

ACIP Update

October 8, 2025



Molly Howell, MPH
Director, Disease Control and Forensic Pathology

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Advisory Committee on Immunization Practices (ACIP)


- ACIP met September 18-19.
- Topics discussed:
 - Update on workgroups
 - MMRV
 - Hepatitis B
 - COVID-19



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ACIP Workgroups



- ACIP uses subgroups of the committee, known as work groups, to review relevant published and unpublished data and develop recommendation options for presentation to the ACIP.
- Work groups review specific topics in detail and clarify issues in a way that helps ACIP voting members make informed and efficient decisions, with the best and most current information available.
- At the September 2025 meeting, it was announced that two new workgroups would be formed.
 - Vaccines in pregnancy
 - Childhood/adolescent schedule (as a whole)

September 2025 ACIP

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MMRV



- There are two options for protection against measles, mumps, rubella and varicella in the U.S.
 - Separate MMR and Varicella vaccines
 - MMRV
- History:
 - September 2005: MMRV licensed and ACIP expressed a preference over separate MMR and varicella.
 - February 2008: vaccine safety finding of increased risk of febrile seizures after the first dose of MMRV.
 - No evidence of increased febrile seizures after dose 2 at 4-6 years of age.
 - June 2009: ACIP updated recommendations, removed the preference for MMRV in children <48 months and encouraged providers to have a conversation with parents about risks/benefits.

September 2025 ACIP

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MMRV



- Febrile seizure: type of seizure that can affect otherwise healthy children around the time they have a fever.
 - Happen in 3-4 out of 100 children.
 - No evidence of harm to child, but scary.
- About 1 in 3,000 (0.03%) children may experience a febrile seizure after the first dose of MMR vaccine.
- For MMRV, the risk is slightly higher, about one extra febrile seizure for every 2,300 – 2,600 children (0.04%).
- The baseline for febrile seizures after a viral infection is 2-5%.

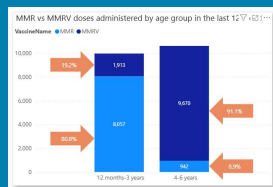
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Your Local Epidemiologist, September 18, 2025

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Revised MMRV Recommendation

- For measles, mumps, rubella, varicella vaccines given before age 4 years, the combined MMRV vaccine is not recommended.
- Children in this age group should receive separate measles, mumps, and rubella vaccine, and the varicella vaccine (MMR+V).



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Hepatitis B

- Hepatitis B is a virus that attacks the liver and can cause lifelong infection.
- There is not a cure for hepatitis B.
- Chronic hepatitis B causes cirrhosis, liver cancer and liver failure.
- Newborns are especially vulnerable to hepatitis B. 9 in 10 infants who get it become chronically infected compared to 1 in 10 adults.
- About 25% of chronically infected children eventually die from liver disease.
- In North Dakota, we have between 20 to 40 mothers who are positive for hepatitis B deliver each year.
- In the 1980s, before a universal hepatitis B birth dose was recommended in 1991, about 18,000 children under age 10 were infected with hepatitis B each year, half of them at birth.
- Today, CDC reports fewer than 20 cases per year.

September 2025 ACIP and Your Local Epidemiologist, September 18, 2025

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Hepatitis B

- Why universal birth dose recommendation?
- About 15% of mothers are never screened for hepatitis B during pregnancy, despite recommendations.
- About 12-16% of mothers get no prenatal care at all.
- More than half of all hepatitis B cases are asymptomatic and up to 60% of people are unaware that they are infected with the virus.
- The only safety signal for hepatitis B vaccine found is rare allergic reactions at a rate of 1 per 2-3 million doses administered.
- In Quarter 1 of 2025, 81.2% of North Dakota newborns received the hepatitis B birth dose according to the NDIIS.

September 2025 ACIP and Your Local Epidemiologist, September 18, 2025

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For decades, ACIP has recommended that the first dose of universal infant hepatitis B vaccination among infants born to HBsAg(-) women occur close to birth.

ACIP hepatitis B infant vaccination recommendations, United States

Recommendation	Current?	Date of Initial Recommendation	Date Recommendation Superseded or Modified
Infant vaccination strategies			
Universal HepB vaccine before leaving the birth hospital ^{1,2} or within 2 months of age	No	1991 ⁴	2005 ⁶
Universal HepB vaccine at the birth hospital ³	No	2005 ⁸	2018 ⁷
Universal HepB vaccine within 24 hours of birth ⁴	Yes	2018 ⁷	

Modified from Baker PHR 2023, Suppl Table 2.

ACIP = Advisory Committee on Immunization Practices; HBIG = hepatitis B immune globulin; HepB, hepatitis B vaccine.

¹Only single-antigen HepB vaccine should be used for the birth dose.

²Refer: All hepatitis B birth dose vaccinations are considered to be the first dose of the infant series except among pre-term infants weighing <2,000 grams who are born to mothers who are HBsAg positive.

³CDC. MMWR Morb Mortal Wkly Rep 37, 345-346, 352 (1988). ⁴CDC. MMWR Morb Mortal Wkly Rep 33, 285-290 (1984). ⁵CDC. Update on hepatitis B prevention. MMWR Morb Mortal Wkly Rep 36, 353-360, 366 (1987). ⁶CDC. Recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR Recomm Rep 40, 1-25 (1991). ⁷Schillie, S, et al. MMWR Recomm Rep 67, 1-31 (2018). ⁸Mont, E. E, et al. MMWR Recomm Rep 54, 1-31 (2005).

⁹Baker D et al. Public Health Rep. 2023 Jun 9

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Proposed ACIP Hepatitis B Recommendations

ACIP decided to postpone the vote regarding the hepatitis B birth dose.

Hepatitis B Vaccine - Vote #2

The pediatric vaccine schedule should be updated to reflect the following change:

If a mother tests HBsAG-negative:

- The first dose of the Hepatitis B vaccine is not given until the child is at least one month old.
- Infants may receive a dose of Hepatitis B vaccine before one month according to individual based decision-making.*

*Also referred to as shared clinical decision-making.

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COVID-19 Epidemiology

COVID-19 continues to impact Americans' health.

Preliminary 2024-2025 U.S. COVID-19 Burden Estimates

CDC estimates* that, from October 1, 2024 through June 7, 2025, there have been:

9.8 million - 16.1 million
COVID-19 Illnesses

2.4 million - 3.8 million
COVID-19 Outpatient Visits

270,000 - 440,000
COVID-19 Hospitalizations

32,000 - 51,000
COVID-19 Deaths

* Based on data from September 29, 2024 through June 7, 2025.
Source: <https://www.cdc.gov/media/releases/2024/s0929-covid19-burden.html>

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COVID-19 Epidemiology


Cumulative COVID-19-associated hospitalization rates are highest among adults aged ≥75 years, followed by infants aged <6 months and adults ages 65-74 years.

Legend: Surveillance week end date (Oct 2024 to Sep 2025). Age groups: <6 months, 6-11 months, 5-11 years, 50-64 years, 18-49 years, 12-17 years, 9-11 years, ≥75 years.

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COVID-19 Vaccine Safety



COVID-19 Vaccine Safety in Children Ages 6 Months to 11 Years



- Risk of myocarditis following COVID-19 vaccines in children aged <12 years is low, particularly for those aged 6 months to 5 years
 - Active, sequential analyses in the Vaccine Safety DataLink have demonstrated no statistical signals for myocarditis in children
 - No confirmed myocarditis cases in children aged <5 years in VAERS or VSD
- Rapid cycle analyses in the VSD demonstrate no increased risks for 22 other pre-specified outcomes following COVID-19 vaccination
- Evaluations to assess multisystem inflammatory syndrome in children (MIS-C) following COVID-19 vaccination demonstrated that most patients had evidence of preceding SARS-CoV-2 infection

Information presented here was prepared by the Centers for Disease Control and Prevention as part of its ongoing efforts to monitor the safety of COVID-19 vaccines. The information is preliminary and subject to change. It is not intended to be used for clinical decision-making. For more information, visit [https://www.cdc.gov/vaccines/imz-managers/monitoring/vacvsa/covid-19-vaccine-safety.html](#).

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COVID-19 Vaccine Safety

COVID-19 Vaccine Safety During Pregnancy

Across CDC studies, evidence shows **NO increased risk of:**

Maternal outcomes

- 25 medically-attended adverse events
- Serious adverse events
- Pregnancy-related conditions
- Maternal ICU admission


Pregnancy outcomes

- Miscarriage
- Stillbirth
- Preterm birth
- Small-for-gestational age

Infant outcomes

- Major birth defects
- Neonatal ICU admission
- Infant death

[Source: Food and Drug Administration, CDC, and the American College of Obstetricians and Gynecologists. Results of studies on COVID-19 vaccine safety and efficacy in pregnant women. \[https://www.fda.gov/oc/2021/s0621-covid-19-vaccine-safety-efficacy-pregnant-women\]\(#\)](#)
[https://www.cdc.gov/media/releases/2021/s0621-covid-19-vaccine-safety-efficacy-pregnant-women.html](#)
[https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2021/06/covid-19-vaccine-safety-efficacy-pregnant-women](#)
[https://www.fda.gov/oc/2021/s0621-covid-19-vaccine-safety-efficacy-pregnant-women](#)
[https://www.cdc.gov/media/releases/2021/s0621-covid-19-vaccine-safety-efficacy-pregnant-women.html](#)
[https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2021/06/covid-19-vaccine-safety-efficacy-pregnant-women](#)



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COVID-19 Vaccine Effectiveness

DE of 2024-2025 COVID-19 vaccine doses against emergency department/urgent care encounters — VISION

September 2024 – May 2025

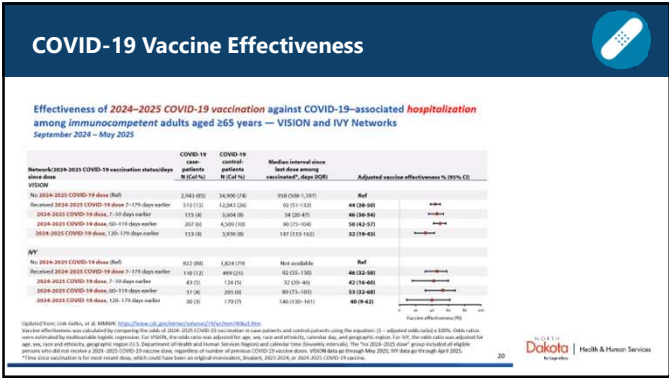
	Total encounters	SARS-CoV-2 positive, % (N)	Median interval last dose among those vaccinated, days (IQR)	Adjusted vaccine effectiveness vs. 2019 (%) CI
Age group COVID-19 vaccination status:				
No updated 2024-2025 COVID-19 vaccine dose*				
All ages < 6 years	11,080	907 (8.2%)	792 (180-862)	N/A†
> 17 years	38,670	5,026 (13.0%)	567 (170-7,156)	N/A†
< 17 years	298,019	11,267 (3.8%)	1,300 (742-1,220)	N/A†
2024-2025 COVID-19 dose received 7-179 days earlier				
All ages < 6 years	190	2 (1.1%)	64 (0-186)	79 (17% - 95%)
> 17 years	2,308	2 (0.1%)	81 (04-1,221)	97 (88% - 100%)
< 17 years	85,618	1,634 (1.9%)	107 (20-1,201)	34 (18% - 52%)

CDC, unpublished data
* Includes all individuals who did not receive a 2024-2025 COVID-19 vaccine. For those aged 6 years, this includes unvaccinated persons and persons who were vaccinated less than 7 original, non-repeated or booster COVID-19 doses. For those aged 6 years, children with a partial initial series are excluded. The 2024-2025 dose could have been received from the prior trial series or in addition to the initial series.
† Data insufficient for analysis.
‡ All analyses were stratified by age group, sex, race/ethnicity, calendar period, and geographic region.

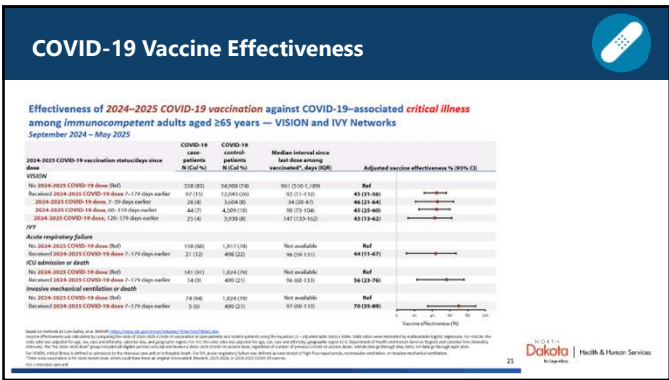
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Updated COVID-19 Vaccine Recommendations

COVID-19 Vaccines – Vote #4

The pediatric and adult immunization schedules for administration of FDA-approved COVID-19 vaccines should be updated as follows:

- Adults 65 and older: Vaccination based on individual-based decision-making*
- Individuals 6 months to 64 years: Vaccination based on individual-based decision-making—with an emphasis that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors.

*Also known as shared clinical decision making.

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Shared Clinical Decision Making

- Shared clinical decision-making vaccinations are individually based and informed by a decision process between the health care provider and the patient or parent/guardian.
- In this context, CDC defines a health care provider as anyone who provides or administers vaccines: primary care physicians, specialists, physician assistants, nurse practitioners, registered nurses, and pharmacists.
- The ACA coverage requirement includes shared clinical decision-making recommendations when they have been adopted by CDC and are listed on the immunization schedules.
- Other ACIP shared clinical decision-making recommendations:
 - Men B for 16-23 year olds
 - Hepatitis B for adults ages 60 years and older with diabetes
 - HPV for adults ages 27-45
 - Pneumococcal for adults ages 65 and older who have previously completed PCV13 and PPSV 23
 - Additional doses of COVID-19 vaccine for immunocompromised

ACIP Shared Clinical Decision-Making Recommendations | ACIP | CDC

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COVID-19 Vaccine – Who is High Risk?

CDC 2025 List of Underlying Medical Conditions That Increase a Person's Risk of Severe COVID-19

Asthma
Cancer
Hematologic malignancies
Cerebrovascular disease
Chronic kidney disease^a
People receiving dialysis
Chronic lung diseases limited to the following:
Bronchiectasis
COPD (chronic obstructive pulmonary disease)
Interstitial lung disease
Pulmonary embolism
Pulmonary hypertension
Chronic liver diseases limited to the following:
Cirrhosis
Nonalcoholic fatty liver disease
Alcoholic liver disease
Autoimmune hepatitis
Cystic fibrosis
Diabetes mellitus, type 1
Diabetes mellitus, type 2^a
Gestational diabetes
Disabilities[§], including Down's syndrome
Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathy)

HIV (human immunodeficiency virus)

Mental health conditions limited to the following:
Mood disorders, including depression
Schizophrenia spectrum disorders

Neurologic conditions limited to dementia[§] and Parkinson's disease

Obesity (BMI ≥30 or ≥95th percentile in children)

Physical inactivity

Pregnancy and recent pregnancy

Primary immunodeficiencies

Smoking, current and former

Solid-organ or blood stem-cell transplantation

Tuberculosis

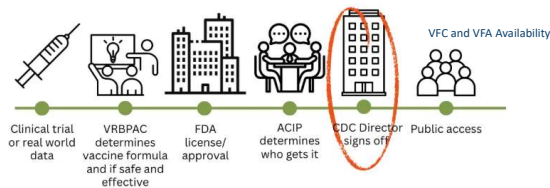
Use of corticosteroids or other immunosuppressive medications

^a Indicates presence of evidence for pregnant and nonpregnant women.
[§] Underlying conditions for which there is evidence in pediatric patients.

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COVID-19 Vaccine Availability



Historical practice of vaccine approval in the U.S. Figure by Your Local Epidemiologist

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Vaccine Integrity Project



- Vaccine Integrity Project (VIP): Convened a group of immunization experts to review the latest data regarding epidemiology, vaccine effectiveness, safety, and co-administration for influenza, COVID-19 and RSV immunizations.
- Data presented August 19, 2025.
- Data being utilized by numerous medical associations to make recommendations.
- Key Findings:
 - Respiratory viruses, including influenza, COVID-19, and respiratory syncytial virus (RSV) pose a significant threat to the health of all populations studied in this review.
 - This initial systematic review and meta-analysis reviewed the evidence for children, immunocompromised adults, and pregnancy, and searched for more than 15 severe adverse events of special interest.
 - Immunizations are an effective tool to reduce health risks for all populations from flu, COVID, and RSV, and have a strong safety profile. The studies reviewed since the 2023/2024 Advisory Committee on Immunization Practices (ACIP) meeting found no significantly elevated safety risks from US-licensed immunizations for these conditions.

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COVID-19 Vaccine Recommendations - AAP



- AAP recommends a COVID-19 vaccine for all children ages 6 through 23 months old to help protect against serious illness.
- AAP also recommends a single dose of age-appropriate COVID-19 vaccine for all children and adolescents 2 through 18 years of age in the following risk groups :
 - Persons at high risk of severe COVID-19
 - Residents of long-term care facilities or other congregate settings
 - Persons who have never been vaccinated against COVID-19
 - Persons whose household contacts are at high risk for severe COVID-19
- AAP also recommends the vaccine be available for children ages 2-18 who do not fall into these risk groups, but whose parent or guardian desires them to have the protection of the vaccine.

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COVID-19 Vaccine Recommendations - ACOG



- ACOG recommends that patients receive an updated COVID-19 vaccine or booster:
 - at any point during pregnancy;
 - in the postpartum period;
 - when planning to become pregnant; or
 - when lactating.

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COVID-19 Vaccine Recommendations - AAFP



All adults 18 years and older should receive a COVID-19 vaccine. It is especially important to get a COVID-19 vaccine if you are:

- 65 years and older;
- At increased risk for severe COVID-19 infection; and
- Have never received a COVID-19 vaccine.

All children aged 6 – 23 months receive a primary series and risk-based single dose for children and teen 2-18 years

- Recommendations align with the American [Academy of Pediatrics \(AAP\)](#).

Pregnant women any time during pregnancy and during lactation

- Aligned with the [American College of Obstetrics and Gynecologists \(ACOG\)](#)

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Frequently Asked Questions

Miranda Baumgartner, Vaccines for Children QI Coordinator

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How to Use Today's Presentation

- First, a question commonly asked of the Immunization Program will be presented.
- Next, answer choices will be shown.
- A poll will appear on your screen
 - Discuss the question amongst your group and choose an answer.
 - All participants will have 1 minute to answer.
- The correct answer and the results will be shown after 1 minute.
 - Individual responses will not be displayed.

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Your clinic has a 20-year-old on Medicaid that needs vaccines. Are they eligible for the VFA program?

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Are they eligible for the VFA program?

- A) Yes, but they are only eligible for certain vaccines.
- B) No, adults on Medicaid should receive private vaccine.
- C) Yes, all patients regardless of age that have Medicaid should receive public vaccine.

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Are they eligible for the VFA program?

- A) Yes, but they are only eligible for certain vaccines.
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Are all vaccines available through the VFA program?

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Are all vaccines available through the VFA program?

- A) All vaccines that are on the CDC federal contract are available for un/underinsured adults.
- B) Only specific vaccines listed on the Immunization Units Immunization Coverage Table are available for un/underinsured adults.
- C) The Immunization Unit does not offer any vaccines for adults.

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No Regrets

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VFA Program Eligibility

• Un/underinsured adults:

- Td/Tdap
- MCV4
- MMR
- PPSV23 and Pneumococcal Conjugate (PCV15, PCV20 and PCV21) & Updated*
 - 19-49 years with a [high-risk condition](#)
 - 50 years and older for un/underinsured
 - Medicare Part B covers pneumococcal vaccine, therefore adults who have Medicare Part B and most Medicare Advantage plans are considered insured and state-supplied vaccines cannot be used.
 - 19-49 years with a [high-risk condition](#)
 - 50 years and older for un/underinsured
 - Medicare Part B covers pneumococcal vaccine, therefore adults who have Medicare Part B and most Medicare Advantage plans are considered insured and state-supplied vaccines cannot be used.

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VFA Program Eligibility, cont.

• Un/underinsured adults:

- HPV
 - 19 – 45 years of age
- Influenza
 - Available for uninsured and underinsured adults 19 years and older at provider facilities that have prebooked adult doses.
 - Medicare Part B covers Influenza vaccine, therefore adults who have Medicare Part B and most Medicare Advantage plans are considered insured and state supplied vaccines cannot be used.

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VFA Program Eligibility

• Un/underinsured adults:

- COVID-19 vaccine
 - 19 years and older
 - Most important for:
 - Everyone 65 years and older
 - Individuals 6 months - 64 years with a high risk condition.
 - Medicare Part B covers COVID-19 vaccine, therefore adults who have Medicare Part B and most Medicare Advantage plans are considered insured and VFA vaccines cannot be used.
- Mpox
 - Mpox is also available in limited quantities for use in insured individuals. Available to facilities who otherwise could not/would not order for insured individuals.
 - Please leave a comment when ordering whether this vaccine will be used for insured or un/underinsured adults.

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VFA Program Eligibility, cont.

- Un/underinsured adults:

- IPV
- Adult Hepatitis A and B
 - Not available to adults whose sole purpose of vaccination is for travel or employment.
 - Should be prioritized for those at risk of infection such as drug users and people experiencing homelessness.
 - For a complete list of risk factors please consult the vaccine coverage table at: www.hhs.nd.gov/immunizations/providers

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**Is COVID-19 vaccine
going to be available
for children this
upcoming season?**

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Is COVID-19 vaccine going to be available for children this upcoming season?

- A) Yes, COVID-19 vaccine for children will still be available for shared clinical decision making.
- B) Yes, COVID-19 vaccine but for high-risk children only.
- C) No, COVID-19 vaccine is no longer recommended for children.

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Is COVID-19 vaccine going to be available for children this upcoming season?

- A) Yes, COVID-19 vaccine for children will still be available for shared clinical decision making.
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Can our clinic continue to use private stock COVID-19 vaccine and bill Medicaid for the vaccine and administration fee?

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Can our clinic continue to use private stock COVID-19 vaccine and bill Medicaid for the vaccine and administration fee?

- A) Yes, ND Medicaid has agreed to reimburse for private stock COVID-19 vaccine to ensure children have access throughout the respiratory season.
- B) No, once enrolled facilities have VFC COVID-19 vaccine they must use publicly supplied COVID-19 for Medicaid children.
- C) No, ND Medicaid does not reimburse for any vaccines since they are available through the VFC program.

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I administered a dose of COVID-19 vaccine and the dose shows invalid in NDIIS. Does this dose need to be repeated?

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Does this dose need to be repeated?

- A) No, the NDIIS forecaster has not yet been updated with the new ACIP recommendation.
- B) Yes, because the doses were administered prior to the ACIP recommendation being signed by the CDC director.
- C) No, because the NDIIS is unable to track high risk conditions all doses of the 2025-2026 COVID-19 vaccine will be invalid.

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Does this dose need to be repeated?

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- B) Yes, because the doses were administered prior to the ACIP recommendation being signed by the CDC director.
- C) No, because the NDIIS is unable to track high risk conditions all doses of the 2025-2026 COVID-19 vaccine will be invalid.

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NDIIS Forecaster

- The NDIIS forecaster will be updated to include the recommendations for the new 2025-2026 respiratory season. This update will include only the recommendations for seasonal influenza vaccine and RSV mAB.
- COVID-19 vaccine recommendations are not part of this update. As a reminder, the forecaster will not have the rules for any new or updated recommendations until after the vendor can get the necessary changes made, which typically takes a few weeks after the ACIP recommendations are signed off on by the CDC director and are formally published in the CDC MMWR.
- Doses of 2025-2026 COVID-19 vaccine administered may temporarily show as invalid in the NDIIS based on previous vaccination history until the forecaster updates are complete in the NDIIS.
- The NDHHS Immunization Unit will provide an update as soon as the forecaster has been updated to include recommendations for COVID-19 for the current respiratory season.

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North Dakota Medicaid Coverage

- Medicaid is currently reimbursing the cost of COVID-19 vaccine and the administration fee for children through age 18 who are enrolled in North Dakota Medicaid while supply through VFC was pending.
- As allocations are small North Medicaid North Dakota Medicaid has agreed to continue to reimburse the cost of these vaccines until providers receive their VFC Vaccine.
- **As soon as providers receive their VFC vaccine they should return to using VFC supply for COVID-19 vaccine.** ND HHS will notify providers when North Dakota Medicaid will no longer be reimbursing these doses.

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2025-2026 COVID-19 Vaccine

Current COVID-19 Vaccine Recommendations for 2025-2026

Children 6m and older

- Shared clinical decision-making vaccinations are individually based and informed by a decision process between the health care provider and the patient or parent/guardian

Most Important for:

- Everyone 65 years and older
- Individuals 6 months - 64 years with a **high risk condition**

This current ACIP recommendation has been signed by the CDC director and the allocation process for the 2025-2026 COVID-19 vaccine is currently under way for the VFC or VFA programs.

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**Will ND HHS be
issuing COVID-19
vaccine standing order
templates?**

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**Will ND HHS be issuing COVID-19 vaccine
standing order templates?**

- A) Now that ACIP recommendation has been signed by the CDC director ND HHS will be providing standing order templates.
- B) No, ND HHS does not provide standing order templates.
- C) Yes, ND HHS currently has templates available to providers that are in need.

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Standing Order Templates

- The ND HHS immunization unit does not provide our own COVID-19 vaccine specific recommendations nor does this office develop standing order templates.
- Other states (Washington) and organizations (Immunize.org) may have templates that providers can use to draft their own standing orders. Or work with your medical director to draft language.

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Do doses of MMRV administered to children under four years of age need to be repeated since age this is no longer recommended to receive the combination vaccine?

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Do doses of MMRV under four years of age need to be repeated?

- A) Yes, because these doses are no longer recommended for this age group children should be revaccinated.
- B) No, the doses are valid and provide protection to this age group, the recommendation was removed due to concerns over febrile seizures.
- C) Maybe, if the child had a fever following the dose it may be recommended to be repeated.

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How do we document in an infant's NDIIS record that their mother received Abrysvo and therefore the infant doesn't need a dose of RSV mAb?

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by region

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How do we document a dose of maternal Abrysvo in an infants NDIIS record?

- A) The best way would be to enter a medical exemption in the infants NDIIS record. This will remove the forecast for RSV mAb.
- B) There isn't currently a way to do this so it should be documented in the baby's record in the EMR.
- C) Add a dose of RSV mAb on the date of birth to remove the forecasted dose.
- D) All babies should receive a dose of RSV mAb regardless of the mother's vaccination history.

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Are mothers recommended to receive another dose of RSV vaccine if they are pregnant again and received it with their last pregnancy?

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Are mothers recommended to receive another dose of RSV vaccine if they are pregnant again and received it with their last pregnancy?

- A) Yes, it should be administered to all pregnant women regardless of previous vaccination history.
- B) Yes, but only if the provider feels the baby won't receive a dose of RSV mAb.
- C) No, pregnant women are currently only recommended to receive one dose of RSV vaccine ever.

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Are mothers recommended to receive another dose of RSV vaccine if they are pregnant again and received it with their last pregnancy?

- A) Yes, it should be administered to all pregnant women regardless of previous vaccination history.
- B) Yes, but only if the provider feels the baby won't receive a dose of RSV mAb.
- C) No, pregnant women are currently only recommended to receive one dose of RSV vaccine ever.

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RSV Vaccination

- RSV vaccination during pregnancy is only recommended for pregnant people who have not previously received an RSV vaccine and who are at the recommended stage of pregnancy (32 weeks through 36 weeks 6 days' gestation) during the recommended time of year (typically September through January).

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You entered a return in NDIIS and have not received the return shipping label. How do we get the label?

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No Regrets

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How do we get the label?

- A) Submit another vaccine return in NDIIS for the vaccine to be returned.
- B) Contact the Immunization Unit at vaccine@nd.gov to request the return shipping label.
- C) Use the same return label that you previously used since they are shipped back to the same place.

North Dakota
Dakota | Health & Human Services
No Regrets

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North Dakota
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No Regrets

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Submitting a Vaccine Return and Wastage

- Users must review and validate their provider site's contact information before they can complete the return or wastage.
- If the information is correct, the user can select the enabled button and complete their return or wastage.
- If changes are needed, the user should select Edit Provider Information and they will be taken to their provider site's program enrollment information where updates can be made. The in-progress order will be saved while the edits are made.



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Vaccine Returns and Wastages

- Vaccine return removes available doses from provider inventory that is no longer viable and needs to be returned to McKesson. These doses include expired inventory, doses spoiled because of a temperature excursion or because of a vaccine recall.
 - The doses for returns and wastages that have been submitted will not decrement from provider inventory until the return or wastage has been submitted to CDC
- Multi-dose vials (MDV) can only be returned if no doses have been drawn from the vial.
- Vaccine returns should be entered and vaccine sent back to McKesson within 6 months of expiring. Vaccines that expired more than 12 months ago will not appear in the NDIIS return or wastage modules.

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Vaccine Returns and Wastages

- The return shipping label will be sent to the primary vaccine contact in NDIIS. The label will come from UPS.
- If you have not received your return shipping label within 2 days of the vaccine return being submitted to CDC please check your junk and spam folders and if nothing contact the Immunization Unit at vaccine@nd.gov
- An email will be sent to both the primary and back up contacts in NDIIS when the packing slip is ready in NDIIS.

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Return Shipping Label and Packing Slip

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Your returns label is available to print or scan.

Vaccine Return Packing Slip - Production

admin@ndhs.org

12B347119020265662

Tracking Number

Print your label at home, or bring this barcode to a UPS location and we'll print it for you.

Get Your Shipping Label

Find a Location to Scan Your Barcode

CAUTION: This email originated from an outside source. Do not click links or open attachments unless you know they are safe.

The packing slip for your recent VFC vaccine return 200506 is now available.

Please log in to the NDHS VFC Vaccine, Vaccine Orders, Returns and Waiver system to print your packing slip.

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Packing Slips and Return Labels

- Shipping labels are only good for 30 days and cannot be saved to use on future returns as they each have a unique identifier that corresponds to the packing slip.
- Multiple returns can be sent back in one box, all packing slips and return label need to be placed in the box as well.

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Post-Test

- Successfully complete the five-question post-test to receive your certificate for nursing credit using the link below:
https://ndhealth.co1.qualtrics.com/jfe/form/SV_3UCKbtIA6D9Zv7g
- Credit for this session will be available until November 12, 2025.
- This presentation will be posted to our website at:
www.hhs.nd.gov/immunizations

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Immunization Unit Staff Members

For general immunization questions: vaccine@nd.gov

Immunization Unit

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