

# MEMO

**TO:** North Dakota Prevention Partnership Providers

**FROM:** Tatia Hardy  
Vaccines For Children/AFIX Coordinator

**RE:** Prevention Partnership Re-Enrollment/  
2010 Prevention Partnership Manual  
Mandatory Reporting for All Providers

**DATE:** January 27, 2010

Annually, all providers currently enrolled in the Prevention Partnership Program are required to renew their enrollment in this program. Copies of the Provider Enrollment and Provider Profile forms, as well as the updated version of the *Vaccine Management Plan* are enclosed. Also enclosed are updated copies of forms that the North Dakota Immunization Program has developed. We hope these forms will help make the process easier. **Please discard old versions, as some of the forms (Request for Vaccine/Materials, Vaccine Coverage Table, etc.) are updated often.** The updated versions will be available on our website: <http://www.ndhealth.gov/Immunize/Providers/Forms>.

Please complete and return the originals of the **Provider Enrollment, Provider Profile and Frozen Vaccine Storage Certification** forms to the NDDoH by **March 26, 2010**.

The Immunization Program is asking all Prevention Partnership providers for their current e-mail addresses on the Provider Profile. E-mail will be used to inform providers of new recommendations and other important information in the ever-changing world of immunizations. If your facility does not have e-mail capabilities, please indicate this on the Provider Profile.

Please take note of the purple information sheet regarding mandatory vaccine accountability reporting requirements for all providers. They are detailed in the *Vaccine Management Plan*.

The following instructions pertain to each form:

## PROVIDER ENROLLMENT FORM (Yellow)

The chief physician or medical director who signs standing orders for immunizations is required to initial each requirement and also sign the Provider Enrollment Form. All other persons with prescription-writing authority who administer state-supplied vaccine must be listed on the reverse side of the Provider Enrollment form. Hospitals do not need to list all physicians on the reverse side. If provider information changes (i.e., new providers or providers leave the practice), it must be reported to the NDDoH Immunization Program as soon as possible.

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PROVIDER PROFILE FORM (Salmon)

Please indicate any changes in the contact person's name, address, or any special delivery instructions using the Provider Profile Form. Please complete the section "Provider Estimates" as accurately as possible--do not over estimate your client population. An easy and effective way to capture these estimates is to complete a Doses Administered Report for 2009, available under the reports section of the North Dakota Immunization Information System (NDIIS). Under the reports tab of the NDIIS, select the Doses Administered Report, along with the criteria you are looking for such as Medicaid eligible, uninsured, etc.

FROZEN VACCINE STORAGE CERTIFICATION (Green)

In order to receive varicella, shingles and/or MMRV vaccine, the storage certification form must be completed including facility address, shipping and storage and handling information.

If you have any questions, please contact the NDDoH Immunization Program at 701.328.3386 or toll-free at 800.472.2180.

Thank you for your participation in this important program.

Enclosures



**PREVENTION PARTNERSHIP PROVIDER ENROLLMENT**

**NORTH DAKOTA DEPARTMENT OF HEALTH**

SFN 58496 (1-2010)

**Centers for Disease Control and Prevention  
Grant Number H23/CCH822552-01-1  
Immunization and Vaccines for Children Grant**

**CFDA No. 93.268  
Immunization Grants  
Budget Period 2008**

Provider I.D. Number
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To participate in the Prevention Partnership Program and receive state and federally procured vaccine provided to my facility at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses and others associated with this medical office, group practice, managed care organization, community/migrant/rural clinic, health department or other health delivery facility of which I am the medical director or equivalent:

1. I will screen patients at all immunization encounters for eligibility and administer Vaccine for Children (VFC) or state-supplied vaccine only to individuals who meet the following criteria:
  - a. Is 18 years of age or younger
  - AND**
  - b. Is VFC vaccine-eligible
    - i. Is an American Indian or Alaska Native.
    - ii. Is enrolled in Medicaid.
    - iii. Has no health insurance.
    - iv. Is underinsured (a child whose health insurance benefit plan does not cover a particular vaccine). Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC) or providers with a Letter of Agreement with a FQHC are the only providers who may vaccinate underinsured children.
  - OR**
  - c. Is considered state-supplied vaccine-eligible based on the most current North Dakota Vaccine Coverage Table.
2. I will comply with the immunization schedule, dosage, and contraindications that are established by the ACIP and included in the VFC program unless:
  - a. In my medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate.
  - b. The particular requirements contradict state law, including those pertaining to religious and other exemptions.
3. I will maintain all records (including patient screening forms, temperature logs, etc.) related to the VFC program for a minimum of three years and make these records available to public health officials including the North Dakota Department of Health (NDDoH) or U.S. Department of Health and Human Services (DHHS) upon request.
4. I will immunize eligible children with VFC or state-supplied vaccine at no charge to the patient for the vaccine.
5. I will not charge a vaccine administration fee to VFC children or state-supplied vaccine recipients that exceeds the administration fee cap of \$13.90 per vaccine dose. I will accept the reimbursement for immunization administration set by the state Medicaid agency for vaccine administered to children enrolled in Medicaid.
6. I will not deny administration of a VFC or state-supplied vaccine to a patient because the child's parent or guardian or the patient is unable to pay the administration fee.
7. I will distribute the most current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Compensation Act (NCVIA) which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
8. I will comply with the NDDoH requirements for ordering, vaccine accountability, and vaccine management. (See Vaccine Management Plan, Vaccine Fraud and Abuse Policy and the Vaccine Loss Policy.)
  - a. I agree to operate within the VFC program in a manner intended to avoid fraud and abuse.
  - b. I will comply with the North Dakota Immunization Program's Vaccine Loss Policy, which includes maintaining proper storage and handling procedures for vaccine and reimbursing for any vaccine lost due to negligence by employees of my facility.
9. I will document demographic, VFC-eligibility, and immunization information on a Vaccine Administration Record (VAR) or Patient Eligibility Screening Form and in the North Dakota Immunization Information System (NDIIS).
10. I will allow NDDoH staff to conduct site visits for review of vaccine administration procedures, vaccine storage procedures and coverage level assessments.
11. The NDDoH may terminate this agreement at any time for failure to comply with these requirements, or I may terminate this agreement at any time for any reason. If I terminate, I agree to return all unused VFC and state-supplied vaccine.

Provider Signature:	Date:
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This record is to be submitted and kept on file at the North Dakota Department of Health Immunization Program and must be updated in accordance with state policy.

<b>For State Use Only:</b>	
Immunization Program Representative:	Date Certified for Prevention Partnership:



**PROVIDER ENROLLMENT - ADDITIONAL PROVIDERS WITHIN PRACTICE**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
SFN 58494 (01-2010)

Last Name/First Name/ Middle Initial	Medical License Number	Medicaid Provider Number	<b>Title</b> <b>(MD, DO, ND, NP, PA)</b>  <u>Note:</u> Provider must have prescription writing privileges	Specialty (Pediatrics, Family Medicine, General Practitioner, Other-Please Specify)

<b>For State Use Only:</b>	
Immunization Program Representative:	Date Certified for Prevention Partnership:



# PREVENTION PARTNERSHIP PROGRAM PROVIDER PROFILE

NORTH DAKOTA DEPARTMENT OF HEALTH  
SFN 58495 (1-2010)

Provider I.D. Number:

All Prevention Partnership providers must complete this form. This document provides shipping information and helps the state determine the amount of vaccine supplied through the Vaccines for Children Program. One person per practice should complete this form.

<b>Physician/Provider</b>				
Last Name:		First Name:		
		Middle Initial:		
Facility/Clinic Name:				
Street Address:		City:	State:	
			Zip Code:	
Contact Name(s):		Title:		
Telephone Number:		Fax Number:		
Email Address(es): If you need more space, please write on the back of this page.				
Are you currently using the North Dakota Immunization Information System (NDIIS)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>Type of Facility (Please check only one box):</b>		<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Indian Health Services	
<input type="checkbox"/> Private Hospital-Based Clinic		<input type="checkbox"/> Corrections Facility	<input type="checkbox"/> Substance Abuse	
<input type="checkbox"/> Private Practice		<input type="checkbox"/> FQHC/ RHC	<input type="checkbox"/> Other Private Facility	
<input type="checkbox"/> Private Hospital		<input type="checkbox"/> Public Health Department	<input type="checkbox"/> Other Public Facility	
<input type="checkbox"/> HIV/STD Clinic				
<b>Vaccine Delivery Address (If different from above):</b>				
Street Address:		City:	State:	
			Zip Code:	
<b>Provider Estimates</b>				
For the 12-month period beginning <b>January 1, 2010</b> , estimate the number of children, including out of state children, who will receive <b>VFC</b> vaccinations at your health facility by age group. Only count a child once in each 12-month period--no matter the number of visits.				
< 1 Year Old	1-6 Years	7-18 Years	Total	
<b>VFC Eligibility by Category</b>				
	< 1 Year Old	1-6 Years	7-18 Years	Total
Enrolled in Medicaid				
No Health Insurance				
American Indian				
Underinsured				
Total: should equal provider estimates (above)				
<b>Type of data used to determine profile:</b>		<input type="checkbox"/> Benchmarking	<input type="checkbox"/> Registry	
		<input type="checkbox"/> Provider Encounter Data	<input type="checkbox"/> Dose Administered	
		<input type="checkbox"/> Medicaid Claims Data	<input type="checkbox"/> Other	
<b>For State Use Only:</b>				
Immunization Program Representative:		Date Certified for Prevention Partnership:		



# FROZEN VACCINE STORAGE CERTIFICATION

NORTH DAKOTA DEPARTMENT OF HEALTH

SFN 58498 (1-2010)

Provider Name/Facility:		Provider ID Number:	
Street Address:	City:	State:	Zip Code:
Contact:	Telephone Number:		
Shipping Information (If Different Than Above):		NO POST OFFICE BOXES	
Street Address:	City:	State:	Zip Code:

THE FOLLOWING SECTION MUST BE COMPLETED TO RECEIVE FROZEN VACCINE

Can Freezer Maintain an Average Temperature of +5°F or -15°C or Colder? (Please circle)	YES	NO
Does Freezer Have an Exterior, Insulated Door? (Please circle) NOTE: DO NOT USE DORM-STYLE REFRIGERATORS	YES	NO
What Type of Thermometer is Used in the Freezer?		
Is the Thermometer Used Certified in Accordance with National Institute of Standards and Technology (NIST) or the American Society for Testing and Materials (ASTM)?	YES	NO
Signature of Person Completing Form:	Date:	

<b>For State Use Only:</b>	
Immunization Program Representative:	Date Certified for Prevention Partnership:

## Mandatory Reporting Requirements for All Providers

1. Providers are required to monitor and log refrigerator and freezer temperatures twice daily for each unit that contains state-supplied vaccine. Do not record the minimum/maximum reading. Only the current temperature should be recorded. **Copies of temperature logs must be sent monthly to the North Dakota Immunization Program even if a vaccine order is not placed.** This will help to ensure that vaccine is kept at appropriate temperatures.

**All vaccine except varicella (chickenpox), MMR, shingles and MMRV must be kept between 35° - 46°F or 2 – 8° C. Varicella, shingles and MMRV must be kept in the freezer at  $\leq +5^{\circ}$  F or  $\leq -15^{\circ}$  C. MMR may be either refrigerated or frozen.**

2. **Providers are required to send monthly doses administered and inventory reports to the North Dakota Immunization Program, even if a vaccine order is not placed.** These reports are necessary to monitor the accountability of our providers who receive vaccine from the VFC program. The report should contain **only VFC doses administered, unless your clinic is also giving other state-supplied vaccines.** Orders are filled based on the number of doses administered each month, so it is very important that all doses given are entered into the registry or accounted for on hand-written reports.

**Vaccine orders will not be filled unless all mandatory reports are received.**

Please contact the Immunization Program at 701.328.3386 or 800.472.2180 with any questions regarding mandatory reporting. Thank you for your cooperation.

<b>Vaccines For VFC* (regardless of residency) and Non-VFC (Insured) North Dakota Children</b>		
<b>Vaccine</b>	<b>Ages Covered</b>	<b>Eligibility Criteria</b>
Hepatitis B	Birth	<ul style="list-style-type: none"> <li>• <b><u>Available for administration by hospitals to all children (VFC and insured).</u></b></li> <li>• The ACIP and the NDDoH strongly recommend that all children receive the birth dose of hepatitis B vaccine.</li> <li>• Hepatitis B vaccine is VFC-only for all other doses in the hepatitis B series.</li> </ul>
<b>Vaccines For VFC Children Only (regardless of state of residence)</b>		
<b>Vaccine</b>	<b>Ages Covered</b>	<b>Eligibility Criteria</b>
DT	6 weeks – 6 years	<ul style="list-style-type: none"> <li>• Only to be administered when DTaP is medically contraindicated.</li> <li>• Call for approval prior to ordering.</li> </ul>
DTaP	6 weeks – 6 years	
DTaP/HepB/IPV (Pediarix <sup>®</sup> )	6 weeks – 6 years	<ul style="list-style-type: none"> <li>• Approved only for the primary series (i.e., 2, 4, and 6 months).</li> <li>• <b><u>Only available for administration by IHS facilities or other facilities serving significant American Indian populations.</u></b></li> </ul>
DTaP-IPV/Hib (Pentacel <sup>®</sup> )	6 weeks – 59 months	<ul style="list-style-type: none"> <li>• Approved for use at 2, 4, 6, and 12 – 18 months of age</li> <li>• Pediarix<sup>®</sup> and PedvaxHIB<sup>®</sup> preferred for IHS and other facilities serving significant American Indian populations.</li> </ul>
DTaP-IPV (Kinrix <sup>®</sup> )	4 years – 6 years	Approved for use as the fifth dose of DTaP and fourth dose of IPV at 4 – 6 years of age.
Hepatitis A	1 – 18 years	<ul style="list-style-type: none"> <li>• Should be routinely administered to children 12-23 months of age.</li> </ul>
Hepatitis B	Birth – 18 years	
Hib	6 weeks – 59 months	<ul style="list-style-type: none"> <li>• ActHIB<sup>®</sup> is available in limited supplies.</li> <li>• Hiberix<sup>®</sup> is available for the booster dose in the Hib series.</li> <li>• PedvaxHIB<sup>®</sup> is available to IHS and other facilities with significant American Indian populations.</li> </ul>
HPV4 (Gardasil <sup>®</sup> )	9 years – 18 years	Available for both males and females.
Influenza	6 months – 18 years	
IPV	6 weeks – 18 years	
Meningococcal Conjugate (MCV4, Menactra <sup>®</sup> )	2 – 18 years	Should be routinely administered to children 11-12 years of age.
MMR	12 months – 18 years	
Pneumococcal	6 weeks – 59 months	

Conjugate (PCV7, Prevnar <sup>®</sup> )		
Pneumococcal Polysaccharide	2 – 18 years	<ul style="list-style-type: none"> <li>• Available for high-risk children with one or more of the following conditions: <ul style="list-style-type: none"> <li>○ Chronic illnesses such as cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, or CSF leaks.</li> <li>○ Functional or anatomic asplenia (splenectomy)</li> <li>○ Conditions associated with immunosuppression, including HIV infection, leukemia, lymphoma, Hodgkin’s disease, multiple myeloma, generalized malignancy, chronic renal failure, nephritic syndrome, or other conditions associated with immunosuppression (organ or bone marrow transplantation); and people receiving immunosuppressive chemotherapy, including long-term high-dose corticosteroids.</li> <li>○ Cochlear implants</li> </ul> </li> </ul>
Rotavirus	6 weeks – 8 months, 0 days	<ul style="list-style-type: none"> <li>• Both Rotateq<sup>®</sup> (three dose rotavirus vaccine to be administered at 2, 4, and 6 months of age) and Rotarix<sup>®</sup> (two dose rotavirus vaccine to be administered at 2 and 4 months of age) are available.</li> </ul>
Td	7 – 18 years	<ul style="list-style-type: none"> <li>• Tdap is recommended instead of Td for adolescents and adults.</li> <li>• <b>Td is only necessary for children and adolescents who have not completed the primary series of DTaP.</b></li> </ul>
Tdap	10 – 18 years	<ul style="list-style-type: none"> <li>• Boostrix<sup>®</sup> is available for adolescents, ages 10 – 18 years.</li> <li>• Adacel<sup>®</sup> is available for adolescents, ages 11 – 18 years.</li> </ul>
Varicella (Chickenpox)	12 months – 18 years	

**Other State-Supplied Vaccines  
(North Dakota residents only, unless specified)**

Vaccine	Ages Covered	Eligibility Criteria
Hepatitis A/B	19 years and older	Only available at high risk settings, including prisons and HIV counseling and testing sites.
HPV4 (Gardasil <sup>®</sup> )	19 – 26 years	<p>Available for uninsured and underinsured males and females</p> <ul style="list-style-type: none"> <li>• Adults ages 19 – 21 years who are enrolled in Medicaid must be vaccinated with private vaccine and Medicaid should be billed.</li> <li>• Adults ages 22 – 26 years who are enrolled in Medicaid may be given state-supplied vaccine.</li> <li>• Insured individuals must be vaccinated with private vaccine and insurance should be billed.</li> <li>• Includes students of North Dakota colleges and/or universities, regardless of residency.</li> </ul>

Meningococcal+ Conjugate (MCV-4, Menactra®)	17 years – 55 years	<ul style="list-style-type: none"> <li>Available for all college freshman attending North Dakota colleges/universities, including those with health insurance and regardless of residency.</li> <li>Also available for all North Dakota high school seniors, regardless of insurance status.</li> </ul>
MMR	19 years and older	Available to <u>uninsured</u> or <u>underinsured</u> students born in or after 1957 enrolled in a North Dakota college/university, regardless of residency.
Pneumococcal Polysaccharide	50 – 64 years	Available for high-risk adults with one or more of the following conditions: <ul style="list-style-type: none"> <li>Chronic illnesses such as cardiovascular disease, chronic pulmonary disease (including asthma), diabetes mellitus, alcoholism, chronic liver disease, or CSF leaks.</li> <li>Functional or anatomic asplenia (splenectomy)</li> <li>Conditions associated with immunosuppression, including HIV infection, leukemia, lymphoma, Hodgkin’s disease, multiple myeloma, generalized malignancy, chronic renal failure, nephritic syndrome, or other conditions associated with immunosuppression (organ or bone marrow transplantation); and people receiving immunosuppressive chemotherapy, including long-term high-dose corticosteroids.</li> <li>Smokers</li> </ul>
Pneumococcal Polysaccharide	≥ 65 years	Available to those not enrolled in Medicare.
Shingles	≥ 60 years	Available, <u>in very limited supplies</u> , only at local public health units.
Td/Tdap+	≥ 10 years	<ul style="list-style-type: none"> <li>Available for all (including those with health insurance) North Dakotans who have or who anticipate having close contact with an infant aged &lt;12 months: <ul style="list-style-type: none"> <li>Parents/guardians of infants &lt; 12 months</li> <li>Childcare providers, regardless of age of children attending childcare</li> <li>Expecting fathers</li> </ul> </li> <li>Available for any uninsured or underinsured North Dakota adults.</li> <li>Tdap is recommended instead of Td for adolescents and adults.</li> </ul>

+The NDDoH also supplies Tdap and MCV4 to local public health units to vaccinate insured children for the middle school entry immunization requirements.

\*VFC-eligible children are those who are 18 and younger and meet one of the following criteria:

- No health insurance
- Medicaid eligible
- American Indian or Alaskan Native
- Underinsured – have health insurance, but it does not cover a particular vaccine
  - If your clinic does not have an agreement with a federally qualified health center to vaccinate underinsured children on their behalf, then your clinic must refer underinsured children to a rural health center or federally qualified health center to receive VFC vaccine.



## North Dakota Immunization Program 2010 Vaccine Loss Policy

Current state and federal vaccine contracts stipulate that spoiled or expired vaccines cannot be returned to the manufacturer for credit or replacement. Such vaccine losses are absorbed directly by our program's budget. Since the Prevention Partnership Program is so important to the health and well-being of the people of North Dakota, it is essential that all of us work together to ensure that every dose of vaccine is used to provide protection against preventable diseases. As a provider responsible for state-supplied vaccines, you and your staff should continually monitor vaccine storage and handling practices. Please notify the North Dakota Immunization Program if you or your staff would like to receive an educational visit regarding vaccine storage and handling.

Prevention Partnership Providers are required to report all wasted, expired, spoiled or lost vaccine to the North Dakota Immunization Program. This document serves as the North Dakota Department of Health (NDDoH) Immunization Program's policy for management of incidents that result in loss of state-supplied vaccine. Reimbursement for state-supplied vaccine will be requested if wastage was due to the provider's failure to properly store, handle or rotate vaccine inventory.

### Definitions

**Wasted:** Any vaccine that cannot be used. This includes expired, spoiled and lost vaccines.

**Expired:** Any vaccine with an expiration date that has passed.

**Spoiled:** Any vaccine that exceeds the limits of the approved cold chain procedures or is pre-drawn and not used within acceptable time frames. Always consult with the NDDoH before determining that the vaccine is non-viable.

**Lost:** Commercial carrier (FedEx or UPS) or United State Postal Service (USPS) does not deliver the vaccine or does not deliver in a timely manner.

### Situations That Require Financial Restitution

#### **Expired Vaccine**

- Failure to rotate or attempt to transfer vaccine that results in expired vaccine amounting to **greater than doses of any one vaccine in a 30-day period.**

#### **Spoiled Vaccine**

- Pre-drawn vaccine that is not used. Please note the North Dakota Immunization Program strongly discourages the practice of pre-drawing vaccine.
- Handling and storage mishaps by provider staff.
- Vaccine that is left out of the refrigerator or freezer and becomes non-viable. Call the vaccine manufacturer first to help you determine the stability/viability of vaccine left out of the refrigerator/freezer.
- Freezing vaccine that is supposed to be refrigerated.

- Refrigerating vaccine that is supposed to be frozen.
- Refrigerator/freezer left unplugged.
- Refrigerator/freezer door left open or ajar.
- Refrigerator/freezer equipment problems where proof of repair or equipment replacement is not provided to the North Dakota Immunization Program within 30 days from the date you became aware of the situation.
- Non-weather related power outages in which the provider fails to take precautions.
- Vaccine that is considered spoiled due to the provider not checking and/or reviewing refrigerator and freezer temperatures twice daily.
- Vaccine that is considered spoiled because a provider did not take immediate or appropriate action on out-of-range temperatures.
- Replacement vaccine: health care providers who must re-vaccinate due to negligence in failure to keep vaccine viable (temperatures out of acceptable range) or improper administration will be responsible for the current CDC cost of the vaccine needed to re-vaccinate.

### **Wasted Vaccine**

- State-provided vaccine given to children or adults who are not eligible to receive it based on the most recent NDDoH Vaccine Coverage Table.
- Discarding vaccine before the manufacturer's expiration date (includes multi-dose vials).

### **Situations That Do Not Require Financial Restitution**

Below is a list of situations that are NOT considered "provider negligence." This list is not exhaustive. In these situations, the provider is deemed not to be at fault. You may be required to produce a letter from the alarm/alert company or the power company.

- A commercial carrier or USPS does not deliver to the provider in a timely manner. Before making the determination that the vaccine is non-viable, first call the vaccine manufacturer.
- A provider who has a contract with an alert/alarm company has a refrigerator that malfunctions, and the alarm/alert company does not notify the provider.
- A provider moves vaccine to a nearby hospital due to anticipated inclement weather, the hospital experiences a power failure, and the North Dakota Immunization Program later deems the vaccine not viable.
- Power was interrupted or discontinued due to a storm, and after consultation with the vaccine manufacturer and the North Dakota Immunization Program, it is determined that vaccine is not viable.
- A vial that is accidentally dropped or broken by a provider.
- Vaccine that is drawn at the time of the visit but not administered due to parental refusal or a change in physician orders.
- Expired vaccine that is not due to provider negligence (including seasonal influenza vaccine).
- Extraordinary situations not listed above which are deemed by the North Dakota Immunization Program to be beyond the provider's control.

- Refrigerator/freezer equipment problems where proof of repair or equipment replacement is provided to the North Dakota Immunization Program within 30 days from the date you became aware of the situation.

### **Procedures and Policy for Returning Nonviable Vaccine to McKesson Specialty**

- Call the vaccine manufacturer and the North Dakota Immunization Program as soon as you suspect vaccine may not be viable.
- Failure to report wasted vaccine to the NDDoH may result in your facility no longer being able to receive state-supplied vaccine.
- Return all **unopened** vials and manufacturer's pre-filled syringes of spoiled or expired vaccine with a completed Non-Viable Vaccine Return and Wastage Form to McKesson Specialty regardless of any financial restitution status applied to the vaccine. Vaccine provided by the NDDoH should never be discarded. The only exception is open vials or syringes, including multi-dose vials, from which some doses have already been withdrawn. These can no longer be sent back to McKesson. A wastage form must still be filled out and sent to the NDDoH, and the open vials and syringes should then be discarded per your facility's policy.
- Procedure for returning unopened non-viable vaccine to McKesson:
  - Complete a Non-viable Vaccine Return and Wastage Form before returning non-viable vaccine.
  - Make two copies of the form, one for your records and one for McKesson.
  - Prior to shipping non-viable vaccine, fax the form to the NDDoH Immunization Program at 701.328.2499.
  - **Providers may NOT contact McKesson to coordinate pickup of wasted/expired vaccine.**
  - McKesson is no longer including pre-printed return labels with its shipments. You must contact the NDDoH when you need to return nonviable vaccine.
  - McKesson will send a return label via USPS. When you receive the return label, contact NDDoH.
  - For providers who do not have a regular UPS pickup, McKesson will contact UPS to arrange the pickup.
  - If the provider has a regularly scheduled UPS pickup at their facility, the provider may hand the labeled box of wasted/expired vaccine to the UPS driver.
  - Use a container from a previous vaccine shipment to send non-viable vaccine and a copy of the completed return form to McKesson.
  - **DO NOT ship viable vaccine to McKesson.**
  - DO NOT ship viable or non-viable vaccine to the NDDoH.

### **Procedures for Financial Restitution**

This updated policy applies to any vaccine received as wasted by the North Dakota Immunization Program on or after August 1, 2006.

- The provider will receive an invoice from the NDDoH for vaccine reported as wasted to the North Dakota Immunization Program.

- The invoice will reflect the current CDC cost of the vaccine, minus the excise tax credit.
- Reimbursement for the cost of the vaccine is **due within 30 days** of receiving the invoice.
- If reimbursement is not received within 30 days, the North Dakota Immunization Program will not supply vaccine to the negligent provider until payment is received.
- IHS facilities will be required to privately purchase vaccine to replace the wasted state-supplied vaccine. A copy of the purchase order or invoice must be submitted to the NDDoH. The NDDoH must be notified immediately when the purchased vaccine arrives so that the lot numbers can be entered into the NDIIS as state-supplied vaccine.

### **Provider-to-Provider Transfer of Vaccines**

Providers who have excess vaccine on hand that will not be used before expiration are encouraged to transfer this vaccine to other providers to utilize, and thus avoid being charged for wasted vaccine. Providers should begin this process within 3-6 months of the vaccine expiring. **It is the provider's responsibility to find another provider willing to accept the vaccine, and also to properly pack and ship the vaccine to that provider following standard cold-chain procedures.** While the NDDoH is willing to assist when possible, it is very difficult to match odd numbers of vaccines with other provider orders and to try to arrange for shipments between providers. Providers can find contact information for other VFC providers in their area in the NDIIS under the "Provider Search" tab (the list can be sorted by city, provider name, etc., by clicking on the headings). Providers must also transfer the doses in NDIIS or send a transfer form to the NDDoH so that the transfer can be made.

If you have any questions concerning this policy, please call the North Dakota Immunization Program at 701.328.3386 or toll-free at 800.472.2180.



## **Immunization Program Fraud and Abuse Policy**

Fraud and Abuse as defined in the Public Health Code of Federal Regulations 455.2: [://www.access.gpo.gov/nara/cfr/waisidx\\_03/42cfr455\\_03](http://www.access.gpo.gov/nara/cfr/waisidx_03/42cfr455_03). All cases of suspected fraud and abuse will be handled according to this policy and the Centers for Disease Control and Prevention's (CDC) Non-Compliance with VFC Requirements Protocol, which can be viewed at [.cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/nc-vfc-algorithm-fall08-508](http://cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/nc-vfc-algorithm-fall08-508).

**Fraud:** an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

**Abuse:** provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, [and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient]; or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.

**Vaccines for Children (VFC):** The VFC program is a federal vaccine entitlement program. VFC funds are provided to states to purchase vaccine for the following eligible children:

- Medicaid eligible
- Native American or Alaskan Native
- No insurance
- Underinsured (have health insurance but the policy does not cover vaccinations) – these children must be vaccinated at a Federal Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or by a provider with a Memorandum of Understanding (MOU) with an FQHC or RHC.

### **North Dakota Immunization Program Policy:**

#### 1. Fraud and Abuse Contacts

Tatia Hardy, VFC/AFIX Coordinator, is designated as the primary contact for fraud and abuse. Her contact information is:

2635 E. Main Ave., P.O. Box 5520, Bismarck, ND 58506-5520  
(P) 701-328-2035 (F) 701-328-2499  
[@nd.](mailto:tdhardy@nd.gov)

Molly Sander, Program Manager, is designated as first back-up. Her contact information is:

2635 E. Main Ave., P.O. Box 5520, Bismarck, ND 58506-5520  
(P) 701-328-4556 (F) 701-328-2499  
[@nd.](mailto:)

Abbi Pierce, Surveillance Coordinator, is designated as second back-up. Her contact information is:

2635 E. Main Ave., P.O. Box 5520, Bismarck, ND 58506-5520  
(P) 701-328-3324 (F) 701-328-2499  
[@nd.](mailto:)

## 2. External Enforcement Agencies

Allegations involving Medicaid will be reported to the North Dakota Medicaid Program within 5 working days. Customarily, the Fraud and Abuse Unit is located in the Attorney General's office or legal entity representing the state's interests. However, in North Dakota, this unit is located within the Medicaid Program Agency. It is the responsibility of this unit to investigate allegations. Upon receiving a suspected fraud and abuse case, an auditor/investigator will conduct a thorough investigation and compile a criminal report or audit report (depending on the type of case). The report is discussed with Utilization Review Management to determine course of action. Cases may then either be handled internally or referred to the Office of Inspector General or Attorney General's office. The entity taking action will be responsible for reporting any sanctions to the Office of Integrity for the national register. The contacts for Medicaid are:

Galen Hanson, Administrator, Fraud and Abuse  
Medical Services Division Department of Human Services  
600 E Boulevard. Ave, Department 325, Bismarck, ND 58505  
701-328-4024  
[@nd.](mailto:)

or

Jodi Hulm, Administrator, Health Tracks/ Healthy Steps Programs  
Medical Services Division Department of Human Services  
600 E Boulevard. Ave, Department 325, Bismarck, ND 58505  
701-328-2323  
[@nd.](mailto:)

Allegations not involving Medicaid will be reported to the Office of the Attorney General within 5 working days. The North Dakota Attorney General is responsible for investigating these allegations. The contact for the Office of the Attorney General is:

Mike Mullen  
Office of Attorney General  
600 E Boulevard Ave., Department 125, Bismarck, ND 58505  
701-328-3406  
[@nd.](mailto:)

Initial contact for referrals will be made by the Immunization Program to the appropriate agency via a phone call to the designated contact person. The Immunization Program will then provide the agency with written documentation, including a completed Fraud and Abuse Report Form, North Dakota Provider enrollment agreements and profiles, North Dakota Immunization Information System (NDIIS) data, and any other pertinent information that has been obtained. Follow-up contact may be made via phone or email but must be documented.

### 3. Fraud and Abuse Detection and Monitoring

Fraud or abuse can occur in many ways, and some types of fraud and abuse are easier for the VFC program to prevent or detect than others, depending on how the VFC program is implemented. The VFC program should try to differentiate between intentional fraud and abuse and unintentional abuse or error due to excusable lack of knowledge. Some examples of potential fraud and abuse that VFC staff might encounter are:

- Providing VFC vaccine to non-VFC-eligible children;
- Selling or otherwise misdirecting VFC vaccine;
- Billing a patient or third party for VFC vaccine;
- Charging more than the established maximum regional charge for administration of a VFC vaccine to a federally vaccine-eligible child;
- Not providing VFC-eligible children VFC vaccine because of parents' inability to pay for the administration fee;
- Not implementing provider enrollment requirements of the VFC program;
- Failing to screen patients for VFC eligibility, or screening improperly;
- Failing to maintain VFC records and comply with other requirements of the VFC program;
- Failing to fully account for VFC vaccine;
- Failing to properly store and handle VFC vaccine;
- Ordering VFC vaccine in quantities or patterns that do not match provider profile or otherwise involve over-ordering of VFC doses;
- Wastage of VFC vaccine.

Fraud and abuse situations that should be referred to an external agency include any of the above activities which, upon assessment, are found to have been conducted purposefully and with the intent to misrepresent or defraud the VFC program, and/or negligence of VFC responsibilities has occurred. Situations involving Medicaid will be referred to the North Dakota Medicaid program. All non-Medicaid situations will be referred to the Office of the Attorney General.

If the suspected case is identified by Immunization Program staff, the program manager and VFC coordinator will be notified immediately. Within 5 working days, the appropriate Immunization Program staff member will contact the provider in question to perform an in-depth interview. This interview will be recorded using the Fraud and Abuse Report Form. Data to be collected includes dates, names of staff involved, method by which the suspect activity was identified, a narrative of the

activity in question, any corrective actions taken by the Immunization Program staff, and any referrals made. If deemed appropriate, a referral to an external agency will be made. (See bullet 2. External Enforcement Agencies)

If the suspected case is identified by an outside individual, within 5 working days the appropriate Immunization Program staff member will first interview the individual and then the provider, again recording this information on the Fraud and Abuse Report Form. If deemed appropriate, a referral to an external agency will be made. (See bullet 2. External Enforcement Agencies.)

A file will be started for the provider in question and a copy of all verbal and written correspondence retained. The Immunization Program will follow-up with the external agency within 7 working days, or sooner if further information needs to be shared.

If a situation appears to be a case of fraud and abuse (see above list) but is later determined to have occurred due to an excusable lack of knowledge or understanding of the VFC program, with no purposeful intent to misrepresent or defraud the VFC program, an educational intervention will be made. Immunization Program staff will provide in-depth education to the provider's key staff about the VFC program and North Dakota enrollment and accountability requirements. The provider will be required to complete and return a corrective action plan detailing the steps that will be taken to prevent further incidents. This signed plan must be returned to the Immunization Program within one month. The provider will also be required to sign an acknowledgment that they received additional education, and that any recurrence of suspected fraud and abuse can result in a referral to an external agency for investigation.

The Fraud and Abuse policy will be disseminated to new employees as part of employee orientation and will be reviewed as part of new employee training. The policy will then be reviewed, at a minimum, annually. This review will take place during a monthly Immunization Program staff meeting. At that time, the policy will also be evaluated for any changes, updates, or enhancements that need to be made.

#### 4. Fraud and Abuse and Provider Accountability

North Dakota Providers will sign an annual agreement on behalf of all practitioners associated with their clinic, to adhere to the rules of the North Dakota Immunization Program.

North Dakota Providers will allow VFC/Assessment Feedback Incentive Exchange (AFIX) visits from the North Dakota Immunization Program when it is deemed necessary by the North Dakota Immunization Program.

North Dakota Providers will properly store and handle vaccines according to the Prevention Partnership agreement, North Dakota Vaccine Management Plan and the

North Dakota Immunization Program's Vaccine Loss Policy, which includes maintaining proper storage and handling procedures for vaccine and reimbursing for any vaccine lost due to negligence.

North Dakota Providers will submit monthly doses administered reports. All handwritten doses administered reports require providers to list current vaccine inventory. Additionally, when placing vaccine orders, providers are required to report the number of doses on hand.

North Dakota Providers are required to notify the Immunization Program, in writing, of any vaccine wastages or transfers, including doses swapped between private and VFC vaccine.

The North Dakota Immunization Program recognizes that staff turnover is a frequent occurrence within clinics. North Dakota providers are required to train new staff regarding the Fraud and Abuse Policy and Prevention Partnership Requirements.

5. Fraud and Abuse Phone Line

Suspected cases of fraud and abuse should be reported immediately to the North Dakota Immunization Program at 800.472.2180.

6. Fraud and Abuse and the Excluded Provider List

The North Dakota Immunization Program will exclude providers from participating in the VFC program and the Prevention Partnership Program if the provider is found to be in non-payment status under Medicare, Medicaid, and other Federal health care programs. Exclusion of providers may also occur due to Office of Inspector General (OIG) sanction, failure to renew license or certification registration, revocation of professional license or certification, or termination by the North Dakota Medicaid Agency. The North Dakota Immunization Program will monitor OIG exclusions by checking the List of Excluded Individuals and Entities on the OIG website once a month at [://oig.hhs.gov/fraud/exclusions/exclusions\\_list](http://oig.hhs.gov/fraud/exclusions/exclusions_list). Claims are not processed by Medicaid for providers on the OIG list. The North Dakota Immunization Program also has the right to exclude providers that are not following any other Prevention Partnership Program requirements. Vaccine will be removed from the provider's possession and the provider will be prohibited from receiving future shipments until the exclusion is lifted. The excluded provider or entity will be required to re-apply for the Prevention Partnership Program after the exclusion is lifted. The North Dakota Immunization Program, State Attorney's Office, and the Medicaid Fraud and Abuse Unit will work closely together to share any information regarding allegations and exclusions due to fraud and abuse.

7. Notifying the CDC and CMS of Fraud and Abuse

All suspected cases of fraud and abuse will be reported to North Dakota's Program Operations Branch (POB) project officer, the Centers for Medicare and Medicaid Services (CMS) Medicaid Integrity Group, and, as appropriate, the Department of Health and Human Services (DHHS) Office of Inspector General within 2 working days of the referral to either Medicaid or the Office of the Attorney General. Contact information for each agency is listed below:

North Dakota POB project officer  
Lewis Anderson, MPH  
1600 Clifton Rd, MS E-52, Atlanta, GA 30333  
(P) 404-639-8595  
[@cdc.](mailto:lewis.anderson@cdc.gov)

CMS Medicaid Integrity Group  
(F) 410-786-0711.  
[Integrity\\_Program@cms.hhs.](mailto:Integrity_Program@cms.hhs.gov)

Department of Health and Human Services (DHHS) Office of Inspector General  
Fargo, ND Office  
Dan Hudson  
Special Agent  
(P) 701-239-5355  
Dan.hudson@oig.hhs.gov  
[://oig.hhs.gov/fraud.](http://oig.hhs.gov/fraud)

# Emergency Vaccine Relocation Plan TEMPLATE

Provider Name: \_\_\_\_\_

Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

These are guidelines to follow in developing routine and emergency vaccine storage and handling plans. They should be posted near your storage unit or where they can be easily accessed in case of an emergency. **All office staff, including maintenance, cleaning, and security staff, should know the standard procedure to follow, and where/how the individual vaccines are to be stored.**

## Routine Vaccine Storage/Handling Plan

- Designate two people responsible for routine vaccine storage and security (update as staff changes):  
Primary Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Secondary Person: \_\_\_\_\_ Title: \_\_\_\_\_
- Vaccine ordering will be done every \_\_\_\_\_ or on the \_\_\_\_\_ day of each month.  
Primary Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Secondary Person: \_\_\_\_\_ Title: \_\_\_\_\_
- Maintain proper temperature for storage of vaccine:

Unit	Fahrenheit (F)	Celsius (C)
Refrigerator	35° - 46° F	2° - 8° C
Freezer	+5° F or colder	-15° C or colder

- Monitor temperatures and record twice daily for each unit containing state-supplied vaccine.
- Immediately take action if temperatures are out of range. On the temperature log, document what was done to ensure vaccine viability as well as action taken to establish and maintain proper temperatures.
- Keep temperature logs on file for at least three years.
- Immediately unpack vaccine shipments, check the temperature monitors, and store at proper temperature.
- Label VFC and state-supplied vaccines and store separately from private stock.
- Conduct monthly inventory counts.
- Store and rotate vaccines according to expiration dates, and use vaccines with the shortest expiration dates first.
- If vaccines are within 90 days of expiration and will not be used, arrange for provider-to-provider transfers. Fill out a "Vaccine Transfer Form" and fax to the NDDoH.
- Check the unit doors to ensure they are closed and, if possible, locked.
- Place "DO NOT UNPLUG" stickers next to outlet and circuit breakers.
- Use safety outlet covers where possible.
- Advise maintenance and cleaning personnel not to unplug refrigerator/freezer units.
- If VFC vaccine is expired, wasted or spoiled: complete the "Vaccine Return and Wastage" form, fax one copy to the NDDoH, and place one copy with the vaccine and return to McKesson.

**Emergency Vaccine Relocation Plan**

- Designate two people responsible for emergency vaccine storage and security (update as staff changes):  
 Primary Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Secondary Person \_\_\_\_\_ Title: \_\_\_\_\_
- How will designated personnel be contacted in vaccine storage emergency? (ie: phone, alarm, etc) \_\_\_\_\_
- These people have 24-hour access to storage units storing vaccines:

NAME	TITLE	CONTACT INFORMATION

- Steps to follow for proper storage and handling of vaccines to protect them from becoming spoiled. (How to pack and move vaccines)
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- Designate alternative storage units and facilities (back-up refrigerator, fire dept., hospital, another provider).

ALTERNATE LOCATION	CONTACT PERSON	ADDRESS & TELEPHONE #

- Procedures that the designated personnel should follow to access alternative units and facilities.
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- Designate a refrigerator/freezer repair company to contact for equipment problems.  
 Company Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_
- Record the following information on each refrigerator/freezer unit.  
 Brand: \_\_\_\_\_  
 Model #: \_\_\_\_\_  
 Serial #: \_\_\_\_\_

**NOTE: NDDoH staff will ask for a copy of your clinic's vaccine storage & handling plan, including relocation policy, during on-site visits.**



## **Vaccines for Children (VFC) Questions and Answers**

### **1. What is the VFC Program?**

The VFC program is a federally-funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. VFC was created by the Omnibus Budget Reconciliation Act of 1993 as a new entitlement program to be a required part of each state's Medicaid plan. The program was officially implemented in October 1994 as part of the President's Childhood Immunization Initiative. Funding for the VFC program is approved by the Office of Management and Budget and allocated through the Centers for Medicare & Medicaid Services (CMS) to the Centers for Disease Control and Prevention (CDC). CDC buys vaccines at a discount and distributes them to grantees—i.e., state health departments and certain local and territorial public health agencies—which in turn distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers. Children who are eligible for VFC vaccines are entitled to receive pediatric vaccines that are recommended by the Advisory Committee on Immunization Practices through passage of VFC resolutions.

### **2. Who is eligible for the VFC Program?**

Children through 18 years of age who meet at least one of the following criteria are considered federally vaccine-eligible and therefore eligible to participate in the VFC program:

**eligible:** a child who is eligible for the Medicaid program. (For the purposes of the VFC program, the terms Medicaid-eligible and Medicaid-enrolled are equivalent and refer to children who have health insurance covered by a state Medicaid program)

**Uninsured:** a child who has no health insurance coverage

**Indian (American Indian or Alaska Native):** as defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)

: Children who have commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (VFC- eligible for non-covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount--once that coverage amount is reached, these children are categorized as underinsured. **Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), unless your**

**clinic has signed an agreement with a FQHC to administer vaccines to underinsured children on their behalf.**

**3. What is the maximum vaccine administration fee I can charge for the VFC Program?**

The Health Care Financing Administration (HCFA), now the Centers for Medicare and Medicaid Services (CMS), set the administration fee cap at \$13.90 for North Dakota. The notice also indicated that state Medicaid programs could establish lower administration fees for VFC vaccination of Medicaid children. Effective July 1, 2007, North Dakota Medicaid reimburses \$8.77 for injectable vaccines administered to North Dakota Medicaid children. Except in the case of an inability to pay, the notice further stated that VFC providers can charge non-Medicaid VFC children (i.e., uninsured, American Indian/Alaska Natives, and underinsured children) up to, but not more than, the maximum regional administration charge (if that charge reflects the provider's cost of administration) regardless of whether the state has established a lower administration fee under the Medicaid program. **This means that providers can charge an administration fee, no higher than \$13.90, for vaccines given to VFC-eligible children.**

**The regional fee cap for North Dakota is \$13.90.**

The VFC program does not have any authority over administration fees charged to privately-insured children. Providers may bill insurance for what it costs to administer vaccinations.

**4. If a parent of a VFC child is unable to pay the vaccine administration fee, can I refuse to vaccinate that child?**

No. A provider cannot refuse to vaccinate a VFC child if the parent is unable to pay the vaccine administration fee.

**5. What are the administration fee requirements for insured children who have private health insurance benefits that include immunization coverage (non-VFC eligible children)?**

The VFC administration fee caps only apply to VFC-eligible children and do not apply to privately-insured children.

**6. Are children who are on Healthy Steps (SCHIP) VFC-eligible?**

No. Children who are on Healthy Steps are considered insured. Providers should administer privately-purchased vaccine and bill the Healthy Steps program.

**7. If a child has health insurance that covers vaccinations but has a high deductible, is that child VFC-eligible?**

No. Children who have health insurance but have high deductibles are considered insured, if once the deductible is met, insurance would cover vaccinations. They should be given privately-purchased vaccine and insurance or the parent should be billed.

**8. Are all children who have Medicaid as a secondary insurance covered by VFC?**

Children with Medicaid as a secondary insurance are VFC-eligible. VFC vaccine should be given to children with Medicaid as a secondary insurance and providers should bill insurance for the vaccine administration fee (maximum of \$13.90).

**9. If a child is Native American and has health insurance, is the child eligible for VFC vaccine?**

Yes. Any Native American child is eligible to receive VFC vaccine, regardless of their health insurance status. Providers should bill insurance for the vaccine administration fee (maximum \$13.90).

**10. If a parent is unsure if their child is underinsured, should I give VFC vaccine to that child?**

No. You should request that the parent check their child's insurance coverage. If unknown, administer private vaccine and bill insurance. After insurance is billed, if it is found that the child is underinsured, VFC vaccine may be swapped for the private dose of vaccine administered. Please complete a transfer form and send it to the NDDoH Immunization Program so the dose can be transferred in the North Dakota Immunization Information System (NDIIS).

**11. How often do I have to check a child's VFC status?**

A child's VFC status should be checked every time the child comes to a clinic for vaccination. The VFC status should be entered into the NDIIS.

**12. If my clinic does not have any private vaccine for insured children, can I borrow VFC vaccine and then pay that back later when I receive additional private vaccine?**

In **emergency situations** (i.e., vaccine shortages, outbreaks, etc.) a provider may borrow VFC vaccine and then pay that back later when private vaccine is available. This should occur on rare circumstances and should be documented in the NDIIS.

**13. If my clinic does not have any VFC vaccine, can I borrow from my private stock and then pay that back later when I receive additional VFC vaccine?**

Yes. You can borrow private vaccine and replace the private doses with VFC doses when you receive VFC vaccine. This also needs to be documented in the NDIIS.

**14. If a VFC child starts a series at age 18, can the series be completed using VFC vaccine after the child turns 19?**

No. Once a child turns 19, the child is no longer VFC eligible. Adolescents 19 and older must receive privately-purchased vaccine.

**15. As a VFC provider, do I have to order or offer all VFC vaccines available from the state health department?**

Yes, unless the provider makes a medical judgment that a specific VFC child should not receive a certain vaccination.

**16. Must specialty providers offer all age-appropriate VFC vaccines to their VFC-eligible patients in order to enroll in the VFC program?**

Specialty providers, at the discretion of the NDDoH, may limit their VFC practice to particular relevant vaccines. Specialty providers include inpatient settings such as birthing hospitals, juvenile detention centers, or juvenile inpatient treatment facilities.

**17. Does a Medicaid-enrolled provider have to offer VFC vaccines?**

A Medicaid-enrolled provider has to offer all services to Medicaid children that they offer to insured children. Therefore, if a provider is offering vaccines to insured children, then they have to offer vaccines to Medicaid children. Medicaid will not cover the costs of privately-purchased vaccines, which is why providers should enroll in the VFC program.

**18. If a child is a member of a Participating Provider Organization (PPO) or Exclusive Provider Organization (EPO) and travels “out of network” for immunizations and the immunizations are not covered “out of network,” but would have been covered within the PPO or EPO, is the child VFC-eligible?**

No. The child is not considered VFC-eligible, because the child’s immunizations would have been covered within the PPO or EPO.

Most BCBSND plans cover immunizations at any provider, regardless of PPO or EPO.

**19. If a child’s insurance coverage for immunizations is capped at a certain amount, is the child considered VFC-eligible once the cap is met?**

Yes. Once the insurance cap is met, the insurance will no longer cover immunizations, so the child is considered underinsured and therefore VFC-eligible. For example, if an insurance company will only cover up to \$500 for immunizations and that amount has been met, then the child is considered VFC-eligible.

No BCBSND plans currently have a cap for immunizations.

**20. Are children who have health insurance but whose insurance covers only a percent of the cost of one or more vaccines eligible for the VFC program? For example, the insurance covers 80% of the cost of MCV4.**

No, these children are considered to be insured for the purposes of the VFC program and are not eligible to receive VFC vaccine.

- 21. Can a child that has insurance that limits the coverage to a specific number of provider visits annually be considered underinsured for the purposes of the VFC program once the number of covered visits is reached?**

If the child's insurance will not cover the cost of the vaccine after the child has exceeded the number of covered provider visits, the child can be considered underinsured for the purposes of the VFC program.

# It's federal law!

## You must give your patients current Vaccine Information Statements (VISs)

As healthcare professionals understand, the risks of serious consequences following vaccination are many hundreds or thousands of times less likely than the risks associated with the diseases that the vaccines protect against. Most adverse reactions from vaccines are mild and self-limited. Serious complications are rare, but they can have a devastating effect on the recipient, family members, and the providers involved with the care of the patient. We must continue the efforts to make vaccines as safe as possible.

Equally important is the need to furnish vaccine recipients (or the parents/legal representatives of minors) with objective information on vaccine safety and the diseases that the vaccines protect against, so that they are actively involved in making decisions affecting their health or the health of their children. When people are not informed about vaccine adverse events, even common, mild events, they can lose their trust in healthcare providers and vaccines. Vaccine Information Statements (VISs) provide a standardized way to present objective information about vaccine benefits and adverse events.

### What are VISs?

VISs are developed by the staff of the Centers for Disease Control and Prevention (CDC) and undergo intense scrutiny by panels of experts for accuracy. Each VIS provides information to properly inform the adult vaccine recipient or the minor child's parent or legal representative about the risks and benefits of each vaccine. VISs are not meant to replace interactions with healthcare providers, who should answer questions and address concerns that the recipient or the parent/legal representative may have.

### Use of the VIS is mandatory!

Before a healthcare provider vaccinates a child or an adult with a dose of any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or varicella (chickenpox) vaccine, the provider is required by the National Childhood Vaccine Injury Act (NCVIA) to provide a copy of the VIS to either the adult recipient or to the child's parent/legal representative.

VISs are also available for pneumococcal polysaccharide vaccine, as well as various vaccines used primarily for international travelers. The use of these VISs is recommended but not currently required by federal law.

An alternative VIS—the multi-vaccine VIS—is an option to providing single-vaccine VISs when administering one or more of these routine birth-through-6-month vaccines: DTaP, hepatitis B, Hib, pneumococcal (PCV), polio (IPV), or rotavirus (RV). The multi-vaccine VIS can also be used when giving combination birth-through-6-month vaccines (i.e., Pediarix, Pentacel, or Comvax) or when giving two or more routine birth-through-6-month vaccines together at other pediatric visits (e.g., 12–15 months or 4–6 years).

It is also acceptable to have the patient read the VISs on an office computer or in a more permanent (e.g., laminated) format during the office visit. If this option is chosen, the patient must be given the option to take a paper copy with them.

State or local health departments or individual providers may place the clinic name on the VISs, but any other changes must be approved by the director of CDC's National Center for Immunization and Respiratory Diseases.

### What to do with VISs

Some of the legal requirements concerning the use of VISs are as follows:

1. Before an NCVIA-covered vaccine is administered to anyone (this includes adults!), you must give the patient or the parent/legal representative a copy of the most current VIS available for that vaccine. Make sure you give your patient time to read the VIS prior to the administration of the vaccine.
2. You must record in your patient's chart the date the VIS was given.
3. You must also record on the patient's chart the publication date of the VIS, which appears on the bottom of the VIS.

### How to get VISs

All available VISs can be downloaded from the website of the Immunization Action Coalition at [www.immunize.org/vis](http://www.immunize.org/vis) or from CDC's website at [www.cdc.gov/vaccines/pubs/vis/default.htm](http://www.cdc.gov/vaccines/pubs/vis/default.htm). Ready-to-copy versions may also be available

To obtain a complete set of current VISs in more than 30 languages, visit IAC's website at [www.immunize.org/vis](http://www.immunize.org/vis)

from your state or local health department.

Non-English language versions of VISs are not available from CDC; however, several state health departments have arranged for their translations. These versions do not require CDC approval. You can find VISs in more than 30 languages on the Immunization Action Coalition website at [www.immunize.org/vis](http://www.immunize.org/vis). To find VISs in alternative formats (e.g., audio, web-video), go to: [www.immunize.org/vis/vis\\_audio.asp](http://www.immunize.org/vis/vis_audio.asp).

### Most current versions of VISs

As of January 2010, the most recent versions of the VISs are as follows:

DTaP/DT/DTP .....	5/17/07	MMR.....	3/13/08
Hepatitis A .....	3/21/06	PCV .....	12/9/08
Hepatitis B .....	7/18/07	PPSV .....	10/6/09
Hib .....	12/16/98	Polio .....	1/1/00
HPV (H. papillomavirus)....	2/2/07	Rabies .....	10/6/09
Influenza .....		Rotavirus .....	8/28/08
H1N1 (inactive) .....	10/2/09	Shingles .....	10/6/09
H1N1 (live).....	10/2/09	Td/Tdap .....	11/18/08
seasonal (inactive).....	8/11/09	Typhoid .....	5/19/04
seasonal (live).....	8/11/09	Varicella .....	3/13/08
Japan. enceph. ....	5/11/05	Yellow fever.....	11/9/04
Meningococcal .....	1/28/08		
Multi-vaccine VIS .....			9/18/08

(for 6 vaccines given to infants/children: DTaP, IPV, Hib, Hep B, PCV, RV)

**“We have an obligation to provide patients and/or parents with information that includes both the benefits and the risks of vaccines. This can be done with the Vaccine Information Statements that healthcare providers are required by law to provide prior to the administration of vaccines.”**

**Walter A. Orenstein, MD, past director, National Immunization Program, CDC**



**VACCINE ADVERSE EVENT REPORTING SYSTEM**

24 Hour Toll-Free Information 1-800-822-7967  
P.O. Box 1100, Rockville, MD 20849-1100

**PATIENT IDENTITY KEPT CONFIDENTIAL**

*For CDC/FDA Use Only*

VAERS Number \_\_\_\_\_

Date Received \_\_\_\_\_

Patient Name: _____ Last                      First                      M.I. Address _____ _____ _____ City                      State                      Zip Telephone no. (____) _____	Vaccine administered by (Name): _____ Responsible Physician _____ Facility Name/Address _____ _____ _____ City                      State                      Zip Telephone no. (____) _____	Form completed by (Name): _____ Relation <input type="checkbox"/> Vaccine Provider <input type="checkbox"/> Patient/Parent to Patient <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other Address (if different from patient or provider) _____ _____ _____ City                      State                      Zip Telephone no. (____) _____
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1. State	2. County where administered	3. Date of birth ____/____/____ mm dd yy	4. Patient age	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Date form completed ____/____/____ mm dd yy
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7. Describe adverse events(s) (symptoms, signs, time course) and treatment, if any	8. Check all appropriate: <input type="checkbox"/> Patient died (date ____/____/____) <input type="checkbox"/> Life threatening illness <input type="checkbox"/> Required emergency room/doctor visit <input type="checkbox"/> Required hospitalization (____days) <input type="checkbox"/> Resulted in prolongation of hospitalization <input type="checkbox"/> Resulted in permanent disability <input type="checkbox"/> None of the above
--	---

9. Patient recovered <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	10. Date of vaccination ____/____/____ mm dd yy Time _____ AM PM	11. Adverse event onset ____/____/____ mm dd yy Time _____ AM PM
--	--	--

13. Enter all vaccines given on date listed in no. 10				
Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous Doses
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

14. Any other vaccinations within 4 weeks prior to the date listed in no. 10					
Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses	Date given
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____

15. Vaccinated at: <input type="checkbox"/> Private doctor's office/hospital <input type="checkbox"/> Military clinic/hospital <input type="checkbox"/> Public health clinic/hospital <input type="checkbox"/> Other/unknown	16. Vaccine purchased with: <input type="checkbox"/> Private funds <input type="checkbox"/> Military funds <input type="checkbox"/> Public funds <input type="checkbox"/> Other/unknown	17. Other medications
--	---	-----------------------

18. Illness at time of vaccination (specify)	19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)
--	---

20. Have you reported this adverse event previously? <input type="checkbox"/> No <input type="checkbox"/> To health department <input type="checkbox"/> To doctor <input type="checkbox"/> To manufacturer	<b>Only for children 5 and under</b>
	22. Birth weight _____ lb. _____ oz.
	23. No. of brothers and sisters _____

21. Adverse event following prior vaccination (check all applicable, specify)	<b>Only for reports submitted by manufacturer/immunization project</b>													
<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Adverse Event</th> <th style="width:15%;">Onset Age</th> <th style="width:15%;">Type Vaccine</th> <th style="width:15%;">Dose no. in series</th> </tr> <tr> <td><input type="checkbox"/> In patient</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> In brother or sister</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Adverse Event	Onset Age	Type Vaccine	Dose no. in series	<input type="checkbox"/> In patient	_____	_____	_____	<input type="checkbox"/> In brother or sister	_____	_____	_____	24. Mfr./imm. proj. report no.	25. Date received by mfr./imm.proj.
Adverse Event	Onset Age	Type Vaccine	Dose no. in series											
<input type="checkbox"/> In patient	_____	_____	_____											
<input type="checkbox"/> In brother or sister	_____	_____	_____											
	26. 15 day report? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. Report type <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up												

Health care providers and manufacturers are required by law (42 USC 300aa-25) to report reactions to vaccines listed in the Table of Reportable Events Following Immunization. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.

## **DIRECTIONS FOR COMPLETING FORM**

**Fax completed form to the North Dakota Department of Health Immunization Program**

**Fax: 701-328-0355**

(Additional pages may be attached if more space is needed)

### **GENERAL**

- Use a separate form for each patient. Complete the form to the best of your abilities. Items 3, 4, 7, 8, 10, 11, and 13 are considered essential and should be completed whenever possible. Parents/Guardians may need to consult the facility where the vaccine was administered for some of the information (such as manufacturer, lot number or laboratory data.)
- Refer to the Reportable Events Table (RET) for events mandated for reporting by law. Reporting for other serious events felt to be related but not on the RET is encouraged.
- Health care providers other than the vaccine administrator (VA) treating a patient for a suspected adverse event should notify the VA and provide the information about the adverse event to allow the VA to complete the form to meet the VA's legal responsibility.
- These data will be used to increase understanding of adverse events following vaccination and will become part of CDC Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems". Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.
- Postage will be paid by addressee. Forms may be photocopied (must be front & back on same sheet).

### **SPECIFIC INSTRUCTIONS**

Form Completed By: To be used by parents/guardians, vaccine manufacturers/distributors, vaccine administrators, and/or the person completing the form on behalf of the patient or the health professional who administered the vaccine.

- Item 7: Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, duration of symptoms, diagnosis, treatment and recovery should be noted.
- Item 9: Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if the patient has not returned to the pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.
- Item 10: Give dates and times as specifically as you can remember. If you do not know the exact time, please and 11: indicate "AM" or "PM" when possible if this information is known. If more than one adverse event, give the onset date and time for the most serious event.
- Item 12: Include "negative" or "normal" results of any relevant tests performed as well as abnormal findings.
- Item 13: List ONLY those vaccines given on the day listed in Item 10.
- Item 14: List any other vaccines that the patient received within 4 weeks prior to the date listed in Item 10.
- Item 16: This section refers to how the person who gave the vaccine purchased it, not to the patient's insurance.
- Item 17: List any prescription or non-prescription medications the patient was taking when the vaccine(s) was given.
- Item 18: List any short term illnesses the patient had on the date the vaccine(s) was given (i.e., cold, flu, ear infection).
- Item 19: List any pre-existing physician-diagnosed allergies, birth defects, medical conditions (including developmental and/or neurologic disorders) for the patient.
- Item 21: List any suspected adverse events the patient, or the patient's brothers or sisters, may have had to previous vaccinations. If more than one brother or sister, or if the patient has reacted to more than one prior vaccine, use additional pages to explain completely. For the onset age of a patient, provide the age in months if less than two years old.
- Item 26: This space is for manufacturers' use only.





**Request for Vaccine**

<b>Provider ID Number:</b>	<b>Provider Name:</b>	<b>Date:</b>	
<b>Delivery Address:</b>	<b>City:</b>	<b>State:</b> ND	<b>Zip Code:</b>
<b>Contact Person:</b>	<b>Telephone Number:</b>	<input type="checkbox"/> Check here if this is a new address, telephone number, or contact person.	

**Special Delivery Instructions:**

All sections must be completed in order for your order to be processed. Allow up to 3 weeks for delivery. Vaccine and materials are shipped on Mondays, Tuesdays, and Wednesdays (weather permitting). Orders will not be filled until the NDDoH has received a doses administered report and temperature charts.

Vaccines	Packaging	Unit size (in doses)	Doses Requested	Doses on Hand
DTaP (For children ≤6 years of age)	Syringes	5		
	Single-dose vials	10		
DTaP/HepB/IPV (Pediatrix®) – <b><u>IHS only</u></b>	Syringes	5		
	Single-dose vials	10		
DTaP/Hib/IPV (Pentacel®)	Single-dose vials	5		
DTaP-IPV (Kinrix®)	Single-dose vials	10		
	Syringes	5		
Hepatitis A	<b>Havrix®</b> Syringes	10		
	<b>Havrix®</b> Single-dose vials	10		
	<b>Vaqtal®</b> Single-dose vials	10		
Hepatitis B	Syringes	5		
	Single-dose vials	10		
Hib (PedvaxHIB®) – <b><u>IHS only</u></b>	Single-dose vials	10		
Hib (ActHIB®)	Single-dose vials	5		
Hib (Hiberix®)	Single-dose vials	10		
HPV	Single-dose vials	10		
IPV	Multi-dose vials	10		
Meningococcal Conjugate Vaccine (MCV-4)	Single-dose vials	5		
MMR	Single-dose vials	10		
Pneumococcal Conjugate Vaccine (PCV-7)	Syringes	10		
Pneumococcal Polysaccharide Vaccine (PPV-23)	Multi-dose vials	5		
Rotavirus (Rotateq®)	Single-dose tubes	10		
Rotavirus (Rotarix®)	Single-dose vials	10		
Tdap	<b>Boostrix®</b> Syringes	5		
	<b>Boostrix®</b> Single-dose vials	10		
	<b>Adacel®</b> Single-dose vials	10		
	<b>Adacel®</b> Syringes	5		
Varicella (Shipped directly from manufacturer)	Single-dose vials	10		
HBIG (Available to hospitals for perinatal use only)	Single-dose vials	1		
Td (Available for use in children ≥7 years of age who have not completed the primary series of DTaP)	Syringes	10		
DT pediatric (Contact ND Immunization Program for pre-approval before ordering)	Single-dose vials	10		

## Request for Materials

### Provider

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

**Note: Please allow 2 weeks for delivery of materials**

Item	Quantity	Item	Quantity
<b>CDC Vaccine Information Statements</b>		<b>Miscellaneous</b>	
Chickenpox Vaccine		Baby 411 (Ari Brown)	
Diphtheria, Tetanus, and Pertussis (DTaP) Vaccine		Health Record Folder with inserts	
<i>Haemophilus influenzae</i> type B (Hib) Vaccine		Health Record Folder without inserts	
Hepatitis A Vaccine		Immunizations for Babies (A Guide for Parents)	
Hepatitis B Vaccine		Recommended Childhood Immunization Schedule (CDC)	
Human papillomavirus (HPV) Vaccine		Screen Questionnaire for Child and Teen Immunizations	
Inactivated Influenza		Vaccinations for Adults	
Live Attenuated Influenza		When Do Children and Teens Need Vaccinations? (chart)	
Meningococcal Vaccine		<b>State Forms</b>	
MMR Vaccine		Certificate of Immunization (SFN 16038)	
Multiple Vaccines		Lifetime Immunization Record (SFN 13895)	
Pneumococcal Conjugate Vaccine		Request for Vaccine/Materials (SFN 13800)	
Pneumococcal Polysaccharide Vaccine		Temperature Log (Fahrenheit) (SFN 53775)	
Polio Vaccine		Temperature Log (Celsius) (SFN 58468)	
Rotavirus Vaccine		Temperature Log (Fahrenheit and Celsius) (SFN 58469)	
Shingles Vaccine		Vaccine Administration Monthly Report (SFN 53774)	
Tetanus, Diphtheria, and Pertussis Vaccine (Tdap)/ Td		Vaccine Administration Record 2-part (SFN 18385)	
<b>Camera-ready copy:</b> (please circle) Rabies    Typhoid    Yellow Fever		Vaccine Administration Record (Series) (SFN 50922)	
Brochures		Vaccine Transfer Form (SFN 53766)	
What if you don't immunize your child?		Vaccine Return and Wastage Form (SFN 53767)	
Questions parents ask about baby shots		North Dakota Advisory Committee Immunization Schedule 2008	
		North Dakota Immunization Schedule for Indian health Services 2008	
		Adult Tdap Flyer	
<b>Miscellaneous</b>		Vaccine Safety Fact Sheet	
Vaccine Safety Q & A (CHOP)		It's My Turn Poster (Cellphone) 8 X 11	
Reliable Sources of Immunization Information		It's My Turn Poster (Cellphone) 11 X 17	
Vaccine Adverse Events Reporting Form (VAERS)		It's Their Turn Poster (Teens) 8 X 11	
After the Shots... What to do if your child has discomfort		It's Their Turn Poster (Teens) 11 X 17	
Are you 11-19 years old? Then you need to be vaccinated against these serious diseases!		It's Their Turn Fact Sheet	

**Fax Completed Form To: NDDoH, Division of Disease Control**  
**Fax No.: 701.328.2499**  
**Phone No.: 701.328.3386 or 800.472.2180**





**VACCINE TRANSFER FORM**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 SFN 53766 (Rev. 12/09)

<u><b>Transferring Provider</b></u>		
<b>Provider ID Number:</b>	<b>Provider Name:</b>	<b>Date:</b>
<b>Street Address:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>Contact Person:</b>	<b>Telephone No.:</b>	

**Return this form to:**  
 North Dakota Department of Health  
 Division of Disease Control  
 2635 East Main Ave. PO Box 5520  
 Bismarck, ND 58506-5520  
 Fax Number: 701.328.2499

1. Complete this form when transferring vaccine.
2. Maintain proper vaccine temperature during transfer.

Vaccine	Receiving Provider Name	Receiving Provider ID Number	Lot Number	Number of Doses
DT				
DTaP				
DTap/Hib/IPV (Pentacel®)				
DTaP/HepB/IPV (Pediarix®)				
DTap/IPV (Kinrix®)				
HepA				
HepB				
HIB				
HPV				
IPV				
Influenza				
MCV-4				
MMR				
PCV-7				
PPV-23				
Rotavirus				
Shingles				
Td				
Tdap				
Varicella				
<b>Reason for Transfer:</b>				
<b>Has this transfer been documented in NDIIS?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>				

Contact the North Dakota Department of Health with any questions or concerns at 701.328.3386 or 800.472.2180



**VACCINES FOR CHILDREN PATIENT ELIGIBILITY SCREENING RECORD**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
SFN 58497 (01-2010)

Date:
-------

Child's Information

Last:	First:	Middle:
Date of Birth:		

Parent's Information

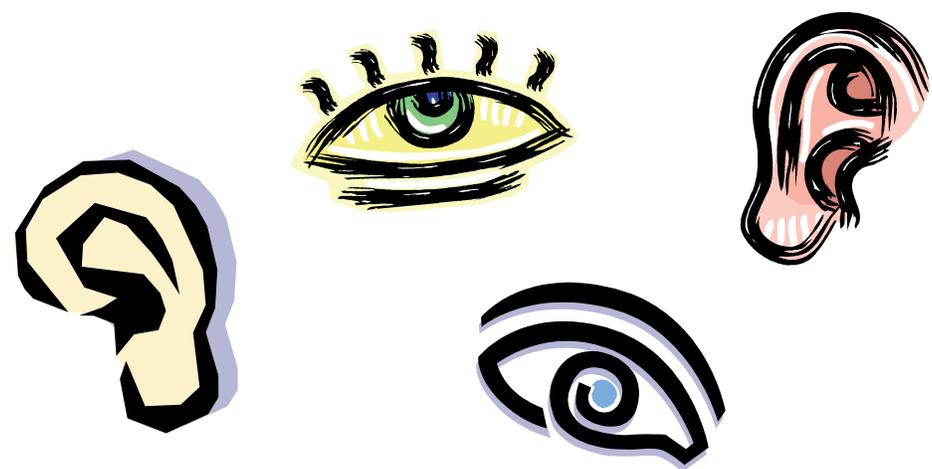
Last:	First:	Middle:
-------	--------	---------

Provider:
-----------

This child qualifies for immunizations through the federally-funded portion of the VFC program because he/she is 18 years of age and younger and (check one box only):

- Is enrolled in Medicaid
- Does not have health insurance
- Is American Indian or Alaskan Native
- Is underinsured (must receive vaccine at RHC or FQHC unless letter of agreement with FQHC or RHC)
- Not VFC-eligible

A record of all children 18 years of age or younger who receive VFC Program immunizations must be kept in the health care provider's office. The record may be completed by the individual, parent, guardian or by the health care provider. This same record will satisfy the requirements for all subsequent vaccinations, as long as the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.



**You are the eyes  
and ears of the  
immunization world  
and we need YOU!**

- Join the  
Immunization Advisory Committee
- Toll-free conference call the 3rd Thursday  
of every month at 7:00 AM CST
- Contact Abbi at 1-800-472-2180 or email at  
[apierce@nd.gov](mailto:apierce@nd.gov) to volunteer.



# NDIIS

**North Dakota Immunization Information System**

If you are interested in getting access to the immunization registry, please contact the NDDoH Immunization Program at 701.328.3386 or toll-free 800.472.2180.

# Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B <sup>1</sup>		HepB	HepB			HepB						
Rotavirus <sup>2</sup>			RV	RV	RV <sup>2</sup>							
Diphtheria, Tetanus, Pertussis <sup>3</sup>			DTaP	DTaP	DTaP	<i>see footnote<sup>3</sup></i>	DTaP					DTaP
<i>Haemophilus influenzae</i> type b <sup>4</sup>			Hib	Hib	Hib <sup>4</sup>		Hib					
Pneumococcal <sup>5</sup>			PCV	PCV	PCV		PCV				PPSV	
Inactivated Poliovirus <sup>6</sup>			IPV	IPV		IPV						IPV
Influenza <sup>7</sup>						Influenza (Yearly)						
Measles, Mumps, Rubella <sup>8</sup>							MMR			<i>see footnote<sup>8</sup></i>		MMR
Varicella <sup>9</sup>							Varicella			<i>see footnote<sup>9</sup></i>		Varicella
Hepatitis A <sup>10</sup>							HepA (2 doses)				HepA Series	
Meningococcal <sup>11</sup>												MCV

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

## 1. Hepatitis B vaccine (HepB). (Minimum age: birth)

### At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

### After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. The final dose should be administered no earlier than age 24 weeks.
  - Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
  - Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.
- ## 2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)
- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
  - The maximum age for the final dose in the series is 8 months 0 days
  - If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- ## 3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)
- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
  - Administer the final dose in the series at age 4 through 6 years.
- ## 4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)
- If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
  - TriHibit (DTaP/Hib) and Hiberix (PRP-T) should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.
- ## 5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])
- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
  - Administer PPSV 2 or more months after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. See *MMWR* 1997;46(No. RR-8).

## 6. Inactivated poliovirus vaccine (IPV) (Minimum age: 6 weeks)

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. See *MMWR* 2009;58(30):829–30.

## 7. Influenza vaccine (seasonal). (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy children aged 2 through 6 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine see *MMWR* 2009;58(No. RR-10).

## 8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

## 9. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

## 10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits
- HepA also is recommended for older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

## 11. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.
- Administer MCV4 to children previously vaccinated with MCV4 or MPSV4 after 3 years if first dose administered at age 2 through 6 years. See *MMWR* 2009;58:1042–3.

# Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2010

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, Diphtheria, Pertussis <sup>1</sup>			Tdap	Tdap	Range of recommended ages for all children except certain high-risk groups
Human Papillomavirus <sup>2</sup>	<i>see footnote 2</i>		HPV (3 doses)	HPV series	
Meningococcal <sup>3</sup>		MCV	MCV	MCV	
Influenza <sup>4</sup>			Influenza (Yearly)		Range of recommended ages for catch-up immunization
Pneumococcal <sup>5</sup>		PPSV			
Hepatitis A <sup>6</sup>		HepA Series			Range of recommended ages for certain high-risk groups
Hepatitis B <sup>7</sup>		Hep B Series			
Inactivated Poliovirus <sup>8</sup>		IPV Series			
Measles, Mumps, Rubella <sup>9</sup>		MMR Series			
Varicella <sup>10</sup>		Varicella Series			

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

### 1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for Boostrix and 11 years for Adacel)

- Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
- Persons aged 13 through 18 years who have not received Tdap should receive a dose.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.

### 2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Two HPV vaccines are licensed: a quadrivalent vaccine (HPV4) for the prevention of cervical, vaginal and vulvar cancers (in females) and genital warts (in females and males), and a bivalent vaccine (HPV2) for the prevention of cervical cancers in females.
- HPV vaccines are most effective for both males and females when given before exposure to HPV through sexual contact.
- HPV4 or HPV2 is recommended for the prevention of cervical precancers and cancers in females.
- HPV4 is recommended for the prevention of cervical, vaginal and vulvar precancers and cancers and genital warts in females.
- Administer the first dose to females at age 11 or 12 years.
- Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- Administer the series to females at age 13 through 18 years if not previously vaccinated.
- HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of acquiring genital warts.

### 3. Meningococcal conjugate vaccine (MCV4).

- Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
- Administer to previously unvaccinated college freshmen living in a dormitory.
- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, or certain other conditions placing them at high risk.
- Administer to children previously vaccinated with MCV4 or MPSV4 who remain at increased risk after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose. See *MMWR* 2009;58:1042–3.

### 4. Influenza vaccine (seasonal).

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine. See *MMWR* 2009;58(No. RR-10).

### 5. Pneumococcal polysaccharide vaccine (PPSV).

- Administer to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition. See *MMWR* 1997;46(No. RR-8).

### 6. Hepatitis A vaccine (HepA).

- Administer 2 doses at least 6 months apart.
- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

### 7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

### 8. Inactivated poliovirus vaccine (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

### 9. Measles, mumps, and rubella vaccine (MMR).

- If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.

### 10. Varicella vaccine.

- For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
- For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus <sup>2</sup>	6 wks	4 weeks	4 weeks <sup>2</sup>		
Diphtheria, Tetanus, Pertussis <sup>3</sup>	6 wks	4 weeks	4 weeks	6 months	6 months <sup>3</sup>
<i>Haemophilus influenzae</i> type b <sup>4</sup>	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks <sup>4</sup> if current age is younger than 12 months 8 weeks (as final dose) <sup>4</sup> if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal <sup>5</sup>	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age	
Inactivated Poliovirus <sup>6</sup>	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella <sup>7</sup>	12 mos	4 weeks			
Varicella <sup>8</sup>	12 mos	3 months			
Hepatitis A <sup>9</sup>	12 mos	6 months			
PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis <sup>10</sup>	7 yrs <sup>10</sup>	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus <sup>11</sup>	9 yrs		Routine dosing intervals are recommended <sup>11</sup>		
Hepatitis A <sup>9</sup>	12 mos	6 months			
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus <sup>6</sup>	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella <sup>7</sup>	12 mos	4 weeks			
Varicella <sup>8</sup>	12 mos	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

**1. Hepatitis B vaccine (HepB).**

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

**2. Rotavirus vaccine (RV).**

- The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days.
- If Rotarix was administered for the first and second doses, a third dose is not indicated.

**3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).**

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

**4. *Haemophilus influenzae* type b conjugate vaccine (Hib).**

- Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons who have not previously received Hib vaccine is not contraindicated.
- If the first 2 doses were PRP-OMP (PedvaxHIB or Comvax), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.

**5. Pneumococcal vaccine.**

- Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
- For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses were received previously.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant, at least 8 weeks after the last dose of PCV. See *MMWR* 1997;46(No. RR-8).

**6. Inactivated poliovirus vaccine (IPV).**

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.

- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).

**7. Measles, mumps, and rubella vaccine (MMR).**

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
- If not previously vaccinated, administer 2 doses with at least 28 days between doses.

**8. Varicella vaccine.**

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

**9. Hepatitis A vaccine (HepA).**

- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

**10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).**

- Doses of DTaP are counted as part of the Td/Tdap series
- Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 through 18 years; use Td for other doses.

**11. Human papillomavirus vaccine (HPV).**

- Administer the series to females at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 1 to 2 and 6 months after the first dose). The minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be administered at least 24 weeks after the first dose.

**Recommended Childhood and Adolescent Immunization Schedule – August 2009**  
**North Dakota Immunization Advisory Committee**

Vaccine	Age	Birth	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	24 mo	4-6 yr	11-12 yr	13-18 yr				
	Hepatitis B		Hep B #1	Hep B #2		Hep B #3										
Inactivated Poliovirus (IPV)			Pentacel® #1 IPV DTaP Hib	Pentacel® #2 IPV DTaP Hib	Pentacel® #3 IPV DTaP Hib	Pentacel® #4 IPV DTaP Hib				Kinrix® IPV #5 DTaP #5						
Diphtheria, tetanus, pertussis															Tdap	Tdap (if not given at 11 - 12 yr.)
<i>Haemophilus influenzae</i> type b																
Rotavirus (RV)			RV #1 (6 - 14 wks) (must be given by 14 wks, 6 days)	RV #2	RV#3* (must be given by 8 months, 0 days)											
Pneumococcal (Prevnar®)			PCV7 #1	PCV7 #2	PCV #3	PCV7 #4										
Measles, Mumps, Rubella (MMR)						MMR #1				MMR #2						
Varicella (Chickenpox)						Varicella #1				Varicella #2	Varicella series for children not previously vaccinated.					
Hepatitis A						Hep A #1		Hep A #2	Hepatitis A series for children not previously vaccinated							
Influenza				Influenza (yearly for all children 6 months – 18years)												
HPV (Gardasil®)											#1: Now #2: 2 mo. #3: 6 mo.	If not given at age 11 - 12 years				
Meningococcal (Menactra®)											MCV4**					

\*If a child receives Rotateq® (3-dose rotavirus vaccine) for the first or second dose in the rotavirus series, then three doses of rotavirus vaccine are needed.

\*\*With the exception of college freshman, children at continued high risk who received the first dose of MCV4 at ages 2 through 6 should receive the second dose at least 3 years after the first. People at continued high risk who received the first dose of meningococcal vaccine at age 7 or older should receive the second dose at least 5 years after the first.



This schedule is to be used as a guide in vaccinating children with vaccines provided by the North Dakota Immunization Program. Please refer to the CDC Recommended Childhood and Adolescent Schedule for more detail and for the catch-up schedule. Please contact the Immunization Program at 800.472.2180 with any questions about vaccine availability or the schedule.

**Recommended Childhood and Adolescent Immunization Schedule for Indian Health Services (IHS) – August 2009**  
**North Dakota Immunization Program**

Vaccine	Age	Birth	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	24 mo	4-6 yr	11-12 yr	13-18 yr
	Hepatitis B	Hep B										
Inactivated Poliovirus (IPV)			<b>Pediarix®</b> Hep B IPV DTaP	<b>Pediarix®</b> Hep B IPV DTaP	<b>Pediarix®</b> Hep B IPV DTaP					<b>Kinrix®</b> IPV #4 DTaP #5		
Diphtheria, tetanus, pertussis						DTaP #4					Tdap	Tdap (if not given at 11 - 12 yr.)
<i>Haemophilus influenzae</i> type b ( <b>PedvaxHIB®</b> )			Hib #1	Hib #2		Hib #3						
Rotavirus (RV)			RV #1 (6 - 14 wks) (must be given by 14 wks, 6 days)	RV #2	RV #3* (must be given by 8 months, 0 days)							
Pneumococcal ( <b>Prevnar®</b> )			PCV7 #1	PCV7 #2	PCV #3	PCV7 #4						
Measles, Mumps, Rubella (MMR)						MMR #1				MMR #2		
Varicella (Chickenpox)						Varicella #1				Varicella #2	Varicella series for children not previously vaccinated.	
Hepatitis A						Hep A #1		Hep A #2	Hepatitis A series for children not previously vaccinated			
Influenza					Influenza (yearly for all children 6 mo. – 18yrs.)							
HPV ( <b>Gardasil®</b> )											#1: Now #2: 2 mo. #3: 6 mo.	If not given at age 11 - 12 years
Meningococcal ( <b>Menactra®</b> )											MCV4**	

\*If a child receives Rotateq® (3-dose rotavirus vaccine) for the first or second dose in the rotavirus series, then three doses of rotavirus vaccine are needed.

\*\*With the exception of college freshman, children at continued high risk who received the first dose of MCV4 at ages 2 through 6 should receive the second dose at least 3 years after the first. People at continued high risk who received the first dose of meningococcal vaccine at age 7 or older should receive the second dose at least 5 years after the first.



This schedule is to be used as a guide in vaccinating children with vaccines provided by the North Dakota Immunization Program. Please refer to the CDC Recommended Childhood and Adolescent Schedule for more detail and for the catch-up schedule. Please contact the Immunization Program at 800.472.2180 with any questions about vaccine availability or the schedule.



## Guidance on the use of Pentacel® and Pediarix®

Minimum ages and intervals are always determined by the oldest minimum age or longest minimum interval for the individual components

<b>Pentacel® (DTaP-Hib-IPV) minimum ages and intervals</b>	
Minimum age for any dose	6 weeks
Minimum interval between doses 1 and 2	4 weeks
Minimum age for dose 2	10 weeks
Minimum interval between doses 2 and 3	4 weeks
Minimum age for dose 3	14 weeks
Minimum interval between doses 3 and 4	6 months (determined by DTaP and IPV component)
Minimum age for dose 4	12 months (determined by DTaP, IPV, and Hib components)
Maximum age for any dose	59 months (do not administer to anyone 5 years or older)

<b>Sample Pentacel® Schedule</b>					
Birth	2 months	4 months	6 months	12-18 months	4-6 years
Hep B	Hep B		Hep B		
					DTaP
	Pentacel®	Pentacel®	Pentacel®	Pentacel®	

<b>Pediarix® (DTaP-HBV-IPV) minimum ages and intervals</b>	
Minimum age for any dose	6 weeks
Minimum interval between doses 1 and 2	4 weeks
Minimum age for dose 2	10 weeks
Minimum interval between doses 2 and 3	4 weeks
Minimum age for dose 3	24 weeks (determined by Hepatitis B component)

<b>Sample Pediarix® Schedule</b>					
Birth	2 months	4 months	6 months	12-18 months	4-6 years
Hep B					
	Hib	Hib	Hib*	Hib	
				DTaP	DTaP
					IPV
	Pediarix®	Pediarix®	Pediarix®		

\*This dose only needed if using ActHib®

**Examples of Schedules when using both Pentacel® (DTaP-Hib-IPV)  
and Pediarix® (DTaP-HBV-IPV)**

<b>Pediarix® for first dose, Pentacel® for subsequent doses</b>					
<b>Birth</b>	<b>2 months</b>	<b>4 months</b>	<b>6 months</b>	<b>15-18 months</b>	<b>4-6 years</b>
Hep B			Hep B		
	Hib				
					DTaP
	Pediarix®				
		Pentacel®	Pentacel®	Pentacel®	

<b>Pediarix® for first two doses, Pentacel® for last dose in primary series</b>					
<b>Birth</b>	<b>2 months</b>	<b>4 months</b>	<b>6 months</b>	<b>15-18 months</b>	<b>4-6 years</b>
Hep B			Hep B		
	Hib	Hib			
					DTaP
	Pediarix®	Pediarix®			
			Pentacel®	Pentacel®	

<b>Pentacel® for first dose, Pediarix® for last two doses in primary series</b>					
<b>Birth</b>	<b>2 months</b>	<b>4 months</b>	<b>6 months</b>	<b>15-18 months</b>	<b>4-6 years</b>
Hep B	Hep B				
		Hib	Hib*	Hib	
				DTaP	DTaP
					IPV
		Pediarix®	Pediarix®		
	Pentacel®				

\*This dose only needed if using ActHib®

<b>Pentacel® for first two doses, Pediarix® for last dose in primary series</b>					
<b>Birth</b>	<b>2 months</b>	<b>4 months</b>	<b>6 months</b>	<b>15-18 months</b>	<b>4-6 years</b>
Hep B	Hep B				
			Hib*	Hib	
				DTaP	DTaP
					IPV
			Pediarix®		
	Pentacel®	Pentacel®			

\*This dose only needed if using ActHib®





