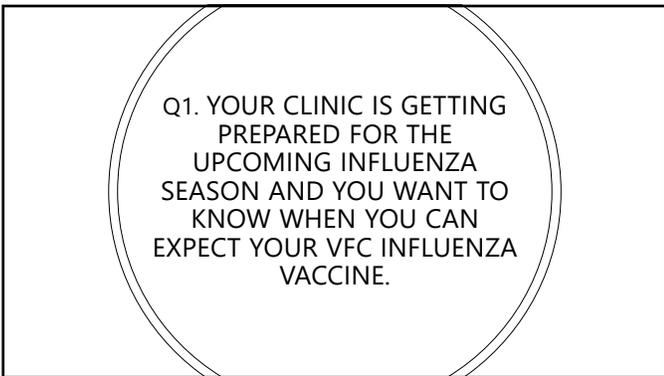
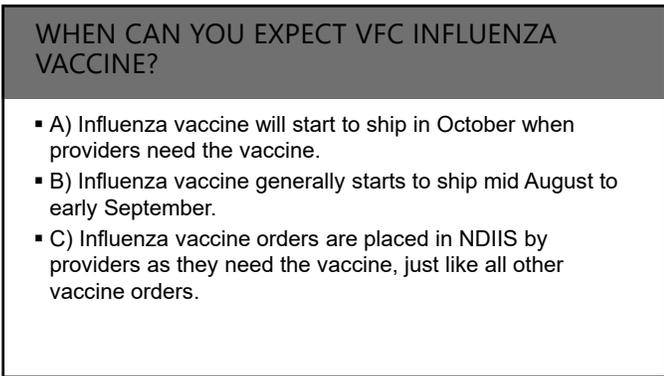




1



2



3

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 mid August to early September.
- C) Influenza vaccine orders are placed in NDIIIS by providers as they need the vaccine, just like all other vaccine orders.

4

INFLUENZA VACCINE

- Centers for Disease Control and Prevention (CDC) started the delivery of influenza vaccine in mid August.
- This, however, was only selected manufacturers.

Manufacturer	Distribution estimated to begin
AstraZeneca	Mid August
GSK	Mid August
Sanofi Pasteur	Early/Mid September
Seqirus	Mid August



5

VACCINE ORDERING

- Influenza is ordered by immunization program staff for all providers until all allocations have been filled.
- 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.

6

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.

7

INFLUENZA VACCINE

- 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.

8

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.
- During the current pandemic, if your provider office is going to be temporarily closed please notify the immunization program so vaccine orders will not be placed for the provider office.

9

Q2. ALEX IS IN THE CLINIC FOR A WELL CHILD CHECK TODAY AND MOM WANTS ALEX TO GET HIS FLU SHOT. ALEX DOES NOT TURN 6 MONTHS FOR ANOTHER 3 DAYS. CAN ALEX RECEIVE HIS FLU SHOT TODAY?

10

CAN ALEX RECEIVE HIS FLU SHOT TODAY?

- A. No, Alex is not 6 months of age at this time. He needs to wait 3 more days.
- B. Yes, Alex can receive his flu shot today, as there is a four day grace period.
- C. No, Alex needs to wait until 12 months of age for his first flu shot.
- D. Yes, but because Alex is not 6 months, yet he should receive a half of a dose.

11

CAN ALEX RECEIVE HIS FLU SHOT TODAY?

- A. No, Alex is not 6 months of age at this time. He needs to wait 3 more days.
- B. Yes, Alex can receive his flu shot today , as there is a four day grace period.
- C. No, Alex needs to wait until 12 months of age for his first flu shot.
- D. Yes, but because Alex is not 6 months, yet he should receive a half of a dose.

12

Q3. A 6 YEAR OLD WHO HAS NEVER HAD AN INFLUENZA VACCINE WILL NEED HOW MANY DOSES OF INFLUENZA VACCINE THIS SEASON?

13

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.

14

HOW MANY DOSES THIS SEASON?

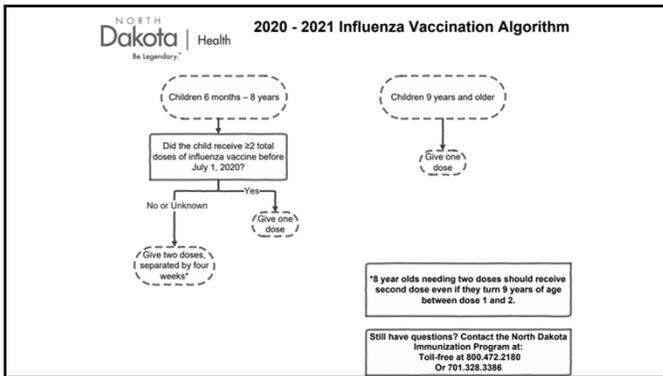
- A) They will need one dose based on their age.
- B) They will need two doses separated by 28 days.
- C) They will need two doses separated by 2 months.

15

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, 2020 will need to receive two doses this influenza season.
- Influenza vaccine
 - *Afluria*® is a **0.25 mL dose** for patients 6 to 35 months
 - *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
 - *FluLaval*® is a **0.5mL dose** for all patients 6 months and older
 - *Fluzone*® is a **0.5mL dose** for 3 years and older
 - *Flucelvax*® is a **0.5ml dose** for 4 years and older
 - *Flumist*® is a **0.2mL dose** for 2 to 49 years

16



17

Q4. YOUR PROVIDER WANTS TO START ADMINISTERING INFLUENZA VACCINE STARTING AT ALL APPOINTMENTS TODAY. IS IT TOO SOON TO START?

18

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) No, providers should wait until they have COVID vaccine so patients only have one clinic visit.

19

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) No, providers should wait until they have COVID vaccine so patients only have one clinic visit.

20

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.

21

INFLUENZA VACCINE (CONT.)

- **Pros**
 - Children that need two doses can get the doses spaced by 4 weeks.
 - Receive influenza vaccine before COVID vaccine is available.
- **Cons**
 - Vaccine may not be as effective later in the influenza season.

22

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.



23

Q5. OUR PROVIDER OFFICE RECEIVED A PRESENTATION OF INFLUENZA VACCINE THAT WE DID NOT ORDER. NOW WHAT?

24

NOW WHAT?

- A) Send it back to McKesson, it must have been sent in error.
- B) Call the NDDoH and ask them what we should do with it.
- C) Use the doses to vaccinate patients this influenza season.
- D) Ask another provider office if they can use the influenza vaccine.

25

NOW WHAT?

- A) Send it back to McKesson, it must have been sent in error.
- B) Call the NDDoH and ask them what we should do with it.
- C) Use the doses to vaccinate patients this influenza season.
- D) Ask another provider office if they can use the influenza vaccine.

26

INFLUENZA VACCINE

- Providers that requested additional doses of influenza vaccine after the initial influenza prebook will receive those doses.
 - The presentation may be different then what facilities prebooked earlier this year. The NDDoH was allocated extra doses from CDC.
 - The NDDoH was allocated extra doses from CDC but were unable to request the brand or presentation of the doses.

27

Q6. YOUR CLINIC HAS A PATIENT THAT DEVELOPS SHOULDER PAIN AFTER RECEIVING THEIR INFLUENZA VACCINE. WHAT ACTION SHOULD BE TAKEN?

28

WHAT ACTION SHOULD BE TAKEN?

- A) The event should be reported to the immunization program.
- B) The event only needs to be reported to the administering provider.
- C) The event should be reported to the Vaccine Adverse Event Reporting System (VAERS).

29

WHAT ACTION SHOULD BE TAKEN?

- A) The event should be reported to the immunization program.
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30

SIRVA

- Shoulder injury related to vaccine administration (SIRVA) is an under-reported, preventable series of events caused by incorrect technique or landmarking for intramuscular deltoid injections.
- SIRVA occurs when an intramuscular deltoid injection is administered into the shoulder joint.
- The main symptoms include persistent shoulder pain and a limited range of motion and begin within 48 hour of vaccine administration and does not improve with over-the counter medications.

31

SIRVA Shoulder Injury Related to Vaccine Administration

What to watch for when landmarking:

Too High (Shoulder center of injury)
 • Risk of injecting into shoulder joint or bursa
 • Can cause inflammation leading to bursitis, frozen shoulder syndrome, and other complications
 • Results in persistent shoulder pain, weakness, and decreased range of motion
 • Sometimes requires surgery to debride
 • Without treatment, symptoms last months and may never resolve

Too Far to Side (Radial nerve)
 • Can injure peripheral nerve innervation
 • Results in burning, shooting pain during injection
 • Symptoms start immediately

Too Low (Axillary nerve)
 • Can injure axillary nerve

What happens when:

Needle Too Short
 • Can injure subcutaneous tissue
 • Causes pain to patient
 • Risk of site reaction
 • Vaccines may be less effective

Needle Too Long
 • Can hit bone or vein
 • If hit on bone, can weaken back slightly and react
 • If hit on vein, can weaken it and try again

Tips to Avoid SIRVA
 • **Shoulder Joint "Chestnut"** - Ensure the shoulder completely always up to be injected or avoid
 • **Shoulder Joint "Chestnut"** - When joint can't be injected, lift the arm up, lift past the joint to rest over the shoulder

Remember!
 • 2-3 fingers down from the acromion

SIRVA (CONT.)

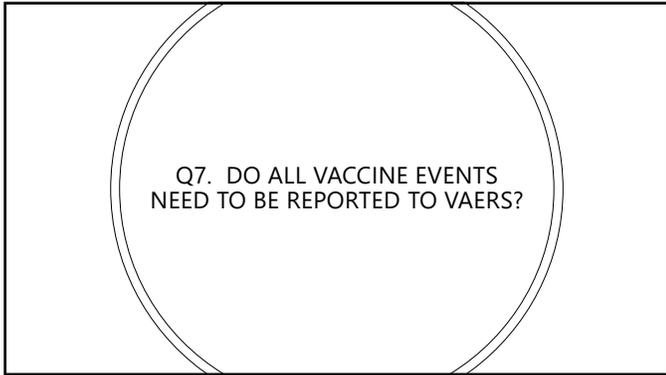
- SIRVA is a vaccine administration error and it should be reported to the Vaccine Adverse Event Reporting System (VAERS).

32

SIRVA (CONT.)

- SIRVA leads to reduced vaccine confidence.
- Steps to avoid SIRVA
 - Sit down
 - Identify landmarks
 - Proper needle size

33



34

DO ALL VACCINE ADVERSE EVENTS NEED TO BE REPORTED TO VAERS?

- A) Yes, all vaccine events should be reported to VAERS.
- B) No, only the severe adverse events should be reported to VAERS.
- C) Yes, but only the adverse events related to vaccine administration need to be reported.

35

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- B) No, only the severe adverse events should be reported to VAERS.
- C) Yes, but only the adverse events related to vaccine administration need to be reported.

36

VAERS

- Healthcare providers are required by law to report to VAERS:
 - Any adverse event listed in the VAERS Table of Reportable Events Following Vaccination that occurs within the specified time period after vaccinations
 - An adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine
- There is a link on the NDIIS Main Menu page or <https://vaers.hhs.gov/>

37

VAERS (CONT.)

- Healthcare providers are strongly encouraged to report to VAERS:
 - Any adverse event that occurs after the administration of a vaccine licensed in the United States, whether it is or is not clear that a vaccine caused the adverse event
 - Vaccine administration errors

38

VAERS (CONT.)

- Who Can Report to VAERS?**
 - Parents
 - Patients
 - Healthcare Providers
 - Others
- Preferred method is to have the healthcare provider report, as they have the most information available.

Checklist

What will I need to fill out the report?

- Patient information (age, date of birth, sex)
- Vaccine information (brand name, dosage)
- Date, time, and location administered
- Date and time when adverse event(s) started
- Symptoms and outcome of the adverse event(s)
- Medical tests and laboratory results (if applicable)
- Physician's contact information (if applicable)

[Full checklist](#)

39

Q8. YOUR PROVIDER OFFICE IS TEMPORARILY CLOSING DURING THE CURRENT PANDEMIC. DO VACCINE STORAGE UNIT TEMPERATURES NEED TO BE CHECKED WHILE THE CLINIC IS CLOSED?

40

DO TEMPERATURES NEED TO BE CHECKED?

- A) No, temperatures do not need to be checked while the clinic is closed.
- B) Temperatures still need to be checked everyday, even though the clinic is closed.
- C) Temperatures should be checked a minimum of twice per week while the clinic is closed.
- D) Temperatures only need to be checked if someone is going to the clinic.

41

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42

PROVIDER OFFICE CLOSURES

- If healthcare facilities do close or decide to discontinue vaccination at any time, all storage units that contain VFC vaccines must still have adequate storage and handling to ensure vaccine viability.
- **Data loggers must still be in place and min/max temperatures be checked and recorded at a minimum of two days per week.**
- If not possible, the vaccine must be transported and stored at another VFC-enrolled facility.

43



PROVIDER OFFICE CLOSURES

- Data logger temperature charts must also be submitted to the immunization program monthly. All temperature excursions must be reported and followed up on accordingly.

44

Q9. WITH THE OPTION OF DISTANCE LEARNING THIS SCHOOL YEAR DO CHILDREN NEED TO BE UP TO DATE WITH THEIR VACCINES FOR SCHOOL?

45

ARE VACCINES NEEDED FOR SCHOOL?

- A) Yes, all children regardless of how they are schooled need to follow the school requirements for vaccines on time.
- B) No, if the child is doing the distance learning they do not need to be up to date on their vaccines for school.
- C) Yes, but only if they would decide later in the school year to do face to face instruction.
- D) Yes, but the exclusion date is going to be extended.

46

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- D) Yes, but the exclusion date is going to be extended.

47

SCHOOL REQUIREMENTS

- State law in North Dakota requires students in kindergarten through twelfth grade to be up to date on certain vaccinations.
- Students have until October 1st of each school year to receive required school vaccines before they would be excluded from school.
- North Dakota is not relaxing or delaying the school requirement because they are important.

48

SCHOOL REQUIREMENTS (CONT.)

- State law and century code regarding school immunizations can be viewed on the North Dakota State website at <http://www.legis.nd.gov/information/acdata/pdf/33-06-05.pdf> and <http://www.legis.nd.gov/cencode/t23c07.pdf>.

49



2020-2021 School Immunization Requirements

Vaccine Type	Number of Required Doses		
	Kindergarten-6	Grades 7-10	Grade 11-12
DTaP/DTP/DT/Tdap/Td*	5	5	5
Hepatitis B	3	3	3
IPV/OPV [†]	4	4	4
MMR	2	2	2
Varicella (Chickenpox)	2	2	2
Meningococcal [‡]	0	1	2
Tdap [§]	0	1	1

<https://www.health.nd.gov/immunize/schools-and-childcare>

50

Q10. YOU HAVE AN ADULT THAT IS IN THE CLINIC TODAY THAT NEEDS THEIR MMR BUT ALL THE CLINIC CARRIES IS THE MMR FOR CHILDREN. CAN THEY RECEIVE THEIR MMR TODAY?

51

CAN THEY RECEIVE MMR TODAY?

- A) No, the provider office would need to order the adult dosage.
- B) Yes, but they would need 2 childhood doses to make the adult dose.
- C) Yes, the childhood and adult dosage is the same.

52

CAN THEY RECEIVE MMR TODAY?

- A) No, the provider office would need to order the adult dosage.
- B) Yes, but they would need 2 childhood doses to make the adult dose.
- C) Yes, the childhood and adult dosage is the same.

53

MMR

- Protection against measles, mumps and rubella.
- There is only one presentation and dosage available for children and adults.
- Minimum interval is 4 weeks.



54

Q11. YOU HAVE A PATIENT IN THE CLINIC TODAY THAT IS IN NEED OF A TETANUS BOOSTER. THEIR LAST DOSE OF TDAP WAS IN 2010. WHAT SHOULD THEY RECEIVE TODAY?

55

WHAT SHOULD THEY RECEIVE TODAY?

- A) They should receive a dose of Td since they have already had a dose of Tdap.
- B) They should receive a dose of Tdap.
- C) They would not need a tetanus booster unless it was for an injury.
- D) None of the above are correct.

56

WHAT SHOULD THEY RECEIVE TODAY?

- A) They should receive a dose of Td since they have already had a dose of Tdap.
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- C) They would not need a tetanus booster unless it was for an injury.
- D) None of the above are correct

57

TDAP

- **The ACIP voted to permit the use of Tdap vaccine anytime Td vaccine is indicated.** This includes tetanus prophylaxis for wound management, catch-up vaccination of individuals ages 7 and older, and the 10-year booster for Td vaccine.
- Most providers in the United States were already doing this in practice.
- This recommendation will allow providers to only have to carry Tdap vaccine and not both Tdap and Td vaccines.

58

TDAP (CONT.)

- The ACIP also clarified catch-up Tdap recommendations for children who were vaccinated at ages 7 – 9.
 - If a child receives DTaP or Tdap at ages 7 – 9, an additional dose of Tdap is needed at age 11.
 - If a child receives DTaP or Tdap at age 10, then a dose of Tdap is not needed at age 11.
 - This recommendation has not yet been implemented in the North Dakota Immunization Information System (NDIIS) forecaster.

59

Q12. THE NDIIS FORECASTER FOR AN ADULT IS FORECASTING ANOTHER TDAP AFTER THEY JUST RECEIVED ONE EVEN THOUGH THEY WERE FULLY VACCINATED ASIDE FROM NEEDING A BOOSTER. IS THIS CORRECT? DO THEY NEED ANOTHER DOSE?

60

IS THIS CORRECT? DO THEY NEED ANOTHER DOSE?

- A) Yes, because NDIIS forecast is saying they need another dose.
- B) No, NDIIS does not have their childhood doses.
- C) Yes, because they only have the one dose they would need to complete the series.
- D) Both A and C

61

IS THIS CORRECT? DO THEY NEED ANOTHER DOSE?

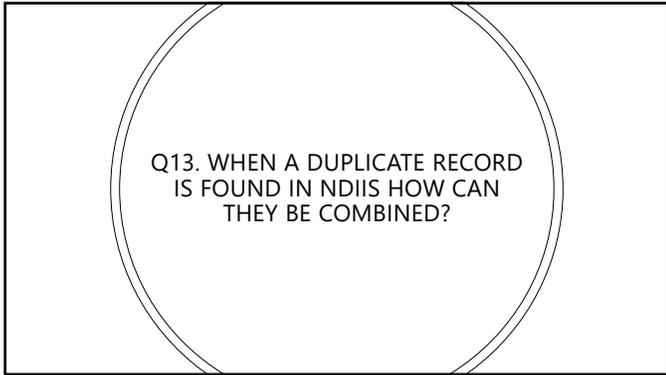
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62

NDIIS FORECASTER

- The NDIIS was started in 1996 so many adults who had doses prior to that do not have a record in NDIIS.
- Providers should use their judgment to assess the need for vaccines at that time.

63



64

COMBINING DUPLICATE RECORDS?

- A) Type the word duplicate anywhere on the demographic tab.
- B) Nothing needs to be done all duplicate records will be found by the immunization program.
- C) Call the immunization program to have the records combined urgently.
- D) Both A and C

65

COMBINING DUPLICATE RECORDS?

- A) Type the word duplicate anywhere on the demographic tab.
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- D) Both A and C

66

CLIENT DE-DUPLICATION

What the NDIIS Does:

- Automated client deduplication looks at all client records touched the previous day and scans the NDIIS for potential duplicate records.
 - Any potential duplicates are placed in queue for daily manual review by the immunization program.
- Run a weekly report to look for duplicate client records flagged by NDIIS users and merge duplicates.

What You Can Do:

- Flag any duplicate records in the NDIIS by typing the word "DUPLICATE" on an empty field of the Demographics page.
 - DO NOT DELETE ANY DEMOGRAPHIC INFORMATION FROM THE NDIIS RECORD!
- Make sure patient names are spelled the same in the NDIIS and in your EHR whenever possible.
- Do not use nicknames in first name field.

67

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FLAGGING DUPLICATE CLIENT RECORDS

- The word "DUPLICATE" must be spelled correctly
- Entering words such as "merge" or "wrong" will not flag duplicate records on the immunization program report and they won't be merged

The screenshot shows a patient demographics form with the following fields: Last Name (HOFFMAN), First Name (TEST), Address (TEST), City (MINOT), State (NORTH DAKOTA), Zip (58711), Country (USA), Birth Date (01/01/2000), Sex (MALE), and SSN. The word "DUPLICATE" is entered in the Address field. Below the form, there are checkboxes for "Exclude client from reminder report" and "Exclude client from client de-duplication".

68

68

VACCINE DE-DUPLICATION

What the NDIIS Does:

- Automated vaccine deduplication evaluates every dose as it is being entered in the NDIIS and automatically removes obvious duplicates.
 - Removes approximately 85% of duplicate doses automatically and immediately.
- Doses that cannot be easily identified as a duplicate are placed in a queue to be evaluated by immunization program staff.

What You Can Do:

- Delete duplicate historical doses and duplicate doses entered by your provider site.
- If doses left in a record after deleting a duplicate are invalid, contact the immunization program to have the doses set back to valid.
- If there are duplicate doses in a record you cannot delete, contact the immunization program to have the duplicates removed.

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DECEASED CLIENT RECORDS

What the NDIIS Does:

- NDIIS receives death record information from Vital Records for all individuals who died in North Dakota and checks those names against active NDIIS records. Any NDIIS records matched to the Vital Records information are automatically marked as deceased.
- Runs a report after each death record file is processed to manually look for NDIIS records that did not match to Vital Records.
- After each birth record file, reviews the previous death records that were not matched to try and find any newborn records that need to be updated.
- Runs a weekly report looking for deceased records flagged by NDIIS users.

What You Can Do:

- Flag any deceased records in the NDIIS by typing the word "DECEASED" on an empty field of the Demographics page.
- Call the immunization program if there is a record that needs to be marked as deceased.

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70

FLAGGING DECEASED CLIENT RECORDS

- The word "DECEASED" must be spelled correctly
- Entering words such as "dead" or "remove" will not flag deceased records on the immunization program report

The screenshot shows a 'Patient Information' form. The 'Address' field contains the word 'DECEASED'. Other fields include Last Name: NORDLA, First Name: TEST, Middle Name: G, Suffix: (empty), Race: UNKNOW, Ethnicity: UNKNOW, Birth Date: 10/01/1988, Sex: FEMALE, Patient Acc #: (empty), Address: (empty), City: FARGO/GRANDFORK, State: NORTH DAKOTA, Zip: 58103, Country: ND-COUNTY UNKND, Birth State/Country: ND, Primary Phone: 202.000.0000, Work Phone: (empty), Email address: (empty), and Excl. client from client De-Duplication: (empty). A 'Save' button is at the bottom left.

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Q14. HOW LONG CAN A VIAL OF IPV BE USED AFTER THE VIAL IS OPENED/ENTERED?

72

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.

73

OPEN IPV EXPIRATION?

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- 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.

74

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.

75

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.

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NORTH DAKOTA IMMUNIZATION PROGRAM

North Dakota Immunization Program Staff

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Vacant CDC Public Health Advisor	Phone: Email:		



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POST-TEST

- Post-test
 - Nurses interested in continuing education credit, visit <http://www.ndhealth.gov/disease/post/default.aspx?PostID=222>
 - Successfully complete the five-question post-test to receive your certificate
 - Credit for this session will not expire until October 13, 2020.
 - This presentation will be posted to our website: www.health.nd.gov/immunize
