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

Frequently Asked Questions

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.

1. Sam just turned 17 and comes to the clinic today for his sports physical. You notice that Sam has had all of his doses of pediatric immunizations, two doses of MCV4 and one dose of Varicella. Does Sam need any immunizations today?

Sam just turned 17 and comes to the clinic today for his sports physical. You notice that Sam has had two doses of MCV4 and one dose of Varicella. Does Sam need any immunizations today?

- A. No, Sam is completely up-to-date on all immunizations
- B. Yes, Sam needs a booster dose of MCV4 and a dose of Varicella
- C. Yes, Sam needs one more dose of Varicella
- D. No, Sam is only at the clinic for his sports physical and therefore shouldn't be immunized

Correct Answer

- C. Yes, Sam needs one more dose of Varicella

Meningococcal Vaccine

- MCV-4 is recommended for all children at 11-12 years of age, with a booster dose at age 16
- For adolescents who receive the first dose at age 13 – 15 years, a one-time booster dose should be given, preferably at 16 – 18 years
- Patients who received their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose

Tdap Vaccine

- Routinely recommended for adolescents at 11-12 years of age
- Catch-up recommended for ages 13-18 who were not previously vaccinated
- No minimum interval between doses of tetanus- or diphtheria-containing vaccines

HPV Vaccine

- All adolescents are recommended for routine vaccination at 11-12 years of age
  - Only Gardasil can be used to vaccinate males
- Series can be started as young as 9 years
- Routine schedule is 0, 2, 6 months
- Minimum intervals:
  - 4 weeks between doses 1 and 2
  - 12 weeks between doses 2 and 3
  - Third dose should follow the first dose by at least 24 weeks
- Accelerated schedule using minimum intervals is not recommended

HPV (cont.)

- Same HPV vaccine product should be used for all doses in the series
- Catch-up vaccination is recommended for females 13-26 years and males 13-21 years who have not been previously vaccinated or have not completed the full series
  - Catch-up vaccination is also recommended for MSM or immunocompromised males 22-26 years
- No maximum interval—if the series is interrupted:
  - After the first dose, administer the second dose as soon as possible, and the third dose should follow by an interval of at least 12 weeks
  - After the second dose, administer the third dose as soon as possible

Varicella Vaccine

- Routine vaccination recommended at 12-15 months of age
- Routine second dose at 4-6 years of age
- Adolescents and adults older than 13 without evidence of immunity should receive 2 doses of varicella vaccine separated by 4 – 8 weeks
- Second (catch-up) dose is recommended for children, adolescents and adults who previously received only 1 dose

Vaccine Forecaster

- Vaccine forecaster
  - Alerts providers as to what vaccines each individual needs
  - Able to identify missing doses and alert the provider
  - Use the forecaster to review patient records at each appointment prior to immunizing

Reminder/Recall

- A reminder is a communication to remind parents or guardians of vaccination due dates for their children. Reminder messages can improve parents' awareness that vaccinations are coming due and the importance of scheduling and keeping appointments, therefore increasing the up-to-date vaccination status of pediatric/adolescent patients.

Reminder/Recall

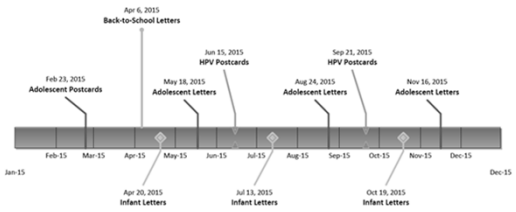
- A recall is a communication to parents or guardians of children who are past due for one or more vaccinations and encourages them to schedule an appointment with their health care provider or local health department. Recall messages can decrease vaccination drop-out rates and reduce the time children remain at risk for vaccine-preventable diseases.

Reminder/Recall

- Effective reminder/recall systems are conducted by providers on a routine basis, and using a routine process. Providers may choose to conduct reminder/recall activities monthly, quarterly, or on some other schedule. Reminder/Recall lists can be generated through the NDIIS.

Reminder/Recall

- Using reminder/recall will assist all staff in knowing which immunizations patients are due for.
- This is helpful when providers state to parents/patients that they are all caught up on immunizations when they may be missing the second dose of MCV4 and/or Varicella.



2. June has come to the clinic today because she has a rash and her friend told her about a shot she can get to help prevent these rashes. You determine June has shingles. Should June receive the shingles vaccine today?

You determine June has shingles. Should June receive the shingles vaccine today?

- A. Yes, she should receive the shingles vaccine today to help prevent future occurrences
- B. No, once you have had shingles the shingles vaccine is not effective
- C. Yes, according to the NDIIS June has not had a dose of shingles vaccine yet
- D. No, she should receive the shingles vaccine in 6 to 12 months after the rash has resolved

Correct Answer

- D. No, she should receive the shingles vaccine in 6 to 12 months after the rash has resolved

Shingles Vaccine

- A single dose of zoster vaccine is recommended for adults ages 60 and older <u>regardless of whether they report a prior episode of herpes zoster</u>.

Shingles Vaccine

- The general guideline for any vaccine is to wait until the acute stage of the illness is over and symptoms end.
- A recent case of shingles is expected to boost the person's immunity to varicella. Shingles vaccine is also intended to boost immunity to varicella.
- Administering shingles vaccine to a person whose immunity was recently boosted by a case of shingles might reduce the effectiveness of the vaccine.
- ACIP does not have a specific recommendation on this issue. But it may be prudent to defer shingles vaccination for 6 to 12 months after the shingles has resolved so that the vaccine can produce a more effective boost to immunity.

3. Jared is at the clinic today for his third dose of HPV vaccine. He just recently turned 18. The only vaccine that your clinic has available is the HPV9. Can Jared receive the HPV9 vaccine?

Jared just recently turned 18. The only vaccine that your clinic has available is the HPV9. Can Jared receive the HPV9 vaccine?

- A. Yes, HPV9 vaccine is available for all males aged 9-26
- B. No, HPV9 vaccine is not approved for males over the age of 16
- C. No, HPV9 vaccine is not recommended for males
- D. None of the above

Correct Answer

- A. Yes, HPV9 vaccine is available for all males aged 9-26

HPV9

- HPV9 (Gardasil) – types 6, 11, 16, 18, 31, 33, 45, 52 and 58
  - Recommended for prevention of cervical, vulvar, vaginal and anal cancers and precancers and genital warts
  - Additional covers 15% of cervical cancers from HPV4
- If vaccination providers do not know or do not have available the HPV vaccine product previously administered, or are in settings transitioning to HPV9, for protection against HPV 16 and 18 any HPV vaccine product may be used to continue or complete the series for females.
- HPV4 or HPV9 may be used to continue or complete the series for males.

HPV9

- The ACIP does not express a preference for HPV9 vaccine over other HPV vaccines.
- HPV9 was recommended as an option for HPV vaccination. Providers may use HPV2, HPV4 ,or HPV9.
- All adolescents are recommended for routine vaccination at 11-12 years of age
  - Only Gardasil can be used to vaccinate males
  - Series can be started as young as 9 years
  - Routine schedule is 0, 2, 6 months

HPV9 Vaccine Recommendations

- HPV9 vaccine is FDA approved for females 9-26 and males 9-15.
- ACIP recommends routine HPV vaccination at age 11 or 12 years.
  - The vaccination series can be started beginning at age 9 years.
  - Vaccination is also recommended for females ages 13 through 26 years and for males ages 13 through 21 years who have not been vaccinated previously or who have not completed the 3-dose series.
  - Males ages 22 through 26 years may be vaccinated.
    - Recommendation for men who have sex with men and for immunocompromised persons (including those with HIV infection).

4. Mrs. Johnson is bringing her one year old daughter in for her well visit. Today after extensive education provided to Mrs. Johnson by your staff she has decided to start to vaccinate. You notice that her daughter has several exemptions in NDIIS. Should you remove them?

Mrs. Johnson is bringing her one year old daughter in for her well visit. You notice that her daughter has several exemptions in NDIIS. Should you remove them?

- A. No, once an exemption has been added it cannot be removed
- B. Yes, now that she has decided to vaccinate exemptions should be removed
- C. No, because she will be behind in her vaccines
- D. Yes, only medical exemptions should be added to the NDIIS

Correct Answer

- B. Yes, now that she has decided to vaccinate exemptions should be removed

Vaccine Exemptions

To add exemptions you must select the individual vaccine or "ALL VACCINES" from the *Vaccines* drop-down. The date, exemption reason and a comment must also be. Click Save.

Exemptions can also be deleted by double-clicking the exemption from the list and clicking ***Delete.*** Click ***Yes*** at the prompt to complete the deletion.

Vaccine Exemptions

- Once vaccine exemptions have been removed this will allow the Forecaster to begin to forecast the vaccines to get the child up-to-date with their immunizations.

5. You are wanting to place your vaccine order two weeks early as you will be going on vacation. What steps would you need take to make sure your order gets placed?

You are wanting to place your vaccine order early as you will be going on vacation. What steps would you need take to make sure your order gets placed?

- A. Nothing, providers can order as often as they need to
- B. Wait to place the order until you are able
- C. Nothing, the Immunization Program will just hold the order for two weeks
- D. Contact the Immunization Program

Correct Answer

- D. Contact the Immunization Program

Vaccine Ordering

- Because shipping is costly and providers are allowed to have three months of vaccine on hand, providers are able to order once per month or 30-day period.
- The Immunization Program understands that emergences do arise, in this situation prior to placing an order contact an Immunization Program staff member.

6. With the recent outbreak of measles that occurred earlier this year your clinic has decided to implement a policy ensuring their staff are up-to-date with their MMR vaccine. Which staff are at highest risk and should therefore have proof of immunity?

Which staff are at highest risk and should therefore have proof of immunity?

- A. All employees of the clinic should be up-to-date with their MMR immunizations
- B. Only staff that have direct patient contact
- C. There is no need to require documentation of immunity
- D. None of the above

Correct Answer

- A. All employees of the clinic should be up-to-date with their MMR immunizations

MMR Vaccine

- ACIP recommends that all Healthcare personnel (HCP) born during or after 1957 have adequate presumptive evidence of immunity to measles, mumps, and rubella, defined as documentation of two doses of measles and mumps vaccine and at least one dose of rubella vaccine, laboratory evidence of immunity, or laboratory confirmation of disease.
- Further, ACIP recommends that healthcare facilities should consider vaccination of all unvaccinated healthcare personnel who were born before 1957 and who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease.

MMR Vaccine

- HCP with 2 documented doses of MMR vaccine are considered to be immune regardless of the results of a subsequent serologic test for measles, mumps, or rubella.
- Documented age-appropriate vaccination supersedes the results of subsequent serologic testing. HCP who do not have documentation of MMR vaccination and whose serologic test is interpreted as "indeterminate" or "equivocal" should be considered not immune and should receive 2 doses of MMR.
- ACIP does not recommend serologic testing after vaccination.

MMR Vaccine

- Many HCP can be exposed to the measles when a caring for a patient in the clinic or hospital, therefore to protect themselves and their other patients HCP should be up-to-date with their MMR immunizations.

7. Sally is getting ready for college in the fall and she comes in today for a copy of her immunization record. You notice that Sally has had three doses of HPV4, should she receive a dose of HPV9?

You notice that Sally has had three doses of HPV4, should she receive a dose of HPV9?

- A. Yes, Sally should receive a booster dose of HPV9 since she has already completed the HPV4 series
- B. No, Sally is too old to receive HPV9
- C. Yes, Sally should complete another three doses of HPV9 to have complete coverage
- D. No, no further doses are recommended at this time

Correct Answer

- D. No, no further doses are recommended at this time

Human Papillomavirus (HPV)

- HPV4 (Gardasil) – types 6, 11, 16 and 18
  - Recommended for prevention of cervical, vulvar, vaginal and anal cancers and precancers and genital warts
- HPV2 (Cervarix) – types 16 and 18
  - Recommended for prevention of cervical cancers and precancers
- HPV9 (Gardasil) – types 6, 11, 16, 18, 31, 33, 45, 52 and 58
  - Recommended for prevention of cervical, vulvar, vaginal and anal cancers and precancers and genital warts
  - Additional covers 15% of cervical cancers from HPV4

HPV Vaccine

- HPV9 vaccination of persons who previously received 3 doses of HPV4 or HPV2 is not a routine recommendation at this time.

8. As you are completing you weekly vaccine inventory you notice you have an open multi-dose vial of polio vaccine that has been open for 35-days. The expiration on the vial is 08/15/2015. Should this vial be wasted?

As you are completing you weekly vaccine inventory you notice you have an open multi-dose vial of polio vaccine that has been open for 35-days. The expiration on the vial is 08/15/2015. Should this vial be wasted?

- A. Yes, open vials should never be used more than once
- B. Yes, the vial has been open for more than 28 days
- C. Yes, this is the clinic's policy
- D. No, the vaccine can be used until it's expiration date

Correct Answer

- D. No, the vaccine can be used until it's expiration date

Multi-Dose Vials

- **Do not discard vaccines prematurely**
- Multi-dose vials of vaccine contain preservative and can be used until the expiration date on the vial
  - Exceptions: visible contamination, MPSV and yellow fever
- What does Joint Commission say?
  - "The Joint Commission is applying this approach to all vaccines (whether a part of the CDC or state immunization programs or purchased by healthcare facilities) with the understanding that the vaccines are stored and handled appropriately (correct temperature is maintained, frequency of temperature checks, etc). Following the guidelines provided in the package insert is very important to ensure integrity of the vaccine."

9. You arrive at the clinic Monday morning to discover that you have an "X" and an ⚠ . What should you do now?

You arrive at the clinic Monday morning to discover that you have an "X" and an ⚠ . What should you do now?

- A. Nothing, you don't have time to address the alarm right now
- B. Download the data logger to assess the alarm
- C. Contact the manufacturers to assess viability of the vaccine
- D. Contact the Immunization Program to so that they are aware of the temperature excursion
- E. B, C, and D

Correct Answer

- E. B, C, and D

Vaccine Storage and Handling

Always act *immediately* when temperatures are out-of-range!

- Notify primary vaccine coordinator
- Reposition thermometer probe in central location of storage unit
- Recheck temps in ½ to 1 hour
- Add additional water bottles/ice packs to unit
- Check door seals
- Relocate vaccine, if necessary

Vaccine Storage and Handling

- Out-of-range temperature: *what do I do*?
  - Vaccine manufacturers should be contacted first to determine vaccine viability
  - Do NOT assume that vaccine is not viable
  - Do NOT discard any vaccine until the NDDoH has been notified
  - Label the vaccine as "DO NOT USE"
- All actions must be recorded and submitted monthly with temperature logs
- **Even <u>one</u> out-of-range temperature, especially on the cold side, may result in the need for revaccination!**

GlaxoSmithKline 888.593.5977	Merck 877.829.6372	sanofi pasteur 800.822.2463
• Infanrix® • Kinrix® • Pediarix® • Cervarix • Boostrix® • Havrix® • Engerix-B® • Twinrix® • Rotarix®	• PedvaxHIB® • VAQTA® • GARDASIL® • MMR-II® • PNEUMOVAX 23® • RECOMBIVAX® • RotaTeq® • VARIVAX® • ZOSTAVAX® • ProQuad®	• DAPTACEL® • DECAVAC® • Pentacel® • ADACEL® • ActHIB® • I-POL® • Menactra®

Massachusetts Biological Labs 617.474.3000	Novartis 800.244.7668	Wyeth 800.999.9384 (opt 1)	MedImmune 877.633.4411
• Td	• Menveo®	• Prevnar 13®	• FluMist®

When a temperature in a vaccine storage unit is discovered outside of the recommended ranges, it is vital to contact the vaccine manufacturers to determine the viability of the vaccines.
If vaccine must be wasted or an expiration date for a vaccine must be changed, contact the North Dakota Immunization Program at 800.472.2180.

Troubleshooting Hints!

- Adding water bottles/cold packs if there are none in the unit or adding more to help stabilize temperatures
- Making sure the glycol probe is in the correct place
- Check the door to make sure it is closed and sealed
- Have the unit serviced/replaced if necessary
- If combination unit, you may be asked to purchase a stand alone freezer

10. If we have temperature excursions not related to the defrost cycle of our unit, can we use the stability information sent by the manufacturer the last time we reported an out of range temperature?

If we have temperature excursions not related to the defrost cycle of our unit, can we use the stability information sent by the manufacturer the last time we reported an out of range temperature?

- A. Yes, stability information can be used in place of following the temperature excursion trouble shooting guide
- B. No, the manufacturers must be called and actions taken must be documented for each excursion
- C. Yes, as long as someone is keeping track of the number of excursions, temperatures, and length of exposure and comparing it all to the stability data for each excursion
- D. Yes, because temperature monitoring is not a requirement of the VFC program, any documentation is above and beyond requirements

Correct Answer

- B. No, the manufacturers must be called and actions taken must be documented for each excursion

Temperature Excursion

- Data logger temperature logs for the previous month **must** be submitted during the current month.
- All documented temperature excursions must have an attached explanation and actions taken.
- All temperature excursions that are not the result of an automatic defrost cycle must be documented and the trouble shooting guide should be completed.
  - This includes calling manufacturers to ensure that the vaccine is still viable. Often, a vaccine that has one excursion and is deemed still viable, may not be when exposed to another temperature excursion.

Temperature Excursion

- All excursions that result in vaccine wastage must be reported in the vaccine wastage module in NDIIS.
- While most manufacturers will send stability information explaining the reason vaccine is viable or nonviable after that particular excursion, their recommendations may change when vaccine is exposed multiple times or depending on the length of time exposed to out of range temperatures therefore the manufacturers need to be contacted with each temperature excursion.

11. Your clinic just completed their VFC site visit. You are still not sure on how to complete the borrow/return process. Which of the following would be needed to complete the borrow/return process?

Which of the following would be needed to complete the borrow/return process?

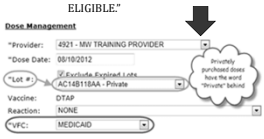
- A. The patient and dose information for the borrow/return
- B. Documenting the borrow/return in NDIIS and/or EMR
- C. Borrow/return forms with left and right side of form filled out
- D. Zero balance on the NDIIS report
- E. All of the above

Correct Answer

- E. All of the above

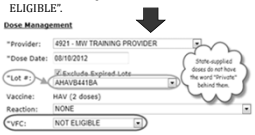
Borrowing and Returning Doses

- If a dose of state supplied vaccine was borrowed:
  - a dose of private vaccine needs to be added to the record of a patient whose VFC status is "MEDICAID," "AMERICAN INDIAN," "UNDER INSURED," "NO INSURANCE" or "OTHER STATE ELIGIBLE."



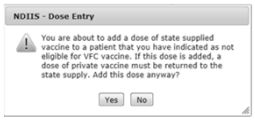
Keeping track of doses that are borrowed will help providers return them quickly. If a dose of state supply vaccine is given to a not eligible client, the return process would be to provide private supply vaccine to a VFC eligible client and the doses should be entered into NDIIS as they were given.

- If a dose of privately purchased vaccine was borrowed:
  - a dose of state supplied vaccine needs to be added to the record of a patient whose VFC status is "NOT ELIGIBLE".



Borrow and Return

Each time you add a "borrowed" dose of vaccine, the system will give a warning making sure you want to continue to add the dose



Only doses with a dose date after May 11th, 2013 will show up on your borrow/return reports

Borrow and Return

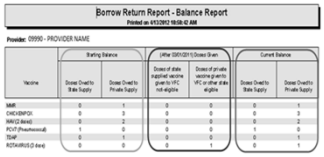
- There are two reports available in the NDIIS to help providers keep track of their borrow/return activity.
  - Borrow and Return Lots – Balance
    - Shows the total outstanding balance of doses owed to both state and private supply.
    - Includes any starting balances that would have been transferred from the old system
  - Borrow and Return Lots – Detailed
    - Shows client and dose details of all doses of state vaccine given to not eligible clients and doses of private vaccine given to VFC or other state eligible clients

Borrow and Return Report

Starting Balance
- The number of doses owed to both private and state supply at the time of the system upgrade.

Doses Given
- The number of doses of state supplied vaccine given to VFC not – eligible after the system upgrade
- The number of doses of private vaccine given to VFC or other state eligible after the system upgrade

Current Balance
- The number of doses currently owed to both private and state supply

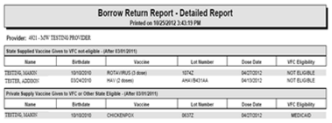

Borrow Return Report - Balance Report
Printed on 1/13/2012 10:08:42 AM

Provider: 09990 - PROVIDER NAME

Vaccine	Starting Balance		(After 03/01/2011) Doses Given		Current Balance	
	Doses Owed to State Supply	Doses Owed to Private Supply	Doses of state supplied vaccine given to VFC not-eligible	Doses of private vaccine given to VFC or other state eligible	Doses Owed to State Supply	Doses Owed to Private Supply
MMR	0	1	0	0	0	1
CHICKENPOX	0	3	0	0	0	3
HAV (2 dose)	0	2	0	0	0	2
PCV7 (Pneumococcal)	1	0	0	0	1	0
TDaP	0	1	0	0	0	1
ROTAVIRUS (2 dose)	0	0	0	1	0	1

Borrow/Return Report- Detailed

Creates a report of all the records with state supply vaccine given to VFC not-eligible and private supply vaccine given to VFC or other state eligible.


Borrow Return Report - Detailed Report
Printed on 10/25/2012 3:43:19 PM

Provider: 4431 - NPW TESTING PROVIDER

State Supplied Vaccine Given to VFC not-eligible - (After 03/01/2011)

Name	Birthdate	Vaccine	Lot Number	Dose Date	VFC Eligibility
TESTING, SIXXXX	10/10/2010	ROTAVIRUS (3 dose)	1074Z	04/27/2012	NOT ELIGIBLE
TESTER, JJZZZZ	03/04/2010	HAV (2 dose)	AHA1B421AA	04/13/2012	NOT ELIGIBLE

Private Supply Vaccine Given to VFC or Other State Eligible - (After 03/01/2011)

Name	Birthdate	Vaccine	Lot Number	Dose Date	VFC Eligibility
TESTING, SIXXXX	10/10/2010	CHICKENPOX	3K372	04/27/2012	MEDICAID

Generated Report

State Supplied Vaccine Given to VFC not-eligible
- The list of all the client who were given a dose of state supplied vaccine and the VFC status for that dose was set to "NOT ELIGIBLE"
- Will only include doses entered after the system upgrade

Private Supply Vaccine Given to VFC or Other State Eligible
- The list of all the clients who were given a dose of private vaccine and the VFC status for that dose was set to "MEDICAID," "AMERICAN INDIAN," "UNDER INSURED," "NO INSURANCE" or "OTHER STATE ELIGIBLE."
- Will only include doses entered after the system upgrade

VFC VACCINE BORROW/RETURN REPORT
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 60062 (Rev. 2/15)

Division of Disease Control
Telephone: 701.328.3386 or toll-free 800.472.2180

Provider ID Number:	Provider Name:	Month:

VFC-enrolled providers are expected to manage and maintain an adequate inventory of vaccine for both their VFC and non-VFC-eligible patients. **Planned borrowing of VFC vaccine including the use of VFC vaccine as a replacement system for a provider's privately purchased vaccine inventory is not permissible.**
VFC-enrolled providers must ensure borrowing VFC vaccine will not prevent a VFC-eligible child from receiving a needed vaccination. Infrequent exchanging between VFC and private stock of a short-dated vaccine dose may be performed if the provider serves a small number of private pay patients, the dose is one month from expiration, or the dose of vaccine cannot be used for the population it is intended for prior to the expiration date.

COMPLETE THIS FORM WHEN:

- A dose of VFC vaccine is administered to a non VFC-eligible child
- A dose of privately-purchased vaccine is administered to a VFC-eligible child

HOW TO COMPLETE THIS FORM:

- Enter information on each dose of vaccine borrowed in a separate row in the Vaccine Borrowing Report Table.
- All columns must be completed for each dose borrowed
- The provider must sign and date at the bottom of this report

This report must be kept on hand for a minimum of three years. All vaccine that is borrowed must be replaced within four weeks.

Vaccine borrowed	Lot number borrowed	S/P	Date borrowed	Patient Name / Patient Identifier / VFC or private	DOB	Reason* appropriate stock was unavailable	Entered in NDIIS	Lot number returned	S/P	Date returned	Entered in NDIIS
							☐				☐
							☐				☐
							☐				☐
							☐				☐
							☐				☐

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state laws, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form.

Person completing report (printed name):	Person completing report (signature):	Date:

Reason Codes:

1. Private stock order delayed (delay in shipping)
2. Private stock non-viable on arrival
3. Ran out of private stock between orders (not due to shipping)
4. Short-dated private stock was exchanged with VFC stock
5. Accidental use of VFC dose
6. Replacements of Private stock with VFC when insurance did not cover
7. VFC order delayed (delay in shipping)
8. VFC order non-viable on arrival
9. Ran out of VFC vaccine between orders (not due to shipping)
10. Short-dated VFC dose was exchanged with private stock
11. Accidental use of private stock for a VFC eligible patient
12. Other (must specify):

Contact the North Dakota Immunization Program
701.328.3386 or toll-free 800.472.2180
www.ndhealth.gov/Immunize

12. Alex is an 11 year old adolescent referred to your clinic to receive the new Meningococcal B vaccine. In looking into his history you learn that he has persistent complement component deficiencies. Should Alex receive the meningococcal B vaccine?

Alex is an 11 year old adolescent referred to you clinic to receive the new Meningococcal B vaccine. In looking into his history you learn that he is has persistent complement component deficiencies. Should Alex receive the meningococcal B vaccine?

- A. Yes, Alex is considered "high-risk" and should receive two or three doses of Meningococcal B vaccine depending on the brand of vaccine administered
- B. No, Alex is not considered "high-risk" and should not receive any doses of Meningococcal B vaccine
- C. No, Alex should wait until he is older to receive the Meningococcal B vaccine
- D. No, Alex is too old to receive the Meningococcal B vaccine

Correct Answer

- A. Yes, Alex is considered "high-risk" and should receive two or three doses of Meningococcal B vaccine depending on the brand of vaccine administered

Two Mening B Vaccines

- Trumenba® (Pfizer)
  - 3-dose series (0, 2, 6 months)
  - Licensed in the U.S. on October 29, 2014
- Bexsero®(Novartis)
  - 2-dose series (0, 1–6 months)
  - Licensed in the U.S. on January 23, 2015
- The same vaccine product should be used for the entire series.

Age Limit

- Both vaccine products are licensed for ages 10 – 25.
- ACIP recommended either vaccine for people age 10 and older (no maximum age limit – off label).

Current High Risk Mening B Recommendations

- "High-risk" includes functional or anatomic asplenia, persistent complement component deficiencies, meningococcal B outbreak settings, and microbiologists. (same as 4-valent meningococcal conjugate vaccine - MCV4)
  - In order for it to be considered an outbreak of meningococcal B, three or more cases of the same serotype must occur within three months of each other.

Future Recommendations

- The high-risk recommendation currently does not include international travel, college students, or military. (different from MCV4 recommendation)
- The ACIP will discuss additional recommendations (college and routine adolescent) for meningococcal B vaccine at their June 2015 meeting.
  - NDDoH will send out any updates to mening B vaccine recommendations.

Vaccine Availability

- Meningococcal B vaccines is available to order for Vaccines for Children (VFC) and state eligible children who meet the high-risk definition.
- Both brands of meningococcal B vaccine are currently available for purchase in both the private and VFC market.
- Mening B vaccines have been added to NDIIS so they can be entered into patient immunization records.

Type your question in the chat window to the right

After the presentation, questions may be sent to:

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Immunization Program :
701.328.3386 or toll-free 800.472.2180

Post-test

- Post-test
  - Nurses interested in continuing education credit, visit: http://www.ndhealth.gov/disease/post/default.aspx?PostID=85
  - Successfully complete the five-question post-test to receive your certificate.
- Credit for this session is available until Tuesday, July 7, 2015.
- This presentation will be posted to our website: www.ndhealth.gov/immunize.