



## SUPPLEMENTAL FEDERAL VFC and SOUTH CAROLINA STATE VACCINE PROGRAMS 2022-2023 INFLUENZA VACCINE REQUEST

**PLEASE NOTE:** Federal VFC Vaccine must be ordered and maintained separately from SC STATE Vaccine Program Vaccine.

**RETURN VIA FAX TO:** (803) 898-0318 • **FOR ASSISTANCE:** Submit a [SIMON HELPDESK TICKET](#)

Active VFC Providers may submit a **supplemental request** for the 2022-2023 influenza season if needed. The DHEC Division of Immunization will contact the vaccine coordinators at the email addresses provided in our vaccine management system if the request has been adjusted. This supplemental request is based upon the availability at CDC's vaccine depot. VFC Flu Doses **may not** be used to vaccinate non-VFC eligible patients. **We cannot guarantee brand choice or presentation for supplemental requests. Please allow 2 weeks for delivery once your request is submitted. A notification will be sent to the vaccine coordinators once the order is placed.**

Vaccine Type	Indication	Vaccine Brand	Manufacturer	Presentation/Packaging	VFC Flu Doses Requested	SC STATE Flu Doses Requested	Min. per shipment
Quadrivalent	Children & adolescents aged 6 months-18 years	Fluzone®	Sanofi Pasteur	0.5 mL prefilled syringes			10
	Children & adolescents aged 6 months-18 years	FluLaval®	GlaxoSmithKline	0.5 mL prefilled syringes			10
	Children & adolescents aged 2 years-18 years	FluMist®	AstraZeneca	1 dose sprayer(Intranasal)			10
	Children & adolescents aged 6 months-35 months	Flucelvax®	Seqirus	10 pack- 1 dose syringe		NOT AVAILABLE	10

**FEDERAL VFC INFLUENZA VACCINE IS AVAILABLE FOR CHILDREN & ADOLESCENTS AGED 6 MONTHS - 18 YEARS WHO MEET ONE OF THE FOLLOWING ELIGIBILITY CRITERIA:**

1. Medicaid Enrolled
2. No health insurance
3. American Indian or Alaska Native
4. Underinsured served by FQHC or RHC \*

**CHILDREN WHO DO NOT MEET ONE OF THE ELIGIBILITY REQUIREMENTS ABOVE ARE NOT ELIGIBLE FOR VFC VACCINE; HOWEVER, THEY MAY BE ELIGIBLE FOR STATE VACCINE PROGRAM VACCINE.**

**SC STATE VACCINE PROGRAM INFLUENZA VACCINE IS AVAILABLE FOR CHILDREN & ADOLESCENTS AGED 6 MONTHS - 18 YEARS WHO MEET ONE OF THE FOLLOWING ELIGIBILITY CRITERIA:**

1. SC State Underinsured served by Non-FQHC or Non-RHC\*\*
2. SC State Insured - Hardship\*\*\*

\* **Underinsured:** includes children with health insurance that does not cover vaccines or only covers specific vaccine types. Children are eligible only for vaccines that are not covered by their insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.

\*\* **SC State Vaccine Program Underinsured:** These are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children. VFC Providers must have SC state vaccine stock in on hand inventory via SIMON prior to administering to this population.

\*\*\* **SC State Vaccine Program-Insured and Insured Hardship:** Insured -These children are considered insured and are not eligible for vaccines through the VFC program. However, these children may be served state vaccine program vaccine to cover these non-VFC eligible children. Insured Hardship is defined as "Health Insurance deductible is greater than \$500.00 per child or \$1000.00 per family (Eligible for state vaccine only if the deductible has not been met and the family cannot afford to pay for vaccine)." VFC Providers must have SC state vaccine stock in on hand inventory via SIMON prior to administering to this population.

<b>Provider PIN</b> (enter only one digit per block)							
<b>Provider / Clinic Name</b> (as on VFC Provider Agreement)							
<b>Date Completed</b>							
<b>Printed Name of Person Completing</b>							
<ul style="list-style-type: none"> <li>ADULTS (19 YEARS AND OLDER) ARE <b>NOT</b> ELIGIBLE FOR FEDERAL VFC VACCINE or SC STATE VACCINE PROGRAM VACCINE.</li> <li>Federal VFC and SC State Flu Vaccine <b>must be labeled and maintained separately</b> from each other inside of the vaccine storage units.</li> </ul>							

**Instructions for Completing  
SUPPLEMENTAL FEDERAL VFC and SOUTH CAROLINA STATE VACCINE PROGRAM  
2022-2023 INFLUENZA VACCINE REQUEST FORM**

**Purpose:**

To request a supplemental request of the 2022-2023 Federal VFC and South Carolina State Vaccine Program influenza vaccine.

**Form is Completed By:**

Providers must be currently enrolled in the VFC Program to request Federal VFC Influenza Vaccine and, if applicable, South Carolina STATE Vaccine Program. Providers must be currently enrolled in the VFC Program to request Federal and SC State VFC Influenza Vaccine. Please submit one form per PIN/ VFC Site.

**Item-by-Item Instructions:**

- 1. Doses Requested:** Enter the additional number of doses requested for each influenza vaccine and for each Program (Federal VFC and/or SC STATE). The doses must be entered by the TOTAL number of doses requested. For example, if your site is requesting 150 doses of Fluzone® 0.50 mL prefilled syringes by Sanofi Pasteur for VFC eligible patients at your site, please record “150” under the “VFC Flu Doses Requested” column for Fluzone® 0.50 mL prefilled syringes by Sanofi Pasteur. This number requested is the TOTAL number of doses requested for the **remaining 2022-2023 Influenza Season**. For our office to accommodate your request, please do not place orders as needed but request what you need for the remainder of the entire season.
- 2. Provider Information:** Enter provider PIN, provider name (as indicated on VFC enrollment documents) date of completion, and printed name of person completing the form.

**Office Mechanics and Filing:**

The provider will fax the form to the DHEC Division of Immunization at **(803) 898-0318** and maintain the original in provider’s files for a minimum of three years.

Retention Series Number: 15726

Record Group Number: 169

Retention: 3 years, destroy