



MEMO

TO: Prevention Partnership Providers and
Local Public Health Units

FROM: Tatia Hardy
Vaccines for Children/AFIX Coordinator

RE: Revised Order Form and Ordering State-Supplied Vaccine

DATE: October 25, 2010

An updated vaccine order form is now available and should be used by providers when requesting state-supplied vaccine. **There are three questions regarding the mandatory storage and accountability reporting requirements that must be answered before vaccine orders will be processed.** A copy of the revised order form is included and can be found on the website at <http://www.ndhealth.gov/immunize/providers/forms>. The new order form can also be completed electronically. Remember that orders can also be placed online at <http://www.ndhealth.gov/Immunize/Providers/Order.htm>.

As a reminder, providers should only be ordering enough vaccine for a three-month supply. Providers ordering more than a three-month supply for any reason (i.e. Tdap blitzes, school entry requirement clinics, conducting recall for children not up-to-date) must give an explanation in the space provided at the bottom of the form. New or updated delivery instructions should also be noted in this space.

Orders are decreased by the NDDoH based on monthly doses administered reports and current inventory. Many providers are submitting North Dakota Immunization Information System (NDIIS) reports that do not accurately reflect the number of state-supplied doses being given because incorrect criteria are being selected. See the attached document for guidance on how to run "DOSES ADMINISTERED" monthly reports.

Please feel free to contact the NDDoH Immunization Program with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180.

REQUEST FOR VACCINE

PROVIDER ID NUMBER:	PROVIDER NAME:	DATE:
CONTACT PERSON:	TELEPHONE NUMBER:	EMAIL ADDRESS:

ANSWER THE FOLLOWING QUESTIONS:

1. Within the past month, have you submitted to the NDDoH the temperature logs for your VFC vaccine storage units? Yes No
 ➤ Are the recorded temperatures in the storage units within the required ranges? Yes No
2. Have you submitted a doses administered report to the NDDoH? Yes No

***IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED "NO" OR LEFT BLANK, THE ORDER WILL NOT BE PROCESSED UNTIL REQUIREMENTS ARE FULFILLED.**

Vaccines	Packaging	Unit size (in doses)	Code (NDDoH use)	Doses Requested	Doses on Hand
DTaP (For children ≤6 years of age)	Syringes	10	DS		
	Single-dose vials	10	DV		
DTaP/HepB/IPV (Pediatrix®) – IHS only	Syringes	5	PXS		
DTaP/Hib/IPV (Pentacel®)	Single-dose vials	5	PNL		
DTaP-IPV (Kinrix®)	Single-dose vials	10	KXV		
	Syringes	5	KXS		
Hepatitis A	Havrix® Syringes	10	HAS		
	Havrix® Single-dose vials	10	HAV		
	Vaqtia® Single-dose vials	10	VAQ		
Hepatitis B	Syringes	10	HBS		
	Single-dose vials	10	HBV		
Hib (PedvaxHIB®)	Single-dose vials	10	HIB		
HPV	Single-dose vials	10	HPP/HPA		
IPV	Multi-dose vials	10	POL		
Meningococcal Conjugate Vaccine (MCV-4)	Single-dose vials	5	MCV/MCA		
MMR	Single-dose vials	10	MMP/MMA		
MMRV (ProQuad®)	Single-dose vials	10	MRV		
Pneumococcal Conjugate Vaccine (PCV-13)	Syringes	10	PCV		
Pneumococcal Polysaccharide Vaccine (PPV-23)	Multi-dose vials	5	PPS		
Rotavirus (Rotateq®)	Single-dose tubes	10	TEQ		
Rotavirus (Rotarix®)	Single-dose vials	10	RIX		
Tdap	Boostrix® Syringes	10	BPS/BAS		
	Boostrix® Single-dose vials	10	BPV/BAV		
	Adacel® Single-dose vials	10	APV/AAV		
	Adacel® Syringes	5	APS/AAS		
Varicella (Shipped directly from manufacturer)	Single-dose vials	10	VAR		
Td (Available for use in children ≥7 years of age who have not completed the primary series of DTaP)	Syringes	10	TD		

EXPLANATION FOR LARGE ORDERS AND/OR SPECIAL DELIVERY INSTRUCTIONS:

***HBIG and pediatric DT are also available for order. Please contact the ND Immunization Program for approval and ordering information.**

Visit our website at <http://www.ndhealth.gov/immunize> for vaccine updates, VFC information and updated forms.

Request for Materials

Provider ID:	Provider Name:	Date:	
Delivery Address:		City:	State: ND Zip Code:
Contact Person:		Telephone No.:	<input type="checkbox"/> Check if this is a new address, telephone number or contact person.

Note: Please allow 2 weeks for delivery of materials.

Item	Quantity	Item	Quantity
CDC Vaccine Information Statements – Publication Date			
Chickenpox – 03/13/08		MMRV – 05/21/10	
Diphtheria, Tetanus and Pertussis (DTaP) – 05/17/07		Multiple (Your Baby's First Vaccines) – 09/18/08	
<i>Haemophilus influenzae</i> type B (Hib) – 12/16/98		Pneumococcal conjugate – 04/16/10	
Hepatitis A – 03/21/06		Pneumococcal polysaccharide – 10/06/09	
Hepatitis B – 07/18/07		Polio – 01/01/00	
Human papillomavirus (HPV) – 03/30/10		Rotavirus – 05/14/10	
Inactivated influenza – 08/10/10		Shingles – 10/06/09	
Intranasal influenza – 08/10/10		Tetanus, Diphtheria and Pertussis (Tdap/Td) – 11/18/08	
Meningococcal – 01/28/08		Camera-ready copy: (please circle) Rabies Typhoid Yellow Fever	
MMR – 03/13/08			

Brochures

What if you don't immunize your child?		Questions parents ask about baby shots	
--	--	--	--

Miscellaneous

Vaccine Safety Q&A (CHOP)		Be Wise—Immunize! Children's Activity Book	
Understanding MMR Vaccine Safety (CDC/AAP/AAFP)		Baby 411 (Dr. Ari Brown)	
If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities (CDC/AAP/AAFP)		Health Record Folder with inserts	
Diseases and the Vaccines that Prevent Them: Measles (CDC/AAP/AAFP)		Health Record Folder without inserts	
Reliable Sources of Immunization Information		Immunizations for Babies (A Guide for Parents)	
Vaccine Adverse Events Reporting Form (VAERS)		Recommended Childhood Immunization Schedule (CDC)	
After the Shots...What to do if your child has discomfort		Screening Questionnaire for Child and Teen Immunizations	
Are you 11-19 years old? Then you need to be vaccinated against these serious diseases!		Vaccinations for Adults	

State Forms

Certificate of Immunization (SFN 16038)		Vaccine Return and Wastage Form (SFN 53767)	
Lifetime Immunization Record (SFN 13895)		North Dakota Advisory Committee Immunization Schedule 2010	
Request for Vaccine/Materials (SFN 13800)		North Dakota Immunization Schedule for Indian Health Services (IHS) 2010	
Temperature Log (Fahrenheit) (SFN 53775)		Adult Tdap Flyer	
Temperature Log (Celsius) (SFN 58468)		Vaccine Safety Fact Sheet	
Temperature Log (Fahrenheit/Celsius) (SFN 58469)		It's My Turn poster (cell phone) 8x11 / 11x17	
Vaccine Administration Monthly Report (SFN 53774)		It's Their Turn poster (teens) 8x11 / 11x17	
Vaccine Administration Record 2-part (SFN 18385)		It's Their Turn fact sheet	
Vaccine Transfer Form (SFN 53766)			

Fax completed form to: NDDoH Immunization Program, Division of Disease Control
Fax No.: 701.328.2499
Phone No.: 701.328.3386 or 800.472.4180

Using the NDIIS: Doses Administered Reports

https://www.thor.org/ - NDIIS - North Dakota Immunization Information System - Windows Internet Explorer

File View Options Modes Help

North Dakota Immunization Information System

Client/Provider Lookup Reports

(Open Reports Tab) Provider Search

Number	Name	City	Provider Type	Status
4926	MEDICAL ARTS CLINIC	HANKINSON	OTHER PRIVATE	Active
4927	SANFORD - WEST FARGO	WEST FARGO	PRIVATE PRACTICE (INDIVIDUAL OR GROUP)	Active
4928	GLDN VLLY CO CLC-BEACH	BEACH	OTHER PRIVATE	Inactive
4929	HEBRON COMMUNITY CLINIC	HEBRON	OTHER PRIVATE	Active
4930	GRIGGS CO MED CLINIC	COOPERSTOWN	OTHER PRIVATE	Inactive
4931	VALLEY COMM HLTH CTRS	NORTHWOOD	FEDERALLY-QUALIFIED HEALTH CENTER (FQHC)	Active
4932	HOA JOHNSON C TOWNER	TOWNER	RURAL HEALTH CLINIC (RHC)	Active
4933	SANFORD CHILDREN'S	FARGO	PRIVATE PRACTICE (INDIVIDUAL OR GROUP)	Active

New View Inactive

Prov: 00001 User: ndsdh-73 Selected Mode: Normal 1 - N.D. DEPT OF HEALTH

https://www.thor.org/ - NDIIS - North Dakota Immunization Information System - Windows Internet Explorer

File View Help

North Dakota Immunization Information System

Client/Provider Lookup Reports

Saved Reports New Requests

Report Doses Administered

Selection Criteria/Value(s)

Begin Date 09/01/2010

End Date 09/30/2010

VFC Type(s) All DOSES

Provider 4933- SANFORD CHILDREN'S

Vaccine Type STATE-SUPPLIEI

Validity ALL DOSES

* Fields Appearing In Bold Are Required.

Run Now Run Later Clear

Prov: 00001 User: ndsdh-73 Selected Mode: Normal

"Doses Administered" reports to be submitted to NDDoH must be run with this selection criteria.

For VFC Type(s), select All DOSES.

For Vaccine Type, select STATE-SUPPLIED.