FREQUENTLY ASKED QUESTIONS
Miranda Baumgartner, Vaccines for Children/QI Coordinator

Q1. YOUR CLINIC IS GETTING PREPARED FOR THE UPCOMING INFLuenza SEASON. WHEN YOU CAN EXPECT YOUR VFC INFLuenza VACCINE?

- A) Influenza vaccine will start to ship in October when providers need the vaccine.
- B) Influenza vaccine generally starts to ship early to mid August.
- C) Influenza vaccine orders are placed in NDIIS by providers as they need the vaccine, just like all other vaccine orders.

WHEN CAN YOU EXPECT VFC INFLuenza VACCINE?

- A) Influenza vaccine will start to ship in October when providers need the vaccine.
- B) Influenza vaccine generally starts to ship early to mid August.
- C) Influenza vaccine orders are placed in NDIIS by providers as they need the vaccine, just like all other vaccine orders.
WHEN CAN YOU EXPECT VFC INFLUENZA VACCINE?
- A) Influenza vaccine will start to ship in October when providers need the vaccine.
- B) Influenza vaccine generally starts to ship early to mid August.
- C) Influenza vaccine orders are placed in NDIIS by providers as they need the vaccine, just like all other vaccine orders.

VACCINE ORDERING
- Influenza is ordered by immunization program staff for all providers until all allocations have been filled.
- Allocations are based on influenza vaccine prebooks placed in early spring.
- Vaccine orders are placed in an allocation system. Each provider will be sent a percentage based on the amount allocated at the time.
- Ex. If the immunization program receives 1,500 doses of Flulaval®, the vaccine would be allocated out based on a percentage how many doses were left to allocate to all providers.

VACCINE ORDERING (CONT.)
- Providers will receive NDIIS automated notification when a vaccine order is placed to let them know to expect a delivery.
- Providers will be able to check in NDIIS for the vaccine that was ordered and also for a tracking number once was available.
- Please make sure that all shipping information/demographic information is updated!
The immunization program does not know when an allocation will be received for distribution, we are only given an anticipated timeline. Vaccine is allocated out to providers as soon as the immunization program receives the vaccine. Once all allocations have been filled any remaining vaccine will be opened up to providers on a first come, first served basis for ordering.

INFLUENZA VACCINE

- If once vaccine has started shipping and providers are not going through vaccine as anticipated and have extra stock, please call the immunization program.

Q2. A 6 YEAR OLD WHO HAS NEVER HAD AN INFLUENZA VACCINE WILL NEED HOW MANY DOSES OF INFLUENZA VACCINE THIS SEASON?
HOW MANY DOSES THIS SEASON?

- A) They will need one dose based on their age.
- B) They will need two doses separated by 28 days.
- C) They will need two doses separated by 2 months.

INFLUENZA VACCINE DOSAGES

- Influenza vaccine is recommended for all patients 6 months and older.
- All children 6 months through 8 years that have not received two doses of influenza vaccine prior to July 1, 2022 will need to receive two doses this influenza season.
- Influenza vaccine
  - Afluria® is a 0.5mL dose for all patients 3 years and older
  - Fluarix® is a 0.5mL dose for all patients 6 months and older
  - Fluvirin® is a 0.5mL dose for all patients 6 months and older
  - Fluzone® is a 0.5mL dose for 6 months and older
  - Flucelvax® is a 0.5mL dose for 6 months and older
  - Flumist® is a 0.2mL dose for 2 to 49 years
Q3. YOUR PROVIDER WANTS TO START ADMINISTERING INFLUENZA VACCINE STARTING AT ALL APPOINTMENTS TODAY. IS IT TOO SOON TO START?

- A) No, providers should start giving influenza vaccine as soon as they have the vaccine in their office.
- B) Yes, for those who receive the vaccine now they will need a booster later this influenza season.
- C) Yes, providers should begin in September and be done vaccinating by the end of October, unless the patient is pregnant and able to receive the vaccine or a child that needs two doses.
IS TODAY TOO SOON FOR INFLUENZA VACCINE?

- A) No, providers should start giving influenza vaccine as soon as they have the vaccine in their office.
- B) Yes, for those who receive the vaccine now they will need a booster later this influenza season.
- C) Yes, providers should begin in September and be done vaccinating by the end of October, unless the patient is pregnant and able to receive the vaccine or a child that needs two doses.

INFLUENZA VACCINE

- Providers should start vaccination early in fall, before flu season begins.
- CDC recommends that people get a flu vaccine by the end of October.
  - Getting vaccinated early (for example, in July or August) is likely to be associated with reduced protection against flu infection later in the flu season, particularly among older adults.

INFLUENZA VACCINE CONT.

- Two groups that CDC recommends vaccination as soon as vaccine becomes available:
  - Pregnant women in the third trimester
  - Children who need two doses this influenza season
INFLUENZA VACCINE (CONT.)

- Vaccination should continue to be offered throughout the flu season, even into January or later.
- Children who need two doses of vaccine to be protected should start the vaccination process sooner, because the two doses must be given at least four weeks apart.

Q4. YOUR OFFICE HAS EXPIRED INFLUENZA VACCINE FROM LAST SEASON. WHAT SHOULD BE DONE WITH THE EXPIRED VACCINE?

- A. Since the vaccine is expired it can just be disposed of.
- B. A vaccine wastage should be entered into NDIIS and then the vaccine can be thrown away.
- C. Enter a vaccine return in NDIIS and send the vaccine back to McKesson.

WHAT TO DO WITH EXPIRED INFLUENZA VACCINE?
WHAT TO DO WITH EXPIRED INFLUENZA VACCINE?

- A. Since the vaccine is expired it can just be disposed of.
- B. A vaccine wastage should be entered into NDIIS and then the vaccine can be thrown away.
- C. Enter a vaccine return in NDIIS and send the vaccine back to McKesson.

VACCINE WASTAGE VS RETURN

- Wastage
  - Nonviable vaccine that is not able to be returned to McKesson. This includes broken vaccine vials or syringes, vaccine drawn into a syringe but not administered, lost or unaccounted for vaccine and partially used multi-dose vials
  - Vaccine being returned to McKesson must be entered as a vaccine return and should not be entered on this tab
- Return
  - Nonviable vaccine that needs to be returned to McKesson because it is expired, spoiled because of a temperature excursion or because of a vaccine recall. Multi-dose vials (MDV) can only be returned if no doses have been drawn from the vial

VACCINE RETURN REASONS

- Expired
- Failure to store properly upon receipt
- Mechanical failure
- Natural disaster/power outage
- Other
  - Must leave comment as to reason
- Recall
- Refrigerator too cold/warm
- Spoiled – other
- Vaccine spoiled in transit
VACCINE WASTAGE REASONS

- Broken vial/syringe
- Lost or unaccounted for vaccine
- Non-vaccine product (HBIG, IG or diluent)
- Open multi-dose vial
- Vaccine drawn into syringe but not administered
- Other
  - Must comment as to the reason the vaccine is being wasted.

VACCINE WASTAGE VS RETURN CONTINUED

<table>
<thead>
<tr>
<th>Return</th>
<th>Wastage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any unopened MDV vaccine</td>
<td>Open IPV or MDV influenza</td>
</tr>
<tr>
<td>Partially used boxes of vaccine</td>
<td>Broken syringe/vial</td>
</tr>
<tr>
<td>Full unopened boxes of vaccine</td>
<td>Vaccine drawn up and not administered</td>
</tr>
<tr>
<td></td>
<td>Pandemic vaccine (COVID19)</td>
</tr>
</tbody>
</table>

Q5. YOU HAVE HAD YOUR MODERNA VACCINE IN YOUR REFRIGERATOR FOR 30 DAYS BUT NOTICE IT DOES NOT EXPIRE FOR 2 MORE MONTHS. CAN THIS VACCINE STILL BE USED?
CAN THIS VACCINE STILL BE USED?

- A. Yes, the vaccine is still viable until the expiration date.
- B. No, the Beyond Use Date (BUD) has been reached.
- C. Yes, but the vaccine should be placed back in the freezer until you are ready to administer.

Please ensure vaccinating staff members know the difference between a vaccine’s expiration date and best used by date (BUD).

- Review FDA EUA fact sheets for each COVID-19 vaccine to confirm dates of expiration and beyond use.
- As a reminder, the FDA EUA supersedes any information printed on vaccine vials and cartons.
- IMPORTANT: Providers must use vaccine by which ever occurs first...
**Pfizer BioNTech COVID-19 Vaccine Comparison Table**

<table>
<thead>
<tr>
<th>Description</th>
<th>Adult Pfizer (12+)</th>
<th>Pediatric Pfizer (5-11)</th>
<th>Pediatric Pfizer (+5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>12 years and older</td>
<td>5 to 11 years</td>
<td>12 years and older</td>
</tr>
<tr>
<td>Temp. Range</td>
<td>-20°C to +15°C</td>
<td>-20°C to +15°C</td>
<td>-20°C to +15°C</td>
</tr>
<tr>
<td>Package Qty</td>
<td>86 doses/box</td>
<td>86 doses/box</td>
<td>86 doses/box</td>
</tr>
<tr>
<td>Exp. Date</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>BEYOND USE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Exp</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temp. Range</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Package Qty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exp. Date</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Expiration Date BEYOND USE DATE**

1. Regardless of storage condition, do not use vaccine after 12 months from manufacture date printed on vials.
2. Once in the refrigerator, DO NOT REFRIGERATE VACCINE.

**Understanding Pfizer’s Expiration Date vs Beyond Use Date**

- **Ultra-Cold Freezer**: 12-month expiration date (from manufacture date printed on the vials)
  
  Ex:

  ![Expiration Date Diagram]

  - Refrigerator: 10-week beyond use date (starts when the vaccine is transferred from ultra-cold to refrigerator and before first puncture)
  - IMPORTANT: Providers must use vaccine by whichever date (expiration or beyond use) comes first.
UNDERSTANDING PFIZER’S EXPIRATION DATE VS BEYOND USE DATE

Example Scenario:
- Vaccine inventory received from the ND warehouse on 6/29/22 will have a 10-week beyond use date of 9/7/22.
- However, the 12-month expiration date (calculated using the manufacture date on the vial) is on 8/31/22.
- In this example, the provider’s vaccine inventory received on 6/29/22 MUST be used by the expiration date of 8/31/22.
- FDA EUA states: “Regardless of storage condition, the vaccine should not be used after 12 months from the date of manufacture printed on the vial and cartons.”

Q6. YOUR FACILITY USES A DIGITAL DATA LOGGER FOR TEMPERATURE MONITORING. DO YOU STILL NEED PAPER TEMPERATURE LOGS?

- A. No, as long as your facility has a data logger that records certain required data elements a paper log may not be required.
- B. Yes, paper temperature logs are always required even with the use of a data logger.
- C. Yes, but only if your facility currently uses a min/max thermometer.
- D. Yes, but only for providers who do not have WiFi/Cloud monitoring.
DO YOU STILL NEED PAPER TEMPERATURE LOGS?

- A. No, as long as your facility has a data logger that records certain required data elements a paper log may not be required.
- B. Yes, paper temperature logs are always required even with the use of a data logger.
- C. Yes, but only if your facility currently uses a min/max thermometer.
- D. Yes, but only for providers who do not have WiFi/Cloud monitoring.

TEMPERATURE MONITORING

- Refrigerators should maintain temperatures between 2°C and 8°C (36°F and 46°F) with the optimal temperature of 5°C (40°F).
- Freezers should maintain temperatures between -50°C and -15°C (-58°F and +5°F) with the optimal temperatures of ≤ -17°C (3°F) or colder.
- Minimum and maximum temperatures should be documented once per day and should include staff initials, date and time.
  - Preferably in the am.
  - New requirement as of January 1, 2018.
  - If the data logger system used can document these required elements then paper logs are not needed.
- Twice daily temperatures are still recommended.

Q7. YOU HAVE A 30 YEAR-OLD PATIENT IN THE CLINIC THAT HAS DIABETES. THEY HAVE NO DOCUMENTED HISTORY OF PNEUMOCOCCAL VACCINE. SHOULD THEY RECEIVE A DOSE TODAY?
SHOULD THEY RECEIVE A DOSE TODAY?

- A. Yes, they should receive a dose of PCV13 today, followed by a dose of PPSV23 in 8 weeks.
- B. No, they are not indicated to receive any doses at their age.
- C. Yes, they should receive a dose of PCV15 or PCV20.

PNEUMOCOCCAL VACCINES AVAILABLE

<table>
<thead>
<tr>
<th>Pneumococcal Conjugate Vaccines (PCVs)</th>
<th>Pneumococcal Polysaccharide Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCVs are differentiated by the number of serotypes they provide protection against — PCV13, PCV15, and PCV20.</td>
<td>Contains polysaccharide antigen from 23 types of pneumococcal bacteria</td>
</tr>
<tr>
<td>PCV13 (Prevnar13®)</td>
<td>PPSV23 (Pneumovax23®)</td>
</tr>
<tr>
<td>PCV15 (Vaxneuvance®) NEW</td>
<td></td>
</tr>
<tr>
<td>PCV20 (Prevnar20®) NEW</td>
<td></td>
</tr>
</tbody>
</table>
Adults 19 through 64 Years Old:

- CDC recommends pneumococcal vaccination for adults 19 through 64 years old who have certain chronic medical conditions or other risk factors.

**CERTAIN CHRONIC MEDICAL CONDITIONS OR OTHER RISK FACTORS (19-64 YEARS)**

For adults ages 16-64 years with any of the conditions or risk factors listed below:

- Alcoholism
- Cerebrospinal fluid leak
- Chronic heart disease, including congestive heart failure and cardiomyopathies
- Chronic liver disease
- Chronic lung disease, including chronic obstructive pulmonary disease, emphysema, and asthma
- Chronic renal failure
- Cigarette smoking
- Cochlear implant
- Congenital or acquired asplenia
- Congenital or acquired immunodeficiency
- B- (humoral) or T-lymphocyte deficiency
- Complement deficiency, particularly C1, C2, C3, or C4 deficiency
- Phagocytic disorder, excluding chronic granulomatous disease
- Diabetes mellitus
- Generalized malignancy
- HIV infection
- Hodgkin disease
- Iatrogenic immunosuppression, including long-term systemic corticosteroids and radiation therapy
- Leukemia
- Lymphoma
- Multiple myeloma
- Nephrotic syndrome
- Sickle cell disease or other hemoglobinopathies
- Solid organ transplant

**NEW GUIDANCE FOR ADULTS 19-64 YEARS WITH CERTAIN MEDICAL CONDITIONS**

- For those who have not previously received any pneumococcal vaccine:
  - Administer 1 dose of PCV15 or PCV20
  - If PCV15 is used follow up with 1 dose of PPSV23 at least 1 year later.
- For those who have only received PPSV23:
  - May give 1 dose of PCV15 or PCV20 (at least one year after the most recent PPSV23 vaccination).
  - An additional dose of PPSV23 is not recommended since they already received it.
- For those who have received PCV13 with or without PPSV23:
  - Vaccination dependent on individual’s specific medical condition.
  - See CDC’s Pneumococcal Vaccine Timing for Adults who Previously Received PCV13
Adults 65 Years or Older:
- CDC recommends pneumococcal vaccination for all adults 65 years or older.

CDC RECOMMENDATION

NEW GUIDANCE FOR ADULTS 65 YEARS OR OLDER

- For adults 65+ years who have not previously received any pneumococcal vaccine:
  - Give 1 dose of PCV15 or PCV20.
  - If PCV15 is used, this should be followed by a dose of PPSV23 at least one year later.
  - The minimum interval is 8 weeks and can be considered in adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak.

- For adults 65 years or older who have only received PPSV23:
  - May give 1 dose of PCV15 or PCV20 (at least one year after the most recent PPSV23 vaccination).
  - An additional dose of PPSV23 is not recommended since they already received it.

- For adults 65 years or older who have received PCV13 with or without PPSV23:
  - Give 1 dose of PPSV23.
  - NOTE: Interval between PCV13 and/or previous PPSV23 dose is dependent on any underlying medical conditions and age in which PPSV23 was received. See CDC's Pneumococcal Vaccine Timing for Adults who Previously Received PCV13.

PNEUMOCOCCAL RECOMMENDATIONS

- Pneumococcal vaccination algorithms can be found: www.health.nd.gov/immuniz/providers/resources
- Pneumococcal VaxAdvisor Mobile App for Vaccine Providers: www.cdc.gov/vaccines/spd/pneumo/hcp/pneumoapp.html
Q8. YOUR OFFICE IS HOLDING A VACCINE CLINIC AT A LOCATION AWAY FROM THE OFFICE. WHEN TRANSPORTING VACCINE TO AN OFFSITE CLINIC IS A DATA LOGGER NEEDED?

- A. Yes, if the clinic is going to last more than 1 hour.
- B. No, data loggers are not needed if using certified coolers.
- C. Yes, a data logger should be used on all vaccine transports.
VACCINE TRANSPORT

- Vaccine transport is discouraged whenever possible
- If providers must transport vaccine, data loggers must be used at all times
  - Transport temperature charts must be submitted to the immunization program anytime VFC vaccine is transported
  - Temperatures should be checked and documented every 30 minutes
- Paper temperature logs: https://www.health.nd.gov/immunize/storage-and-handling
- VFC or state-supplied vaccine must be transported in qualified coolers
- Never leave vaccine unattended in a car for long periods of time, and never store in a trunk

VACCINE TRANSPORT CONTINUED

- All vaccines transfers (between providers) must be approved by the immunization program
- Vaccine should never be stored in a transport cooler for more than 8 hours
- Frozen vaccine must be transported in a frozen transport cooler, cannot use dry ice or transport refrigerator

VACCINE TRANSPORT CONTINUED

- Do not use frozen gel packs or coolant packs from original vaccine shipments to pack refrigerated vaccines. They can still freeze vaccines even if they are conditioned
Q9. HOW LONG CAN A VIAL OF IPV BE USED AFTER THE VIAL IS OPENED/ENTERED?

OPEN IPV EXPIRATION?

• A) Once the vial of IPV is open you have 28 days before the vial must be discarded.
• B) The open vial of IPV is good until the expiration date on the vial.
• C) The vial must be used within 2 months of opening.
OPEN MULTIDOSE VIALS

- Vaccines in multidose vials that do not require reconstitution can be used through the expiration date printed on the label as long as the vaccine is not contaminated unless indicated otherwise by the manufacturer.
- IPV in a multidose vial can be used through the expiration date on the vial.

OPEN MULTIDOSE VIALS (CONT.)

- For some vaccines, the manufacturer specifies that once the multidose vial has been entered or the rubber stopper punctured, the vaccine must be used within a certain number of days.
- This is commonly referred to as the "beyond-use date" (BUD). Any vaccine not used within the BUD should be discarded. Specific information regarding the BUD can be found in the product information.

Q10. THE PROVIDER OFFICE RECEIVED A VACCINE SHIPMENT OUTSIDE OF THE APPROPRIATE DELIVERY TIME, WHAT STEPS SHOULD BE TAKEN?
NONVIABLE SHIPMENT

- A. Call McKesson/Merck as to the viability of the vaccine.
- B. Notify the immunization program.
- C. Nothing, as long as the packs inside are cold/frozen the vaccine is just fine.
- D. Both A and B.

NONVIABLE SHIPMENT

- A. Call McKesson/Merck as to the viability of the vaccine.
- B. Notify the immunization program.
- C. Nothing, as long as the packs inside are cold/frozen the vaccine is just fine.
- D. Both A and B.

NONVIABLE SHIPMENTS

- Steps that should be taken:
  - Accept the vaccine shipment. Never refuse a shipment!
  - Vaccine should be placed in the appropriate storage unit until viability is determined.
  - Then McKesson/Merck should be contacted as to the viability of the vaccine.
  - Contact the immunization program.
  - If the vaccine is not viable and being replaced the immunization program will again need to be contacted with the new lot number from the replacement shipment.
Q11. IN THE NDIIS VACCINE ORDERING MODULE, HOW ARE THE DOSES ADMINISTERED CALCULATED?

- A. The doses administered are based on the current calendar month.
- B. The doses administered are based on the previous 30 days from the time of the vaccine order.
- C. The doses administered are based on the previous calendar month.

HOW DOES THE NDIIS ORDERING MODULE WORK?

- A. The doses administered are based on the current calendar month.
- B. The doses administered are based on the previous 30 days from the time of the vaccine order.
- C. The doses administered are based on the previous calendar month.
In NDIIS, the doses administered used to calculate the suggested order minimum (which is a one month supply) and the suggested order maximum (which is a three month supply) are based on the previous months doses administered and multiplied by 3 (this allows for the order maximum).

The ordering module does not take into account any doses that would have been given during the current calendar month.

The inventory used to calculate the suggested order minimum and maximum is based on the provider office current inventory.

Q12. THE CLINIC PLACED A VACCINE ORDER LAST WEEK FOR HPV AND MMRV VACCINES. TODAY YOU ONLY RECEIVED THE MMRV VACCINE. WILL THE HPV VACCINE BE COMING?

• A. No, if the vaccine did not come in this shipment it will not be coming.
• B. No, you will need to place another vaccine order.
• C. Yes, MMRV vaccine ships separately than other refrigerated vaccines.
WILL THE HPV VACCINE BE COMING?

- A. No, if the vaccine did not come in this shipment it will not be coming.
- B. No, you will need to place another vaccine order.
- C. Yes, MMRV vaccine ships separately than other refrigerated vaccines.

VACCINE SHIPMENTS

- All vaccine orders can be reviewed in the order tab in NDIIS.
- MMRV, varicella and Influenza vaccine, regardless if ordered with other vaccines, will be shipped separately.
- Allow 2 to 3 weeks for delivery of all other vaccines.
Can Vaccine be Returned?

- A) As long as the vaccine is stored according to the required temperatures it can be sent back to McKesson. The clinic would just need to re-order the vaccine they wanted in NDIIS.
- B) The vaccine can be returned to McKesson but it does not need to be kept cold.
- C) Viable vaccines cannot be returned to McKesson under any circumstance. If they are sent back to McKesson they are considered non-viable and the provider will need to replace all doses with private vaccine.
- D) Providers should contact the immunization program first about the vaccine ordering mistake and the vaccine can be sent back to McKesson as long as there is prior notification.

Q14. Every month I enter zeroes for all vaccines in my vaccine order even if I am not ordering that particular vaccine. Is this necessary?
A) Providers are required to enter zeroes for all vaccines on orders, this is so it adjusts their inventory in NDIIS.
B) Adding zeroes to vaccine orders is not a program requirement but is highly encouraged by the immunization program.
C) This is completely unnecessary and does not adjust inventory or serve any purpose. The only numbers that should be entered are for vaccines the provider is actively trying to order.
D) Providers should submit inventory counts via a vaccine order every month, including all vaccines whether or not they have doses on hand.

Any Questions
### North Dakota Division of Immunizations

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molly Howell, MPH</td>
<td>Director</td>
<td>701-328-4556</td>
<td><a href="mailto:mahowell@nd.gov">mahowell@nd.gov</a></td>
</tr>
<tr>
<td>Mary Woinarowicz, MA</td>
<td>NDIIS Manager</td>
<td>701-328-2404</td>
<td><a href="mailto:mary.woinarowicz@nd.gov">mary.woinarowicz@nd.gov</a></td>
</tr>
<tr>
<td>Abbi Berg, MPH</td>
<td>VFC/Quality Improvement Manager</td>
<td>701-328-3324</td>
<td><a href="mailto:alberg@nd.gov">alberg@nd.gov</a></td>
</tr>
<tr>
<td>Allison Dykstra, MS</td>
<td>NDIIS Coordinator</td>
<td>701-328-2420</td>
<td><a href="mailto:adykstra@nd.gov">adykstra@nd.gov</a></td>
</tr>
<tr>
<td>Miranda Baumgartner, MBA</td>
<td>VFC/QI Coordinator (West)</td>
<td>701-328-2035</td>
<td><a href="mailto:mlbaumgartner@nd.gov">mlbaumgartner@nd.gov</a></td>
</tr>
<tr>
<td>Ronda Kercher</td>
<td>NDIIS Data Admin</td>
<td>701-226-1379</td>
<td><a href="mailto:rkercher@nd.gov">rkercher@nd.gov</a></td>
</tr>
<tr>
<td>Ally Schweitzer, MHA</td>
<td>VFC/QI Coordinator (East)</td>
<td>701-955-5286</td>
<td><a href="mailto:aschweitzer@nd.gov">aschweitzer@nd.gov</a></td>
</tr>
<tr>
<td>Michelle Anderson</td>
<td>NDIIS Data Quality Coordinator</td>
<td></td>
<td><a href="mailto:melissa.Anderson@nd.gov">melissa.Anderson@nd.gov</a></td>
</tr>
<tr>
<td>Danni Pinnick, MPH</td>
<td>Immunization Surveillance Coordinator</td>
<td>701-239-7169</td>
<td><a href="mailto:dpinnick@nd.gov">dpinnick@nd.gov</a></td>
</tr>
<tr>
<td>Andrew Bjugstad, MPH</td>
<td>Adult Immunization Coordinator</td>
<td>701-955-5140</td>
<td><a href="mailto:abjugstad@nd.gov">abjugstad@nd.gov</a></td>
</tr>
<tr>
<td>Jenny Galbraith</td>
<td>Adult Immunization Manager</td>
<td>701-328-2335</td>
<td><a href="mailto:jgalbraith@nd.gov">jgalbraith@nd.gov</a></td>
</tr>
<tr>
<td>Neha N. Patel, MPH</td>
<td>COVID-19 Vaccine Data Epidemiologist</td>
<td></td>
<td><a href="mailto:nehapatel@nd.gov">nehapatel@nd.gov</a></td>
</tr>
<tr>
<td>Michelle Eberhardt, RN</td>
<td>Adult Immunization Coordinator</td>
<td>701-595-1551</td>
<td><a href="mailto:mieberhardt@nd.gov">mieberhardt@nd.gov</a></td>
</tr>
<tr>
<td>Olenka Aguilar, MPH</td>
<td>Immunization Analyst</td>
<td></td>
<td><a href="mailto:oaguilar@nd.gov">oaguilar@nd.gov</a></td>
</tr>
<tr>
<td>Kristen Vetter</td>
<td>Adult Immunization Coordinator</td>
<td>701-955-5375</td>
<td><a href="mailto:kvetter@nd.gov">kvetter@nd.gov</a></td>
</tr>
<tr>
<td>Jessica Allen</td>
<td>Health Educator (CDC Foundation Staff)</td>
<td></td>
<td><a href="mailto:jessicaallen@nd.gov">jessicaallen@nd.gov</a></td>
</tr>
</tbody>
</table>

#### Post-test
- **Post-test**
  - Nurses interested in continuing education credit, visit [https://ndhealth.co1.qualtrics.com/](https://ndhealth.co1.qualtrics.com/)
  - Successfully complete the five-question post-test to receive your certificate
  - Credit for this session will not expire until September 13, 2022.
  - This presentation will be posted to our website: [www.health.nd.gov/immunize](http://www.health.nd.gov/immunize)