

Booster Shots

2017

WELCOME

September 2017



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH





General Reminders

- Workshop Folder
 - Presentations will be posted on the Idaho Immunization Program website
www.immunizeidaho.com

- Restrooms

- Phones





Agenda



Welcome
IRIS Updates
ACIP Best Practice Guidelines
VFC Updates
Vaccine Preventable Cancers
Influenza
AFIX-IIS Product
Q & A
Jeopardy

DR. WILLIAM ATKINSON, MD MPH



- Associate Director for Immunization Education for the IAC
- Independent consultant for development of technical and training materials for immunization providers
- Former Medical Epidemiologist with the National Center for Immunization and respiratory Diseases at the CDC





Booster Shots

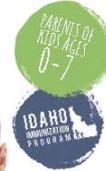
5



Thank you!



I CHOOSE TO
VACCINATE



I AM VACCINATED.

VISIT IMMUNIZEIDAHO.COM





IRIS Update

Idaho's Immunization Reminder
Information System



What's New?

- Data Exchange Improvement Project (how your data is processed)
- AFIX Product (we'll talk about this later)
- Patient Status
- Manage Patient Status
- Dose Level Eligibility
- Reminder/Recall Project





Patient Status



Past

- Active
- Deceased
- Inactive
- Moved out of state

Current

- Active
- Inactive – no longer a patient
- Inactive – lost to follow up
- Inactive – Unspecified
- Deceased



Past Patient Status View



Patient Information ▲

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Patient ID	<input type="text"/>	* Tracking Schedule	ACIP ▼
Ethnicity	<input type="text"/> ▼	Status	Active ▼
Race	<input type="text"/> ▼	Allow Reminder and Recall Contact?	Yes ▼
Provider- PCP	<input type="text"/> ▼	Language Spoken	ENGLISH ▼
School	<input type="text"/> ▼		

VFC Eligibility

Verification Date	<input type="text"/>	Insurance Provider	<input type="text"/> ▼
VFC Eligibility	<input type="text"/> ▼	Policy Number	<input type="text"/>



Current Demographic View



Address Information ▲

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Patients at this Same Address

Name	DOB
------	-----

No address sharing in effect

[view Patient Address History](#)

Last Updated 03/21/2017

Undeliverable Address

Start Date

Street Address

Other Address

P.O. Box

Zip +4

City State ▼

County ▼

Phone Number - -

Extension



Jurisdictional Status



Patient Information ▲

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Patient ID

*Tracking Schedule ▼

Provider- PCP ▼

Status ▼

School ▼

Language Spoken ▼

Allow Reminder and Recall Contact? ▼

Jurisdiction

State Status

Idaho Health District



Jurisdiction



Address Information ▲

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Patients at this Same Address

Name	DOB
------	-----

No address sharing in effect

[view Patient Address History](#)

Last Updated 03/21/2017

Undeliverable Address

Start Date 09/07/2016

Street Address 123 MAIN ST

Other Address

P.O. Box

* Zip 83250 -4

City MCCAMMON * State ID ▼

County Bannock ▼

Country UNITED STATES ▼

Phone Number - -

Extension

Idaho Health District: 6 - Southeastern



Manage Patient Status



Patients

- enter new patient
- manage patient
- manage patient status

Immunizations

- manage immunizations

Reports

- reminder / recall
- check reminder status
- manage custom letters
- request callback
- cocasa extract
- check request status
- vfc report
- group patients
- check group status
- assessment report
- check assessment
- benchmark report
- check benchmark
- ad hoc list report
- ad hoc count report
- ad hoc report status
- cold storage report
- vaccine recall
- check recall status
- afix product

Inventory

- manage inventory
- manage transfers
- manage wastage and returns
- doses administered
- doses admin status
- inventory count
- manage orders
- record cold storage

Maintenance

- manage schools
- manage physicians
- manage clinicians
- manage cold storage

Data Exchange

- exchange data
- check status

Patients

- manage patient
- enter new patient
- manage patient status**
- merge patients

Manage Patient Status Criteria

Find

*Select By Status

- Active
 Inactive-No longer a patient
 Inactive-Lost to follow-up
 Inactive-Unspecified
 All

*Select By Age

- All Ages
 Birth Date Range
 Earliest Birth Date:
Latest Birth Date:
 By Age
 *From
Months
*To
Months

Select By Length of Time Since Last Immunization

Years Evaluation Date: (if blank, default is current date)

Select By Last Name

Last Name Last Name Begin Range Last Name End Range

New Status Value

Save

Cancel



Patient Roster



- Patients are listed based on the search criteria
- The “roster” feature allows a user to select one or many patients in a listing and change their status all at one time.
- Choose “**New Status Value**” and select
 - “Inactive – no longer a patient” or
 - “Inactive – lost to follow up”
- Save



Manage Patient Status Results



Patient Status Results Set Returned 1-100 of 350 [Next >>](#)

Select All/Deselect All	Last Name	First Name	Birth Date	Patient ID	Current Status	Last Immunization	Entered By Org
<input type="checkbox"/>	BACKHAND	THREE	11/01/2012	QRY5678	Inactive-Unspecified	10/01/2013	My Org
<input type="checkbox"/>	BOURN	TOM	08/26/2011	2495775	Active	08/26/2012	My Org
<input type="checkbox"/>	CCEED	DUDERA	09/16/2011	2495546	Active	09/16/2012	My Org
<input checked="" type="checkbox"/>	CORTRIGHT	SUZANNE	08/11/2005	500046677	Active	08/11/2015	
<input type="checkbox"/>	DEBENEDICTIS	CARY	03/11/2005	p1001	Active	03/11/2015	My Org
<input type="checkbox"/>	ECTLUND	NABEL	03/28/2005	50044	Active	03/28/2015	My Org
<input type="checkbox"/>	FOREHAND	ELEVEN	05/01/2013	NO123IC	Inactive-Lost to follow-up	05/01/2013	
<input type="checkbox"/>	GROTMOL	CHADWICK	02/12/2003	ABC323	Inactive/No longer a patient	02/12/2013	My Org
<input type="checkbox"/>	IMMUNITY	GIVEN	01/14/2016	IMMUN923	Inactive-Unspecified	01/14/2016	My Org
	KIDD	ALERGY	01/02/2016	ACOM123	Deceased	01/02/2016	My Org
<input checked="" type="checkbox"/>	PRESUMED	IMMUNTY	01/24/2016	PRESMD873	Active	01/24/2016	
<input checked="" type="checkbox"/>	QUIENT	REACTION	01/14/2016	REACT123	Active	01/14/2016	ABC Org
<input checked="" type="checkbox"/>	SERIES	FINISHED	02/01/2013	Finished123	Active	02/01/2013	ABC Org



Manage Patient Status Results

Manage Patient Status Criteria Find

***Select By Status**

Active
 Inactive - Unspecified
 Inactive - Lost to follow-up
 Inactive - No longer a patient
 All

***Select By Age**

All Ages

Birth Date Range
 Earliest Birth Date: Latest Birth Date:

By Age Range
 From Years To Years

Select By Length of Time Since Last Immunization

Years Evaluation Date: (if blank, default date is current date)

Select By Last Name

Last Name Last Name Begin Last Name End Range

New Status Value

Save Cancel

Patient Status Result Set Returned 1-65 of 65

Select All/ Deselect All	Last Name	First Name	Birth Date	Patient ID	Current Status	Date of Last Immunization	Immunization Entered By
<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>	BAKER	HASH	06/10/2003		Active	08/10/2017	006 - YELLOW FINN MEDICAL
<input checked="" type="checkbox"/>	BAKER	NATALIE	11/02/2015		Active	01/13/2016	006 - YELLOW FINN MEDICAL
<input checked="" type="checkbox"/>	IRIS	SUMMER	10/10/2000		Active	02/13/2012	Yukon Gold Family Practice
<input checked="" type="checkbox"/>	IRIS	WINTER	10/10/1995		Active	02/13/2012	Yukon Gold North
<input checked="" type="checkbox"/>	SAVAGE	JENNIE	03/25/1950		Active		
<input checked="" type="checkbox"/>	TEST	ADRIAN	11/12/2003		Active	09/07/2015	003 - WESTERN RUSSET FAMILY CARE CLINIC





Dose Level Eligibility





Past Patient Demographic



Patient Information ▲

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Patient ID	<input type="text"/>	* Tracking Schedule	ACIP ▼
Ethnicity	<input type="text"/> ▼	Status	Active ▼
Race	<input type="text"/> ▼	Allow Reminder and Recall Contact?	Yes ▼
Provider- PCP	<input type="text"/> ▼	Language Spoken	ENGLISH ▼
School	<input type="text"/> ▼		

VFC Eligibility	Insurance Provider
Verification Date <input type="text"/>	<input type="text"/> ▼
VFC Eligibility <input type="text"/> ▼	Policy Number <input type="text"/>



New Demographics



Update Patient

Personal Information

* Last Name	<input type="text" value="BAKER"/>	* Gender	<input type="text" value="Male"/>
* First Name	<input type="text" value="RUSSET"/>	Medicaid ID	<input type="text"/>
Middle Name	<input type="text"/>	Birth Order	<input type="text" value=""/> (for multiple births)
Suffix	<input type="text"/>	Birth Country	<input type="text" value="UNITED STATES"/>
* Birth Date	<input type="text" value="12/28/2006"/>	Last Notice: 04/10/2012	
* Mother's Maiden Last	<input type="text" value="HASH"/>		
* Mother's First Name	<input type="text" value="YUKONIA"/>		

Save
History/Recommendation
Record Immunization
Reports
Cancel

Last Updated by Idaho Department of Health and Welfare on 09/30/2015

Patient Information ▲

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Patient ID	<input type="text"/>	* Tracking Schedule	<input type="text" value="ACIP"/>
Provider- PCP	<input type="text"/>	Status	<input type="text" value="Active"/>
School	<input type="text"/>	Allow Reminder and Recall Contact?	<input type="text" value="Yes"/>
Language Spoken	<input type="text" value="ENGLISH"/>		

Jurisdiction

State Status: **Active**
Idaho Health District: **4 - Central**



Past Add Immunizations Screen



New Immunizations (3)

VFC Eligibility

Date Provided

Ordering Authority

VFC Eligibility

New Immunizations from IRIS Inventory (3)

Remove	Immunization	Trade Name-Lot	Dose	Administered By	Body Site	Route
<input type="checkbox"/>	HepB	<input type="text"/>	Ful <input type="text"/>	<input type="text"/>	<input type="text"/>	intramuscular <input type="text"/>
<input type="checkbox"/>	DTP/aP	<input type="text"/>	Ful <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	MMR	<input type="text"/>	Ful <input type="text"/>	<input type="text"/>	<input type="text"/>	subcutaneous <input type="text"/>

Historical Immunizations (1)

Remove	Immunization	Date Provided	Trade Name	Lot Number	Historical Org Name	Source of Imm
<input type="checkbox"/>	HepB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Source Unspecified <input type="text"/>



New Add Immunizations Screen



New Immunizations (3)

Date Administered

Ordering Authority

VFC Eligibility is required to be selected for each immunization from a public funded lot administered to a patient under 19 years old. Insurance Provider is required for a VFC Ineligible patient under 19 years old on the date administered.

Patients 19 years or older on the date administered are VFC Ineligible by default.

New Immunizations from IRIS Inventory (3)

Remove	Immunization	* Trade Name-Lot #-Funding Source- Exp Date	* VFC Eligibility	Insurance Provider
<input type="checkbox"/>	DTP/aP	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Administered By	<input type="text"/>	Body Site <input type="text"/>	Route <input type="text"/> Dose <input type="text" value="Ful"/>
<input type="checkbox"/>	HepB:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Administered By	<input type="text"/>	Body Site <input type="text"/>	Route <input type="text"/> Dose <input type="text" value="Ful"/>
<input type="checkbox"/>	MMR	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Administered By	<input type="text"/>	Body Site <input type="text"/>	Route <input type="text"/> Dose <input type="text" value="Ful"/>

Historical Immunizations (1)

Remove	Immunization	Date Provided	Trade Name	Lot Number	Historical Org Name	Source of Imm
<input type="checkbox"/>	HepB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Source Unspecified <input type="text"/>



If you need to make a change...



History									
Add Immunization		Edit Patient		Reports		Print		Print Confidential	
Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit	
DTP/aP	03/08/2007	1 of 5	Pediarix ®	Full	No			✎	
	05/04/2007	2 of 5	Pediarix ®		No		Yes	✎	
	07/02/2007	3 of 5	Pediarix ®	Full	No			✎	
	04/25/2008	4 of 5		Full	No			✎	
	01/14/2011	5 of 5		Full				✎	
HepA	04/25/2008	1 of 2		Full	No			✎	
	01/14/2011	2 of 2		Full				✎	
HepB	12/28/2006	1 of 4			No			✎	
	03/08/2007	2 of 4	Pediarix ®	Full	No			✎	
	05/04/2007	3 of 4	Pediarix ®		No		Yes	✎	
	07/02/2007	4 of 4	Pediarix ®	Full	No			✎	
Hib	03/08/2007	1 of 3	PedvaxHIB ®	Full	No			✎	
	05/04/2007	2 of 3	PedvaxHIB ®		No		Yes	✎	
	01/14/2011	3 of 3	PedvaxHIB ®	Full				✎	
Influenza	02/19/2008	1 of 2		Full	No			✎	
	04/25/2008	2 of 2		Full	No			✎	
	01/14/2011	Booster	FluMist ®	Full	No			✎	
	10/03/2013	Booster	FluMist Quadrivalent ®	Full	No			✎	
	10/13/2014	Booster	FluMist Quadrivalent ®	Full	No			✎	
MMR	04/25/2008	1 of 2	Proquad ®	Full	No			✎	



Edit Immunization

Vaccine Group: DTP/aP - Hib - Polio

Vaccine Display Name: DTaP-IPV/Hib

Trade Name: Pentacel

Vaccine Lot Number: C4060AA / public

Dose Size: 0.5 ml

Dosage From Inventory: Full

Partial Dose:

Date Administered:

VFC Eligibility:

Insurance Provider:

Policy Number:

Ordering Authority:

Administered By:

Body Site:

Administered Route:

POD ID:

Source of Immunization: New Immunization Administered

Disregard Primary Series: N

VIS Date for DTP/aP:

VIS Date for Hib:

VIS Date for Polio:

Entered by Site: Mari's VFC Provider Spirit Lake

Input Source of Record: Created through User Interface.

Funding Type/VFC Eligibility Override:





If your clinic uses Data Exchange, then...



- Your EHR may not be able to document dose level eligibility
- When the message is processed, it will infer the eligibility based on what is sent for the patient





Data Exchange and Inventory

- If your clinic submits data to IRIS electronically, then please check regularly to make sure your vaccines are deducting from your online inventory
 - If they are not, then contact the IRIS Help Desk immediately to be put into the queue, so that we can help determine the problem
- Please do not wait to contact us!
 - Letting us know about a problem sooner rather than later will help us help you.





Reminder/Recall Project



- Based on the 4th dose of DTaP
- Taking volunteer clinics or those clinics that have a higher need based on rates
- Run a reminder (those coming due in X number of months AND run a recall (those that are past due)
- Letter sent around January 15th that indicates reminder or recall for those due between January 15th and March 15th



IIP agrees to...



- Run the reminder and recall reports
- Mail letters to providers' patients



Providers agree to...



- Sign an agreement with IIP to run these lists
- Track the responses for children who come in for their 4th DTaP between January 15th and March 15th who were not past due
- Send this information to IIP



Timelines and Results



- Identify participating clinics during September/October
- Send the letters around January 1, 2018 and track responses from January 15-March 15, 2018
- Results reported at Shot Smarts 2018
- Please see Tamarie or Jennifer if you'd like to participate, or email Morgan Kagel at morgan.kagel@dhw.idaho.gov