THE PRESENTATION WILL BEGIN SHORTLY

There will be no audio till then.

FREQUENTLY ASKED QUESTIONS

1. When and if should a second dose of MCV4 be given before the age of 16 years?

Choose the Correct Answer

When and if should a second dose of MCV4 be given before the age of 16 years?

A) If the child is asplenic

B) If the child is traveling to a meningococcal-endemic region and received their first dose at two months or older

C) To catch the child up on their MCV4 immunizations

D) A and B

Correct Answer

When and if should a second dose of MCV4 be given before the age of 16 years?

D) **A and B**

MCV4 Recommendations

- Adolescents age 11 or 12 years should be routinely vaccinated with MCV4 and receive a booster dose at age 16 years
- Adolescents who receive the first dose at age 13 through 15 years should receive a one-time booster dose, preferably at age 16 through 18 years
- Adolescents who receive their first dose of MCV4 at or after age 16 years do not need a booster dose

MCV4

- Individuals in this age group who are HIV-positive for whom MCV4 is otherwise recommended (such as an adolescent age 11 through 18 years) should receive a 2-dose series of MCV4, spaced 2 months apart
- Should only be given early if high risk or the provider feels that the child is not likely to return again
- If the first dose was given at age 10 years or older and there was an interval of at least 8 weeks between the two doses, and they are not in a risk group that necessitates ongoing boosters the doses would be considered valid

2. Can individuals opt out of the NDIIS?

Choose the Correct Answer

Can individuals opt out of the NDIIS?

A) Nobody can opt out of the NDIIS, all doses must be entered
B) Yes, anyone can choose to opt out of the NDIIS
C) Only children can be opted out of the NDIIS
D) Only adults can choose to opt out of the NDIIS

Correct Answer

Can individuals opt out of the NDIIS?

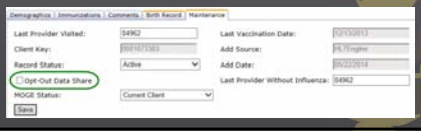
D) **Only adults can choose to opt out of the NDIIS**

NDIIS Adult Opt Out

- Adults can choose to be excluded from the NDIIS
  - The NDIIS confidentiality policy states that "It is the responsibility of the healthcare provider to notify adult patients that their information will be added to the NDIIS."
    - Providers do not need to collect consent from an adult to enter their immunizations in to the NDIIS, they only need to inform the adult that the information will be entered

NDIIS Adult Opt Out

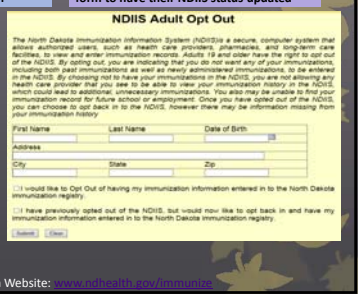
- All NDIIS users with read/write access can mark an adult as opted out
- Adult NDIIS clients who have been marked as "Opt Out" will:
  - no longer be searchable in the Client Search window
  - not be included in compliance survey, non-compliance survey, client immunization record, or reminder/recall reports
    - Doses already entered in the record of an opted-out adult will still be counted in the doses administered and borrow/return reports
  - not allow any new doses coming in to the NDIIS electronically to be added to the record



NDIIS Adult Opt Out

Adults wishing to opt out of the NDIIS can be directed to the Immunization Program web site to fill out the Opt Out Form

Adults who would like to opt back in to the NDIIS should also be directed to this online form to have their NDIIS status updated



Immunization Program Website: www.ndhealth.gov/immunize

NDIIS Opt Out

- All immunizations for children through age 18 are required to be entered: STATE LAW
  - This includes influenza!

3. How do I borrow and return vaccine in the NDIIS?

Choose the Correct Answer

How do I borrow and return vaccine in the NDIIS?

a) Enter a state lot for a not eligible child/enter a private lot for a VFC or other state eligible child
b) Manually borrow and return between my state and private supply in my provider lot distribution
c) Get the immunization program to transfer state lots into my NDIIS inventory when I need to borrow or return
d) I don't have to track borrow and return activity in the NDIIS

Correct Answer

How do I borrow and return vaccine in the NDIIS?

a) **Enter a state lot for a VFC eligible child/enter a private lot for a not eligible child**

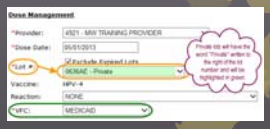
Borrow and Return

- The NDIIS keeps a running tally of how many doses have been borrowed from and returned to both state supplied and privately purchased vaccine
  - Providers do not have the option to manually borrow or return doses in their inventory
- All borrow/return activity should still be tracked using the immunization program VFC Vaccine Borrow/Return Report form
- Any borrowed doses of state-supplied vaccine must be returned within 4 weeks

Borrow and Return

If borrowing from state supply to private, enter a state lot number and select the "NOT ELIGIBLE" VFC status in the patient's NDIIS record

If borrowing from private stock to state, enter a private lot number and select an eligible VFC status



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. Providers entering doses in to their EHR system will not receive these pop-up warnings.

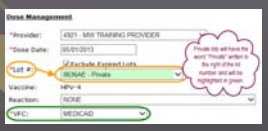
Correcting data entry errors will update and correct provider borrow/return balances

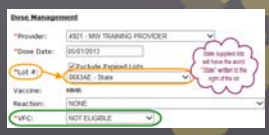
Only doses with a dose date after May 11th, 2013 will show up on your borrow/return reports

Borrow and Return

If a dose of state vaccine was borrowed, a dose of private vaccine must be returned by entering a private lot number and selecting an eligible VFC status

If a dose of private vaccine was borrowed, a dose of state vaccine must be returned by entering a state lot number and selecting the "NOT ELIGIBLE" VFC status

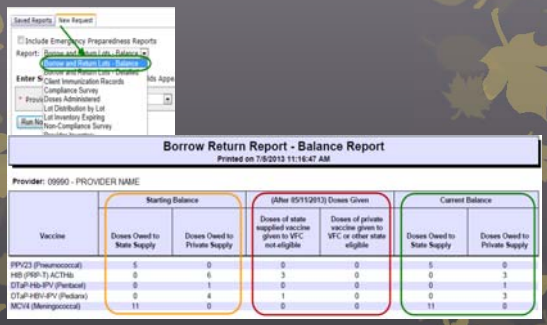




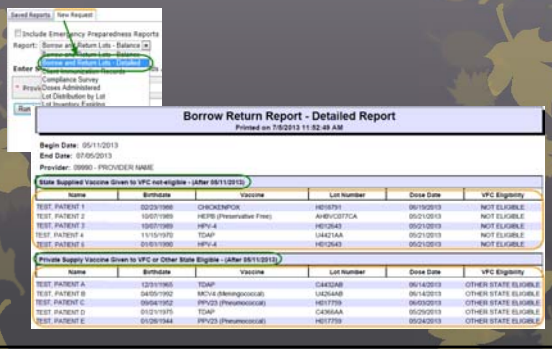
Borrow and Return

- 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



Borrow and Return



4. Why does my NDIIS inventory on hand always seem to be off from what I actually have on hand?

Choose the Correct Answer

Why does my NDIIS inventory on hand always seem to be off from what I actually have on hand?

a) "Dummy doses" were entered instead of the actual lot number
b) Data entry corrections do not put doses back into my inventory
c) Both a and b
d) None of the above

Correct Answer

Why does my NDIIS inventory on hand always seem to be off from what I actually have on hand?

c) Both a and b

NDIIS Inventory

- Each time a lot number is selected during the dose entry process, a dose is decremented from that lot in the provider's inventory
  - This can cause negative balances if the starting number of doses on hand was not correct
- If a dose is deleted from a patient's NDIIS record, the dose is not added back to the lot inventory
- If a dose is changed and a new lot is selected the dose is not added back to the original lot but is decremented from the new lot
- If a "dummy dose" is entered instead of the actual lot number, nothing is decremented from the provider's inventory

5. What is the difference between the Trivalent and the Quadrivalent Influenza vaccine?

Choose the Correct Answer

What is the difference between the Trivalent and the Quadrivalent Influenza vaccine?

A) Quadrivalent is designed to protect against four different flu viruses; Trivalent is designed to protect against three different flu viruses

B) Quadrivalent is the only influenza vaccine that protects against the 2009 H1N1 virus

C) Trivalent is the only influenza vaccine approved for infants under six months of age

D) A and C

Correct Answer

What is the difference between the Trivalent and the Quadrivalent Influenza vaccine?

- A) **Quadrivalent is designed to protect against four different flu viruses; Trivalent is designed to protect against three different flu viruses**

Influenza Vaccine

- Quadrivalent is designed to protect against four different flu viruses; two influenza A viruses and two influenza B viruses
- Trivalent is designed to protect against three different flu viruses; two A viruses and one of the B viruses

2014-2015 Influenza Vaccine Chart

Vaccine	Presentation	Age
Fluzone	0.25mL syringe (IIV4 ONLY)	6-35 months
	Multi-dose vial (IIV3 and IIV4)	6 months and older
	0.5mL vial (IIV3 and IIV4)	3 years and older
	0.5mL syringe (IIV3 and IIV4)	
	0.1 mL intradermal (IIV3 ONLY)	18- 64 years
	0.5mL syringe high dose (IIV3 ONLY)	65 years and older
Fluarix	0.5mL syringe (IIV3 and IIV4)	3 years and older
Flulaval	Multi-dose vial (II3 and IIV4)	3 years and older

Fluvirin	0.5mL syringe (IIV3 ONLY)	4 Years and older
	Multi-dose vial (IIV3 ONLY)	
Flucelvax	0.5mL syringe (IIV3 ONLY)	18 years and older
FluMist	0.2mL sprayer (LAIV4 ONLY)	2-49 years
Afluria	0.5mL syringe (IIV3 ONLY)	9 years and older
	Multi-dose vial (IIV3 ONLY)	
FluBlok	0.5mL vial (RIV3)	18-49 years

6. Case Study: Child A is 24 months old and received their first and only influenza dose during the 2013 – 2014 influenza season. Would they need two doses this year?

Choose the Correct Answer

Case Study: Child A is 24 months old and received their first and only influenza dose during the 2013 – 2014 influenza season. Would they need two doses this year?

A) Yes, two doses would be needed

B) No, only one dose is needed

C) No further influenza vaccinations are recommended

Correct Answer

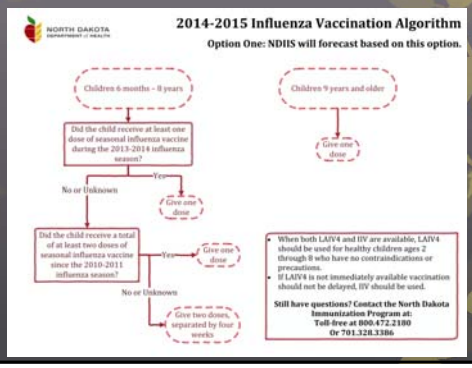
Case Study: Child A is 24 months old and received their first and only influenza dose during the 2013 – 2014 influenza season. Would they need two doses this year?

B) No, only one dose is needed

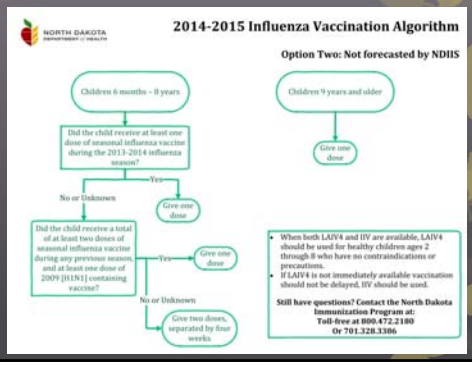
Influenza Vaccine Recommendations

- Some children between 6 months through 8 years are recommended to receive two doses of vaccine
- Algorithm to determine how many doses are needed
  - Two different methods
  - The algorithms can be found on our website: www.ndhealth.gov/immunize
- New recommendation! Children who received a dose last year will only need one dose this year

Two Doses or One Dose



Two Doses or One Dose



7. True or False: A multi-dose vaccine vial should be disposed of after being open for 30 days.

Choose the Correct Answer

- True or False: A multi-dose vaccine vial should be disposed of after being open for 30 days.

A) True

B) False

Correct Answer

True or False: A multi-dose vaccine vial should be disposed of after being open for 30 days.

B) **False: A multi-dose vaccine vial should not be disposed of after being open for 30 days**

Multi-dose vials

- Multi-dose vials of vaccine that do not require reconstitution may be used through the expiration date printed on the label or box as long as the vaccine is not contaminated
- Updated JACCHO recommendation is to follow the CDC Immunization Program which states that vaccines are to be discarded per the manufacturer's expiration date
- Non-immunization related exception: Tubersol TB skin tests are to be disposed of 30 days after opening

8. Case Study: Child B is being seen at a private pediatric clinic. The child has private health insurance and has Medicaid listed as their secondary insurance. Should the provider give private or VFC vaccine to Child B?

Choose the Correct Answer

Child B has private insurance and secondary coverage through Medicaid. Should the provider give private or VFC vaccine?

A) Give private vaccine and bill private insurance for the vaccine and the admin fee

B) Give private vaccine and bill Medicaid for the vaccine and admin fee

C) Give VFC vaccine and bill private insurance the admin fee

D) Give VFC vaccine and bill Medicaid for the cost of the vaccine and the admin fee

E) Both A and C

Correct Answer

A child has private insurance and secondary coverage through Medicaid. Should we give private or VFC vaccine?

E) **Both A and C**

VFC Eligibility

- For children that have full immunization benefits through a primary private insurance, the decision to participate in the VFC program should be made based on what is financially most cost effective to child and his/her family
- Universal LPHU exception: must consider VFC-eligible (see option #1)
- BEST OPTION: give VFC vaccine and bill private insurance only for administration fee

VFC Eligibility

- Option #1
  - Providers can administer VFC vaccine and bill insurance only for the administration fee. If this option is used, providers must not bill insurance for the cost of vaccine. Providers may choose to bill insurance at the private rate for the vaccine administration fee. If the insurance company refuses payment, Medicaid can then be charged for the administration fee. As a precaution, Medicaid may not be billed more than the VFC vaccine administration fee cap. The parent or child should never be charged more than the VFC vaccine administration fee cap

VFC Eligibility

- Option #2
- A provider can administer private stock vaccine and bill the primary insurance carrier for both the cost of the vaccine and the administration fee. If the primary insurance pays less than the Medicaid amount for the vaccine administration fee, the provider can bill Medicaid for the balance of the vaccine administration fee up to the amount Medicaid pays for the administration fee. If the primary insurance denies payment of vaccine and the administration fee, the provider may replace the privately purchased vaccine with VFC vaccine and bill Medicaid for the administration fee. The provider must document this replacement in the NDIIS using the borrow/return functionality

VFC Eligibility

- Option #2 cont.,
  - The parent/guardian of a child with Medicaid as secondary insurance must never be billed for a vaccine or an administration fee. Providers may be reimbursed a higher amount if privately purchased vaccine is administered and both the vaccine and administration fee are billed to the primary insurance. The deciding factor on which vaccine inventory to use should be based on what will be most cost effective for the family

9. There is an “X” on my Fridge-Tag data logger how do I get rid of that?

Choose the Correct Answer

There is an “X” on my data logger how do I get rid of that?

A) Downloading the data logger will clear the “X” from the display

B) The “X” is always on the display

C) The “X” will clear after 30 days of stable, in-range temperatures

D) None of the above

Correct Answer

There is an “X” on my data logger how do I get rid of that?

C) **The “X” will clear after 30 days of stable , in-range temperatures**

Data loggers

- The "X" is a sign that there was an alarm within the last 30 days
- Will clear after 30 days of stable in-range temperatures
- In the mean time remember to look for new alarms
- Look for a ⚠
- An "X" is a sign of out-of-range temperatures and should not be ignored
- Before placing the Fridge Tag in a unit be sure that the temperature probe is at the correct temperature

10. I have an alarm on my data logger for my freezer but when I look at my temperatures they are all within range. Why did it alarm?

Choose the Correct Answer

I have an alarm on my data logger for my freezer but when I look at my temperatures they are all within range. Why did it alarm?

A) The temperature was out of range

B) The data logger does not measure temperatures accurately below -30°C

C) My data logger is broken and should be returned

D) None of the above

Correct Answer

I have an alarm on my data logger for my freezer but when I look at my temperatures they are all within range. Why did it alarm?

B) **The data logger does not measure temperatures accurately below -30°C**

Freezer temperatures

- One of the limitations of Fridge tag data logger is that it does not measure temperatures below -30°C or -22°F accurately. So the manufacturer set "alarm level" for lower temperature, if your freezer is less than -30 for more than 23 hours and 59 minutes the data logger will have an alarm but that alarm is ok. The temperature could go below -30°C but not as low as -50°C or -22°F but not as low as -58°F. The best solution is to reset the freezer to higher temperature of around -25°C or a -13°F. If that is not feasible, please don't ignore the low alarms you get from the data logger
- Download the data monthly and verify this is the reason for the alarm
  - This can also be verified using with the min/max

11. Case Study: Adult A is 65 years old and received a PPSV23 two weeks ago during a hospital stay. When should they receive their dose of PCV13?

Choose the Correct Answer

65 year old adult received PPSV23 two weeks ago. When should they receive a dose of PCV13?

A) Eight weeks from their previous dose of PPSV23

B) One year from their previous dose of PPSV23

C) They are not recommended to receive another dose of pneumococcal vaccine

D) Five years from their previous dose of PPSV23

Correct Answer

65 year old adult received PPSV23 two weeks ago. When should they receive a dose of PCV13?

B) **One year from their previous dose of PPSV23**

Pneumococcal Recommendations

- On August 13, the Advisory Committee on Immunization Practices (ACIP) voted to recommend one dose of PCV13 to every adult 65 and older who has not had one
- Adults 65 and older who have not had a dose of PPSV23 (Pneumovax®) or whose history is unknown should receive a dose of PCV13 followed at least 6 - 12 months later by a dose of PPSV23
- Adults 65 and older who have not had a dose of PCV13, but have already received a dose of PPSV23 since turning 65 should receive a dose of PCV13 at least 1 year after the dose of PPSV23
- Adults 65 and older who received a dose of PPSV23 before turning 65 should have a dose of PCV13 at least 1 year after the most recent dose of PPSV23, followed by a dose of PPSV23 at least 6-12 months later, provided that the minimum interval between the 2 doses of PPSV23 is at least 5 years

Pneumococcal Recommendations

- The magnitude of the direct benefit to older adults from PCV13 vaccination is expected to decline over time. Thus, the ACIP voted to re-examine its recommendation and the data on vaccine strain disease prevalence in 2018
- There are expected unique challenges to implementation of this recommendation because Medicare will have to go through a rulemaking process to authorize Medicare Part B payment for a second dose of pneumococcal vaccine, with the earliest possible effective date being January 2016

Type your question in the chat window to the right

After the presentation, questions may be sent to:

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Abbi Pierce	**apierce@nd.gov**
Amy Schwartz	**amschwartz@nd.gov**
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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=57
  - Successfully complete the four-question posttest to receive your certificate
- Credit for this session available until Tuesday, October 14, 2014
- This presentation will be posted to our website: www.ndhealth.gov/immunize