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**OUTLINE**

- What are the school & child care immunization requirements in ND?
- Why are school & child care immunizations important, for our state?
- What are the school immunization rates currently and historically?

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**SCHOOL VACCINATION LAWS ARE THE NORM IN THE US**

Have been in state laws since the 1800s

Since 1980, all 50 states require vaccination prior to school entry

- They are considered an essential part of keeping children safe in school settings
- They help achieve high vaccination rates

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NORTH DAKOTA STATE  
IMMUNIZATION LAW

- 23-07-17.1. Inoculation required before admission to school.
- All students through grade 12 must meet a minimum number of required immunizations prior to school entrance.
- These apply to public, private, and homeschooled students, as well as child care facilities.
- According to ND Century Code, each institutional authority and district superintendent is legally responsible for excluding non-compliant students.
- The school district and individual school employees may be liable for harm to students injured if a non-compliant student is allowed to attend school and spreads a vaccine-preventable disease to compliant students as a result of the employees' failure to comply with state immunization laws.
- In addition, DPI can impose sanctions on schools that do not exclude non-compliant students (\$1000 penalty per occurrence).

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Child care: Minimum Number of Doses Required Per Age							
Vaccine Type	2-3 Months	4-5 Months	6-7 Months	8-11 Months	12-17 Months	18-24 Months	2-5* Years
Rotavirus <sup>g</sup>	1	2	2 or 3 <sup>g</sup>				
Hib <sup>b</sup>							
(Haemophilus influenzae type b)	1	2	2 or 3	2 or 3	3 or 4	3 or 4	3 or 4
HBV							
(Hepatitis B)	1	2	3	3	3	3	3
IPV							
(Polio)	1	2	3	3	3	3	3
PCV <sup>f</sup>							
(Pneumococcal)	1	2	3	3	4	4	4
DTaP/DT							
(Diphtheria-Tetanus-Pertussis)	1	2	3	3	4	4	4

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CHILDCARE REQUIREMENTS, CONTINUED							
Vaccine Type	2-3 Months	4-5 Months	6-7 Months	8-11 Months	12-17 Months	18-24 Months	2-5* Years
MMR (Measles-Mumps-Rubella)					1	1	1
Varicella (Chickenpox)					1	1	1
HAV (Hepatitis A)					1	2	

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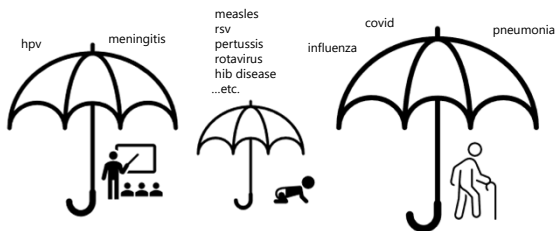
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## K-12 REQUIREMENTS

Vaccine Type	Number of Required Doses		
	Kindergarten – Grade 6	Grades 7-10	Grade 11-12
DTaP/DTP/DT/Tdap/Td	5	5	5
Hepatitis B	3	3	3
IPV/OPV	4	4	4
MMR	2	2	2
Varicella (Chickenpox)	2	2	2
Meningococcal (MCV4)	0	1	2
Tdap	0	1	1

7

## HOW VACCINE RECOMMENDATIONS ARE MADE AND WHY



8

## NOTES ABOUT POLIO

- OPV doses given after April 1<sup>st</sup>, 2016 must be redone
  - OPV changed from trivalent to bivalent, on that date
- OPV is a live, attenuated vaccine and follows rules about timing of live vaccines (must be separated by 28 days)
- IPV is an inactive vaccine and does not follow live vaccine timing
- When in doubt: use NDIIS forecaster. Some individuals (especially children from countries such as India or Ukraine) may require re-vaccination.

9

"NOT CURRENTLY REQUIRED FOR SCHOOL OR CHILDCARE, BUT YOUR PEDIATRICIAN RECOMMENDS THESE VACCINES, TOO!"

- HPV: start at age 9/10, finish by age 11/12
- Annual influenza for everyone 6mos+
- COVID-19 vaccine for everyone 6mos+
- RSV IG – coming soon for vulnerable infants

*Nearly everyone will be exposed to all three of these pathogens, at some point. Vaccination is the best way to prevent their ill effects.*

- Men B

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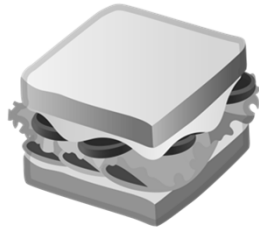
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## SANDWICH RECOMMENDATION

- "Your child is due today for vaccines to prevent whooping cough, HPV cancer, and meningitis."



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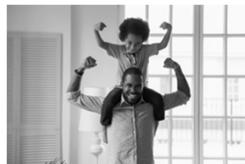
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## DON'T FORGET

- Vaccines are just as effective if given at the lower end of the approved age range
- Get your kid their "kindergarten shots" at their 4 year visit and their first HPV shot at age 9!



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## WHY SCHOOL VACCINES ARE IMPORTANT

### Measles

- Each case of measles can infect up to 18 susceptible people, making it one of the most contagious diseases.
- Measles is a very serious illness. In recent outbreaks, nearly half of children have required hospitalization.
- For every 1000 measles cases, 1-2 will die.
- Over 100,000 people, mostly children, die from measles every year
- The Herd Immunity Threshold for measles is 95%**



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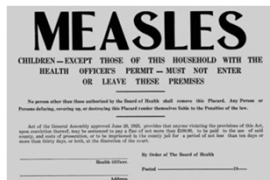
## WHY SCHOOL VACCINES ARE IMPORTANT

Disease	Exclusion Period
Chickenpox	Until blisters have dried and no new blisters have started for 24 hours-usually takes <b>about 5-6 days</b> .
Measles	Until <b>4 days</b> after rash appears. Unvaccinated students <b>21 days</b> from last measles case in school.
Influenza	<b>Until child is fever free for 24 hours</b> without the use of fever reducing meds.
Meningococcal Meningitis	Until <b>at least 24 hours after antibiotic therapy was started</b> .
Mumps	Until <b>five days</b> after parotitis onset.
Pertussis	Until <b>five days</b> after appropriate antibiotic therapy was started or 21 days after symptom onset.
Rubella	Until <b>seven days</b> after rash onset.

14

## SCHOOL EXCLUSION DUE TO ILLNESS

- Students may claim exemptions to vaccination requirements.
  - Personal Belief (philosophical, moral, religious)
  - History of Disease (requires health professional signature)
  - Medical (requires health professional signature)
- In the event that there is a case of measles in a school.
  - Students who do not meet the vaccination requirements will be excluded for 21 days after the last case of measles.
    - Based on the incubation period of seven to 21 days
    - Student will be excluded beginning on the fifth day after exposure.



15

## EXEMPTIONS

- **Medical:** Requires certificate signed by physician.
- **History of disease:** Requires a certificate signed by a physician.
  - *Available for varicella, MMR, and hepatitis B*
- **Personal belief & religious:** Requires certificate signed by parent/guardian.

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## EXCLUSION DUE TO NON-COMPLIANCE

- Parents of students who are not up to date with required immunizations or do not have an immunization record on file should be notified of the missing record or of which immunizations their children need to receive at the start of school.
  - Parents have until **October 1<sup>st</sup>** to comply with requirements.
  - After this, the child should be excluded from school.
- It is the school's responsibility to enforce the vaccination requirements and exclusion.

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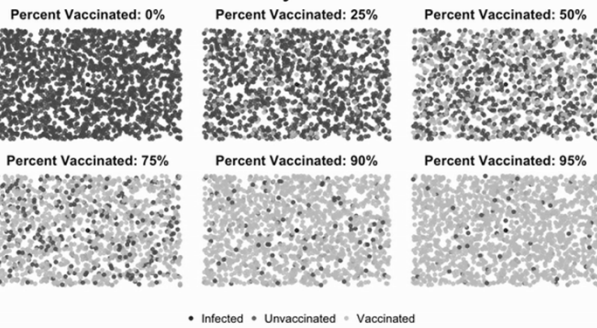
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## Herd Immunity: How It Works



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### THINK ABOUT INDIVIDUAL PROTECTION

- Tetanus
  - Present in the environment, not spread person to person
- Polio
  - IPV only prevents paralytic disease, but virus can still circulate asymptomatically
- Pneumococcal disease
  - Many people are carriers of this bacteria
- Chickenpox
  - Children can get varicella from adults with shingles

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**Kindergarten**

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**KINDERGARTEN RATES AND TRENDS**

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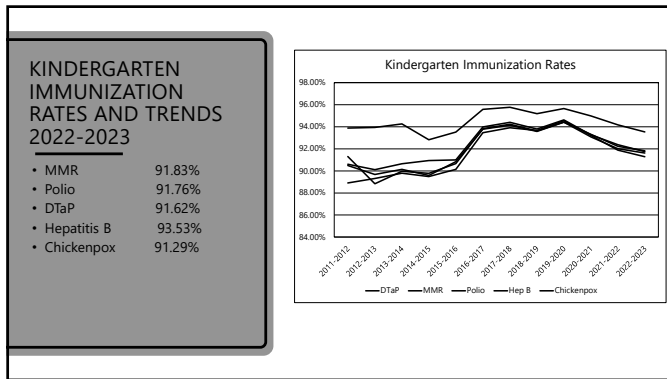
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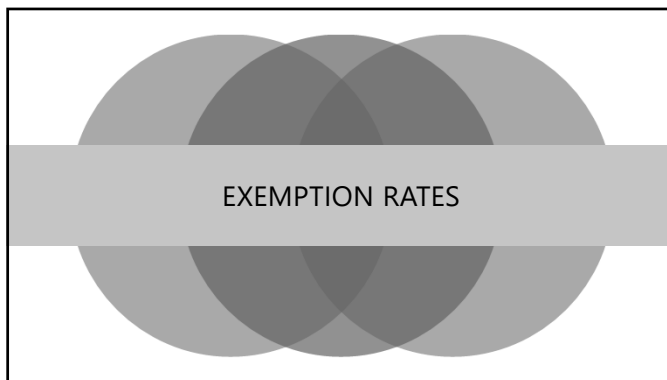
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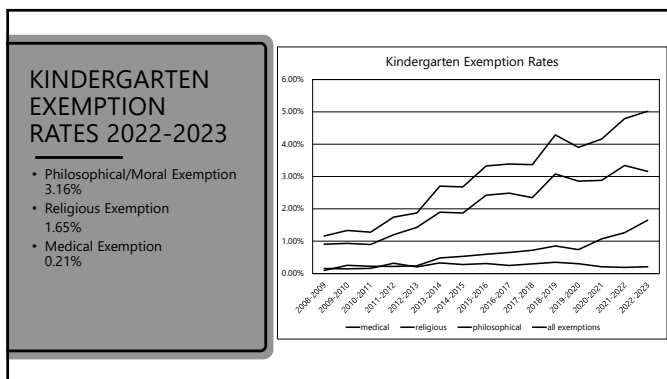
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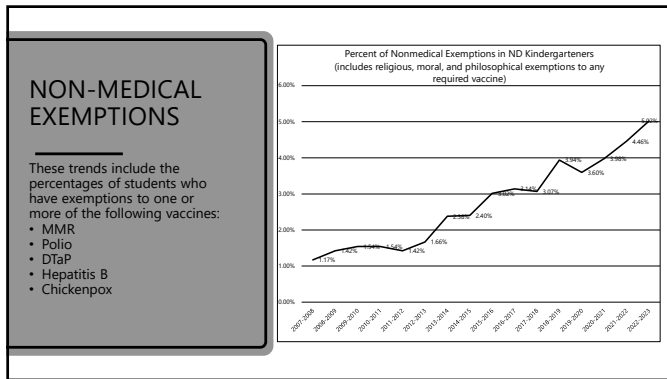
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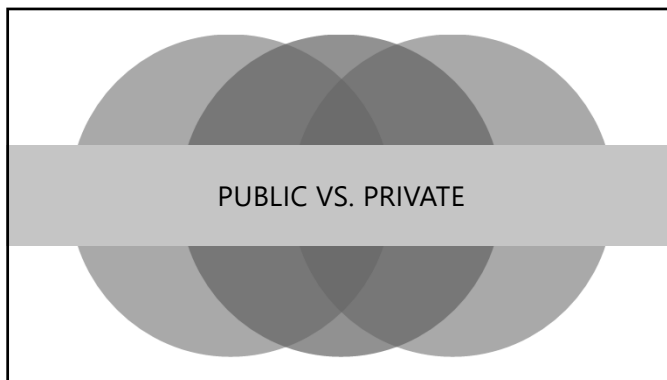
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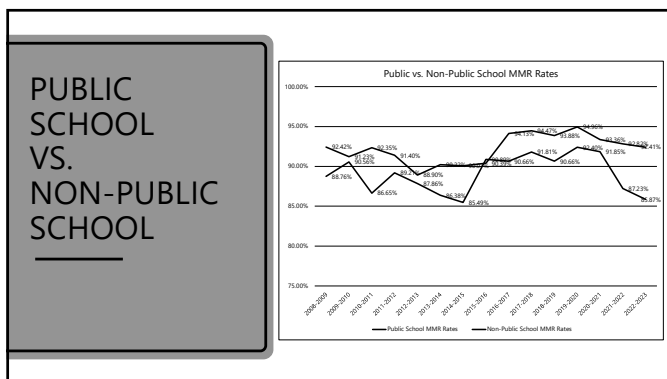
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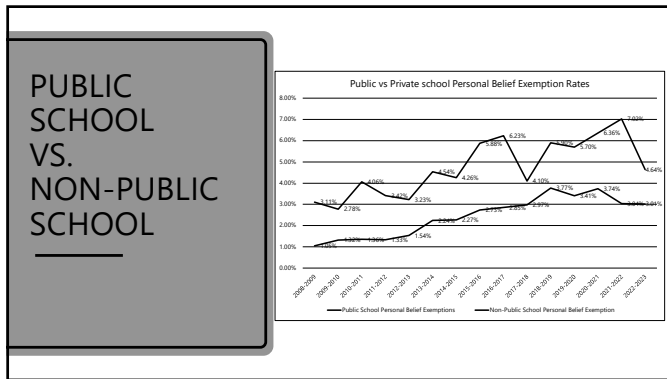
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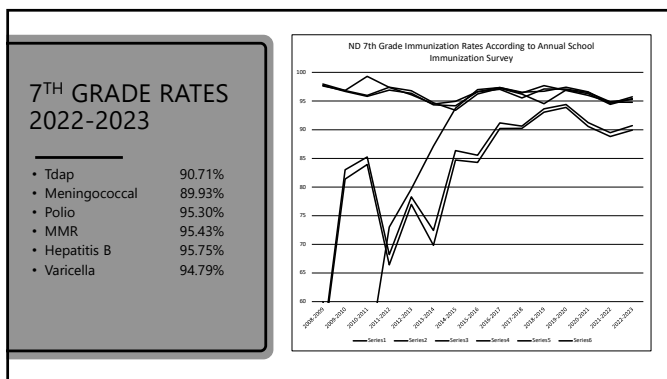
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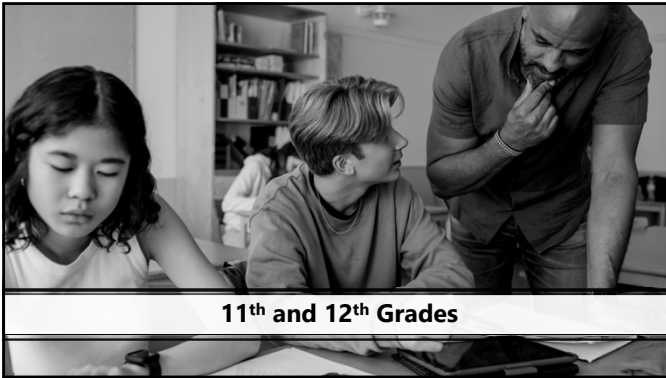
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11<sup>th</sup> and 12<sup>th</sup> Grades

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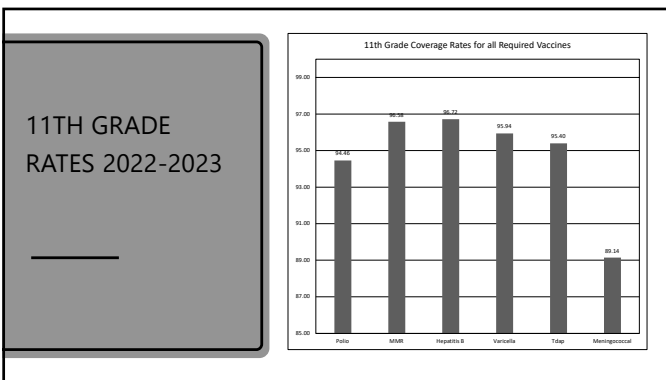
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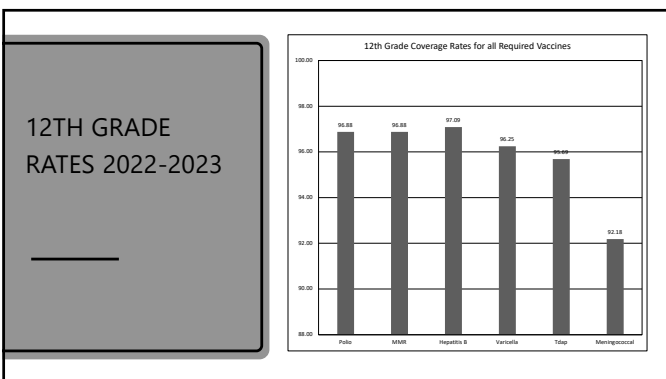
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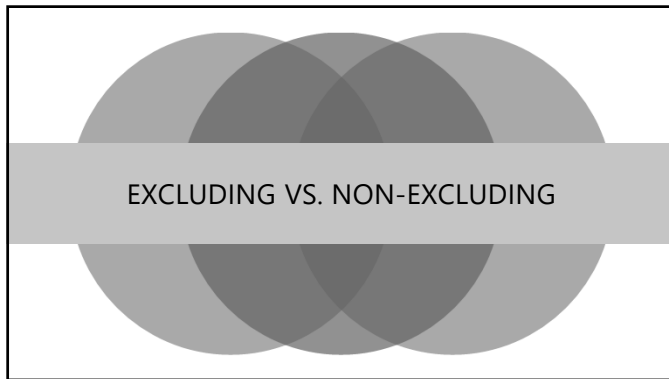
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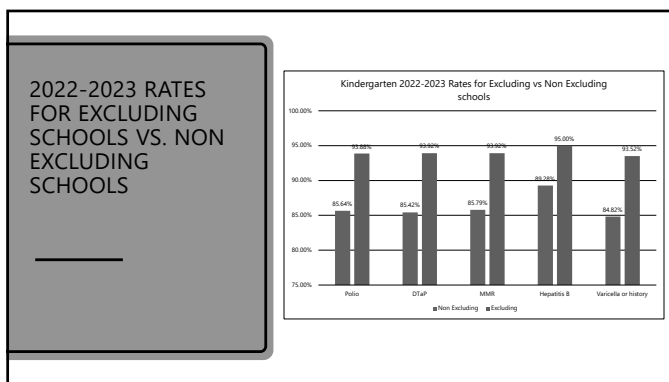
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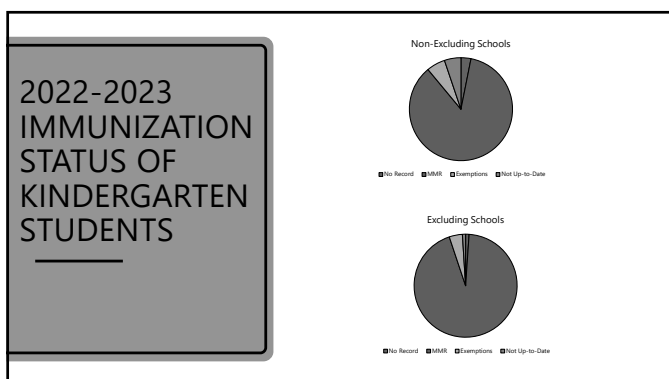
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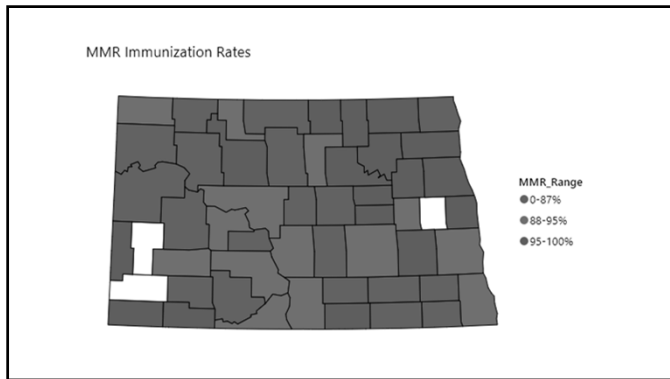
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PUBLISHED  
SCHOOL  
IMMUNIZATION  
RATES

Schools and Childcare | Health and Human  
Services North Dakota

CHILD CARE IMMUNIZATION RATES | SCHOOL IMMUNIZATION RATES | SCHOOL IMMUNIZATION RATES

38

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**COVID-19 Vaccine Update**  
ND HHS Immunization Unit  
August 9, 2023

NORTH  
Dakota | Health & Human Services  
Be legendary

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### COVID-19 Vaccine

- FDA's VRBPAC met on June 15<sup>th</sup> to discuss strain selection for future COVID-19 vaccines.
  - SARS-CoV-2 mutates 2-times faster than influenza.
  - Current Omicron variant (XBB) is different than other Omicron variants and updating vaccines could help immune systems recognize difference.
  - FDA wants to go back to monovalent vaccine targeting XBB only.
    - Earliest Omicron variant no longer circulating.
  - All VRBPAC members voted in favor of updating to XBB.

WISCONSIN  
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Wisconsin

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### COVID-19 Vaccine

- Starting in Fall of 2023, COVID-19 vaccine will transition to the commercial market and the federal government will no longer be purchasing COVID-19 vaccine for use in insured individuals.

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### Who is eligible to receive COVID-19 vaccine through the VFC program?

- COVID-19 vaccine is available to any child who currently is eligible for the Vaccines for Children (VFC) program.
- They must be 18 years of age or younger and:
  - Medicaid eligible
  - American Indian/Alaskan Native
  - uninsured
  - underinsured

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42

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### Who is eligible to receive COVID-19 vaccine through the Bridge Access Program?

- The bridge access program is similar to the 317 adult vaccine program.
- Adults 19 years and older who are uninsured or under insured are eligible to receive vaccine.

NDHHS  
**Dakota** | Health & Human Services  
By Design

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### Will VFC/Bridge Program vaccine still be distributed through the NDHHS warehouse?

- No, after commercialization vaccine will be distributed through traditional vaccine channels. Vaccine will likely be distributed directly through the manufacturers or McKesson.

NDHHS  
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By Design

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### Who will be recommended to receive this version of the COVID-19 vaccine?

- We do not currently know who will be recommended to receive COVID-19 vaccine this fall and how recommendations will vary based on previous COVID-19 vaccines received. The Advisory Committee on Immunization Practices (ACIP) is expected to issue recommendations after updated vaccines are authorized for use by the FDA.

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**Dakota** | Health & Human Services  
By Design

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### When will our facility receive this vaccine?

- NDHHS has been told that the updated fall monovalent doses will begin shipping in September.
  - Once the Immunization Unit has more information, it will be sent out via email.
- Similar to influenza vaccine pre-books, facilities will be made aware prior to doses being shipped.

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together

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### Do I need to enroll in the VFC/317 program to receive COVID-19 vaccine if my facility already receives COVID-19 vaccine from NDHHS?

- Yes. As soon as COVID-19 vaccine is released on the commercial market, providers will need to be enrolled with the VFC/317 vaccine program to continue to receive COVID-19 vaccine for VFC-eligible children and/or uninsured adults.
- Facilities interested in enrolling should email vaccine@nd.gov for more information.
- No further steps are needed at this time if your facility currently receives VFC and/or 317 vaccine.

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47

### COVID-19 Vaccines from BioNTech and Pfizer 2023-2024 Formula\*

Listed COVID-19 vaccine products are anticipated to be available at a future date following regulatory approval/authorization. Continue to follow existing processes for obtaining currently FDA authorized COVID-19 vaccines.

Cap & Label Border Color	Age	Presentation	NDC 11 Labeler Product ID**
Yellow	6 months to <5 years	Three (3) dose Vial (10 pack) (DILUTE PRIOR TO USE)	59267-4315-02
Blue	5 to <12 years	Single dose vial (10 pack) (DO NOT DILUTE)	59267-4331-02
Gray	12 years and older	Single dose vial (10 pack) (DO NOT DILUTE)	00069-2362-10
N/A	12 years and older	Pre-filled Syringe (10 pack)***	00069-2392-10

\* Subject to FDA authorization or approval. Product Descriptions may be updated by Pfizer.

\*\* Inclusion of any COVID-19 vaccine NDCs is conditioned upon FDA approval or EUA authorization. NDCs may be updated by Pfizer.

\*\*\* Pfizer anticipates launching a limited quantity of a pre-filled Syringe presentation for individuals 12 years of age and older following regulatory approval/authorization and commercialization.

 Pfizer Medical

12

48

## Moderna Fall COVID-19 Vaccines

- **Formulation:** monovalent XBB.1.5 (decided by VRBPAC on 6/15)
- **Packaging and Vial Size (2 presentations):**
  - **Ages 12+:** Single dose vial 0.5 mL dose (expected to be full BLA and to be approved first) packaged in carton of 10 vials
  - **6 months – 11 years:** Single dose vial 0.25 mL dose (expected to be EUA) packages in carton of 10 vials
    - Expected same dosage amount for 6 mnths-11 years
  - Vaccines for 12+ and 6-11 years will be in different packaging and caps, but no details yet
- **Storage and Handling:**
  - Shipped frozen
  - 30 days fridge
  - At least 6 month frozen; could be up to 9 months (TBD)

Association of Immunization Managers | 21

49

## Novavax Fall COVID-19 Vaccines

- One presentation
  - Ages 12+: **Five** dose vial; .5mL dose
    - In the future, Novavax expects to continue their efforts to transition to a single dose presentation.
- Storage Conditions
  - Refrigerator until expiration

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A partnership

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## Can I charge patients out-of-pocket for the administration fee for publicly supplied COVID-19 vaccine?

- Just as with the VFC/317 vaccine program, there will be a maximum administration fee that can be charged. NDHHS is currently working on a process to potentially cover the cost of administration fees for uninsured adults through the bridge program and more details will be released when that information is available.
- If using vaccine supplied by NDHHS individuals, regardless of age or insurance status, cannot be turned away for vaccination or have vaccine-related administration fees sent to collections.

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**Does my facility need to purchase privately supplied COVID-19 vaccine? If so, who receives privately purchased vaccine?**

- COVID-19 vaccine must be purchased privately for use in all insured individuals.
- COVID-19 vaccine must be purchased through the manufacturer or potentially through vaccine wholesalers.
- The insurance company should then be billed for the cost of the vaccine and the administration fee.
- Medicaid/Medicare adults are considered insured and cannot receive vaccine supplied by the NDHHS.

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NDHHS

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**I'm a VFC/317 enrolled provider, am I required to carry COVID-19 vaccine?**

- Yes. VFC is an entitlement program so those that qualify are guaranteed access to all recommended vaccines. Not carrying certain recommended vaccines could result in your facility being disenrolled from the VFC program.

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NDHHS

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**Should I continue to administer bivalent COVID-19 vaccine throughout the summer anticipating an updated fall monovalent vaccine?**

- Yes. Those who are not yet protected against COVID-19 should be vaccinated using the current ACIP recommendations.
- Providers should consider counseling patients on the possibility of delaying their bivalent dose until the updated product is available.

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NDHHS

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## Should I consider planning mass vaccination clinics or work with my local LTC to start planning now?

- Yes. Providers should start planning now with community partners to host respiratory vaccine clinics this fall.

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## Post-Test

- Post-test
  - Nurses interested in continuing education credit, visit [https://ndhealth.co1.qualtrics.com/jfe/form/SV\\_3raK9n7iylmGRiC](https://ndhealth.co1.qualtrics.com/jfe/form/SV_3raK9n7iylmGRiC)
  - Successfully complete the five-question post-test to receive your certificate
  - Credit for this session will not expire until September 12, 2023.
- This presentation will be posted to our website: [www.hhs.nd.gov/immunizations](http://www.hhs.nd.gov/immunizations)

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56

## Staff Members

### Immunization Unit

Molly Howell, MPH Director	Phone: 701-328-4556 Email: <a href="mailto:mhowell@nd.gov">mhowell@nd.gov</a>	Mary Wolanowicz, MA NDHS Manager	Phone: 701-328-2404 Email: <a href="mailto:mary.wolanowicz@nd.gov">mary.wolanowicz@nd.gov</a>
Abbi Berg, MPH VFC/Quality Improvement Manager	Phone: 701-328-3324 Email: <a href="mailto:abbi@nd.gov">abbi@nd.gov</a>	Allison Dykstra, MS NDHS Coordinator	Phone: 701-328-2420 Email: <a href="mailto:adykstra@nd.gov">adykstra@nd.gov</a>
Miranda Baumgartner VFC/QI Coordinator (West)	Phone: 701-328-2035 Email: <a href="mailto:mbaumgartner@nd.gov">mbaumgartner@nd.gov</a>	Ronda Kercher NDHS Data Admin	Phone: 701-226-1379 Email: <a href="mailto:rkercher@nd.gov">rkercher@nd.gov</a>
Aly Schwitter, MHA VFC/QI Coordinator (East)	Phone: 701-543-7226 Email: <a href="mailto:aschwitter@nd.gov">aschwitter@nd.gov</a>	Melissa Anderson NDHS Data Quality Coordinator	Phone: 701-328-4369 Email: <a href="mailto:melissa.Anderson@nd.gov">melissa.Anderson@nd.gov</a>
Danni Penick, MPH Immunization Surveillance Coordinator	Phone: 701-239-7169 Email: <a href="mailto:dpenick@nd.gov">dpenick@nd.gov</a>	Andrew Bjogstad, MPH Adult Immunization Coordinator	Phone: 701-955-5140 Email: <a href="mailto:abjogstad@nd.gov">abjogstad@nd.gov</a>
Jenny Galbraith Adult Immunization Manager	Phone: 701-328-2335 Email: <a href="mailto:jgalbraith@nd.gov">jgalbraith@nd.gov</a>	Olenka Aguilar, MPH Immunization Analyst	(CDC Foundation Staff) Email: <a href="mailto:ogagular@nd.gov">ogagular@nd.gov</a>
Kristen Vetter Adult Immunization Coordinator	Phone: 701-955-5375 Email: <a href="mailto:kvetter@nd.gov">kvetter@nd.gov</a>	Christina Pieske Immunization Admin Assistant	Phone: 701-328-3386 Email: <a href="mailto:cpieske@nd.gov">cpieske@nd.gov</a>
Lynne Manson CDC Public Health Advisor	Phone: Email: <a href="mailto:lyndemanson@nd.gov">lyndemanson@nd.gov</a>		

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57



**THANK YOU!**

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Be Legendary.

PLEASE EMAIL [COVIDVACCINE@ND.GOV](mailto:COVIDVACCINE@ND.GOV) WITH ANY QUESTIONS, AFTER THIS MEETING

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