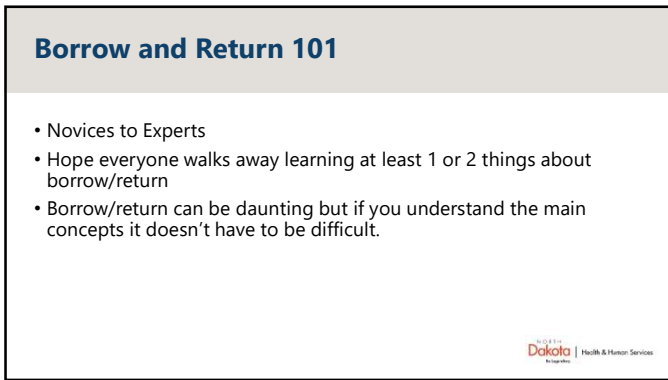
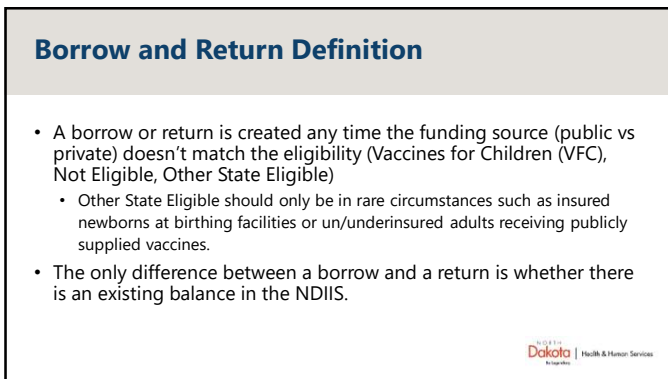




1



2



3

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+



4

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



5

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



6

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.



7

Pediatric Examples of a Borrow or Return

*Dose Date: 05/13/2021
 *Vaccine Type: PCV13 (pneumococcal)
 *Lot #: AT8661
 *Funding Source: PUBLIC
 *Expiration Date: 12/31/2021
 *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



8

Adult Examples of a Borrow or Return

*Dose Date: 07/21/2023
 *Vaccine Type: BEV AAB
 *Lot #: 1239est
 *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



9

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.



10

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.



11

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



12

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



16

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.



17

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/HEV
- DTaP-HEB/IPV (Pediatric)
- HAV Pediatric
- HEV Pediatric
- HIB
- HPV
- Influenza (injectable)
- IPV
- MCV4
- Men B
- MMR
- MMRV
- PCV (pneumococcal)
- ROTAVIRUS
- TD
- Tdap
- VARICELLA (CHICKENPOX)



18

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.



19

B/R Resources

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



20

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 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.



21

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.



22

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](#)



23

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.



24

Additional Nirsevimab Information

- Please email 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.



25

2024 – 2025 Seasonal Influenza Prebook

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



26

Staff Members

Immunization Unit

Molly Howell, MPH Director Phone: 701-328-4556 Email: mahowell@nd.gov	Many Woinarowicz, MA NDIS Manager Phone: 701-328-2404 Email: marywoinarowicz@nd.gov
Abbi Berg, MPH VFC/Quality Improvement Manager Phone: 701-328-3324 Email: abberg@nd.gov	Allison Dykstra, MS NDIS Coordinator Phone: 701-328-2420 Email: adykstra@nd.gov
Miranda Baumgartner VFC/Q Coordinator (West) Phone: 701-328-2035 Email: mbaumgartner@nd.gov	Ronda Kercher NDIS Data Admin Phone: 701-226-1379 Email: rkercher@nd.gov
Aly Schwanitz, MHA VFC/Q Coordinator (East) Phone: 701-541-7236 Email: aschwartz@nd.gov	Melissa Anderson NDIS Data Quality Coordinator Phone: 701-328-4169 Email: melissa.Anderson@nd.gov
Danni Pinnick, MPH Immunization Surveillance Coordinator Phone: 701-239-7169 Email: dpinnick@nd.gov	Andrew Bjugstad, MPH Adult Immunization Coordinator Phone: 701-955-5140 Email: abjugstad@nd.gov
Jenny Galbraith Adult Immunization Manager Phone: 701-328-2335 Email: ggalbraith@nd.gov	Christina Pieske Immunization Admin Assistant Phone: 701-328-3386 Email: christpieske@nd.gov
Kristen Vetter Adult Immunization Coordinator Phone: 701-955-5375 Email: kristenvetter@nd.gov	Lynde Monson CDC Public Health Advisor Phone: Email: lyndemonson@nd.gov



27

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
 - Credit for this session will not expire until February 6, 2024.
- This presentation will be posted to our website:
www.hhs.nd.gov/immunizations



28

Questions?

29
