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### ACIP October 23-24, 2024 Meeting Overview

ACIP voted 15 YES – 0 NO to pass the following recommendations:

- COVID-19 – In addition to the previously recommended 2024-2025 vaccination
  - **ACIP recommends a second dose\* of 2024-2025 COVID-19 vaccine for adults ages 65 years and older.**
    - \*if previously unvaccinated and received Novavax, 2 doses are recommended as initial vaccination series followed by a third dose of any age-appropriate 2024-2025 COVID-19 vaccines 6 months (minimum interval 2 months) after second dose
  - **ACIP recommends a second dose\* of 2024-2025 COVID-19 vaccine for people ages 6 months – 64 years who are moderately or severely immunocompromised.**
    - \*if previously unvaccinated or received initial vaccination series, at least 2 dose of 2024-2025 vaccines are recommended, and depending on vaccination history more may be needed. The additional 2024-2025 vaccine does is recommended 6 months (minimum interval 2 months) after completion of initial vaccination series.
  - **ACIP recommends additional doses (i.e. 3 or more doses) of 2024-2025 COVID-19 vaccines for people ages 6 months and older who are moderately or severely immunocompromised under shared clinical decision making.**

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Be Legendary

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### ACIP October 23-24, 2024 Meeting Overview

ACIP voted 14 YES – 1 NO to pass the following recommendation:

- Pneumococcal
  - Prior ACIP recommendation was for all PCV naïve adults aged ≥65 years and high-risk adults <65 years to receive a PCV dose.
  - **ACIP recommends a pneumococcal conjugate vaccine (PCV) for all PCV naïve adults aged ≥50 years.**

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## ACIP October 23-24, 2024 Meeting Overview

### ACIP discussion:

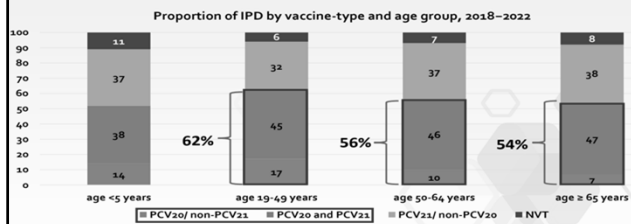
- Pneumococcal
  - A booster dose at age 65 may be considered in the future for those receiving PCV at age 50, given suspected waning immunity (estimated at 15 years after vaccination).
  - Additional PCV vaccines are in the pipeline, including PCV24 and PCV31.
  - Update to clinical considerations: A single dose of either PCV20 or PCV21 is recommended for adults aged 19 and older who have started their pneumococcal vaccine series with PCV13 but have not received all recommended pneumococcal vaccine doses.

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## Pneumococcal Vaccines, Adults

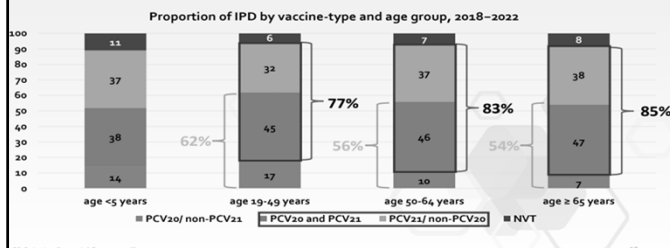
54–62 % of IPD cases in adults were due to PCV20 serotypes



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## Pneumococcal Vaccines, Adults

77–85% of IPD cases in adults were due to PCV21 serotypes



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Pneumococcal  
Vaccines,  
Adults

### New Adult Pneumococcal Vaccines in Advanced Stages of Development

	1	3	4	5	6	7	9	1	1	1	2	2	3	8	1	1	1	2	9	1	2	1	1	2	2	2	3	3	7
	A	B	F	V	4	2	9	9	2	2	3	1	1	2	5	N	7	0	5	5	4	3	4	1	5	1	5	C	
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**24-valent pneumococcal vaccines:**

- **Pe MAPS24 (GSK):** Completed phase 1/2 study for adults; Breakthrough Therapy Designation granted and next steps in preparation; undergoing phase 2 studies in infants
- **VAX-24 (Vaxcyte):** Completed enrollment for phase 2 studies in infants; topline results anticipated in 2025

**31-valent pneumococcal vaccine (VAX-31, Vaxcyte):**

- Reported topline results of phase 1/2 study in adults aged 150 years; plan to initiate phase 3 pivotal non-inferiority study by mid-2025
- Plans to initiate VAX-31 Infant Phase 2 Study in Q1 of 2025 following IND submission and clearance

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Pneumococcal Vaccines, Adults

### Pneumococcal Vaccines, Adults

- ACIP recommendations:
  - PCV21 as an option for adults aged 19+ who currently have a recommendation to receive a dose of PCV.
- Complicated.
- Make it easier.

PneumoRecs VaxAdvisor is available for download on iOS and Android mobile devices.

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ACIP October 23-24, 2024 Meeting Overview

### ACIP October 23-24, 2024 Meeting Overview

ACIP voted 15 YES – 0 NO to pass the following recommendations:

- Meningococcal
  - Vote 1: ACIP recommends Men-B-4C (Bexsero\*) be administered as a 2-dose series at 0 and 6 months when given to a healthy adolescent and young adult aged 16-23 years based on shared clinical decision-making for the prevention of serogroup B meningococcal disease.
  - Vote 2: ACIP recommends MenB-4C (Bexsero\*) be administered as a 3-dose series at 0, 1-2, and 6 months when given to persons aged ≥10 years at increased risk for serogroup B meningococcal disease (i.e. persons with anatomic or functional asplenia, complement component deficiencies, or complement inhibitor use; microbiologist routinely exposed to *N. meningitidis* isolates; and persons at increased risk during an outbreak).
- Meningococcal VFC
  - Approve the Vaccines for Children (VFC) resolution for vaccines to prevent meningococcal disease.

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## ACIP October 23-24, 2024 Meeting Overview

### ACIP discussion:

- Meningococcal
  - **No recommendation to recall persons vaccinated using the previous Bexsero schedule (0, ≥1 month)**
  - Persons should continue with booster vaccination as previously recommended.
  - When administering the 2-dose series (e.g., for healthy adolescents):
    - If the second dose is administered <6 months after the first dose, a third dose should be administered ≥4 months after the second dose (as per label).
    - A second dose administered ≥6 months following the first dose is valid and does not need to be repeated.
  - When administering the 3-dose series (e.g. for persons at increased risk):
    - A third dose is not needed if the second dose was administered ≥6 months after the first dose.
    - If the third dose is administered <4 months after the second dose and <6 months after the first dose, the dose should be repeated ≥4 months after the last dose.
  - Meningococcal B vaccines from different manufacturers continue to be not interchangeable.
  - GSK's new pentavalent [MenABCWY] vaccine was also discussed, with a vote expected in February 2025.
    - Note: This is not the larger vote to potentially change the meningococcal vaccine recommendations for adolescents that was discussed at the June ACIP meeting. That discussion will likely occur in 2025.

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## ACIP October 23-24, 2024 Meeting Overview

### ACIP voted 15 YES – 0 NO to pass the following recommendations:

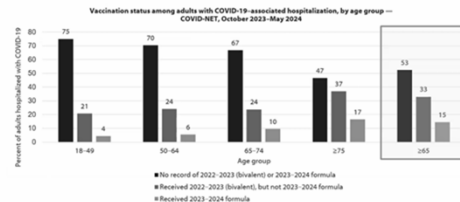
- Approve the *Recommended Child and Adolescent Immunization Schedule, United States, 2025*
- Approve the *Recommended Adult Immunization Schedule, United States, 2025*

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## ACIP October 23-24, 2024 Meeting Overview

Fewer than half of adults ages ≥65 years hospitalized with COVID-19 received any COVID-19 vaccine since September 2022.



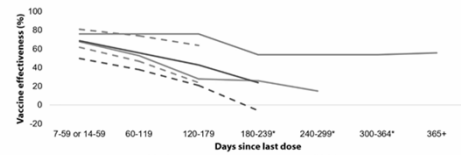
### ACIP discussion: COVID-19

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## ACIP October 23-24, 2024 Meeting Overview

COVID-19 VE against COVID-19-associated hospitalization wanes over time, but is more sustained against COVID-19-associated critical illness, though some waning is evident  
Data from VISION and IVY showing VE by vaccine formulation of most recent dose.



ACIP discussion:  
COVID-19

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## Healthcare Worker Immunizations

Why is it important for healthcare workers to get immunized against vaccine preventable diseases?

- Stay healthy
- Keep working/active
- Reduce likelihood of infection in healthcare workers, which then reduces spread to patients who may be more vulnerable to complications

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## Infection Prevention



- Many infections, such as respiratory infections, are easily transmissible.
- Prevention tools:
  - Immunizations
  - Hand hygiene
  - Using appropriate personnel protective equipment
  - Covering coughs and sneezes
  - Cleaning and disinfecting surfaces
  - Staying home when you are sick
  - Being aware of and complying with your facility's infection control policies

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## Healthcare Worker Immunization Recommendations



Which immunizations are recommended for all healthcare workers?

- Influenza: annually
- COVID-19: according to current CDC recommendations
- Hepatitis B: per recommendations if no previous dose (+ serology if tasks may involve exposure to blood or body fluids)
- MMR: 2 doses if no previous dose or lab confirmation of disease or immunity
- Varicella: 2 doses if no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster
- Tdap: one dose if no previous doses, during each pregnancy, and Td or Tdap boosters every subsequent 10 years

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## Respiratory Illnesses, Influenza

### • Influenza

- Activity is usually from October to May.
  - Timing can be unpredictable.
  - Typically, the peak in ND is between January and March, but it was in late December last season.
- Can be spread if asymptomatic.
- During the 2023-2024 season in North Dakota:
  - There were over 12,000 laboratory-confirmed cases.
  - There were approximately 490 influenza-related hospitalizations.
  - According to ND Vital Records, there were 488 deaths from influenza and pneumonia.



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## Respiratory Illnesses, Influenza

### Influenza

- May cause complications including:
  - Bacterial pneumonia
  - Ear infections
  - Sinus infections
- May cause worsening of chronic medical conditions such as:
  - Congestive heart failure
  - Asthma
  - Diabetes

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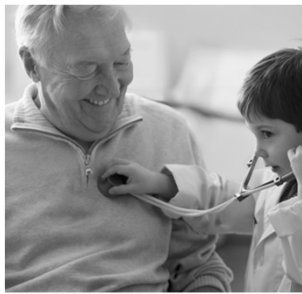
## Respiratory Illnesses, Influenza

Some people are at greater risk of severe illness due to influenza. These include:

- People ages 65 years and older
- Children younger than 5 years old and especially younger than 2 years old
- People who live in nursing homes and other long-term care facilities
- People who are pregnant
- American Indian people

And people with certain health conditions:

- Asthma
- Heart disease
- Chronic lung disease
- Diabetes



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## Immunization Benefits, Influenza



### Influenza

- During influenza seasons where the vaccines are considered to be a good match, they are 40-60% effective, meaning they reduce the need for a medical visit by about half.



Estimated range of annual flu burden in the U.S. from 2010-2023

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## Immunization Benefits, Influenza

### Influenza

- A 2023 study showed that flu vaccination during pregnancy reduced the risk of flu in infants younger than 6 months by one-third and the risk of flu-related hospitalizations or emergency department visits among infants younger than 3 months by half.
- A 2021 study showed that among adults, flu vaccination was associated with a 26% lower risk of ICU admission and a 31% lower risk of death from flu compared to those who were unvaccinated.

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### Immunization Benefits, Influenza

**Influenza**

- A 2018 study showed that among adults hospitalized with flu, vaccinated patients were 59 percent less likely to be admitted to the ICU than those who had not been vaccinated. Among adults in the ICU with flu, vaccinated patients on average spent 4 fewer days in the hospital than those who were not vaccinated.
- For the 2023-2024 influenza season, there were 200 influenza-associated pediatric deaths nationwide, though deaths were cut in half for vaccinated children with underlying high-risk medical conditions and by two-thirds for vaccinated healthy children.

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No Regrets

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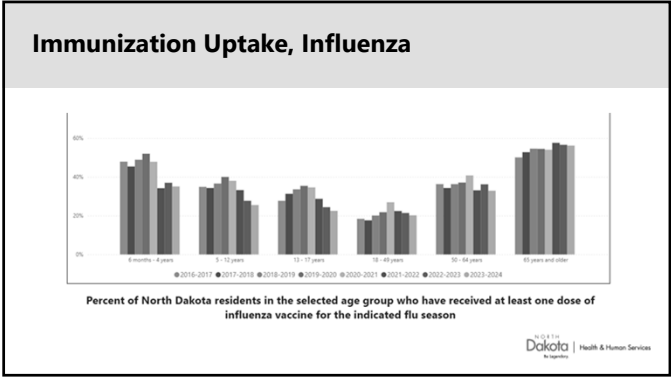
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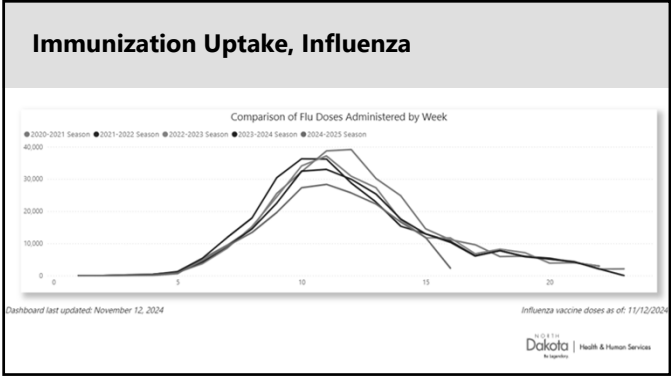
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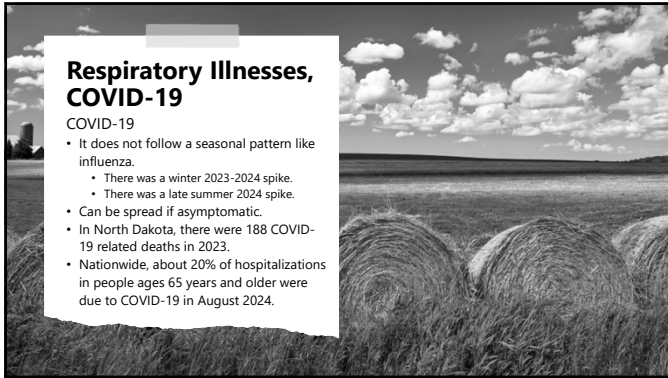
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## Respiratory Illnesses, COVID-19

COVID-19

- It does not follow a seasonal pattern like influenza.
  - There was a winter 2023-2024 spike.
  - There was a late summer 2024 spike.
- Can be spread if asymptomatic.
- In North Dakota, there were 188 COVID-19 related deaths in 2023.
- Nationwide, about 20% of hospitalizations in people ages 65 years and older were due to COVID-19 in August 2024.

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## Respiratory Illnesses, COVID-19



COVID-19

- May cause complications including:
  - Bilateral pneumonia
  - Acute respiratory distress syndrome
  - Blood clots
  - Shock
  - Long COVID
- May cause worsening of chronic medical conditions such as:
  - Congestive heart failure
  - Asthma
  - Diabetes

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No barriers

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## Respiratory Illnesses, COVID-19

Some people are at greater risk of severe illness due to COVID-19. These include:

- People ages 65 years and older
- Babies younger than 6 months
- People who smoke
- People who are pregnant

And people with certain health conditions:

- Heart disease
- Chronic kidney, liver or lung disease
- Dementia
- Diabetes



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No barriers

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## Immunization Benefits, COVID-19

- The COVID-19 vaccine prevents severe disease, including hospitalization and death.
- According to the CDC, the 2023-2024 COVID-19 was between 47% and 71% effective against emergency department or urgent care visits between the months of September 2023 and May 2024, depending on age.



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## Immunization Benefits, COVID-19

### COVID-19

- Researchers in England recently used mathematical modeling to estimate the number people who would have died if COVID-19 vaccines had not become available and determined that 14.4 to 19.8 million more people worldwide would have died within a year.
- During the first year COVID-19 vaccines were available, they decreased deaths by an estimated 63%.

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## Immunization Benefits, COVID-19

### COVID-19

- A study conducted by The Commonwealth Fund estimates that in the first two years of COVID-19 vaccine availability, they prevented more than 18 million additional hospitalizations and 3 million additional deaths.
- It also estimates that COVID-19 vaccines saved the United States \$1.15 trillion in medical costs.



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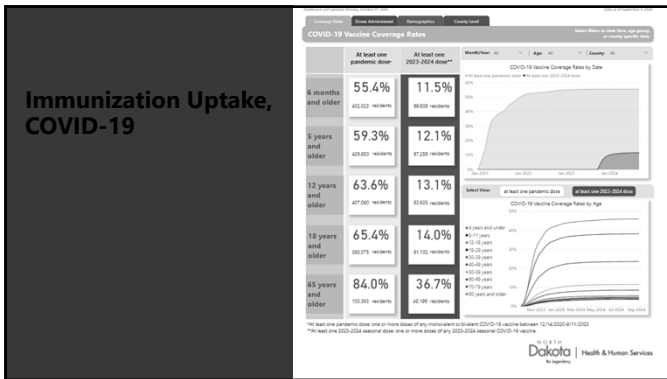
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### Immunization Benefits

- Decreased illness
- Decreased medical visits
- Avoid missed workdays
- Avoid missing activities, important events and holiday fun
- Decreased number of vaccine preventable disease related hospitalizations and deaths
- Decreased healthcare burden

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By Legislature

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### Why don't people get vaccinated?

Lots of reported reasons...

1. I don't think vaccines work.
2. I'm healthy, I don't need a vaccine.
3. Vaccines have side effects.
4. I've heard vaccines are more harmful than helpful.
5. I already got that vaccine once.
6. I want to save my PTO for fun things.
7. If I get the flu or COVID, it probably won't be that bad.
8. I got a vaccine once, and it gave me the flu.
9. I'm scared of needles.
10. I don't have insurance.

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By Legislature

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## Healthcare Workers and Immunizations



According to a CDC internet panel survey of 2,750 healthcare personnel:

- 75.4% of healthcare personnel reported getting an influenza vaccine during the 2023-2024 respiratory season.
- 31.3% reported getting the updated 2023-2024 COVID-19 vaccine.
- Healthcare personnel working in hospitals had the highest rate at 91.6%.
- Healthcare personnel working in long-term care facilities/home health care setting had the lowest rate at 66.0%.

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## Healthcare Workers and Immunizations

- Influenza and COVID-19 vaccine coverage was lowest amongst:
  - Assistants
  - Aides
  - Those whose employer neither required nor recommended the vaccines
  - Those working in long-term care facilities
  - Those working in home health care settings
- Updated 2023-2024 COVID-19 vaccine coverage was lowest among those working in ambulatory care settings.



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## Healthcare Workers and Immunizations



- Influenza vaccine coverage was highest among pharmacists (93.9%), physicians (93.0%) and healthcare personnel who worked in hospital settings (89.1%).
- Updated 2023-2024 COVID-19 vaccine coverage was highest among physicians (52.7%) and healthcare personnel who worked in long-term care and home health settings (34.8%).

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## Healthcare Workers and Immunizations



Healthcare workers don't get vaccinated for the same reasons other people don't get vaccinated.



Healthcare workers are at increased risk of exposure to respiratory illnesses and vaccine preventable diseases compared to the general population.



Healthcare workers often have more contact with more people at higher risk of severe infection compared to the general population.

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## Healthcare Workers and Immunizations

I don't think vaccines work.

- Effectiveness of influenza and COVID-19 vaccines discussed on previous slides. All vaccines tested extensively for safety and efficacy.

I'm healthy, I don't need a vaccine.

- Both influenza and COVID-19 can spread while there are no symptoms, as can other diseases vaccines are available for.
- Not everyone around you is as healthy as you are, particularly some patients.

Vaccines have side effects.

- This is true. Generally, vaccine side effects are mild and short-lived.
- The potential for serious complications is much greater with the diseases themselves.
- The benefits of immunization outweigh the risks.

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## Healthcare Workers and Immunizations

I've heard vaccines are more harmful than helpful.

- Vaccines undergo extensive safety testing prior to be recommended.
- Even after approval and recommendations, vaccines are monitored by several systems in multiple countries for rare adverse events. When signs of even extremely rare adverse events are detected, they are thoroughly researched.

I already got that vaccine once.

- As discussed, some viruses are continually changing.

I want to save my PTO for fun things.

- Some employers offer a Paid Time Off (PTO) bank of total leave for employees rather than having separate categories of sick leave, vacation time, etc. which can cause employees to work when ill.
- Many healthcare facilities offer immunizations onsite during work hours as part of employee health programs. If not, pharmacies are a readily accessible source of immunizations with more extensive hours.

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## Healthcare Workers and Immunizations

- Presenteeism: working while ill
  - A nationwide study of ~2,000 healthcare workers indicated that 41% had worked while experiencing ILI (Influenza-like illness).
  - In a survey of providers at a large children's hospital, 83% reported having worked while ill in the prior year.
    - 95% of this same group said that working while ill put patients at risk.
- Staying home when ill:
  - Protects your patients.
  - Enables you to rest and get well.
  - Protects healthcare workers and patients at facilities that receive your transfers.

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## Healthcare Workers and Immunizations

If I get the flu or COVID, it probably won't be that bad.

- That's possible.
- It's also possible that you could end up very sick, hospitalized, or worse. Though some groups are at higher risk of severe disease, many people who get very ill have no underlying health conditions or risk factors.
- Even if you don't get very sick, you could spread it to someone who may not be as lucky.

I got a vaccine once, and it gave me the flu.

- Vaccines do not cause the illness they are protecting against.
- Feeling crummy for a day or two following a vaccine is a sign that your body is learning about that virus or bacteria and developing good antibodies to protect you in the future. These post-vaccine symptoms are typically short-lived and milder than an infection with the actual illness.

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## Healthcare Workers and Immunizations

I'm scared of needles.

- This is common and nothing to be embarrassed about.
- There are a number of ways of mitigating this. Icing the area ahead of time, using a cooling topical, or employing distractions are a few possibilities that may help.

I don't have insurance.

- ACIP recommended immunizations are covered by insurance plans.
- They are also available from ND HHS for children 18 and younger who are uninsured, underinsured, Medicaid eligible, or American Indian/Alaskan Native through the Vaccines For Children program.
- Many are also available from ND HHS for adults who do not have insurance.

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## Healthcare Workers and Immunizations

### Summary:

- Vaccine preventable diseases cause hundreds of hospitalizations and deaths each year in North Dakota.
- Vaccine preventable diseases can not only cause illness, but can lead to serious complications, particularly in higher risk patient groups.
- Studies have shown that ACIP recommended vaccines are effective in preventing serious illnesses, hospitalizations, and deaths.
- Benefits of vaccines extend beyond preventing serious illness.

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## Healthcare Workers and Immunizations

### Summary:

- The numbers of North Dakotans of all ages choosing to get influenza and COVID-19 vaccines are low.
- People, including healthcare workers, express many reasons for not getting immunizations.
- Influenza and COVID-19 immunization rates of healthcare workers are also low, especially considering their increased exposure and increased opportunity to expose other who may be at higher risk or severe disease.
- Influenza and COVID-19 vaccines are available to everyone in North Dakota, regardless of insurance status.

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## Healthcare Workers and Immunizations

### Summary:

- Getting recommended immunizations protects:
  - You!
  - Your quality of life!
  - Your family, friends, and loved ones!
  - Your patients!
  - Your health system!
  - Your community!

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## Questions?

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## Post-Test

- Post-test
  - Nurses interested in continuing education credit, visit Successfully complete the five-question post-test to receive your certificate: [https://ndhealth.co1.qualtrics.com/jfe/form/SV\\_cCqOjLUC20NX5I2](https://ndhealth.co1.qualtrics.com/jfe/form/SV_cCqOjLUC20NX5I2)
  - Credit for this session will be available until December 12, 2024.
- This presentation will be posted to our website: [www.hhs.nd.gov/immunizations](http://www.hhs.nd.gov/immunizations)

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## Staff Members

### Immunization Unit

Molly Howell, MPH Director	Phone: 701-328-4556 Email: <a href="mailto:mhowell@nd.gov">mhowell@nd.gov</a>	Mary Woinarowicz, MA NDIS Manager	Phone: 701-328-2404 Email: <a href="mailto:marywoinarowicz@nd.gov">marywoinarowicz@nd.gov</a>
Abbi Berg, MPH VFC/Quality Improvement Manager	Phone: 701-328-3324 Email: <a href="mailto:aberg@nd.gov">aberg@nd.gov</a>	Allison Dykstra, MS NDIS 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 NDIS Data Admin	Phone: 701-226-1379 Email: <a href="mailto:rkercher@nd.gov">rkercher@nd.gov</a>
Vacant VFC/QI Coordinator (East)		Melissa Marto NDIS Data Quality Coordinator	Phone: 701-328-4169 Email: <a href="mailto:mmarto@nd.gov">mmarto@nd.gov</a>
Jenny Galbraith Adult Immunization Manager	Phone: 701-328-2335 Email: <a href="mailto:jgalbraith@nd.gov">jgalbraith@nd.gov</a>	Lynde Monson CDC Public Health Advisor	Phone: Email: <a href="mailto:lyndemonson@nd.gov">lyndemonson@nd.gov</a>
Andrew Bjuggstad, MPH Adult Immunization Coordinator	Phone: Email: <a href="mailto:abjuggstad@nd.gov">abjuggstad@nd.gov</a>	Danni Finnick, MPH Immunization Surveillance Coordinator	Phone: 701-239-7169 Email: <a href="mailto:dfinnick@nd.gov">dfinnick@nd.gov</a>
Kristen Vetter Adult Immunization Coordinator	Phone: 701-328-8672 Email: <a href="mailto:kristenvetter@nd.gov">kristenvetter@nd.gov</a>		

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