

SECTION 5 – INFLUENZA VACCINE INVENTORY AND REQUEST

Trade Name(s) (Subject to Availability)	Vaccine	UIIP Eligibility Age Group	Format	Entire Current Vaccine Inventory Number in Doses	Number of Doses Requested
FluLaval® Tetra Fluzone® Quadrivalent	QIV	6 months & older	Pre-filled Syringe/ Multi-dose Vial		
Fluad®	TIV-adjuvanted	65 years & older	Pre-filled Syringe		
Fluzone® High-Dose Quadrivalent	QIV-HD	65 years & older	Pre-filled Syringe		

Note: NACI states that in the absence of a specific product any of the available age appropriate influenza vaccines should be used.

ORDERS MUST INCLUDE THE MOST CURRENT FIVE BUSINESS DAYS OF REFRIGERATION TEMPERATURE LOGS.

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