

Health & Human Services



North Dakota Immunization Information System: Placing an Order for Publicly Funded Vaccine

1.) To place a vaccine order, click the Vaccine Ordering, Returns and Wastages hyperlink from the NDIIS homepage

📝 North Dakota Im	munization Informatio	on System
Help		
Provider: 4933 - SANFORD CHILDREN'S FA	R V	
Client Prov • Search • Looku	der Reminder/Recall p Create Reminder-Recall	VFC Vaccine Vaccine Ordering, Returns and Wastages

2.) Review and update, if necessary, the shipping address, primary and secondary contact information, and office hours on the Provider Information page

3.) Click the checkbox to certify the provider information has been reviewed

- All changes must be saved before moving on from the Provider Information
 Page
- 4.) Click on the Provider Order tab

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Provider: 493	3 - SANFORD CHILDREN'S FAR 🗸
Provider: 493	3 - SANFORD CHILDREN'S FAR
Provider: 493 Provider ID:	3 - SANFORD CHILDREN'S FAR V 4933

5.) Click the **New Order** button from the Provider Order screen

order History									
Prov ID:00044									
RDER ID	ORDER LATE	STATUS	NDDOH COMMENT	SHIPPING INFO					
5149	03/18/2020	Submitted to CDC		UPS=1Z5R74050203207389; UPS=1Z5R74051303196200; FEDEX=391308693223; FEDEX=391325492853;					
5000	02/03 2020	Submitted to CDC		UPS#1Z5R74050203026637; FEDEX#390152454133; FEDEX#390280695201;					
4931	01/15/2020	Submitted to CDC		UPS#125R74051302950164; FEDEX#779778150897;					
781	12/04/2019	Submitted to CDC		UPS#125R74050202795862; FEDEX#778722103609;					
661	1/04/2019	Submitted to CDC		UP5=125R74050202676106; UP5=125R74051302669308; FEDEX=780787370024;					
465	0/11/2019	Submitted to CDC		UPS#1Z5R74050202572745; FEDEX=780279687747;					
41	10/11/2019	Submitted to CDC							
40	10/11/2019	Submitted to CDC		FEDEX=780244026126;					
253	10/02/2019	Submitted to CDC		FEDEX=776554836629;					
.48	09/23/2019	Submitted to CDC		FEDEX#780039843641;					
123	09/16/2019	Submitted to CDC		FFDFX#789856596763:					
Review Septed Order New Order									

- Vaccines that a provider is able to order will be set by the NDHHS Immunization Unit according to their provider type and practice
- The order grid is defaulted to list vaccines by Brand Name
 - Vaccines in the Order grid can be sorted by Brand Name, Vaccine Name, or Manufacturer
 - To change the sort, use the drop-down box below the order grid



If there is a vaccine that needs to be ordered but is not visible in the Provider Order screen, contact a member of the Immunization Unit via email at vaccine@nd.gov or by phone at 701-328-3386 or 800-472-2180 6.) Click the Edit button next to the vaccine you are ordering



- 7.) Fill in the Inventory on Hand field
 - Once you click away from this box, the Order Min and Max fields will update with the NDHHS suggested order minimum and maximum
 - The order minimum uses the inventory on hand and doses administered to recommend the number of doses to order to have one month of vaccine inventory on hand.
 - The order maximum uses the inventory on hand and doses administered to recommend the number of doses to order to have three months of inventory on hand.

Edit Vaccine		
Vaccine Name	HIB (PRP-T) ACTHib	
Brand Name	ActHIB	
Manufacture Name	SANOFI PASTEUR	
Package Description	5 pack - 1 dose vial	
NDIIS Inventory	5	
Inventory On Hand		
Doses Admin	0	
Sugg Order Min		
Sugg Order Max)
Doses Ordered		
Comments		
Save	Cancel	

8.) Click in the Doses Ordered box to enter the number of doses you want to order

Γ	VAC NAME	BRAND NAME	MANUFACTURER	PCKG DESCRIPTION	NDIIS INVENTORY	INVENTORY ON HAND	DOSES ADMIN	SUGG ORDER MIN	SUGG ORDER MA	DOSES ORDERED	Comments
Ed	HIB (PRP-T) ACTHIB	ActHIB	SANOFI PASTEUR	5 pack - 1 dose vial	27		0				
Ed	t TDAP	Adacel	SANOFI PASTEUR	10 pack - 1 dose vial	32		0				
Ed	t TDAP	Adacel	SANOFI PASTEUR	5 pack - 1 dose syringe	32		0				
Ed	t INFL (IIV4 P/F) pediatric	Afluria Quadrivalent Pediatric Dose	Segirus USA, Inc.	10 pack - 1 dose syringe	0		0				
Ed	t Men B Bexsero	Bexsero	GLAXOSMITHKLINE	10 pack - 1 dose syringe	26		0				
L											

• If ordering over the suggested maximum, a comment indicating why you are ordering more vaccine than suggested must be entered

ſ	v	AC NAME	BRAND NAME	MANUFACTURER	PCKG DESCRIPTION	NDIIS INVENTORY	INVENTORY ON HAND	DOSES ADMIN	SUGG ORDER MIN	SUGG ORDER MAX	DOSES ORDERED	COMMENTS
	dit F	IIB (PRP-T) ACTHIb	ActHIB	SANOFI PASTEUR	5 pack - 1 dose vial	27		0				
E	idit T	DAP	Adacel	SANOFI PASTEUR	10 pack - 1 dose vial	32		0				
	idit T	DAP	Adacel	SANOFI PASTEUR	5 pack - 1 dose syringe	32		0				
	dit I	NFL (IIV4 P/F) pediatric	Afluria Quadrivalent Pediatric Dose	Seqirus USA, Inc.	10 pack - 1 dose syringe	0		0				
F	idit N	len B Bexsero	Bexsero	GLAXOSMITHKLINE	10 pack - 1 dose syringe	26		0				
Ľ												

• If trying to order the suggested max without entering a comment, the following warning box will appear

A comment is	required for "Reason Over Suggested Max"	

Temperature Logs

Before an order can be submitted, providers must indicate if they have submitted their temperature logs to the NDHHS Immunization Unit within the last month.

I have submitted temperature logs to the NDDOH during the past month. YES: O No: O

- This is a required field
- Answer the question by using the Yes and No radio buttons under the new order window
- Information will be verified by the NDHHS before orders are approved and submitted to the CDC

Order Processing Functions

There are five available functions when processing a new order:

Clear	Review	Save	Submit	Delete
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Functions

- **Clear** will clear all of the information that has been entered into the provider order screen but will leave the order screen open
- **Review** will open the order review screen, which only displays the vaccines that are being ordered

Vaccine Order Re	cine Order Review										
Provider ID:	Provider ID: 04933 Provider Name: SANFORD CHILDREN\'S FAR										
Provider Name:											
Order ID: 15173											
Order Date:	04/01/2020										
VAC NAME		BRAND NAME	MANUFACTURER	PCKG DESCRIPTION	NDIIS INVENTORY	INVENTORY ON HAND	DOSES ADMIN	SUGG ORDER MIN	SUGG ORDER Max	DOSES ORDERED	COMMENTS
HIB (PRP-T) ACTHIb		ActHIB	SANOFI PASTEUR	5 pack - 1 dose vial	5	6	0	0	0	0	
TDAP		Adacel	SANOFI PASTEUR	5 pack - 1 dose syringe	16	15	3	0	0	0	
Men B Bexsero		Bexsero	GLAXOSMITHKLINE	10 pack - 1 dose syringe	10	9	0	0	0	0	
HBV Pediatric		Engerix	GLAXOSMITHKLINE	10 pack - 1 dose syringe	16	11	3	0	0	0	
INFL (IIV4 P/F)		Fluarix Quadrivalent	GLAXOSMITHKLINE	10 pack - 1 dose syringe	47	34	30	0	0	0	
HPV-9		Gardasil9	MERCK	10 pack - 1 dose syringe	22	8	9	0	10	10	Need more on hand

- Save will save all of the order information and close the order screen
 - Order can be seen in the Order History window to be updated, added to, and/or submitted
 - All orders must be saved before they can be submitted

	Order ID	Order Date	Status	NDDOH Comment
	13	11/08/2012	Submitted to CDC	*
I	12	11/08/2012	SAVED	

- Submit will submit the vaccine order to the NDHHS for approval
 - Blank orders cannot be submitted. The "Doses Ordered" field must be filled in for at least one vaccine before an order can be successfully submitted.
- **Delete** will delete the vaccine order and remove it from the Order History grid