order. The call center ordering representatives will not be approving vaccine providers.
- Notifications will be made to all of those who order vaccine with the amount requested by the provider and the actual amount ordered from CDC. These notifications will go to those who ordered vaccine, the respective Local Health Department, and the respective NYSDOH Regional Office. It is very possible that an order will be reduced or not placed at all depending on vaccine availability.
- If a vaccine provider orders 1,000 doses of vaccine and only receives 500 based upon the amount available, the remainder of their order will be saved and will be placed on backorder. The remainder of the order will be filled when there is enough supply. If we were unable to fill any of your order, it will also be placed on backorder and will be filled when there is enough supply.

Logistics and Tracking

Please allow ample time for your shipment to arrive. As noted above, the day of arrival is not guaranteed. **Due to the extremely short period between when the NYSDOH places orders with the CDC and when vaccine arrives, we are unable to track your**

Instructions for Ordering 2009 H1N1 Influenza Vaccine - Detailed Guide

shipment. If your shipment has not arrived by the third business day after the expected day of arrival, please contact the H1N1 Vaccine Ordering Call Center at 1-800-KID-SHOT (1-800-543-7468).

Order Discrepancies

If there is a discrepancy between the shipment notification from the NYSDOH and what has been received, please follow the instructions on the packing slip and notify the NYSDOH at 1-800-KID-SHOT (1-800-543-7468) or via e-mail at:

H1N1comments@health.state.ny.us.

Vaccine Redistribution

- The following rules **MUST** be followed when redistributing 2009 H1N1 vaccine.
 - a. The recipient of vaccine **MUST** have a H1N1 PIN #.
 - b. Appropriate cold-chain management **MUST** be followed to ensure the integrity of the vaccine. For more information, visit the Centers for Disease Control and Prevention website: www2a.cdc.gov/vaccines/ed/shtoolkit/
 - c. Ancillary supplies (e.g., syringes for multi-dose vials), if required for vaccine administration, should be redistributed in conjunction with the vaccine.
 - d. All vaccine redistribution must be reported to NYSDOH using a Zoomerang survey (link to be determined.)
 - e. The following items **MUST** be reported on the survey noted above.
 - i. Redistributing vaccine provider name and H1N1 PIN#.
 - ii. County in which the redistributing and receiving vaccine providers practice.
 - iii. Receiving vaccine provider name and H1N1 PIN#.
 - iv. Number of doses being transferred.
 - v. Manufacturer and type of vaccine being transferred.
 - vi. National Drug Code (NDC) of vaccine being transferred.
 - vii. Lot Number of vaccine being transferred.
 - viii. Date of transfer.
 - ix. Process used to transfer vaccine (i.e. commercial shipper, personal vehicle, pick-up, etc.)

Please note: It is the responsibility of the **redistributing** vaccine provider to ensure that these steps are followed.

Vaccine Reporting (Doses Administered and Doses Wasted)

There are three options available for reporting to the NYSDOH:

- *New York State Immunization Information System (NYSIIS)*

Health care providers are required by Public Health Law 2168 to report all immunizations administered to children less than 19 years of age to NYSIIS. NYSIIS can also be used for reporting doses administered to persons 19 years of age or older, with consent. Inventory, including doses wasted, can be tracked using NYSIIS. An on-line tutorial for using the NYSIIS inventory module is available at: <https://commerce.health.state.ny.us/hpn/bcdc/immunization/instantdemo/tutorials.html>

- *Clinic Data Management System (CDMS)*

Only Local Health Departments have the ability to use CDMS to assist with managing the information related to the vaccination campaign.

- *Interactive Voice Response (IVR) System (Telephone Reporting)*

Doses administered and vaccine inventory reporting for providers serving adults can be completed through the IVR system using a touch tone phone.

Daily and Weekly Tracking logs are available to assist with compiling the information required for these weekly reports. The logs are attached below as Appendix A.

Reporting must be completed by 11:59 p.m. each Monday for the week ending the previous Saturday by calling, 1-888-H1N1-VAC (1-888-416-1822)

Note: With regards to redistribution, the vaccine provider that received vaccine and redistributed it could collect the information and report on behalf of the redistributed sites using the end site H1N1 PIN #.

Questions

If you have questions please have your H1N1 PIN # available and call the NYSDOH Vaccine Call Center at 1-800-KID-SHOT (1-800-543-7468) between 8:30 a.m. and 4:45 p.m.

2009 H1N1 Influenza Vaccine Doses Administered DAILY Log

New York State Department of Health
Bureau of Immunization

| | |
|--|--|
| Name of Facility/Provider: | |
| Name of Vaccinator or Clinic Location: | |
| * H1N1 PIN #: | |
| Date: MM/DD/YYYY | |

| Age Group | Number of Doses Administered (###) | TOTAL |
|-----------|------------------------------------|-------|
| 19-24yrs | | |
| 25-49yrs | | |
| 50-64yrs | | |
| ≥65yrs | | |
| | | |

Public Health Law 2168 mandates that health care providers report information on vaccinations administered to all persons less than 19 years of age into the New York State Immunization Information System (NYSIIS).

*A H1N1 PIN# is the identifier given to those who have signed a provider agreement to receive 2009 H1N1 influenza vaccine.

2009 H1N1 Influenza Vaccine Doses Administered WEEKLY Log

New York State Department of Health
Bureau of Immunization

| | |
|--|--|
| Name of Facility/Provider: | |
| *Facility/Provider H1N1 PIN Number: | |
| **H1N1 Registration Application Number: | |
| County the Facility/Provider is Located in: | |
| Reporting Period Start Date (Sunday): MM/DD/YYYY | |
| Reporting Period End Date (Saturday): MM/DD/YYYY | |

| Day | Date | Age Groups | | | | TOTAL |
|-----------|------------|------------|----------|----------|--------|-------|
| | | 19-24yrs | 25-49yrs | 50-64yrs | ≥65yrs | |
| | MM/DD/YYYY | | | | | |
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| TOTAL | | | | | | |

| | |
|------------------------------------|--|
| ***Total # of Doses Wasted: | |
|------------------------------------|--|

Public Health Law 2168 mandates that health care providers report information on vaccinations administered to all persons less than 19 years of age into the New York State Immunization Information System (NYSIIS).

*A facility/provider H1N1 PIN# is the identifier given to those who have signed a provider agreement to receive 2009 H1N1 influenza vaccine.

**A H1N1 registration application number is assigned to those who have completed the registration process (can be found on the registration confirmation page).

***Total # of doses wasted are the number of doses that are not usable (e.g., temperature irregularities, broken syringe, expired, etc.).

To report 2009 H1N1 influenza vaccine doses administered please call **1-888-H1N1 VAC (1-888-416-1822)** by **MONDAY** at 11:59 p.m. weekly.