

Your clinic's vaccine shipment comes to your office after hours and you discover the marker indicates a temperature excursion. What should you do?



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What should you do?

- \bullet A) Put the vaccine in the storage unit and contact McKesson the next business day.
- B) Leave the vaccine in the box to send back to McKesson since the indicator shows it was out of range.
- C) Put the vaccine in the storage unit and contact McKesson right
- D) Put the vaccine in the storage unit and contact the manufacturers

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What should you do?

- A) Put the vaccine in the storage unit and contact McKesson the next business day.
- B) Leave the vaccine in the box to send back to McKesson since the indicator shows it was out of range,
- C) Put the vaccine in the storage unit and contact McKesson right away.
- \bullet D) Put the vaccine in the storage unit and contact the manufacturers right away.

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Vaccine Deliveries

- Any issues with vaccine deliveries should be reported the day the shipment is received.
 - Vaccine issues not reported the same day will result in the vaccine not being replaced by McKesson and will result in vaccine loss.
- For viability concerns please reach out to McKesson using the phone number supplied with the vaccine shipment, if the shipment is received after McKesson's operational hours, please leave a voicemail.

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Vaccine Deliveries Cont.

- For any delivery issues, such as viability issues or missing product, please reach out to the Immunization Unit by phone or email AFTER McKesson has been contacted.
 - Phone: 701-328-2378 or 800-472-2180
 - Email: vaccine@nd.gov
 - Contacting the Immunization Unit does not replace the need to contact McKesson

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Your clinic has an open box of MMR that has expired. What should be done with this expired vaccine?	
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What should be done with this vaccine?

- \bullet A) Dispose of the vaccine since the box is open and enter a wastage in the NDIIS.
- B) Enter a return in the NDIIS and send the vaccine back to McKesson.
- \bullet C) Nothing needs to be done since the vaccine is expired. It can just be discarded.

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What should be done with this vaccine?

- \bullet A) Dispose of the vaccine since the box is open and enter a wastage in the NDIIS.
- B) Enter a return in the NDIIS and send the vaccine back to
 McKesson
- C) Nothing needs to be done since the vaccine is expired. It can just be discarded.

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Your clinic has one dose of Flumist and a vial of Pfizer COVID-19 vaccine that have expired. How should these doses be entered into NDIIS?

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How should these doses be entered into NDIIS?

- A) Both vaccines should be entered as a wastage in the NDIIS and the vaccine disposed of per your facility's policy.
- B) The Flumist[®] should be entered as a return and sent back to McKesson and the Pfizer COVID-19 vaccine should be entered as a wastage and disposed of per your facility's policy.
- C) Both vaccines should be entered as a return and sent back to McKesson.
- D) Nothing needs to be done and the vaccine can be disposed of per your facility's policy.

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How should these doses be entered into NDIIS?

- A) Both vaccines should be entered as a wastage in the NDIIS and the vaccine disposed of per your facility's policy.
- B) The Flumist® should be entered as a return and sent back to McKesson and the Pfizer COVID-19 vaccine should be entered as a wastage and disposed of per your facility's policy.
- C) Both vaccines should be entered as a return and sent back to McKesson.
- D) Nothing needs to be done and the vaccine can be disposed of per your facility's policy.

Vaccine Wastage vs Return

- Wastage
 Nonviable vaccine that is not able to be returned to McKesson. This includes broken vaccine vials or syringes, vaccine drawn into a syringe but not administered, lost or unaccounted for vaccine and partially used multi-dose vials
 All COVID-19 vaccine should be entered as a wastage. It cannot be returned to McKesson.
 Vaccine being returned to McKesson must be entered as a vaccine return and should not be entered on this tab
 Return
 Nonviable vaccine that needs to be returned to McKesson because it is expired, spoiled because of a temperature excursion or because of a vaccine recall. Multi-dose vials (MDV) can only be returned if no doses have been drawn from the vial



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Vaccine wastage vs return Continued Return Wastage Any unopened MDV vaccine Open IPV or MDV influenza Partially used boxes of vaccine Broken syringe/vial Full unopened boxes of vaccine Vaccine drawn up and not administered COVID-19 and mpox vaccines Dakota | Health & Human Services

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What is a very common phone call we receive based off of reminder/recall? Dakota | Health & Human Services

What is a very common phone call we receive based off of reminder/recall?

- A) Parents unaware that their child needs a second dose of Men B vaccine
- B) Parents received a letter because their child had a duplicate record in NDIIS.
- C) Parents received a letter because all doses are not documented in their child's NDIIS record.
- D) All of the above

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Meningococcal B

- Two vaccines available:
 - Trumenba® (Pfizer) 2 dose series
 - Doses at 0 and 6 months
 - Patients who are immunocompromised or are involved in an outbreak setting will need three doses given at 0 , 1-2 and 6 months
 - Bexsero® (GlaxoSmithKline) 2 dose series
 - Doses at 0 and 1 month
 - Lack of interchangeability

Meningococcal B

- Meningococcal B vaccine series should be administered to persons 16 through 23 years of age with a preferred age of vaccination of 16 through 18 years.
- A shared clinical decision-making recommendation enables coverage of meningococcal B vaccines by the VFC program and most insurance plans.

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Meningococcal B

- Meningococcal B vaccine is recommended for high-risk individuals ages 10 and older.
- Those that are considered high-risk:
 - Functional or anatomic asplenia
 - Persistent complement component deficiencies
 - Meningococcal B outbreak settings
 - Microbiologists working with bacteria

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Flag any duplicate records in the NDIIS by typing the world "DUPLICATE" on an empty field of the Demographics page. Do NOT DELETE ANY DEMOGRAPHIC INFORMATION FROM THE NDIIS RECORD! Duplication 'checkbox. This box is only to be used where the pur

Your clinic recently switched to Priorix® and you have a patient that is coming in that received MMRII® in the past. Can they receive a dose of Priorix® today?	
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Can they receive a dose of Priorix® today?

- A) Yes the two MMR vaccines are interchangeable.
- B) No the patient must receive the same brand for the MMR vaccine series.
- \bullet C) Yes but only in emergency circumstances where the original brand is not available.

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Can they receive a dose of Priorix® today?

- A) Yes the two MMR vaccines are interchangeable.
- B) No the patient must receive the same brand for the MMR vaccine series.
- C) Yes but only in emergency circumstances where the original brand is not available.

MMR Vaccine

Priorix®

- Combination measles, mumps and rubella vaccine
- Manufactured by GSK
- Licensed for 12 months and older
- Interchangeable
- Can only be stored in the refrigerator

MMRII®

- Combination measles, mumps and rubella vaccine
- Manufactured by Merck
- Licensed for 12 months and older
- Interchangeable
- Can be stored in either refrigerator or freezer

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Our clinic is transitioning to PCV15 for children. Do children who received part of their series as PCV13 need to finish with PCV13 or can we transition them as soon as we have PCV15?

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PCV13 and PCV15 Interchangeable in Series

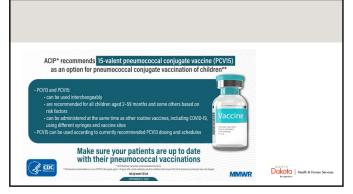
- A) PCV15 and PCV13 are interchangeable and children should receive whatever product is on hand.
- B) PCV13 series MUST be completed with PCV13. They are not interchangeable.
- C) High risk children must receive a dose of PCV15 following a complete series of PCV13.

PCV13 and PCV15 Interchangeable in Series

- A) PCV15 and PCV13 are interchangeable and children should receive whatever product is on hand.
- B) A PCV13 series MUST be completed with PCV13. They are not interchangeable.
- C) High risk children must receive a dose of PCV15 following a completed series of PCV13.

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Pneumococcal Conjugate

- Primary series is three doses routinely given at 2, 4, and 6 months of
- Fourth (booster) dose is recommended at 12-15 months of age
- Minimum intervals:
 - Children vaccinated at younger than 12 months: 4 weeks
 - Doses given at 12 months of age and older: 8 weeks

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Pneumococcal Conjugate (cont.)

- A single dose of PCV13 or PCV15 is recommended for:
 - All healthy children ages 24 59 months who are not completely vaccinated
 - Children 60 71 months with underlying medical conditions
- Two doses of PCV13 or PCV15 are recommended for:
 - Children 24 71 months who are not completely vaccinated (have received less than 3 doses of PCV) who have underlying medical conditions

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Pneumococcal Conjugate (cont.)

- Children 6-18 years with high risk conditions
 - A single dose may be given to children 6-18 years of age at increased risk because of sickle cell disease, HIV or other immunocompromising condition, cochlear implant or cerebrospinal fluid leaks, regardless of whether they previously received PCV13 or PPSV23
- Remember: all doses of pneumococcal vaccine (PCV or PPV23) given at or after 12 months of age must be a minimum of 8 weeks apart

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Pneumococcal Vaccines

- As of December 1, 2022 providers were able to order PCV15 for those children that are VFC eligible.
 - It is important to remember that vaccines are expensive and PCV13 vaccine doses should be administered and not wasted.
 - \bullet Excessive waste of PCV13 may result in a requirement to repay vaccine.
- As of September 1, 2022 both PCV15 and PCV20 we available to order for un/underinsured adults through the 317 program.
- PCV20 is expected to be licensed for children in 2023.

Pneumococcal App

- · PneumoRecs VaxAdvisor
 - Mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when
 - PnemoRecs VaxAdvisor Mobile App for Vaccine Providers
- Users simply:
 - Enter a patient's age.
 - Note if the patient has specific underlying medical conditions.
 - Answer questions about the patient's pneumococcal vaccination history.

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Your clinic has already placed their monthly vaccine order and you notice that you have MMR vaccine that will expire within the next few weeks. Can you place another vaccine order now?

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Can you place another vaccine order now?

- A) Yes, providers can place a VFC vaccine order twice per month.
- B) Yes, but providers should contact the Immunization Unit before placing another VFC order.
- \bullet C) Yes, providers can place as many VFC vaccine orders in a month that they need to.
- D) No, providers are only able to place one VFC vaccine order per calendar month.
- E) Both B and D are correct

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Vaccine Ordering

- VFC providers are able to place a vaccine order once per calendar month.
 - This does NOT apply to influenza or COVID-19 vaccine orders
- If providers are running out of vaccine and have already placed their monthly order please call or email (vaccine@nd.gov) the Immunization Unit prior to placing another vaccine order.
- Providers should allow up to 2 to 3 weeks for vaccine delivery.

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Vaccine ordering

- VFC-enrolled providers will order public vaccine using the Vaccine Ordering, Returns and Wastages module
- Providers must review their facility information and certify it is current before being able to place a vaccine order, return or wastage



All public vaccines available for a provider to order are listed in the ordering grid Providers must enter current inventory on hand when ordering vaccine Inventory only needs to be completed for vaccines the provider is trying to order, it is not necessary for all vaccines on hand. The ordering module will suggest an order minimum and maximum based on inventory on hand and doses administered If ordering above the suggested maximum, a

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Vaccine ordering

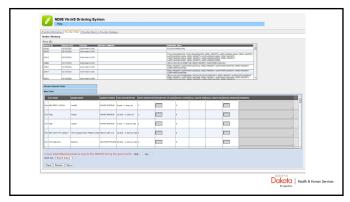
comment is required

- Temperature logs for the provider's vaccine storage units must be submitted to the immunization program before vaccine orders will be processed
- Once a vaccine order is submitted, it is approved by the immunization program and submitted to CDC's VTrckS system
- After the vaccine is shipped, the provider order history grid will populate with the vaccine shipment tracking number



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How do I report a potential issue with the NDIIS not related to password/access issues?	
No. 81 III Dakota Health & Human Services	

Reporting an NDIIS Functionality Issue

- A) Email ndiissupport@bcbsnd.com for all NDIIS related issues.
- B) Call the NDIIS Support desk at BCBS for all NDIIS related issues.
- C) Assume it has already been reported and wait for it to be fixed.
- D) Contact the NDIIS team in the Immunization Unit either by phone or email to report the issue.

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How to report a potential issue with the NDIIS and reach the correct member of the NDIIS team		
	NDIIS Support Services is only able to help users with login and access issues. If a user is not able to log in, is missing access to functionality, or is wondering about the status of their access request, please reach out to Support Services at 1-800-544-9467 or via email at NDISSupport@bcbsnd.com.	
	NDIIS users are also now able to reset their own passwords, submit their own user registration form for new or updated access, and can change their verification method to receive the login verification code by text instead of email.	
	Any other NDIIS questions or issues, not related to login or access, should be sent to the NDHHS NDIIS team at NDHHS is not able to help resolve login issues or provide updates on the status of an access request but we will be preven your other questions and we will work with the NDIIS.	

I am entering all required immunizations fields into my EHR so why is there information missing when the dose goes to the NDIIS and why isn't my NDIIS inventory decrementing?

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Missing Fields in the NDIIS

- A) The electronic message sent to the NDIIS from my EHR had an invalid NDC code.
- B) The lot number and vaccine funding source sent from my EHR don't match my NDIIS vaccine inventory.
- C) The electronic message sent to the NDIIS from my EHR had an invalid manufacturer code.
- D) All of the above.

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- D) All of the above.

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Dose data entry and the interface between your EHR and the NDIIS

In order for doses to be added to the NDIIS through the interface with your EHR, for all of the dose information to be entered into the NDIIS record, and for your inventory to decrement correctly, all of the information must be entered in your EHR and formatted correctly.

The key pieces of information that must be entered and formatted correctly include: \bullet NDC code

- . The NDIIS interfaces rely on NDC to determine what type of vaccine was administered. The NDC must be in the 10-digit format with dashes separating the three segments of the code or in the 11-digit format with or without the dashes. Additional information on NDC format and converting a 10-digit NDC to 11 digits can be found on the DHHS NDIIS website at https://www.hhs.nd.gov/public-
- . The NDC can be from the vaccine unit of sale (i.e., outer packaging) or unit of use (i.e., vaccine vial/syringe). NDIIS inventory will always use the unit of sale NDC but the interface can accept either unit of sale or unit of use to determine vaccine type. The CDC does maintain a unit of sale/unit of use NDC mapping table that also include both the 10 and 11-digit NDC formats. The CDC NDC

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Data Entry Cont.

- The key pieces of information that must be entered and formatted correctly include:
 - · Lot number and funding source
 - Of number and funding source

 The NDIS relies on the combination of lot number and vaccine funding source (i.e., state/public or private) in order to decrement inventory. If the lot number and funding source does not exactly match what is in your the vaccine unit of sale. If the vaccine has a different lot number on the durit of use and that is the lot number documented in your EHR and sent to the NDIIS, your NDIIS inventory will not decrement.

 Vaccine funding source is required for every administered inmunization documented in the NDIIS. Your EHR AID was the number of the NDIIS to the NDIIS when the NDIIS to the NDIIS website at AID was the NDIIS website at N

 - Vaccine manufacturer
 Administrated immunizations documented in your EHR must be sent to the NDIIs with a valid 3-character code for the vaccine manufacturer. There is a standard code set for vaccine manufacturer that can be found on the CDC website at https://www2acfc.gov/vaccines/is/is/standards/vaccines.asp/rot=mus. Doses sent from your EHR with a non-standard value for manufacturer will cause errors on the NDIIs.

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How long can a vial of IPV	
be used after the vial is	-
opened/entered?	
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	-
Open IPV Expiration?	
Open ii v Expiration:	
A) O	
 A) Once the vial of IPV is open you have 28 days before the vial must be discarded. 	
• B) The open vial of IPV is good until the expiration date on the vial.	
C) The vial must be used within 2 months of opening.	
_N011H	
Date to the Company Neath & Human Services	
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	-
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Open Multidose Vials

- Vaccines in multidose vials that do not require reconstitution can be used through the expiration date printed on the label as long as the vaccine is not contaminated unless indicated otherwise by the manufacturer.
 - IPV in a multidose vial can be used through the expiration date on the vial.



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Open Multidose Vials (CONT.)

- For some vaccines, the manufacturer specifies that once the multidose vial has been entered or the rubber stopper punctured, the vaccine must be used within a certain number of days.
- This is commonly referred to as the "beyond-use date" (BUD). Any vaccine not used within the BUD should be discarded. Specific information regarding the BUD can be found in the product information.

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Post-Test

- Post-test
 - Nurses interested in continuing education credit, visit
 https://ndhealth.co1.qualtrics.com/jfe/form/SV-8vUyNC7ctDSvzka
 - Successfully complete the five-question post-test to receive your certificate
 - Credit for this session will not expire until January 13, 2023.
- This presentation will be posted to our website: www.hhs.nd.gov/immunizations

