



Iowa HHS
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 (Quadracel syringes)	49281-0562-15		
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 B (Recombivax HB Syringe)	00006-4981-02		
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 (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 (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 0.5mL single dose syringe, 10 pack	33332-0322-01		
Afluria-Quad 5mL multi-dose vial, One 10-dose pack	33332-0422-10		
Fluarix-Quad 0.5mL single dose syringe, 10 pack	58160-0890-52		
Flucelvax-Quad 0.5mL single dose syringe, 10 pack	70461-0322-03		
Flucelvax-Quad 5mL multi-dose vial, One 10-dose pack	70461-0422-10		
FluLaval-Quad 0.5mL single dose syringe, 10 pack	19515-0808-52		
FluMist-Quad 0.2mL single dose sprayer, 10 pack	66019-0309-10		
Fluzone-Quad 0.5mL single dose vial, 10 pack	49281-0422-10		
Fluzone-Quad 0.5mL single dose syringe, 10 pack	49281-0422-50		
Fluzone-Quad 5mL multi-dose vial, One 10-dose vial	49281-0637-15		

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>