



Frequently Asked Questions

Miranda Baumgartner, Vaccines for Children/QI Coordinator



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How to Use Today's Presentation

First, a question commonly asked of the Immunization Unit will be presented.

Next, answer choices will be shown.

A poll will appear on 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.



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Vaccine Expiration and Inventory

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1. When documenting the COVID-19 vaccine expiration date which date is used, the printed expiration date or the beyond use date (BUD)?

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When documenting the COVID-19 vaccine expiration date which date is used?

A) The expiration date printed on the box, prefilled syringe/vial and in the NDIIS is correct.

B) The BUD should be documented as the expiration date since the vaccine is no longer viable at that time.

C) You can document either the expiration date or the BUD as they are both correct.

5

When documenting the COVID-19 vaccine expiration date which date is used?

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C) You can document either the expiration date or the BUD as they are both correct.

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2. What is the BUD for Pfizer COVID-19 vaccine once in the refrigerator?



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What is the BUD for Pfizer COVID-19 vaccine once in the refrigerator?

- A) Pfizer 12+ COVID-19 vaccine prefilled syringes are viable until the expiration date printed on the syringe/box.
- B) Pfizer 6m-4 years and 5-11 year COVID-19 vaccines BUD is 10 weeks once removed from ultra cold.
- C) Pfizer 12+ COVID-19 vaccines BUD is 10 weeks once the vaccine is placed in the refrigerator.
- D) Both A and B
- E) Both B and C

8

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- C) Pfizer 12+ COVID-19 vaccines BUD is 10 weeks once the vaccine is placed in the refrigerator.
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- E) Both B and C

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Expiration Date vs Beyond Use Date (BUD)

- Expiration Date
 - The final day that the vaccine can be administered.
 - Vaccine past the expiration date that is printed on the vial/prefilled syringe and box should not be administered.
 - The expiration date is determined by the manufacturer.
- BUD
 - The last date or time that a vaccine can be safely used after it has been transitioned between storage states or punctures/reconstituted for patient use.
 - The BUD varies by product
 - This is determined at the provider office when the vaccine has been transitioned or punctures/reconstituted .

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Expiration Date vs Beyond Use Date (BUD) CONT.

Expiration Date	BUD
Open multidose vial of IPOL	Pfizer COVID19 vaccine 6m-4 years and 5-11 years once placed in the refrigerator
Open multidose vial of influenza	Moderna COVID19 vaccine once placed in the refrigerator
All routine vaccines	Vaccines once reconstituted

The vaccine expiration date, not the BUD, should be entered as the expiration date in NDIS and provider EMRs.

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COVID-19 Vaccine BUD vs Expiration Date

- Pfizer COVID-19 vaccine
 - 6m to 4 years
 - Able to be stored in ultra cold until expiration date
 - Viable for 10 weeks once placed in the refrigerator
 - 5 to 11 years
 - Able to be stored in ultra cold until expiration date
 - Viable for 10 weeks once placed in the refrigerator
 - 12+ years
 - Prefilled syringes can ONLY be stored in the refrigerator
 - Viable until the expiration date
 - Vials, unless stored in ultra cold, should now be phased out



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COVID-19 Vaccine BUD vs Expiration Date, cont.

- Moderna COVID-19 vaccine
 - 6 m to 11 years
 - 12+ years
 - Both presentations are viable until the expiration date if placed in the freezer and once placed in the refrigerator have a BUD of 30 days
- Novavax COVID-19 vaccine
 - 12+ years
 - Viable in the refrigerator until the expiration date

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3. Our Pfizer 6m-4year COVID-19 vaccine has expired and our facility needs to order more doses. We are unable to order the doses in NDIIS, is there another way to order doses?

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Is there another way to order doses?

- A) Yes, reach out to the Immunization Unit staff and they can order doses for you.
- B) Yes, there is an issue with the NDIIS ordering module so providers need to leave a comment in another COVID-19 vaccine when ordering.
- C) No, only vaccines visible in NDIIS are vaccines that providers are able to order.

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Is there another way to order doses?

- A) Yes, reach out to the Immunization Unit staff and they can order doses for you.
- B) Yes, there is an issue with the NDIIS ordering module so providers need to leave a comment in another COVID-19 vaccine when ordering.
- C) No, only vaccines visible in NDIIS are vaccines that providers are able to order.

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COVID-19 Vaccine Availability

In preparation for the upcoming respiratory season many of the COVID presentations are running low or out at the CDC.
 As supplies run out the vaccine presentations will be turned off from ordering in NDIIS. Only the vaccines that are available will remain.

Currently unavailable:

- Pfizer 6m – 4 years
- Novavax

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COVID-19 Vaccine Availability, cont.

Product availability is expected as follows:

- **Pfizer:** Pfizer estimates that the inventory for 5-11yo will run out in early June and late May/early June for 12yo+. CDC will continue provider orders for 5-11yo and for 12yo+ until Pfizer's inventory for CDC is depleted.
- **Moderna:** Latest 2023-2024 expiry for 6m-11yo and 12yo+ vaccines is late September or better. Moderna indicates supply sufficient to meet demand between now and when 2024-2025 vaccine is available. CDC anticipates continuing provider ordering throughout the remainder of the 2023-2024 season.

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4. While you are doing inventory in your refrigerator you see that you still have doses of nirsevimab that have not expired yet. Since you are no longer administering the doses can they be returned?

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Since you are no longer administering the doses can they be returned?

- A) No, if the doses are not expired they should be kept and administered in the upcoming 2024-2025 respiratory season.
- B) Yes, since we are no longer in the respiratory season the doses should be returned.
- C) Yes, a new presentation of nirsevimab will be out for the upcoming respiratory season.

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- B) Yes, since we are no longer in the respiratory season the doses should be returned.
- C) Yes, a new presentation of nirsevimab will be out for the upcoming respiratory season.

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RSV mAB and RSV vaccine

Doses of nirsevimab, Abrysvo® and Arexvy™ should be stored appropriately until they are administered or expire.

Dose administration time frames for infants and pregnant moms during respiratory season:

- Nirsevimab should be administered October 1st to March 31st
- Abrysvo® should be administered to pregnant moms who are 32 to 36 weeks September 1st to January 31st

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5. Your clinic has been done vaccinating for influenza for a couple of months now. What should be done with the current influenza vaccine in your storage unit?

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What should be done with the influenza vaccine in your storage unit?

- A) All influenza vaccine can be entered as a return and sent back to McKesson once your clinic is done vaccinating for the current influenza season.
- B) Influenza doses must be stored appropriately and returned to McKesson once they expire.
- C) Only influenza doses for those young children needing more than one dose in the respiratory season need to be kept until they expire.

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What should be done with the influenza vaccine in your storage unit?

- A) All influenza vaccine can be entered as a return and sent back to McKesson once your clinic is done vaccinating for the current influenza season.
- B) Influenza doses must be stored appropriately and returned to McKesson once they expire.
- C) Only influenza doses for those young children needing more than one dose in the respiratory season need to be kept until they expire.

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Influenza Vaccine

Influenza vaccine can be entered into NDHS and sent back to McKesson once the doses expire.

Any dose of vaccine that is sent back prior to the expiration date is considered still in viable state and can potentially need to be replaced per the Vaccine Loss Policy.

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6. Will providers be required to carry VFC nirsevimab this fall?

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Will providers be required to carry VFC nirsevimab this fall?

- A) Only providers with a large volume on young children will be required to carry doses.
- B) All VFC enrolled providers who vaccinate infants will be required to carry VFC doses.
- C) Both VFC and private inventory requirements have been extended to August 2025.

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VFC Nirsevimab Inventory

VFC enrolled facilities will need to carry VFC COVID-19 and Nirsevimab for their eligible patients during the upcoming respiratory season.

VFC enrolled facilities will have until August 31, 2025 to implement the requirement to carry private inventory of COVID-19 and Nirsevimab.

Borrowing of both COVID-19 and Nirsevimab will be allowed for the upcoming 2024-2025 respiratory season ONLY if the facility is carrying both private and VFC inventories. All doses borrowed must be documented appropriately and be paid back within 30 days or after five doses have been borrowed. VFC providers should ensure they have funds to procure sufficient private stock before COVID-19 vaccine or nirsevimab is borrowed from VFC stock for a non-VFC eligible child.

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7. Your clinic still has doses of PCV13 in your refrigerator that have not expired. Since there is now a recommendation for PCV15 or PCV20 what do we do with these doses?



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What do we do with these doses?

- A) The doses can be entered as a return in NDIIS and sent back to McKesson.
- B) The doses need to be stored properly and administered until their expiration date.
- C) Place an order in NDIIS for either PCV15 or PCV20 to use and hold onto the PCV13 doses until they expire and can be returned to McKesson.

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What do we do with these doses?

- A) The doses can be entered as a return in NDIIS and sent back to McKesson.
- B) The doses need to be stored properly and administered until their expiration date.
- C) Place an order in NDIIS for either PCV15 or PCV20 to use and hold onto the PCV13 doses until they expire and can be returned to McKesson.

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PCV13 Inventory

CDC has advised that all doses of PCV13 should be stored appropriately and administered until their expiration date to avoid as much wastage as possible, especially in the instances where this is the only presentation on hand.

- This may differ from what providers have been told to do with their private supply.

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VFA Vaccine

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8. You have a 20 year old patient in the office today that is in need of a Tdap. The patient has Medicaid, are they eligible for VFA vaccine?

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Are they eligible for VFA vaccine?

- A) Yes, they should receive a VFA dose and Medicaid should be billed.
- B) No, they should receive private vaccine and Medicaid should be billed.
- C) Yes, they should receive a VFA dose and the patient should be billed the administration fee.

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Are they eligible for VFA vaccine?

- A) Yes, they should receive a VFA dose and Medicaid should be billed.
- B) No, they should receive private vaccine and Medicaid should be billed.
- C) Yes, they should receive a VFA dose and the patient should be billed the administration fee.

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9. You have an uninsured adult in your office today for vaccines. They are needing a MMR, varicella and Tdap. Can they receive all VFA doses?

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Can they receive all VFA doses?

- A) Yes, because the patient is uninsured all doses can be VFA doses.
- B) No, because they are an adult they should receive private vaccine.
- C) Yes, but only the MMR and Tdap should be from VFA supply the varicella will need to be private vaccine.
- D) Yes, but only the Tdap should be from VFA supply the MMR and varicella will need to be private vaccine.

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Can they receive all VFA doses?

- A) Yes, because the patient is uninsured all doses can be VFA doses.
- B) No, because they are an adult they should receive private vaccine.
- C) Yes, but only the MMR and Tdap should be from VFA supply the varicella will need to be private vaccine.
- D) Yes, but only the Tdap should be from VFA supply the MMR and varicella will need to be private vaccine.

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10. Do provider offices need to keep separate stocks of VFC and VFA vaccine?

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Do provider offices need to keep separate stocks of VFC and VFA vaccine?

- A) No, providers use the same stock of all vaccines for VFC and VFA.
- B) Yes, providers are required to keep separate stocks of all VFC and VFA vaccines.
- C) Yes, but only influenza and COVID-19 vaccines need to keep separate stocks of VFC and VFA vaccines.
- D) No, as long as providers designate half of each box of COVID-19 and influenza vaccine to VFC and the other half to VFA

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- D) No, as long as providers designate half of each box of COVID-19 and influenza vaccine to VFC and the other half to VFA

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VFA (317) Program Eligibility

Un/underinsured adults:

- Td/Tdap
- MCV4
- MMR
- PPSV23
 - 19 – 64 year old with a high-risk condition
- Pneumococcal Conjugate (PCV15 and PCV20)
 - 19 – 64 year old with a high-risk condition

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VFA (317) Program Eligibility, cont.

Un/underinsured adults:

- HPV
 - Medicaid adults should receive private vaccine (no longer an age gap in Medicaid coverage for adults)
 - 19 – 45 years of age (2022 change)
- Influenza
 - Available for all providers to prebook and order

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VFA (317) Program Eligibility, cont.

Un/underinsured adults:

- Adult Hepatitis A and B
 - Not available to adults whose sole purpose of vaccination is for travel or employment.
 - Should be prioritized for those at risk of infection such as drug users and people experiencing homelessness.
 - For a complete list of risk factors please consult the vaccine coverage table at: www.hhs.nd.gov/immunizations/providers

This does not include Medicaid or Medicaid expansion

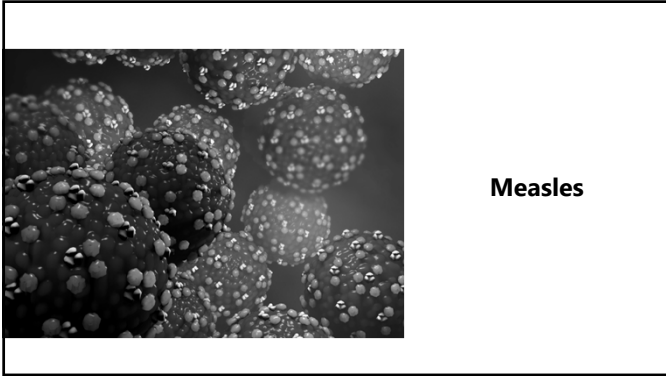
47

COVID-19 and Underinsured Adults

Un/Underinsured adults:

- COVID-19 vaccine
 - These adults must not be charged an admin fee. Options for admin fees include:
 - NDHHS Immunization Unit Offset Program \$40 administration fee
 - For more information, please email vaccine@nd.gov

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11. When should providers report patients who they are testing for measles to the immunization unit?

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When should providers report patients who they are testing for measles to the immunization unit?

A) The provider office should wait until they have all the test results before they call.
B) The provider office should report all suspect cases of measles right away.
C) Provider offices only need to report if they have a positive measles test.

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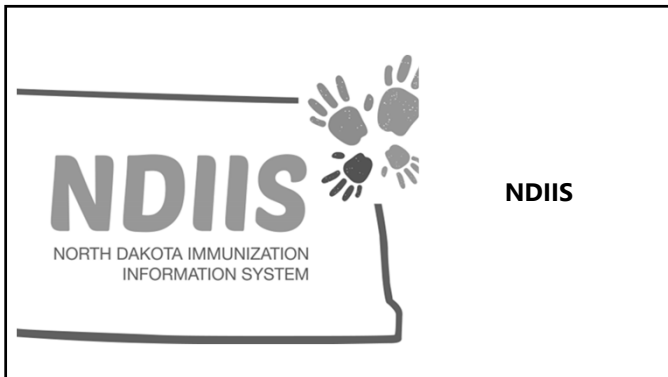
North Dakota Century Code

Measles is a mandatory reportable condition according to North Dakota Administrative code 33-06-01 and Statutory Authority NDCC 23-07-01.

23-07-17.1: "When, in the opinion of the health officer, danger of an epidemic exists from any of the communicable diseases for which immunization is required under this section, the exemptions from immunization against such disease may not be recognized and children not immunized must be excluded from an institution listed in subsection 1 until, in the opinion of the health officer, the danger of the epidemic is over. The designated institution authority shall notify those parents or guardians taking legal exception to the immunization requirements that their children are excluded from school during an epidemic as determined by the department of health and human services."

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Department of Health & Human Services
A signature

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12. You have been out of the office for a couple of weeks and when you return you were notified that a dose of expired rotavirus vaccine had been administered and staff cannot remember who the patient was. Is there a way for you to find out that information?



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Is there a way for you to find out that information?

- A) Yes, you can run a patient doses administered report in NDHIS.
- B) Yes, you will have to look up each child that was vaccinated at your clinic since the vaccine expired.
- C) No, there is no way to find this information.
- D) Yes, but only the Immunization Unit staff can pull that level of patient information for you.

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NDIIS Patient Doses Administered Report

- Under report type select Patient Management Reports
- Select the Patient Doses Administered Report
- Fill in the select criteria needed
 - Min/max age or birthday
 - Dose date range
 - Provider site
 - Vaccines to include in the report

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NDIIS Patient Doses Administered Report, cont.

Report provides detailed patient and dose date information for each dose of vaccine administered during the date range selected.

Report does include VFC, VFA and private doses.

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13. Your facility owes a dose of PCV13 but you no longer carry this vaccine. Are you still able to pay this dose back?

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Are you still able to pay this dose back?

- A) No, those doses owed will just stay on the report.
- B) Yes, because PCV vaccine is listed by family instead of by presentation.
- C) Yes, but your facility will need to find another dose of PV13 to repay the dose owed.

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- B) Yes, because PCV vaccine is listed by family instead of by presentation.
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Borrow and Return Balances

Many vaccines are listed by vaccine family and not by presentation. Presentations that are no longer available can still be paid back in these vaccine families.

The NDIIS balance report also does not differentiate between VFC and VFA doses.

- If the original borrowed dose was on a VFC dose the dose returned can be repaid on a VFA eligible patient

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NDIIS Balance Report

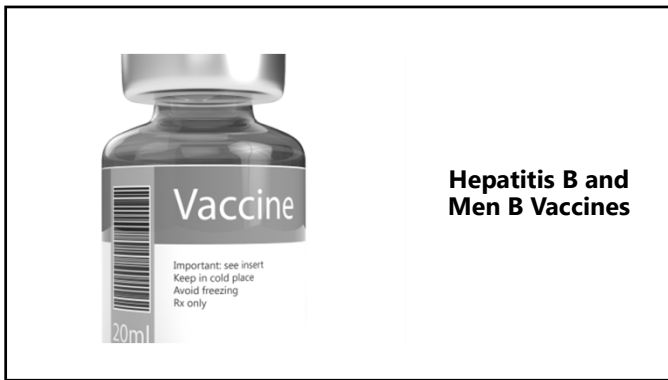
Borrow Return Report - Balance Report
 Printed on 5/20/24 9:23:57 AM

Provider: ██████████

Vaccine	Starting Balance		[Mar 2011-2013] Doses Given		Current Balance	
	Doses Owed to State Supply	Doses Owed to Private Supply	Doses of state supplied vaccine given to NPI and other eligible	Doses of private vaccine given to NPI and other eligible	Doses Owed to State Supply	Doses Owed to Private Supply
COVID	0	0	0	0	0	0
DTaP/DTaP-IP	0	0	1	0	1	0
HepB	0	0	1	0	0	0
MM2 (Mumps, Measles, Rubella)	0	0	1	0	0	0
MM4	0	0	0	2	0	2
MM5	0	0	1	0	0	1
MM7	0	0	0	1	0	1
PCV13 (Pneumococcal)	0	0	0	0	0	0
Tdap	0	0	4	0	0	2
VARICELLA (CHICKENPOX)	0	0	2	1	1	0

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14. You have a 40 year old adult in your office today that does not have any documented doses of hepatitis B vaccine. Should they receive a dose?

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Should they receive a dose?

A) Yes, but only if they are high risk.
 B) No, there is no indication for vaccination in that age group.
 C) Yes, per the new universal recommendation they would be indicated for a dose.

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Should they receive a dose?

A) Yes, but only if they are high risk.
 B) No, there is no indication for vaccination in that age group.
 C) Yes, per the new universal recommendation they would be indicated for a dose.

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Simplify a complex adult HepB vaccination schedule

Persons recommended to receive hepatitis B vaccination

Existing Recommendations	New Recommendations (Proposed)
<ul style="list-style-type: none"> All infants Unvaccinated children aged <19 years Persons at risk for infection by sexual exposure <ul style="list-style-type: none"> Sex partners of hepatitis B surface antigen (HBsAg)-positive persons Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than one sex partner during the previous 6 months) Persons seeking evaluation or treatment for a sexually transmitted infection Men who have sex with men Persons at risk for infection by percutaneous or mucosal exposure to blood <ul style="list-style-type: none"> Current or recent injection-drug users Household contacts of HBsAg-positive persons Residents and staff of facilities for developmentally disabled persons Health care and public safety personnel with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids Hemodialysis patients and peritoneal, peritoneal dialysis, and home dialysis patients Persons with diabetes aged 19–59 years; persons with diabetes aged ≥60 years at the discretion of the treating clinician Others <ul style="list-style-type: none"> International travelers to countries with high or intermediate levels of endemic hepatitis B virus (HBV) infection (HBsAg prevalence of ≥2%) Persons with hepatitis C virus infection Persons with chronic liver disease (including, but not limited to, persons with cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, and a serum aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal) Persons with HIV infection Immunized persons All other persons seeking protection from HBV infection 	<ul style="list-style-type: none"> All infants (No change) Unvaccinated children aged <19 years (No change) <p>All adults previously unvaccinated for hepatitis B should receive hepatitis B vaccination</p>

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Hepatitis B Universal Recommendation

Hepatitis B Universal Recommendation

Overview	<p>ACIP recommends that the following should be vaccinated:</p> <ul style="list-style-type: none"> • Adults aged 19 through 59 years • Adults aged 60 years and older with risk factors for hepatitis B <p>ACIP recommends that the following may be vaccinated:</p> <ul style="list-style-type: none"> • Adults aged 60 years and older without known risk factors for hepatitis B
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Hepatitis B routine recommendations

All and all adults 19-59, complete a 2 or 3, or 4-dose series:

- 2-dose series
 - Only applies when 2 doses of Heplisav-B® are used at least 4 weeks apart
 - Heplisav-B® is not recommended in pregnancy.
- or 3-dose series
 - Engerix-B®, PreHevbrion®, or Recombivax HB® at 0, 1, 6 months
 - Minimum intervals: Dose 1 to Dose 2: 4 weeks / Dose 2 to Dose 3: 8 weeks / Dose 1 to Dose 3: 16 weeks
 - PreHevbrion® is not recommended in pregnancy.
 - HepA-HepB (Twinrix®) at 0, 1, 6 months
 - Minimum intervals: Dose 1 to Dose 2: 4 weeks / Dose 2 to Dose 3: 5 months

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Hepatitis B routine recommendations

All and all adults 19-59, complete a 2 or 3, or 4-dose series:

- or 4-dose series
 - HepA-HepB (Twinrix®) accelerated schedule at 0, 7, and 21 days. Booster 12 months later
 - The intended purpose of the alternate schedule is for those patients who start the vaccination series but are unable to complete the standard three- dose schedule due to impending travel that will put them at higher risk of exposure to hepatitis A and/or B.

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15. You have a patient in your office today for their second dose of Meningococcal B vaccine. Their first dose was Bexsero® but your clinic only carries Trumenba®. Can they receive their second dose today?



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Can they receive their second dose today?

- A) Yes, because these vaccines are interchangeable they can receive a dose of Trumenba® and the series can be considered complete.
- B) No, the patient should receive a dose of Bexsero® for the series to be considered complete.
- C) Yes, but the series will not be complete and they will still need a second dose of either vaccine.
- D) Both B and C

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Can they receive their second dose today?

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B) No, the patient should receive a dose of Bexsero® for the series to be considered complete.

C) Yes, but the series will not be complete and they will still need a second dose of either vaccine.

D) Both B and C

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Meningococcal B

Meningococcal B Vaccines

Overview	<ul style="list-style-type: none"> The Meningococcal B vaccine series should be administered to persons 16 – 23 years of age with a preferred age of vaccination of 16 – 18 years of age A shared clinical decision-making recommendation enables coverage of meningococcal B vaccines by the VFC program and most insurance plans (previously called permissive or Category B)
Special Instruction	<p>Trumenba® (Pfizer) 2-dose series:</p> <ul style="list-style-type: none"> Doses at 0 and 6 months Patients who are immunocompromised or involved in an outbreak will need three doses given at 0, 1-2 and 6 months <p>Bexsero® (GlaxoSmithKline) 2-dose series:</p> <ul style="list-style-type: none"> Doses at 0 and 1 month <p><i>*Lack of interchangeability</i></p>

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Meningococcal B

The Meningococcal B vaccine is recommended for high-risk individuals ages 10+.

Those that are considered high-risk:

- Functional or anatomic asplenia
- Persistent complement component deficiencies
- Meningococcal B outbreak settings
- Microbiologists working with bacteria

For persons aged ≥10 years with complement component deficiency, complement inhibitor use, asplenia, or who are microbiologists:

- MenB booster dose 1 year following completion of a MenB primary series
- Followed by a MenB booster dose every 2-3 years thereafter, for as long as increased risk remains

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16. You have a 16 year old in your office today that is due for their MCV4 booster and Men B series. Can they receive a dose of Penbraya™?

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Can they receive Penbraya™?

- A) Yes, they would be eligible to receive a dose of Penbraya™.
- B) No, they would need to receive single antigen MCV4 and Men B.
- C) No, Penbraya™ is not licensed for use in this age group.

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Can they receive Penbraya™?

- A) Yes, they would be eligible to receive a dose of Penbraya™.
- B) No, they would need to receive single antigen MCV4 and Men B.
- C) No, Penbraya™ is not licensed for use in this age group.

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Meningococcal A,B,C,W and Y Vaccine

Penbraya™ is a combination Meningococcal A,B,C,W and Y vaccine.

- Combination of Nimerix® (MenACWY) and Trumenba®(Men B) by Pfizer
- Men B not interchangeable

There are 3 types of meningococcal vaccines available in the United States:

- Meningococcal conjugate or MenACWY vaccines (Menveo® and MenQuadfi®)
- Serogroup B meningococcal or MenB vaccines (Bexsero® and Trumenba®)
- Pentavalent meningococcal or MenABCWY vaccine (Penbraya™)

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Meningococcal A,B,C,W and Y Vaccine, cont.

All 11 to 12 year olds should get a MenACWY vaccine, with a booster dose at 16 years old.

Teens and young adults (16 through 23 years old) also may get a MenB vaccine. **Those who are getting MenACWY and MenB vaccines at the same visit may instead get a MenABCWY vaccine.** It is important for providers to know which meningococcal vaccine to use at each recommended age.

As of May 1, 2024 Penbraya™ is available for order for VFC eligible patients.

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No June Lunch and Learn!



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Immunization Unit

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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_6roCep8c7GAez1s
- Credit for this session will not expire until July 9, 2024.

This presentation will be posted to our website:
www.hhs.nd.gov/immunizations

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