



**Iowa Department of Public Health
Vaccines for Children Program
Monthly Doses Administered Report
Public Provider**



Month/Year: _____ VFC PIN: _____

Facility Name: _____

| Vaccine | NDC | Doses Administered | |
|---|---------------|--------------------|--------------|
| | | VFC | Underinsured |
| DTaP (Daptacel vials) | 49281-0286-10 | | |
| DTaP (Infanrix syringes) | 58160-0810-52 | | |
| DTaP/Hep B/IPV (PEDIARIX syringes) | 58160-0811-52 | | |
| DTaP/IP/Hi (PENTACEL vials) | 49281-0511-05 | | |
| DTaP/IPV (KINRIX syringes) | 58160-0812-52 | | |
| DTaP/IPV (Quadracel vials) | 49281-0562-10 | | |
| DTaP/IPV/Hib/HepB (VAXELIS vials) | 63361-0243-10 | | |
| DTaP/IPV/Hib/HepB (VAXELIS syringes) | 63361-0243-15 | | |
| Td (TDVAX vials) 7 years of age and older | 13533-0131-01 | | |
| Td (Tenivac syringes) 7 years of age and older | 49281-0215-15 | | |
| Td (Tenivac vial 1 pk) 7 years of age and older | 49281-0215-10 | | |
| Tdap (Adacel vials) | 49281-0400-10 | | |
| Tdap (Adacel syringes) | 49281-0400-20 | | |
| Tdap (Boostrix vials) | 58160-0842-11 | | |
| Tdap (Boostrix syringes) | 58160-0842-52 | | |
| Hepatitis A (Havrix syringes) | 58160-0825-52 | | |
| Hepatitis A (Vaqta syringes) | 00006-4095-02 | | |
| Hepatitis B (Engerix B syringes) | 58160-0820-52 | | |
| Hepatitis B (Recombivax HB vials) | 00006-4981-00 | | |
| Hepatitis A/B Combination (Twinrix syringes) | 58160-0815-52 | | |
| Hib (ActHIB vials) | 49281-0545-03 | | |
| Hib (PedvaxHIB vials) | 00006-4897-00 | | |
| Hib (Hiberix vials) | 58160-0818-11 | | |
| HPV (Gardasil 9 syringes) | 00006-4121-02 | | |
| MMR (vials) | 00006-4681-00 | | |
| MMRV (ProQuad vials) | 00006-4171-00 | | |
| Meningococcal Conjugate (Menactra vials) | 49281-0589-05 | | |
| Meningococcal Conjugate (MenQuadfi vials) | 49281-0590-05 | | |
| Meningococcal Conjugate (Menveo vials) | 58160-0955-09 | | |
| Meningococcal B (Bexsero syringes) 10 Pk | 58160-0976-20 | | |
| Meningococcal B (Trumenba syringes) | 00005-0100-10 | | |
| Polio (multi-dose vials) | 49281-0860-10 | | |
| Pneumococcal Conjugate (Prevnar 13 syringes) | 00005-1971-02 | | |
| Pneumococcal Polysaccharide (PPV23 Syringes) | 00006-4837-03 | | |
| Rotavirus (RotaTeq 10 tubes) | 00006-4047-41 | | |
| Rotavirus (RotaTeq 25 tubes) | 00006-4047-20 | | |
| Rotavirus (Rotarix vials) | 58160-0854-52 | | |
| Varicella (Varivax vials) | 00006-4827-00 | | |
| See 2 nd page for influenza vaccines | | | |

**Please email or fax your doses administered report to:
IowaVFC@idph.iowa.gov or 1-800-831-6292**

If you have questions regarding the Vaccines for Children Program call 1-800-831-6293, ext. 4.

| Influenza Vaccine | NDC | Doses Administered | |
|--|---------------|--------------------|--------------|
| | | VFC | Underinsured |
| Afluria-Quad 0.25mL single dose syringe, 10 pack | 33332-0221-20 | | |
| Afluria-Quad 0.5mL single dose syringe, 10 pack | 33332-0321-01 | | |
| Afluria-Quad 5mL multi-dose vial, One 10-dose pack | 33332-0421-10 | | |
| Fluarix-Quad 0.5mL single dose syringe, 10 pack | 58160-0887-52 | | |
| Flucelvax-Quad 0.5mL single dose syringe, 10 pack | 70461-0321-03 | | |
| Flucelvax-Quad 5mL multi-dose vial, One 10-dose pack | 70461-0421-10 | | |
| FluLaval-Quad 0.5mL single dose syringe, 10 pack | 19515-0818-52 | | |
| FluMist-Quad 0.2mL single dose sprayer, 10 pack | 66019-0308-10 | | |
| Fluzone-Quad 0.5mL single dose vial, 10 pack | 49281-0421-10 | | |
| Fluzone-Quad 0.5mL single dose syringe, 10 pack | 49281-0421-50 | | |
| Fluzone-Quad 5mL multi-dose vial, One 10-dose vial | 49281-0635-15 | | |

INSTRUCTIONS

Month/Year, type or print the month and year the vaccines were administered.

VFC PIN, type or print the VFC provider identification number (PIN) assigned to the clinic or practice. The PIN will be assigned to enrolling physicians after enrollment forms are processed by the Immunization Program.

Facility Name, type or print the name of the practice or provider group.

VFC Doses Administered, type or print the number of doses of VFC vaccine administered monthly by the clinic for children who are Medicaid-eligible, uninsured, American Indian/Alaskan Native.

Underinsured Doses Administered, type or print the number of doses of VFC vaccine administered monthly by your clinic for children who are underinsured. Underinsured means the child has health insurance, but the benefit plan does not include immunizations.

This form can be found on the Iowa Department of Public Health web site at:
<http://idph.iowa.gov/immtb/immunization/vfc>