

The presentation will begin shortly.  
There will be no audio until then.



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# Who Wants to be a Vaccine Expert: Part IV

North Dakota Department of Health

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### How to Use Today's Presentation

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

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What is the difference between minimum and recommended intervals?

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What is the difference between minimum and recommended intervals?

- A. Minimum is the earliest date that a vaccine would be considered adequate to produce an immune response but the recommended date is based on spacing of doses during the clinical trials.
- B. There is no difference between minimum intervals and recommended intervals.
- C. The minimum and recommended intervals are based on vaccine licensure.
- D. Vaccine must always be held until the recommended age or interval.



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What is the difference between minimum and recommended intervals?

- A. Minimum is the earliest date that a vaccine would be considered adequate to produce an immune response but the recommended date is based on spacing of doses during the clinical trials.

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**Recommended vs. Minimum**

- Vaccination schedules are generally determined by clinical trials, usually prior to licensure of the vaccine.
- The spacing of doses in the clinical trial usually becomes the recommended schedule.
- A "minimum interval" is shorter than the recommended interval, and is the shortest time between two doses of a vaccine series in which an adequate response to the second dose can be expected. The concern is that a dose given too soon after the previous dose may reduce the response.
- The ACIP minimum intervals may differ from package inserts occasionally.
- Vaccines should be administered based on recommendations unless the child is behind.

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**II**

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How is vaccine inventory decremented in NDHS?

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**How is vaccine inventory decremented in NDHS?**

- A. Making changes to old doses.
- B. Original doses entered on clients using lot numbers and using the Lot Distribution tab.
- C. Entering vaccine inventory on hand in the vaccine ordering table.
- D. All of the above.



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**How is vaccine inventory decremented in NDHS?**

B. Original doses entered on clients using lot numbers and using the Lot Distribution tab.

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**How is vaccine inventory decremented in NDHS?**

- ✎ Vaccine inventory will only be decremented by entering doses using lot numbers or by adjusting lots in the Lot Distribution tab.
  - Using dummy doses to enter immunizations will not decrement vaccine inventory.
- ✎ Changing a dose on a client will not add the dose back to the original lot and remove it from the new vaccine's inventory.
  - This applies to interoperable providers as well.

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III

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How can I submit temperature logs when I order vaccine?

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How can I submit temperature logs when I order vaccine?

- A. Temperature logs are no longer required to be submitted to the immunization program to order vaccine.
- B. Temperature logs must only be submitted during the months that a provider is ordering vaccine.
- C. Temperature logs must be faxed or mailed to the immunization program monthly and prior to ordering vaccine.
- D. Vaccine orders will be approved regardless of temperature logs being received.

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How can I submit temperature logs when I order vaccine?

- C. Temperature logs must be faxed or mailed to the immunization program monthly and prior to ordering vaccine.




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Temperature Logs

- ☞ Temperature logs for the previous month must be submitted at the beginning of the current month.
  - ☞ There is a check box in the vaccine ordering module where providers indicate that they have submitted the previous month's temperature logs and by checking it you are certifying that you have sent them.
- I have submitted temperature logs to the NDDOH during the past month. YES:  No:
- ☞ If they have not been received, the order will not be approved.
  - ☞ To prevent orders from being held, send temperature logs on the first of the month to 701.328.0355
  - ☞ If temperature logs are received without a provider number somewhere on them, they will not be filed.
    - Temperature logs MUST have a provider number.

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**IV**  
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What should we do if an adult receives pediatric Hepatitis A instead of adult?

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**What should we do if an adult receives pediatric Hepatitis A instead of adult?**

- A. Do nothing. It is not an administration error.
- B. Immediately administer an adult hepatitis A vaccine or as soon as feasible because the pediatric dose is considered invalid.
- C. Wait the six month minimum interval to administer an adult dose.
- D. Administer two pediatric doses to equal one adult dose.



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**What should we do if an adult receives pediatric Hepatitis A instead of adult?**

- B. Immediately administer an adult hepatitis A vaccine or as soon as feasible because the pediatric dose is considered invalid.

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**Pediatric and Adult Intent**

- ↳ Using pediatric or adult vaccine on a client who is not in the licensed age group for that vaccine is an administration error.
  - All vaccine package inserts indicate the age group that the specific brand and type is licensed for though the ACIP sometimes makes different recommendations.
  - The ACIP recommends off-label use of Tdap products to expand vaccination.
  - Giving either brand of Tdap to children 7-9 who are incompletely vaccinated, use Adacel for 10 year old children that are incompletely vaccinated and people 65 years and older.
- ↳ There are two exceptions to the general rule:
  - If a patient sneezes after receiving nasal-spray live attenuated influenza vaccine, count the dose as valid.
  - If an infant regurgitates, spits, or vomits during or after receiving oral rotavirus vaccine, count the dose as valid.
  - If you give more than an age-appropriate dose, count the dose as valid and notify the patient/parent about the error.

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V

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Which vaccines are contraindicated for people with severe egg allergies?

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**Which vaccines are contraindicated for people with severe egg allergies?**

- A. MMR and Influenza
- B. Hepatitis B and Influenza
- C. Influenza and Yellow Fever
- D. All of the above



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Which vaccines are contraindicated for people with severe egg allergies?

C. Influenza and Yellow Fever

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Eggs in Flu

- ✎ Yellow fever and SOME seasonal flu vaccines contain egg proteins because they are prepared using chicken eggs.
  - Ordinarily if a person can eat eggs or egg products safely they can receive these vaccines.
  - It is important to continue to screen people for severe allergies to all vaccine components and be knowledgeable about vaccine options.
- ✎ Flublok® (RIV3) is made using insect cells and contains no egg proteins. It is licensed for use in people aged 18-49 years.
- ✎ Flucelvax® (ccIV3) cannot be considered egg-free but is expected to have less egg protein than other injectable influenza vaccines.

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VI

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How do you transfer doses from one provider to another in NDIIS?

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**How do you transfer doses from one provider to another in NDIIS?**

- A. After transporting the doses, the lots will transfer automatically when used on clients.
- B. The receiving provider can transfer the doses using their "Lot Distribution" tab under their provider.
- C. Lots do not need to be transferred because they can be entered as "dummy doses."
- D. The sending provider can transfer the doses using their "Lot Distribution" tab under their provider.




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**How do you transfer doses from one provider to another in NDIIS?**

- D. The sending provider can transfer the doses using their "Lot Distribution" tab under their provider.

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**Transferring Lots in NDIIS**

- » When the vaccine has been transported to the receiving provider, the sender is responsible for moving the lot numbers/doses to the new owners. As the transferring provider:
  - o Under your provider information, open the "Lot Distribution" Tab
  - o Select "Transfer" in the Type drop-down box.
  - o Type the date of transfer into the date field if different from today's date.
  - o Click the  button in the far left column of the lot(s) that you are transferring.
  - o Type in the number of doses you will be transferring.
  - o Click Save.
  - o Now select the provider the doses will be transferred to in the drop-down box labeled "To."
  - o Click  to implement.

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VII

Which adults need a Tdap?

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Which adults need a Tdap?

- A. None. All residents of North Dakota are up-to-date with Tdap at 11 years old.
- B. People who do not have a history of a dose of Tdap and pregnant women during each pregnancy.
- C. Boosters of Tdap are recommended for all adults every 10 years.
- D. Grandparents and parents every time a baby is born in their family.

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Which adults need a Tdap?

- B. People who do not have a history of a dose of Tdap and pregnant women during each pregnancy.

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## Tdap Recommendations for Adults

- ☞ Tdap should be given during each pregnancy between 27 and 36 weeks gestation regardless of immunization history.
  - A dose should be given postpartum only one time if the mother has never had a Tdap.
- ☞ There are no boosters for Tdap recommended regardless of age or length of time from previous dose.
- ☞ Parents, grandparents, and caregivers should receive a dose of Tdap if they do not have an immunization history of Tdap.

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## VIII



When should Td be used for wound prophylaxis?

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## When should Td be used for wound prophylaxis?



- A. When a person has a history of Tdap and it has been 5 years or more since that dose or previous dose of Td.
- B. After any injury where tetanus vaccine would be indicated regardless of length of time from the last dose.
- C. Tdap should only be used for all patients unless they have a history of severe reactions to the pertussis component.
- D. Td should be administered every 5 years

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**When should Td be used for wound prophylaxis?**

A. When a person has a history of Tdap and it has been 5 years or more since that dose or previous dose of Td.

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**Using Td**

- As part of standard wound management care to prevent tetanus, a tetanus toxoid-containing vaccine might be recommended for wound management in adults aged 19 years and older if 5 years or more have elapsed since last receiving Td.
- If a tetanus booster is indicated, Tdap is preferred over Td for wound management in adults aged 19 years and older who have not received Tdap previously.

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**IX**

How do we make changes to ordering and inventory tables in ADHS?

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**How do we make changes to ordering and inventory tables in NDIIS?**

- A. Type directly into the table fields.
- B. Changes cannot be made to orders or inventory tables. They are automatically populated by NDIIS.
- C. What is NDIIS?
- D. In all NDIIS tables there is an edit button in the column on the left side of the screen to change that specific vaccine order amount and/or inventory on hand.




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**How do we make changes to ordering and inventory tables in NDIIS?**

- D. In all NDIIS tables there is an edit button in the column on the left side of the screen to change that specific vaccine order amount and/or inventory on hand.

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**Making changes to ordering and inventory tables in NDIIS**

☞ In the ordering screen it appears like this when opened:

VAC NAME	BRAND NAME	MANUFACTURER	PKAL DESCRIPTION	UNITS AVAILABLE	ORDER AMOUNT	ORDER DATE	ORDER TYPE	ORDER STATUS	ORDER COMMENTS
MM2 (PREP-C) ACTHIS	ALVAGE	SANOFI PASTEUR	2.5ml - 1.0ml vial	0					
MM2 (DAP)	ALVAGE	SANOFI PASTEUR	10 vials - 1.0ml vial	02					

- ☞ After selecting "Edit," a text box will open like below.
- ☞ The white fields can now be typed in. Press save to keep your changes and go back to the ordering table.

MM2 (PREP-C) ACTHIS

Vaccine Name: MM2 (PREP-C) ACTHIS

Brand Name: ALVAGE

Manufacturer Name: SANOFI PASTEUR

Package Description: 2.5ml - 1.0ml vial

NDIIS Inventory: 0

Inventory On Hand: 0

Order Amount: 0

Order Date: 10/9/2013

Order Type: Standard

Order Status: Open

Order Comments:

Save Cancel

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**Making changes to ordering and inventory tables in NDHS**

Lot Distribution has the same process. Using the "Type" drop down box, select what activity you are conducting to have the edit column appear.

Lot Number	Vaccine	Expiration	On Hand	Actual On Hand
0223442 - 02006	MMR	04/30/2014	0	

Select "Edit" to adjust the number of on hand doses, doses to be transferred, or doses to be wasted depending on the action selected.

Save each entry.

Multiple vaccines can be edited before completing the action.

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X



Where should MMR and Varicella vaccine be injected at the 12 month appointment?

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**Where should MMR and Varicella vaccine be injected at the 12 month appointment?**

- A. In any of the limbs
- B. Subcutaneously in the same injection site.
- C. Subcutaneously in fatty tissue over the anterolateral thigh muscle or triceps, a minimum of 1 inch apart.
- D. Intramuscular in fatty tissue of triceps any distance apart.

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**Where should MMR and Varicella vaccine be injected at the 12 month appointment?**

C. Subcutaneously in fatty tissue over the anterolateral thigh muscle or triceps, a minimum of 1 inch apart.

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**Vaccine Administration Sites**

- ✎ MMR and Varicella vaccines are not required to be injected in separate limbs.
  - There must be a minimum of 1 inch separating the injection sites.
  - These vaccines are more likely than others to cause a rash on the skin that can spread.
- ✎ By using different limbs, a provider would be better able to identify which vaccine caused a reaction should one occur.
- ✎ An example: If a child received the vaccines in the same arm and the reaction was not immediate, by the time the rash is discovered it could cover both injection sites making it difficult to determine which vaccine/component caused the reaction.



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**XI**

For children that require 2 doses of flu vaccine this season, which vaccine should be administered?

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**For children that require 2 doses of flu vaccine this season, which vaccine should be administered?**

- A. Any combination of age appropriate seasonal flu vaccine.
- B. Only the .25mL seasonal flu because the algorithm only applies to infants 6-35 months.
- C. The same vaccine brand and formula (trivalent or quadrivalent) must be used for both doses.
- D. One dose of trivalent and one dose of quadrivalent formula should be administered separated by 4 weeks.

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**For children that require 2 doses of flu vaccine this season, which vaccine should be administered?**

- A. Any combination of age appropriate seasonal flu vaccine.

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**Children Requiring 2 doses of Flu Vaccine**

- ☞ The algorithm Options 1 and 2 are available on the immunization program website for the 2013-2014 season.
- ☞ There is no recommendation to use one formula or brand over the other.
- ☞ Any age appropriate flu vaccine can be used, including FluMist® for both doses if the child requires 2 for this season.

<http://www.ndhealth.gov/Immunize/Documents/Providers/Forms/influenzaalgorithm.pdf>

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**XII**  
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Which flu vaccine must be given to adults 65 years and older?

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**Which flu vaccine must be given to adults 65 years and older?**

- A. Only high dose flu vaccine can be administered to adults 65 years and older.
- B. Any age appropriate seasonal flu vaccine can be administered.
- C. Only quadrivalent formula flu vaccine can be administered.
- D. Elderly people do not need flu vaccines.



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**Which flu vaccine must be given to adults 65 years and older?**

B. Any age appropriate seasonal flu vaccine can be administered.

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**Flu vaccine for 65+**

- ✎ There is currently not a recommendation to only administer the high dose flu vaccine to people 65 years and older.
- ✎ The vaccine is designed specifically for this age group. Aging decreases the body's ability to have a good immune response after getting flu vaccine.
- ✎ The higher dose of antigen in the vaccine is supposed to give older people a better immune response.
- ✎ Data from clinical trials comparing Fluzone® and Fluzone® High-Dose is still being collected and is expected to be completed in 2014-2015. A higher immune response is indicated but immune response leading to greater protection is not yet known.

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**XIII**

We are using coolers with thermometers that have glycol probes for our community flu clinics. What should we do if the temperature goes out of range?

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**We are using coolers with thermometers that have glycol probes for our community flu clinics. What should we do if the temperature goes out of range?**

- A. Do nothing. Flu vaccine is not affected by temperatures.
- B. Pack those coolers using ice and water to maintain cool temperatures.
- C. The CDC does not recommend keeping vaccine in coolers. Portable refrigerated units should be used when going off site with vaccine.
- D. Freeze the vaccine so that it is the correct temperature by the time you arrive and begin vaccinating.

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We are using coolers with thermometers that have glycol probes for our community flu clinics. What should we do if the temperature goes out of range?

C. The CDC does not recommend keeping vaccine in coolers. Portable refrigerated units should be used when going off site with vaccine.

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### Vaccinating in Community Settings

- ✎ The CDC does not recommend the use of coolers because they do not maintain temperatures for long periods of time and any vaccine sitting directly on ice has potential to freeze.
- ✎ If vaccines must be kept in a transport container during an off-site clinic:
  - Keep them closed as much as possible.
  - Only the amount of vaccine needed at one time should be removed for preparation and administration.
  - Calibrated thermometers with a glycol encased probe should be placed with the vaccines and temperature documented every 30 minutes.
  - If at any time you believe the temperature has gone out of range, mark the vaccine do not use and return them to a storage unit at the appropriate temperature. Document the duration of exposure and contact the vaccine manufacturers for guidance.

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Great job!!!!



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## Questions

**Type your question into either of the chat windows at your right.**

After the presentation, questions may be sent to:

Molly Howell	mahowell@nd.gov
Abbi Pierce	apierce@nd.gov
Mary Woinarowicz	mary.woinarowicz@nd.gov
Janna Pastir	jpastir@nd.gov
Stacy Lovelace	slovelace@nd.gov
Amy Schwartz	amschwartz@nd.gov
Rahel Gemmeda	rgemmeda@nd.gov

Or call 701.328.3386 to speak to someone in the Immunization Program

This presentation will be posted to our website: [www.ndhealth.gov/immunize](http://www.ndhealth.gov/immunize)

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## Post-test

**Post-test**

- Nurses interested in continuing education credit, visit [www.ndhealth.gov/immunize/posttest/](http://www.ndhealth.gov/immunize/posttest/)
- Successfully complete the five-question post-test to receive your certificate
- **Credit for this session is only available until 5pm, October 23, 2013.**

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