



**Everything You Need to Know about Borrow and Return**  
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**Borrow and Return 101**

- Novices to Experts
- Hope everyone walks away learning at least 1 or 2 things about borrow/return
- Borrow/return can be daunting but if you understand the main concepts it doesn't have to be difficult.

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**Borrow and Return Definition**

- A borrow or return is created any time the funding source (public vs private) doesn't match the eligibility (Vaccines for Children (VFC), Not Eligible, Other State Eligible)
  - Other State Eligible should only be in rare circumstances such as insured newborns at birthing facilities or un/underinsured adults receiving publicly supplied vaccines.
- The only difference between a borrow and a return is whether there is an existing balance in the NDHIS.

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### Why Does Borrow Return Exist?

- The borrow return (B/R) functionality exists because provider offices must maintain two inventories of vaccine.
  - Public and private inventory
- There are times when borrows are appropriate (insurance coverage changes, vaccine ordering or delivery challenges that are outside of provider control)
- Vaccines are expensive and financial accountability is a must.
  - Many vaccines are \$250+



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### Is Borrow Return Allowed?

- Yes, if programmatic requirements are met:
  - Documentation must occur on a B/R form AND in the NDIIS
  - Borrowed doses must be repaid within 30 days of administration
  - Certain built-in thresholds by the federal VFC program for borrowing activity due to errors or poor ordering practices



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### Situations When B/R is NOT Allowed

- Nirsevimab (Beyfortus) is not allowed to be borrowed for either private or VFC populations.
  - Due to severe supply constraints and high cost of immunization
  - Next season the determination on whether borrowing will occur will be based on supply availability
- VFC influenza vaccine initially because private supply is not yet available



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### Situations When B/R is NOT Allowed

- The VFC program is not a replacement program.
  - Replacement program: Administer 100 VFC doses of certain vaccine to anyone regardless of eligibility. Purchase 100 dose of private purchase vaccine and administer regardless of eligibility.
  - This is not an acceptable mechanism for B/R.



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### Pediatric Examples of a Borrow or Return

\*Dose Date: 05/13/2021  
 \*Vaccine Type: PCV13 (pneumococcal)  
 \*Lot #: AT8681  
 \*Funding Source: PUBLIC  
 \*Expiration Date: 12/31/2024  
 \*Manufacturer: PFIZER, INC.  
 \*Dose Volume: 0.5  
 Volume Units: mL  
 \*Administration Route: Intramuscular  
 \*Administration Site: Left Thigh  
 Reaction: None  
 \*VFC: NOT ELIGIBLE

- Publicly funded vaccine to Not Eligible
- Privately funded vaccine to Medicaid, American Indian, Un/underinsured



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### Adult Examples of a Borrow or Return

\*Dose Date: 07/27/2023  
 \*Vaccine Type: HBV ADAP  
 \*Lot #: 1233567  
 \*Funding Source: PRIVATE  
 \*Expiration Date: 12/31/2024  
 \*Manufacturer: MERCK  
 \*Dose Volume: 0.5  
 Volume Units: mL  
 \*Administration Route: Intramuscular  
 \*Administration Site: LEFT ARM  
 Reaction: None  
 \*VFC: OTHER STATE ELIGIBLE

- Private to Other State Eligible
- Public to Not Eligible



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### How EMRs Handle B/R

- Different EMRs handle B/R situations differently. It is important to know how your system functions. IT and billing should be included in the discussion on which scenario fits your facility.
  - Options for data entry
    - 1) Doses are documented in the EMR as appropriate for billing. Some systems will bill patients for doses administered if they are not entered correctly, even if the dose was intended to be a part of B/R. If your system requires you to enter as needed for billing, who is responsible for updating the administration data in the NDIIS?
    - 2) Doses are documented exactly as they were given. This does not require additional data entry steps in the NDIIS but steps must be in place within the EMR or billing system so uninsured patients are not billed for the cost of HHS supplied vaccines.



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### VFC Site Visits and B/R

- What is reviewed at the time of a VFC site visit?
  - B/R paper forms since last VFC visit
    - These do not need to be sent in routinely unless requested by VFC site visit coordinator.
  - Two NDIIS reports (discussed next)
  - Answer any other questions about B/R or additional documentation needed based on chart audit or doses administered.



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### B/R Corrective Actions

- Many providers receive corrective actions B/R activity during a VFC site visit
  - No paper documentation
  - Only some doses are documented or are incomplete on paper B/R forms
  - Exceeded thresholds for borrowing
  - Routine borrowing
  - Owed doses to state not paid back
  - Doses identified on chart audit or through other mechanisms that were not documented



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### NDIIS B/R Reports

- There are two borrow/return reports found in the NDIIS
- Run by VFC site visit coordinator for every VFC site visit and for borrow-related follow up.
- VFC contacts at facilities should run these reports regularly (depending on frequency of B/R activity should run weekly, monthly or quarterly).
  - Monitor B/R activity
  - Look for documentation issues
  - Address education need



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### Borrow/Return Reports in NDIIS

Vaccine	Borrow Balance		NDIIS 2012-2013 Status		Current Balance	
	Borrowed	Returned	Borrowed	Returned	Borrowed	Returned
MM2 (MM1+MM2)	0	0	0	0	0	0
MM2 (LA/CM/CMV/DTaP)	0	0	0	0	0	0
MM2 (MM2)	0	0	0	0	0	0
MM2 (MM2+MM3)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17+MM18)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17+MM18+MM19)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17+MM18+MM19+MM20)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17+MM18+MM19+MM20+MM21)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17+MM18+MM19+MM20+MM21+MM22)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17+MM18+MM19+MM20+MM21+MM22+MM23)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17+MM18+MM19+MM20+MM21+MM22+MM23+MM24)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17+MM18+MM19+MM20+MM21+MM22+MM23+MM24+MM25)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17+MM18+MM19+MM20+MM21+MM22+MM23+MM24+MM25+MM26)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17+MM18+MM19+MM20+MM21+MM22+MM23+MM24+MM25+MM26+MM27)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17+MM18+MM19+MM20+MM21+MM22+MM23+MM24+MM25+MM26+MM27+MM28)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17+MM18+MM19+MM20+MM21+MM22+MM23+MM24+MM25+MM26+MM27+MM28+MM29)	0	0	0	0	0	0
MM2 (MM2+MM3+MM4+MM5+MM6+MM7+MM8+MM9+MM10+MM11+MM12+MM13+MM14+MM15+MM16+MM17+MM18+MM19+MM20+MM21+MM22+MM23+MM24+MM25+MM26+MM27+MM28+MM29+MM30)	0	0	0	0	0	0

- NDIIS Borrow/Return Balance Report
  - Shows doses owed to state and doses owed to private.
  - All doses ever borrowed or returned, no date range option.

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### Borrow/Return Reports in NDIIS

#### • NDIIS Borrow/Return Detailed Report

- Shows patient information for doses involved in a borrow or return.
- Providers can run for a specific date range or look at all borrows/returns.
- A good tool for catching unreported borrowing or data entry mistakes.
- All doses on this report must be documented on a borrow/return form.

Borrow Return Report - Detailed Report						
Printed on 2/12/2014 11:28:47 AM						
Begin Date: 01/13/2017						
End Date: 02/10/2018						
Provider: [REDACTED]						
State: [REDACTED]						
Vaccine: [REDACTED]						
Name	Birthdate	Vaccine	Lot Number	Dose Date	VFC Eligibility	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2017	01/13/2017	NO	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2018	02/10/2018	NO	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2019	01/13/2017	NO	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2020	02/10/2018	NO	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2021	01/13/2017	NO	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2022	02/10/2018	NO	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2023	01/13/2017	NO	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2024	02/10/2018	NO	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2025	01/13/2017	NO	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2026	02/10/2018	NO	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2027	01/13/2017	NO	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2028	02/10/2018	NO	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2029	01/13/2017	NO	
[REDACTED]	[REDACTED]	MM2 (MM2)	MM2030	02/10/2018	NO	

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### How To Use B/R Reports to Your Advantage

- Set up a frequency to run reports and stay consistent!
- Use reports to look for gaps in education, data entry mistakes, inventory issues or miscommunication.
- If a data entry mistake is identified the data entry can be updated in the NDIIS. Once the data entry is fixed the dose/patient will drop off the reports.
- Use the "Patient Doses Administered Report" to find doses that might be missing from B/R reports because of data entry mistakes

Report Type: Patient Management Reports  
 Report: Patient Doses Administered Report



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### B/R Reports – Doses Stay on Report

- All appropriately documented borrow/documented will and should remain on the reports.
- Do not assume that if a balance or patient remains on the B/R reports that the dose was incorrectly entered or that it has not been paid back.
- The B/R reports are meant to be running balances and not a listing of doses that need to be fixed.
- DO NOT go back and change data entry just to make a patient fall off the report. If the dose was truly a B/R it should be on the report.



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### Vaccine Families

- Most vaccines are harmonized by vaccine families so borrows or returns do not have to be specific to brand name, type in most situations.
  - COVID, injectable influenza, Tdap, PCV brands etc.
- Vaccine families that are not harmonized include pediatric vs adult vaccines (example: hep b, hep a) and intranasal influenza vaccine.

- Covid19
- DTAP
- DTAP/IPV
- DTAP/IPV/HiB/HiV
- DTAP/HiB/IPV (Pediatric)
- HiV Pediatric
- HiB Pediatric
- HiB
- HPV
- Influenza (injectable)
- IPV
- MCV4
- Men B
- MMR
- MMRV
- PCV (pneumococcal)
- ROTAVIRUS
- TD
- Tdap
- VARICELLA (CHICKENPOX)



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### Common Data Entry Mistakes

- Non-HHS supplied vaccines being entered as publicly supplied: Shingrix, High Dose Flu, Rabies, Typhoid, Yellow Fever.
  - Once it is labeled as private supplied the doses will drop off the B/R reports
- Unspecified Doses: Doses marked as "unspecified" create a new vaccine family and do not count toward B/R for normal vaccine families.
  - Examples are PCV, Hib, MCV unspecified. These should only be used when entering historical doses and you are not aware of the type of vaccine someone received.
- Historical doses: If a dose is entered as being administered historically, they will not count towards B/R. The only time "historical" should be selected is if providers are entering doses not administered by their facility such as an out of state record.



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### B/R Resources

- [ND HHS Vaccine Management Policy](#)
- [NDIS Training](#)
- [CDC VFC Operations Guide](#)



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### Updated Temperature Excursion Guidance

- If providers are able to reset their data logger, alarms triggers should be set at 30 minutes outside of the acceptable temperature range, whether it be warm or cold.
  - Email [vaccine@nd.gov](mailto:vaccine@nd.gov) for assistance in resetting data loggers or to find out if your data logger can be reset.
- For those who are not able to reset their data loggers the updated excursion time frame will need to be in place by January 1, 2026 which should give providers enough time to replace data loggers as they expire.
  - In the meantime, previous excursion time frame will still be honored. Most brands of data loggers should be able to be reset.



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### McKesson Temperature Monitors

- Beginning the week of January 8th, the McKesson Distribution Center will temporarily begin shipping refrigerated coolers using one of two different warm temperature monitors.
- Coolers may contain the familiar 3M monitor or may contain a new monitor called SpotSee. Both monitors serve the same purpose, and both have been thoroughly tested for effectiveness. Providers will not receive both monitors in the same cooler.
- Please follow the same process for checking for any temperature excursions and follow the directions on the information card specific to the monitor received. This temporary change in temperature monitors will be in place until approximately Feb 1 when a new and improved temperature monitor will be used for refrigerated shipments.



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### COVID-19 and Returns

- Now that COVID-19 has been commercialized it should be treated as any other publicly supplied vaccine, meaning when it has expired or reached it BUD it should be returned to McKesson as any other vaccine (MMR, Tdap, influenza, etc.)
- The same rules apply for when it must be wasted as well (broken vial etc.)
- Each month ND HHS staff are having to contact providers and re-enter many COVID-19 vaccine wastages. Please ensure staff are up-to-date on what vaccines should be returned to McKesson.
  - [Entering a Vaccine Return](#)
  - [Entering a Vaccine Wastage](#)



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### Updated Nirsevimab Guidance

- Given the recent increase in nirsevimab supply and the [manufacturers' plan to release an additional 230,000 doses in January](#), CDC advises healthcare providers to return to recommendations put forward by CDC and the [Advisory Committee on Immunization Practices \(ACIP\)](#) on use of nirsevimab in young children.
- Infants and children recommended to receive nirsevimab should be immunized as quickly as possible.
- Healthcare providers should not reserve nirsevimab doses for infants born later in the season when RSV circulation and risk for exposure to RSV may be lower. RSV activity remains elevated nationwide and is continuing to increase in many parts of the country (including North Dakota).
- In the setting of increasing supply, healthcare providers should administer a single dose of [nirsevimab](#) to all infants aged less than 8 months, as well as children aged 8 through 19 months at [increased risk](#).
  - American Indian children fall into the increased risk category.



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### Additional Nirsevimab Information

- Please email [vaccine@nd.gov](mailto:vaccine@nd.gov) if you would like assistance pulling a recall list for children who should receive a dose of Nirsevimab.
- Also, if your facility is in need of additional doses of Nirsevimab or feel you have doses you don't think your facility can use.
- Birthing hospitals should continue their planning for carrying both private and publicly supplied Nirsevimab in the next RSV season.
  - Planning points include storage space for two inventories, screening process, data entry, EMR ability etc.



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### 2024 – 2025 Seasonal Influenza Prebook

- Can you believe it??
- VFC and VFA seasonal influenza vaccine prebook survey will go out Tuesday, January 16<sup>th</sup>
- Due back Friday, February 2<sup>nd</sup>
- Planning assumptions:
  - Uptake for children and adult
  - Self-administered Flumist®



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### Staff Members

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### Post-Test

- Post-test
  - Nurses interested in continuing education credit, visit Successfully complete the five-question post-test to receive your certificate:  
[https://ndhealth.co1.qualtrics.com/jfe/form/SV\\_9EyyH1kx7oh0t2m](https://ndhealth.co1.qualtrics.com/jfe/form/SV_9EyyH1kx7oh0t2m)
  - Credit for this session will not expire until February 6, 2024.
- This presentation will be posted to our website:  
[www.hhs.nd.gov/immunizations](http://www.hhs.nd.gov/immunizations)



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### Questions?

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