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# MEMO

**TO:** Prevention Partnership Providers and  
Local Public Health Units

**FROM:** Tatia Hardy  
Vaccines For Children/AFIX Coordinator

**RE:** 2011 - 2012 State-Supplied Seasonal Influenza Vaccine

**DATE:** August 18, 2011

The North Dakota Department of Health (NDDoH) Immunization Program is supplying seasonal influenza vaccine for the 2011 - 2012 season to providers for use in **only** those children who are **Vaccines For Children (VFC) eligible**. This includes children 18 years and younger who are either Medicaid-eligible, American Indian, uninsured or underinsured.

**Providers may not borrow VFC influenza vaccine to their private supply for administration to insured children under any circumstances.** There is no guarantee that extra VFC vaccine will be available to replenish the private supply if private vaccine is borrowed for administration to VFC-eligible children.

The Advisory Committee on Immunization Practices (ACIP) recommends that all children, including healthy children, ages 6 months to 18 years be adequately immunized against influenza. **Therefore, state-supplied influenza vaccine may be administered to any child age 6 months to 18 years who is VFC-eligible.** Attached for your reference is a 2011 - 2012 Childhood Influenza Vaccine Dosage Chart. This chart is also available on the NDDoH Immunization Program website:  
[www.ndhealth.gov/immunize/documents/providers/forms/influenzaalgorithm.pdf](http://www.ndhealth.gov/immunize/documents/providers/forms/influenzaalgorithm.pdf).

Providers were asked to pre-book state-supplied influenza vaccine in February. **Providers must use private influenza vaccine to vaccinate insured children.**

State-supplied influenza vaccine will be distributed by McKesson. Vaccine will be distributed in multiple shipments throughout the beginning of the influenza season. Providers can expect their first shipments of state-supplied influenza vaccine in early September. Providers may begin vaccinating patients immediately upon receiving the vaccine.

**Because of the excessive amount of wasted influenza vaccine in the 2010 – 2011 season, the NDDoH will initially distribute, in several shipments, 75 percent of each facility's pre-booked amount.** Providers may request additional vaccine after administering most of the initial 75 percent of their pre-booked amount using the attached order form.

Prevention Partnership Providers  
Local Public Health Units  
August 18, 2011

**According to North Dakota Century Code 23-01-05.3, all childhood immunizations must be entered into the North Dakota Immunization Information System (NDIIS) within four weeks of administration. This law includes influenza vaccine.**

Important reminders about influenza vaccination:

- The 2011 - 2012 trivalent vaccine virus strains did not change from last season. The strains are A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like and B/Brisbane 60/2008-like antigens. The influenza A (H1N1) vaccine virus is derived from a 2009 pandemic influenza A (H1N1) virus.
- Live attenuated influenza vaccine (LAIV, Flumist®) can be used when vaccinating healthy, nonpregnant people ages 2 to 49 years.
- Trivalent inactivated influenza vaccine (TIV) can be used to vaccinate people ages 6 months and older.
- **The immunization recommendations have changed for the 2011 - 2012 influenza season.**
  - Children ages 6 months to 8 years whose vaccination history is unknown should receive two doses of influenza vaccine.
  - Children ages 6 months to 8 years who did not receive any doses of the 2010 - 2011 seasonal influenza vaccine should receive two doses of influenza vaccine.
  - Children younger than 9 who received at least one dose of 2010 - 2011 influenza vaccine and children ages 9 and older should receive one dose of influenza vaccine.
  - The minimum interval between doses of either LAIV or TIV is four weeks.
  - Individuals who have experienced less severe allergy to eggs (hives only) may receive TIV and should be supervised for at least 30 minutes following administration of each influenza dose.
- The NDDoH Immunization Program has developed an influenza vaccination algorithm to assist providers in determining the number of recommended doses children should receive. This algorithm is enclosed and is also available on our website at the following link: [www.ndhealth.gov/immunize/documents/providers/forms/influenzaalgorithm.pdf](http://www.ndhealth.gov/immunize/documents/providers/forms/influenzaalgorithm.pdf).

The 2011 - 2012 Vaccine Information Statements (VISs) are attached and also are available at the following links: [www.cdc.gov/vaccines/pubs/vis/downloads/vis-flulive.pdf](http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flulive.pdf) (LAIV) and [www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf](http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf) (TIV). The VISs are available for order from the NDDoH. Providers may request only influenza VISs for their pediatric patients.

During the 2011 - 2012 influenza season, MedImmune will be offering replacement of all unused, expiring doses of FluMist® at no cost. This program applies to doses that expire on or before January 31, 2012. The instructions for the FluMist® Replacement Program are attached.

For information about influenza surveillance in North Dakota or to order influenza educational materials, visit [www.ndflu.com](http://www.ndflu.com).

Please feel free to contact the NDDoH Immunization Program with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180.

Enc.

cc: Kent C. Martin, M.D., Medical Director  
Kirby Kruger, Medical Services Chief  
Molly Sander, Immunization Program Manager  
Teri Arso, Administrative Assistant



**REQUEST FOR INFLUENZA VACCINE**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 SFN 60014

Division of Disease Control  
 2635 East Main Ave  
 PO Box 5520  
 Bismarck, ND 58506-5520  
 Telephone No.: 701.328.3386 or toll-free 800.472.2180  
 Fax No.: 701.328.2499

Provider						
Provider ID Number:		Provider Name:			Date:	
Contact Person:		Telephone Number:		E-mail Address:		
Comments/Special delivery instructions:						
Ages	Packaging	Unit size (in doses)	Code (NDDoH use)	Doses Requested	Doses on Hand	
6 – 35 months	0.25 mL syringe	10				
3 – 18 years	0.5 mL syringe	10				
	0.5 mL vial	10				
6 months – 18 years	Multi-dose vial	10				
2 – 18 years	FluMist 0.2 mL sprayer	10				

**Depending on patient demand and the supply available, providers may not be able to request more than the amount they pre-booked for in February.**

Contact the North Dakota Immunization Program with questions or concerns at 701.328.3386 or toll-free 800.472.2180.

# 2011-2012 Influenza Vaccination Algorithm

**Children 6 months - 8 years**

**Children 9 years and older**

**Did the child receive at least one dose of 2010-2011  
seasonal influenza vaccine?**

**NO OR UNKNOWN: Give 2 doses, separated by 4 weeks**

**YES: Give 1 dose**

**Give 1 dose**

**Still have questions?  
Contact the North Dakota Immunization Program  
800.472.2180  
701.328.3386**

Healthy children older than 2 may receive either live attenuated influenza vaccine (LAIV) or the trivalent inactivated vaccine (TIV).

## 2011-2012 Childhood Influenza Vaccine Dosage Chart

Vaccine	Presentation	Preservative	Age	Dosage
<b>Fluzone®</b> (sanofi pasteur)	0.25 mL syringe	No	6 – 35 months	0.25 mL
	Multi-dose vial	Yes	6 – 35 months	0.25 mL
	Multi-dose vial	Yes	3 – 18 years	0.5 mL
	0.5 mL vial	No	3 – 18 years	0.5 mL
	0.5 mL syringe	No	3 – 18 years	0.5 mL
<b>Fluarix</b> (GlaxoSmithKline)	0.5 mL syringe	No	3 – 18 years	0.5 mL
<b>Fluvirin®</b> (Novartis)	0.5 mL vial	No	4 – 18 years	0.5 mL
	Multi-dose vial	Yes		
<b>Afluria®</b> (CSL)	0.5 mL syringe	No	9 – 18 years*	0.5 mL
	Multi-dose vial	Yes		
<b>FluMist®</b> (MedImmune)	0.2 mL Sprayer	No	2 – 18 years	0.2 mL (0.1 mL per nostril)

\*If no other age-appropriate, licensed inactivated seasonal influenza vaccine is available for a child aged 5 years through 8 years old who has a medical condition that increases their risk for influenza complications, providers may use Afluria®. However, providers should discuss the benefits and risks of influenza vaccination with the parents or caregivers before administering Afluria®.

# INACTIVATED INFLUENZA VACCINE

## WHAT YOU NEED TO KNOW 2011-12

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)  
Hojas de Información Sobre Vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

**Influenza (“flu”) is a contagious disease.**

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

### 2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. **Inactivated** (killed) vaccine, the “flu shot,” is given by injection with a needle.

2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

A “high-dose” inactivated influenza vaccine is available for people 65 years of age and older. Ask your doctor for more information.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts about a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Thimerosal-free influenza vaccine is available. Ask your doctor for more information.

### 3 Who should get inactivated influenza vaccine and when?

#### WHO

All people **6 months of age and older** should get flu vaccine.

Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.

#### WHEN

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur at any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

### 4 Some people should not get inactivated influenza vaccine or should wait

- Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.
- Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.
- Tell your doctor if you ever had Guillain-Barré

Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

## 5 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

### Mild problems:

- soreness, redness, or swelling where the shot was given
- hoarseness; sore, red or itchy eyes; cough
- fever • aches • headache • itching • fatigue

If these problems occur, they usually begin soon after the shot and last 1-2 days.

### Moderate problems:

Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures caused by fever. Ask your doctor for more information.

Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

### Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

One brand of inactivated flu vaccine, called Afluria, **should not be given** to children 8 years of age or younger, except in special circumstances. A related vaccine was associated with fevers and fever-related seizures in young children in Australia. Your doctor can give you more information.

The safety of vaccines is always being monitored. For more information, visit:

[www.cdc.gov/vaccinesafety/Vaccine\\_Monitoring/Index.html](http://www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html) and  
[www.cdc.gov/vaccinesafety/Activities/Activities\\_Index.html](http://www.cdc.gov/vaccinesafety/Activities/Activities_Index.html)

## 6 What if there is a severe reaction?

### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

## 7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

People who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382**, or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 8 How can I learn more?

- Ask your doctor. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



Vaccine Information Statement (Interim)  
Inactivated Influenza Vaccine (7/26/11) 42 U.S.C. §300aa-26

# LIVE, INTRANASAL INFLUENZA VACCINE

## WHAT YOU NEED TO KNOW 2011-12

Vaccine Information Statements are available in Spanish and many other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)  
Hojas de Información Sobre Vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

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It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

### 2 Live, attenuated influenza vaccine - LAIV (nasal spray)

There are two types of influenza vaccine:

1. **Live, attenuated** influenza vaccine (LAIV) contains live but attenuated (weakened) influenza virus. It is sprayed into the nostrils.
2. **Inactivated** (killed) influenza vaccine, the “flu shot,” is given by injection with a needle. *This vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the vaccination. Protection lasts about a year.

LAIV does not contain thimerosal or other preservatives.

### 3 Who can receive LAIV?

LAIV is recommended for healthy people **2 through 49 years of age**, who are not pregnant and do not have certain health conditions (see #4, below).

### 4 Some people should not receive LAIV

LAIV is not recommended for everyone. The following people should get the inactivated vaccine (flu shot) instead:

- **Adults 50 years of age and older or children from 6 through 23 months of age.** (Children younger than 6 months should not get either influenza vaccine.)
- Children younger than 5 years with asthma or one or more episodes of wheezing within the past year.
- Pregnant women.
- People who have long-term health problems with:
  - heart disease
  - kidney or liver disease
  - lung disease
  - metabolic disease, such as diabetes
  - asthma
  - anemia, and other blood disorders
- Anyone with certain muscle or nerve disorders (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone with a weakened immune system.
- Anyone in close contact with someone whose immune system is so weak they require care in a protected environment (such as a bone marrow transplant unit). *Close contacts of other people with a weakened immune system (such as those with HIV) may receive LAIV. Healthcare personnel in neonatal intensive care units or oncology clinics may receive LAIV.*
- Children or adolescents on long-term aspirin treatment.

Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.

Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.

Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

Tell your doctor if you have gotten any other vaccines in the past 4 weeks.

Anyone with a nasal condition serious enough to make breathing difficult, such as a very stuffy nose, should get the flu shot instead.

People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

## 5 When should I receive influenza vaccine?

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

Influenza vaccine may be given at the same time as other vaccines.

## 6 What are the risks from LAIV?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Live influenza vaccine viruses very rarely spread from person to person. Even if they do, they are not likely to cause illness.

LAIV is made from weakened virus and does not cause influenza. The vaccine can cause mild symptoms in people who get it (see below).

### Mild problems:

Some children and adolescents 2-17 years of age have reported:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

### Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- If rare reactions occur with any product, they may not be identified until thousands, or millions, of people have used

it. Millions of doses of LAIV have been distributed since it was licensed, and the vaccine has not been associated with any serious problems.

The safety of vaccines is always being monitored. For more information, visit:

[www.cdc.gov/vaccinesafety/Vaccine\\_Monitoring/Index.html](http://www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html)  
and  
[www.cdc.gov/vaccinesafety/Activities/Activities\\_Index.html](http://www.cdc.gov/vaccinesafety/Activities/Activities_Index.html)

## 7 What if there is a severe reaction?

### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

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  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



Vaccine Information Statement (Interim)  
Live, Attenuated Influenza Vaccine (7/26/11) U.S.C. §300aa-26



TO: Immunization Provider or Grantee

RE: FluMist® 2011-2012 Replacement Program

This letter is to inform you of the FluMist® Replacement Program for product purchased through the CDC contract for the 2011-2012 season ("Replacement Program"). The Replacement Program allows for the replacement of unused, expiring FluMist doses, at no cost, to help you maximize product usage opportunities. MedImmune has contracted with McKesson Specialty Distribution for implementation of this replacement program. **This contract is between MedImmune and McKesson and is separate from and unrelated to CDC's contract for centralized product distribution.** The Replacement Program requirements are listed below:

- FluMist doses must be purchased through the CDC contract and must expire between August 2011 and January 31, 2012 to be eligible for the Replacement Program.
- Product must be used on a first-to-expire/first-used basis to be eligible for the Replacement Program.
- Providers or Grantees have from 15 days prior to the expiration date stamped on the sprayer until January 31, 2012 to request replacement doses. Any doses sent prior to 15 days of expiry will not be replaced.
- Requests for replacement doses by Providers or Grantees will be accepted until 7:00 PM (CT) on January 31, 2012. Requests for replacement doses after this date will not be honored. All requests should be placed with McKesson Specialty by calling 1-877-633-7375.
- All expired/expiring doses must be received by McKesson by Friday, February 17, 2012. Replacement product will not be shipped until expired/expiring doses are received.
- Replacement Request Rounding:
  - All requests for replacement doses must be in multiples of 10 units of product. Requests not in multiples of 10 will be rounded down to the nearest multiple of 10. Rounding up is prohibited. This requires a new order.
  - There will be no credit for doses returned in excess of those shipped for replacement.

The process to request replacement product is outlined below:

- 1) Call McKesson Specialty's CDC Replacement Request line at 1-877-633-7375. Call center operating hours are 7:00 am CT – 7:00 pm CT.
- 2) McKesson Specialty will instruct Providers or Grantees on date and time of pickup and provide all necessary instructions and paperwork at the time of call. Providers or Grantees are to box up FluMist and have it ready for the scheduled pick-up day. FluMist does not have to be returned cold.
- 3) Providers or Grantees are to place only the doses confirmed on the phone with McKesson Specialty in the box for return. **NOTE: Any doses included that were not confirmed during the original replacement request call will not be replaced.**
- 4) Within 1 business day from receipt of request and verification of information, McKesson Specialty's preferred courier partner will pick up the boxed FluMist from specified location at no charge to the Providers.
- 5) Upon receipt and verification of the expiring/expired doses with the replacement request information provided to McKesson Specialty, replacement doses will be shipped at no charge to you.

If you have any questions regarding the Replacement Program, please call 1-877-633-7375. **Live response to inbound calls on the Replacement Hotline to begin on Nov 20, 2011.**

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