



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

Florida Vaccines for Children (VFC) Program

IMPORTANT MESSAGE

Availability of GlaxoSmithKline's Hiberix® vaccine, a *Haemophilus influenzae* type b (Hib) conjugate vaccine

Dear VFC Program Participants:

We are pleased to announce that the Food and Drug Administration (FDA) has approved a new vaccine, Hiberix®, a *Haemophilus influenzae* type b (Hib) conjugate vaccine which is licensed for use as the booster (final) dose of the Hib vaccine series for children aged 15 months through 4 years (before the 5th birthday) who have previously received the primary series of Hib vaccine (consisting of 2 or 3 doses, depending on the formulation). VFC providers can use Hiberix® vaccine as the booster dose for any of the available Hib containing vaccines. We are all working together to move ahead with the catch-up effort as quickly as possible.

General guidance about Hiberix® is available in the MMWR dated September 2009 /58(36); 1008-1009 *Notice to Readers: Licensure of a Haemophilus influenzae Type b (Hib) Vaccine (Hiberix®) and Updated Recommendations for Use of Hib Vaccine* at the Centers for Disease Control and Prevention (CDC) website at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5836a5.htm>.

The CDC recommends providers begin recalling children in need of the booster dose when feasible and monovalent Hib vaccine supply in the office is adequate. The VFC Program will make every effort to accommodate your request, given the availability of the vaccine.

How to Order Hiberix® Vaccine?

Hiberix® vaccine is shipped in 10 pack – one dose vials. Providers can order the vaccine using the enclosed VFC Program Initial Hiberix® Vaccine Order Form.

VFC Contact Information:

Telephone: (800) 483-2543: Fax: (850) 245-4734

Email: FloridaVFC@doh.state.fl.us

Website: <http://www.immunizeflorida.org/vfc/index.html>



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Vaccines for Children (VFC) Program Initial Hiberix® VACCINE ORDER FORM

Use this form to request your first Hiberix® vaccine order. Providers should submit their subsequent Hiberix® vaccine request using the latest copy of the Vaccine Report Form. When the revised Vaccine Report Form becomes available, the VFC Program will post the form on our website at <http://www.immunizeflorida.org/vfc/index.html>.

PIN Number:	
Provider Name:	
Shipping Address:	
Telephone Number:	
Contact Person:	

Hiberix® (GSK), a *Haemophilus influenzae* type b (Hib) conjugate vaccine is licensed for use as the booster (final) dose of the Hib vaccine series for children aged 15 months through 4 years (before the 5th birthday) who have previously received the primary series of Hib vaccination (consisting of 2 or 3 doses, depending on the formulation).

For VFC Use Only Doses Approved	Name of the Vaccine	Packaging/ Presentation	Number of Doses Requested
	Hiberix®, a <i>Haemophilus influenzae</i> type b (Hib) conjugate vaccine	10 pack – 1 dose vials	

***NOTE:** The VFC Program will make every effort to accommodate your request, given the availability of the vaccine.

Notes or Comments:

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