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*New York State Immunization Information System (NYSIIS)*

# *User Manual*

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Version *7.10*

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# *Introduction*

## **In this chapter:**

What Are Immunization Registries?

Why We Need Immunization Registries

The New York State Immunization Information System



The following sections are an overview of immunization registries reproduced with the permission of All Kids Count, a nonprofit organization dedicated to the improvement of immunization rates in children.

## **What Are Immunization Registries?**

Immunization registries are confidential, computerized state- or community-based information systems. In the *Healthy People 2010* program, the U.S. Department of Health and Human Services set a goal of enrolling 95% of children from birth through age five in a fully functioning immunization registry, noting “Population-based immunization registries will be a cornerstone of the nation’s immunization system by 2010.”

Registries enable public and private health care providers to consolidate and maintain computerized immunization records on all children within a given geographic area. They enable multiple authorized health care professionals to access the consolidated information on the immunizations that any child has received. They help doctors remind parents when their children are due or overdue for immunizations. They help health care professionals stay abreast of the complex immunization schedule.

## **Why We Need Immunization Registries**

The U.S. now enjoys the highest immunization rates and lowest disease levels ever, but sustaining them is not easy. One of the greatest challenges is the growing complexity and volume of immunization information:

- Over 11,000 children are born each day, each needing 18-22 shots by age six to protect them from debilitating, life-threatening diseases.
- An increasingly complex childhood immunization schedule makes it difficult for health professionals to keep up, even with the help of books, charts, and training.
- Families are more mobile than ever before. They relocate, change employers, change insurers, and change doctors with increasing frequency.
- Research shows that many parents whose children are not up to date with their immunizations mistakenly believe that they are. Many doctors also overestimate the coverage of their patients.
- Because of increasing concerns about vaccine safety, some parents, in the absence of disease, may not choose to immunize their children. Better data about the immunizations given can help address these concerns.

Immunization registries help to avoid the “peaks and valleys” of disease outbreaks by providing accurate, up-to-date information about the immunizations that children receive.

## The New York State Immunization Information System

The New York State Immunization Information System (NYSIIS) is a population-based web application containing consolidated demographic and immunization history information. NYSIIS is able to perform a variety of functions for health care providers, including:

- Recording immunizations, contraindications, and reactions.
- Validating immunization history and providing immunization recommendations.
- Producing recall and reminder notices, vaccine usage and patient reports, and Comprehensive Clinic Assessment Software Application (CoCASA) extracts.
- Managing vaccine inventory.

Immunization Information Systems in New York State are not new. The Citywide Immunization Registry (CIR) has been operational in New York City since 1997. Providers practicing in New York City are required to report to the CIR. Separate from the New York City registry, the New York State Department of Health (NYSDOH) has operated regional software-based voluntary registries since 1997 that cover the areas outside of New York City. These regional registries have been collectively referred to as the New York State Immunization Information System (NYSIIS).

Access to the statewide, web-based system will be available through the Health Provider Network (HPN) on the NYSDOH Health Commerce System. CIR and NYSIIS will operate independently as two different registries, but patient information may be shared across both registries based on the patient's address. Currently, NYSIIS is receiving weekly updates from the CIR for patients that reside outside the five boroughs but received shots in New York City.

In 2006, New York State passed Article 21, Title 6, Section 2168 of the Public Health Law, which requires health care providers to report all immunizations administered to persons less than 19 years of age to NYSIIS beginning on January 1, 2008.

NYSIIS currently contains all New York State birth data (excluding New York City births) from January 1, 2004 to the present. Vital statistics are currently loading 500 new records daily. A significant percentage of new birth records (90%+) are in NYSIIS within two weeks of birth.

When a provider begins participation in NYSIIS, they can manually enter immunization data directly into NYSIIS or utilize their existing electronic data systems to create a data exchange link with NYSIIS.



# *System Requirements*

## **In this chapter:**

Internet Access  
Hardware Requirements  
Software Requirements





## Internet Access

Since NYSIIS is a web-based application, you will need reliable internet access, preferably with a dedicated high speed connection, to access NYSIIS and the NYSDOH Health Commerce System. A modem connection will also work, but is not recommended.

## Hardware Requirements

- The following are minimum hardware requirements for accessing NYSIIS:
- Pentium 500 MHz computer.
- 64 MB RAM.
- 500 MB free disk space.
- Screen display set at a minimum of 800 x 600 resolution and 256 colors.
- Mouse and keyboard.

## Software Requirements

- Internet Browser software:
- Microsoft® Internet Explorer, version 7.0 or higher.
- Netscape® version 7.x is compatible for use with NYSIIS.
- Windows® XP and all subsequent Windows® versions.
- Adobe Reader® 6.0 or higher.
- **For networked computers, TCP/IP Port 543 of the network firewall must be open for outgoing HTTPS (secure HTTP) connections to access the NYSIIS production application.**





# *Accessing NYSIIS*


## **In this chapter:**

Opening NYSIIS  
Post Login  
Exiting NYSIIS  
HCS and NYSIIS Security



## Opening NYSIIS

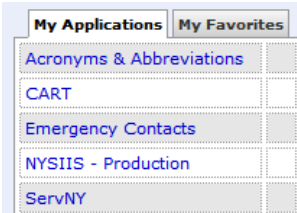
To access NYSIIS:

1. Open your Internet browser. To open your browser, locate the browser icon on your computer's desktop (screen with program icons). For example, the browser icon for Microsoft® Internet Explorer looks like this:  Once you have located the icon, double click on it with your left mouse button.
2. Type the URL for the New York State Department of Health (NYSDOH) Health Commerce System (HCS): <https://commerce.health.state.ny.us/> in the address bar, and click enter.
3. On the login page, enter your HCS User Id and Password, and click the Sign In button:



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4. Click on NYSIIS – Production in the My Applications menu on the left hand side (instructions on how to add NYSIIS to the My Applications menu on the next page):



To add NYSIIS to the My Applications menu in the HCS:

1. Click on the Applications menu:



2. Browse by 'N', for NYSIIS:



3. Click on the + next to NYSIIS Production to add to your My Applications menu:

Application Name	Acronym	Profile	Restricted	Add/Remove
<a href="#">NYCDOH EDC Submission</a>			Yes	
<a href="#">NYSIS - Production (New York Early Intervention System)</a>				
<a href="#">NYS Council On Graduate Medical Education (COGME) Documents</a>	GME		Yes	
<a href="#">NYS Electronic Certificate of Need</a>				
<a href="#">NYSDOH Insurance Program Data Portal</a>			Yes	
<a href="#">NYSDOH Daily H1N1 Absence Reports (Schools)</a>	Schoolaur		Yes	
<a href="#">NYSDOH Daily H1N1 School Absence Reports (County)</a>	Schoolaur		Yes	
<a href="#">NYSIIS - Production (New York State Immunization Information System)</a>	NYSIIS			
<a href="#">NYSIIS - Training (User Demo System)</a>	NYSIIS			
<a href="#">NYSIIS-Development (NYSIIS_staff.usn.cu)</a>	NYSIIS			

4. The page that will initially show when logging into NYSIIS through your HCS account will be determined by the setup of your account .
  - a. User accounts set up with access to one organization will be taken to the NYSIIS Home page shown below.

The screenshot shows the NYSIIS Home page for a user named Kyle Bowers, role Help Desk \ Trainer, at the organization IR Physicians. The page features a navigation menu on the left with categories like Patients, Immunizations, Reports, and Inventory. The main content area includes announcements, release notes, and a vaccine order/transfer notification table.

**announcements:**

- NEW 07/01/2009 ~ [NYSIIS Release 1.4.2 is Complete](#)
- NEW 06/10/2009 ~ [June Tip - Browser Functions that May Affect Patient Data](#)
- NEW 06/04/2009 ~ [NYSIIS Release 1.4.2 is Complete](#)
- NEW 06/01/2009 ~ [Previous Tips of The Month \(March, April & May 2009\)](#)
- NEW 05/28/2009 ~ [Upcoming ADVANCED REPORTS Training Webinars](#)
- NEW 05/26/2009 ~ [SATURDAY - JUNE 6th 8:30 am STANDARD USER WEBINAR AVAILABLE](#)
- NEW 05/14/2009 ~ [2009 NYSIIS Training Schedule \(May - September\)](#)
- NEW 05/06/2009 ~ [May Tip - More Options for Searching for Patients](#)
- NEW 04/22/2009 ~ [VIB Update for Pneumococcal Polysaccharide \(PPSV\) vaccine](#)
- NEW 03/05/2009 ~ [NYSIIS News - Winter 2009](#)
- NEW 03/05/2009 ~ [NYSIIS Release 1.4.1 is Complete](#)
- NEW 02/23/2009 ~ [FluVIR Vaccine Discontinue Notice](#)

**release notes:**

- NEW 06/30/2009 ~ [Release Version 1.4.3](#) Release Version 1.4.3

**Vaccine Order/Transfer Notification ...**

Type	Shipped	Awaiting Return Shipment	Rejected
Order(s)		No Order Notification	
Transfer(s)		No Transfer Notification	

**Active Inventory that is Going to Expire or Expired Lots with a Quantity ...**

Site Name	Trade Name	Lot Number	On Hand	Public	Exp Date
IR Physicians	Pediark	773MVXQ4	15	Y	02/15/2009
IR Physicians	Kinrix	a1234	5	Y	01/02/2009
IR Physicians	Flu-Imune	a1234	3	Y	01/01/2009
IR Physicians	FluVIR Pres-Free	a234	5	Y	01/01/2009

- b. User accounts set up with access to more than one organization will be taken to the Manage Access/Account Screen shown below.

The screenshot shows the NYSIIS Manage Access/Account screen. The user is logged in as Lori Isabella. The page displays a list of organizations: AFS Healthcare, Apple & Day Family Health, Johnsbury Health Center, Kyle's Immunization Clinic, Lori's Little Ones, NYSDOH - ERIS, School of NYSIIS, and Test County DCH. The user is currently viewing the 'Manage Access' section for the 'NYSIIS' application.

**Applications**

- NYSIIS

**Manage My Account**

- Edit My User Account

**Manage Access**

- Add User
- Add Multiple Users
- Edit User
- List Organizations
- Edit Organization
- Add Organization
- Applications
- Security Options
- Menu Items
- Menu Groups
- Roles

**Manage Portal**

- Manage Hot Topics
- Manage Related Links
- Manage FAQs


**Manage Access**

- Add User
- Add Multiple Users
- Edit User
- List Organizations
- Edit Organization

## Post Login

Once in NYSIIS, you may access the Manage Access/Account Screen to switch organizations, manage users, or manage your own account depending upon your specific role that was assigned to you when your account was set up. To do this, simply click the Manage Access/Account button at the top of the screen in NYSIIS. The Manage Access/Account Screen will display. For more information on the functions available on the Manage Access/Account Screen, refer to the Managing Users and Organizations and Managing My Account chapters of this manual (i.e., Chapters 6 and 7 respectively).

## Exiting NYSIIS

To exit from the NYSIIS application, press the  button on the NYSIIS menu bar at the top of the screen. You may logout this way from any screen within NYSIIS. To log completely out of the Health Commerce System, close your internet browser.

## HCS and NYSIIS Security

For security reasons, your session with HCS and NYSIIS accounts will time out after designated lengths of time. Data that was entered and saved prior to the time out will not be lost.

The Health Commerce System will automatically log out a user after four hours, regardless of activity. At this point, you must re-login to the Health Commerce System using your HCS account. Additional Health Commerce Security items include:

- Your account will be locked after 10 unsuccessful login attempts.
- Your account will be disabled after 5 months of inactivity.
- If your account becomes locked or disabled, you must call Commerce Accounts Management Unit (CAMU) at 1- 866-529-1890 to have it reset.
- A New password is required every 90 days.

The NYSIIS application time out is based only on inactivity and will occur after one hour. After you are timed out, you will be given the option to “Go to the NYSIIS page” where you can access the application again.



**Notes:** Each person that will be accessing NYSIIS is required to have their own individual HCS Account. HCS accounts cannot be shared.





# *Optimizing* **NYSIIS**

## **In this chapter:**

Optimizing Browser Performance  
Running Reports with Adobe Reader®  
Efficient Screen Navigation





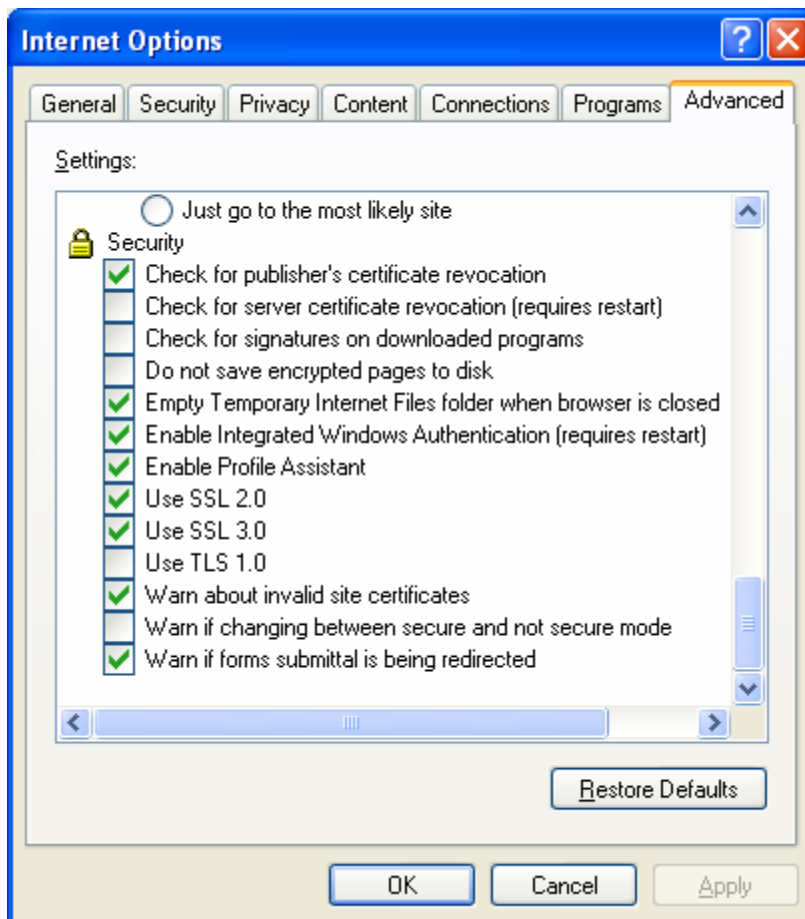
## Optimizing Browser Performance

Unless instructed to do otherwise, your browser will automatically save a copy of each new web page you visit to your computer's hard drive. Over time, these saved files can slow down your browser's performance. To avoid this problem, you may set your browser to automatically delete the temporary Internet files each time the browser is closed.

### *Deleting Temporary Internet Files (Internet Explorer 7.0)*

To automatically delete all temporary Internet files each time Internet Explorer is closed, follow these steps:

1. Click on Iools on your browser's menu bar.
2. Choose Internet Options.
3. Click on the Advanced tab.



4. Scroll down the list until you see the Security heading.
5. Put a check mark next to the command, "Empty Temporary Internet Files folder when browser is closed."
6. Press .

## Running Reports with Adobe Reader®

NYSIIS uses at a minimum Adobe Acrobat Reader® 6.0 to display reports in portable document file (PDF) format. This format allows you to print reports exactly as they appear online.

### *Running Adobe Reader® Files*

The first time a report is displayed using Adobe Reader®, a window may appear asking whether you want to run the file or save the file to disk. Choose “Run the file” and “Do not display this message again.”

If you try to print a report in Adobe Reader® and find that some of the text is illegible, choose File, Preferences, and General on the Adobe Reader® menu bar. In the General Preferences dialog box, make sure the “Smooth Text and Images” box is checked.

### *Problems Running Reports in Adobe Reader®*

If, while using Adobe Reader® 6.0, you get a small icon resembling a Rubik’s cube and the report does not display, Acrobat® needs to be opened in a separate window. To do this, follow these steps:

1. Press the **Start** button on the lower left corner of your computer screen.
2. Click on Programs.
3. Click on Adobe Reader® 6.0.
4. On the Adobe Reader® menu bar, click on File.
5. Choose Preferences.
6. Choose General.
7. Under Options, uncheck Web Browser Integration.
8. Press **OK**.

Try to run your report again. If you continue to have problems, contact the NYSIIS Help Desk at (866) 389-0371.

### *File Transfer Protocol Server Access*

When running reports and data downloads, NYSIIS queries a File Transfer Protocol (FTP) server to read the file. If your network has blocked FTP access for any reason or if FTP wasn’t installed with your browser, you will be unable to run reports or download data. Contact your information technology (IT) staff if you suspect your FTP access is blocked.

## Efficient Screen Navigation

Microsoft® Windows® often allows users several ways to accomplish certain tasks. Because NYSIIS runs under Windows®, it also allows users to use these methods to enter data. Learning the shortcuts in this section will help you increase your efficiency when entering data in NYSIIS, particularly by reducing the number of times you will need to switch from keyboard to mouse. These shortcuts will work in almost all Microsoft® software, not just Internet Explorer.

### *Keyboard Shortcuts in NYSIIS*

Shortcuts below that are marked with an asterisk (\*) behave differently in Netscape® than they do in Internet Explorer. Read the explanation for the shortcut in question for more information.

**Deleting data:** When a field or a portion of a field is highlighted, typing something deletes the highlighted information and replaces it with the characters you typed. If you hit the Delete or Backspace key, the highlighted information is deleted. To place the cursor in a specific position within highlighted text, position the cursor where you want it and click the left mouse button once.

**Tab\*:** The Tab key advances the cursor to the next field. Internet Explorer moves through the fields in the order specified by the web page. When the cursor reaches the last field, it advances back to the first field on the screen when Tab is pressed.

**Shift+Tab\*:** Holding down the Shift key and pressing the Tab key will bring the cursor back to the previous field. In Internet Explorer, the cursor will go back to the previous field defined by the web page.

**Enter\*:** In most cases, the Enter key will complete entry of information on the current screen. Most screens have a default button that is activated when the Enter key is pressed — this button could be called Save, Submit, OK, etc.

**←(Left Arrow):** The left arrow key moves the cursor one character to the left.

**→ (Right Arrow):** The right arrow key moves the cursor one character to the right.

**Ctrl+←:** Holding down the Ctrl key and pressing the left arrow key moves the cursor one word to the left.

**Ctrl+→:** Holding down the Ctrl key and pressing the right arrow key moves the cursor one word to the right.

**Ctrl+A:** Holding down the Ctrl key and pressing the A key will select all the text in the current field.

**Ctrl+C:** Holding down the Ctrl key and pressing the C key will copy all highlighted text in the current field to the clipboard without changing the highlighted field.

**Ctrl+V:** Holding down the Ctrl key and pressing the V key will insert (“paste”) the contents of the clipboard at the current cursor position.

- Ctrl+X:** Holding down the Ctrl key and pressing the X key will cut all highlighted text from the current field and place it on the clipboard.
- Delete:** The Delete key deletes the character to the right of the cursor. If the field is highlighted, all highlighted text is deleted.
- Backspace:** The Backspace key deletes the character to the left of the cursor. If the field is highlighted, all highlighted text is deleted.
- Home:** The Home key positions the cursor to the left of the first character in the field.
- End:** The End key positions the cursor to the right of the last character in the field.
- Shift:** Using the Shift key in conjunction with any key affecting cursor position will highlight all characters in the field between the starting cursor position and the ending cursor position. For example, if the cursor is at the end of a field and Shift+Home is typed, the cursor is repositioned to the left of the beginning of the field and the entire field is highlighted.
- Ctrl:** Using the Ctrl key in conjunction with any key affecting cursor position will move the cursor all the way to either end of the field, or the next space in the indicated direction. Using the Ctrl and Shift keys simultaneously not only moves the cursor, but also highlights all text in the field between the starting cursor position and the ending cursor position.
- Space:** When the cursor is at a check box, the Space bar toggles the check mark on and off.

## *Mouse Shortcuts in NYSIIS*

Unless otherwise specified, mouse clicks refer to the left mouse button. Internet Explorer automatically positions the cursor in the field specified by the Web page; Netscape® does not. To position the cursor, click the mouse in the desired field.

- Clicking in a field:** Clicking in a field will place the cursor in that position.
- Double clicking in a field:** When a field contains one character string with no spaces, you may highlight the entire field by double clicking anywhere in the field. If the field contains words separated by spaces, double clicking highlights only the word at which the cursor is pointing.
- Triple clicking in a field:** When a field contains words separated by spaces, the entire field may be highlighted by triple clicking anywhere in the field.
- Dragging the mouse:** To highlight a field, hold down the left mouse button within a field and drag the mouse across the field.
- Right clicking in a field:** When you right click in a field, NYSIIS displays a pop-up menu with various options. If any items are grayed out, there is either no text currently selected or no text is currently on the clipboard. The pop-up menu, or toolbar options are as follows:
- Undo:** Selecting the Undo option reverses your last action. Undo may be repeated several times.
- Cut:** Selecting the Cut option deletes all highlighted text in the current field and places it on the clipboard.
- Copy:** Selecting the Copy option duplicates all highlighted text in the current field on to the clipboard without changing the highlighted field.
- Paste:** Selecting the Paste option inserts the contents of the clipboard into the current field.
- Delete:** Selecting the Delete option removes the highlighted text without placing it on the clipboard.
- Select All:** Selecting the Select All option highlights all text in the current field.



# *Home Page*

## **In this chapter:**

- Menu Bar
- Menu Panel
- Announcements
- Release Notes
- Inventory Alerts

To access the NYSIIS home page, please follow the instructions outlined in the “Opening NYSIIS” section of Chapter 3 of the NYSIIS User Manual.



**Note:** All NYSIIS end-users must obtain a unique HCS ID before gaining access to the NYSIIS application. The HCS ID is used to establish each user’s NYSIIS account.



The home page of NYSIIS is divided into several sections. It may be necessary to use the vertical scroll bar to the right of the NYSIIS screen to view all sections of the home page.

**announcements:**

- NEW 07/01/2009 ~ [NYSIIS Release 1.4.3 is Complete](#)
- NEW 06/10/2009 ~ [June Tip - Browser Functions that May Affect Patient Data](#)
- NEW 06/04/2009 ~ [NYSIIS Release 1.4.2 is Complete](#)
- NEW 06/01/2009 ~ [Previous Tips of The Month \(March, April & May 2009\)](#)
- NEW 05/28/2009 ~ [Upcoming ADVANCED REPORTS Training Webinars](#)
- NEW 05/26/2009 ~ [SATURDAY - JUNE 6 @ 8:30 am STANDARD USER WEBINAR AVAILABLE](#)
- NEW 05/14/2009 ~ [2009 NYSIIS Training Schedule \(May - September\)](#)
- NEW 05/08/2009 ~ [May Tip - More Options for Searching for Patients](#)
- NEW 04/22/2009 ~ [VIS Update for Pneumococcal Polysaccharide \(PPSV\) vaccine](#)
- NEW 03/06/2009 ~ [NYSIIS News - Winter 2009](#)
- NEW 03/05/2009 ~ [NYSIIS Release 1.4.1 is Complete](#)
- NEW 02/23/2009 ~ [Fluivirin Vaccine Discontinue Notice](#)

[more announcements](#)

**release notes:**

- NEW 06/30/2009 ~ [Release Version 1.4.3](#) Release Version 1.4.3

[more release notes](#)

**Vaccine Order/Transfer Notification ...**

Type	Shipped	Awaiting Return Shipment	Rejected
Order(s)		No Order Notification	
Transfer(s)		No Transfer Notification	

**Active Inventory that is Going to Expire or Expired Lots with a Quantity ...**

Site Name	Trade Name	Lot Number	On Hand	Public	Exp Date
IR Physicians	Pediarix	773MVXQ4	15	Y	02/15/2009
IR Physicians	Kinrix	a1234	8	Y	01/02/2009
IR Physicians	Flu-Immune	a1234	3	Y	01/01/2009
IR Physicians	Fluivirin Pres-Free	a234	5	Y	01/01/2009

## Menu Bar

At the top of the screen, you have several menu options. These menu options will appear on every screen within NYSIIS. The options available are the following:



**Home:** Clicking this menu option will return you to the NYSIIS home page from anywhere in the application.



**Manage Access/Account:** Clicking this menu option will bring you to the Manage Access/Account page, where you may switch organizations, manage your account, or manage access to other accounts. Refer to the Managing Users and Organizations and Managing My Account chapters of this manual for more information on these functions (i.e., Chapters 6 and 7 respectively).

**Forms:** Clicking on this menu option shows a list of hyperlinks for printing blank forms and supporting documentation, such as the user manual, data exchange specifications, consent forms, and parent notification letter.

**Related Links:** Clicking on this menu option displays links to other web sites that contain information of interest to the immunization community.

**Logout:** Clicking on this menu option will log you out of your current NYSIIS session. You may logout from any screen within NYSIIS. The system then gives you the option of going to the NYSIIS page on the NYSIIS public website or to the Health Commerce System welcome page.

**Help Desk:** Clicking on the Help Desk menu option will give you a screen with contact information for the NYSIIS Help Desk.

**Online Help:** Clicking on the light bulb in the right corner of the screen brings up page-specific help. Refer to the Appendix of this manual for more information on online help.

Directly below the menu bar is a row of information highlighted in yellow. This row contains your organization's name, your first and last name, and your role within NYSIIS for your organization. If any of this information is incorrect, contact your organization's NYSIIS administrative user. The Administrative User should refer to Chapter 6, Managing Users and Organizations for instructions on revising organization and user information.

*organization* IR Physicians • *user* Tawna Chase • *role* IR Developer

## Menu Panel

The menu panel is shaded in blue and appears on the left of all screens within NYSIIS.

### *Menu Selections*

These links, which include functions under Patients, Immunizations, Reports, Maintenance, and others, are used to navigate the NYSIIS application. To perform a

particular function in NYSIIS, click on the appropriate link under the Menu Panel. Your role will determine your access to these functions.

## Announcements

The center portion of the home page, which has a white background, contains important information on enhancements and maintenance relating to NYSIIS and immunization related material. Recent announcements that have not been viewed will have “New” highlighted in yellow alongside them. Once you have viewed the announcement and returned to the home page, the “New” icon will disappear. To view a full announcement, do the following:

1. Click on the underlined announcement title.
2. The NYSIIS Announcement screen will display, giving full details and the posting date of the selected title.
3. Click on the Return to Main Page link to return to the home page.

## Release Notes

Release Notes are found under the Announcements section of the home page. This section contains information regarding new releases of NYSIIS and features included in the releases. Release notes may be viewed in the same manner as Announcements.

## Inventory Alerts

The inventory alerts section will appear on the NYSIIS home page under the Release Notes section.

The inventory alerts section of the home page consists of four tables.

The top table “*Vaccine Order/Transfer Notification*” lists orders/transfers that have been shipped, orders/transfers that are awaiting return shipment, and orders/transfers that have been rejected. This table is not currently active in NYSIIS.

The next table, “*Active Inventory That is Going to Expire or Expired Lots with a Quantity*”, lists vaccines that going to expire (within 30 days is the default setting) as well as lots which have expired and still have a quantity.

The next table, “*Inventory that is Running Low by Vaccine Group*”, lists inventory that is nearly depleted by vaccine group. This table indicates whether the vaccine is public (VFC vaccine) inventory or Private inventory.

The bottom table “*Inventory that is Running Low by Trade Name*” lists inventory that is nearly depleted by trade name. This table indicates whether the vaccine is public (VFC vaccine) inventory or Private inventory.



# *Managing Users and Organizations*

## **In this chapter:**

- [User Roles](#)
- [Adding Users](#)
- [Adding Multiple Users](#)
- [Maintaining Users](#)
- [Editing Organizations](#)

The Manage Access function allows Administrative Users to add and update information on both users and their organization(s) to which the administrative user has access.

Standard Users are able to update only their own user information using the Manage My Account function. See Managing My Account, Chapter 7, of this manual for more information on this function.

## User Roles

NYSIIS is set up to accommodate a variety of user types. Each user will have access to certain features in the application based on the role that is assigned. The roles or levels of access for NYSIIS are hierarchical as follows:

1. **Administrative User:** This is the main contact for NYSIIS within the health care organization. The administrative user is responsible for the maintenance of all organization specific information, including users and clinicians. The administrative user is authorized to set up and maintain the NYSIIS Inventory Module for their organization. They also can access all the functions of the Standard User role described below.
2. **Standard User:** This is the primary user of NYSIIS. The standard user adds, edits, and finds patients, manages immunizations information, and generates both patient specific and organizational level reports. Examples of organizational level reports in NYSIIS include: reminder/recall reports, Comprehensive Clinic Assessment Software Application (CoCASA) extracts, Ad Hoc reports and immunization benchmark reports.
3. **Administrative User (Pharmacist):** This is the main contact for NYSIIS within the pharmacy organization. The administrative user (pharmacist) is responsible for the maintenance of all organization specific information, including users and clinicians. The administrative user (pharmacist) is authorized to set up and maintain the NYSIIS Inventory Module for their organization. They also can access all the functions of the Pharmacist User role described below.
4. **Pharmacist User:** This role may be assigned to a pharmacist authorized to administer immunizations. This role provides access to similar functionality as a Standard User in NYSIIS.
5. **School or Camp User:** This role has read only access to view students/campers in NYSIIS. For more information on School and Camp Users, refer to Chapter 12: School and Camp Access.
6. **Reports Only User:** This role has read only access to view patient immunization histories and includes the capability to run reports. The Reports Only role is appropriate for individuals within an organization that do not need full access to NYSIIS.



**Note:** Required fields have asterisks and display in blue text. For example, when entering information on the Add User screen, the user's first and last name are required: thus they have an asterisk and are shown in blue. Input fields not shown in blue are optional, although we strongly recommend that email address be included in every NYSIIS user account.



## Adding Users

The Administrative User can add both Administrative and Standard Users to their organization.

To add a user to NYSIIS, follow these steps:

1. Access the Manage Access/Account page by clicking the **Manage Access/Account** button at the top of the NYSIIS Home Page.
2. Click on **Add User** under the Manage Access section of the menu panel.

**Add User**

\* User First Name

\* User Last Name

User Middle Initial

\* Health Commerce ID (lowercase)

NYSIDS User ID

Street Address

Other Address

P.O. Box

City

State  Zip  -

\* Email

Phone Number    Ext

Note: Full address, email and phone number are required for administrators.

3. You must enter the user's First Name, Last Name, Health Commerce ID, and Email.

4. Enter additional information if desired, such as the Street Address and work Telephone Number. If the user has an administrative user role, you will be required to enter his or her work address, Email, and Phone Number.
5. Press **Save**.
6. Once a user is successfully saved in the database, the following message will be displayed at the top of the Edit User screen:  
*“User Added, please proceed to the Modify Access Tab. User does not have access until you do“*



**Note:** Remember to type in the Health Commerce ID using lowercase letters followed by numbers. This field is case sensitive and must be in this format for the user to gain access to NYSIIS.



## Modifying Access

After adding a user, you must complete the **Modify Access** screen to assign the user access to the appropriate organization. To give a user access, follow these steps:

1. At the **Edit User** screen, click the **Modify Access** tab.

**New York State Immunization Information System**

HOME FORMS RELATED LINKS

**Edit User** **Modify Access**

Add or remove applications and organizations to which this user has access.

User: Billy Example

Application	Organization	Role	Add Access
NYSIIS	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

**\*\* Update in progress, press Save to keep \*\***

Current list of organizations and applications. *Select user from this list to update their role or status.*

Application	Organization	Role	Status	Select
NYSIIS	Kyle's Immunization Clinic	Standard User	Active	<input type="checkbox"/>
NYSIIS	Johnsbury Health Center	Standard User	Active	<input type="checkbox"/>

2. Select the appropriate Organization for the user to access by selecting the name from the Organization drop down list.
3. Select the appropriate Role for the new user.
4. Press **Add** under Add Access to add the information entered for this user.
5. Press **Save** when you have finished entering access information for this user.



**Note:** If you give a user access to more than one organization, he or she will need to select a specific organization to access upon logging in.



## Adding Multiple Users

Administrative users also have the option of adding multiple standard users at once for their organization. This is the quickest way to set-up standard user accounts. To add multiple standard users, follow these steps:

1. Access the Manage Access/Account page by clicking the **Manage Access/Account** button at the top of the NYSIIS Home Page.
2. Click on **Add Multiple Users** under the Manage Access section of the menu panel.
3. At the Add Multiple Users screen, select NYSIIS from Application drop down list and then select your organization's name from the Organization drop down list. If you do not see your organization's name in this field, please contact the NYSIIS Help Desk for assistance.
4. Next enter the last name, first name, Health Commerce ID, and role for the user.
5. Press **Add**
6. Follow Steps 3 and 4 for each additional user;
7. When finished saving the last user, click on the NYSIIS link under the Application section of the menu panel to return to the NYSIIS home page.



**Note:** The Add Multiple Users option is not available for the Administrative User (Pharmacist).



## Maintaining Users

NYSIIS allows administrative users to edit user accounts for their organization(s). Administrative users must find the individual's user account in NYSIIS prior to editing their account information.

### *Finding Users*

To find a user account within your organization, follow these steps:

1. Access the Manage Access/Account page by clicking the **Manage Access/Account** button at the top of the NYSIIS Home page.
2. Click on **Edit User** under the **Manage Access** section of the menu panel.

(See screen shot below)

**Edit User - Search**

Application: All Apps

Organization Type: All Types

Organization: All Orgs

Status Active  Disabled  Terminated

*To search for a user, enter Last Name and First Name or HCS ID  
To get a complete list of users, leave all fields blank and click the find button.*

Last Name  First Name

HCS ID

Last Name	First Name	MI	User Name
-----------	------------	----	-----------

3. At the **Edit User –Search** screen, select the user’s organization from the Organization drop down list. If you are associated to only one organization, NYSIIS will default to your organization’s name. If you are associated to multiple organizations, select the appropriate organization before moving on to Step 5.
4. Select the Status of the end user you are searching for in NYSIIS. The Status field will always default to Active. This means NYSIIS will only search and find active users for your organization. If you are searching for Disabled and Terminated user accounts, select the appropriate box before moving on to Step 5.
5. Searching for a user account can be done using either the last name and first name or the HCS ID.
  - a. To search for a user using the last name, first name - enter the last and first name of the user for whom you are searching.
  - b. To search for a user using an HCS ID, enter the ID in the search box,  
-The HCS ID can be up to 15 alpha and numeric characters.
6. To search for all users in your organization, leave all fields blank
7. Press **Find**



8. All names matching the search criteria will be listed under the Search Results portion of the screen. To display the Edit User screen for a specific user, click the user's last name.
9. If no match is found error message *\*\*\*No users found matching the search criteria\*\*\** will be displayed.

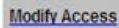




**Note:** If a user has not accessed NYSIIS for 90 days or more, NYSIIS will automatically inactivate that user. To search for a user who has been inactivated, be sure to check the “Disabled” box on the search screen; this will bring up both disabled and inactivated users. You may then change the user's status to active on the Modify Access tab.



### *Editing Users*

The Edit User function allows you to change any previously entered information about a user, including their status (active, disabled or terminated). To edit user information, follow these steps:

1. After completing Steps 1-7 outlined above in Searching Users, click on the user's last name to access their Edit User screen.
2. To change a user's status, proceed to step 6 in this section.
3. Press **Save** when you are finished updating the user's information.
4. Once a user is successfully saved in the database, “User Updated” will appear at the top of the Edit User screen.
5. To modify the access of the user, click the **Modify access** tab  
.
6. To edit current access, check the Select box for the access to be edited. Press .
7. Update the user's role and/or status for the selected access and press .
8. Once a user's access is updated, “User Access Updated” will appear at the top of the Modify Access screen.

### **Editing Organizations**

Administrative Users may also edit their organization information by following these steps:

1. Access the Manage Access/Account page by clicking the **Manage Access/Account** button at the top of the NYSIIS Home page.
2. Click on **Edit Organization** under the **Manage Access** section of the menu panel. You will see a list of organizations that you have access to.

(See screen shot below)

**Edit Organizations**

Select your organization's name to view and/or update information.  
 Note: parent organization names are marked with an \*.

To locate a specific organization, enter a VFC PIN or NYSIIS Organization ID and click Search

VFC PIN:  NYSIIS Org Id:

Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Name	City	Main Contact	Phone
<a href="#">Dr. Hart Practice</a>	ALBANY	Dr Hart	518-213-1234
<a href="#">EDS Test Organization</a>	MADISON	Tawna Chase	970-898-5206
<a href="#">Inventory Yay</a>	ALBANY	John Smith	518-888-8888
<a href="#">No Inventory Boo</a>	SCHENECTADY	Boo Boo Bear	518-111-1111

.....

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3. If your organization list is long, you can search the list by entering the organization's VFC PIN or NYSIIS Org ID in the respective search box.
  - a. The VFC PIN can be up to 7 alpha and numeric characters
  - b. The NYSIIS Org ID can be up to 10 numbers
4. Press
5. If a match is found the organization information will be displayed on the Edit Organization details screen.
6. If no match is found error message *'No organization match found'* will be displayed.
7. The alphabet index search can be used to display certain organizations. By clicking on a letter, the screen will advance to organizations beginning with that letter.
8. Select the organization you wish to edit by clicking on the underlined organization name. The organization with an asterisk before the name indicates the parent organization and will only display if the administrative user has access to it.
9. Enter the updated organization Name, County, Address, Contact, Email, Phone Number, and Delivery Information. The Org ID, Org Classification, Type, and Medicaid ID fields can only be updated by contacting the NYSIIS Helpdesk. The VFC Pin, Uses NYSIIS Inventory, Frequency, and Campaign fields can only be updated by contacting the NYS Vaccine Program. Fields UPHN Yes or No radio button, UPHN Type, UPHN ID and UPHN Partner can only be updated by NYSIIS staff.
10. Press . The message "Organization Updated" will display at the top of the screen. For additional information regarding Editing Organizational Information, please contact the NYSIIS Help Desk.



**Note:** If Delivery Information is changed within NYSIIS at any time the NYS Vaccine Program must be contacted and informed of any change.





# *Managing My Account*

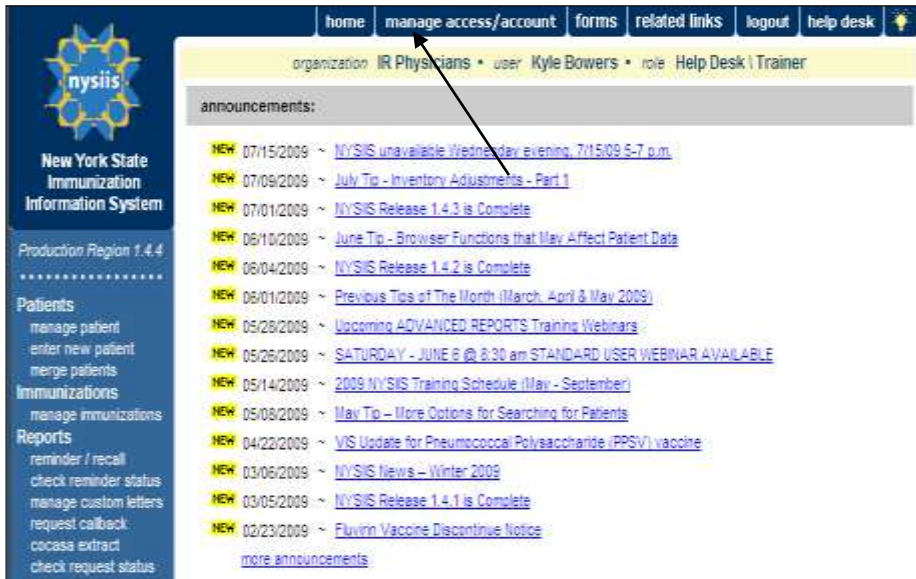
**In this chapter:**

Editing User Information



## Editing My User Account

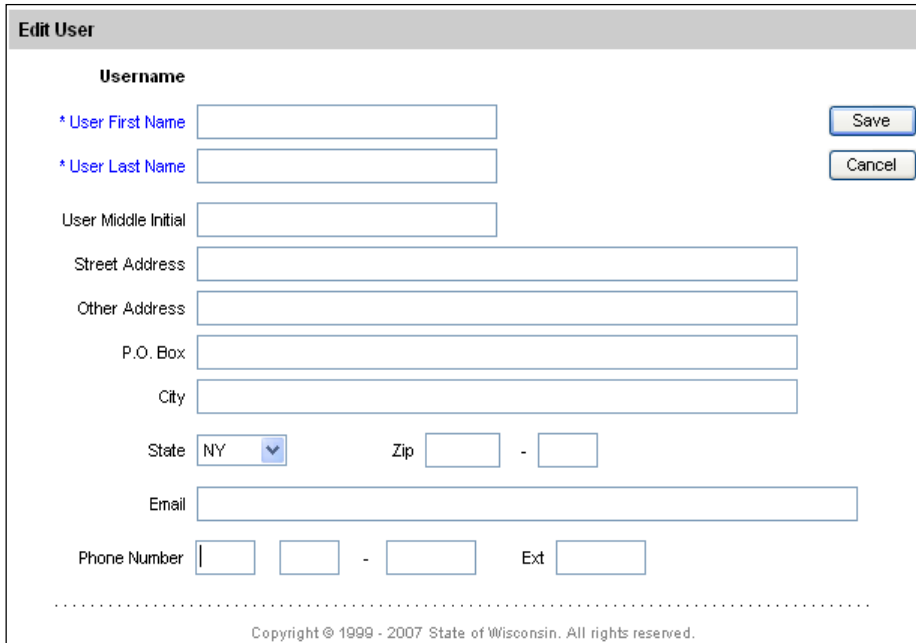
NYSIIS allows all users to manage their own user account information. To verify or edit your user account information go to the Edit My User Account screen located on the Manage Access/Account page. You can access this page from your NYSIIS home page by selecting the Manage Access/Account button on the header.



1. Under the **Manage My Account** section of the menu panel, click on **Edit My User Account**. This will invoke the Edit User screen as shown on the next page.



2. Edit your first or last name in the appropriate fields. You may also enter or edit any additional fields as necessary. Be sure to provide a valid email address or business phone number.



**Edit User**

**Username**

\* User First Name

\* User Last Name

User Middle Initial

Street Address

Other Address

P.O. Box

City

State   Zip  -

Email

Phone Number   -  Ext

.....

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3. Press **Save**. If changes were made, the message “User Updated” appears on the screen.



**Note:** The first and last name fields on the Edit User screen are required fields, which is why they show in blue. If you are an Administrative User, the Email, Street Address, and Phone Number fields are also required. You may edit these fields, but do not remove the information from them.





# *Maintenance*

## **In this chapter:**

[Managing Schools](#)

[Managing Physicians](#)

[Managing Clinicians](#)

[Managing Temp Log Units](#)

[Managing Fees](#)





The Maintenance section on the menu panel allows NYSIIS Administrative Users to add and update information on schools, physicians, and clinicians.

## Managing Schools

NYSIIS Administrative Users may enter new and update existing schools and daycare centers using the Manage Schools function. Schools entered using this function will be available for selection from a drop down list on the Patient Demographic screen. Reports may then be generated by school.

### Adding Schools

1. On the NYSIIS Home page, click on “**Manage Schools**” under the “Maintenance section” of the menu panel.
2. On the Manage Schools screen, press **Add School**.

The screenshot shows a web form titled "Select a School to Edit". At the top, there is a dropdown menu for "School Name" with the text "Pick a School" and a "List All" button. Below this is the "Add School" section, which contains several input fields: "School Name" (required, in blue), "Street Address", "Other Address", "City", "State" (a dropdown menu currently showing "NY"), "Zip", "Email", and "Telephone #". The telephone field is split into area code, main number, and extension. There are "Save" and "Cancel" buttons to the right of the input fields.

3. Below the **Add School** box, fill in the name of the school in the appropriate text field. Enter any additional information you wish to supply for the school in the appropriate fields.
4. Press **Save**.
5. Once your school information is successfully saved, “School Added” will appear in the upper right corner of the Edit School box.
6. Press List All to return to the Manage Schools screen.

**Note:** Required fields are shown in blue text. For example, when entering information on the Add School screen, the School name is required; thus they are shown in blue type. Input fields not shown in blue are optional.

## Editing School Information

1. On the NYSIIS Home page, click on **Manage Schools** under the Maintenance section of the menu panel.
2. On the Manage Schools screen, choose the school whose information you would like to edit from the **“Select a School to Edit”** drop down list at the top of the screen. Or, click on the school’s name in the School Listing at the bottom of the screen.



Select a School to Edit

School Name

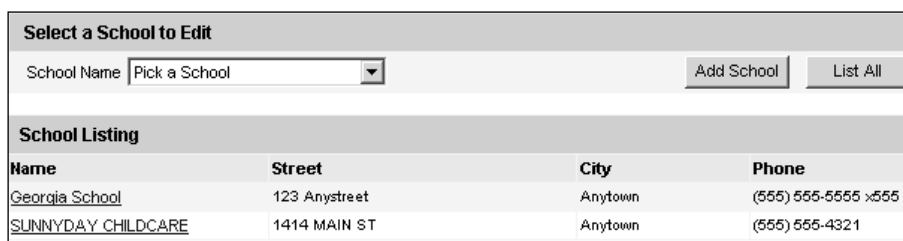
3. Add or change information in the Add School box.
4. Press **Save**.
5. Once your changes are successfully saved, “School Updated” will appear in the upper right corner of the box.
6. Press **Cancel** twice, or the  button, to return to the Manage Schools screen.

## Deleting Schools

1. On the NYSIIS Home page, click on **Manage Schools** under the Maintenance section of the menu panel.
2. On the Manage Schools screen, choose the school whose information you would like to delete from the Select a School to Edit drop down list at the top of the screen.
3. In the Edit School box, press **Delete**.
4. A box will open asking if you want to delete this school. Press **OK**.
5. NYSIIS will return to the Manage Schools screen and the message “School deleted” will appear at the upper right corner of the screen.

## Listing All Schools

A list of all schools entered into an organization’s database may be viewed by choosing  on the Manage Schools screen.



Select a School to Edit

School Name

**School Listing**

Name	Street	City	Phone
<a href="#">Georgia School</a>	123 Anystreet	Anytown	(555) 555-5555 x555
<a href="#">SUNNYDAY CHILDCARE</a>	1414 MAIN ST	Anytown	(555) 555-4321

## Managing Physicians

Physicians are considered Primary Care Providers (PCP) in NYSIIS. Administrative users can utilize the Add Physician/Edit Physician screens to enter new and update existing Primary Care Providers. Health care organizations or clinic names may also be entered in the Add Physician screen. Physicians or health care organizations entered on this screen will be available for selection from the Provider (PCP) drop down list on the Patient Demographic screen. Reports may then be generated from this data.

### Adding Physicians

1. On the NYSIIS Home page, click on **Manage Physicians** under the Maintenance section of the menu panel.
2. On the Manage Physicians screen, press **Add Physician**.
3. At the Add Physician box, fill in the required field, Last Name, plus any additional information you wish to supply about the physician. The Prefix/Title field, for example, could be filled with “Dr.” or the Suffix field would then be “M.D.” To add a clinic name, type the site name in the Last Name field and the location in the First Name field.

The screenshot shows the 'Add Physician' form with the following data entered:

Prefix/Title	Dr	Save
First Name	Sam	Delete
Middle Name		Cancel
Last Name	Seuss	
Suffix	MD	
Street Address	6406 Bridge Road	
Other Address		P.O. Box
City	MADISON	State NY
Zip	53713	
Email		

4. Press **Save**.
5. Once the physician is successfully saved, “Physician Added” will appear in the upper right corner of the Edit Physician box.
6. Press List All button to return to the Manage Physicians screen.



**Note:** When entering a physician on the Add Physician screen, keep in mind that this is a primary care provider, associated to the patient, not to a vaccination. Provider-PCP may be used for filtering when running a Reminder/Recall report.



## Editing Physician Information

1. On the NYSIIS Home page, click on **Manage Physicians** under the Maintenance section of the menu panel.
2. On the Manage Physicians screen, choose the physician whose information you would like to edit from the Physician Name drop down list at the top of the screen. Or, click on the physician's name in the Physician Listing at the bottom of the screen.

Select a Physician to Edit			
Physician Name	Pick a Physician	Add Physician	List All
Physician Listing			
Name	Street	City/State/ZIP	Email
<a href="#">Dolittle, Dan</a>	6406 Bridge Road	MADISON, NY 53714	
<a href="#">Seuss, Sam</a>	6406 Bridge Road	MADISON, NY 53713	

3. Add or change information in the Edit Physician box.
4. Press **Save**.
5. Once your changes are successfully saved, "Physician Updated" will appear in the upper right corner of the Edit Physician box.
6. Press **Cancel** twice, or the **List All** to return to the Manage Physicians screen.



**Note:** When adding Physicians and Clinicians into NYSIIS, this does not create a NYSIIS User Account for them. Please refer to Chapter 6 Managing Users and Organizations, for instructions on adding users into NYSIIS.




## Deleting Physicians

1. On the NYSIIS Home page, click on **Manage Physicians** under the Maintenance section of the menu panel.
2. On the Manage Physicians screen, choose the physician whose information you would like to delete from the Physician Name drop down list at the top of the screen. Or, click on the physician's name in the Physician Listing at the bottom of the screen.
3. In the Edit Physician box, press **Delete**.
4. A box will open asking if you want to delete this physician. Press **OK**.
5. Once your changes are successfully saved, "Physician Deleted" will appear in the upper right corner of the Manage Physicians screen.

### *Listing All Physicians*

A list of all physicians entered into an organization's database may be viewed by pressing **List All** on the Select a Physician to Edit screen.



<b>Select a Physician to Edit</b>	
Physician Name	Pick a Physician ▼
<input type="button" value="Add Physician"/>	<input type="button" value="List All"/>

## **Managing Clinicians**

Clinicians are the individuals within the organization who administer vaccines to patients. Ordering Authorities are the individuals that approve the administration of vaccines. A clinician may be associated with one or more clinic sites. Examples of clinicians are physicians, physician assistants, and nurses. NYSIIS Administrative Users will use the Manage Clinicians function to enter new, and update existing clinicians within the organization. Clinicians added to NYSIIS through this function will be available from drop down lists used for recording immunizations.

### *Adding Clinicians*

1. On the NYSIIS Home page, click on **Manage Clinicians** under the Maintenance section of the menu panel.
2. Press **Add Clinician**.

**Edit Clinician Information**

**Role**     Clinician     Ordering Authority     Ordering Authority / Clinician

Prefix

**Last Name**

First Name

Middle Name

Suffix

NPI Number

**Complete Site Listing**  
 Can-of-soda  
 Montour PCC  
 The Office

**Selected Sites**  
 IR Physicians

**Address Information**

Street 1

Street 2

PO Box

City

State  ▼

Zip  -

Email

Area Code  Phone Number  -  Ext.

- At the Add Clinician Information screen, choose a role for the clinician. Definitions of these roles are as follows:

**Clinician:** The Clinician is the person who administers the vaccination.

**Ordering Authority:** The Ordering Authority is the individual that authorizes the administration of a vaccine.

**Ordering Authority/Clinician:** Check this option if the person both authorizes and administers vaccines, such as a pediatrician.

- Fill in the required field, Last Name, and any other fields you wish to complete. The Prefix field, for example, might be filled with “Dr.” and the Suffix field would then be “M.D.”
- In the Complete Site Listing field at the bottom of the screen, highlight a site with which the clinician will be associated and press **Add**. Do this for each site at which the clinician may practice. If the clinician is associated with all the sites in the Complete Site Listing, press **Add All**.
- Press **Save**.
- After the clinician is successfully saved, the message “Record Updated” will appear at the top of the screen.
- Press **Cancel** to return to the Manage Clinicians screen.



**Notes:** Required fields are shown in blue text. For example, when entering information on the Managing Clinicians screen, the clinician last name is required; thus they are shown in blue text. Input fields not shown in blue are optional.



### *Editing Clinician Information*

1. On the NYSIIS Home page, click on “Manage Clinicians” under the Maintenance section of the menu panel.
2. Press **Find Clinician** or click on the appropriate clinician name on the table at the bottom of the Manage Clinicians screen. If you choose this latter option, skip to Step 4.
3. At the Clinician Search screen, enter the last and first names of the clinician and press **Find** to bring up his or her information. Then click on his or her last name in the Search Results table. Or, leave both fields blank and press **Find** to bring up a list of clinicians within the organization. You may then click on the last name of the clinician within the Search Results table to bring up his or her information.

**Clinician Search**

Last Name:  First Name:

To get a complete list of clinicians, leave both fields blank and press the find button.

**Find** **Cancel**

4. Make the desired changes or updates to the clinician’s information.
5. Press **Save**.
6. Once the clinician’s information is successfully updated, the message “Updated clinician: “<last name>, <first name>” will appear at the bottom of the screen.
7. To return to the Manage Clinicians screen, press **Cancel**.

### *Merging Clinicians*

Occasionally, clinicians are entered more than once in NYSIIS, creating duplicate records. To eliminate extraneous records using NYSIIS merge clinician feature, follow these steps:

1. On the NYSIIS Home page, click on “Manage Clinicians” under Maintenance section of the menu panel.
2. Press Find Clinician.
3. Enter the last and first names of the clinician. Press Find.
4. Select at least two clinicians from the search results table and press Merge.

### *Deleting Clinicians*

1. On the NYSIIS Home page, click on “Manage Clinicians” under the Maintenance section of the menu panel.
2. On the Manage Clinicians screen press **Find Clinician** or click the appropriate clinician name in the table at the bottom of the Manage Clinicians screen. If you choose the latter option, skip to step 5.
3. At the Clinician Search screen, enter the first and last name of the clinician and press **Find** to bring up his or her information. Then click on his or her last name in the Search Results table. Or, leave both fields blank and press **Find** to bring up a list of clinicians within the organization. You may then click on the last name of the clinician within the Search Results table to bring up his or her information.
4. At the Edit Clinician Information screen, press **Delete**.
5. A box will open asking if you want to delete this clinician. Press **OK**.
6. NYSIIS will return you to the Manage Clinicians screen.

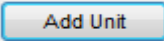
### *Listing All Clinicians*

1. On the NYSIIS Home page, click on “Manage Clinicians” under the Maintenance section of the menu panel.
2. On the Manage Clinicians screen, press **Clinician List**.
3. The Clinician Listing screen will open, showing all available clinicians, their organization association(s), and their role(s).
4. Press **Close** to return to the Manage Clinicians screen.

## **Managing Temp Log Units**

Each organization, clinic, lab, or office will use refrigerator and/or freezer type units as part of their cold storage program. This function allows an authorized user to Add or Edit their Refrigerator or Freezer units to support temperature monitoring.

### *Adding New Units*

1. On the NYSIIS Home page, click on **Manage Temp Log** under the Maintenance section of the menu panel. The Temp Log Management screen will display.
2. Press the  button.



Temp Log Management			
Add a Refrigerator or Freezer to Inventory...			Add Unit
Select a Refrigerator/Freezer to Edit	Refrigerator/Freezer	Temp Scale	Active
<a href="#">Test Demo Unit 1 Freezer</a>	Freezer	F	Yes
<a href="#">Test Freezer Unit 1</a>	Freezer	F	Yes
<a href="#">Test Fridge 6</a>	Refrigerator	F	Yes
<a href="#">Test Refrigerator Unit 1</a>	Refrigerator	F	Yes
<a href="#">Test Refrigerator Unit 2</a>	Refrigerator	F	No

- The Add/Edit Refrigerator or Freezer Screen will display.

**Add/Edit Refrigerator or Freezer**

Unit Name

Refrigerator
  Freezer

Active
  Inactive

Fahrenheit
  Celsius

- Enter appliance name in the Unit Name field
- Select appliance type – Refrigerator or Freezer
- Ensure that the Active button is selected. This is the default when new units are added.
- Select the temperature scale for the unit – Fahrenheit or Celsius
- Press **Save** to add new appliance unit to existing appliance list.

#### *Editing an Existing Unit*

- On the NYSIIS Home page, click on **Manage Temp Log** under the Maintenance section of the menu panel. The Temp Log Management screen will display.
- Select the [Unit Name hyperlink](#) under the 'Select a Refrigerator/Freezer to Edit' column
- Add/Edit Refrigerator or Freezer screen will display.
- Edit appropriate field(s):
  - Unit Name
  - Appliance Type: (Refrigerator or Freezer)
  - Appliance Status: (Active or Inactive)
  - Temperature scale (Fahrenheit or Celsius)
- Press **Save** to save changes made to existing unit.

6. Press **Cancel** to return to the Temp Log Management screen without saving changes.

### Removing an Existing Unit

An existing refrigerator or freezer unit cannot be removed (deleted) due its association with historical temperature log recording data. If the appliance is being retired, sold, or moved to another location the user must:

1. Follow the steps to Editing an Existing Unit
2. Select the **Inactive** button as the Appliance Status
3. Press **Save** to save changes made to existing unit

The unit will still remain on the Temp Log Management list with an Active Status of 'No.'

## Managing Fees

There are two types of fees, Vaccine and Administration. Each provider Organization can set up and manage their own fees for Vaccines and Administration costs. The Manage Fees section is available only to Organizations that request access and are setup for fees management. Fees set up in the Manage Fees section of the application, will be assignable per immunization, through dropdown lists in the add and edit immunization portions of application.

### Adding a New Fee

1. On the NYSIIS Home page, click on **Manage Fees** under the Maintenance section of the menu panel.

Manage Fees <span style="float: right;">** Fee saved **</span>			
<a href="#">Add Fee</a>			
<input type="button" value="Cancel"/>			
Vaccine Fees			
Trade Name	Description	Amount	Active
<a href="#">ActHib</a>		\$10.00	Y
	MANUAL	\$0.00	Y
Administration Fees			
Fee Name	Description	Amount	Active
<a href="#">CHILD ADMIN</a>		\$5.00	Y
Manual	MANUAL	\$0.00	Y
VFC Administration	VFC Administration	\$17.85	Y

2. Press the Add Fee hyperlink.
3. On the Add New fee screen, choose Fee Type - Administration or Vaccine.
  - a. Administration Fee

- Type Fee Name
  - Type Description, if applicable
  - Enter Amount
  - Press Save
- b. Vaccine Fee
- Choose Trade Name from dropdown list
  - Type Description, if applicable
  - Enter Amount
  - Press Save

**Add New Fee**

\* Fee Type: Vaccine

\* Trade Name: AFLURIA

Description

e.g. Acel-Imune start date 7/1/2012

\* Amount: 0.00

Save Cancel

**Add New Fee**

\* Fee Type: Administration

\* Fee Name

Description

e.g. Acel-Imune start date 7/1/2012

\* Amount: 0.00

Save Cancel

4. Once saved, **\*\*Fee Saved\*\*** will appear on the Manage Fees screen and the newly added Fee will appear under the appropriate fee type. Each fee can be edited after entry by clicking the Trade Name or Fee Name links.

**Manage Fees** \*\* Fee saved \*\*

[Add Fee](#)  
Cancel

Vaccine Fees			
Trade Name	Description	Amount	Active
<a href="#">ActHib</a>		\$10.00	Y
	MANUAL	\$0.00	Y

Administration Fees			
Fee Name	Description	Amount	Active
<a href="#">ADMIN ADULT</a>		\$15.00	Y
<a href="#">CHILD ADMIN</a>		\$5.00	Y
Manual	MANUAL	\$0.00	Y
VFC Administration	VFC Administration	\$17.85	Y

### Editing an Existing Fee

1. On the NYSIIS Home page, click on **Manage Fees** under the Maintenance section of the menu panel. The Manage Fees screen will display.

2. Select the Fee [Name hyperlink under the Trade Name or Fee Name column.](#)
3. The Edit Fee screen will display:

**Edit Fee**

*By editing a fee you will also change all of the immunization records associated with it. If you need to change a Fee Amount, please mark the fee as Inactive and create a new fee for the new amount.*

\* Fee Type:

\* Trade Name:

Description:   
e.g. FluBLOK 7/1/2012

\* Amount:

\* Fee Active: Yes  No

4. Edit appropriate field(s):
  - Trade Name or Fee Name
  - Description
  - Amount
  - Fee Active (Yes or No)
5. Press **Save** to save changes made to existing fee.
6. Press **Cancel** to return to the Manage Fees screen without saving changes

### *Removing an Existing Fee*

An existing fee cannot be removed (deleted) due its association with historical immunization data. If the fee amount is being changed or the fee is no longer going to be used, it is recommended that the fee be Inactivated:

1. Follow the steps to select a fee to edit.
2. In the Fee Active field, select the **No**  button.
3. Enter an Inactive Reason.

**Edit Fee**

*By editing a fee you will also change all of the immunization records associated with it. If you need to change a Fee Amount, please mark the fee as Inactive and create a new fee for the new amount.*

\* Fee Type: Vaccine ▼

\* Trade Name: FLUBlok ▼

Description:   
e.g. FluBLOK 7/1/2012

\* Amount:

\* Fee Active: Yes  No

Inactive Reason:

4. Press **Save** to save changes made to existing fee.
5. Press **Cancel** to return to the Manage Fees screen without saving changes.

The fee will still remain on the Manage Fees screen with an Active Status of 'No.'



# *Managing Inventory*

## **In this chapter:**

- [Adding New Inventory Manually](#)
- [Adding New Inventory via Barcode Scanning](#)
- [Viewing Inventory](#)
- [Updating Inventory](#)
- [Inventory Alerts](#)
- [Viewing Inventory Transactions](#)
- [Vaccine Ordering](#)
- [Viewing Orders](#)
- [Accepting Transfers](#)
- [Recording Temp Log Readings](#)
- [Returns/Wastage Requests](#)
- [Vaccine Loss Report](#)

The Inventory Module in NYSIIS is designed to be a complete tracking system for a provider's vaccine inventory. Administrative Users of NYSIIS have the ability to set up the inventory module for their organization and regularly view, add, or update any vaccine lots in an organization's inventory. There are two options for entering inventory into an organization, either manually or via barcode scanning.

## Adding New Inventory Manually

Use the Add Inventory function only if you are adding vaccines with a *new* lot number. If you are adding vaccine to a lot number that already exists in your inventory, refer to [Updating Inventory](#).

1. Click on **Manage Inventory** under the Inventory section of the menu panel.
2. At the Inventory Alerts screen, press **Show Inventory**.
3. Press **Add Inventory**.
4. At the Add Vaccine Inventory Information screen, do the following:

The screenshot shows a web form titled "Add Vaccine Inventory Information". At the top, it says "Site: Sheila's Test Organization". Below that are several dropdown menus and text boxes. "Trade Name" is set to "Varivax" and "Manufacturer" is "Merck & Co, Inc.". "Funding Type" is "Public" and "NDC" is "00006-4827-00", with "Varicella - Varivax" listed below it. There is a "Lot Number" field, an "Expiration Date" field with a calendar icon, a "Lot Active" dropdown set to "Yes", a "Doses on Hand" field, and a "Cost Per Dose (\$)" field. On the right side, there are "Save" and "Cancel" buttons. A note below the "Lot Number" field says "Note: Please enter Lot Number found on OUTER Packaging".

- Choose the vaccine's trade name from the drop down list provided. Once you have selected a Trade Name, the Manufacturer field will be populated.
- Select Funding Type (Public or Private) from the drop down pick list.
- Choose the NDC number from the drop down list provided. The NDC options displayed are based on the Trade Name and Funding Types selected. Once an NDC number is chosen, the packaging description for that vaccine will populate below the selection.  
**Note:** If your lot has a funding type of Private and the NDC number needed is not listed or no NDC numbers are available, please contact the NYSIIS Help Desk at (866) 389-0371.
- Enter the Lot Number found on the outer packaging.
- Enter the vaccine lot's expiration date. Fill in the field using the mm/dd/yyyy format or use the pop-up calendar by clicking the calendar icon to the right of the field. If no day is specified on the vaccine, enter the last day of the month.
- Choose Yes from the Lot Active drop down list. When adding new inventory, the lot may only be entered as active. This controls whether the lot shows up on the drop down list on the add immunization screen.
- Enter the number of vaccine doses received in the Doses on Hand text box.

- Enter the cost per dose of the vaccine, if desired, in the Cost Per Dose Field.



**Note:** If the lot has a funding type of Public, the Cost Per Dose field will become a non-editable field and be filled with the cost that was indicated in the system. This cost is used as part of the Vaccine Loss Report.



5. Press **Save**.
  6. If the new vaccine was saved successfully, the message “Inventory was inserted successfully” will appear at the bottom of the screen.
  7. To add additional vaccines, press **Add New** and repeat Steps 4-6.
  8. To return to the Show Inventory screen, press **Cancel**.
9. If a user enters a vaccine with **Add New**, and selects **Save**, NYSIIS will also verify if the vaccine already exists in Inventory.
- If an exact Funding Type duplicate (Exact NDC, Lot Number, Expiration Date and Funding Type), is found in NYSIIS, the user will be alerted with a Pop-Up
    - A Pop-up for a single Funding type match will display where a user can:
      - Click on the Trade Name hyperlink to go to the Edit Vaccine Inventory Information screen for that Funding Type/Inventory or
      - Click Cancel button to return to the “Add Vaccine Inventory” page

### Lot Number Already Exists for This Vaccine

The following has been found for the entered vaccine.

Trade Name	Funding Source	Lot Number	Packaging	NDC	Inv on Hand	Active	Expiration Date
<a href="#">ActHib</a>	PUBLIC	00000	Haemophilus Influenzae, Type B - ActHIB	49281-0545-05	5	Y	07/31/2015

The lot number you have entered already exists in your inventory.  
Click 'Cancel' to return to the previous screen.  
Click on the Trade Name to modify existing Inventory.

10. To return to the Manage Inventory screen from the “Add Vaccine Inventory page”, press **Cancel**.



**Manage Inventory**

Add Inventory for Site (IR Physicians).... Add Inventory

Modify Quantity On Hand for Selected Sites.... Modify Quantity

Show Transactions for Sites.... Show Transactions

Return to the Previous Screen.... Cancel

Add/Edit Inventory with 2D Barcode scan... Barcode:

Site:  Show  Active  Inactive  Non-Expired  Expired

Note: Asterisk on the Lot Number indicates the lot was manually entered

Select	Trade Name	Lot Number	Inv On Hand	Active	Public	Exp Date
<input type="checkbox"/>	AFLURIA	* testlot	26	Y	Y	08/07/2064
<input type="checkbox"/>	ActHib	* deeplot	23	Y	Y	08/30/2019



**Note:** Lots entered from the Add Inventory screen will display an asterisk on the Manage Inventory screen in the Lot Number column.



## Adding New Inventory via Barcode Scanning

The barcode scanner scans and utilizes information from the 2D barcode on vaccines and vaccine packaging. A 2D barcode contains the NDC, expiration date and lot number for a vaccine.

1. Click **Manage Inventory** under the Inventory section of the menu panel.
2. On the Inventory Alerts page, click the **Show Inventory** button.
3. The Barcode field is displayed, the cursor is placed in the field, and the screen is ready for a 2D barcode scan

**Manage Inventory**

Add Inventory for Site (IR Physicians).... Add Inventory

Modify Quantity On Hand for Selected Sites.... Modify Quantity

Show Transactions for Sites.... Show Transactions

Return to the Previous Screen.... Cancel

Add/Edit Inventory with 2D Barcode scan... Barcode:

4. Scan the 2D barcode found on the vaccine's outer package

5. If the scan was not successful, an error message will be displayed below Barcode Field displaying what the error was and the User should rescan the vaccine 2D barcode
6. Based upon the vaccine information contained in the 2D barcode, NYSIIS will determine if an NDC match is found.
  - If an NDC match is found and vaccine is a new lot number to your organization's inventory:
    - NYSIIS will display the Add 2D Barcode Vaccine Inventory Information screen
      - Trade Name, Manufacturer, NDC, Lot Number and Expiration Date will be populated from the scanned 2D barcode and display as read-only
    - User will select the Funding Type from the drop down list (Required)
    - User will enter the Doses on Hand (Required)

**Add 2D Barcode Vaccine Inventory Information**

Site: Sheila's Test Organization Save

Trade Name: ActHib Cancel

Manufacturer: Sanofi Pasteur

Funding Type:

NDC: 49281-0545-05  
Haemophilus Influenzae, Type B - ActHIB

Lot Number: li12340  
Note: Please enter Lot Number found on OUTER Packaging

Expiration Date: 01/01/2016

Lot Active: Yes

Doses on Hand:

Cost Per Dose (\$):

- If the NDC matches an exact existing Inventory (Exact NDC, Lot Number and Expiration Date) the system will identify duplicate found in NYSIIS and display either:
  - A Pop-up for a single Funding type match where a user can:
    - Click on Trade Name hyperlink to go to the Edit Vaccine Inventory Information screen for that Inventory/Funding Type or
    - Click on Add New button to go to the Add 2D Barcode Vaccine Inventory Information screen where a new funding type for that lot number can be added or
    - Click Cancel button to return to the Manage Inventory screen

**Lot Number Already Exists for This Vaccine**

The following has been found for the scanned vaccine 2D barcode.

Trade Name	Funding Source	Lot Number	Packaging	NDC	Inv on Hand	Active	Expiration Date
<a href="#">Gardasil</a>	PUBLIC	0101LBGARD	HPV TYPE 6 11 16 18, 10-PK VIALS	00006-4045-41	1	Y	01/01/2016

The lot number you have entered already exists in your inventory.  
Click 'Cancel' to return to the previous screen.  
Click on the Trade Name to modify existing Inventory.  
'Add New' to enter vaccine with new funding type.

Add New    Cancel

- A Pop-up for both Funding types (Public and Private) matches where a user can:
  - Click on one of the displayed Trade Name hyperlinks to go to the Edit Vaccine Inventory Information screen for that Funding Type or
  - Click Cancel button to return to the Manage Inventory screen

### Lot Number Already Exists for This Vaccine

The following has been found for the scanned vaccine 2D barcode.

Trade Name	Funding Source	Lot Number	Packaging	NDC	Inv on Hand	Active	Expiration Date
<a href="#">Gardasil</a>	PUBLIC	0101LBGARD	HPV TYPE 6 11 16 18, 10-PK VIALS	00006-4045-41	18	Y	01/01/2016
<a href="#">Gardasil</a>	PRIVATE	0101LBGARD	HPV TYPE 6 11 16 18, 10-PK VIALS	00006-4045-41	14	Y	01/01/2016

The lot number you have entered already exists in your inventory.  
 Click 'Cancel' to return to the previous screen.  
 Click on the Trade Name to modify existing Inventory.

- If an NDC match is not found in NYSIIS (NDC Does not exist in NYSIIS)
  - Informational Pop-up will display: NDC not Found. Please verify you are scanning the OUTER package or please contact the NYSIIS Help Desk at (866) 389-0371 to ensure vaccine is added for accurate inventory management.
  - Click OK to close pop-up and return to Manage Inventory screen.

**Scanned vaccine does not have a match**

NDC not Found. Please verify you are scanning the OUTER package or please contact the NYSIIS Help Desk at (866) 389-0371 to ensure vaccine is added for accurate inventory management.

7. To return to the Manage Inventory screen, press **Cancel**.

## Manage Inventory

Add Inventory for Site (IR Physicians)....

Add Inventory

Modify Quantity On Hand for Selected Sites....

Modify Quantity

Show Transactions for Sites....

Show Transactions

Return to the Previous Screen....

Cancel

Add/Edit Inventory with 2D Barcode scan... Barcode:

Site:

Show  Active  Inactive  Non-Expired  Expired

Note: Asterisk on the Lot Number indicates the lot was manually entered

Select	Trade Name	Lot Number	Inv On Hand	Active	Public	Exp Date
<input type="checkbox"/>	AFLURIA	* testlot	26	Y	Y	08/07/2064
<input type="checkbox"/>	<a href="#">ActHib</a>	* deeplot	23	Y	Y	08/30/2019




**Note:** Lots entered from the 2D Barcode option will display an asterisk on the Manage Inventory screen in the Lot Number column.



## Viewing Inventory

To view your organization's vaccine inventory in NYSIIS, follow these steps:

1. Click on **Manage Inventory** under the Inventory section of the menu panel.
2. Press  .
3. The inventory table shown by default will include vaccines within your organization's NYSIIS Inventory Module. This list will include non-expired, active and inactive vaccines. The following is a description of all options available:
  - **Active:** Select the 'Active' option to view only those vaccine lots that have valid (non-expired) doses remaining in the inventory module.
  - **Inactive:** Select the 'Inactive' option to view only those vaccine lots that have been set to inactive by a user or automatically inactivated due to no doses remaining.
  - **Non-Expired:** Select the 'Non-Expired' option to view any active or inactive inventory that has not yet expired.
  - **Expired:** Select the 'Expired' option to view any inventory that has expired.



**Notes:** The red text in the View Inventory screen indicates that a vaccine is inactive. A vaccine may be inactive for a number of reasons: the inventory for that vaccine's lot number may be used up, the vaccines in that lot may be expired, or the vaccines in that lot may have been recalled and set to inactive by a user.

Vaccines on the View Inventory screen that are highlighted in pink will expire within 30 days.



The following is an explanation of the columns in the inventory table:

Site:  Show  Active  Inactive  Non-Expired  Expired

Note: Asterisk on the Lot Number indicates the lot was manually entered

Select	Trade Name	Lot Number	Inv On Hand	Active	Public	Exp Date
<input type="checkbox"/>	<a href="#">AFLURIA</a>	CR14004	27	Y	Y	09/09/2019
<input type="checkbox"/>	<a href="#">AFLURIA</a>	0010-01	79	Y	Y	12/31/2020
<input type="checkbox"/>	<a href="#">AFLURIA</a>	1321654	10	Y	N	01/28/2029
<input type="checkbox"/>	<a href="#">Acel-Imune</a>	55555	22	Y	Y	10/10/2100
<input type="checkbox"/>	<a href="#">ActHib</a>	jen-hib	1	Y	Y	09/09/2019
<input type="checkbox"/>	<a href="#">ActHib</a>	AC1234	5	Y	N	01/25/2020

- Select:** A mark in this checkbox allows you to modify the quantity of the selected vaccine.
- Trade Name:** This column lists the vaccine’s trade name.
- Lot Number:** This column lists the lot number of the vaccine.
- Inv On Hand:** This column lists the number of doses remaining in the organization’s inventory.
- Active:** A “Y” in this column indicates the inventory is active (available for use). An “N” indicates the vaccine is inactive (unavailable for use because the vaccine lot does not have any doses remaining in inventory, the vaccine lot has expired or the vaccine lot was set to inactive by a user). Inactive vaccines are shown in red text.
- Public:** A “Y” in this column indicates the vaccine was supplied by the Vaccine Program. An “N” indicates that the vaccine is private stock purchased by the organization.
- Exp Date:** This column gives the vaccine’s expiration date. Vaccines that will expire in 30 days or less are highlighted in pink.



**Notes:** The displayed vaccine lots can be sorted by clicking in the column title of the fields that include the up/down arrows. For example, clicking on the Trade Name column title will display the inventory in ascending trade name order. Clicking again will display the inventory in descending trade name order.



## Updating Inventory

To change information on existing vaccine lots, follow these steps:

1. Click on **Manage Inventory** under the Inventory section of the menu panel.
2. Press **Show Inventory**.
3. The inventory table shown by default will include active vaccine lots within the

organization.

4. Select the vaccine lot you wish to update by clicking on the vaccine's trade name hyperlink, which is underlined and in blue.
5. On the next screen, make desired changes to any of the fields. Any changes made to a vaccine after a dose has been administered will be updated in the patient's record.
6. To modify the quantity of doses on hand, follow steps 1-4 above. Enter the following information:



**Notes:** The modify quantity on hand should not be used to record returns or wastage for public inventory. To record returns and wastage for public lots, please use the “manage returns and wastage” option listed in the inventory section on the NYSIIS left menu bar. NYSIIS will automatically decrement doses from your inventory once the returns/wastage request has been approved by the VFC.

Please see the Returns/Wastage Request section of this chapter for more information on creating a returns/wastage request.



- Under Action, choose whether you would like to add to or subtract from the inventory on hand.
- Under Amount, enter the quantity of inventory to be added or subtracted.
- Choose a reason for changing the quantity of the vaccine lot by selecting from the Reason drop down list. See below:

organization IR Physicians • user Kathy Van Abel • role Admin User (Provider)

### Edit Vaccine Inventory Information

Site: IR Physicians Save

Trade Name: Cervarix Cancel

Manufacturer: GlaxoSmithKline Add New

Funding Type: Public

NDC: 58160-0830-52  
10 pack-1 dose syringe, No Needle

Lot Number: UA-12345  
Note: Please enter Lot Number found on OUTER Packaging

Expiration Date: 07/15/2016

Lot Active: Yes

Doses on Hand: 38

Cost Per Dose (\$):

---

### Modify Quantity On Hand

Action: Add

Amount:

Do not use this page to modify quantities for public lots that are wasted or returned. To return and/or document wastage for public lots, please visit "Manage Returns/Wastage" available under the Inventory header on the left side bar. NYSIIS will automatically decrement doses from your inventory once the returns/wastage request has been approved by the VFC.

Reason:
 

- Receipt of Inventory
- Adults not in NYSIIS
- Error Correction
- Doses Transferred to another provider
- Payback VFC vaccine with private vaccine
- Payback private vaccine with VFC vaccine

**Table 1a: Public Inventory - Reasons for adding or subtracting inventory**

Receipt of inventory:	Use this reason when you are adding new inventory to a particular lot.
Adults not in NYSIIS:	Use this reason when subtracting inventory for immunizations received by patients 19+ who have not signed a consent to release information form.
Error correction:	Use this reason when adjusting quantity due to errors in entry. For example you initially entered 100 instead of 10 for the quantity. The entry to adjust the quantity is recorded as 'Error Correction'.
Doses transferred to another provider:	Use this reason when subtracting inventory that has been transferred to another provider.
Payback VFC Vaccine with private vaccine:	Private funded vaccines added to VFC inventory and then replaced.
Payback private vaccine with VFC vaccine:	VFC funded vaccines added to Private funded inventory and then replaced.



**Table 1b: Private Inventory - Reasons for adding or subtracting inventory**

Receipt of inventory:	Use this reason when you are adding new inventory to a particular lot.
Adults not in NYSIIS:	Use this reason when subtracting inventory for immunizations received by patients 19+ who have not signed a consent to release information form.
Error correction:	Use this reason when adjusting quantity due to errors in entry. For example you initially entered 100 instead of 10 for the quantity. The entry to adjust the quantity is recorded as 'Error Correction'.
Doses transferred to another provider:	Use this reason when subtracting inventory that has been transferred to another provider.
Payback VFC Vaccine with private vaccine:	Privately-funded vaccines added to VFC inventory and then replaced.
Payback private vaccine with VFC vaccine:	VFC-funded vaccines added to Privately-funded inventory and then replaced.
Expired:	Vaccine Lot expiration date has passed.
Expired-Shortened Expiration Date:	Use this reason when an expiration date is shortened by the manufacturer
Failure to store properly upon receipt:	Use this reason when vaccines were stored in inappropriate conditions after delivery (e.g., not put away or left unattended, stored at incorrect temperature).
Equipment failure (refrigerator/freezer):	Use this reason when there is a mechanical failure of a refrigerator or freezer unit where vaccines are stored.
Natural disaster/Power Outage:	Use this reason when vaccine became non-viable due to a natural disaster and/or power outage
Refrigerator too cold:	Use this reason when the refrigerator was maintained at a temperature colder than normal range.
Refrigerator too warm:	Use this reason when the refrigerator was maintained at a temperature warmer than normal range.
Freezer too warm:	Use this reason when the freezer was maintained at a temperature warmer than normal range.
Spoiled-other	Use this for spoilage due to other reasons.
Recall:	Doses recalled by the manufacturer.
Broken vial/syringe:	Use this reason when a vaccine has been wasted due to the vial or syringe being broken.
Lost or unaccounted for vaccine:	Use this reason when vaccine is lost or unaccounted for
Non vaccine product (e.g., IG, HBIG, Dil):	Use this reason to account for a non-vaccine product
Open vial but all doses not administered:	Use this reason when all doses of a multi-dose vial have not been used
Vaccine drawn into syringe but not administered:	Use this reason when a vaccine was drawn into a syringe but was not administered.
Wasted: Other:	Use this reason when a vaccine has been wasted for a reason other than those listed above.

Vaccine spoiled in transit (freeze/warm):	Use this reason when vaccine was spoiled while in transit to provider
---	---

- Press **Save**. If there is an open Returns/Wastage request that includes recorded returns or wastage for this vaccine lot, a pop-up warning will display stating “There is currently a Returns/Wastage request against the Public inventory lot. Are you sure want to proceed? Select ‘OK’ to save, select ‘Cancel’ to return to inventory lot.”
- Once your updates are saved in NYSIIS, the message “Inventory was updated successfully” will appear at the bottom of the screen.
- Press **Cancel** to return to the Show Inventory screen.

### Modifying Quantities of Multiple Vaccines

To change inventory quantities of multiple vaccine lots, follow these steps:

- Follow Steps 1-3 under Updating Inventory.
- Check the box or boxes under the Select column next to the vaccine lots whose quantities you want to modify.
- Press **Modify Quantity**.
- On the Modify Doses on Hand screen, enter the following information:
  - Under Action, choose whether you would like to add to or subtract from the inventory on hand.
  - Under Amount, enter the quantity of inventory to be added or subtracted.
  - Choose an explanation for changing the quantity of the vaccine lot by selecting from the Reason drop down list. Refer to the list above for a description of the reasons for adding or subtracting inventory.

Manage Inventory					
Save Changes to Quantity On Hand for Selected Sites....					Save
Return to the Previous Screen....					Cancel
Modify Quantity On Hand for Selected Site(s)					
Trade Name	Lot Number	Inv On Hand	Action	Amount	Reason
AFLURIA	6666666	42	Add ▾		Receipt of Inventory ▾
AFLURIA	6666666	22	Subtract ▾		Receipt of Inventory
AFLURIA	1234	4	Add ▾		Adults not in NYSIIS
AFLURIA	CR14004	49	Add ▾		Error Correction
					Doses Transferred to another provider
					Payback VFC vaccine with private vaccine
					Payback private vaccine with VFC vaccine

- Press **Save**. If there is an open Returns/Wastage request that includes recorded returns or wastage for this vaccine lot, a pop-up warning will display stating “There is currently a

Returns/Wastage request against the Public inventory lot. Are you sure want to proceed? Select 'OK' to save, select 'Cancel' to return to inventory lot.”

## Inventory Alerts

Inventory alerts inform users of the status of their organization’s vaccine inventory. These lists are displayed on the NYSIIS homepage. Alerts will display for vaccine lots that are going to expire, and vaccine lots with low quantities. These alerts are generated by a system default setting, and these alerts can be customized.

Inventory alerts can also be viewed on the Inventory Alerts screen. Select Manage Inventory, located under the Inventory heading on the menu panel. The first table under Inventory Alerts entitled, Vaccine Order/Transfer Notification, displays any recent order placed or transfers from or to your provider organization, that have not been processed. The next table entitled, Active Inventory That is Going to Expire or Expired Lots with a Quantity, displays a list of vaccines in the Inventory that will expire within a set amount of days (30 days is the default), as well as vaccines that have expired but still have quantity in inventory. The last two tables at the bottom of the screen display inventory that is running low by either vaccine group and trade name (the default low level alerts is 5 doses).

### Updating Inventory Alert Preferences

To update Inventory Alert Preferences for expiration and low inventory alerts, follow these steps:

1. Click on **Manage Inventory** under the Inventory section of the menu panel.
2. Press  .
3. In the Inventory Expiration Alerts section, the system default is 30 days. To customize this alert enter the number of days prior to the expiration of any vaccine lot that you would like to be notified.

**Inventory Expiration Alerts**

The current system expiration default is 30 days.

Notify me when a lot will expire within  days.

For all Low-Level Alerts, the system default is 5 doses. To update these alerts, enter the number of doses that are preferred for low-level alerts for all vaccine groups and/or trade names. Select the appropriate radio button for Vaccine Group or Trade Name in the Update Low-Level Alert Defaults section and enter the number of doses.

**Update Low-Level Alert Defaults**

Selection grouping  Vaccine Group  Trade Name

The current system low level default is 5 doses.

The custom organization low level default is  doses.

4. Press **Save**. If the new preferences were saved successfully, the message "Updated Alert Preferences" will appear at the top of the screen.

To customize low-level alerts for each individual vaccine group or trade name follow these steps:

### Vaccine Group:

1. Under Update Low-Level Alerts by Vaccine Group, enter the number of doses that will indicate the inventory is running low for each vaccine group listed. You may enter a specific number of doses for private and public vaccines separately or you can enter one combined number for doses of both private and public inventory. (*Public vaccines are received from the Vaccine Program and private vaccines are purchased by your organization*).
2. Press **Save**.

Update Low-Level Alerts by Vaccine Group			
(Click link to display all trade names for vaccine group.)	Combined	Public	Private
<a href="#">HepB</a>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">MMR</a>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">Pneumococcal</a>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">Polio</a>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">Varicella</a>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Trade Name:

1. Under Update Low-Level Alerts by Vaccine Group, click on the underlined vaccine group to display the trade names .
2. Enter the number of doses that will indicate the inventory is running low for the trade names listed. You may enter a specific number of doses for private and public stock separately or you can enter one combined number for doses of both private and public inventory.
3. Press **Save**.

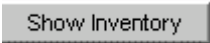






**Notes:** To restore all inventory alerts to NYSIIS system defaults, press **Reset to Default**. Press **OK** To return to the Manage Inventory screen, press **Cancel**.



### Printing Inventory

To print out a list of inventory, follow these steps:

1. Click on **Manage Inventory** under the Inventory section of the menu panel.
2. Press  .
3. Click anywhere on the page.
4. Do one of the following:
  - Choose File, then Print, from your browser's menu bar. In the Print dialog box, press  .
    - Or press the printer icon on your browser's toolbar.
5. If your printout is cut off, try setting your printer to landscape. To do this:
  - Choose File, then Print, from your browser's menu bar.
  - In the Print dialog box, press  .
  - In the Properties box, find the section where you may specify orientation. Choose landscape.
  - Press  .
  - Press  in the Print dialog box.

## Viewing Inventory Transactions

The **Show Transactions** screen is used to display vaccine lot track records for all quantity-changing events that occur within a provider organization's inventory. Read below to learn about running an inventory transaction report.

1. Click on **Manage Inventory** under the Inventory section of the menu panel.
2. Press **Show Transactions**.
3. At the Vaccine Transactions screen, do the following:
  - Enter the “From” and “To” dates for when the inventory transactions were entered in NYSIIS.
  - Or, enter the “From” and “To” dates for when the immunizations were given to the patient(s).
  - Choose a specific user name or All User Names from the User Name drop down list.
  - Choose a specific transaction type or All Transaction Types. These transactions relate to the Reason drop down list on the Edit Vaccine Inventory Information screen.

*Table 2: Transaction types*

Transaction Type	Description
<b>Receipt of Inventory (REC)</b>	Select this option to view transactions adding new inventory to a particular lot.
<b>Adults not in NYSIIS (AdultImm)</b>	Select this option to view transactions subtracting inventory for immunizations received by patients 19+ who have not signed a consent to release information form.
<b>Error Correction (ERR)</b>	Select this option to view transactions adjusting quantity due to errors in entry. For example you initially entered 100 instead of 10 for the quantity. The entry to adjust the quantity is recorded as 'Error Correction'.
<b>Doses Transferred to another provider (TRA)</b>	Select this option to view transactions subtracting inventory that has been transferred to another provider.
<b>Payback VFC vaccine with private vaccine (PAYVFC)</b>	Select this option to view transactions adjusting inventory for Privately funded vaccines added to VFC inventory and then replaced.
<b>Payback private vaccine with VFC vaccine (PAYPRIV)</b>	Select this option to view transactions adjusting inventory for VFC funded vaccines added to Privately funded inventory and then replaced.
<b>Immunizations Deleted (Delete)</b>	Select this option to view transactions where an immunization was deleted off of a record.
<b>Immunizations Given (Immunize)</b>	Select this option to view transactions where an immunization was given.
<b>Expired (EXP)</b>	Select this option to view transactions adjusting inventory where vaccine lot expiration date has passed.
<b>Expired-Shortened expiration date (SHORT)</b>	Select this option to view transactions adjusting inventory when an expiration date is shortened by the manufacturer.
<b>Failure to store properly upon receipt</b>	Select this option to view transactions adjusting inventory when vaccines were stored in inappropriate conditions after

<b>(FAIL)</b>	delivery (e.g., not put away or left unattended, stored at incorrect temperature).
<b>Equipment failure (refrigerator/freezer) (EQUIP)</b>	Select this option to view transactions adjusting inventory when there is a mechanical failure of a refrigerator or freezer unit where vaccines are stored.
<b>Natural disaster/Power Outage (SPOILNP)</b>	Select this option to view transactions adjusting inventory when vaccine became non-viable due to a natural disaster and/or power outage
<b>Refrigerator too cold (TEMPCO)</b>	Select this option to view transactions adjusting inventory when the refrigerator was maintained at a temperature colder than normal range.
<b>Refrigerator too warm (TEMPWA)</b>	Select this option to view transactions adjusting inventory when the refrigerator was maintained at a temperature warmer than normal range.
<b>Freezer too warm (WARMF)</b>	Select this option to view transactions adjusting inventory when the freezer was maintained at a temperature warmer than normal range.
<b>Spoiled-other (SPOILOTH)</b>	Select this option to view transactions adjusting inventory for spoilage due to other reasons.
<b>Recall (RECALL)</b>	Select this option to view transactions adjusting inventory due to doses recalled by the manufacturer.
<b>Returned: Other (RETOTH)</b>	Select this option to view transactions adjusting inventory when a vaccine has been returned for a reason other than those listed above.
<b>Broken vial/syringe (BROKE)</b>	Select this option to view transactions adjusting inventory when a vaccine has been wasted due to the vial or syringe being broken.
<b>Lost or unaccounted for vaccine (UNACC)</b>	Select this option to view transactions adjusting inventory when vaccine is lost or unaccounted for.
<b>Non vaccine product (e.g., IG, HBIG, Dil) (NONVAC)</b>	Select this option to view transactions adjusting inventory to account for a non-vaccine product.
<b>Open vial but all doses not administered (OPEN)</b>	Select this option to view transactions adjusting inventory when all doses of a multi-dose vial have not been used.
<b>Vaccine drawn into syringe but not admin (DRAWN)</b>	Select this option to view transactions adjusting inventory when a vaccine was drawn into a syringe but was not administered.
<b>Wasted: Other (WASOTH)</b>	Select this option to view transactions adjusting inventory when a vaccine has been wasted for a reason other than those listed above.
<b>Vaccine spoiled in transit (freeze/warm) (SPOILTRN)</b>	Select this option to view transactions adjusting inventory when vaccine was spoiled while in transit to provider.

- Select the inventory site whose transactions you wish to view or choose All Sites with Inventory.
  - Choose the trade name, lot number, public/private, and site from the Trade Name/Lot Number drop down list or choose all “Public” lot numbers, all “Private lot numbers, or All Lot Numbers from the list.
  - Enter the quantity of records you wish to view in the Display Last <#> Records field.
4. Press **VIEW**.
  5. The Vaccine Transactions screen will then display.

**Table 3: Vaccine transactions**

The top chart on the Vaccine Transactions screen gives the following information:

Site Name:	Vaccines in the table are first sorted alphabetically by your organization name.
Trans Date:	Vaccines are next sorted numerically by transaction date; the most recent transactions are shown first.
Lot/Trade Name:	The lot number and trade name of the vaccine are listed in this column.
Type:	Refer to Table 2 in this chapter for an explanation of the transaction codes shown in this column.
Qty:	The number in this column indicates the quantity added to or subtracted from inventory due to the listed transaction type.
Patient Name:	The patient name column indicates the patient associated with the transaction, if applicable.
DOB:	The date of birth of the patient is indicated in this column, if applicable.

**Table 4: Transaction Totals**

The chart at the bottom of the Vaccine Transactions screen gives a summarization of transactions by transaction type.

Trans Code:	This column displays the code assigned to the transaction summary groups. See table 5 for a listing and description of the transaction codes.
Trans Description:	This column displays the transaction code description.
Trans Count:	This column represents the number of times a particular transaction type was performed within the dates you specified. For example, if your organization received two lots of vaccines within the one-week period for timeframe specified, the Trans Count would show “2” in the Receipt of Inventory row.
Trans Value:	This column shows the quantity of doses added or subtracted by transaction type. For example, if you received a combined 103 doses in the two vaccine lots you added to inventory, “103” would show in the Trans Values column on the Receipt of Inventory row.



*Table 5: Transaction Codes*

Delete	Immunizations Deleted
Immunize	Immunizations Given
REC	Receipt of Inventory
Adult Imms	Doses given to adults not in NYSIIS
ERR	Error correction
TRA	Doses transferred
PAYV	Payback VFC vaccine with private vaccine
PAYP	Payback private vaccine with VFC vaccine
RET	Doses Returned: Includes totals for the following Return transaction types: Expired Expired-Shortened Failure to store properly upon receipt Equipment failure (refrigerator/freezer) Natural disaster/power outage Refrigerator too cold Refrigerator too warm Freezer too warm Spoiled-other Recall Returned: other
WAS	Doses Wasted: Includes totals for the following Wastage transaction types: Broken vial/syringe Lost or unaccounted for vaccine Non vaccine product (e.g., IG, HBIG, Dil) Open vial but all doses not administered Vaccine drawn into syringe but not admin Wasted: Other
REPL	Doses Replaced: Includes totals for Returns reason: freeze/warm)Vaccine spoiled in transit (freeze/warm)

### *Printing Inventory Transactions*

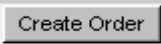
To print out a list of vaccine transactions, follow these steps:

1. Follow Steps 1 - 4 under *Viewing Inventory Transactions*.
2. Click anywhere on the page.
3. Do one of the following:
  - Choose File, then Print, from your browser's menu bar. In the Print dialog box, press **OK**.
  - Or, press the printer icon on your browser's toolbar.
4. If your printout is cut off, try setting your printer to landscape. To do this:
  - Choose File, then Print, from your browser's menu bar.
  - In the Print dialog box, press Properties.
  - In the Properties box, find the section where you may specify orientation. Choose landscape.
  - Press **OK**.
  - Press **OK** in the Print dialog box.

## **Vaccine Ordering**

If your organization is a Vaccines for Children (VFC) provider, you may order state-supplied vaccine. Once your organization has been trained and approved to order through NYSIIS, you can place vaccine orders using the following procedure.

### **To create a vaccine order in NYSIIS:**

1. Click **Manage Orders** link under the Inventory menu group on the menu panel.
2. Click the  button.
3. Create Order screen displays. Shown below is the Create Order screen for an organization that uses their NYSIIS inventory module:

**Create Order**

VFC PIN: 788595

Initiating Organization: Mandy's Minis  
 Initiating User: Mandy Patti  
 Org Phone: (315) 699-1221  
 Org Fax: (315) 699-1222  
 Order Created Date: 11/21/2016  
 Order Submitted Date:  
 Previous Order Date:  
 Order Status:

Delivery Contact: Mandy Patti  
 Delivery Address: 123 Brewerton Ave  
 CICERO, NY 13039

Delivery Days/Hours:  
 Mon 8:00AM - 12:00PM 1:00PM - 5:00PM  
 Tues 8:00AM - 12:00PM 1:00PM - 5:00PM  
 Wed 8:00AM - 12:00PM 1:00PM - 5:00PM  
 Thur 8:00AM - 12:00PM 1:00PM - 5:00PM  
 Fri 8:00AM - 12:00PM 1:00PM - 5:00PM  
 Sat 10:30AM - 2:30PM

Delivery Instructions: Have front desk staff sign

Order the number of doses of vaccine that are needed.  
 Allow approximately 2 weeks for delivery.

Order Notes:  
 Enter text 150 character maximum.

Inventory Verified  
 By checking this box, I attest that the physical inventory count matches the Doses on Hand in NYSIIS.

**Orderable Vaccines**

Pediatric Intention

Trade Name	Packaging	NDC Number	Doses Admin (EOQ)	Doses on Hand	Doses Ordered
AFLURIA Pres-Free	10-PACK 1-DOSE SYRINGE	33332-0009-01	0	0	
AFLURIA Pres-Free	Prolific Three	33332-0011-01	0	0	
Comvax	10 X 0.5 mL, SDV, 10 DOSE PKG	00006-4898-00	0	0	
Td	10 pack - 1 dose vials	00006-4133-41	0	0	

4. Check the Inventory Verified Box. If your organization does not use the NYSIIS inventory module, your screen will also include an "Additional Inventory" section (shown below). Use the Additional Inventory section to record **all** of your publicly-funded vaccine.

**Create Order**

VFC PIN: 287634  
 Initiating Organization: Heather's Test Org w/OUT Inventory  
 Initiating User: Mindy Patti  
 Org Phone: (312) 667-6244  
 Org Fax: (312) 667-6232  
 Order Created Date: 11/11/2015  
 Order Submitted Date:  
 Previous Order Date:  
 Order Status:

Delivery Contact: Mark Delivery  
 Delivery Address: 4720 Sommers Avenue, delivery door  
 SYRACUSE NY 01244  
 Delivery Days/Hours:  
 Mon 8:00AM - 4:00PM  
 Wed 8:00AM - 4:00PM  
 Fri 8:00AM - 3:00PM  
 Delivery Instructions:

Order the number of doses of vaccine that are needed.  
 Allow approximately 2 weeks for delivery.

Order Notes:  
 Enter text 150 character maximum.

**Orderable Vaccines**

**Pediatric Intention**

Trade Name	Packaging	NDC Number	Doses on Hand	Doses Ordered
Convax	10 X 0.5 mL, SDV, 10 DOSE/PG	00005-4898-00	<input type="text"/>	<input type="text"/>
RobiTeq	25 pack - 1 dose 2mL tubes	00005-4047-20	<input type="text"/>	<input type="text"/>

**Adult Intention**

Trade Name	Packaging	NDC Number	Doses on Hand	Doses Ordered
Convax	10 X 0.5 mL, SDV, 10 DOSE/PG	00005-4898-00	<input type="text"/>	<input type="text"/>

**Additional Inventory**

Vaccine Group	Trade Name	Packaging	NDC Number	Doses on Hand
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Lot Number:  Expiration Date:

Additional Lot

Save  
 Save & Submit  
 Cancel Order  
 Exit Page

- Under the Doses Ordered column, enter the number of doses needed for each Vaccine. The Orderable Vaccines section is separated by Pediatric and Adult intentions. Some vaccines may be listed under both intention sections. Ensure that you order the correct number of doses for each separate Pediatric or Adult intention. For example, if you estimate that you will administer 50 Flu-Mist vaccines to Pediatric patients, and 30 Flu-Mist vaccines to Adult patients, you would enter "50" in the Doses Ordered column for Flu-Mist under the Pediatric section, and "30" in the Doses Ordered column for Flu-Mist under the Adult section.
- Click the  button to submit order or select another button based on desired action.

<b>Create Order Buttons</b>	<b>Action</b>
<b>Save</b>	Order is saved but not submitted
<b>Save &amp; Submit</b>	Order is submitted for review and approval
<b>Cancel Order</b>	Order is canceled
<b>Exit Page</b>	Navigates back to Manage Orders screen and unsaved data is lost.
<b>Current Inventory</b>	Displays Organization's current, public inventory in NYSIIS

7. Once order is submitted, the Order Confirmation page will display the following message popup window, "This action will submit your order to the Immunization Program for approval. Once confirmed, the order cannot be modified. Press OK to confirm or Cancel to return to the order."
8. Click the OK button to submit the order for review and approval by the Vaccine Program organization.

## Viewing Vaccine Orders

Along with the ability to create an order, the Manage Orders screen displays previously submitted orders. Each order displayed on this screen will also display the User who placed the order, the Submit Date, order Status, and Order #. Orders are displayed as Current, Historical, or Both.

### Current Orders

By selecting the **Current** radio button, you will be able to view all new, saved, and in-progress orders. These orders will show a status of one of the following:

<b>Current Order Statuses</b>	<b>Status Description</b>
<b>Saved</b>	The order has been created by the provider and has been saved but not yet submitted. The order will not yet appear in the order list for the NYS Vaccine Program organization. The order can still be canceled by the ordering provider organization. If not submitted, saved orders will automatically be canceled 30 days after the create date.
<b>Pending</b>	The order has been submitted by the provider organization and will now be visible to the Vaccine Program organization. The order has not yet been viewed by the State and can still be canceled by the ordering provider organization.
<b>In Progress</b>	The order has been received by the Vaccine Program organization. At this point the order can no longer be canceled by the provider organization. The Vaccine Program can approve or deny all or part of the order.
<b>Tentative-Approved</b>	The order has been fully reviewed by the Vaccine Program with at least one order item is approved and is ready for final review. This order can still be modified by the Vaccine Program

<b>Tentative-Denied</b>	The entire order has been denied by the Vaccine Program and is now ready for final review. The order can still be modified by the Vaccine Program.
<b>Final-Approved</b>	The order has been reviewed and finalized by the Vaccine Program. The status indicates that the order is ready to be included on a VTrckS export file and at this point the order can no longer be modified.
<b>Sent to CDC</b>	All or part of an order has been approved and successfully exported from NYSIIS into VTrckS for order fulfillment.
<b>Shipped</b>	All or part of an order has been shipped, the order data has been imported into NYSIIS, and a new Transfer is created with the line items.
<b>Backorder</b>	One or more line items on the order has been backordered

### Historical Orders

By selecting the **Historical** radio button, you will be able to view all complete orders from the last 30 days. You may also enter a date range to view other completed orders. Historical orders will show a status of one of the following:

Historical Order Statuses	Status Description
<b>Canceled</b>	The order was canceled by the ordering organization. This action cancels the entire order and can only be done when the order is in a Saved or Pending status. Once canceled, it can no longer be submitted to the Vaccine Program for review.
<b>Final-Denied</b>	The order has been reviewed and denied by the Vaccine Program.
<b>Accepted</b>	All of the Line Items on an order have been shipped and accepted into the provider's inventory.

### Viewing Order Details

1. From the Manage Orders screen, select the radio button to be display the type of orders to display - Options are Current, Historical, or Both. Orders will display all current orders as the default.
2. Under the Order list section, click on the order Status hyperlink to view a specific order.

The screenshot shows the 'Manage Orders' interface. At the top right is a 'Create Order' button. Below it is the 'Order List' section with a 'Show:' filter set to 'Current' (radio button selected). The table below shows 'Current Orders' with columns for User, Submit Date, Status, and Order #.

User	Submit Date	Status	Order #
Jennifer Neuls	09/19/2013	<a href="#">SENT TO CDC</a>	80
Robert Carriedo	09/19/2013	<a href="#">IN PROGRESS</a>	79
Jennifer Neuls	09/18/2013	<a href="#">IN PROGRESS</a>	78

3. The View Order screen will be displayed.

**View Order: 44**

<b>VFC PIN:</b> 788595	<b>Delivery Contact:</b> Mandy Patti	<a href="#">Print Preview</a>
<b>Initiating Organization:</b> Mandy's Minis	<b>Delivery Address:</b> 123 Brewerton Ave CICERO, NY 13039	<a href="#">Exit Page</a>
<b>Initiating User:</b> Mandy Patti	<b>Delivery Days/Hours:</b>	
<b>Org Phone:</b> (315) 699-1221	Mon 8:00AM - 12:00PM 1:00PM - 5:00PM	
<b>Org Fax:</b> (315) 699-1222	Tues 8:00AM - 12:00PM 1:00PM - 5:00PM	
<b>Order Created Date:</b> 10/21/2015	Wed 8:00AM - 12:00PM 1:00PM - 5:00PM	
<b>Order Submitted Date:</b> 10/21/2015	Thur 8:00AM - 12:00PM 1:00PM - 5:00PM	
<b>Previous Order Date:</b> 10/12/2015	Fri 8:00AM - 12:00PM 1:00PM - 5:00PM	
<b>Order Status:</b> SHIPPED	Sat 10:30AM - 2:30PM	
	<b>Delivery Instructions:</b> Have front desk staff sign	

*Historical Notes*

Created By	Create Date	Note
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**Vaccines Ordered**

Item #	Qty Ordered	Vaccine Group	Trade Name	NDC	Doses on Hand	Doses Admin	Qty Apprvd	Qty Shipped	Status
1	10	HepB-Hib	Comvax	00006-4898-00	0	-	10		SENT TO CDC
2	10	DTAP/Polio/Hep B	Pediarix	58160-0811-11	0	-	15		SENT TO CDC
3	20	Rotavirus, Pent	RotaTeq	00006-4047-20	0	-	20		SENT TO CDC
4	10	Pneumo-Conjugate 13	Prevnar 13	99999-0121-55	0	-	0		FINAL-DENIED

**Limited Quantity Available**

## Accepting Transfers

After your order has shipped from the fulfillment center, the shipment (also known as a transfer) will be created in NYSIIS. You can accept this transfer, which will add the vaccine stock to your NYSIIS inventory. This is done through the Manage Transfer screen.

### To Accept a Transfer in NYSIIS:

When your order has been shipped, your Home screen will display a "Shipped" notification under the Vaccine Order/Transfer notification section. In order to get the new vaccine to populate into your inventory, you will need to "Accept" the transfer of new inventory.

1. Select the **Manage Transfers** link under the Inventory Menu Group on the menu panel.
2. From the Manage Transfer screen, review the list of Inbound Transfers. Orders that have shipped items will have a date displayed under the Ship Date column. If the Ship Date field is blank the order has not shipped yet.
3. Under the Inbound Transfer section, click on the Transfer ID number hyperlink to be taken to that transfer.

**Manage Transfer**

Create a New Transfer.... New Transfer

Display Date Range: 09/01/2013 To: 09/25/2013 Refresh List

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**Transfer List**

**Outbound Transfer**

Create Date	Transfer ID	Order ID Number	Sending Org	Receiving Org	Ship Date	Accept Date
No Outbound Transfer.						

**Inbound Transfer**

Create Date	Transfer ID	Order ID Number	Sending Org	Receiving Org	Ship Date	Accept Date
09/11/2013	<a href="#">971</a>	44	NYS Vaccine Program	Mercy Medical Hospital	09/11/2013	
09/10/2013	<a href="#">969</a>	43	NYS Vaccine Program	Mercy Medical Hospital	09/10/2013	09/10/2013
09/10/2013	<a href="#">968</a>	43	NYS Vaccine Program	Mercy Medical Hospital	09/10/2013	09/10/2013
09/10/2013	<a href="#">966</a>	43	NYS Vaccine Program	Mercy Medical Hospital	09/10/2013	09/10/2013
09/10/2013	<a href="#">964</a>	42	NYS Vaccine Program	Mercy Medical Hospital	09/10/2013	09/10/2013

- The Receive Transfer screen will be displayed.

**Receive Transfer**

Accept Entire Transfer.... Accept Transfer

Return to the Previous Screen.... Cancel

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**Transfer Number: 537** **Created on: 09/05/2013**

Sending Entity	Receiving Entity
<b>Organization</b> NYS Vaccine Program <b>Address</b> 123 Park Avenue MADISON, NY 53709 <b>Contact</b> Robert Carriedo <b>Phone #</b> (608) 123-4567 ext 8901 <b>Ship Date</b> 09/05/2013	<b>Organization</b> Jen's Extra Inv Org <b>Address</b> 123 Main St MAINVILLE, NY 44444 <b>Contact</b> Jen Neuls <b>Phone #</b> (333) 333-3333 <b>Order #</b> <a href="#">58</a>

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**Transfer Vaccine Item**

Qty	Vac Group	Trade Name	Lot Number	Exp Date	NDC Description	Ship Info
5	Varicella	Varivax	164	12/31/2014	Varicella - Varivax	<a href="#">FEDX</a>
9	Zoster - Varicella	Zostavax	165	12/31/2014	ZOSTER SINGLE DOSE VIAL	<a href="#">FEDX</a>

- Select the Accept Transfer button to accept the transfer.
- Popup window displays with a message asking "Are you sure you want to add all transfer items into inventory?"
- Click OK to add items into inventory or Cancel to go back to the view the transfer screen again.

**Notes:** Your Transfer may display in NYSIIS before your shipment has actually arrived – but you should **not** "Accept" the transfer of vaccine into your inventory until you have actually received the vaccines. To view order and shipment tracking details, click on the Ship Info hyperlink under the Ship Info column.



## Temperature Log Recording

Effective January 1st, 2015, the New York State Department of Health (NYSDOH) Vaccine Program will require providers enrolled in the VFC Program to use the NYSIIS Temperature Log (Temp Log) to record twice daily temperatures for their storage units (refrigerators and freezers) containing VFC vaccines. Reporting storage unit temperatures that hold only “private” vaccine is not required. Temperature monitoring of publicly purchased vaccine for other programs, e.g., STD clinic or Hepatitis B Program, may continue to be recorded on paper Temp Logs if those vaccines are kept in a storage unit that does not contain VFC vaccine. Temperature readings need to be taken at the start and at the end of each clinic day. Temperatures should be entered directly into the NYSIIS Temperature Log twice daily. Alternatively, temperatures can be recorded on a paper temperature log twice daily then transferred into the NYSIIS temperature log on a weekly basis.

### To Record a Temperature reading in NYSIIS:

1. Click on **Record Temp Log** under the Inventory section of the menu panel. The Temp Log screen displays.


**Temp Log**  
 ATTENTION: Temperature recording must be entered within 15 days of current date. Round temperatures to the nearest tenth.

Unit:

Date:   **Displayed Week:** 05/05/2018 to 05/11/2018

Temperature Acceptable Range: -15.0 to -50.0 (°C)

Date	Office Closed	*Time	*Current	*Min	*Max	Comment	Reported By
05/11/2018	<input type="checkbox"/>	OPEN 07:00 AM CLOSE 05:00 PM	-19.7 °C -21.3 °C	-18.9 °C	-23.8 °C		<small>DATE: 05/29/2018 02:28 AM TIME: 04:59:57 05/29/2018 02:28 AM</small>
05/10/2018	<input checked="" type="checkbox"/>	OPEN CLOSE	°C °C	-17.3 °C	-22.9 °C		<small>DATE: 05/29/2018 02:28 AM TIME: 04:59:57 05/29/2018 02:28 AM</small>
05/09/2018	<input type="checkbox"/>	OPEN 07:00 AM CLOSE 04:30 PM	0.0 °C -18.7 °C	-16.5 °C	0.0 °C	Power Outage	<small>DATE: 05/29/2018 02:28 AM TIME: 04:59:57 05/29/2018 02:28 AM</small>
05/08/2018	<input checked="" type="checkbox"/>	OPEN CLOSE	°C °C	-25.0 °C	-25.0 °C		<small>DATE: 05/29/2018 02:28 AM TIME: 04:59:57 05/29/2018 02:28 AM</small>
05/07/2018	<input type="checkbox"/>	OPEN 12:00 AM CLOSE 04:45 AM	-29.3 °C -29.9 °C	-16.7 °C	-29.9 °C		<small>DATE: 05/29/2018 02:28 AM TIME: 04:59:57 05/29/2018 02:28 AM</small>


2. Select the appropriate refrigerator or freezer from the Unit dropdown list.
3. By default, the log will display the past 7 days. To view a different date range, change it by typing a new date in the Date field or by using the calendar icon  and then click . The  and  buttons can also be used to navigate to a different date.
4. To record a temperature type (Current, Min and Max), first select the time of reading from the “OPEN” or “CLOSE” dropdown list, next to the appropriate date. For days that your office was closed, click the “Office Closed” checkbox.

Definitions of temperature types:

**Current (required):** The current temperature of the cooler unit

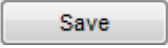
**Min (required):** The coldest the cooler unit has been since the minimum/maximum thermometer was reset.

**Max (required):** The warmest the cooler unit has been since the minimum/maximum thermometer was reset.

5. Input the temperature reading to the tenths position (Format: -99.9 or 99.9).
  - a. **Note:** If your temperature reading is Out of Range, it will appear as **bold red** text. You must enter an explanation into the Comment field in order to save an Out of Range value.
6. Click  to save temperature recording(s).

### Editing a Temp Log Record

Follow these steps to edit an existing temperature log recording in NYSIIS:

1. Select Unit from the Unit dropdown list to review temperature log records for that unit.
2. The log automatically displays the last 7 days. If you need to edit records for a different date, select a different date from the "Date" field, and click "Refresh List" to refresh the screen display.
3. Locate the date of the temperature reading you wish to edit. Make any necessary changes to the record.
4. Click  to save your changes.



**Notes:** Ensure that you enter your Temperature recordings into NYSIIS promptly. Temperature Readings recorded more than 5 days before the current date can only be edited by Authorized users. All other users have up to 5 days to make corrections to their temperature records. Temperature recordings cannot be entered for dates earlier than 33 days before the current date.



## Returns/Wastage Requests

If your organization is a Vaccines for Children (VFC) provider and you order publicly-funded vaccines, all returns and wastage for publicly-funded vaccines should be recorded using the Returns and Wastage Request option.

**To access the Manage Returns/Wastage Requests main screen:**

Click the **manage returns and wastage** link under the Inventory menu group on the menu panel. The Manage Returns/Wastage Requests landing page will display:



### Manage Returns/Wastage Requests

[Create Request](#)

**Current Returns/Wastage**

User	Submit Date	Status	Request #
Sheila Brown	02/29/2016	<a href="#">UNDER REVIEW BY VFC</a>	8

**Historical Returns/Wastage** (last 30 days by default)

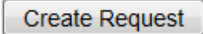
Show Historical Requests by Date From:   To:   [Refresh List](#)

User	Submit Date	Status	Request #
Sheila Brown		<a href="#">CANCELLED</a>	2
Sheila Brown	02/26/2016	<a href="#">COMPLETE</a>	7

On this screen you will see a listing of your organization's returns/wastage requests. The user who created the request, the submit date of the request, the current status and the request number of the request will be displayed. This screen is used to create requests and to view existing requests. An existing request displays in the 'Current Returns/Wastage section of the screen until it is completed or cancelled. Requests in completed or cancelled status will list in the Historical Returns/Wastage section of the screen. There will only be one request listed under Current Returns/Wastage at a given time.

<b>Returns/Wastage Status</b>	<b>Status Description</b>
<b>Saved</b>	The request has been created by the provider and has been saved but not yet submitted. In this status the request can still be modified or cancelled by the requesting provider organization. If not submitted, saved requests will automatically be cancelled 30 days after the create date and will display under the historical section with a “Cancelled” status.
<b>Pending</b>	The request has been submitted by the provider organization. The request has not yet been viewed by the NYS VFC Program and can still be modified or cancelled by the requesting provider organization.
<b>Cancelled</b>	The request was cancelled by the requesting organization. Once a request is cancelled, it can no longer be submitted. This request will display under the historical section with a “Cancelled” status.
<b>Under Review by VFC</b>	The request has been received and viewed by the NYS VFC Program organization. This type of request can no longer be modified or cancelled by the provider organization. If you need to change the request, contact the NYS VFC program.
<b>Denied</b>	The NYS VFC program sent the request back for the provider organization to modify. The provider must then “Save and Submit” the request again to send to VFC for approval. A request that remains in this status for 30 days after the denied date will be automatically cancelled and will display under the historical section with a “Cancelled” status.
<b>Final-Approved</b>	The request has been reviewed and finalized by the VFC Program. NYSIIS decrement from inventory occurs at this point.
<b>Sent to CDC</b>	The request has been approved and was imported into VTrckS (the CDC’s Vaccine Tracking and Ordering System). The request can be printed once in this status.
<b>Complete</b>	This status is set once the request has been identified as ‘complete’ by NYS VFC program staff. Only when a request is ‘Complete’ can a new request be created.

**To create a Returns/Wastage Request in NYSIIS:**

1. On the Manage Returns/Wastage Requests screen, click the  button.
2. The Create Returns/Wastage screen displays.

**Create Returns/Wastage**

VFC PIN: 66546

Initiating Organization: IR Physicians  
 Initiating User: Sheila Brown  
 Org Phone: (454) 454-5454  
 Org Fax: (545) 445-5454

Contact: MM sdf  
 Email: asdf@asdf.com  
 Address: 103 Peter St.  
 ELMIRA, NY 14602

Request Created Date:  
 Request Submitted Date:  
 Request Status:

Label Type:

Request Notes:  
 Enter text 150 character maximum.


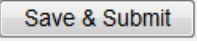

Public Lots Available

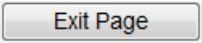
Trade Name	Packaging	NDC Number	Lot Number	Expiration Date	Doses on Hand	Returns/Wastage Reason	Quantity	Add Line
Recombivax-Adult	Hep B Adult	00006-4995-00	J005010	04/14/2015	80	<input type="text"/>	<input type="text"/>	Add Line
Adacel	IU Adacel	87684-3111-22	1234567890	09/13/2015	43	<input type="text"/>	<input type="text"/>	Add Line
VAQTA-Peds 2 Dose	HEPATITIS A PEDIATRIC (VAQTA)	00006-4831-41	J005081	10/22/2015	13	<input type="text"/>	<input type="text"/>	Add Line
VAQTA-Peds 2 Dose	HEPATITIS A PEDIATRIC (VAQTA)	00006-4831-41	J005010	10/23/2015	39	<input type="text"/>	<input type="text"/>	Add Line
AFLURIA		33332-0010-01	6666666	11/18/2015	18	<input type="text"/>	<input type="text"/>	Add Line

- Review the organization information, especially email and mailing address to ensure it is accurate. Navigate to the NYSIIS Edit Organization page to make changes.
- Select a 'Label Type'. The label type determines how the organization will receive the shipping label to be used when returning vaccines.
- Enter Request Notes (if applicable). This request notes feature is used to specify additional information about the request. The VFC program can also use this feature to specify notes on the request. All notes entered are retained with the request.
- Under the Public Lots available section, the organization's public (active, inactive, expired and non-expired) inventory with quantity greater than zero will be displayed. *\*Note: inventory lots with an expiration date of greater than 6 months will display in red.* For each lot that will be returned or wasted, select a returns/wastage reason from the drop down list.
- Enter a quantity of vaccine that will be returned or reported as wasted. The quantity entered must be a numeric whole number, greater than '0' and cannot exceed the doses on hand amount.
- Continue selecting returns/wastage reasons for each lot that will be returned or reported as wasted. If a lot has more than one reason, click  to create a duplicate line for the inventory lot.
- Vaccines expired greater than 6 months, will list only the "Lost or unaccounted for vaccine" reason for selection.
- When all returned or wasted detail has been entered, select an action button displayed at the top right of the screen.

11. When selecting Save or Save and Submit the following validations are done:

- If you do not select a Label Type, a pop up will display: *“Label Type must be selected.”*
- If you do not select a vaccine, a pop-up will display *“Vaccine is required for a Returns/Wastage request.”*
- If you select a reason but do not enter a quantity, a pop-up will display *“Quantity cannot be blank.”*
- If you enter a quantity of zero, a pop-up will display *“Quantity must be greater than 0.”*
- If you enter a non-numeric quantity, a pop-up will display *“Quantity must be numeric.”*
- If you enter a number other than a whole number, a pop-up will display *“Quantity must be a whole number.”*
- If you enter a quantity greater than the doses on hand amount, a pop-up will display *“You cannot reduce the inventory below zero.”* **Note:** if you have multiple reasons recorded in the returns/wastage request for a vaccine lot, the quantities will be summed to compare with the doses on hand for that vaccine lot.
- If you select the “Expired” or “Expired-Shortened expiration date” reasons on a vaccine lot that has a future expiration date and then select **Save** or **Save and Submit**, a pop-up notification will display *“WARNING: Expired reasons assigned on non-expired inventory.”* Clicking **OK** bypasses the warning and continues to save or save and submit the request depending on the action selected. Clicking Cancel returns you to the request screen to choose a different reason.

Returns/Wastage buttons	Action
	The request will be saved and not yet viewable to the NYS VFC Program. The status will display as “Saved” under the Current Returns/Wastage section. A Saved request can be modified or cancelled by the requesting provider organization. If not submitted, saved requests will automatically be cancelled 30 days after the create date and display with “Cancelled” status.
	Clicking the Save & Submit button will display a confirmation pop-up with the selected inventory lots/reason/quantity listed and the question: <i>“Are you sure you want to submit list?”</i> Click <b>OK</b> to continue submitting your request, or click <b>Cancel</b> to cancel submission and continue working with the request. Also in the pop-up is the <i>Note: NYSIIS will automatically decrement doses from your inventory once the returns/wastage request is “Final-Approved” by the VFC.</i> The request will be submitted to the NYS VFC Program for approval. The status will display as “Pending” under the Current Returns/Wastage section. A Pending request can be modified or cancelled by the requesting provider organization.
	Clicking the Cancel Request button will display a confirmation pop-up. Click <b>OK</b> to continue to cancel the request or click <b>Cancel</b> to return to request. The request will be cancelled and will display as “Cancelled” under the Historical Returns/Wastage section.

	Clicking the Exit Page button will display a confirmation pop-up. Click 'OK' to exit page and return to the Manage Returns/Wastage Requests screen or click 'Cancel' to remain on the current page. The user will exit the Create Returns/Wastage page and all unsaved changes will be lost.
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**To modify a returns/wastage request in NYSIIS:**

A request that is in “Saved”, “Pending” or “Denied” status can be modified.

1. On the Manage Returns/Wastage Requests screen, click on the blue hyperlink under the Status column in the Current Returns/Wastage section.
2. The Modify Returns/Wastage screen displays.



**Modify Returns/Wastage Request #2**

VFC PIR: 66546

Initiating Organization: IR Physicians  
 Initiating User: Ricardo Crespo  
 Org Phone: (454) 454-5454  
 Org Fax: (545) 445-5454

Request Created Date: 03/30/2016  
 Request Submitted Date: 03/30/2016  
 Request Status: SAVED

Contact: Mll sdf  
 Email: asdf@asdf.com  
 Address: 103 Peter St  
 ELMIRA, NY 14602

Label Type:

Save  
 Save & Submit  
 Cancel Request  
 Exit Page

**Request Notes:**  
 Enter text 150 character maximum

**Historical Notes**

Created By	Create Date	Note
Ricardo Crespo	03/30/2016	Notes here

**Modify Saved/Submitted Request**

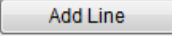
Trade Name	Packaging	NDC Number	Lot Number	Expiration Date	Doses on Hand	Returns/Wastage Reason	Quantity	Delete Line
VAQTA-Peds 2 Dose	HEPATITIS A PEDIATRIC (VAQTA)	00006-4831-41	J005081	10/22/2015	13	Expired	1	Delete Line
DECAVAC	IJ DEVAVAC	78465-4351-35	555	01/01/2018	46	Expired- Shortened expiration date	1	Delete Line
Recombivax-Adult	Hep B Adult	00006-4995-00	J005010	04/14/2015	80	Lost or unaccounted for vaccine	1	Delete Line

**Add Returns/Wastage Line**

Trade Name	Packaging	NDC Number	Lot Number	Expiration Date	Doses on Hand	Returns/Wastage Reason	Quantity	Add Line
Recombivax-Adult	Hep B Adult	00006-4995-00	J005010	04/14/2015	80			Add Line
Adacel	IJ Adacel	87684-3111-22	1234567890	09/13/2015	43			Add Line
VAQTA-Peds 2 Dose	HEPATITIS A PEDIATRIC (VAQTA)	00006-4831-41	J005081	10/22/2015	13			Add Line
VAQTA-Peds 2 Dose	HEPATITIS A PEDIATRIC (VAQTA)	00006-4831-41	J005010	10/23/2015	39			Add Line

- View/Modify the 'Label Type'. The label type determines how the organization will receive the shipping label to be used when returning vaccines.
- Notes entered and saved with the request display in the "Historical Notes" section. Notes display in descending date order, listing the most recent notes first. These notes cannot be modified.
- Enter additional Request Notes (if applicable). This request notes feature is used to specify additional information about the request. The NYS VFC program can also specify notes on the request. All notes entered are retained with the request.
- Returns/Wastage information already saved with the request are listed under the Modify Saved/Submitted Request section. Use this section to delete existing selections or modify the quantity or reasons on the existing selections.



7. Additional returns and wastage can be entered using the Add Returns/Wastage line section. Under this section, the organization's public (active, inactive, expired and non-expired) inventory with quantity greater than zero will be displayed. *\*Note: inventory lots with an expiration date of greater than 6 months will display in red.* For each lot that will be returned or wasted, select a returns/wastage reason from the drop down list. Enter a quantity of vaccine that will be returned or wasted. The quantity entered must be a numeric whole number, greater than '0' and cannot exceed the doses on hand amount.
8. Continue selecting returns/wastage reasons for each lot that will be returned or reported as wasted. If a lot has more than one reason, click  to create a duplicate line for the inventory lot.
9. Vaccines expired greater than 6 months, will list only the "Lost or unaccounted for vaccine" reason for selection.
10. When all returned or wasted detail has been entered, select an action button displayed at the top right of the screen.
11. When selecting Save or Save and Submit the following validations are done:
  - If you do not select a Label Type, a pop up will display: *"Label Type must be selected."*
  - If you do not select a vaccine, a pop-up will display "Vaccine is required for a Returns/Wastage request."
  - If you select a reason but do not enter a quantity, a pop-up will display *"Quantity cannot be blank."*
  - If you enter a quantity of zero, a pop-up will display *"Quantity must be greater than 0."*
  - If you enter a non-numeric quantity, a pop-up will display *"Quantity must be numeric."*
  - If you enter a number other than a whole number, a pop-up will display *"Quantity must be a whole number."*
  - If you enter a quantity greater than the doses on hand amount, a pop-up will display *"You cannot reduce the inventory below zero."* **Note:** if you have multiple reasons recorded in the returns/wastage request for a vaccine lot, the quantities will be summed to compare with the doses on hand for that vaccine lot.
  - If you select the "Expired" or "Expired-Shortened expiration date" reasons on a vaccine lot that has a future expiration date, a pop-up notification will display "WARNING: Expired reasons assigned on non-expired inventory." You have the option to continue to save the request or return to the request to choose a different reason.

## Viewing and printing a returns/wastage request

A request with status “Under Review by VFC”, “Final-Approved”, “Sent to CDC”, or “Complete” will display as read-only and cannot be modified or cancelled. To view a request, on the Manage Returns/Wastage Requests page, click on the blue hyperlink under the Status column.

Returns/Wastage Request #10		
VFC PIN: 00071	Exit Page	
Initiating Organization: kva77	Print Page	
Initiating User: Kathy Van Abel	Contact: Stella Smith	
Org Phone: (331) 322-1314	Email: stella.smith@company.com	
Org Fax: (331) 332-1313	Address: 123 Long Street	
Request Created Date: 04/15/2016	ALBANY, NY 53535	
Request Submitted Date: 04/15/2016	Label Type: Email	
Request Status: SENT TO CDC		

Historical Notes		
Created By	Create Date	Note
Kathy Van Abel	04/15/2016	Comment1

### Submitted Request

Trade Name	Packaging	NDC Number	Lot Number	Expiration Date	Doses on Hand	Returns/Wastage Reason	Quantity	Actual Quantity Shipped	Status	Return/Wastage ID
Engerix-B Peds	HEP B PRESERVATIVE FREE, PED/ADOL - ENGERIX-B	58160-0820-11	lot44	03/31/2016	175	Expired	2			R201604150007100001
Comvax	10 X 0.5 mL, SDV, 10 DOSE PKG	00006-4898-00	lot33	04/30/2017	186	Refrigerator too cold	4			R201604150007100002
Boostrix	TDAP BOOSTER FOR ADOLESCENTS	58160-0842-11	lot22	03/15/2018	173	Lost or unaccounted for vaccine	5		Complete	W201604150007100003

A request with status “Sent to CDC” should be printed and included in the returned inventory package. When you click on the **Print Page** button a new window will appear with a replica of the Returns/Wastage Request# screen. Follow your computer's printing instructions to print the screen.

Notes entered and saved with the request display in the “Historical Notes” section. These notes list in descending date order, listing the most recent notes first.

The following information is displayed under the Submitted Request section:

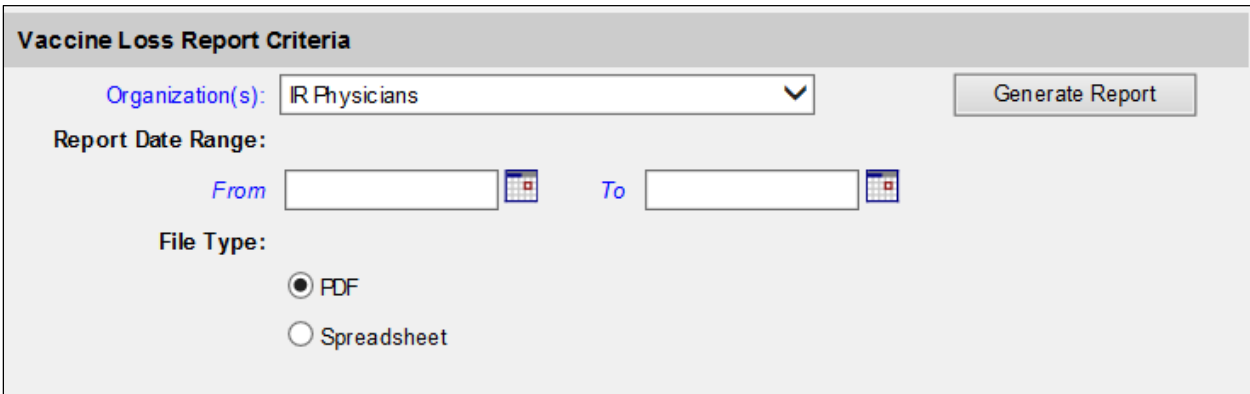
- **Trade Name:** This field displays the trade name for the vaccine. **Note:** *Inventory lot with an expiration date expired 6 months or greater will display in red text.*
- **Packaging:** This field displays the Packaging associated with NDC Number and Lot number for vaccine.
- **NDC Number:** This field displays the NDC Number associated with each unique Public lot vaccine.
- **Lot Number:** This field displays the Lot Number associated with each unique Public lot vaccine.
- **Expiration date:** This field displays the expiration date associated with public vaccine for each unique NDC and Lot number for Trade Name
- **Doses on Hand:** This field displays the doses on hand associated with public vaccine for each unique NDC/lot number and exp date on Manage Inventory page. This field is no longer displayed when the request status is **Complete**.

- **Returns/Wastage Reason:** This field displays the return and wastage reason you selected.
- **Quantity:** This field displays the number of doses you entered to be returned or wasted.
- **Actual Quantity Shipped:** This field only displays when the requests status is **Sent to CDC** or **Complete**. This field is completed by Vaccine program staff once information on quantities returned has been received by the distributor
- **Status:** This field only displays when the requests status is **Sent to CDC** or **Complete**. The status of each line item displays as Complete when the Vaccine program completes the line item. Otherwise it is blank.
- **Returns/Wastage ID:** This field only displays when the requests status is **Sent to CDC** or **Complete**. A system generated number to identify each returned or wasted line item displays.

## Vaccine Loss Report

The Vaccine Loss Report provides the summary of Returns and Wastage transactions and their associated dollar cost recorded for your **publicly funded** inventory for a specified date range. To generate a Vaccine Loss Report, follow these steps:

1. Click *vaccine loss report* under the Inventory section of the menu panel.



The screenshot shows a form titled "Vaccine Loss Report Criteria". It includes a dropdown menu for "Organization(s)" with "IR Physicians" selected, a "Generate Report" button, a "Report Date Range:" section with "From" and "To" date input fields and calendar icons, and a "File Type:" section with radio buttons for "PDF" (selected) and "Spreadsheet".

2. By default your organizations name will populate in the Organization(s) drop down.
3. Enter a From date under the Report Date Range using the MM/DD/YYYY format or calendar icon.
4. Enter a To date under the Report Date Range using the MM/DD/YYYY format or calendar icon.
5. Choose the File Type to generate.
6. Click **Generate Report**
7. The Vaccine Loss Report Status page is displayed. You may leave this page while the report is generated and return to it later by using the "vaccine loss status" link in the left menu panel. To check on the report status without leaving the page, press the "Refresh" button.
8. When the report is ready, click on the report name, which is underlined and in blue text
9. The report will display in the file type format selected



**Note:** The layout of the report will depend on the file type selected. The first column in each section displays the Vaccine Name (Trade Name). If PDF, the report includes three sections: a 'Returns Detail' section, a 'Wastage Detail' section, and a 'Total Returns and Wastage' section. If Spreadsheet, each row of the report will list Returns and Wastage Reasons and will list the Total Returns, Total Wastage, and Total Returns and Wastage in the last 3 columns of the report.



Vaccine Loss Report PDF Report Example:

Page 1

**Vaccine Loss Report**

For Dates between 09/01/2015 and 11/21/2016  
Report run on: 11/21/2016 14:22 PM

Organization: Mandy's Minis VFC Pin 788595

**Returns Detail**

Vaccine Name (Trade Name)	Expired	Expired-Shortened Expiration Date	Failure to store properly upon receipt	Equipment failure (refrigerator/freezer)	Natural Disaster/Power Outage	Refrigerator too warm	Refrigerator too cold	Freezer too warm	Spoiled-Other	Recall	Returned: Other	Total Doses Returned	Total Returned Cost
Flu trivalent injectable (AFLURIA)	0	2	0	0	0	0	0	0	0	0	0	2	0.00
Hib-PRP-T (ActHib)	1	0	0	0	2	1	0	0	0	1	0	5	9.55
<b>Total</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>9.55</b>

**Wastage Detail**

Vaccine Name (Trade Name)	Broken Vial/Syringe	Lost or unaccounted for vaccine	Non-Vaccine product (e.g., IG, HBIG, Dil)	Open Vial but all doses not administered	Vaccine drawn into syringe but not administered	Wasted: Other	Total Doses Wasted	Total Wasted Cost
DTaP-5 pertussis antigens (DAPTACEL)	0	0	0	1	0	0	1	0.00
Hib-PRP-T (ActHib)	0	4	0	1	0	0	5	0.00
<b>Total</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0.00</b>

**Total Returns and Wastage**

Vaccine Name (Trade Name)	Total Doses Returned	Total Returned Cost	Total Doses Wasted	Total Wasted Cost	Total Doses Returned/ Wasted	Total Returned/ Wasted Cost
DTaP-5 pertussis antigens (DAPTACEL)	0	0.00	1	0.00	1	0.00
Flu trivalent injectable (AFLURIA)	2	0.00	0	0.00	2	0.00
Hib-PRP-T (ActHib)	5	9.55	5	0.00	10	9.55
<b>Total</b>	<b>7</b>	<b>9.55</b>	<b>6</b>	<b>0.00</b>	<b>13</b>	<b>9.55</b>

NOTE: A minus sign indicates an addition of doses back into inventory. When VFC staff reconcile and complete requests and less quantity is shipped back than what was specified, the difference is added back into inventory.

Vaccine Loss Report Spreadsheet Report Example:

**Vaccine Loss Report**

For Dates between 09/01/2015 and 11/21/2016  
Report run on: 11/21/2016 14:24 PM

Organization: Mandy's Minis VFC Pin 788595

Vaccine Name (Trade Name)	Expired	Expired-Shortened Expiration Date	Failure to store properly upon receipt	Equipment failure (refrigerator/freezer)	Natural Disaster/Power Outage	Refrigerator too warm	Refrigerator too cold	Freezer too warm	Spoiled-Other	Recall	Returned: Other	Broken Vial/Syringe	Lost or unaccounted for vaccine	Non-Vaccine product (e.g., IG, HBIG, Dil)	Open Vial but all doses not administered	Vaccine drawn into syringe but not administered	Wasted: Other	Total Doses Returned	Total Returned Cost	Total Doses Wasted	Total Wasted Cost	Total Doses Returned/ Wasted	Total Returned/ Wasted Cost
DTaP-5 pertussis antigens (DAPTACEL)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0.00	1	0.00	1	0.00
Flu trivalent injectable (AFLURIA)	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0.00	0	0.00	2	0.00
Hib-PRP-T (ActHib)	1	0	0	0	2	1	0	0	0	1	0	0	4	0	1	0	0	5	9.55	5	0.00	10	9.55
<b>Total</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>9.55</b>	<b>6</b>	<b>0.00</b>	<b>13</b>	<b>9.55</b>

NOTE: A minus sign indicates an addition of doses back into inventory. When VFC staff reconcile and complete requests and less quantity is shipped back than what was specified, the difference is added back into inventory.



# *Managing Patients*

## **In this chapter:**

[Finding Patients](#)

[Use of Dropdown Lists in NYSIS](#)

[Editing/Entering Patient Information](#)

[Saving Patient Information](#)

[Deduplication of Patients](#)

[Patient Consent](#)

[Managing Patient Status](#)

[Countermeasure and Response Administration \(CRA\) Module](#)

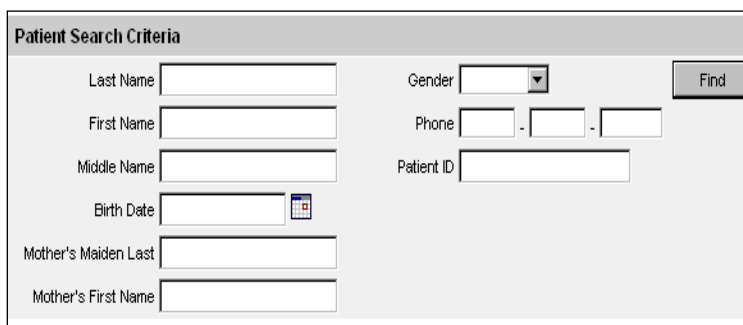


Because NYSIIS receives immunization information from multiple provider sources, including birth record downloads, you should always attempt to find a patient in NYSIIS before entering them as a new patient. However, NYSIIS will attempt to deduplicate (compare entered information against information saved to the system for duplicate patients) patient records prior to saving the information on the Enter New Patient screen.

## ***Finding Patients***

As mentioned above, it is extremely important that you always search for a patient in NYSIIS before entering them as new. This will prevent duplicate patient records from being entered into the system. There are many different combinations of search criteria that can be used to locate patients in NYSIIS. Remember, when searching for patients in NYSIIS, you are searching on a statewide level and not just within your organization. With this in mind, when searching for an existing patient in NYSIIS, more information is not always better. By entering too much information about a patient (mother's maiden name, phone number, birth date, etc.) you will increase your data entry time and decrease the odds of finding the patient due to typing and interpretation errors. To review recommended search criteria examples, please review the section "Examples of NYSIIS Search Criteria" later in this chapter.

1. Click on **Manage Patient** under the Patients menu group on the menu panel.



The screenshot shows a form titled "Patient Search Criteria" with the following fields and controls:

- Last Name: Text input field
- First Name: Text input field
- Middle Name: Text input field
- Birth Date: Text input field with a calendar icon
- Mother's Maiden Last: Text input field
- Mother's First Name: Text input field
- Gender: Dropdown menu
- Phone: Three text input fields separated by dashes (e.g., - - )
- Patient ID: Text input field
- Find: Button


2. In the Patient Search Criteria box, you have several options for finding your patient.
  - Last Name: Entering the first three letters of the patient's last name, along with the first two letters of the first name, will initiate a search of all patients matching those letters. Entering fewer than three letters in the last name field will result in an exact name search; for example, entering the letters "Li" will produce only last names of "Li." If the patient's name is common, typing in the full name will narrow the search.
  - First Name: Entering the first two letters of the patient's first name, along with the first three letters of the last name, will initiate a search of all patients matching those letters. If the patient's name is common, typing in the full name will narrow the search.





## Entering Names

On all first and last names entered into NYSIIS for patient searches, NYSIIS disregards spaces, apostrophes, and hyphens entered.



- **Middle Name:** Entering the first two letters of the patient's first name, along with the first three letters of the last name, and the patient's Middle Name will initiate a search of all patients matching those letters. If the patient's name is common, typing in the middle name will narrow the search.
- **Mother's Maiden Last:** Entering the mother's maiden last name in combination with the data entered in the Last Name and First Name fields, will narrow a search for a patient with a common name. Alternately, you may find all patients associated with a mother by entering only the mother's first name and maiden last name.
- **Mother's First Name:** Entering the mother's first name, in combination with the data entered in the above Last Name and First Name fields will narrow a search for a patient with a common last name. Alternately, you may find all patients associated with a mother by entering only the mother's maiden last and first names.
- **Birth Date:** Entering the patient's birth date in conjunction with his or her first and last name will narrow a search for a common name.
- **Gender:** Indicating the gender of the patient will narrow a search for a common name, especially if the first name is androgynous.
- **Phone:** Entering the patient's phone number only will identify patients with the exact phone number in NYSIIS. However, this method is not recommended, as a phone number may not be entered for a patient and phone numbers may change over time.
- **Patient ID:** Entering the Patient ID only will produce a single name match, if the patient ID is unique to the organization. To find a patient using this method, the Patient ID must have been entered previously in the patient record.

3. Press .

4. If multiple records are found matching the criteria you entered, a table listing up to 75 matches with detailed information on each patient will be shown below the Find Patient Information box. To choose a patient from this list, click on the patient's last name, underlined in blue.

Possible Matches: 6								
Last Name	First Name	Middle Name	Birth Date	Patient ID	Mother's Maiden First	Mother's Maiden Last	Gender	Status
<u>SMITH</u>	TOMMY		04/01/2006		SALLY	SHEA	M	A
<u>SMITH</u>	TONY	L	05/12/2007	M123456	BEVERLY	VIAU	M	A
<u>SMITH</u>	TOM		07/01/2007	1000-90	SALLY	HART	M	A
<u>SMITH</u>	TOMMY		11/09/2006		ADELE	WILSON	M	M
<u>SMITH</u>	TOD	S	04/07/2008		PAM	SUM	M	N
<u>SMITH</u>	TONY		07/01/2007		SARAH	WILLIAMS	M	P

5. If only one patient matches your search, NYSIIS will bring you directly to that patient's demographic screen in NYSIIS.
6. If no patients match your search, review the search criteria information you entered for accuracy. If you suspect the patient has not been entered into NYSIIS, proceed to "Entering A New Patient."
7. If multiple records are found matching the criteria you entered, and there are over 75 matches, NYSIIS will give a warning that there are too many patients matching your search criteria. Please refine your search criteria to limit your patient list.



### **Finding Patients with no First Name**

To search for a patient with no first name, you may:

- Search using only the last name with no other fields filled. Enter the full last name to return patients whose last name matches what is entered and who do not have a first name.
- Search using the last name and enter "No First Name" in the first name field. You may narrow the search of patients with no first name by entering other criteria, such as middle name, gender or birth date, etc.

### **Manage Patient vs. Manage Immunizations**

Manage Patient and Manage Immunizations are the same query; in other words, they both utilize the patient search function. The difference is that the Manage Patient query will display the Demographic screen, while the Manage Immunizations query will display the patient's Immunization History screen.



### ***Examples of NYSIIS Search Criteria***

It is recommended that users utilize the "3-2" search when attempting to find patients in NYSIIS. The 3-2 search includes the first three letters of the patient's last name, followed by the first two letters of the patient's first name. However, the following alternative search options can help refine or narrow search results:

Patient Last Name and Date of Birth (DOB)  
Patient First Name and DOB  
Patient DOB and Gender  
Patient ID  
Patient DOB

It is recommended that additional criteria are used when searching for patients with common names. This will help narrow the list of possible matches in NYSIIS.

## ***Use of Dropdown Lists in NYSIIS***

When entering information on new patients or editing patient information, you will use dropdown lists for many fields. NYSIIS uses dropdown lists — fields that contain a list of options from which you may choose — rather than free text fields for certain input data. The advantages of dropdown lists over free text fields include:

- Ease of use. Dropdown lists allow users to quickly fill in a data field without typing in the information.
- Health Level 7 (HL7) compliance. HL7 is a method of categorizing data so that it is uniform across all health reporting systems. This standardization allows providers using different systems to transfer data easily. With predefined dropdown lists NYSIIS stays in HL7 compliance.
- Uniformity of entered data. By choosing information from a dropdown list, users do not risk entering conflicting information that could decrease the accuracy of NYSIIS reports. For example, one user using a free text field might enter a county name using an abbreviation, while another user might spell out the entire name.
- Confidentiality. By using standard dropdown lists, NYSIIS avoids confidentiality issues associated with the typing of free text that could be construed as medical record information.

## ***Editing/Entering Patient Information***

The demographic screen allows you to update or change specific, non-immunization information relating to any patient in NYSIIS. The Enter New Patient screen, accessed by clicking this option on the menu panel, allows you to input information for a new patient into NYSIIS. The demographic and Enter New Patient screens are divided into the following sections: Personal Information, Patient Information, Address Information, Responsible Persons, Patient Comments, and Patient Notes.



**Note:** Organizations participating in a pandemic exercise or event will utilize the CRA Event Information module located directly beneath the Patient Information section of the demographic screen.



## Personal Information Section

The Personal Information Section at the top of the Demographic/Enter New Patient screens contains patient-specific information used primarily to identify patients when conducting patient searches. All fields shown in blue font are required. Refer to Appendix 2 of this manual for information on allowable entry characters and names for these fields.

Personal Information	
* Last Name	JONES
* First Name	TOM
Middle Name	
Suffix	
* Birth Date	07/01/2007
* Mother's Maiden Last	EXAMPLE
* Mother's First Name	SALLY
* Gender	Male
Medicaid ID	
Birth Order	(for multiple births)
Birth Country	UNITED STATES
Last Notice:	

1. **Last Name:** This is a required field.
2. **First name:** This is a required field.
3. **Middle name:** This is an optional field.
4. **Suffix:** This is an optional field.
5. **Birth Date:** This is a required field. Fill in the field using the MM/DD/YYYY format, or use the pop-up calendar by clicking the calendar icon to the right of the field. Then choose a month and year from the dropdown lists at the top and choose a day by clicking on the appropriate calendar day. Press .

Children entered by the New York Vital Records program do not have editable birth dates. The parent/guardian must contact the New York Vital Records program in the event an incorrect birth date is in dispute. Contact the NYSIIS Help Desk to obtain the Vital Records phone number.

6. **Mother's Maiden Last Name:** This is a required field. NYSIIS will allow you to save the record without this field completed; however, it will request you gather this information for future deduplication of patients.
7. **Mother's First Name:** This is a required field. NYSIIS will allow you to save the record without this field completed; however, it will request you gather this information for future deduplication of patients.



**Note:** It is critical that the information in the Mother's Maiden Name fields is accurate. If you do not have the correct information, leave these fields blank. Please do NOT use a fake name, foster mother or type "unknown" in the fields.



8. **Gender:** This is a required field. Select the appropriate option from the dropdown list to choose Male, Female, Gender X, Other, or Unknown.
9. **Medicaid ID:** This is an optional field. Medicaid ID of the patient.
10. **Birth Order:** This is an optional field that identifies the birth order of the patient. This field should only be used for multiple births (e.g. twins, triplets).
11. **Birth Country:** This field defaults to “United States.” Use the dropdown list to select a different country of birth, if applicable.
12. **Last Notice:** This field shows the last date that a recall/reminder notice was created for the patient.
13. **Patient Consents to Share Immunization Data:** This field indicates written consent has been obtained for a patient 19 years of age or older.

### *Patient Information Section*

The Patient Information Section gives additional information about the patient.

Click on the Patient Information Section.

The screenshot shows a web form titled "Update Patient". It is divided into two main sections: "Personal Information" and "Patient Information".

**Personal Information Section:**

- \* Last Name: TENNANT
- \* First Name: DAVID
- Middle Name: (empty)
- Suffix: (dropdown menu)
- \* Birth Date: 08/13/2005
- \* Mother's Maiden Last: (empty)
- \* Mother's First Name: (empty)
- \* Gender: Male
- Medicaid ID: (empty)
- Birth Order: (empty) (for multiple births)
- Birth Country: UNITED STATES
- Last Notice: (empty)

**Buttons on the right side of the Personal Information section:** Save, History/Recommend, Record Immunization, Reports, Blood Lead, Hearing, Cancel.

**Patient Information Section:**

Last Updated by AUDLEBON CLINIC on 03/27/2014

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- Patient ID: (empty)
- Ethnicity: (dropdown menu)
- Race: (dropdown menu)
- Provider-PCP: (dropdown menu)
- School: (dropdown menu)
- \* Tracking Schedule: AQP
- Status: Active
- Allow Reminder and Recall Contact?: Yes
- Language Spoken: ENGLISH

**Insurance Provider Section:**

- Insurance Provider: (dropdown menu)
- Policy Number: (empty)
- Insurance Date: (empty)

1. **Patient ID:** Type in your organization’s patient ID for the patient. A patient may have numerous patient IDs associated with him or her; each ID is organization dependent.
2. **Ethnicity:** Choose the patient’s ethnic background from the dropdown list provided.
3. **Race:** Choose the patient’s race from the dropdown list provided.
4. **Provider-(PCP):** Fill in the patient’s primary care physician (PCP) or health care organization from the dropdown list, if provided. This information is used only for reporting

and must be set up by the organization's NYSIIS administrative user. For instructions on how to set up the Provider (PCP) field, refer to "Managing Physicians" in Chapter 8.

5. **School:** Fill in the patient's school from the dropdown list, if provided. This information is used only for reporting and must be set up by the organization's NYSIIS administrative user. For instructions on how to set up the School field, refer to "Managing Schools" in Chapter 8.
6. **Tracking Schedule:** This required field defaults to the Advisory Committee on Immunization Practices (ACIP) schedule.
7. **Status:** Choose Active from the dropdown list if you want this patient to be associated with your organization, meaning he or she is receiving services from you. When you specify a patient as Inactive, you make him or her inactive for your organization only.

This information affects recall and reminder notices and Comprehensive Clinic Assessment Software Application (CoCASA) and Health Plan Employer Data and Information Set (HEDIS) reporting. Choosing Permanently Inactive — Deceased and adding a date of death will inactivate the patient for all organizations using NYSIIS. Choose this option only if you know the patient to be deceased.



**Note:** The Status field can no longer be edited by an organization once a status of Permanently Inactive – Deceased and a date of death has been recorded, To change a status of Permanently Inactive – Deceased, contact the NYSIIS Help Desk.



8. **Allow Reminder and Recall Contact?** : Choosing Yes from the dropdown list, you are allowing reminder/recall notices to be sent to this patient when you run the reminder/recall report. If the patient's parent chooses not to have reminder/recall notices sent, choose No from the dropdown list to exclude the patient from the report.
9. **Language Spoken:** Choose the primary language spoken by the Patient.
10. **Insurance Provider:** Choosing an insurance provider from the dropdown list selects an Insurance Provider.
11. **Policy Number:** Fill in the policy number of the Insurance Provider.
12. **Insurance Date:** Fill in the verification date or start date of insurance.

### Generation of reminder and recall notices

When running the reminder/recall report, letters are generated for every patient, given that the following conditions are met:

- The patient's status is not set to "Inactive" or "Permanently Inactive-Deceased on the Patient Information tab.
- The "Allow Reminder and Recall Contact? Indicator on the Patient Information tab is set to "Yes."
- The patient has sufficient name and address information listed in the Address Information Section.

## Insurance Information Section

If your organization uses the expanded functionality to create the Billing Export, you will see an additional Insurance Information section which allows you to identify multiple Insurers and assign a rank to each Insurer.

Click on the **Insurance Information** Section:

**Insurance Information (0)** ▲

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**Insurance Information listing** Add New Ins

	Name	* Relationship	Primary	Secondary	Tertiary	None
No Insured Persons have been added for this patient						

**Details for Insurance Information:**  
Click 'Apply Changes' after applying updates

\* Insurer Name  Apply Changes

\* Insurer Type  \* Street Address

\* Patient Relationship to Insured  Other Address

\* Last Name  P.O. Box

\* First Name  \* City

Middle Name  \* State NY

\* Date of Birth  \* Zip  +4

Gender

\* Policy Number  \* Insurance Date

Group Number

\* Plan Name

Patient Marital Status

Patient Employment Status

To edit an existing insurer record, do the following:

1. Click on the Review radio button next to the name of the insurance you wish to edit.
2. Press .
3. Change or add information for the fields listed.
4. Press .
5. Press Save.

To enter a new insurer record, do the following:

1. Press .
2. Enter Information into the following fields:
  - **Insurer name:** Select the Insurer for the patient being entered
  - **Insurer Type:** Select the Type of Insurance being entered
  - **Patient Relationship to Insured:** Relationship to Insured
  - **Last Name:** Insured Last Name
  - **First Name:** Insured First Name
  - **Middle Name:** Insured Middle Name
  - **Date of Birth:** Date of Birth of Insured

- **Gender:** Insured Gender
  - **Policy Number:** Policy Number of Insurance
  - **Insurance Date:** Fill in the verification date or start date of insurance
  - **Group Number:** Group Number of Insurance
  - **Plan Name:** Name of Insurance Plan
  - **Patient Marital Status:** Insured's Marital Status
  - **Patient Employment Status:** Employment Status
  - **Street Address:** Street Address of Insured
  - **Other Address:** Additional address information, if any, for example, a suite number or apartment number could be entered here.
  - **P.O. Box:** P.O. Box of Insured
  - **City:** City of patient's address
  - **State:** State of patient's address
  - **Zip:** Zip code of patient's address
  - **+4:** Extended zip code of patient's address, if applicable.
3. Click 'Apply Changes', then 'Save' (in patient information section). This will apply the updates you have made to the Insurance Information Section

To delete an existing insurance record, do the following:

1. Select the Remove check box next to the record you wish to delete on the Insurance Information Listing.
2. Press .
3. Press the Save button

To select a rank for an existing insurance record, do the following:

1. In the Insurance Information listing, select the applicable Primary, Secondary, or Tertiary radio button, or select the None checkbox.
2. Press .
3. Press the Save button

### *Address Information Section*

The Address Information Section allows you to identify the current address of the patient.

Click on the **Address Information** Section.



**Address Information** ▲


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**Patients at this Same Address**

Name	DOB
No address sharing in effect	

[view Patient Address History](#)

Undeliverable Address

Start Date 08/16/2016 

Street Address

Other Address

P.O. Box

Zip  +4

City  State NY ▼

County

Country UNITED STATES ▼

Phone Number  -  -

Extension

Device Type

E-Mail

1. **Undeliverable Address:** Mark this checkbox if information was sent to the patient and the information was returned as not deliverable.
2. **Start Date:** Fill in the start date of the address using the MM/DD/YYYY format, or use the pop-up calendar by clicking the calendar icon to the right of the field. Then choose a month and year from the dropdown lists at the top and choose a day by clicking on the appropriate calendar day. Press  to enter the Start Date. This is the Start Date of the Patient's New Address
3. **Street Address:** Street Address of the Patient.
4. **Other Address:** Additional address information, if any, for example, a suite number or apartment number could be entered here.
5. **Zip:** Zip code of the patient.
6. **+4:** Extended Zip code numbers of the Patient, if available.
7. **City:** City (or town) of the patients address.
8. **State:** State of the patient's address.
9. **County:** County where the patient resides.
10. **Country:** Country where the patient resides.
11. **Phone Number:** Phone Number of the Patient.
12. **Extension:** Phone extension if applicable.
13. **Device Type:** the telecommunication equipment type associated with the patient's phone number.
14. **E-mail:** E-mail of the Patient.
15. Clicking the view Patient Address History link will present a window with the patient's address History.

### *Responsible Persons Section*

The Responsible Persons Section allows you to identify patient emergency contact information. The only required fields under this section are the Last Name, First Name and Relationship fields.

Click on the **Responsible Persons** Section.

**Responsible Persons (2)** ▲

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**Responsible Person listing** Add New

Review	Remove	Name	* Relationship	Primary
<input checked="" type="radio"/>	<input type="checkbox"/>	<b>BLANK, BARBARA</b> 1 MAIN ST ANYWHERE NY, 11654	Mother	<input checked="" type="radio"/>
<input type="radio"/>	<input type="checkbox"/>	<b>SECOND, PERSON</b> 10 S. ST ANYWHERE PA, 23986	Grandparent	<input type="radio"/>

**Details for Responsible Person: BARBARA BLANK**

Click 'Apply Changes' after applying updates Undeliverable Address

**Last Updated 07/14/2016**

\* Last Name:  Street Address:  Apply Changes

\* First Name:  Other Address:

Middle Name:  P.O. Box:

\* Relationship:  City:

Phone Number:  -  -  State:

Extension:  Zip:  +4

Device Type:  Country:

E-Mail:

1. To edit an existing responsible person, do the following:
  - Click on the Review radio button next to the name of the person you wish to edit.
  - Press
  - Change or add information for the fields listed.
  - Press
  - Press Save.
  
2. To enter a new responsible person, do the following:
  - Click the Add New command button.
  - Enter Information into the following fields:
    - **Last Name:** Enter the last name of the responsible person into this field. This is a required field.
    - **First Name:** Enter the first name of the responsible person into this field. This is a required field.
    - **Middle Name:** Enter the responsible person's middle name in this field.
    - **Relationship:** Choose the relationship of the responsible person to the patient from the dropdown list provided. This is a required field.
    - **Phone Number:** Enter the responsible person's telephone number, including the area code, in this field.
    - **Extension:** Enter the responsible person's extension to the above telephone number, if any, into this field.

- **Device Type:** the telecommunication equipment type associated with the patient's phone number.
  - **Undeliverable Address:** Mark this checkbox if information was sent to the responsible person and the information was returned as not deliverable.
  - **Street Address:** Enter the responsible person's street address into this field.
  - **Other Address:** Enter the responsible person's additional address information, if any, into this field. For example, a suite number or apartment number could be entered here.
  - **P.O. Box:** Enter the responsible person's post office box, or mailing address, if different than the street address, into this field.
  - **City:** Enter the responsible person's city (or town) into this field.
  - **State:** Choose the responsible person's state from the dropdown list provided.
  - **ZIP:** Enter the responsible person's ZIP code in this field.
  - **+4:** Enter the responsible person's +4 code in this field, if it is known.
  - **Country:** Country where the responsible person resides.
  - **Email:** Enter the responsible person's Email address into this field.
3. To enter a new responsible person and save the information you entered in the Responsible Person Listing or view the next responsible person's record click the Save command button.
  4. To clear existing information and enter a new responsible person, press .

### *Deleting an existing record*

1. Select the Remove check box next to the record you wish to delete on the Responsible Person Listing table.
2. Press .
3. Press the Save button

### *Patient Comments Section*

The Patient Comments Section allows you to enter immunization-related comments, such as, contraindication information for a patient. The patient comments list is derived from a pre-selected CDC-standardized list and is displayed in dropdown list form.

Although the "Start Date" is not a required field, a start date must be entered with a contraindication comment in order to properly interact with the immunization schedule for the specified vaccine group. If a start is not entered the vaccine group that is contraindicated will still be recommended.

The patient comments are visible at the top of the Immunization History, Edit Immunization, Pre-Select Immunization, and Record Immunization screens. Also, when using the **Print** button on the immunization history page, the comments are displayed on separate lines in the Comments box.

Click on the **Patient Comments** Section.

Remove	Start Date	End Date	Patient Comment
<input type="checkbox"/>	08/01/2008		History of Chicken Pox/Varicella

**Add New Comment**

\* Patient Comment

Start Date  End Date

1. Enter the following information:

- Choose the appropriate comment/contraindication from the Patient Comment dropdown list.
- Enter the date to which the comment refers in the Start Date field. Fill in the field using the MM/DD/YYYY format, or use the pop-up calendar by clicking the calendar icon to the right of the field. Then choose a month and year from the dropdown lists at the top and choose a day by clicking on the appropriate calendar day. Press .
- Enter the date to which the comment Ends in the End Date field. Fill in the field using the MM/DD/YYYY format, or use the pop-up calendar by clicking the calendar icon to the right of the field. Then choose a month and year from the dropdown lists at the top and choose a day by clicking on the appropriate calendar day. Press .

2. To enter the comment into the Patient Comments Listing, press .

3. Press the Save button

### Restart Comments

If a physician decides to repeat a vaccine series and the appropriate comment and Start Date are entered in NYSIIS, then all vaccinations prior to that date are not evaluated as part of the series. Any doses recorded on or after the Start Date will be evaluated as if they were the first doses received for that vaccine group.

### Immunity Comments

Immunity comments are linked to vaccine group recommendations. If a patient has an immunity comment and a Start Date is specified, a recommendation for that vaccine group will not display on the patient's record.

### Patient Refusal of Vaccine Comments

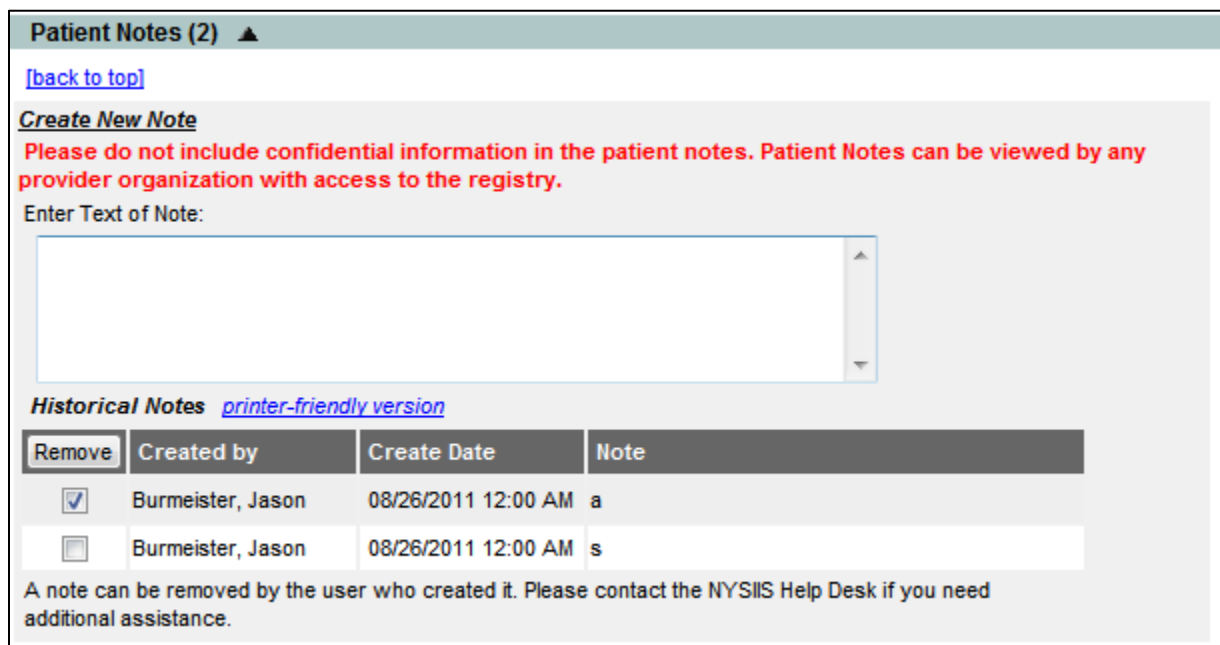
NYSIIS users should enter refusal comments with appropriate start dates to document vaccine refusal. This information will help other providers understand why a vaccine group might be overdue for a particular patient in NYSIIS.

### Deleting an existing comment

1. Select the Remove check box next to the comment you wish to delete on the Patient Comment Listing table.
2. Press .
3. Press the Save button

### Patient Notes Section

The Patient Notes Section allows you to enter notes for a patient.  
Click on the **Patient Notes** Section.



**Patient Notes (2)** ▲

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**Create New Note**

Please do not include confidential information in the patient notes. Patient Notes can be viewed by any provider organization with access to the registry.

Enter Text of Note:

**Historical Notes** [printer-friendly version](#)

Remove	Created by	Create Date	Note
<input checked="" type="checkbox"/>	Burmeister, Jason	08/26/2011 12:00 AM	a
<input type="checkbox"/>	Burmeister, Jason	08/26/2011 12:00 AM	s

A note can be removed by the user who created it. Please contact the NYSIIS Help Desk if you need additional assistance.

1. Enter Text of Note: Enter text up to 4,000 characters in the text box.
2. Press the Save button.

### Deleting an existing note

1. Select the Remove check box next to the comment you wish to delete on the Patient Notes Listing table.
2. Press .
3. Press the Save button

## ***Saving Patient Information***

There are several ways to save information on the Demographic/Enter New Patient screens:

- Save:** When pressed, the **Save** command button at the top of the screen will save all information fields within the Personal Information Section, Patient Information Section, Address Information Section, Responsible Persons Section, Patient Comments Section and the Patients Notes Section to the NYSIIS database. Once the patient data is saved, the message “Patient record successfully saved” will appear at the top of the Personal Information Header.
- History/Recommend:** As with the Save command button, the **History/Recommend** command button will save all information fields. Once the information is saved, the patient’s Immunization History screen will display.
- Record Immunization:** When the **Record Immunization** command button is pressed, all information fields will be saved and the Pre-Select immunization screen will display. This button allows you to bypass the history screen for a patient and go directly to adding immunizations.
- Reports:** As with the Save command button, the **Reports** command button will save all information fields. Once the information is saved, the Reports Available for Patient screen will display, so that a report may be generated for the patient. Refer to the Reports and Forms chapter of this manual for more information on reports.
- Blood Lead:** As with the Save command button, the **Blood Lead** command button will save all information fields. Once the information is saved, the patient’s Blood Lead Test History screen will display.
- Cancel:** When pressed, the **Cancel** command button clears all entered information and **does not save it to NYSIIS**. The Find Patient or Enter New Patient screen is displayed.

## Deduplication of Patient Records

After you enter a new patient and press one of the command buttons that will save the data, NYSIIS initiates a process that ensures that the patient information you entered does not duplicate a patient that already exists in NYSIIS.

If, after attempting to save a new patient, you receive a message box titled “Patient Match Detected,” NYSIIS has determined that the patient you are attempting to save already exists in the database. A table below the message box will contain one or more names of potential matches within NYSIIS. Click on each last name to display his or her information. NYSIIS will identify matching patients even if the patient has had a name change; therefore, if you do receive a list of potential matches, click on the link(s) to determine whether one of the links matches your patient’s record.

**Patient Match Detected**

Based on the information you entered, the system has determined the patient may already exist in NYSIIS. Please review the demographic information for the patient below and if it does not appear to be your patient, you may then click the **Create New Patient** button.

**Please keep in mind that if you choose to ignore a patient match and create a new record, that patient will have two records in NYSIIS, neither of which will be complete and accurate!**

Possible Patient Matches: 1

Last Name	First Name	Birth Date	Patient ID	Mother's First Name	Mother's Maiden Name	Gender	Status
<a href="#">SMITH</a>	TOM	07/01/2007	1000-90	SALLY	EXAMPLE	M	A

If after reviewing all the names given in the table you do not find a match for your patient, press the  button. A confirmation box will appear; press . Be aware that if you do override the listed matches and end up creating a duplicate record for a patient, it will be difficult to manage the patient’s immunization and personal information and the registry will lose its accuracy and efficiency. If you identify possible duplicate patient records, you should call the NYSIIS Help Desk immediately.

## Patient Consent

Patient consent applies to patients who are 19 years of age or older. Patient Consent is permission the patient gives to the State to allow the entry of their demographic information and immunization records into NYSIIS. All health care providers must take the appropriate steps to collect the necessary consent from individuals 19 years of age or older and must indicate in NYSIIS this consent to share information.

The consent indicator displays on the **Enter/Edit Patient** screen for patients 19 years of age or older. It should be set to **Yes** if consent from the patient has been obtained. It should be set to **No** if the patient has refused to give consent or was once consented, but now wishes to revoke that consent.

The screenshot shows a web form titled "Personal Information" with the following fields and controls:

- \* Last Name: Text input field
- \* First Name: Text input field
- Middle Name: Text input field
- Suffix: Dropdown menu
- \* Birth Date: Text input field with a calendar icon
- \* Mother's Maiden Last: Text input field
- \* Mother's First Name: Text input field
- \* Gender: Dropdown menu (set to "Unknown")
- Medicaid ID: Text input field
- Birth Order: Text input field with "(for multiple births)" text
- Birth Country: Dropdown menu (set to "UNITED STATES")
- Patient Consents to Share Immunization Data?: Dropdown menu (set to "Yes")
- Last Notice: Text input field
- Buttons: Save, History/Recommend, Record Immunization, Add Next, Cancel

The consent indicator may be **empty** or **non-specified** if there has not yet been any opportunity to verify consent since the patient's 19<sup>th</sup> birthday.

For a patient over 18 years old, setting consent indicator to No or leaving it empty has a significant impact on the patient's record. Users will not be able to edit any information or record or edit immunizations for the patient. However, the patient's data is available for viewing on-line and on all reports because at the time the data was recorded, it was consented or mandated into the registry by legislation.



## Managing Patient Status

From the Patients menu option, applicable user roles within provider organizations can retrieve a group of patients and perform bulk changes to the patient status using the manage patient status hyperlink.

The screenshot shows a web form titled "Manage Patient Status Criteria" with a "Find" button in the top right corner. The form is organized into several sections:

- \*Select By Status:** Contains four radio button options: "Active" (selected), "Inactive", "Inactive-No longer a patient", and "All".
- \*Select By Age:** Contains two radio button options: "All Ages" (selected) and "Birth Date Range". The "Birth Date Range" option includes two date input fields labeled "Earliest Birth Date:" and "Latest Birth Date:", each with a calendar icon.
- Select By Length of Time Since Last Immunization:** Includes a "Years" input field and an "Evaluation Date:" input field with a calendar icon. A note next to the date field says "(if blank, default date is current date)".
- Select By Last Name:** Includes a "Last Name" input field, a "Last Name Begin Range" input field, and a "Last Name End Range" input field.

### Manage Patient Status Criteria

To retrieve Patient Status results, you will need to fill in the criteria on the Manage Patient Status Criteria screen:

1. Click the *manage patient status* hyperlink under Patients on the menu panel.
2. Once directed to the Manage Patient Status Criteria screen, the provider will have the ability to search for a group of patients using the following search criteria:
  - a. Patient's Provider Organization Status (Required)
    - i. Active (default option)
    - ii. Inactive
    - iii. Inactive-No longer a patient
    - iv. All
  - b. Patient Age Range (Required)
    - i. All Ages (default option)
    - ii. Birth Date Range with earliest to latest birth date range
  - c. Length of Time Since Last Immunization
    - i. Years (since last immunization)
    - ii. Evaluation Date (blank defaults to current date)
  - d. Patient Last Name
    - i. Last Name search (minimum of first two characters)

OR

- ii. Last Name Begin Range (minimum of first two characters)
- iii. Last Name End range (minimum of first two characters)

3. Retrieve the Patient Status Results Set

- a. Select the Find button

Depending upon the number of patients matching your search criteria, the system may return 1 or more pages of results.

*Patient Status Results Set Output Options – Default Values*

If applicable criteria was entered, the screen will refresh, and the Manage Patient Status Criteria section will display a New Status Value drop down field, with a Save and Cancel button, and a Patient Status Results Returned section.

New Status Value				Save Cancel	
Patient Status Result Set Returned 1-100 of 668 <a href="#">Next »</a>					
Select All/ Deselect All	Last Name	First Name	Birth Date	Patient ID	Current Status
<input type="checkbox"/>					
<input type="checkbox"/>	AAABCD	CHILD-ORG	01/01/2014		Active
<input type="checkbox"/>	AAABCD	PARENT-ORG	01/01/2014	PO-Active	Active
<input type="checkbox"/>	AAABCDE	CHILD-ORG	03/15/2009		Inactive
<input type="checkbox"/>	AAABCDE	PARENT-ORG	02/29/2008	PO-Inactive	Inactive
<input type="checkbox"/>	AAABCDEF	CHILD-ORG	02/15/2015		Inactive-No longer a patient
<input type="checkbox"/>	AAABCDEF	PARENT-ORG	02/15/2015	PO-No longer	Inactive-No longer a patient
	AAABCDEF	CHILD-ORG	01/01/2000		Permanently Inactive - Deceased
	AAABCDEF	PARENT-ORG	01/01/2000	PO-Deceased	Permanently Inactive - Deceased

1. New Status Value field drop-down contains a combination of the following:

- a. Active
- b. Inactive
- c. Inactive-No longer a patient

2. Patient Status Results Set Section

- a. The returned patient data header will indicate the number of records that meet the selected search criteria
  - i. **Patient Status Result Set Returned 1-100 of 464** [Next »](#)
  - ii. [Next »](#), [«Previous](#) [Next»](#), and [«Previous](#) allows the provider to navigate the pages of returned patient results
- b. Provider can select/deselect all the patients on the page, or select/deselect them individually

- c. Selecting the Save button updates selected patients to the New Status Value selected.
- d. Selecting Cancel returns provider to the blank default Manage Patient Status Criteria screen without saving.

### *Patient Status Results Set Output Grid*

If applicable criteria was entered, a Patient Status Result Set Returned section displays the following:

1. Select All/Deselect All:
  - a. Empty by default
  - b. Selecting header box will check/uncheck all applicable records on the page
  - c. Selecting individual rows will check/uncheck individual record
  - d. Patients with a status of Permanently Inactive – Deceased cannot have their status changed and will not have a checkbox
2. Last Name:
  - a. Displays patient's last name
3. First Name:
  - a. Displays patient's first name
4. Birth Date:
  - a. Displays patient's birth date
5. Patient ID:
  - a. Displays patient's id if applicable
6. Current Status:
  - a. Displays patient's current status

### *New Status Value for Patient Status Result Set*

To change a patient status for one or more patients, you will:

1. Select Patient(s)
  - a. To select/deselect all patients on the screen, put a checkmark in the Select All/Deselect All box in the header
  - b. To select/deselect individual patients on the screen, put a checkmark in the checkbox next to each patient
2. Select a New Status Value from the drop-down list. List varies based on **\*Select By Status** chosen.
  - a. Active
  - b. Inactive
  - c. Inactive-No longer a patient
3. Select the Save button to update selected patients
4. All patients selected will now display the new patient status value set with the save.
5. Selecting Cancel returns provider to the blank default Manage Patient Status Criteria screen without saving.

### *Narrow Patient Status Results Set Output Options*

To narrow search results, there are three search criteria options:

1. \*Select By Age Range – Birth Date Range
  2. Select By Length of Time Since Last Immunization
  3. Select By Last Name
1. \*Select By Age Range – Birth Date Range
  - a. Select Birth Date Range radio button
  - b. Using the calendar or manual entry option, enter the Earliest Birth Date
  - c. Using the calendar or manual entry option, enter the Latest Birth Date
  - d. Click the Find button
    - i. Patient Status Result Set Returned contains all patients with a birth date from the Earliest Birth Date to the Latest Birth Date
2. Select By Length of Time Since Last Immunization
  - a. Years – populate the number of years to calculate from the Evaluation date
  - b. Evaluation Date – Select a date to calculate from based on the number of years entered
  - c. Click the Find button
    - i. Patient Status Result Set Returned contains all patients without an immunization on file for the logged on organization from the calculated date based on the Evaluation Date and Years entered, to the present date
3. Select By Last Name
  - a. Last Name – 2 or more characters required. Can search by partial or full last name  
OR
  - b. Last Name Begin Range – 2 or more characters required. Can search by partial or full last name. If populated, Last Name End Range must also be populated
  - c. Last Name End Range – 2 or more characters required. Can search by partial or full last name. If populated, Last Name Begin Range must also be populated
  - d. Click the Find button
    - i. Patient Status Result Set Returned contains all patients with a last name that matches specifically, or falls within the specified range

## ***Countermeasure and Response Administration Module (CRA)***



**Note:** In the event of a public health emergency, NYSIIS may be used to track the administration of vaccine. In some instances specific groups may be identified as being at higher risk than the general population and targeted as priority groups to receive the vaccination first.



### CRA Event Information Section

If your organization is selected for an event, the CRA Event Information section will be displayed below the Patient Information section of the Demographic screen. The CRA Event Information section is used to collect Public Health data during a pandemic response event or preparedness exercise (such as the response event to a Pandemic Influenza outbreak.) During an ongoing event the CRA Event Information section will be displayed on the Edit/Enter New Client screen. Based on candidate screening, select the appropriate priority group category for each patient.

**CRA Event Information (2)**

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Event Description	Begin Date	End Date
<b>H1N1 By Age Group</b>	08/01/2009	
Age Group: Age will be calculated at the time of Vaccination and included in aggregate reporting.		
<b>H1N1 By Priority Group</b>	08/01/2009	
Priority Group:		
<input type="text" value="Pick a Priority Group"/>		

1. Effective Events are displayed.

- The Age Group is not required and will be calculated at the time of vaccination.
- The Priority Group Value (Code) is displayed in the dropdown list. When selected, a full description of the selected priority group will be listed to the right of the priority group dropdown list.

### Priority Groups Section on Immunization History Screen

The priority groups section will only display on the Immunization History Screen when there is an active Countermeasure Response Administration (CRA) Event for your organization and the immunization is associated to the event.

**Priority Groups**

Event Description	Begin Date	End Date	Priority Group
<b>H1N1-Training</b>	09/23/2009		123
Priority Group Assignment: <i>LeAnn Test - Testing for Aggregate REport</i>			
Age Group: Age will be calculated at the time of Vaccination and included in aggregate reporting.			

The Event Description, Begin Date, End Date will automatically display and the correct Priority Group should be selected, if not previously chosen. The Priority Group Assignment will display if the active event is by both priority group and age group. The Age Group will display of the active event is by age group or both priority group and age group.



# *Managing Immunizations*

## **In this chapter:**

[Viewing Patient Immunization Information](#)

[Entering Immunizations](#)

[Editing Immunizations](#)

[Countermeasure and Response Administration \(CRA\)](#)



NYSIIS allows you to view and manage historical immunization information and add new immunizations for a patient. It also recommends immunizations based on the ACIP tracking schedule.

Immunization information for a specific patient may be accessed one of two ways:

1. Choose Manage Patient under the Patients section of the menu panel. This will bring up the Find Patient screen. For information on finding patients, refer to Chapter 10, Managing Patients. Once a patient is retrieved, select the **History Recommend** button to display the patient's Immunization History screen.

OR

2. Choose Manage Immunizations under the Immunizations section of the menu panel. This will bring up the Find Patient screen. For information on finding patients, refer to Chapter 10, Managing Patients. Once a patient is retrieved, you will be immediately brought to the patient's Immunization History screen.

## Viewing Patient Immunization Information

The Immunization History screen holds a large amount of information on each patient in NYSIIS. The screen has three sections: Patient Information, Immunization History, and Vaccines Recommended by Selected Tracking Schedule.

### *Patient Information*

The Patient Information section at the top of the Immunization History screen displays information on the patient, such as name, DOB, Tracking Schedule, Address, Patient ID, and a scrollable list of Comments. Use this information to verify that the patient indicated is the patient for whom you were searching. To edit this information, press  and refer to the *Editing/Entering Patient Information* section in Chapter 10, Managing Patients.

Patient Information					
Patient Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID
BARBARA S. TIBBLE	01/30/1966	F	ELDRIDGE	ACIP	445165453999
Address		344 MILWAUKEE, INTERLAKEN, NY 11545			
Comments					
Patient Notes (0) <a href="#">view or update notes</a>					



## Immunization History

This table lists all the immunizations the patient has received to date that have been entered into NYSIIS. Immunizations are listed alphabetically by vaccine group and ordered by “Date Administered.”

Vaccine Group	Date Administered	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Edit
This patient has no immunizations associated with it.								
Current Age: 4 months, 23 days								
Vaccines Recommended by Selected Tracking Schedule								Add Selected
Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date			
<input checked="" type="checkbox"/>	<a href="#">DTP/aP</a>	03/30/2015	04/16/2015	05/16/2015	02/15/2022			
<input type="checkbox"/>	<a href="#">HepA</a>	02/16/2016	02/16/2016	02/16/2017				
<input checked="" type="checkbox"/>	<a href="#">HepB</a>	02/16/2015	02/16/2015	05/16/2015				
<input checked="" type="checkbox"/>	<a href="#">Hib</a>	03/30/2015	04/16/2015	05/16/2015	09/15/2015			

**Vaccine Group:** This is the vaccine group name.

**Date Administered:** This date is the actual day the patient was given the vaccine. To view the tracking schedule information for the selected immunization, or an explanation of why an immunization is not valid or appropriate, click on this date.

**Series:** This column denotes the sequence number within the immunization series. A vaccine may show as invalid because the patient was not old enough to receive it or not enough time has elapsed between doses. “Partial Dose” will display if the shot is flagged as a partial dosage.

**Vaccine [Trade Name]:** This column displays the Vaccine Name, and the manufacturer’s Trade Name of the vaccine is shown in square brackets.

**Dose:** This column indicates whether full, half or multiple doses were administered to the patient.


**Owned?:** If the value in the owned column is blank, the immunization data are owned by your organization. This would be a result of either manual data entry of this information or having sent it via data exchange. This is only an indication of the organization submitting the data; it has nothing to do with the organization that administered the shot to the child.

If the value in the owned column is “no,” the immunization data are not owned by your organization. This indicates that your organization did not

enter the shot information into NYSIIS. Click on “no” to find out who owns the shot information.

**Reaction:** If this column indicates “Yes” and appears in red, this means a reaction to a vaccine was recorded. To view the patient’s reaction, click on the “Yes” link in the Reaction column or click on the notepad icon in the “Edit” column.

**Hist?:** If this column indicates “Yes,” this record is historical, meaning the immunization was administered by a provider at another organization, not the organization that owns the data. If this column is blank, this indicates the immunization was administered by the organization that owns the data (i.e. entered the data into NYSIIS).

**Edit:** When you click on the notepad icon  in this column, you will be able to edit some fields for the recorded immunization using the Edit Immunization screen, as long as the immunization is owned by your organization or is historical.



#### **Note: Owned vs. Not Owned Immunizations**

A single provider does not own any of the patients within NYSIIS, but an organization does own the immunization data it enters into NYSIIS. If the “Owned” column on the immunization History table shows a “No” for one or more vaccines, this indicates that another organization entered the vaccine information and is attesting to the validity of the information.

Any provider may edit a historical immunization, but “new” or non-historical shots may only be edited by the organization that administered the vaccine and entered the data in NYSIIS.



#### **Validation of Combination Vaccines**

NYSIIS validates each vaccine group component separately when recording combination vaccines. For example, if Comvax, which is a combination of Hib and Hep B was administered, and only one component is valid, that component will be treated as if it were a single vaccine and validated. The other component will be displayed as “Not Valid”. The component that is not valid will not be counted in series.

Between the History section and the Recommended Tracking Schedule section, the patient’s exact age is shown in a solid blue field. The age also displays on the printable version of this page.

## Vaccines Recommended by Selected Tracking Schedule

This table lists all vaccines recommended by the ACIP tracking schedule associated with the patient. Vaccine Groups are listed alphabetically.

Vaccines Recommended by Selected Tracking Schedule						Add Selected
Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date	
<input type="checkbox"/>	<a href="#">DTP/aP</a>	07/01/2011	07/01/2011	07/01/2013	06/30/2014	
<input type="checkbox"/>	<a href="#">Flu H1N1-09</a>	12/16/2009	12/16/2009	01/27/2010		
<input checked="" type="checkbox"/>	<a href="#">HepA</a>	05/12/2009	05/12/2009	12/12/2009		
<input checked="" type="checkbox"/>	<a href="#">HepB</a>	07/27/2008	07/27/2008	01/01/2009		
<input checked="" type="checkbox"/>	<a href="#">Hib</a>	04/29/2008	04/29/2008	07/01/2008	06/30/2012	
	<a href="#">MMR</a>	Complete				
	<a href="#">Pneumococcal</a>	Complete				
<input type="checkbox"/>	<a href="#">Polio</a>	08/29/2008	07/01/2011	07/01/2014		
	<a href="#">Varicella</a>	Contraindicated				

**Select:** Vaccines that are equal to or past their recommended date are automatically selected in the Vaccines Recommended section. You may also manually check other vaccines for inclusion in the Vaccines Recommended section. When the  button is pressed the check marked selections will display on the next screen.

**Vaccine Group:** This column lists the vaccine group name. To view the tracking schedule information for the selected immunization, or an explanation of why an immunization is not valid or appropriate, click on the vaccine group name.

**Earliest Date:** This date is the earliest date that the patient may receive the vaccine.


**Recommended Date:** This date is the recommended date that the patient should receive the vaccine.

**Overdue Date:** This date is the date at which the patient is past due for the immunization. This will also trigger the use of an accelerated schedule for future immunizations.

**Latest Date:** This date is the latest date at which the patient may receive the vaccine.

### *Immunization Color Coding*

The dates found in the Vaccines Recommended by Selected Tracking Schedule table can be shaded with color for emphasis. For a detailed listing of color definitions click on the online help

icon  on the Immunization History screen in NYSIIS. Some of the more common colors applied to the dates within the columns are defined as follows:

**Yellow:** A date shaded yellow indicates that today's date is equal to or past the earliest date and before the recommended date for an immunization that has not yet been received.

**Green:** A date shaded green indicates that today's date is equal to or past the recommended date and before the overdue date for an immunization that has not yet been received.

**Blue:** A date shaded blue indicates that today's date is equal to or past the overdue date and before the latest date (if a maximum age exists) for an immunization that has not yet been received.

**Pink:** A row shaded pink indicates the patient has completed the immunization series, has completed the series early, or has exceeded the maximum age for the vaccine.

### *Other Features on the Immunization History Screen*

The Immunization History screen contains links to other NYSIIS functions. These links are:

**Edit Patient:** Pressing this button will return you to the Demographic screen for the patient.

**Reports:** Pressing this button will bring you to the Reports Available for This Patient screen. You may generate Patient-specific reports. Refer to Forms and Reports, Chapter 12, of this manual for more information.

**Blood Lead:** Pressing this button will bring you to the Blood Lead Test History screen for the patient.

**Print:** Pressing this button will display the patient's immunization information without the top or side NYSIIS menus. To print this screen, click on the printer icon on your browser's tool bar or click File, Print and press OK. Press your browser's Back button to return to the patient screen.

**Print Confidential:** Pressing this button will display the patient's immunization information without top or side NYSIIS menus and without confidential patient information. To print this window, click on the printer icon on your browser or click File, Print, and press OK. Press your browser's Back button to return to the patient screen.

## Risk Assessment and Lead Test Recommendations

A message is displayed on the Immunization Recommendation screen for all children up to age 18 to alert a health care provider of the need for a risk assessment or a follow-up action. All users and roles may view the message.

Actions of BLL < 10 or BLL < 5 (blood lead level less under 10 or under 5) result in recommendations for Risk Assessments and Lead Tests displaying in green, with dates based upon the child's age

Risk Assessment and Lead Test Recommendations			
Age	Recommendation	Date Due	Status
24 months	Test All Children	11/21/2011	<a href="#">Due</a>

- Go to the lead history page by clicking on the link in the Status column

When the last blood lead level "Action" on the Blood Lead Test History Table is Repeat Test, Requires Venous Test to Confirm, or Requires Follow-up/Management, recommendations will still be displayed, but **View Blood Lead Test History – Action Required!** displayed in bold and red letters. The "**View Blood Lead Test History – Action Required!**" is a link to the corresponding Blood Lead Test History Table row for users with the ability to see blood lead tests..

Risk Assessment and Lead Test Recommendations
<b><a href="#">View Blood Lead Test History - Action Required!</a></b>

## Entering Immunizations

Users have two methods by which to add immunizations. The standard method, which uses pre-selected or manually entered immunizations; or the barcode scanning method, which uses a scanner that can read the 2D barcode from the vaccine's packaging.

To add new and/or historical immunizations using the standard method, follow these steps:

1. To enter the pre-selected immunizations from the Vaccines Recommended Tracking Schedule, Press  within the tracking schedule.
2. To manually enter immunizations other than those pre-selected, press  to display a list of immunizations on the NYSIIS, Other or Historical inventory screen.

History								
<input type="button" value="Add Imm - Scan"/>	<input type="button" value="Add Imm - Manual"/>	<input type="button" value="Edit Patient"/>	<input type="button" value="Reports"/>	<input type="button" value="Blood Lead"/>	<input type="button" value="Print"/>	<input type="button" value="Print Confidential"/>		
Vaccine Group	Date Administered	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Edit
Adeno	<a href="#">08/03/2012</a>	NOT VALID	Adenovirus, unspecified formulation				Yes	
	<a href="#">03/22/2013</a>	NOT VALID	Adeno T4 [Adeno T4 @]	Full				
	<a href="#">04/15/2013</a>	NOT VALID	Adeno T4 [Adeno T4 @]	Full				
HepB	<a href="#">01/01/2009</a>	1 of 3	HepB-Peds [Engerix-B Peds @]	Full	No			

3. You may choose a default Organization Site, Ordering Authority, and Administered By value for new immunizations by choosing from the drop down lists in the Immunizations from NYSIIS, Other, or Historical Inventory section. You will be able to edit these fields for each immunization on the Record Immunizations screen. These fields are set up and managed by the Administrative user of NYSIIS for your organization. Refer to “Managing Clinicians” in Chapter 8 of the NYSIIS User Manual.
4. Choose a date for the Date Administered field using the MM/DD/YYYY format, or use the pop-up calendar by clicking the calendar icon to the right of the field. If using the calendar icon, choose a month and year from the drop down lists provided and choose a day by clicking on the appropriate calendar day. If you leave this field blank, NYSIIS will default the date administered to the current day.
5. Select the check boxes in either the **From NYSIIS Inv.** or **From Other Inv.** column for the vaccines that were given by your organization.

**Immunizations from NYSIIS, Other, or Historical Inventory** Ok Cancel Unselect All

Organization Site: IR Physicians

Ordering Authority:

Administered By:

Date Administered:

Immunization	From NYSIIS Inv	From Other Inv	Hist #	Immunization	From NYSIIS Inv	From Other Inv	Hist #
Adeno	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Anthrax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Mening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cholera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Plague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DTP/aP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Pneumo-Poly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Flu H1N1-09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
HepA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
HepB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Smallpox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Td/Tdap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
IG-RSV IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lyme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Yellow Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
MMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Zoster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

- **From NYSIIS Inv** means the provider is using the NYSIIS Inventory module and the inventory will be automatically decremented accordingly.
- **From Other Inv** means the shot is coming from the provider's inventory, which is being maintained outside of NYSIIS.
  - You will only use one type of inventory or the other, depending on how your organization decides to manage its' inventory.
  - For combination vaccines, such as HepB-Hib, select only one vaccine component – only HepB or Hib. On the next screen when you select the trade name NYSIIS will recognize the combination vaccine and record all components.
- The column called **Hist#** allows the user to enter the number of historical immunizations being entered from another provider's records.
  - Select historical immunizations by typing the number of immunizations administered for each vaccine into the text box in the **Hist #** column. For example, if a patient received two historical DTaP vaccines, enter "2" in the **Hist #** box.

6. To advance to the Immunization Details screen, press OK.



**Note:** When you go to the Immunization Details screen to enter the “Trade Name – Lot” from NYSIIS inventory, the vaccines displayed in the drop down list will reflect the inventory of the current date, rather than the date the immunizations may have actually occurred. To adjust the vaccine listing to reflect the inventory of a past date, follow these steps:

1. On the NYSIIS, Other or Historical inventory screen, enter the Date Administered.
2. Press the Activate Expired button to the right of the Date Administered fields.

For additional instruction on this feature, contact the NYSIIS Help Desk.



### *Immunization Detail Entry Screen*

1. After selecting OK from the NYSIIS, Other or Historical Inventory screen, the Immunization Detail Entry Screen will display:

Remove	Immunization	Trade Name-Lot	Dose	Administered By	Body Site	Route	VFC Eligibility
<input checked="" type="checkbox"/>	Encephalitis	JE-Vax\jsn101new\public	Ful			subcutaneous	

2. New Immunizations - Verify or enter the Date provided, and the Ordering Authority for the new immunization(s) listed in the New Immunizations table.
3. Place a check in the Remove check box only if this immunization should not be entered into the NYSIIS database. For example, if NYSIIS informs you that the immunization is a duplicate, you should remove or modify the entry.
4. Choose a Trade Name-Lot and Funding Type from the drop down list for the first listed vaccine.
  - If using the NYSIIS Inventory module, choosing the “Trade Name – Lot” populates the Trade Name and Lot Number, and whether the vaccine funding was private or public.
  - If using Other Inventory, providers must record Trade Name, Lot Number, and the Funding Type (Public or Private) separately.
  - Providers are not required to enter lot numbers for historical immunization records.



5. Enter additional drop down list information for the following fields for each vaccine:
  - Dose: This field should be filled with the dosage given to the patient. Use the drop down list to select full, half, or multiple doses
  - Administered By: This field should be filled with the name of the clinician that administered the immunization.
  - Body Site: This field should be filled with the area of the body where the immunization was given.
  - Route: This field should be filled with the method of administration; for example, intramuscular, oral, etc. This field will display default data.
  - VFC Eligibility: This field should be filled with the individual dose's VFC eligibility. This field is required if the immunization is being administered to a patient under age 19.
  - If the immunization is Historical, enter a "Date Provided" and "Source of Immunization" for each immunization listed.
  
6. Under Patient Comments, select a comment or refusal from the drop down list, if applicable. Enter an applies-to date for each comment, then press Add to enter a new comment. You may also click the radio button next to an existing comment and press Delete to remove it.

**New Client Comments**

Select	Date	Client Comment

*Enter New Client Comment...*

Client Comment

Applies-To Date

7. If your organization uses the expanded functionality to create the Billing Export, you will see an additional Billing Information section:

**Billing Information**

**Mening from NYSIS Inventory**

Display Billing Information?  Yes  No

**Pneumo-Poly from Other Inventory**

Display Billing Information?  Yes  No

By default, the billing information is not displayed for new immunizations. If you wish to record billing information, choose the "Yes" radio button and enter the following information:

**Billing Information**

Measles from NY SIIIS Inventory

Display Billing Information?  Yes  No

Professional or institutional?  Professional  Institutional Claim Exported: No

Insurance Provider:

Vaccine Fee:

Vaccine Fee Payer:

Administration Fee:

Administration Fee Payer:

Co-Pay Amount: \$

Amount Paid: \$

Medical Codes:

Work Related?  Yes  No

Auto Accident?  Yes  No

Other Accident?  Yes  No

ECI Code:

Document Control Number:

Medical Record Number:

Prior Authorization Number:

Referring Provider?  Yes  No

Outside Lab?  Yes  No

Type of Bill:

Source of Admission:

Value Code 1:  Value Code 1 Amount: \$

Value Code 2:  Value Code 2 Amount: \$

Value Code 3:  Value Code 3 Amount: \$

- Select Professional or Institutional.
  - Select the Insurance provider from the dropdown list. This list populates from the Insurance Information section of the patient demographics screen.
  - Select the Vaccine Fee. If your fee is not listed, choose “Manual Entry” to enter your own.
  - Select the Vaccine Fee Payer - Insurance, Out of Pocket or None.
  - Select the Administration Fee. If your fee is not listed, choose “Manual Entry” to enter your own.
  - Select the Administration Fee Payer - Insurance Commercial/Public, Out of Pocket, or None.
  - Enter the Co-Pay and Amount Paid fields as applicable
  - Select the appropriate Medical Code from the dropdown list.
  - If applicable, enter additional information for Work Related, Auto Accident, Other Accident, ECI Code, Document Control Number, Medical Record Number, Prior Authorization Number, Referring Provider, Outside Lab, Type of Bill, Source of Admission, Value Codes, and Value Code Amounts.
8. When immunization details are complete, press “Save”.
  9. NYSIIS will take you back to the Immunization History screen and display the newly entered vaccines with dates and validation, in addition to updated vaccine recommendations.

**Note:** At the bottom of the Immunization Details Entry screen, default VIS dates will be displayed for each new immunization entered. To change the default VIS date, follow the instructions under the “Editing Owned Immunizations from Inventory” section of this chapter.

To add new immunizations via barcode scanning method, follow these steps:

1. Press  button.

History								
Vaccine Group	Date Administered	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Edit
Adeno	<a href="#">08/03/2012</a>	NOT VALID	Adenovirus, unspecified formulation				Yes	
	<a href="#">03/22/2013</a>	NOT VALID	Adeno T4 [Adeno T4 ®]	Full				
	<a href="#">04/15/2013</a>	NOT VALID	Adeno T4 [Adeno T4 ®]	Full				
HepB	<a href="#">01/01/2009</a>	1 of 3	HepB-Peds [Engerix-B Peds ®]	Full	No			

2. On the Patient Information page, scan the 2D barcode from the vaccine package

Patient Information					
Patient Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID
TEST PATIENT	01/01/2009	M	SORENSEN	ACIP	CVX
Address	186 PORTER, CAMILLUS, NY 13031				
Comments	<input type="text"/>				
					<input type="button" value="Cancel"/>
<b>Scan New Immunization</b>				<b>2D Barcode:</b>	<input type="text"/>

3. If the read is successful and only one exact match (NDC, Lot Number, Expiration Date and Funding Type) is found in NYSIIS inventory:
  - The page will load with relevant vaccine information in the “Add Immunization” fields.
    - Trade Name/Lot # will be prepopulated in Read-Only with match found on scan if only one exact match with one funding type is found.
    - Trade Name/Lot # will be displayed in a dropdown down box if Immunization has both an exact match with Public and Private funding available.

**Scan New Immunization**      **2D Barcode:** 01003492815450541716010110I12345

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**New Immunizations (1)**

Date Administered: 06/29/2015

Ordering Authority:

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**New Immunizations from NYSIIS Inventory (1)**

Immunization	Trade Name-Lot	Dose	Administered By	Body Site	Route	VFC Eligibility
Hib	Act-Hib/112345 public	Full <input type="button" value="v"/>	<input type="button" value="v"/>	<input type="text"/>	intramuscular <input type="button" value="v"/>	<input type="text"/>

---

**New Patient Comments**

Select	Date	Patient Comment	<input type="button" value="Delete"/>
<i>Enter New Patient Comment...</i>			
<input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>
Applies-To Date	<input type="text"/>	<input type="button" value="Calendar"/>	

---

**VIS Dates for New Immunizations**

- Select the Dose size, Administered By, Body Site, Route and VFC Eligibility from the drop down fields
  - If applicable, select Patient Comment from drop down list and enter an Applies-To Date
  - Select appropriate radio button to display billing information (if needed)
  - Click the 'Save' button to save the immunization to the patient's immunization history page
  - Click the 'Re-Scan' button to clear out 2D Barcode field and return to previous (Scan 2D IMM) page
  - Click the 'Cancel' button to return to patient's immunization history page
4. If read is successful, NDC exists and found in provider's NYSIIS inventory but there is not an exact match found for Lot Number and/or Expiration date:
- Pop-up will display with listed NDC matches:

**Scanned Vaccine Does Not Have a Match in Inventory**

The following has been found for the scanned 2D vaccine:

Trade Name	Funding Source	Lot Number	Packaging	NDC	Inv on Hand	Active	Expiration Date
<a href="#">Infanrix</a>	PUBLIC	LB0000	10 pack - 1 dose T-L syringes. No Needle	58160-0810-52	12	Y	08-Dec-16
<a href="#">Infanrix</a>	PRIVATE	LB000	10 pack - 1 dose T-L syringes. No Needle	58160-0810-52	7	Y	08-Dec-16

Click on Trade Name above to use as IMM if correct vaccine is listed.  
Please select "Manage Inventory" to add scanned vaccine to NYSIIS Inventory.  
Please select "Other IMM" to identify scanned vaccine under "From Other Inventory."  
Please select "Cancel" to return to previous page to scan another vaccine.

- Click on a Trade Name link to use that listed vaccine for administration
  - Page will load populating Trade Name/Lot# in Read-Only "From NYSIIS" with relevant vaccine information in "Add Immunization" fields
  - Select the Dose size, Administered By, Body Site, Route and VFC Eligibility from the drop down fields
  - If applicable, select Patient Comment from drop down list and enter an Applies-To Date
  - Select appropriate radio button to display billing information (if needed)
  - Click the 'Save' button to save the immunization to the patient's record
- Click on the 'Manage Inventory' button to be directed to the Manage Inventory screen to add the scanned vaccine to NYSIIS inventory. (Manage Inventory button will only display for users who have Manage Inventory Roles.)
- Click on the 'Cancel' button to clear out the 2D Barcode field and return to the previous page
- Click on 'Other IMM' button to load scanned immunization as a New Immunization from 'Other Inventory' page:

Re-Scan Save Cancel

**Scan New Immunization** 2D Barcode: 01003492815450541716010110112345

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**New Immunizations (1)**

Date Administered: 06/30/2015

Ordering Authority:

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**New Immunizations from Other Inventory (1)**

Immunization	Trade Name	Dose	Manufacturer	Lot Number	VFC Eligibility	Funding Type
Hib	ActHib	Full <input type="text"/>	Sanofi Pasteur	112345	<input type="text"/>	Private <input type="text"/>

---

**New Patient Comments**

Select	Date	Patient Comment	Delete
		<input type="text"/>	<input type="button" value="Delete"/>

Enter New Patient Comment...

Patient Comment:

Applies-To Date:

---

**VIS Dates for New Immunizations**

- Trade Name, Manufacturer and Lot# will be prepopulated in Read-Only with information found from scan
- Select the Dose size, VFC Eligibility and Funding Type from the drop down fields
- If applicable select Patient Comment from drop down list and enter an Applies-To Date
- Click Save button to save the immunization to the patient's immunization history page

5. If read is successful, NDC exists in NYSIIS but no inventory match on NDC for this provider

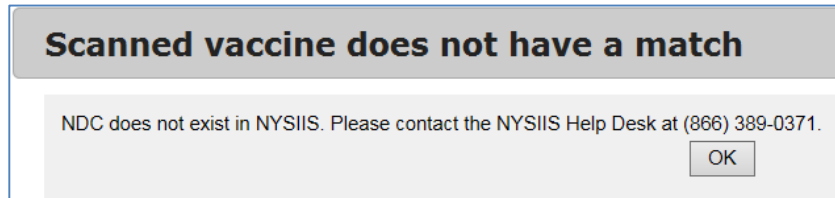
- Pop-up message will display:

**Scanned Vaccine Does Not Have a Match in Inventory** x

Please select "Manage Inventory" to add scanned vaccine to NYSIIS Inventory.  
 Please select "Other IMM" to identify scanned vaccine under "From Other Inventory."  
 Please select "Cancel" to return to previous page to scan another vaccine.

- Click on the Manage Inventory button to be directed to the Manage Inventory screen to add the scanned vaccine to NYSIIS inventory.
- Click on Other Imm button to load New Immunization from Other Inventory page
- Click on the 'Cancel' button to clear out the 2D Barcode field and return to the previous page

6. If read is successful and NDC does not exist in NYSIIS
  - Pop-up message will display:



- User will need to contact the NYSIIS Help Desk
- Click the OK button to close pop-up.



**Note:** The scanner should be programmed to include an 'Enter' action at the end of the scanned item. If 'Enter' action is not programmed, hit the 'Enter' key after scanning to process.



### *Duplicate Immunizations*

NYSIIS does not allow duplicate immunizations to be entered for a patient. If you attempt to enter an immunization for a patient given within two days before or after an existing immunization with the same trade name, you will receive the message, "Warning! You are attempting to enter potential duplicate immunization records." NYSIIS will then allow you to edit the entry(s) in question or override the system and save the duplicate immunization.

If you receive a duplicate immunization override warning, follow these steps:

1. In the duplicate immunization override warning dialog box, review all immunizations to determine whether there are any duplicates. If the immunization(s) you entered need to be removed or edited, press "Make Edits". At the Record Immunization screen, make changes or remove immunizations as needed. Press OK.

**Duplicate Immunizations** ✕

WARNING!

You are attempting to enter potential duplicate immunization records.

	Admin Date	Vaccine Group	Trade Name	Lot #	Date Entered	Selected
<b>Incoming:</b>	06/03/2015	MMR	MMR II	mnr456	06/29/2015	<input type="checkbox"/>
<b>Existing:</b>	06/02/2015	MMR	MMR II	mnr456	06/29/2015	<input type="checkbox"/>

To make corrections to your entries, click Make Edits.  
To OVERRIDE the system and save the DUPLICATE immunizations, check the incoming immunizations you want to save and click Save Selected.

Make Edits
Save Selected

2. If an Immunization(s) listed in the warning dialog box is not a duplicate, select the checkbox(es) next to the immunization(s) to enter it as a separate vaccine event and press Save Selected.



**Note:** The following scenarios explain how NYSIIS overrides duplicate immunization records:

- If there is a historical immunization on file and the same immunization is entered from NYSIIS inventory, no warning message will appear; instead it processes the new immunization and removes the historical immunization.
- If there is a historical immunization on file and a matching immunization is entered from Other Inventory, a warning message will appear. The user then has the choice to cancel the new immunization or save it anyway (adding a duplicate immunization). The user would need to explicitly delete the historical immunization to remove the duplicate records.



### *Applying a Prerequisite Override to a Patient's Immunization*

A prerequisite override is a command within a tracking schedule that allows users to override a prerequisite vaccine once a patient reaches a certain age. A prerequisite override is not automatically applied to an individual patient's immunization record. To apply a prerequisite override to an immunization, follow these steps:

1. Enter the immunization as described in the Entering Immunizations section of this chapter. You may notice that, as in the case of Td, the immunization will appear on the immunization history as one of a series, when in fact it is a booster immunization. The next two steps will correct this.
2. Follow Steps 1-3 in the Editing Owned Immunization from Inventory section of this chapter.




- In the field marked Disregard Primary Series, choose yes. Note: this field will only appear open if the conditions (the chosen tracking schedule has an override on the vaccine and the age of the patient is greater than or equal to the override age) meet those of the prerequisite override.
- Press **Save**.

## Editing Immunizations

### *Editing Historical Immunizations*

To edit a historical immunization, use the following steps:

- On the Immunization History table, select the historical vaccine record you wish to edit by clicking on the vaccine's notepad icon  in the "Edit" column.

**Edit Historical Immunization**

Vaccine Group: DTP/aP

Vaccine Display Name: DTaP

Trade Name: Acel-Imune

Vaccine Lot Number:

Date Provided: 09/02/2006

Provider Org Name:

Source of Immunization: Other Provider

Disregard Primary Series: N

VIS Date: Unknown

Entered by Site: EDS Test Organization

Input Source of Record: Created through User Interface

---

**Reactions to Immunization**


Anaphylaxis within 24 hours

Persistent crying lasting >= 3 hours within 48 hours

- In the Edit Historical Immunization screen, you may edit information for the Vaccine Lot Number, Date provided, Provider Organization Name and Source of Immunization Fields.
- To record a reaction to a vaccine, check the box to the left of the reaction in the Reactions to Immunization section.
- Press .


### *Deleting Historical Immunizations*

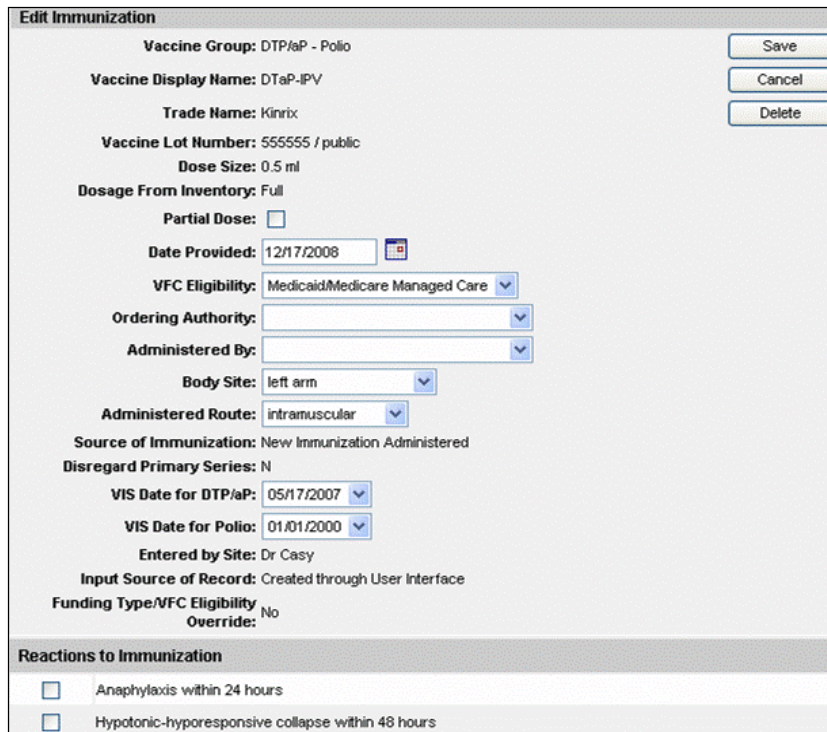
To delete a historical immunization, follow these steps:

- On the Immunization History table, select the historical vaccine record you wish to delete by clicking on the vaccine's notepad icon  in the "Edit" column.
- At the Edit Historical Immunization screen, press .
- Press  in the confirmation box.

## Editing Owned Immunizations from Inventory

An immunization that is not historical is one that was given out of an organization's inventory. You will not be able to edit non-historical immunizations that are owned by another organization. To edit an immunization record that is an owned immunization, administered by your organization, follow these steps:

1. On the Immunization History table, select the vaccine record you wish to edit by clicking on the vaccine's notepad icon  in the "Edit" column.



**Edit Immunization**

Vaccine Group: DTP/aP - Polio

Vaccine Display Name: DTaP-IPV

Trade Name: Kinrix

Vaccine Lot Number: 555555 / public

Dose Size: 0.5 ml

Dosage From Inventory: Full

Partial Dose:

Date Provided: 12/17/2008

VFC Eligibility: Medicaid/Medicare Managed Care

Ordering Authority:

Administered By:

Body Site: left arm

Administered Route: intramuscular

Source of Immunization: New Immunization Administered

Disregard Primary Series: N

VIS Date for DTP/aP: 05/17/2007

VIS Date for Polio: 01/01/2000

Entered by Site: Dr Casey

Input Source of Record: Created through User Interface

Funding Type/VFC Eligibility Override: No

**Reactions to Immunization**


Anaphylaxis within 24 hours

Hypotonic-hyporesponsive collapse within 48 hours

2. To indicate a partial dosage, check the Partial Dose checkbox. For example, check this box if a partial dosage was administered because the needle broke or was removed too soon.
3. Update information in the Date Provided, VFC Eligibility, Ordering Authority, Administered By, Body Site and/or Administered Route fields on the Edit Immunization screen.
4. Update Billing Information if applicable.
5. To indicate a Vaccine Information Statement (VIS) date other than the most current (default) date, choose an alternate date from the drop down list.
6. To record a reaction to the immunization, check the box next to the applicable reaction.
7. Press .

## Deleting Owned Immunizations from Inventory

Note that you will not be able to delete non-historical immunizations that are owned by another organization.

1. On the Immunization History table, select the vaccine you wish to delete by clicking on the vaccine's notebook icon  in the "Edit" column.
2. At the Edit Immunization screen, press .
3. Press  in the delete confirmation box.

## Countermeasure and Response Administration (CRA)

In the event of a public health emergency, NYSIIS may be used to track the administration of vaccine. In some cases, specific patient groups may be identified as being at higher risk than the general population and targeted to receive the vaccination first. These groups are called priority groups.

The CRA Event Information section is used to collect Public Health data during a pandemic event or preparedness exercise (such as the response event to a Pandemic Influenza outbreak.) If your organization is selected for an event, then the CRA Event Information section will be displayed on the Record Immunizations screen. Based on candidate screening, select the appropriate priority group category for each patient.

Patient Information					VFC Eligible:
Patient Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID
TOM SMITH	07/01/2007	M	JONES	ACIP	
Address	NY				
Comments					
					<input type="button" value="Save"/> <input type="button" value="Cancel"/>
CRA Event Information					
Event Description	Begin Date		End Date		
H1N1-Training	09/23/2009				
Pick a Priority Group					
Age Group:	Age will be calculated at the time of Vaccination and included in aggregate reporting.				



# *Forms and Reports*

## **In this chapter:**

[New Patient Form](#)  
[Parent Notification Letter](#)  
[Parent Notification Labels](#)  
[Patient Consent Form](#)  
[Withdrawal of Consent Form](#)  
[Parent Information – Lead](#)  
[Provider Information – Lead](#)  
[Ad Hoc List Report](#)  
[Ad Hoc Count Report](#)  
[Group Reports](#)  
[Immunization History Report](#)  
[Immunizations Needed Report](#)  
[Health Appraisal Form](#)  
[Childcare Report](#)  
[Reminder/Recall](#)  
[Vaccines for Children Report](#)  
[Vaccines for Children Report Totals](#)  
[Temperature Log Report](#)  
[Billing Export Request](#)  
[Provider Report Card](#)

## Forms

For patients 18 years of age and younger, the following forms are available:

1. New Patient Form
2. Parent Notification Letter
3. Parent Notification Labels

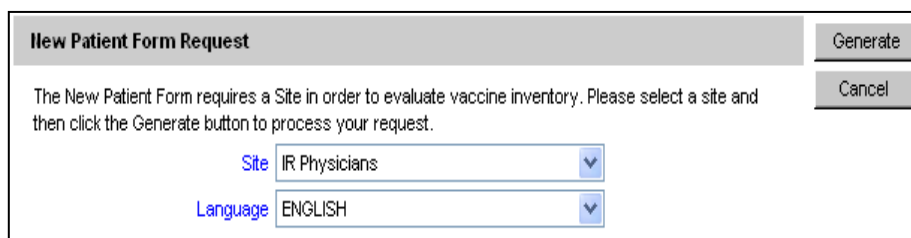
For a patient who is 19 years of age or older, the following forms are available:

1. Patient Consent Form
2. Withdrawal of Consent Form

### *New Patient Form*

The New Patient Form allows you to print a blank Vaccine Administration Record, which includes a current inventory table for the selected provider organization. Use this form to collect information on a patient who does not yet exist in the NYSIIS database. The responsible person's and clinician's signatures are also gathered on this form. To print out a New Patient Form, follow these steps:

1. Click on the Forms menu option at the top of the page.



**New Patient Form Request** Generate  
Cancel

The New Patient Form requires a Site in order to evaluate vaccine inventory. Please select a site and then click the Generate button to process your request.

Site IR Physicians

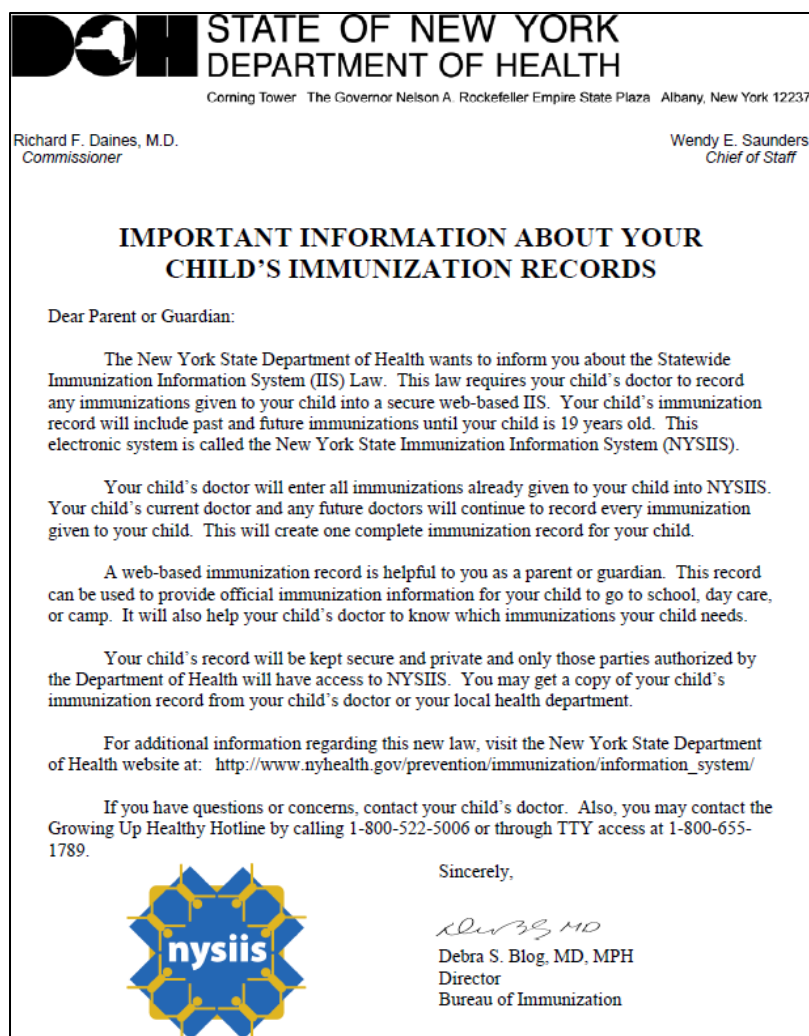
Language ENGLISH

2. At the New Patient Form Request screen, pick the organization where the patient will be seen so that the appropriate inventory will appear on the record.
3. Choose the language in which you would like the new patient form to display.
4. Press **Generate**.
5. The form displays in Adobe Reader®
6. To print the report, press the printer icon on the Adobe® toolbar.
7. Press **OK** in the Print dialog box.
8. To return to the Forms screen, you may close Adobe Reader® by clicking the X in the upper right corner of the New Patient Form window. .

## Parent Notification Letter

The Parental Notification is designed to notify parents who have children that are 18 years of age and under that their child's immunization information will be reported to NYSIIS in accordance to state public health law. This letter should be printed and shared with parents at the time a child comes in for an immunization.

1. To generate the Parent Notification Letter, click on the Forms button located at the top of each screen in NYSIIS.
2. Under the Parent Information Section, click on the [Information for Parents](#) link to open the Parent Notification Letter.



3. To print the report, press the printer icon on the Adobe® toolbar. Press  in the Print dialog box.
4. To return to the Forms screen, you may close the Adobe Reader® by clicking the X in the upper right corner of the Parent Notification Letter window.

## Parental Notification Labels

The Parental Notification is designed to notify parents who have children that are 18 years of age and under that their child's immunization information will be reported to NYSIIS in accordance to state public health law. Parent Notification Labels should be printed and used in conjunction with the Parent Notification Letter.

- Click on **Parental Notification** under the Reports section of the menu panel.
- On the Parental Notification Screen, specify the criteria necessary to capture desired patients. You may choose to generate for all patients under 19 years old, patients under 19 years old who were added to NYSIIS within a certain date range, or patients under 19 in a particular birth date range.

**Parental Notification Labels**

All patients < 19

All patients < 19 within Add Date range

All patients < 19 within Birth Date range

[Parental Notification Letter](#)

- Choose whether you want to generate the parental notification letters, mailing labels, or both.
- Click the Generate button. The system starts to generate the letters and/or mailing labels and takes you to the Check Parental Status screen.
- After the output finishes generating, the top line of the Check Parental Status screen becomes a hyperlink. Click on the hyperlink.
- The system displays the report output in PDF format.

## Patient Consent Form

Patient Consent is required for patients who are 19 years of age or older. Consent may be in written or verbal form. All health care providers must take the appropriate steps to collect the necessary consent from individuals 19 years of age or older and must indicate in NYSIIS this consent to share information. Health Care Providers must maintain documentation of the patient's consent and how it was obtained in their own records. Only the consent indicator is stored in NYSIIS.


NYSIIS does have available a consent form that may be used if the health care provider wishes. If this form is used, keep the signed consent form on file at your organization. To generate the form, follow these steps:

:

1. From anywhere in the NYSIIS application, click on the **Forms** button located at the top of the screen.
2. On the Forms page, choose whether you want to print the Patient Consent Form in either English or Spanish. Then click on [Patient Consent](#), which is underlined and in blue text.
3. Once the report is generated, it will be displayed using Adobe Reader®. Refer to the Optimizing NYSIIS chapter in this manual for more information on Adobe Reader®.

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Immunization		Consent For Participation in NYSIIS for Individuals 19 Years of Age or Older	
<p>The New York State Immunization Information System (NYSIIS) is a confidential, computerized system that contains immunization records and allows authorized users access to a person's shot record. Strict federal and state laws protect the privacy of your personal information in the system. The benefits of participating in NYSIIS include:</p> <ul style="list-style-type: none"><li>• Your health care provider can use NYSIIS to be sure that you receive the needed immunizations, and proper medical treatment is received when needed.</li><li>• There will be a permanent and easily accessible record of your immunizations.</li></ul> <p>Participation in NYSIIS for people 19 years of age and older is voluntary, so your consent is needed. If you want to participate, please carefully read the consent below and sign in the space provided. For additional information about this consent, please call (518) 473-2839.</p>			
<p>I give my consent for _____ (name of doctor or organization) to release my immunization(s) and identifying information to the New York State Immunization Information System (NYSIIS). I understand the purpose of NYSIIS is to assist in my medical care and to record the immunizations that I have had or will receive in the future. My immunization information may potentially be used by the Department of Health for quality improvement purposes, epidemiologic research, and disease control purposes. Information used for quality improvement or any research purposes will have my personal identifying information removed.</p> <p>The immunization information in NYSIIS may be released to the following: myself, my health insurance plan, the state and local health departments, the school that I am registered to attend, and authorized medical providers that deliver my medical care.</p> <p>I understand that there will be no effect on my treatment, payment, or enrollment for benefits if I choose not to enroll in NYSIIS. This consent may be withdrawn at any time by using the form provided. Information about immunizations received by NYSIIS with my consent will remain in NYSIIS if I later choose to withdraw my consent. However, future immunizations will not be recorded in NYSIIS.</p>			
Print Name _____		Date of Birth _____	
Signature _____		Date _____	
DOH-4439 (3/10) Page 1 of 1			



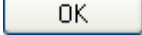
4. To print the report, press the printer icon on the Adobe® toolbar. Press  in the Print dialog box.
5. To return to the Forms screen, you may close Adobe Reader® by clicking the X in the upper right corner of the Patient Consent Form window

### *Withdrawal of Consent Form*

For patients who are 19 years of age or older, the Withdrawal of Consent Form is the form the patient may sign to indicate that no further modifications or edits should be made to his or her NYSIIS record. To generate the form, follow these steps:

- From anywhere in the NYSIIS application, click on the Forms button located at the top of the screen.
1. On the Forms page, click on [Withdrawal of Consent Form](#), which is underlined and in blue text.
  2. Once the report is generated, it will be displayed using Adobe Reader®. Refer to the Optimizing NYSIIS chapter in this manual for more information on Adobe Reader®.

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Immunization	<b>Withdrawal of Consent for Participation in          NYSIIS for Individuals 19 Years of Age or Older</b>
<p>I withdraw my consent for inclusion of my immunization information and identifying information in the New York State Immunization Information System (NYSIIS). I understand that records of immunizations received by NYSIIS with my consent will remain in NYSIIS; however, information about any future immunizations I receive will not be recorded in NYSIIS.</p>	
Name	Date of Birth
Address	
Signature	
Send this completed form to:	New York State Immunization Information System New York State Department of Health Corning Tower, Room 678 Albany, NY 12237
DOH- 4440 (3/10) Page 1 of 1	

3. To print the report, press the printer icon on the Adobe® toolbar. Press  in the Print dialog box.
4. To return to the Forms screen, you may close Adobe Reader® by clicking the X in the upper right corner of the Withdrawal of Consent Form window.



**Note:** Under Public Health Law 2168, patients who are 18 years of age and younger do not have the option to grant or revoke consent, so the Patient Consent Form and Withdrawal of Consent Form are not required for them.



## Parent Information – Lead

What Your Child's Blood Lead Test Means is an educational document for health care providers to print and share with parents after receiving the child's blood lead test results. The document includes a brief explanation of next steps depending upon the child's blood lead level, and lead poisoning prevention messages. PDFs are available in English, Spanish, French, Russian, Arabic, Haitian Creole, Hindi, Karen, Maay Maay, and Somali.

### What Your Child's Blood Lead Test Means

The blood lead test tells you how much lead is in your child's blood. Lead can harm a child's growth, behavior, and ability to learn. The lower the test result, the better.

Most lead poisoning occurs when children lick, swallow, or breathe in dust from old lead paint. Most homes built before 1978 have old lead paint, often under newer paint. If paint peels, cracks, or is worn down, the chips and dust from the old lead paint can spread onto floors, windowsills and all around your home. Lead paint dust can then get onto children's hands and toys, and into their mouths.

Most children have had some contact with lead in old paint, soil, plumbing, or another source. This is why New York State requires doctors to test all children with a blood lead test at age 1 year and *again* at age 2 years. For children up to age six years, your doctor or nurse should ask you at every well child visit about ways your child may have had contact with lead. Children who have had contact with lead should be tested.

A high test result using blood from a fingertip should be checked again with a second test using blood taken from a vein (often in the arm). If the second result is still high, you should follow the steps below.

Test Result in micrograms per deciliter (mcg/dL)	Next Steps
0-4	<ul style="list-style-type: none"> <li>• There is very little lead in your child's blood.</li> <li>• The average lead test result for young children is about 2 mcg/dL.</li> </ul>
5-9	<ul style="list-style-type: none"> <li>• Your child has a little more lead than most children.</li> <li>• Talk with your doctor and local health department to find out how your child might have come into contact with lead, and ways to protect your child.</li> <li>• Your doctor might want to test your child again in 3 to 6 months.</li> </ul>
10-14	<ul style="list-style-type: none"> <li>• Your child's lead level is high. A result of 10 or higher requires action.</li> <li>• Your doctor and local health department will talk with you to help you find sources of lead, and ways you can protect your child.</li> <li>• Your child should be tested again in 1 to 3 months.</li> </ul>
15-44	<ul style="list-style-type: none"> <li>• Your child's lead level is quite high. You and your doctor should act quickly.</li> <li>• Talk with your doctor or nurse about your child's diet, growth and development, and possible sources of lead.</li> <li>• Talk with your local health department about how to protect your child. They may visit your home to help you find sources of lead.</li> <li>• If the lead level is 15 to 24, your child should be tested again in 1 to 3 months.</li> <li>• If the lead level is 25 to 44, your child should be tested again in 2 weeks to 1 month.</li> </ul>
45 or higher	<ul style="list-style-type: none"> <li>• Your child needs medical treatment right away.</li> <li>• Your doctor or health department will call you as soon as they get the test result.</li> <li>• Your child might have to stay in a hospital, especially if your home has lead.</li> <li>• Your local health department will visit your home to help you find sources of lead.</li> <li>• Your child should not go back home until the lead sources are removed or fixed.</li> <li>• Your child needs to be tested again after treatment.</li> </ul>

Child's Name: \_\_\_\_\_ Test Result: \_\_\_\_\_ mcg/dL Date: \_\_\_\_\_

If the test result is not written here, ask your doctor or nurse for it, write it down, and save for your records.

**For all test results, follow the advice on the other side to keep your child's lead level from rising.**

**Over →**

**Provider Information – Lead**

Publication Order Form – Lead is a form to order free NYS lead poisoning prevention educational materials. This form can be faxed or mailed to the NYS State Department of Health.

**Order Form**  
**NYS Department of Health**  
**Lead Poisoning Prevention Educational Materials**

**Complete and mail or fax form to:**  
 NYS Department of Health      Fax: (518) 465-0432  
 Distribution Center  
 21 Simmons Lane  
 Menands, NY 12204

Note: Orders can not be placed by phone, but if you have a question about your order, please call the Distribution Center: (518) 465-8170.

Orders can also be emailed to the Distribution Center at: [B0019W@health.state.ny.us](mailto:B0019W@health.state.ny.us)  
 Include your name, agency (if any), address, phone, publication title and number, description, and quantity.

Prior approval is required for orders over 200 for any one piece. Call the Lead Program (518) 402-5706.

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (    ) \_\_\_\_\_

<u>TITLE</u>	<u>PUBLICATION NUMBER</u>	<u>QUANTITY</u>
<b>STORY &amp; COLORING BOOKS</b>		
<i>Leo the Little Lion Learns: How to Get Ahead of Lead</i> – Storybook..... English	2533	_____
Spanish	2541	_____
<i>Leo the Little Lion Learns: How to Get Ahead of Lead</i> - Coloring book... English	2528	_____
Spanish	2542	_____
<b>STICKERS</b>		
<i>Leo Says: "Suds Up!"</i> - Hand Washing Stickers..... English	2553	_____
<i>At One and Two, Testing for Lead is What to Do</i> ..... English	2554	_____
Spanish	2581	_____

# Reports

## Ad Hoc Reports

The Ad Hoc Reports function in NYSIIS allows the user to create customized reports. Filters within the Ad Hoc Reporting function help to narrow a search by date, site, vaccine group, ethnicity, and other factors. City and county public health departments may include in their reports patients associated with their departments or those living within the same city or county.

The Ad Hoc reporting function produces two types of reports; one type produces lists with information about selected patients, the other type produces counts, either of patients or of immunizations.



**Note:** Patients whose information is added or changed on the day the report is run may not appear in the results until the following day.



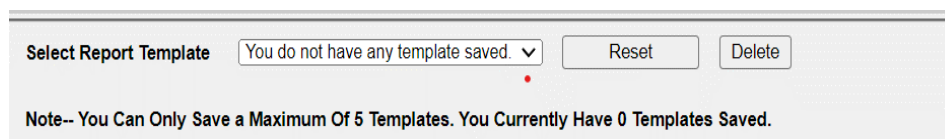
## Ad Hoc List Reports

To produce a list of information about selected patients, follow these steps:

1. Click on **Ad Hoc List Report** under the Reports section of the menu panel.
2. There is the capability to save frequently used report criteria (templates) to be run on demand. This is optional. When there are no templates/reports saved, the Select Report Template drop down at top of page will display 'You do not have any template saved'. When there are templates saved, the Select Report Template will display 'Please Select Template'.

To save a new template:

- The Select Report Template drop down must display 'You do not have any template saved' or 'Please Select Template'.



- Choose your criteria for your report as you would for any report. See instructions below.
- Select the 'Save Template' button at bottom of page. A popup box will display. Note the radio button defaults to 'Save As New Template'. Enter a name for your report and select OK.

**Note-- You Can Only Save a Maximum Of 5 Templates**

Update Existing  
 Save As New Template

Enter Report Name Here

OK

- When completed, the name of your report will be populated in the 'Select Report Template' drop down at top of page. All template/report criteria is saved.

**Select Report Template** Please Select Template.

Please Select Template.

Gender Covid

Ethnicity Covid

**Note-- You Can Only Save** **ntly Have 2 Templates Saved.**

To run an existing template:

- Open the 'Select Report Template' drop down, choose the report to run.
- The criteria for the report will be re-populated on the page.
- Select the 'Generate' button at bottom of page.

To modify an existing template:

- Open the 'Select Report Template' drop down, choose the report.
- The criteria for the report will be re-populated on the page. Modify the criteria, as needed.
- Select the 'Save Template' at bottom of page. A popup box will display. Note the radio button defaults to Update Existing: Name of your report. Select OK.

**Note-- You Can Only Save a Maximum Of 5 Templates**

Update Existing : Gender Covid  
 Save As New Template

Enter Report Name Here

OK

To exit the template without saving any changes and reset the screen:

- Select the 'Reset' button to the right of the 'Select Report Template' drop down.

To delete an existing template:

- Select the 'Delete' button to the right of the 'Select Report Template' drop down.

**Note:** You can only have a maximum of 5 templates. A message will display in the Template section of the Ad Hoc setup screen to alert you on how many templates you currently have saved. If you attempt to save more than 5 templates, you will get a pop up warning that states “You Have Reached The Maximum Number of Allowed Saved Templates. Please Delete an Existing Template To Save a New One”.

Choosing criteria for the report:

3. Select the items that you would like to display on the report by double-clicking on the desired items from the left column (for example, Patient Last Name) or by highlighting the item and pressing **ADD**. This will copy the item to the right column and add it to your report.

4. Select the single item by which you would like to have the report sorted and click on the sort order (first-to-last or last-to-first). Note: Sorting the report will increase the time it takes to process it.

5. Under “Item to filter on,” select an item that you would like to add as a filter using the drop down list provided. For example, “Birth Date Range” could be an item used as a filter. Filters in NYSIIS are used to narrow information down so that it answers a user’s query. An example of a filter item would be Birth Date Range (Item to filter on) BETWEEN (Comparison) 01/01/2004 (Value to compare to) AND 12/31/2004 (And).

6. Under Comparison,” select a word from the drop down list that best describes the type of comparison you wish to make. For example, “Between” is one comparison operator.
7. Under “Value to compare to,” either choose a value from the drop down list in the left field or enter a beginning date in the right field.
8. Under “and,” select another value from the drop down list in the left field or enter the ending date in the right field, if applicable.
9. Press **Add/Save**. Repeat Steps 4-8 for each item you wish to filter.

10. When finished adding filter items, you may do the following:
  - Group them together by highlighting two filter statements and pressing **Group**.
  - Change “AND” to “OR” by highlighting “AND” and clicking on the **And/Or** button. “OR” can also be switched to “AND” by following the same process.
  - Highlight a grouped statement and press **Ungroup** to ungroup it.
11. Highlight a statement and press **Remove** to remove it from the selected filters.
  - Highlight a statement and press **Edit** to make changes to a statement. Make the necessary changes to the statement in the filtering section of the screen and press **Add/Save**
  - Press **Generate**. The Ad Hoc Report Status page will display; see the Ad Hoc Report Status section of this chapter for more information.

### *Ad Hoc Count Report*

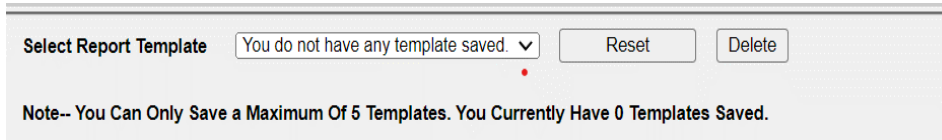
To produce a count of selected patients or immunizations, follow these steps:

1. Click **Ad Hoc Count Report** under the Reports section of the menu panel.
2. There is the capability to save frequently used report criteria (templates) to be run on demand. This is optional. When there are no templates/reports saved, the Select Report Template drop down at top of page will display ‘You do not have any template saved’. When there are templates saved, the Select Report Template will display ‘Please Select Template’.

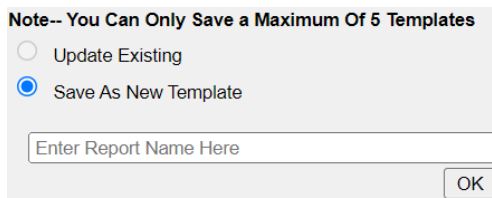


To save a new template:

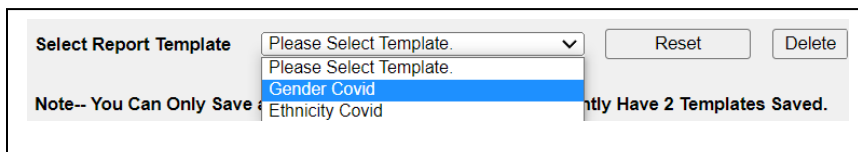
- The Select Report Template drop down must display 'You do not have any template saved' or 'Please Select Template'.



- Choose your criteria for your report as you would for any report. See instructions below.
- Select the 'Save Template' button at bottom of page. A popup box will display. Note the radio button defaults to 'Save As New Template'. Enter a name for your report and select OK.



- When completed, the name of your report will be populated in the 'Select Report Template' drop down at top of page. All template/report criteria is saved.

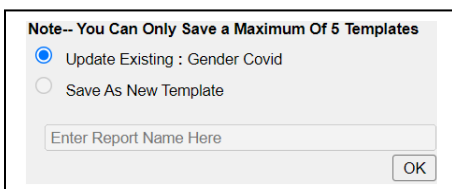


To run an existing template:

- Open the 'Select Report Template' drop down, choose the report to run.
- The criteria for the report will be re-populated on the page.
- Select the 'Generate' button at bottom of page.

To modify an existing template:

- Open the 'Select Report Template' drop down, choose the report.
- The criteria for the report will be re-populated on the page. Modify the criteria, as needed.
- Select the 'Save Template' at bottom of page. A popup box will display. Note the radio button defaults to Update Existing: Name of your report. Select OK.



To exit the template without saving any changes and reset the screen:

- Select the 'Reset' button to the right of the 'Select Report Template' drop down.

To delete an existing template:

- Select the 'Delete' button to the right of the 'Select Report Template' drop down.



**Note:** You can only have a maximum of 5 templates. A message will display in the Template section of the Ad Hoc setup screen to alert you on how many templates you currently have saved. If you attempt to save more than 5 templates, you will get a pop up warning that states "You Have Reached The Maximum Number of Allowed Saved Templates. Please Delete an Existing Template To Save a New One".



Choosing criteria for the report:

**Create a Customized Count Report**

Would you like to count Patients or Immunizations?

Patients  Immunizations

What factors would you like to use to group the counts on the report?

**Patient Factors**

- Birth County
- Birth date
- Consent Indicator
- County of Residence
- Ethnicity
- Gender
- Insurer
- Race

Add >

< Remove

< Remove All

You may select a maximum of three factors to group the counts

3. Select whether Patients or Immunizations will be counted by clicking the appropriate radio button at the top of the screen.
4. Select the factors you would like to use to group the counts on the report by double-clicking

How would you like to filter the data?

Item to filter on: (no filters)

Comparison:

Value to compare to:

and:

Add/Save/Edit

**Selected Filters**

Edit

Remove

And/Or

Group

UnGroup

Generate Cancel

on the desired item from the left column (for example, Vaccine Group) or by highlighting the item and pressing **Add**. This will copy the item to the right column so that it can be used in your report.

5. Under “Item to filter on” select an item that you would like to add as a filter using the drop down list provided. For example, “Birth Date Range” could be an item used as a filter.
6. Under “Comparison,” select a word from the drop down list that best describes the type of comparison you wish to make. For example, “Between” is one comparison operator.
7. Under “Value to compare to,” either choose a value from the drop down list in the left field or enter a beginning date in the right field.
8. Under “and,” select another value from the drop down list in the left field or enter the ending date in the right field, if applicable.
9. Press **Add/Save**. Repeat Steps 4-8 for each item you wish to filter.
10. When finished adding filter items, you may do the following:
  - Group them together by highlighting two filter statements and pressing **Group**.
  - Change “AND” to “OR” by highlighting “AND” and clicking on the **And/Or** button. “OR” can also be switched to “AND” by following the same process.
11. Highlight a grouped statement and press **Ungroup** to ungroup it.
12. Highlight a statement and press **Remove** to remove it from the selected filters.
13. Highlight a statement and press **Edit** to make changes to a statement. Make the necessary changes to the statement in the filtering section of the screen and press **Add/Save**
14. Press Generate. The Ad Hoc Report Status page will display; see the Ad Hoc Report Status section of this chapter for more information.

### Ad Hoc Report Status

- The Ad Hoc Report Status screen will display after you press **Generate** on the Ad Hoc Count or Ad Hoc List Report screens, or you may access the status screen by clicking Ad Hoc Report Status under the Reports section of the menu panel.

Ad Hoc Report Status				Refresh	Cancel
Report Type	Started	Completed	Status	Row Count	
<a href="#">COUNT</a>	11/02/2009 12:21 PM	11/02/2009 12:21 PM	DONE	5	
<a href="#">LIST</a>	11/02/2009 12:12 PM	11/02/2009 12:12 PM	DONE	8	

- Press **Refresh** occasionally to check the status of the report. Once the underlined report type appears in blue, click it. The report will display directly on this screen.
- If you wish to export the data as a text file, spreadsheet or PDF, select the appropriate link. Exporting an ad hoc report in a PDF file will allow you to print the report as a whole, rather than one page at a time.
- If you wish to print the report, press **Print** under the File menu within the application (text file, spreadsheet or Adobe® Reader). In the print dialog box, adjust the print options as

necessary, then press either **Print** or **Ok**, depending on the application.



**Note:** Ad hoc reports are retained for 72 hours; NYSIIS will retain one count report and one list report for that period of time. If a new report of the same type is generated, the new report will replace the existing report.



### Group Reports

The purpose of Group Reports is to run either the Immunization History Report or Health Appraisal Form for a group of selected patients. To run one of these reports, complete the following steps:

1. Click on **Group Patients** under the Reports section of the menu panel.
2. On the Group Patients Screen, choose whether you want to run the Immunization History Report or the Health Appraisal Form.

The screenshot shows a web interface for generating reports. At the top, there are two radio buttons: "Immunization History Report" (selected) and "Health Appraisal Form". Below this are four filter options, each with a checkbox and a calendar icon for date selection:

- All patients within date of birth range [ ] [ ]
- All patients with immunization(s) administered by site HP Test Org II
- All patients who received immunization(s) within dates [ ] [ ]
- Insurance Provider: All Insurance Providers

Below the filters is a section titled "Specify how to sort data" with a dropdown menu set to "Sort By: Last Name, then by Age". At the bottom are two buttons: "Generate" and "Reset".

3. To run for patients in a specific birth date range, click on the check box on the **first** line. Enter a from birth date and to birth date in MM/DD/YYYY format.
4. To run for patients who have immunizations administered by one of your sites, click the check box on the **second** line. Choose a site from the drop down list.
5. To run for patients who have an immunization in a specific date range, click the check box on the **third** line. Enter a From date and a To date in MM/DD/YYYY format.
6. To run for patients who have a particular insurer, click the check box on the **fourth** line. Choose an insurer from the drop down list.



**Note:** You may combine any of the criteria in the above steps. The system selects patients who fulfill all the criteria you specify.



7. Additionally, you may choose a sort order. Your two options are either by Last Name then Age or by Age, then Last Name.
8. If you wish to start over, click the **Reset** button. The system erases all the criteria you entered and starts with a fresh page. You may proceed to enter your criteria again.
9. When criteria are completed, click the **Generate** button. The system starts to generate the report and takes you to the Check Group Status screen.
10. After the report finishes generating, the top line on the Check Group Status screen becomes a hyperlink. Click on the hyperlink.

Group Patient Reports Request Status				Refresh	
Report Name	Started	Completed	Status	Patients	
<a href="#">Immunization History Report</a>	04/11/2011 03:40 pm	04/11/2011 03:40 pm	100%	5	
<a href="#">Health Appraisal Form</a>	04/11/2011 03:39 pm	04/11/2011 03:39 pm	100%	27	

11. The system displays the report output in PDF format.

### *Patient Reports*

For all patients in NYSIIS, you may generate the following reports from the Patient Reports Screen:

1. Immunization History Report
2. Immunizations Needed
3. Health Appraisal Form
4. Childcare Report
5. Blood Lead Report

### *Immunization History Report*

The Immunization History Report displays demographics, contact information, and a detailed summary of the patient's immunization history. This report will typically be used as an official school record. This report should be provided to parents and guardians, as requested. To generate the report, follow these steps:

1. From a patient's Manage Patient screen or Manage Immunizations screen, press .

- At the Patient Reports Patient screen, click on [Immunization History Report](#), which is underlined and in blue text.
- Once the report is generated, it will be displayed using Adobe Reader®. Refer to the Optimizing NYSIIS chapter in this manual for more information on Adobe Reader®.

05/28/2013

New York State Immunization Information System  
IR Physicians  
Immunization History Report

Patient ID:		Tracking Schedule: ACIP	
Patient Name: <b>REPORT TESTPATIENT</b>			
Birth Date: 01/01/2005	Gender: Unknown		
Address:			
City:	State: NY	ZIP:	Phone: ( )
Age: 8 years, 4 months, 27 days			

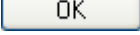
Immun	Date Admin	Series	Vaccine [Trade Name]	Dose	Mfg Code	Lot #	Bod Rt.	Bod St.	Provider of Information	React
HepB	05/28/2013	Not Valid	HepB-Peds [Engerix-B Peds ®]	Full	SKB	jsn101new	IM		IR Physicians	
Hib	05/28/2013		DiaP-Hib-IPV [Pentacel]	Full	PMC	jsn101new			IR Physicians	
Influenza	05/28/2013	1 of 2	FLU-Nasal [Flu-Mist ®]	Full	MED	jen456	IM		IR Physicians	
MMR	05/28/2013	1 of 2	MMRV [Proquad ®]	Full	MSD	jsn101new	SC		IR Physicians	
Polio	05/28/2013	1 of 4	DiaP-Hib-IPV [Pentacel]	Full	PMC	jsn101new			IR Physicians	
Td/Tdap	05/28/2013	1 of 3	DiaP-Hib-IPV [Pentacel]	Full	PMC	jsn101new			IR Physicians	
Varicella	05/28/2013	1 of 2	MMRV [Proquad ®]	Full	MSD	jsn101new	SC		IR Physicians	

**Reaction Descriptions:**  
No Records Found.

**Patient Comments:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
No Records Found.


Organization Name: IR Physicians  
Address: 103 Peter St.  
City: ELMIRA State: NY ZIP: 14602 Phone: (585) 222-3333  
Primary Care Provider: \_\_\_\_\_  
Provider's Signature \_\_\_\_\_ Date: \_\_\_\_\_

REPORT TESTPATIENT 1 of 1 DOB: 01/01/2005

- To print the report, press the printer icon on the Adobe® toolbar. Press  in the Print dialog box.
- To return to the Patient Reports screen, you may close Adobe Reader® by clicking the X in the upper right corner of the Immunization History Report window.

## Immunizations Needed Report

The Immunizations Needed report displays demographics, contact information, immunization history, and immunizations recommended by date according to the tracking schedule assigned to the patient. This report can be provided to parents and guardians for their records and helps to identify upcoming immunizations for their children. In addition, it provides a place for the next appointment date and organization phone number. To generate the report, follow these steps:

- From a patient's Manage Patient screen or Manage Immunizations screen, press .
- At the Patient Reports screen, click on [Immunizations Needed](#), which is underlined and in blue text.
  - Once the report is generated, it will be displayed using Adobe Reader®. Refer to the Optimizing NYSIIS chapter in this manual for more information on Adobe Reader®.

Immunization	Date Admin	Series	Vaccine [Trade Name]	Dose	Reaction
HepB	05/28/2013	Not Valid	HepB-Peds [Engerix-B Peds®]		
Hib	05/28/2013		DtaP-Hib-IPV [Pentacel®]		
Influenza	05/28/2013	1 of 2	FLU-Nasal [Flu-Mist®]		
MMR	05/28/2013	1 of 2	MMRV [Proquad®]		
Polio	05/28/2013	1 of 4	DtaP-Hib-IPV [Pentacel®]		
Td/Tdap	05/28/2013	1 of 3	DtaP-Hib-IPV [Pentacel®]		
Varicella	05/28/2013	1 of 2	MMRV [Proquad®]		

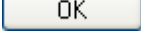
\*Previous Influenza boosters not displayed

Vaccines Recommended by Selected Tracking Schedule	
Vaccine	Date Needed
DtaP, unspecified formulation	Max Age Exceeded
Hib	Max Age Exceeded
FLU-Nasal	06/25/2013
Hep B	06/25/2013
MMR	06/25/2013
Polio	06/25/2013
Tdap > 7 years	06/25/2013
Varicella	08/28/2013

Appointment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_


IR Physicians  
(585) 222-3333

REPORT TESTPATIENT DOB: 01/01/2005

3. To print the report, press the printer icon on the Adobe® toolbar. Press  in the Print dialog box.
4. To return to the Patient Reports screen, you may close Adobe Reader® by clicking the Back Button in the upper right corner of the Immunizations Needed Report window.

### Health Appraisal Form

This form is modeled after the School Health Examination form, revised May 4, 2018. The Health Appraisal Form displays demographics, a blank physical examination report, and the patient's immunization history for vaccinations required for New York State school entry. The patient's demographic information and immunization history will be automatically populated by NYSIIS. All other fields on this report are a template and should be completed in writing. To generate the Health Appraisal Form for the patient, follow these steps:

- From a patient's Manage Patient screen or Manage Immunizations screen, press .
1. At the Patient Reports screen, click on [Health Appraisal Form](#), which is underlined and in blue text.
  2. Once the report is generated, it will be displayed using Adobe Reader®. Refer to the Optimizing NYSIIS chapter in this manual for more information on Adobe Reader®.

NYSED requires an annual physical exam for new entrants, students in Grades K,2,4,7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

#### **Health Certificate / Appraisal Form**

<b>Name:</b> <u>LESTER K TIMOTHY</u>	<b>Date of Birth:</b> <u>04/10/2005</u>
<b>Address:</b> _____	<b>Phone:</b> <u>(972) 333-8277</u>
<b>School:</b> _____	<b>Grade:</b> _____
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	



**IMMUNIZATIONS / HEALTH HISTORY**

- Immunization record attached  
 No Immunizations given today  
 Immunizations given since last Health Appraisal:  
 History of Varicella disease (Chicken Pox)
- Sickle Cell Screen:**  Positive  Negative  Not Done Date: \_\_\_\_\_  
**PPD:**  Positive  Negative  Not Done Date: \_\_\_\_\_  
**Elevated Lead:**  Yes  No  Not Done Date: \_\_\_\_\_  
**Dental Referral:**  Yes  No  Not Done Date: \_\_\_\_\_

**Significant Medical/Surgical History:**  See attached \_\_\_\_\_

**Allergies:**  **LIFE THREATENING**  Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Other: \_\_\_\_\_  
 Seasonal  Medication: \_\_\_\_\_

**PHYSICAL EXAM**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Body Mass Index: _____ - _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup> <input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher	Vision - without glasses/contact lenses	R	L	<i>Referral</i>
	Vision - with glasses/contact lenses	R	L	
	Vision - Near Point	R	L	
	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

**EXAM ENTIRELY NORMAL**    Tanner: I. II. III. IV. V.    Scoliosis:  Negative  Positive: \_\_\_\_\_

Specify any abnormality (use reverse of form if needed): \_\_\_\_\_

**MEDICATIONS**

Medications (list all):  None  Additional medications listed on reverse of form

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_  
 Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

If AM dose is missed at home: \_\_\_\_\_

I assess this student to be self directed  Yes  No    Student may self carry and self administer medication  Yes  No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or the morning medication has not been given.

**PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION**

- Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:**  
 \_\_\_ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.  
 \_\_\_ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.
- Specify medical accommodations needed for school:** \_\_\_\_\_  None  
 **Known or suspected disability:** \_\_\_\_\_  Please monitor  
 **Restrictions:** \_\_\_\_\_  Please monitor  
 **Protective equipment required:**  Athletic cup     Sport goggles/impact resistant eyewear     Other: \_\_\_\_\_

**OPTIONAL INFORMATION, if known**

**Specify current diseases:**  Asthma    Diabetes:  Type 1     Type 2     Hyperlipidemia     Hypertension  
 Other: \_\_\_\_\_

**Provider's Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ (Stamp Below)

**Organization Name/Address:** IR Physicians    **Fax:** \_\_\_\_\_  
 103 Peter St. West, Org Address 2, ALBANY, NY 99332

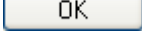
Immunization History	
Immunization	Date Immunizations Given
Cholera	02/08/2022
HPV	04/11/2016, 04/12/2018
HepB	04/11/2005
Ig	12/02/2021
Polio	08/10/2005, 09/20/2015, 10/24/2015
Rotavirus	12/10/2015
Td/Tdap	02/16/2013, 01/14/2015, 08/08/2016

I give permission for medication to be administered to my child as ordered by my health care provider. I give permission for photographs to be taken of my child to be used on the medication bottle and log.

**Parent Signature:** \_\_\_\_\_


Date: \_\_\_\_\_

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by a private healthcare provider and the school medical director. Rev 2/08

- To print the report, press the printer icon on the Adobe® toolbar. Press  in the Print dialog box.
- To return to the Patient Reports screen, you may close Adobe Reader® by clicking the X in the upper right corner of the Health Appraisal Form window.

### *Childcare Report*

The Childcare Report displays patient information, immunizations required for entry into daycare and a complete list of immunization history. This is the New York State Office of Children and Family Services: Child In Care Medical Statement form (OCFS-LDSS-4433). To generate the report, follow these steps:

- From a patient's Manage Patient screen or Manage Immunizations screen, press .
- At the Patient Reports screen, click on [Childcare Report](#), which is underlined and in blue text.
- Once the report is generated, it will be displayed using Adobe Reader®. Refer to the Optimizing NYSIIS chapter in this manual for more information on Adobe Reader®.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner**

Name of Child: CANDY BAR	Date of Birth: 09/19/2014	Date of Examination:
--------------------------	---------------------------	----------------------

**Immunizations required for entry into day care - Medical Exemption**
 Yes  No

The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus, and Pertussis (DTP) Diphtheria and Tetanus acellular Pertussis (DTaP)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	5 <sup>th</sup> Date
Polio (IPV or OPV)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Haemophilus influenzae type B (HIB)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date or 1 <sup>st</sup> Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) (for those born on or after 1/1/08)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Hepatitis B	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A\*\***


Type of Immunization:	Date:	Type of Immunization:	Date:
	/ /		/ /
Type of Immunization:	Date:	Type of Immunization:	Date:
	/ /		/ /
Type of Immunization:	Date:	Type of Immunization:	Date:
	/ /		/ /

\*\*Complete immunization history can be found beginning on page 3.

CANDY BAR

1 of 3

DOB: 09/19/2014

4. To print the report, press the printer icon on the Adobe® toolbar. Press  in the Print dialog box.
5. To return to the Patient Reports screen, you may close Adobe Reader® by clicking the X in the upper right corner of the Childcare Report window.

**Reminder/Recall**

From the Reports menu option, you may generate reminder and recall notices, which include letters, mailing labels, and patient listings.

**Note: Generation of reminder and recall notices**

Reminder and recall notices can be generated for each patient, provided that the following conditions are met:

- The status is “Active” in the Patient Information Section for your organization.
- The “Allow Reminder and Recall Contact?” indicator in the Patient Information Section is “Yes.”
- The patient has complete address information listed in the Address Information Section.



### Reminder/Recall Requests

To select and submit reminder/recall criteria for patients, you will need to fill in the criteria on the Reminder Request screen. Follow these steps to generate reminder/recall requests:

- Click Reminder/Recall under Reports on the menu panel.
1. Patient Population: This section is available only to State and Local County Public Health organizations. Users associated with these organizations can select patients based on their specific organization or that are residing in a specific county by selecting one of the following options:
    - To generate a reminder for all patients associated with your organization select the top radio button.
    - To generate a reminder for all patients within your county, select the second radio button. By default, inactive patients and patients not allowing reminders will be included in this report.
    - You can click on the check the boxes to that appear on the right to exclude inactive patients and/or patients who have requested that reminders not be sent to them.
    - To generate a reminder for both patients associated with your organization or residing in your county, select the third radio button. By default, inactive patients and patients not allowing reminders will be included in this report.
    - You can check the boxes that appear on the right to exclude inactive patients and/or patients who have requested that reminders not be sent to them.
    - Tracking Schedule: NYSIIS only uses the tracking schedule recommended by the Advisory Committee on Immunizations Practices (ACIP). Therefore, selecting to use the tracking schedule associated with each patient or a uniform tracking schedule for all patients will be based on ACIP recommendations.

**Reminder/Recall Request**

**Indicate the Tracking Schedule ...**

Use Tracking Schedule Associated with Each Patient  
 Use Tracking Schedule Selected for All Patients ▼

---

**Select the Vaccine Group(s) ...**

Use All Vaccine Groups  
 Use Vaccine Groups Selected

Adeno  
 Anthrax

Add >  
 < Remove

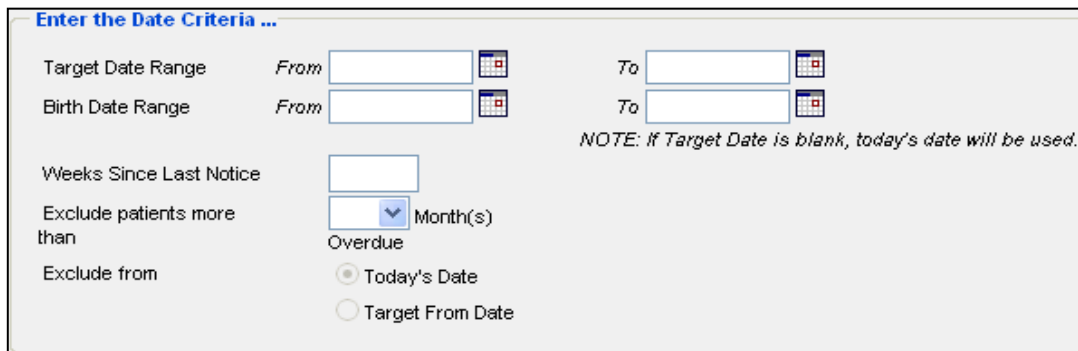
2. Vaccine Groups: in the vaccine groups section of the screen:
  - Indicate whether you wish to include all vaccine groups in the search criteria or if you wish to include only selected groups by clicking the appropriate radio button.
  - If you choose to include only selected vaccine groups, select these groups by double clicking a group or highlighting a chosen group and pressing ADD. Do this for each group desired.
  - By selecting specific vaccine groups, you will limit the search to only those patients who will be due/past-due for the selected immunizations. However, NYSIIS will provide a list of all immunizations for which the selected patients are due/past-due.
  
3. School/Primary Care Provider: Choosing a school or primary care provider allows you to narrow your search to only the patients assigned to a particular school or physician/clinic. If you do not wish to specify a school and/or provider, leave these fields blank. These fields can only be utilized if the organization created a list of schools and physicians to populate the drop down boxes on the patient demographic screen and has selected data from these fields in each of the patient's records.
  - To choose a school, select a school name from the drop down list provided. Note that these schools are maintained for each provider through the User Interface, using the 'manage schools' menu item.
  - To choose a primary care provider, select a physician or clinic name from the drop down list provided.

The screenshot shows two sections of a user interface. The top section, titled "Select the School & Primary Care Provider ...", contains two dropdown menus: "School" and "Provider (PCP)". The bottom section, titled "Enter Additional Demographic Criteria ...", contains three input fields: "City" (a text box), "Zip Code" (a text box), and "County" (a dropdown menu).



4. Additional Demographic Criteria: Entering a city and/or ZIP code will narrow your search to only the patients associated with the entered geographical area. However, by entering a county, you will expand your search to all patients who reside in the selected county. The county option is only available to county public health organizations. If you do not wish to specify a city, ZIP code, or county, leave these fields blank.
  - To enter a city, type the city name within the first field.
  - To enter a ZIP code, enter the five-digit number in the next field.
  - To enter a county, choose from the drop down list in the third field.
  
5. Date Criteria
  - Target Date Range: When a target date is specified, the report will include those patients that are due/overdue for immunizations within the date range. To choose a



target date range, enter the beginning date in the “From” text box and the ending date in the “To” text box in MM/DD/YYYY format, or use the calendar icon to select the desired dates.

- These dates can range from the past to the future; therefore, you have the capability to run a recall, reminder, or a combination of the two.
- If either the “From” date or “To” date is unspecified for the Target Date Range, the system will use the date that you run the report for that field.
- If both the “From” and “To” dates are left blank, the system will find those patients who are due or overdue as of the date that you run the report.
- Birth Date Range: When a birth date range is specified, the report will return those patients who have a birth date that falls within the range entered. To choose a birth date range, enter the beginning date in the “From” text box and the ending date in the “To” text box in MM/DD/YYYY format, or use the calendar icons to select the desired dates.
- If the “From” date is unspecified for the Birth Date Range, the report will include the oldest patients in the system.
- If the “To” date is unspecified for the Birth Date Range, the system will use the date that you run the report for that field.




**Enter the Date Criteria ...**

Target Date Range    From      To  

Birth Date Range    From      To  

Weeks Since Last Notice   

Exclude patients more than   Month(s)  
Overdue

Exclude from     Today's Date  
                           Target From Date

*NOTE: If Target Date is blank, today's date will be used.*

- Weeks Since Last Notice: When a number is entered in this field, the report will include only those patients who have not received a reminder notice within the specified number of weeks prior to the current date.



**Note:** Patients are shared between organizations; therefore, another organization may have recently generated a notice for the patient.



- Exclude Patients More Than: To exclude patients who are overdue and who may have received several reminders already, provide a number of months from the drop down list provided.
- Exclude from: If excluding patients overdue for a certain number of months, indicate the date from which patients should be excluded; choose either the current date or the Target "From" Date (uses the date from the field at the top of the section) by clicking the appropriate radio button. If no target date information is entered, patients will be excluded from the date the report was run.

6. **Sorting Criteria:** This section allows you to specify how the data will be sorted. If a sort order is not specified, NYSIIS will sort the report results first by the patient's last name in ascending order (A to Z), then by the first name in ascending order.

The screenshot shows a dialog box titled "Specify How to Sort the Report Data ...". It has four rows of sorting options. The first row is "Sort 1<sup>st</sup> By" with a dropdown menu set to "Last Name" and another dropdown set to "Ascending". The second row is "Sort 2<sup>nd</sup> By" with a dropdown menu set to "First Name" and another dropdown set to "Ascending". The third row is "Sort 3<sup>rd</sup> By" with two empty dropdown menus. The fourth row is "Sort 4<sup>th</sup> By" with two empty dropdown menus. At the bottom of the dialog are two buttons: "Generate" and "Cancel".

- Sort 1<sup>st</sup> By: Choose a primary information field by selecting from the drop down list provided.
- Ascending/descending order: Choose how the primary field is sorted; choose either ascending (A to Z) or descending (Z to A) order from the drop down list.
- You may, if desired, complete additional ordering sequences for the second through fourth sorts.

7. **Generate the report:** Press the **Generate** button. Depending upon the number of patients associated with your provider organization, it may take five minutes or more to generate the data for the various reports. While the data is being generated, the Request and Output status page indicates the percentage of completion. Periodically press **Refresh** to update the status.



**Note:** *Waiting for reminder requests*

Once you reach the Reminder Request Status screen, it is not necessary to stay at this screen while your report is being created. You may go anywhere in NYSIIS while the report is generating and may return to the status screen by clicking on the Check Reminder Status link under Reports on the menu panel. Likewise, you may close out of NYSIIS and return to the status screen by clicking on the Check Reminder Status link after logging in again.





## Summary Screen

When the report is complete, you may click on the blue underlined date to go to the Reminder Request Process Summary screen. The Summary screen lists the number of patients involved in the search and the criteria that were used to define the search. From the Summary screen, you may create various reminder output options.

Reminder Request Process Summary		
Step	Criteria Evaluated at this Step	Patients
1	Patients <b>associated</b> with <i>IR Physicians</i> .	16603
2	Patients that are <b>active</b> within <i>IR Physicians</i> and <b>allow Reminder &amp; Recall Contact</b> . Additional criteria includes: <ul style="list-style-type: none"><li>● <b>Birthdate range</b> is not specified;</li><li>● <b>County</b> is not specified;</li><li>● <b>School</b> is not specified;</li><li>● <b>Provider</b> is not specified;</li><li>● <b>Weeks Since Last Notice</b> is not specified.</li></ul>	15773
3	Patients that have a <b>Valid Address</b> . Additional criteria includes: <ul style="list-style-type: none"><li>● <b>City</b> is not specified</li><li>● <b>Zip Code</b> is not specified.</li></ul>	14570
4	Patients that meet the following criteria regarding vaccination status: <ul style="list-style-type: none"><li>● Patients that are <b>Recommended or Overdue</b> for one or more vaccinations <b>as of 12/18/2018</b>;</li><li>● Use all <b>vaccine groups</b>;</li><li>● Use <b>tracking schedule</b> associated with each patient.</li><li>● <b>Exclude Overdue Reminders</b> is not specified.</li></ul>	14334
<b>Total Number of Patients Eligible for Reminder</b>		<b>14334</b>

## Last Notice Date Options

On the bottom of the Reminder Request Process Summary screen, you have the option of resetting the last notice date, which will affect future reminder/recall notices generated using this information. Your options on the last notice date table include:

Last Notice Date Options	
Set last notice date to today for all eligible patients when you select a report output.	<input checked="" type="checkbox"/>
Revert last notice date to previous last notice date for all Patients <b>eligible for this reminder</b> .	Revert Eligible
Revert last notice date to previous last notice date for <b>all patients immunized</b> by Kyle's Immunization Clinic.	Revert All
Return to the previous screen.	Cancel

1. Set the last notice date to today's date. This is the default option and is indicated by a check mark.
2. Set the last notice date to reflect the previous last notice date for all patients eligible for this reminder by pressing **Revert Eligible**. Use this option if you choose not to have the current report generation reflected in the Last Notice Date option on the Reminder Request screen for the recipients of this reminder.
3. Set the last notice date to reflect the previous last notice date for all patients immunized by your organization by pressing **Revert All**. Use this option if you choose not to have the current report generation reflected in the Last Notice Date option on the Reminder Request



screen for all patients immunized by your organization.

4. Press **Cancel** to return to the Reminder Request Status screen.

### Reminder/Recall Output Options

The Reminder Request Output Options table, found on the Reminder Request Process Summary screen, allows you to choose how you would like to use the data from your query.

### Reminder Letters

The letter output option allows you to generate a standard form letter for the parent/guardian for each patient returned on your query. The letter allows room at the top for your organization's letterhead. The body of the letter includes the patient's immunization history, recommended immunizations and due dates. There are up to two lines for free text and/or a telephone number. To generate Reminder Letters, follow these steps:

1. Under the Additional Input column or the Letter section of the table, enter:

Output	Description	Additional Input
<a href="#">Reminder Letter</a>	Standard Reminder Letter.	Report Name <input type="text"/> Free Text <input type="text"/> Phone # <input type="text"/>

- A report name in the appropriate field, if desired. If a report name is not indicated, the report will simply be named "Reminder Letter" on the Reminder Report Status screen
  - Additional information in the Free Text field, if desired. You may include a maximum of 400 characters in this field. Any information entered in this text box will be presented as the closing for each of the letters generated in your report.
  - A telephone number in the appropriate field, if desired. If a telephone number is entered in this text box, then the number will be presented in the closing for each of the letters generated in your report.
2. Click on **Reminder Letter**, which is underlined and in blue text.
  3. Your report will be listed on the Reminder Request Status screen; the bottom table shows the name of the request, the date and time it was started, and the status of the request.
    - You have the option of moving to other portions of NYSIIS or using other functions of your computer while you are waiting for your letters to process. To return to check the progress of your request, press Check Reminder Status under Reports on the menu panel.
    - If you choose to stay at the Reminder Request Status screen while your request is processing, press **Refresh** occasionally to check the status.
  4. Once the status says **Ready** and the report name is underlined and appears in blue, your letters are ready to be viewed. Click on the report name to view or print the letters in Adobe Reader®.
  5. To print the letters, press the printer icon on the Adobe® toolbar. Press **OK** in the Print dialog

box.

6. To print additional output, press the **BACK** button on your browser. At the Reminder Request Status screen, click on the underlined reminder request (top table) to return to the Reminder Request Process Summary screen.

### *Mailing Labels*

The labels output option produces 30 labels per page on Avery Mailing Labels #5160. To generate mailing labels, follow these steps:

<a href="#">Mailing Labels</a>	Avery Mailing Labels.	Report Name <input type="text"/>
--------------------------------	-----------------------	----------------------------------

1. Click on **Mailing Labels**, which is underlined and in blue text.
2. Your request will be listed on the Reminder Request Status screen; the bottom table shows the name of the request, the date and time it was started, and the status of the request.
  - You have the option of moving to other portions of NYSIIS or using other functions of your computer while you are waiting for your labels to process. To return to check the progress of your request, press Check Reminder Status under Reports on the menu panel.
1. If you choose to stay at the Reminder Request Status screen while your request is processing, press **Refresh** occasionally to check the status.
3. Once the report name is underlined and appears in blue text, your labels are ready. Click on the report name to view or print the labels in Adobe Reader®.
  - To print the labels, press the printer icon on the Adobe® toolbar. Press **OK** in the Print dialog box.
  - To print additional output, press the **Back** button on your browser. At the Reminder Request Status screen, click on the underlined reminder request (top table) to return to the Reminder Request Process Summary screen.

### *Patient Query Listings*

The Patient Query Listing displays contact information for those patients identified as being due/overdue in the Reminder/Recall output in a report format. This report lists every patient that was returned in the report query process. To generate a Patient Query Listing, complete the following steps:

- Click on **Patient Query Listing**, which is underlined and in blue text.
  - Your request will be listed on the Reminder Request Status screen; the bottom table shows the name of the request, the date and time it was started, and the status of the request.
1. You have the option of moving to other portions of NYSIIS or using other functions of your computer while you are waiting for your report to process. To return to check the progress of your request, press Check Reminder Status under Reports on the menu panel.

2. If you choose to stay at the Reminder Request Status screen while your request is processing, press **Refresh** occasionally to check the status.
  - Once the report name is underlined and appears in blue text, your report is ready. Click on the report name to view or print the report in Adobe Reader®.
  - To print the report, press the printer icon on the Adobe® toolbar. Press **OK** in the Print dialog box.
  - To print additional output, press the **Back** button on your browser. At the Reminder Request Status screen, click on the underlined reminder request (top table) to return to the Reminder Request Process Summary screen.

### Creating Custom Letters

In addition to the standard letter, NYSIIS allows users to create and store up to three custom letters to be used for reminder/recall. To create a new custom letter, follow these steps.

- Click on **Manage Custom Letter** under Reports on the menu panel.



- Click the underlined New Custom Letter link.
- At the Create New Custom Letter screen, enter the following:
  1. **Top Margin:** Choose the number of blank lines you would like at the top of the letter from the drop down list provided. These blank spaces will leave room for your office letterhead to show up on each letter generated from the report.
  2. **Include Patient Address:** Check the box to include the patient’s address at the top of the letter.
  3. **Salutation:** Enter a greeting, then choose a name option from the drop down list provided.
    - a. If **name** is chosen, the name of the patient will show up after the salutation.
    - b. If **responsible person** is chosen, the letter will read <salutation> Parent/Guardian of <patient name>.
  4. **Paragraph 1:** In the field marked “First Part”, enter desired text. If you wish to include a name within the paragraph, enter text up to the mention of the name ending with a single space. Next, choose the name you would like to appear within the paragraph from the drop down list (either parent/guardian, patient name, or no name). In the field marked “Second Part”, continue to enter the rest of the text. If you do not wish to include a name, you may enter all of the first paragraph text in the field marked “First Part” and select “no name” from the name drop down list.

<b>Top Margin</b>
Number of blank lines at the top of the letter: <input type="text" value="10"/>
<b>Patient Address</b>
<input checked="" type="checkbox"/> Include patient address
<b>Salutation</b>
Enter a salutation for the letter: <input type="text" value="Dear"/>
Include a name at the end of the salutation: <input type="text" value="Responsible person"/>
<b>Paragraph 1</b>
First Part
<input type="text" value="According to our records, your child"/>
Include a name between the first and second parts of this paragraph: <input type="text" value="Patient name"/>
Second Part
<input type="text" value=", will be entering kindergarten this September. In order for you to successfully register your child for school in New York State, they are required to receive specific immunizations. We have included your child's immunization history for your review."/>
<b>Immunization History</b>
<input checked="" type="checkbox"/> Include immunization history
<b>Paragraph 2</b>
<input type="text" value="Our office has carefully reviewed your child's Immunization History and recommend they receive the following vaccines before school begins this Fall."/>

- Immunization History:** Check the box to include the patient's immunization history in the letter.
- Paragraph 2:** Enter more text in this field, if desired.

<b>Immunization Recommendations</b>
<input checked="" type="checkbox"/> Include immunization recommendations
<b>Paragraph 3</b>
<input type="text" value="These letters will allow you to schedule your next visit at any point in time this summer and avoid a last minute appointment in late August. Please contact our office at your earliest convenience to make an appointment. We look forward to hearing from you."/>
<b>Closing</b>
Enter a closing for the letter: <input type="text" value="Sincerely,"/> <input checked="" type="checkbox"/> Include provider organization name in the closing <input checked="" type="checkbox"/> Include provider organization phone number in the closing
<b>Name and save the custom letter</b>
Name the custom letter: <input type="text" value="kindergarten"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>

- Immunization recommendations:** Check this box to include the immunizations recommended for the patient in the letter.
- Paragraph 3:** Enter text in this field, if desired.

9. **Closing:** Enter a closing word or statement in this field. If you wish to include your provider organization's name and/or telephone number after the closing, check the appropriate box(es).
10. **Name and Save the Custom Letter:** Enter a name for the letter in the field provided. When the letter is complete, press **Save**.

### *Generating Custom Letters*

The custom letter output option allows you to generate a customized letter for each patient returned on your query. To create a new custom letter, refer to the "Creating Custom Letters" section of this chapter. To generate a custom letter from the Reminder Request Process Summary screen, follow these steps:

1. Click the link with the name of the custom letter. The letter will begin generating immediately.

kindergarten	Custom Letter.	Report Name <input type="text"/>
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2. Your report will be listed on the Reminder Request Status screen; the bottom table shows the name of the request, the date and time it was started, and the status of the request.
3. You have the option of moving to other portions of NYSIIS or using other functions of your computer while you are waiting for your letters to process. To return to check the progress of your request, press Check Reminder Status under Reports on the menu panel.
4. If you choose to stay at the Reminder Request Status screen while your request is processing, press "Refresh" occasionally to check the status.
5. Once the report name is underlined and appears in blue, your letters are ready. Click on the report name to view or print the letters in Adobe Reader®.
  - To print the letters, press the printer icon on the Adobe® toolbar. Press **OK** in the Print dialog box.
  - To print additional output, press the **Back** button on your browser. At the Reminder Request Status screen, click on the underlined reminder request (top table) to return to the Reminder Request Process Summary screen.

### *Vaccine for Children (VFC) Reports*

The VFC Report details the number of patients that are vaccinated by your organization for each VFC eligibility type for a specified date range. To generate a VFC Report, follow these steps:

- Click Request VFC Reports under the Reports section of the menu panel.

**Vaccine For Children Report Criteria**

Organization(s): -- All Org Summary

Organization Type:

**Report Date Range:**

From   To

**Report Type:**

Age Group

Vaccine Group

Trade Name

**File Type:**

PDF

Spreadsheet

*The Age Group Report is only available in PDF.*

*Selecting the "All Org Summary" option will produce a summary report of all organizations.  
The report types do not pertain to this option.*

- Select the organization name from the drop down list.
- Enter a From date under the Report Date Range using the MM/DD/YYYY format.
- Enter a To date under the Report Date Range using the MM/DD/YYYY format.
- Choose a type of VFC Report to run. You have three choices:
- The Age Group report displays a summary of doses by VFC eligibility and four specific age ranges: < 1 year of age, 1-6 years of age, 7-18 years of age, and older than 19 years.
- The Vaccine Group report displays a summary of doses by VFC eligibility and vaccine groups.
- The Trade Name report displays a summary of doses by VFC eligibility and Vaccine Names with Trade Names.
- Press **Generate Report**.
- If running the Vaccine Group report, the VFC By Vaccine Groups Request Status page is displayed. You may leave this page while the report is generated and return to it later by using the "vfc report status" link in the left menu panel. To check on that report status without leaving the page, press the "Refresh" button. When the report is ready, you can click on the report name, which is underlined and in blue text.
- If running the Age Group report, it will open automatically in your browser window.
- If running the Trade Name report, the VFC By Trade Names Request Status page is displayed. You may leave this page while the report is generated and return to it later by using the "vfc report status" link in the left menu panel. To check on that report status without leaving the page, press the "Refresh" button. When the report is ready, you can

click on the report name, which is underlined and in blue text.

- The form displays in Adobe® Reader.
- To print the report, press the printer icon on the Adobe® toolbar.
- Press **OK** in the Print dialog box.
- To return to the Vaccines for Children Report Criteria screen, press the **Back** button on your browser.

### *Understanding the Vaccines for Children Report by Vaccine Group*

The following section explains the rows and columns within the VFC report. The report only displays vaccines administered by your organization.

The VFC Report by Vaccine Group in NYSIS is a required monthly report (Doses Administered) for the VFC Program.

Vaccines for Children and Child Health Plus								
For Dates Between 02/02/2012 and 05/30/2013								
Page 1								
Report Run on: 05/31/2013								
Organization: IR Physicians								
VFC PIN: 123456								
Vaccine	VFC Eligible Doses Administered				Total # of VFC Eligible Doses Administered (V02-V05)	Total # of Non-VFC Eligible Doses Administered (V00,V01)	Total # of CHP Doses Administered (CH00)	Total # of Doses Given to Adults not in NYSIS (V00)
	Medicaid/Medicare Managed Care (V02)	Uninsured (V03)	American Indian/ Alaskan Native (V04)	Underinsured (V05)				
Hib-Mening	3.0	0.0	0.0	0.0	3.0	2.0	0.0	0.0
Mening	1.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
Td/Tdap	4.0	0.0	0.0	0.0	4.0	0.0	0.0	0.0
Encephalitis	6.0	0.0	0.0	0.0	6.0	2.0	0.0	0.0
Tetanus	3.0	1.0	0.0	0.0	4.0	0.0	0.0	0.0
DTP/aP	2.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0
Flu H1N1-09	0.0	0.0	1.0	0.0	1.0	0.0	0.0	0.0
HepB-Hib	0.0	0.0	0.0	0.0	0.0	2.0	1.0	0.0
Adeno	1.0	0.0	0.0	0.0	1.0	2.0	0.0	0.0
Influenza	2.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0
HPV	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0
Total	22.0	1.0	1.0	0.0	24.0	9.0	1.0	0.0

The columns on the report break down the vaccines administered by VFC eligibility.

<b>Column</b>	<b>Description</b>
Vaccine	Lists the vaccines that were used by your organization during the date range entered for the report.
<i>Medicaid/Medicare</i>	Lists the number of immunizations with the VFC eligibility of “Medicaid/Medicare Managed Care”.
<i>Uninsured</i>	Lists the number of immunizations with the VFC eligibility of “Uninsured”.
<i>American Indian</i>	Lists the number of immunizations with the VFC eligibility of “American Indian/ Alaskan Native”.
<i>Underinsured</i>	Lists the number of immunizations with the VFC eligibility of “Underinsured”.
<i>Total # of VFC Eligible</i>	The total count of VFC Eligible Immunization <i>Doses Administered</i> at your organization
<i>Total # of Non-VFC Eligible</i>	The total count of Non-VFC Eligible immunization <i>Doses Administered</i> at your organization.
<i>Total # of CHP Doses</i>	The total count of VFC Eligible immunizations administered to “ <i>Administered</i> ” patients participating in the “Child Health Plus program.”
<i>Total # Given to Adults</i>	The total count of inventory transactions with the code “Doses Given to Adults not in NYSIIS”
<b>Sub column</b>	<b>Description</b>
<i>Total by VFC Eligibility</i>	The total cells in the bottom row of the report represent the total count of immunizations for the given VFC eligibility.

### *Understanding the Vaccines for Children Report by Trade Name*

The following section explains the rows and columns within the VFC report. The report only displays vaccines administered by your organization.



Vaccines for Children and Child Health Plus by Trade Name.

For Dates Between 04/01/2015 and 04/30/2015

Page 1

Report Run on: 11/05/2015  
Organization: IR Physicians

VFC PIN: 68546

Vaccine Name [Trade Name]	VFC Eligible Doses Administered				Total # of VFC Eligible Doses Administered (V02-V05)	Total # of Non- VFC Eligible Doses Administered (V00,V01)	Total # of CHP Doses Administered (CH00)	Total # of Doses Given to Adults not in NYSIS (V00)
	Medicaid/ Medicare Managed Care (V02)	Uninsured (V03)	American Indian/ Alaskan Native (V04)	Underinsure d (V05)				
Cholera-Inject[Cholera-I]	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0
DTaP-IPV[Kinrix]	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
DTaP[Acel-Imune]	0.0	0.0	0.0	1.0	1.0	2.0	2.0	0.0
DTaP[Infanrix]	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0
Flu trivalent injectable[AFLURIA]	1.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
HepA-Ped 2 Dose[**]	1.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
HepB-Hib[Comvax]	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
HepB-Peds[**]	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0
Hib-PRP-T[ActHib]	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
MMR[MMR II]	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0
Rotavirus, Tet[RotaShield]	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
Total	2.0	0.0	0.0	2.0	4.0	5.0	6.0	0.0

**Column**

**Description**

*Vaccine Name [Trade Name]*

Lists the vaccine names with Trade Names that were used by your organization during the date range entered for the report.

*Medicaid/Medicare*

Lists the number of immunizations with the VFC eligibility of "Medicaid/Medicare Managed Care".

*Uninsured*

Lists the number of immunizations with the VFC eligibility of "Uninsured".

*American Indian*

Lists the number of immunizations with the VFC eligibility of "American Indian/ Alaskan Native".

*Underinsured* Lists the number of immunizations with the VFC eligibility of “Underinsured”.

*Total # of VFC Eligible* The total count of VFC Eligible Immunization *Doses Administered* at your organization

*Total # of Non-VFC Eligible* The total count of Non-VFC Eligible immunization *Doses Administered* at your organization.

*Total # of CHP Doses* The total count of VFC Eligible immunizations administered to “*Administered*” patients participating in the “Child Health Plus program.”

*Total # Given to Adults* The total count of inventory transactions with the code “Doses Given to Adults not in NYSIIS”

**Sub column Description**

*Total by VFC Eligibility* The total cells in the bottom row of the report represent the total count of immunizations for the given VFC eligibility.

**Understanding the Vaccines for Children Report by Age Group**

The following section explains the rows and columns within the VFC report. The report only displays vaccines administered by your organization.

Vaccines for Children by Provider																	
For Dates Between 12/01/2010 and 12/15/2010																	
Report run on: 12/28/2010 10:11 PM															Page 1		
IR Physicians															VFC PIN: 233455		
(years)	VFC Eligibility Unknown		Not VFC Eligible		Medicaid/Medicare Managed Care		Uninsured		American Indian/Alaskan Native		Underinsured		Child Health Plus		Sum of Immunizations	Sum of Patients	
	Imms	Distinct Patients	Imms	Distinct Patients	Imms	Distinct Patients	Imms	Distinct Patients	Imms	Distinct Patients	Imms	Distinct Patients	Imms	Distinct Patients			
<1	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0
Annualized	0.0	0.0	0.0	0.0	24.0	24.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	24.0	24.0	
1-6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	1.0	
Annualized	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	24.0	24.0	24.0	24.0	
7-18	1.5	2.0	10.0	1.0	3.0	2.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	15.5	6.0	
Annualized	37.0	49.0	243.0	24.0	73.0	48.0	24.0	24.0	0.0	0.0	0.0	0.0	0.0	0.0	377.0	146.0	
19+	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Annualized	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Total	1.5	1.0	10.0	1.0	4.0	3.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	17.5	6.0	
Grand Total:																	

Doses Given to Adults not in NYSIIS 1,267.1  
Annualized 30,833.0

The rows on the report break down the immunizations and patients by age in years. A patient who receives a vaccination when he or she is six years and 11 months old will be included in the 1-6

age group.

Row	Description
< 1	This row includes doses given to patients who were under one year of age at the time the dose was administered.
1-6	This row includes doses given to patients who were from one to six years of age at the time the dose was administered.
7-18	This row includes doses given to patients who were from seven to 18 years of age at the time the dose was administered.
19+	This row includes doses given to patients who were 19 years of age or older at the time the dose was administered.
Annualized	NYSIIS computes annualized estimates by using actual immunization and patient counts in each age group, applying a multiplier to estimate a yearly amount. For example, if a report was run for 01/01/2006 to 01/31/2006, the number in the annualized row will be roughly 12 times the actual counts.

The columns on the report break down the immunizations and patients by VFC eligibility.

Column	Description
<i>VFC Eligibility Unknown</i>	The immunization's VFC eligibility is "VFC Eligibility Unknown".
<i>Not VFC Eligible</i>	The immunization's VFC eligibility is "Not VFC Eligible".
<i>Medicaid/Medicare</i>	The immunization's VFC eligibility is "Medicaid/Medicare Managed Care".
<i>Uninsured</i>	The immunization's VFC eligibility is "Uninsured".
<i>American Indian</i>	The immunization's VFC eligibility is "American Indian/ Alaskan Native".
<i>Underinsured</i>	The immunization's VFC eligibility is "Underinsured".
<i>Child Health Plus</i>	The immunization's VFC eligibility is "Child Health Plus".
<b>Sub columns</b>	<b>Description</b>
<i>Imms</i>	This sub-column counts the number of immunizations given and records them based on the VFC eligibility category for the specified

date range.

**Distinct Patients**

This sub-column counts the number of distinct patients associated with the immunizations given within each VFC eligibility category for the specified date range. (ex. A single patient who received three doses would contribute +3 to the Imms column but only +1 to the Distinct Patients column.)

Totals include counts by VFC eligibility, age group, grand total and Doses Given to Adults not in NYSIIS.

**Total Field**

**Description**

*Total by VFC Eligibility*

The total cells in the bottom row of the report represent the total count of immunizations regardless of the age at which the dose was administered.

*Sum of Immunizations*

The second-to-last column of the report shows a count of the number of immunizations given in each age category, regardless of VFC eligibility.

*Doses Given to Adults*

The total number of inventory transactions with the code “Doses Given to Adults not in NYSIIS”.

**Vaccines for Children (VFC) Report Totals**

The VFC Report Totals provides summary totals of the VFC reports including totals number of immunizations given in NYSIIS and the total number of Doses Given to Adults not in NYSIIS. To generate the report, follow these steps:

1. Click on the VFC Report Totals menu link under Reports on the menu panel.

The screenshot shows a web interface titled "Total Doses Count for VFC". It includes a dropdown menu for "Organization Type", a "Generate Report" button, and a "Report Date Range" section with "\* From" and "\* To" date pickers.

2. Select an Organization Type from the drop down menu.



**Note:** If an organization type is not selected, all organizations will be totaled.



3. Enter a From date under the Report Date Range using the MM/DD/YYYY format.
4. Enter a To date under the Report Date Range using the MM/DD/YYYY format.
5. Click on the **Generate Report** button.
6. The totals display on the screen.

## Temperature Log Reports

The Temp Log Report will display a PDF or spreadsheet format of your organization's temperature readings. The following Temperature Log report options are available:

1. Standard Temp Log Report – A list of temp log records your refrigerator/freezers.
2. Out of Range Aggregate – A list of “Out of Range” temp log records.
3. Compliance Aggregate – A list of Current temp log recording opportunities and the percentage of times when a recording was entered.
4. Min/Max Compliance Aggregate – A list of Min/Max temp log recording opportunities and the percentage of times when a Min/Max recording was entered.

To access the Temp Log Reports, click on **Temp Log Report** under the Reports section of the menu panel. The Temp Log Report screen displays:

For Standard Users:

**Temp Log Report**

Organization: IR Physicians [View] [Cancel]

**Report Type**

- Standard Temp Log Report
- Out of Range Report \*Aggregate
- Compliance Report \*Aggregate
- Min/Max Compliance Report \*Aggregate

**File Type**

- PDF
- Spreadsheet

Date Range: \*From [ ] \*To [ ]

For Authorized Users:

**Temp Log Report**

Organization: [ ] [View] [Cancel]

Please pick from the Organization drop down OR county/organization selection below

Select by county or region  
use Ctrl or Shift for multiple selections

- Albany
- Allegany
- Bronx
- Broome
- Cattaraugus

Select Multiple Organizations  
use Ctrl or Shift for multiple selections

- A Fox Fair and Balanced Hospital
- ABC Audiology Associates
- ABC Test County Org
- AIDA CRUZ-SOTO MD
- ALAMO HLTH CLINIC

**Report Type**

- Standard Temp Log Report
- Out of Range Report \*Aggregate
- Compliance Report \*Aggregate
- Min/Max Compliance Report \*Aggregate


**File Type**

- PDF
- Spreadsheet

Date Range: \*From [ ] \*To [ ]

## Standard Temp Log Report

The Standard Temp Log report displays daily temp log records for each active refrigerator or freezer unit, within a specified date range. To generate a Standard Temp Log Report, follow these steps:

1. Your organization name is displayed in the “Organization” dropdown list by default.
2. If you are running a report for your own organization, leave the “Select by county or region” and “Select Multiple Organizations” boxes unchecked. Some users may be authorized to run reports with these features.
3. Click the “Standard Temp Log Report” radio button as the Report Type.
4. Click either the “PDF” or “Spreadsheet” radio button to choose your File Type.
5. Enter the report Date Range by typing start and end dates into the “From” and “To” fields, in the format of MM/DD/YYYY. Or click on the calendar icon  to select the dates.
6. Click  to generate report.

**Note:** If no temp log records are found for your selected date range, the report will display a message of “No Record”.


Organization: IR Physicians  
 Unit Name: Test Freezer C (Active)  
 For Dates: 05/06/2018 through 05/11/2018

VFC PIN: 66546  
 Acceptable Range (°C): -15.0 to -50.0

Date	Office Closed	Time	Current Temperature	MIN	MAX	Comment	Reported By
05/06/2018		03:45 AM	-35.0°C	-35.0°C	-38.0°C		Brian Davidson
		04:45 AM	-35.0°C				Brian Davidson
05/07/2018		12:00 AM	-29.3°C	-16.7°C	-29.9°C		Brian Davidson
		04:45 AM	-29.9°C				Brian Davidson
05/08/2018	X			-25.0°C	-25.0°C		Brian Davidson
05/09/2018		07:00 AM	Out Of range	-16.5°C	Out Of range	Power Outage	Brian Davidson
			0.0°C		0.0°C		
		04:30 PM	-18.7°C				Brian Davidson
05/10/2018	X			-17.3°C	-22.9°C		Brian Davidson
05/11/2018		07:00 AM	-19.7°C	-18.9°C	-23.8°C		Brian Davidson
		05:00 PM	-21.3°C				Brian Davidson

## Out of Range Report

The Out of Range report displays temp log records with an “Out of Range” value, within a specified date range. To generate an Out of Range Report, follow these steps:


1. Your organization name is displayed in the “Organization” dropdown list by default.
2. If you are running a report for your own organization, leave the “Select by county or region” and “Select Multiple Organizations” boxes unchecked. Some users may be authorized to run reports with these features.
3. Click the “Out of Range Report \*Aggregate” radio button as the Report Type.
4. Click either the “PDF” or “Spreadsheet” radio button to choose your File Type.
5. Enter the report Date Range by typing start and end dates into the “From” and “To” fields, in the format of MM/DD/YYYY. Or click on the calendar icon  to select the dates.
6. Click  to generate report.

**Note:** If no temp log records are found for your selected date range, the report will display a message of “No Record”.

Out of Range Report - NYSIIS										
VFC Pin	Provider Name	Date	County	Unit	OOB Current Temp	OOB MIN Temp	OOB MAX Temp	Comment	Reported By	Last Update
22548	IR Physicians	02/15/2015	Albany	Celsius Freezer	-12°C		-10°C	Ice pack blocked fan. It was removed.	LeAnn Bartolotti	02/18/2015
22548	IR Physicians	02/13/2015	Albany	Celsius Freezer			-12°C	Freezer door did not get shut tightly.	LeAnn Bartolotti	02/18/2015

## Compliance Report

The Compliance Report will show the rate at which your organization records Current temperature readings, displayed as a percentage. This is based on the number of temp log records in NYSIIS, compared to the number of recording opportunities for your specified date range. To generate a Compliance Report, follow these steps:

1. Your organization name is displayed in the “Organization” dropdown list by default.
2. If you are running a report for your own organization, leave the “Select by county or region” and “Select Multiple Organizations” boxes unchecked. Some users may be authorized to run reports with these features.
3. Click the “Compliance Report \*Aggregate” radio button as the Report Type.
4. Click either the “PDF” or “Spreadsheet” radio button to choose your File Type.
5. Enter the report Date Range by typing start and end dates into the “From” and “To” fields, in the format of MM/DD/YYYY. Or click on the calendar icon  to



select the dates.

6. Click  to generate report.

**Note:** If no temp log records are found for your selected date range, the report will display a message of “No Record”.

### *MIN/MAX Compliance Report*

The Min/Max Compliance Report will show the rate at which your organization records Min/Max temperature readings, displayed as a percentage. This is based on the number of temp log records in NYSIIS, compared to the number of recording opportunities for your specified date range. To generate a Min/Max Compliance Report, follow these steps:

1. Your organization name is displayed in the “Organization” dropdown list by default.
2. If you are running a report for your own organization, leave the “Select by county or region” and “Select Multiple Organizations” boxes unchecked. Some users may be authorized to run reports with these features.
3. Click the “Min/Max Compliance Report \*Aggregate” radio button as the Report Type.
4. Click either the “PDF” or “Spreadsheet” radio button to choose your File Type.
5. Enter the report Date Range by typing start and end dates into the “From” and “To” fields, in the format of MM/DD/YYYY. Or click on the calendar icon  to select the dates.
6. Click  to generate report.

**Note:** If no temp log records are found for your selected date range, the report will display a message of “No Record”.



MIN/MAX Compliance Report - NYSIIS										
VFC Pin	Provider Name	Date	County	Unit	MIN # of Recording Opportunities	MIN % Recorded	MIN # Out of Range Readings	MAX # of Recording Opportunities	MAX % Recorded	MAX # Out of Range Readings
22548	IR Physicians		Albany	6fl immun	14	0.0%	0	14	0.0%	0
22548	IR Physicians		Albany	6th fl immun	14	0.0%	0	14	0.0%	0
22548	IR Physicians		Albany	7th fl stat	14	0.0%	0	14	0.0%	0
22548	IR Physicians	02/18/2015	Albany	Celsius Freezer	10	90.0%	0	10	90.0%	2
22548	IR Physicians		Albany	Celsius Fridge	14	0.0%	0	14	0.0%	0
22548	IR Physicians	02/18/2015	Albany	Fahrenheit Freezer	14	7.1%	0	14	7.1%	0
22548	IR Physicians		Albany	Room 508-b	14	0.0%	0	14	0.0%	0
22548	IR Physicians		Albany	Room 509-c	14	0.0%	0	14	0.0%	0
22548	IR Physicians		Albany	Test 3	14	0.0%	0	14	0.0%	0



**Notes:** The # of Recording Opportunities value is calculated using the total number of days within the date range selected, then multiplied by 2 (for OPEN/CLOSE readings), and minus any opportunities marked as “Office Closed”.



## Billing Export Request

The Billing Export Request allows Organizations to export billing information for claims process purposes. Organizations must be set up by NYSIIS helpdesk to initiate Billing Information data entry, and thus the function of this link. To generate a Billing Export, follow these steps:

1. Select Billing Export Request under the Reports menu
2. The Billing Export Request screen is displayed:

**Billing Export Request**

Select the Vaccine Group(s) ...

Use All Vaccine Groups  
 Use Vaccine Groups Selected

Adeno  
 Anthrax  
 BCG

Add >

< Remove

Enter the Date Criteria ...

Immunization Date Range From  To

Birth Date Range From  To

Select the Insurer Information

Insurer:  Insurer Type:

Additional Criteria

Already Exported?

Generate Cancel

3. Select the Vaccine Groups you require
4. Select an Immunization Date Range or Birth Date Range
5. Select the Insurer and Insurer Type
6. Select the Already Exported option.
  - To export immunizations that have been exported at least once, choose Yes.
  - To export immunizations that have never been exported, choose No.
  - To export all immunizations regardless of previous export status, choose All.
7. Select Generate button

The Billing Export Request Status screen will display:

Billing Export Request Status					Refresh
Started	Completed	Status	Patients		
07/26/2012 11:30 AM		38 %			

1. Click Refresh button until Status reaches 100%
2. Once status is 100%, click blue date hyperlink to open or save the file.
3. The billing export is a .csv file. The data in this file:
  - o Is exported in all uppercase letters
  - o Consists of individual immunization records that are each separated by a carriage return and sorted alphabetically by Patient Last Name
  - o Consists of comma-separated fields that can be referenced in Appendix A of this document for field order

## Provider Report Card

The Provider Report Card provides a snapshot of how a provider's data quality and completeness performance trends from month to month. It enables direct communication of data from NYSDOH to providers highlighting areas where providers are doing well and outlining specific areas for improvement of data submission and entry to NYSIIS. Reports are available to providers on a monthly and annual basis. The output includes counts, percentages, recommendations, dose timeliness, data completeness, invalid doses, unexpected doses and vaccine program eligibility information.

### Available Reports

The Available Reports page is used to view the Provider Report Card

Click the **Provider Report Card** link under the NYSIIS Reports main menu section to navigate to the "Available Reports" screen.

The Monthly Provider Report Card is auto generated the first weekend of each month and will display with a report name of the month followed by the year. The Annual Provider Report Card is auto generated the first weekend after the end of the year and will display with a report name of 'Annual' followed by the year.

Clicking the Report Name will open the report in the UI in the same browser window. Users also have the option to view and saving the report using a PDF.

Available Reports		
Report Name	Date Generated	Download
<a href="#">May 2020</a>	06/06/2020	<a href="#">May 2020.pdf</a>
<a href="#">April 2020</a>	05/02/2020	<a href="#">April 2020.pdf</a>
<a href="#">March 2020</a>	04/04/2020	<a href="#">March 2020.pdf</a>
<a href="#">February 2020</a>	03/07/2020	<a href="#">February 2020.pdf</a>
January 2020	02/01/2020	
<a href="#">Annual 2019</a>	01/04/2020	<a href="#">Annual 2019.pdf</a>

\*Note: If the Report Name is not a hyperlink there was no organization activity to report

### Provider Report Card

The Provider Report Card provides a snapshot of how a provider's data quality and completeness performance is trending on a monthly and annual basis. The report is available to designated user roles only. If you feel you need access to the Provider Report Card for your specific organization, please contact the NYSIIS Help Desk. The Provider Report Card is auto generated for participating organizations automatically for the previous month's data and is available to be viewed and/or downloaded the first Saturday of each month.

Monthly reports will only be available on NYSIIS for 5 months and then they will roll off with the publication of a new monthly report. The Annual Report card report will be available for 13 months, before rolling off with the publication of the January monthly report.

The user will only have access to view the Provider Report Card for the organization the user is logged in under.

The report will analyze patients associated with the organization and updated within the assessment period and or immunizations entered or updated by the organization during the assessment period which have an administered date in the assessment month and the previous calendar month

By clicking the Report Name hyperlink and the user will navigate to the standard Provider Report Card screen.

The Download column contains a PDF version of the report that can be downloaded to the user's PC.

Provider Report Card			
Report Name: IR Physicians May 2020			
Reporting Period: 05/01/2020 - 05/31/2020			
<b>Recommendations</b>			
Based on the information in this report, NYSIIS recommends this organization focus on improving the following fields:			
Report Card	Field	Percentage	Goal
Data Completeness (Patients)	Mother's Maiden Name	70.00%	100.00%
Data Completeness (Patients)	Mother's First Name	70.00%	100.00%
Data Completeness (Immunizations)	Vaccine Manufacturer Name	94.74%	95.00%
Data Completeness (Patients)	Phone	35.00%	95.00%
Data Completeness (Patients)	Address or P.O. Box	50.00%	95.00%
Data Completeness (Patients)	Patient Name: Middle	45.00%	95.00%
Data Completeness (Patients)	Chart Number	40.00%	90.00%
Data Completeness (Patients)	Ethnicity	40.00%	90.00%
Data Completeness (Patients)	Race	35.00%	90.00%
Data Completeness (Immunizations)	Vaccine Administering Provider Title/Suffix	5.26%	80.00%
<b>Dose Timeliness</b>			
Data Completeness (Immunizations)			▲
Data Completeness (Patients)			▲
Invalid Doses			▲
Unexpected Doses			▲
Vaccine Program Eligibility			▲

At the top of the report the Report Name and Reporting Period is displayed. The standard Provider Report Card is broken out into the following sections:

### 1. Recommendations Section

The Recommendations section contains areas for your organization to improve upon based on the percentage of data present compared to the goal amount. The amount in the Goal column is a target set by NYSIIS based on the importance NYSIIS assesses the area to have. The Goal for a particular item is identical for all organizations (e.g. NYSIIS expects all organizations to have 90 percent of the clients associated to that organization to have a chart number populated on the Patient record).

\*Note\*: These are ONLY recommendations, they are not requirements.

- This section displays 10 Fields from either the Patient or Immunization Data Completeness sections that have the lowest target compliance percentages.

- The offending Fields are displayed in the order of priority level and highest compliance percentage.
- The Fields in the Recommendation section are the Fields with the lowest data quality that should be focused on for improvement.

## 2. Dose Timeliness Section

This section records the difference between when doses were administered and when the information was entered into NYSIIS. NYSIIS strongly encourages providers to record doses in NYSIIS as soon as possible, either directly via the UI or via data exchange from your organization's EHR, to ensure that the client's history is up to date in case they see another provider.

- This section of the report indicates the delay between the date an immunization is given and when it was added to NYSIIS.
- The immunizations included in this analysis will be those entered records within the assessment period which have an administered date in the assessment month and the previous calendar month and were entered by the provider org viewing the report
- Both administered and historical immunizations are included in this review.

Provider Report Card		
Report Name: IR Physicians May 2020		
Reporting Period: 05/01/2020 - 05/31/2020		
Recommendations ▲		
Dose Timeliness ▼		
<i>Indicates the delay between the date an immunization was given and when it was entered in NYSIIS</i>		
Immunizations entered during assessment period: 19		
Timeframe Received	Count	Percentage
1 day or less	17	89.47%
2-7 days	2	10.53%
8-14 days	0	0.00%
15-30 days	0	0.00%
31+ days	0	0.00%
Data Completeness (Immunizations) ▲		
Data Completeness (Patients) ▲		
Invalid Doses ▲		
Unexpected Doses ▲		
Vaccine Program Eligibility ▲		

## 3. Data Completeness (Immunization) Section

These are variables related to the immunizations that can be collected in the NYSIIS user interface, and are ideally transmitted via data exchange. Trade Name and Lot Number remain the most essential elements.

- The immunizations included in this analysis will be those entered records within the assessment period which have an administered date in the assessment month and the previous calendar month and were entered by the provider org viewing the report (I.e. for the May report card- doses administered 4/1-5/31 and entered 5/1-5/31.)
- Both administered and historical immunizations are included in this review.

Provider Report Card		
Report Name: IR Physicians May 2020		
Reporting Period: 05/01/2020 - 05/31/2020		
Recommendations ▲		
Dose Timeliness ▲		
Data Completeness (Immunizations) ▼		
<i>Indicates the data included with each immunization record entered in NYSIIS</i>		
Immunizations entered during assessment period: 19		
Data Field	Count	Percentage
Vaccine Product Type Administered	19	100.00%
Vaccine Administration Date	19	100.00%
Vaccine Manufacturer Name	18	94.74%
Vaccine Trade Name	19	100.00%
Vaccine Lot Number	19	100.00%
Vaccine Expiration Date *	14	73.68%
Vaccine Dose Size	19	100.00%
Vaccine Site of Administration	12	63.16%
Vaccine Route of Administration	15	78.95%
Vaccine Ordering Provider Name	10	52.63%
Vaccine Administering Provider Name	15	78.95%
Vaccine Administering Provider Title/Suffix	1	5.26%
VFC Eligibility (dose level)	19	100.00%
* Only immunizations entered using the NYSIIS Inventory Module display this data.		
Data Completeness (Patients) ▲		
Invalid Doses ▲		
Unexpected Doses ▲		
Vaccine Program Eligibility ▲		

#### 4. Data Completeness (Patient) Section

These are variables that are collected on the demographic level.

- The patients included in this analysis are those patients entered or updated within the assessment period

Provider Report Card		
Report Name: IR Physicians May 2020		
Reporting Period: 05/01/2020 - 05/31/2020		
Recommendations ▲		
Dose Timeliness ▲		
Data Completeness (Immunizations) ▲		
Data Completeness (Patients) ▼		
<i>Indicates the data currently available on each patient entered or updated during the assessment period</i>		
Patients entered or updated during assessment period: 20		
Data Field	Count	Percentage
Patient Name: Last	20	100.00%
Patient Name: First	20	100.00%
Patient Name: Middle	9	45.00%
Mother's Maiden Name	14	70.00%
Mother's First Name	14	70.00%
Gender	20	100.00%
Birth Date	20	100.00%
Address or P.O. Box	10	50.00%
City	10	50.00%
State	20	100.00%
ZIP	10	50.00%
County	10	50.00%
Country	18	90.00%
Phone	7	35.00%
E-mail	4	20.00%
Chart Number	8	40.00%
Ethnicity	8	40.00%
Race	7	35.00%
Provider-PCP	1	5.00%
Patients that have at least one Responsible Person	8	40.00%
Patients that have 2 or more Responsible Persons	3	15.00%
Patients that have Responsible Person: Primary Designated *	1	5.00%
Invalid Doses ▲		
Unexpected Doses ▲		
Vaccine Program Eligibility ▲		

#### 5. Invalid Doses Section

This section indicates doses administered outside of schedule recommendations during the assessment period. Unless otherwise determined, clients follow the ACIP schedule. Section table is labeled and displays Vaccine Group column that displays only offending vaccine group name in alpha order (A-Z),

- The immunizations included in this analysis will be those entered within the assessment period which have an administered date in the assessment month and the previous calendar month.
- Both administered and historical immunizations are included in this review.
- Only offending vaccine groups will be displayed.
- An immunization invalid for multiple reasons will be counted in each reason column, however the Count column is distinct and the immunization will only be counted once.
- Will not count immunizations given after 'Max Age Exceeded' or invalid doses because of extra doses.
- Will count immunizations given too early and until the series is marked 'Complete'.
- Will individually count invalid doses of combo vaccines; i.e. Pediarix has valid Hep B, invalid Polio and Dtap. Invalid dose count will be 1 for Polio and 1 for Dtap.
- Count column includes all invalid doses
- Total column that includes all doses from the designated vaccine group
- Percentage column that displays percentage of Total/Count column entries.

Provider Report Card			
Report Name: Apple Peds Org May 2020			
Reporting Period: 05/01/2020 - 05/31/2020			
Recommendations ▲			
Dose Timeliness ▲			
Data Completeness (Immunizations) ▲			
Data Completeness (Patients) ▲			
Invalid Doses ▼			
<i>Indicates doses administered outside of schedule recommendations during the assessment period. Unless otherwise determined, clients follow the ACIP schedule. A single dose that is invalid for multiple reasons will only count once under the 'Count' column.</i>			
Vaccine Group	Count	Total	Percentage
Adeno	2	3	66.67%
HPV	1	2	50.00%
HepA	1	3	33.33%
Influenza	2	3	66.67%
MMR	1	2	50.00%
Measles	1	3	33.33%
Mening	1	2	50.00%
MeningB	1	2	50.00%
Mumps	1	2	50.00%
Pneumo-Poly	1	1	100.00%
Rubella	1	2	50.00%
Varicella	1	2	50.00%
Yellow Fever	1	2	50.00%
Unexpected Doses ▲			
Vaccine Program Eligibility ▲			

## 6. Unexpected Doses Section

These are doses that may be technically considered valid by the ACIP, but do not correspond to best practices. For example, Kinrix is licensed for kids 4 and older; if it is given as a DTaP dose to a patient that is only 6 months old, it will be counted as a valid dose for the DTaP series despite not conforming to the expectation for that trade name. The intent is to inform providers of areas where improvement can be made to follow the best practices for administering specific vaccines.

Section displays the following offending case rows:

1. DTaP Over 7 Years
2. HPV Bivalent to Male
3. Over Age MMRV
4. Pediarix as 4th/5th Dose DTaP
5. Td/Tdap Under 7
6. Td/Tdap Between 7 and Less Than 10 and Complete DTaP
7. Under Age Kinrix
8. Under Age Menactra
9. Under Age Menveo
10. Zoster Under 50 Years

- The immunizations included in this analysis will be those entered within the assessment period which have an administered date in the assessment month and the previous calendar month.
- Both administered and historical immunizations are included in this review.
- This section indicates counts of specific immunization cases that may be valid but should not occur frequently.
- Only offending cases will be displayed.

Provider Report Card			
Report Name: MM Clinic June 2020			
Reporting Period: 06/01/2020 - 06/30/2020			
Recommendations ▲			
Dose Timeliness ▲			
Data Completeness (Immunizations) ▲			
Data Completeness (Patients) ▲			
Invalid Doses ▲			
Unexpected Doses ▼			
<i>Indicates counts of specific immunization cases that may be valid but should not occur frequently</i>			
Case	Count	Total	Percentage
DTaP Over 7 Years	2	9	22.22%
HPV Bivalent to Male	1	2	50.00%
Over Age MMRV	2	3	66.67%
Pediarix as 4th/5th Dose DTaP	2	3	66.67%
Td/Tdap Under 7	2	8	25.00%
Td/Tdap Between 7 and Less Than 10 and Complete DTaP	2	8	25.00%
Under Age Kinrix	1	3	33.33%
Under Age Menactra	1	3	33.33%
Under Age Menveo	1	3	33.33%
Zoster Under 50 Years	3	3	100.00%
Vaccine Program Eligibility ▲			

## 7. Vaccine Program Eligibility Section

This section Indicates counts of immunizations by Vaccine Program Eligibility. Individual patients may have more than one vaccine with different VFC eligibility.

- The immunizations included in this analysis will be those entered within the assessment period which have an administered date in the assessment month and the previous calendar month.
- Both administered and historical immunizations are included in this review.



Provider Report Card		
Report Name: IR Physicians May 2020		
Reporting Period: 05/01/2020 - 05/31/2020		
Recommendations ▲		
Dose Timeliness ▲		
Data Completeness (Immunizations) ▲		
Data Completeness (Patients) ▲		
Invalid Doses ▲		
Unexpected Doses ▲		
Vaccine Program Eligibility ▼		
<i>Indicates counts of immunizations by Vaccine Program Eligibility.</i>		
Immunizations administered within the assessment period: 19		
Eligibility	Count	Percentage
VFC Eligibility Unknown	7	36.84%
Not VFC Eligible	2	10.53%
Medicaid/Medicare Managed Care	9	47.37%
Uninsured	1	5.26%
American Indian/Alaskan Native	0	0.00%
Underinsured	0	0.00%
Child Health Plus	0	0.00%
317	0	0.00%

## Downloading the Provider Report Card in .pdf

In the Download column on the Available Reports screen is .pdf hyperlink where applicable. Selecting the pdf report name hyperlink in the Download column opens the pdf version of the report selected. The PDF generated is a summary of all information on the Provider Report Card detail screen. The .pdf version is formatted for printing and saving.

Available Reports		
Report Name	Date Generated	Download
<a href="#">May 2020</a>	06/06/2020	<a href="#">May 2020.pdf</a>
<a href="#">April 2020</a>	05/02/2020	<a href="#">April 2020.pdf</a>
<a href="#">March 2020</a>	04/04/2020	<a href="#">March 2020.pdf</a>
<a href="#">February 2020</a>	03/07/2020	<a href="#">February 2020.pdf</a>
January 2020	02/01/2020	
<a href="#">Annual 2019</a>	01/04/2020	<a href="#">Annual 2019.pdf</a>

\*Note: If the Report Name is not a hyperlink there was no organization activity to report

### Provider Report Card

IR Physicians May 2020  
05/01/2020 - 05/31/2020

#### Recommendations

Based on the information in this report, NYSIS recommends this organization focus on improving the following fields:

Report Card	Field	Percentage	Goal
Data Completeness (Patients)	Mother's First Name	81.58%	100.00%
Data Completeness (Patients)	Mother's Maiden Name	81.58%	100.00%
Data Completeness (Immunizations)	Vaccine Trade Name	80.00%	95.00%
Data Completeness (Immunizations)	Vaccine Manufacturer Name	70.00%	95.00%
Data Completeness (Patients)	Phone	44.74%	95.00%
Data Completeness (Patients)	Patient Name: Middle	63.16%	95.00%
Data Completeness (Patients)	Ethnicity	60.53%	90.00%
Data Completeness (Patients)	Race	60.53%	90.00%
Data Completeness (Immunizations)	Vaccine Ordering Provider Name	10.00%	50.00%
Data Completeness (Immunizations)	Vaccine Administering Provider	0.00%	80.00%

### Dose Timeliness

Indicates the delay between the date an immunization was given and when it was entered in NYSIIS  
 Immunizations entered during assessment period: 10

Timeframe Received	Count	Percentage
1 day or less	7	70.00%
2-7 days	1	10.00%
8-14 days	1	10.00%
15-30 days	1	10.00%
31+ days	0	0.00%

### Data Completeness (Immunizations)

Indicates the data included with each immunization record entered in NYSIIS  
 Immunizations entered during assessment period: 10

Data Field	Count	Percentage
Vaccine Product Type Administered	10	100.00%
Vaccine Administration Date	10	100.00%
Vaccine Manufacturer Name	7	70.00%
Vaccine Trade Name	8	80.00%
Vaccine Lot Number	10	100.00%
Vaccine Expiration Date *	7	70.00%
Vaccine Dose Size	10	100.00%
Vaccine Site of Administration	7	70.00%
Vaccine Route of Administration	10	100.00%
Vaccine Ordering Provider Name	1	10.00%
Vaccine Administering Provider Name	8	80.00%
Vaccine Administering Provider Title/Suffix	0	0.00%
VFC Eligibility (dose level)	10	100.00%

\* Only immunizations entered using the NYSIIS Inventory Module display this data.

### Data Completeness (Patients)

Indicates the data currently available on each patient entered or updated during the assessment period  
 Patients entered or updated during assessment period: 38

Data Field	Count	Percentage
Patient Name: Last	38	100.00%
Patient Name: First	38	100.00%
Patient Name: Middle	24	63.16%
Mother's Maiden Name	31	81.58%
Mother's First Name	31	81.58%
Gender	38	100.00%
Birth Date	38	100.00%
Address or P.O. Box	36	94.74%
City	36	94.74%
State	37	97.37%
ZIP	35	92.11%
County	36	94.74%
Country	15	39.47%
Phone	17	44.74%
E-mail	3	7.89%
Chart Number	29	76.32%
Ethnicity	23	60.53%
Race	23	60.53%
Provider-PCP	0	0.00%
Patients that have at least one Responsible Person	26	68.42%
Patients that have 2 or more Responsible Persons	1	2.63%
Patients that have Responsible Person: Primary Designated *	0	0.00%

### Invalid Doses

Indicates doses administered outside of schedule recommendations during the assessment period. Unless otherwise determined, clients follow the ACIP schedule. A single dose that is invalid for multiple reasons will only count once under the 'total' column.

Vaccine Group	Total	Count	Percentage
Adeno	1	1	100.00%
HepA	1	2	50.00%
HepB	1	4	25.00%
Polio	1	2	50.00%
Td/Tdap	2	3	66.67%

### Unexpected Doses

Indicates counts of specific immunization cases that may be valid but should not occur frequently

Case	Count	Total	Percentage
DTaP Over 7 Years	3	3	100.00%

### Vaccine Program Eligibility

Indicates counts of immunizations by Vaccine Program Eligibility.  
Immunizations administered within the assessment period: **19**

Eligibility	Count	Percentage
VFC Eligibility Unknown	7	36.84%
Not VFC Eligible	2	10.53%

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Medicaid/Medicare Managed Care	9	47.37%
Uninsured	1	5.26%
American Indian/Alaskan Native	0	0.00%
Underinsured	0	0.00%
Child Health Plus	0	0.00%
317	0	0.00%

Provider Report Card		
Report Name: IR Physicians May 2020		
Reporting Period: 05/01/2020 - 05/31/2020		
Recommendations ▲		
Dose Timeliness ▲		
Data Completeness (Immunizations) ▲		
Data Completeness (Patients) ▼		
<i>Indicates the data currently available on each patient entered or updated during the assessment period</i>		
Patients entered or updated during assessment period: 20		
Data Field	Count	Percentage
Patient Name: Last	20	100.00%
Patient Name: First	20	100.00%
Patient Name: Middle	9	45.00%
Mother's Maiden Name	14	70.00%
Mother's First Name	14	70.00%
Gender	20	100.00%
Birth Date	20	100.00%
Address or P.O. Box	10	50.00%
City	10	50.00%
State	20	100.00%
ZIP	10	50.00%
County	10	50.00%
Country	18	90.00%
Phone	7	35.00%
E-mail	4	20.00%
Chart Number	8	40.00%
Ethnicity	8	40.00%
Race	7	35.00%
Provider-PCP	1	5.00%
Patients that have at least one Responsible Person	8	40.00%
Patients that have 2 or more Responsible Persons	3	15.00%
Patients that have Responsible Person: Primary Designated *	1	5.00%
Invalid Doses ▲		
Unexpected Doses ▲		
Vaccine Program Eligibility ▲		

## 5. Invalid Doses Section

This section indicates doses administered outside of schedule recommendations during the assessment period. Unless otherwise determined, clients follow the ACIP schedule. Section table is labeled and displays Vaccine Group column that displays only offending vaccine group name in alpha order (A-Z),

- The immunizations included in this analysis will be those entered within the assessment period which have an administered date in the assessment month and the previous calendar month.
- Both administered and historical immunizations are included in this review.
- Only offending vaccine groups will be displayed.
- An immunization invalid for multiple reasons will be counted in each reason column, however the Count column is distinct and the immunization will only be counted once.
- Will not count immunizations given after 'Max Age Exceeded' or invalid doses because of extra doses.
- Will count immunizations given too early and until the series is marked 'Complete'.
- Will individually count invalid doses of combo vaccines; i.e. Pediarix has valid Hep B, invalid Polio and Dtap. Invalid dose count will be 1 for Polio and 1 for Dtap.
- Count column includes all invalid doses
- Total column that includes all doses from the designated vaccine group
- Percentage column that displays percentage of Total/Count column entries.

Provider Report Card			
Report Name: Apple Peds Org May 2020			
Reporting Period: 05/01/2020 - 05/31/2020			
Recommendations ▲			
Dose Timeliness ▲			
Data Completeness (Immunizations) ▲			
Data Completeness (Patients) ▲			
Invalid Doses ▼			
<i>Indicates doses administered outside of schedule recommendations during the assessment period. Unless otherwise determined, clients follow the ACIP schedule. A single dose that is invalid for multiple reasons will only count once under the 'Count' column.</i>			
Vaccine Group	Count	Total	Percentage
Adeno	2	3	66.67%
HPV	1	2	50.00%
HepA	1	3	33.33%
Influenza	2	3	66.67%
MMR	1	2	50.00%
Measles	1	3	33.33%
Mening	1	2	50.00%
MeningB	1	2	50.00%
Mumps	1	2	50.00%
Pneumo-Poly	1	1	100.00%
Rubella	1	2	50.00%
Varicella	1	2	50.00%
Yellow Fever	1	2	50.00%
Unexpected Doses ▲			
Vaccine Program Eligibility ▲			

## 6. Unexpected Doses Section

These are doses that may be technically considered valid by the ACIP, but do not correspond to best practices. For example, Kinrix is licensed for kids 4 and older; if it is given as a DTaP dose to a patient that is only 6 months old, it will be counted as a valid dose for the DTaP series despite not conforming to the expectation for that trade name. The intent is to inform providers of areas where improvement can be made to follow the best practices for administering specific vaccines.

Section displays the following offending case rows:

1. DTaP Over 7 Years
2. HPV Bivalent to Male
3. Over Age MMRV
4. Pediarix as 4th/5th Dose DTaP
5. Td/Tdap Under 7
6. Td/Tdap Between 7 and Less Than 10 and Complete DTaP
7. Under Age Kinrix
8. Under Age Menactra
9. Under Age Menveo
10. Zoster Under 50 Years

- The immunizations included in this analysis will be those entered within the assessment period which have an administered date in the assessment month and the previous calendar month.
- Both administered and historical immunizations are included in this review.
- This section indicates counts of specific immunization cases that may be valid but should not occur frequently.
- Only offending cases will be displayed.

Provider Report Card			
Report Name: MM Clinic June 2020			
Reporting Period: 06/01/2020 - 06/30/2020			
Recommendations ▲			
Dose Timeliness ▲			
Data Completeness (Immunizations) ▲			
Data Completeness (Patients) ▲			
Invalid Doses ▲			
Unexpected Doses ▲			
<i>Indicates counts of specific immunization cases that may be valid but should not occur frequently</i>			
Case	Count	Total	Percentage
DTaP Over 7 Years	2	9	22.22%
HPV Bivalent to Male	1	2	50.00%
Over Age MMRV	2	3	66.67%
Pediarix as 4th/5th Dose DTaP	2	3	66.67%
Td/Tdap Under 7	2	8	25.00%
Td/Tdap Between 7 and Less Than 10 and Complete DTaP	2	8	25.00%
Under Age Kinrix	1	3	33.33%
Under Age Menactra	1	3	33.33%
Under Age Menveo	1	3	33.33%
Zoster Under 50 Years	3	3	100.00%
Vaccine Program Eligibility ▲			

## 7. Vaccine Program Eligibility Section

This section Indicates counts of immunizations by Vaccine Program Eligibility. Individual patients may have more than one vaccine with different VFC eligibility.

- The immunizations included in this analysis will be those entered within the assessment period which have an administered date in the assessment month and the previous calendar month.
- Both administered and historical immunizations are included in this review.

Provider Report Card		
Report Name: IR Physicians May 2020		
Reporting Period: 05/01/2020 - 05/31/2020		
Recommendations ▲		
Dose Timeliness ▲		
Data Completeness (Immunizations) ▲		
Data Completeness (Patients) ▲		
Invalid Doses ▲		
Unexpected Doses ▲		
Vaccine Program Eligibility ▼		
<i>Indicates counts of immunizations by Vaccine Program Eligibility.</i>		
Immunizations administered within the assessment period: 19		
Eligibility	Count	Percentage
VFC Eligibility Unknown	7	36.84%
Not VFC Eligible	2	10.53%
Medicaid/Medicare Managed Care	9	47.37%
Uninsured	1	5.26%
American Indian/Alaskan Native	0	0.00%
Underinsured	0	0.00%
Child Health Plus	0	0.00%
317	0	0.00%

## Downloading the Provider Report Card in .pdf

In the Download column on the Available Reports screen is .pdf hyperlink where applicable. Selecting the pdf report name hyperlink in the Download column opens the pdf version of the report selected. The PDF generated is a summary of all information on the Provider Report Card detail screen. The .pdf version is formatted for printing and saving.

Available Reports		
Report Name	Date Generated	Download
<a href="#">May 2020</a>	06/08/2020	<a href="#">May 2020.pdf</a>
<a href="#">April 2020</a>	05/02/2020	<a href="#">April 2020.pdf</a>
<a href="#">March 2020</a>	04/04/2020	<a href="#">March 2020.pdf</a>
<a href="#">February 2020</a>	03/07/2020	<a href="#">February 2020.pdf</a>
January 2020	02/01/2020	
<a href="#">Annual 2019</a>	01/04/2020	<a href="#">Annual 2019.pdf</a>

\*Note: If the Report Name is not a hyperlink there was no organization activity to report

### Provider Report Card

IR Physicians May 2020  
05/01/2020 - 05/31/2020

### Recommendations

Based on the information in this report, NYSIIS recommends this organization focus on improving the following fields:

Report Card	Field	Percentage	Goal
Data Completeness (Patients)	Mother's First Name	81.58%	100.00%
Data Completeness (Patients)	Mother's Maiden Name	81.58%	100.00%
Data Completeness (Immunizations)	Vaccine Trade Name	80.00%	95.00%
Data Completeness (Immunizations)	Vaccine Manufacturer Name	70.00%	95.00%
Data Completeness (Patients)	Phone	44.74%	95.00%
Data Completeness (Patients)	Patient Name: Middle	63.16%	95.00%
Data Completeness (Patients)	Ethnicity	60.53%	90.00%
Data Completeness (Patients)	Race	60.53%	90.00%
Data Completeness (Immunizations)	Vaccine Ordering Provider Name	10.00%	50.00%
Data Completeness (Immunizations)	Vaccine Administering Provider	0.00%	80.00%

### Dose Timeliness

*Indicates the delay between the date an immunization was given and when it was entered in NYSIIS*  
Immunizations entered during assessment period: **10**

Timeframe Received	Count	Percentage
1 day or less	7	70.00%
2-7 days	1	10.00%
8-14 days	1	10.00%
15-30 days	1	10.00%
31+ days	0	0.00%



### Data Completeness (Immunizations)

Indicates the data included with each immunization record entered in NYSIIS

Immunizations entered during assessment period: **10**

Data Field	Count	Percentage
Vaccine Product Type Administered	10	100.00%
Vaccine Administration Date	10	100.00%
Vaccine Manufacturer Name	7	70.00%
Vaccine Trade Name	8	80.00%
Vaccine Lot Number	10	100.00%
Vaccine Expiration Date *	7	70.00%
Vaccine Dose Size	10	100.00%
Vaccine Site of Administration	7	70.00%
Vaccine Route of Administration	10	100.00%
Vaccine Ordering Provider Name	1	10.00%
Vaccine Administering Provider Name	8	80.00%
Vaccine Administering Provider Title/Suffix	0	0.00%
VFC Eligibility (dose level)	10	100.00%

\* Only immunizations entered using the NYSIIS Inventory Module display this data.

### Data Completeness (Patients)

Indicates the data currently available on each patient entered or updated during the assessment period

Patients entered or updated during assessment period: **38**

Data Field	Count	Percentage
Patient Name: Last	38	100.00%
Patient Name: First	38	100.00%
Patient Name: Middle	24	63.16%
Mother's Maiden Name	31	81.58%
Mother's First Name	31	81.58%
Gender	38	100.00%
Birth Date	38	100.00%
Address or P.O. Box	36	94.74%
City	36	94.74%
State	37	97.37%
ZIP	35	92.11%
County	36	94.74%
Country	15	39.47%
Phone	17	44.74%
E-mail	3	7.89%
Chart Number	29	76.32%
Ethnicity	23	60.53%
Race	23	60.53%
Provider-PCP	0	0.00%
Patients that have at least one Responsible Person	26	68.42%
Patients that have 2 or more Responsible Persons	1	2.63%
Patients that have Responsible Person: Primary Designated *	0	0.00%

### Invalid Doses

Indicates doses administered outside of schedule recommendations during the assessment period. Unless otherwise determined, clients follow the ACIP schedule. A single dose that is invalid for multiple reasons will only count once under the 'total' column.

Vaccine Group	Total	Count	Percentage
Adeno	1	1	100.00%
HepA	1	2	50.00%
HepB	1	4	25.00%
Polio	1	2	50.00%
Td/Tdap	2	3	66.67%



### Unexpected Doses

*Indicates counts of specific immunization cases that may be valid but should not occur frequently*

Case	Count	Total	Percentage
DTaP Over 7 Years	3	3	100.00%

### Vaccine Program Eligibility

*Indicates counts of immunizations by Vaccine Program Eligibility.*

Immunizations administered within the assessment period: **19**

Eligibility	Count	Percentage
VFC Eligibility Unknown	7	36.84%
Not VFC Eligible	2	10.53%

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Medicaid/Medicare Managed Care	9	47.37%
Uninsured	1	5.26%
American Indian/Alaskan Native	0	0.00%
Underinsured	0	0.00%
Child Health Plus	0	0.00%
317	0	0.00%



# *Data Exchange*

**In this chapter:**

[Data Exchange Through NYSIIS](#)

[Health Plan Data Exchange](#)

[Provider Data Exchange Dashboard Reports](#)



## Data Exchange Through NYSIIS

The data exchange feature of NYSIIS gives you the capability to exchange immunization data files. Only NYSIIS users with the role of "MCO Data Exchange," or "Admin User" will be able to perform data exchange. HMO/MCO users will need to follow the steps in the "HMO Data Exchange" section of this chapter.

### *Provider Organization Data Exchange*

Prior to establishing data exchange, the NYSIIS staff must be contacted to arrange for testing a Health Level 7 (HL7) file that your organization will be sending.

Please note that the flat file format is currently only available for Health Plan Organizations. No new vendors or provider offices will be able to submit via flat file as of January 2014.

NYSIIS prefers to work with the vendor or technical contact to test the file format first. Once that testing is complete, NYSIIS will run a test with each provider organization to ensure the provider organization itself is set up correctly in NYSIIS and is able to upload data into the system.

### *Creating a test file for Data Exchange*

1. Contact NYSIIS Help Desk (1-866-389-0371) to receive the most up to date version of the data exchange file specifications.
2. First step in testing is to submit a test message to the Message Conformance NYSIIS test application in the Health Commerce System.
  - Sign into the Health Commerce system (HCS) using your secure User ID and password.
  - Click on the 'My Content' tab
  - Click on 'All Applications'
  - Select "M"
  - Select "Message Conformance Application NYSIIS"
  - Select the appropriate HL7 topic (HL7 version, VXU QBP)
  - Complete the necessary information regarding your office and EHR vendor
  - Upload a test message – please remember to upload a single message only for this test
  - A detailed report will be generated for your review. This report will include information on any errors that are found in the file. This information should be shared with your vendor.
  - Once you have passed this test you may proceed to step 3.
3. Send NYSIIS staff a hypothetical sample file of at least 5-10 patient records. Include in this file a range of sample immunizations per "patient". NYSIIS will check the file and run it in test mode.
  - All combination vaccines and single vaccines should ultimately be tested.
  - Provide at least 3 records where all patient information that you are allowing your clients to provide is entered (e.g., mother's maiden name responsible person, patient status, etc.).

- If you are only collecting the required and mandated fields, please let NYSIIS staff know that as well.
  - Review code tables carefully, paying particular attention to spelling and to codes that are only valid during specific time periods or age groups.
4. Send screen shots of your data entry screen so a comparison can be made between how the data is being entered into your system and how it looks in the test data file.
  5. Once the file format has been tested and found to be correct, request that each of your provider organizations contact the NYSIIS Help Desk (1-866-389-0371) to set up data exchange. The Help Desk will walk the data exchange representative from each office through the steps for data upload and explain the response files that are created.
    - Please note if you have offices that wish to submit data as a group (in a parent/child format) then NYSIIS will need to be informed prior to the first submission so that the appropriate associations may be made within the NYSIIS system.
    - An additional test file may also be requested when submitting in the parent/child format to ensure that patient information will be properly associated with the correct participating organization.

### *Setting up your organization for Data Exchange*

In order to set up your organization for Data Exchange you must call the NYSIIS Help Desk and provide them with the following information:

- The name of your provider organization or Health Plan.
- The name of your vendor (EMR, Billing, Third Party)
- File format type: Indicate Health Level 7 (HL7) version Flat File or Health Plan query.



**Note:** Files have a size limit of 150 MB combined of the patient, immunization and comment files that can be uploaded via the user interface. If files are larger than 150 MB, they will need to be split into smaller files for loading.



### *Uploading a file for Data Exchange*

The NYSIIS Help Desk (1-866-389-0371) will assist you with your first data exchange. This file will be sent into NYSIIS in **test** mode. They will walk you through the data exchange process and explain the response file to you. Once your first file has been accepted in NYSIIS, it will be reviewed by your organization and the NYSIIS Help Desk. If both parties agree that the Data Exchange was successful, then your organization will continue sending data into the NYSIIS Application.

To perform a data exchange, follow these steps:

1. Click on Exchange Data under Data Exchange on the menu panel. Depending upon the type of file format and direction of data you will be using, one or more of the following fields will display:
  - Job Name: Fill in a name for the data exchange, if desired. If left blank, NYSIIS will use the current date for a job name.

- HL7 File Name:** This field is required for users who are exchanging data using the HL7 file format. Click Browse to select the HL7 file you wish to upload.



**Note:** If you are using the previously accepted method of data exchange via flat file you will see the following fields:

- Patient File Name:** This field is required if your file format is Flat File. Click Browse; to select the appropriate Patient FileName.
- Immunization File Name:** This field is required if your file format is Flat File. Click Browse to select the appropriate Immunization FileName.
- Comment File Name:** This optional field will appear if you exchange data via Flat File format. Click Browse to select the appropriate Immunization File Name



- Click the Upload or Request Download button on your screen, whichever is displayed.



**Note:** Do not close the browser, click on any other buttons, or navigate away from this page during the upload of the file. The Exchange Data Result screen will display. This screen will list the files that were uploaded using "bidirectional" or "provider organization to NYSIIS" data directions and will confirm or provide the job name to the user.



- Click '**Check Status**'.
- The Exchange Data Status screen will display. This screen will contain the job name, Job ID, Message Control ID, user name, exchange data date, process start, process end date, deduct, and status of the current job.



Note: Job results displayed on the screen can be filtered by the Mode, a date range, Job ID, and Message Control ID (MSH -10). The first 50 jobs matching the search criteria are displayed on screen and you can page through the results 50 records at a time.



- Click '**Refresh**' periodically to check the status of the job, it will not automatically update.
- When a job is completed, the job name will appear underlined and in blue. Under the status column, one of three messages may appear.
  - Complete:** This message indicates the job has completed processing. In addition, results of inbound immunization update files include:
    - Color coded percentage of errors (i.e. Error: xx%) = (Total number of messages rejected / Total number of messages) \* 100

Percentage Errors	Color Coding
0%	Green
1 to 24.9%	Yellow
25 to 49.9%	Orange

Percentage Errors	Color Coding
50% and Greater	Red

- Total number of messages (i.e. #Msgs: xx) = # of patients processed + # of immunizations processed + # of comments processed
  - Other file types such as Query files will not display the color coding, percentage and number of messages
  - **Error:** This message indicates the job could not be processed because of formatting errors.
  - **Exception:** This message indicates that the job could not be processed because of an internal system error.
7. Click on the blue underlined job name.
  8. If the job completed successfully, the Job Detail screen will display. This screen contains the following three sections:
    - Download Files for: <Job Name>: This section contains all output files available for you to download, including the Response Files and any "NYSIIS to provider organization" download files. Click on the blue, underlined download name to download the file.
    - Download Log for: <Job Name>: This section contains information regarding activity of the download file(s), including file name, user name, date, and time of the download(s).
    - Summary Information for: <Job Name>: This section contains a summary of all the information pertinent to the exchanged data file received and processed.
  9. If the job did not complete successfully, the Job Error screen will display. This screen will contain an explanation of why the exchange data could not be processed, contains the original uploaded file(s), and lists information regarding the activity of the downloaded file(s).

### *Data Collected via Data Exchange*

Submit as much data as possible of the listed elements for completeness. At a minimum, fields in **blue** must be submitted for NYSIIS to process the file. All fields that are in **BOLD** lettering are required by New York State Legislation for immunizations administered after January 1, 2008, and need to be submitted to NYSIIS.



**Note:** If your system is not capable of exporting any of the fields mandated by New York State Legislation (Public Health Law 2168), it is required that this information be subsequently added through the user interface to complete the record.



<b>Patient Information</b>
<b>Record Identifier:</b>
Patient Status:
<b>First Name:</b>
<b>Middle Name:</b>
<b>Last Name:</b>
Name Suffix:
<b>Birth Date MMDDYYYY:</b>
Death Date MMDDYYYY:
<b>Mothers First Name:</b>
<b>Mothers Maiden Last Name:</b>
<b>Sex (Gender):</b>
Race:
Ethnicity:
Contact Allowed:
Consent to Share:
Patient ID:
Responsible Party First Name:
Responsible Party Middle Name:
Responsible Party Last Name:
Responsible Party Relationship:
Street Address:
PO Box Route Line:
Other Address Line:
City:
State:
Zip:
County:
Phone:
Sending Organization (this is your NYSIIS organization ID): This field is REQUIRED if an organization other than the organization that owns the record(s) is transmitting the data.



<b>Immunization Information</b>
<b>Record Identifier:</b>
<b>Vaccine Group*:</b> Either Vaccine group or CPT Code is required
<b>CPT Code*:</b> Either Vaccine Group or CPT Code is required
<b>CVX Code*:</b> Either Vaccine Group or CPT Code is required - - HL7 FILE ONLY
NDC Number: If sending NDC it must be sent in conjunction with CVX - HL7 File only
Trade Name:
<b>Vaccination Date MMDDYYYY:</b>
Administration Route Code:
Body Site Code:
Reaction Code:
<b>Manufacturer Code:</b>
Immunization Information Source: <i>NOTE:</i> if this field is left blank, the immunization will be listed as historic or not owned by sending organization. To indicate that an immunization was administered by your provider office and to ensure that immunization is properly associated with your office, fill this field with "00".
<b>Lot Number:</b>
Provider Name:
Administered By Name:
Site Name:
Sending Organization: (this is your NYSIIS organization ID): This field is REQUIRED if an organization other than the organization that owns the record(s) is transmitting the data
VFC Eligibility (Financial Class):
Vaccine Purchased With (Funding Type):
<b>Comment Information</b>
<b>Record Identifier:</b>
<b>Comment Code:</b>
Applies to Date MMDDYYYY:

## Health Plan Data Exchange

All Health Plan organizations will need to complete the same testing of their data file format as outlined above for provider organizations and EMRs. Prior to performing an Health Plan data exchange, your Health Plan organization will need to contact the NYSIIS Help Desk and arrange for your organization to be set up to perform data exchange.

You will need to provide the following information regarding the exchange:

- *File format*: Requires Flat File.
- *Type of transmission*: Indicate whether the exchange will be a test or an actual production transfer.

To perform a Health Plan Data Exchange, follow these steps:

1. Click on Submit HMO Data or Submit HMO Query under the Data Exchange menu option. Depending upon the selection made and the type of file format you are set up to use, one or more of the following fields will display:
  - Job Name: Fill in a name for the data exchange, if desired. If left blank, NYSIIS will use the current date for a job name.
  - For Health Plan Data Submissions:
    - Patient File Name: This field is required, as the file format is Flat File. Click Browse to select the appropriate Patient File Name.
    - Immunization File Name: This optional field will appear if you exchange data via Flat File format. Health Plans are not required to send immunization data.
    - Comment File Name: This is an optional file which will appear if you exchange data via Flat File format.
  - For Health Plan Query Submissions
    - Query File Name: This field is required for users who are running an HMO query. Click Browse to select the appropriate query file. For the format of the HMO query, please see the HMO query Specification.



**Note:** A query may not be successfully run until the Health Plan Organization has submitted patient data into NYSIIS. Only patients that are shown to be affiliated to a Health Plan organization will be returned to the Health Plan via a data query.



2. Click Upload.
3. The Exchange Data Result screen will display. This screen will list the files that were uploaded and will confirm or provide the job name to the user.
4. Click the Check Status button.
5. The Exchange Data Status screen will display. This screen will contain the job name, user name, exchange data date, process start and end date, and status of the current job.
6. Click **Refresh** periodically to check the status of the job.

7. When a job is completed, the job name will appear underlined and in blue. Under the status column, one of three messages may appear:
  - **Complete:** This message indicates the job has completed processing.
  - **Error:** This message indicates the job could not be processed because of formatting errors.
  - **Exception:** This message indicates that the job could not be processed because of an internal system error.
8. Click on the underlined jobname.
9. If the job completed successfully, the Job Detail screen will display. For jobs created from the Submit HMO Data menu option, the following will display:
  - **Response File:** Contains summary information for the Health Plan Data submission, including # of records processed, accepted, pending, or rejected. It also contains error messages for any data records that could not be successfully processed. This information is available for download by clicking on the underlined file name.
  - **Inbound Patient File:** Contains a copy of the patient data flat file that was submitted for this job. It is available for download by clicking on the underlined file name.

For jobs created using the Submit HMO Query menu option, the following files display:

- **Outbound Demographic File:** This file contains the patient demographic file available for you to download. Click on the blue, underlined '**Outbound Demographic File**;' to download the file.
  - **Outbound Immunization File:** This file contains the immunization information for the patients accepted for the query (as contained in the above demographic file). Click on the blue '**Outbound Immunization File**' to download the file. If patients were rejected they will show on the exception file, below.
  - **Exception File:** This file contains all the patient exceptions, where there was not a unique match available in the NYSIIS system, or if the patient was not found in the database, or if the patient was over 19 years old and non-consented, or if the patient had no immunizations to be returned. Click on the blue '**Exception File**' to download.
  - **Inbound Query File:** This file contains a copy of the Query flat file that was submitted for this job. It is available for download by clicking on the blue underlined '**Inbound Query File**'.
10. If the job did not process successfully, the Job Error screen will display. This screen contains an explanation of why the exchange data could not be processed contains the original uploaded file(s), and lists information regarding the activity of the downloaded file(s)

<b>Health Plan Query Format</b>
Record Type
Record Identifier
First Name
Middle Name
Last Name
Birth Date

## Health Plan Query Result File Formats

<b>Demographic</b>
Patient Id (Chart Number)
First Name
Middle Name
Last Name
Birth Date

<b>Immunization</b>
Patient Id (Chart Number)
CPT
Vaccine Group
Administered Date
Filler

<b>Exception</b>
Patient Id (Chart Number)
Record Type
Error Message

## Provider Data Exchange Dashboard Report

The Provider Data Exchange Dashboard report gives user the ability to review and analyze the quality of the data submitted to NYSIIS for a specified time frame. This report includes a high level summary on the Summary tab and detailed data in the Job Detail and Error Detail tabs.



**Note:** This report is only available to users with the ability to upload data exchanges files. The org must be submitting or have data submitted on its behalf in HL7 251 file format or above. Otherwise, the message, “Please contact NYSIIS HelpDesk at 866-389-0371 regarding the data exchange report for your organization” will be displayed on the screen.



### *Data Exchange Dashboard Criteria*

To generate the report, follow these steps:

1. Click on **Dashboard Report** under the Data Exchange section of the menu panel.
2. Select the factors to use to generate the report.
  - a. The Organization(s) drop-down list will display:
    - The org user is currently logged in under, and/or
    - The (sending) orgs previously/currently submitted data on behalf of the organization the user is currently logged in under



**Note:** Please select the Organization sending/submitted the data to NYSIIS (e.g. the parent or vendor organization, which may not be the organization that owns the data or administered the immunization)



- b. Select the Data type to be used on the report:
    - Click on the Production radio button to generate a report with production data
    - Click on the Test radio button to generate a report with test data
  - c. Report Option has “Provider Data Exchange Dashboard” report preselected
  - d. Select the Report Data Range by entering the dates in the fields provided or by using the calendar icons to enter the dates.
    - There will not be any data available prior to December 2017
3. Click on Generate Report button. The DX Dashboard Report Status page will be displayed
    - You may leave this page while the report is generating and return to it later by using the “check dashboard status” link in the left menu panel.
    - To check on that report status without leaving the page, press the “Refresh” button. When the report is ready, you can click on the report name, which is underlined and in blue text

**Data Exchange Dashboard Criteria**

Organization(s):

**Data:**

Production

Test

**Report Option:**

Provider Data Exchange Dashboard

**Report Date Range:**

From Date   To Date

### Data Exchange Dashboard Report Status

4. Click on **Refresh** occasionally to update the status of the report. Once the underlined report name appears in blue, click it.
5. To open/view the report, select the Open option in the daughter window. The report will open as an Excel spreadsheet in xls format.
6. To save the report, select the Save or Save As options in a daughter window. Select the location to save the file, enter a file name and click on **Save**. The report will be saved as an Excel spreadsheet in xls format.

Data Exchange Dashboard Report Status <input type="button" value="Refresh"/>					
Report Name	Org Name	User Name	Started	Completed	Status
<a href="#">Prov (P): 09/25/2017-10/03/2017</a>	Child3 Org	kathy5 van abel	10/03/2017 08:52:06	10/03/2017 08:52:06	COMPLETE
<a href="#">Prov (T): 09/03/2017-09/27/2017</a>	HUB - Main	Jennifer Inter Bednar	10/03/2017 08:50:25	10/03/2017 08:50:26	COMPLETE
<a href="#">Prov (P): 09/26/2017-10/03/2017</a>	HUB - Main	Jen Bednar	10/03/2017 08:49:42	10/03/2017 08:49:45	COMPLETE

**Note:** All the dashboard reports generated (by any users) for your organization will be displayed and retained for 30 days.

### Understanding the Provider Data Exchange Error Dashboard report

The following section explains the information in the dashboard report. The report only displays data related to your organization including the data sent by your organization or on behalf of your organization.

The summary tables will only be displayed when data is available. For example if the org has not submitted any query files, the Summary of Data Exchange QBP Queries table will not be displayed.

The report has three tabs including the Summary tab, the Job Detail tab and the Error Detail tab.

<b>Tab</b>	<b>Info</b>	<b>Description</b>
Summary	Table: Summary of Data Exchange VXU Jobs	The number of dx VXU jobs submitted for your org and associated breakdown. This info is the sum of the data in the DX Job Summary screen for your dx jobs submitted in the specified time frame
Summary	Graph: Patient Record Status	The patient data for the dx VXU jobs submitted for your org in the specified time frame. Will only display up to 15 orgs in chronological order
Summary	Graph: Immunization Record Status	The immunization data for the dx VXU jobs submitted for your org in the specified time frame. Will only display up to 15 orgs in chronological order
Summary	Table: Summary of Data Exchange VXU Error Types	The sum of all error types (i.e. I-Informational, W-Warning and E-Error) associated with your dx VXU jobs submitted in the specified time frame
Summary	Table: Summary of Data Exchange QBP Queries	The sum of all query results (i.e. Single Match = OK, Multiple Match = TM and No Match/Error = NF, AE or AR) associated with your dx QBP query jobs submitted in the specified time frame
Summary	Table: Timeliness of New Administered Immunizations	The timeliness of all <u>new</u> owned/administered imms submitted to NYSIIS in the specified time frame. This is the length of time between administration of imms and when they were reported to NYSIIS
Summary	Graph: Summary of Errors per Segment	The number of errors per segment for the dx VXU jobs submitted for your org in the specified time frame
Job Detail	Table: Job Detail	The detailed list of all your dx VXU jobs submitted in the specified time frame. The same info is the DX Job Summary screen for each dx job
Error Detail	Table: Error Detail	The detailed list of errors associated with your dx VXU jobs submitted in the specified time frame. The same info is found in the individual response files for each dx job



# *School and Camp User*

## **In this chapter:**

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[Check School Report](#)

[Finding Camper Screen](#)

[Camper Immunization History Screen](#)

[Manage Camp List Screen](#)

[Report and Camper List Screen](#)

[Check Camp Report](#)





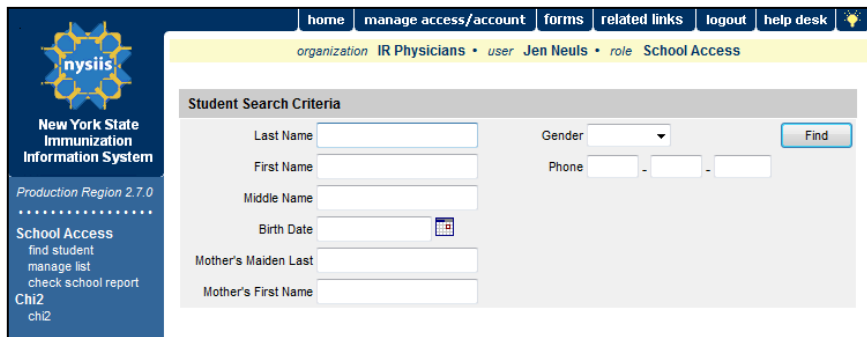
# School Users

## Finding Student Screen

The **Find Student** screen is used to search and locate any school student existing in the NYSIIS application using predetermined sets of search criteria.

There are two main sections used in the **Find Student** screen.

- Enter Search Criteria for a Student
- Search Results



The screenshot shows the NYSIIS interface. At the top, there is a navigation bar with links: home, manage access/account, forms, related links, logout, help desk. Below this, a breadcrumb trail reads: organization IR Physicians • user Jen Neuls • role School Access. The main content area is titled 'Student Search Criteria' and contains several input fields: Last Name, First Name, Middle Name, Birth Date (with a calendar icon), Mother's Maiden Last, and Mother's First Name. There are also dropdown menus for Gender and Phone (with a format of - - -). A 'Find' button is located to the right of the Gender dropdown. On the left side of the page, there is a sidebar with the NYSIIS logo and the text 'New York State Immunization Information System', 'Production Region 2.7.0', and a 'School Access' menu with options: find student, manage list, check school report, Chi2, and ch2.

### Search Criteria

Listed below are the main items used to search for a student in NYSIIS.

- Student Name
- Mother's Name
- Birth Date
- Gender
- Phone Number

### Student Name Search

In order to locate a student in NYSIIS using his or her name, a certain portion of each of the student's Last Name and First Name must be entered into the respective information fields as described below.

**Last Name** - At a minimum, the first three characters of the student's last name must be entered.

A search can be executed using less than three characters for the Last Name. In this case, the system will search the database for a student whose Last Name *exactly* matches the search.

**First Name** - At a minimum, the first two characters of the student's first name must be entered.

**Middle Name** - There is no minimum character entry for the middle name field. The middle name is only functional when used in conjunction with the student's last or first name or both. If the patient does not have a middle initial recorded in NYSIIS, using it in your search will not produce a match.



**Note:** For quicker, more precise searches, entire Last Names and First Names should be used whenever available. The middle name will not function if used with any criteria other than first and last name.



### *Mother's Name Search*

In order to locate a student in NYSIIS using his or her Mother's Maiden Name, a certain portion of each of the Mother's Maiden Last Name and Mother's First Name must be entered into the respective information fields as described below. The Mother's Name Search can be used independently or in conjunction with the Student Name Search.

**Mother's Maiden Last** - At a minimum, the first three characters of the Mother's Maiden Last name must be entered.

**Mother's First Name** - At a minimum, the first two characters of the Mother's First Name must be entered.

### *Birth Date Search*

In order to locate a student in NYSIIS using his or her Birth Date, the criteria must be entered as described below.

**Birth Date** - Can be a valid date between 01/01/1880 and the current date and it must be entered in the following format MM/DD/YYYY.

The search will return all students whose corresponding birth dates exactly match the dates entered. The Birth Date Search can be used independently, but is recommended that it only be used in conjunction with at least one other set of search criteria, such as Last Name. Typically there may be hundreds of students born on that particular day which will cause NYSIIS to hit the threshold limit.

## *Gender Search*

The Gender Search can only be used in helping to locate a student in NYSIIS when used in conjunction with one or more other set(s) of search criteria.

**Gender** - Select one of the five options, Male, Female, ~~Gender~~ X, Other or Unknown.

## *Phone Number Search*

In order to locate a student in NYSIIS using his or her Phone Number, the criteria must be entered as described below.

**Phone Number** - A valid seven-digit Phone Number must be entered.

The search will only return students whose corresponding Phone Number *exactly* matches the Phone Number entered. An Area Code can be entered in the first information field after Phone as an additional means to narrow the search, but is never required. The Phone Number Search can be used independently or in conjunction with other search criteria.

Once you have entered all your criteria for the search, click on the button to execute the search. Results are described below.

## *Search Results*

**Exact Student Match** - An Exact Student Match means NYSIIS returned only one student.

When this occurs, the **Student Immunization History** screen is displayed containing all of the relevant information regarding the student. An Exact Student Match will usually occur when the search criteria entered contains information inherently specific to a particular student.

## **List of Possible Matches**

A List of Possible Matches means the search returned more than one and less than or equal to 75 possible student matches. All possible student matches returned are then displayed in a table. The student result table is sorted alphabetically by Last Name. Middle name, birth date and gender are also included in the table for each student. Using the information displayed for each of the students in the table, the student can be selected by clicking on the Last Name. The **Student Immunization History** screen is then displayed containing all relevant information regarding the student selected.

## **Threshold Limit**

When executing a search in the database, NYSIIS may find multiple possible matches from the search criteria entered. If the number of students exceeds 75 available matches, then no students will be listed for further selection. Instead, the following message will display:

**"XX students were found. Please refine your search criteria to limit your student list."**  
(Where XX is the total number of students found in the search.)

This threshold limit occurs to restrict the extremely long lists of possible students.

In the event a threshold limit is encountered while executing a student search, the scope of the search must be narrowed. Revisit the search criterion that was previously used, and add additional information available for the student. Be sure to observe the search criteria restrictions listed above in the Student Search Criteria section.

## Student Immunization History Screen

The **Student Immunization History** screen displays a student's immunization history and provides immunization recommendations based on the selected tracking schedule. From this screen, you are also able to select and add the student to a specific student list. This will allow you to run reports for that student.

There are three main sections used in the **Student Immunization History** screen.

- Student Information
- Student Immunization History
- Recommended Vaccinations

Student Information				Print	Print Confidential	Cancel
Student Name (First - MI - Last)	DOB	Gender	Tracking Schedule			
PATIENT TEST	01/22/2010	U				
Comments						

### Reports

[Add this Student to a Report List](#)

Please Pick a Report List

### History

Vaccine Group	Date Administered	Series	Vaccine [Trade Name]	Dose	Reaction
DTP/aP	<a href="#">04/01/2010</a>	1 of 5	DTaP, unspecified formulation		
	<a href="#">06/01/2010</a>	2 of 5	DTaP, unspecified formulation		
Influenza	<a href="#">10/01/2018</a>	1 of 2	Flu, unspecified formulation		

**Current Age: 10 years, 3 months, 8 days**

### Vaccines Recommended by Selected Tracking Schedule

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTP/aP	Maximum Age Exceeded			
<a href="#">HepA</a>	01/22/2011	01/22/2011	01/22/2012	
<a href="#">HepB</a>	01/22/2010	01/22/2010	02/19/2010	01/21/2029
<a href="#">HPV</a>	01/22/2019	01/22/2021	02/22/2023	01/21/2025
<a href="#">Influenza</a>	10/29/2018	08/01/2019	11/26/2018	
<a href="#">Mening</a>	01/22/2021	01/22/2021	01/22/2023	01/21/2032
<a href="#">MMR</a>	01/22/2011	01/22/2011	05/22/2011	
<a href="#">Polio</a>	03/05/2010	03/22/2010	04/22/2010	
<a href="#">Td/Tdap</a>	01/22/2017	01/22/2017	01/22/2017	
<a href="#">Varicella</a>	01/22/2011	01/22/2011	05/22/2011	01/21/2023

### Blood Lead Test History

Age Tested	Completed	Age Tested	Completed	Age Tested	Completed
1 Year Old*	No	2 Year Old*	No	3-6 Year Old**	No

Although routine risk assessment based blood lead testing is not required for children either less than 6 months of age or those six years and older, health care providers may choose to test children at any age for blood lead based upon their assessment of the child's risk.

\* Required - New York State Public Health Law and Regulations Require Health Care Providers to test all children at age 1 year and again at age 2 with a blood lead test.

\*\* Not Required - One or more blood lead tests may have been completed during this timeframe.

Click here to review the

[NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children](#)

## Student Information

The **Student Immunization History** screen displays a student information header at the top of the page. This header includes student name, selected tracking schedule, as well as other student-distinct information.

The information contained in the header (ex., name, date of birth and gender) can be used to confirm that you have located the correct student, especially if you have made an exact match and were directed to the **Student Immunization History** screen following a student search.

The **Tracking Schedule** drop down box is used to choose the tracking schedule that will evaluate the student's immunization history and recommendations. This selected schedule will be used when viewing or printing the student's information.

The screenshot shows a web form titled "Student Information". At the top right are three buttons: "Print", "Print Confidential", and "Cancel". Below these are four input fields: "Student Name (First - MI - Last)" with the value "REPORT TESTPATIENT", "DOB" with "01/01/2005", "Gender" with "U", and "Tracking Schedule" with a dropdown menu showing "ACIP". Below the fields is a "Comments" section with a text area and a small icon. At the bottom, there is a "Reports" section with a blue hyperlink "Add this Student to a Report List" and a dropdown menu with the text "Please Pick a Report List".

## Adding Students to Report List

To add a student to a list, you must have first created specific student lists in the Manage Lists section of the application.

- Click on the drop down box and select your list from the available options.
- Then click the "Add this student to a Report List" hyperlink.
- Once a student has been added to a list, the student cannot be added to the same list again until removed from that list. The student can however be added to more than one list.

## Student Immunization History

The **Student Immunization History** table lists all vaccinations the selected student has received to date. Immunizations listed in the table are ordered alphabetically first, then by 'Date Administered'. The table columns are defined as follows:

**Vaccine Group:** This column lists the vaccine group name for each immunization received.

**Date Administered:** This column gives the actual day the student was given the vaccine.

**Series:** Validates vaccine administration per the ACIP schedule and denotes the sequence number within the immunization series.

**Vaccine [Trade Name]:** This column displays the vaccine and trade name of the vaccination received.

**Dose:** This column indicates whether full, half or multiple doses were administered to the student.

**Reaction:** If this column indicates “Yes” and appears in red, it means a reaction to a vaccine was recorded. To view the student’s reaction, click on the “Yes” link in the Reaction column.



**Note:** The student's age shows in a solid blue field between the student immunization history and before the recommendations.



## *Recommended Vaccinations*

The recommended vaccinations and corresponding dates for the selected student reside in a table titled 'Vaccines Recommended By Selected Tracking Schedule'. The vaccine group list appearing in this table represents all vaccinations included in the tracking schedule assigned to this student. The table columns are defined as follows:

<b>Vaccine Group:</b>	This column gives the vaccine group name.
<b>Earliest Date:</b>	This column displays dates which note the earliest date the student could receive the corresponding immunization.
<b>Recommended Date:</b>	This column displays dates which note the date that the student is recommended to receive the corresponding immunization.
<b>Overdue Date:</b>	This column displays dates which note the date that the student is past due for the corresponding immunization.

The dates found in the **Vaccines Recommended by Selected Tracking Schedule** table can be shaded with color for emphasis. The colors applied to the dates within the columns are defined as follows:

**Yellow** will only be applied to those dates in the **Earliest Date** column. Yellow shading indicates that today's date is equal to or past the earliest date, and is before the recommended date. Therefore, the student could receive the immunization now.

**Green** will only be applied to those dates in the **Recommended Date** column. Green shading indicates that today's date is equal to or past the recommended date, and is before the overdue date. Therefore the immunization is recommended to be administered now.

**Blue** will only be applied to those dates in the **Overdue Date** column. Blue shading indicates that today's date is equal to or past the overdue date and before the latest date. Therefore the patient is overdue for the immunization and should receive it as soon as possible.

**Maximum Age Exceeded** Reflects whether a student has exceeded the maximum age to receive a specific vaccine. For instance, if a student has already reached the age of 5 and hasn't completed the Pneumococcal series, then the recommendation for Pneumococcal at the bottom of the student immunization history will show "Maximum Age Exceeded".

**Maximum Doses Met or Exceeded for Vaccine Group** Indicates the maximum number of doses that can be administered for the specified vaccine series.

**Complete** Indicates that an immunization series has been completed according to the ACIP schedule.



## Information about printing an immunization record

The **Student Immunization History** screen displays the information held in the NYSIIS database for the selected student. It is possible to print this screen, but if you do print screens, please note the following:

The Printer Icon or File>Print in the browser isn't a NYSIIS system function, but rather a function of Internet Explorer and Netscape.

Due to security issues, to correctly print the screen simply follow the steps below:

1. Click on File>Page Setup
2. Look at the 'Footer' section of 'Headers and Footers', remove any entry or "code" in the 'Footer' field.
3. In Netscape look at the Header section, remove the checkmarks for "Document Title" and "Document Location (URL)".
4. Click Ok. Now you are ready to print.
5. Open up the Student record you want to print, click on the Print button in NYSIIS (under the Add button).
6. Once the record comes up in the print window, click on the print icon or File>Print in your browser.



**Note:** This setting should remain on your computer but you may have to change it on others.



## Student Blood Lead Test History Screen

The "Blood Lead Test History" section will display on the Student Information screen below the "Vaccine's Recommended by Selected Tracking Schedule" section until the student's age reaches 18 years old. The purpose of this table is to show the user if the student has had a blood lead test at one year of age, at two years of age, or between the ages of three to six years. Only "School" or "Preschool/Day Care/Head Start" Organizations with role of "School Access" or "School Access Data exchange" users can view this 'Blood Lead Test History' located below the "Vaccine's Recommended by Selected Tracking Schedule" section. The School Access roles do not have access to actual test results, only the data to inform the user as to whether a test has been completed or not in each age range. Actual test results may be obtained from the child's parent/guardian or from the health care provider with parental consent.

Column definitions and other details are listed below:

<b>Column Name</b>	<b>Description</b>
--------------------	--------------------

<b>Age Tested:</b>	Column with 1 Year Old* indicates a blood lead test between 9 months and less than 18 months (required by NYCRR 67-1.2).
--------------------	--

	Column with 2 Year Old* indicates a blood lead test between 18 months and less than 36 months (required by NYCRR 67-1.2).
--	---

Column with 3-6 Year Old\*\* indicates a blood lead test between 36 months and less than 72 months.

**Completed:** If this column indicates “Yes,” then the Blood Lead test was done and if it indicates “No” then the Blood Lead test was not done.

**Action Required!** When the last blood lead level ‘Action’ on the Blood Lead Test History Table requires additional follow-up then the message “View Blood Lead Test History – Action Required!” displays in bold and red letters on the ‘Blood Lead Test History’ section on the ‘Student Information’ Screen. “Action Required” means the child requires a venous blood lead test and the parent/guardian should contact the child’s health care provider.

Blood Lead Test History					
Age Tested	Completed	Age Tested	Completed	Age Tested	Completed
1 Year Old*	No	2 Year Old*	No	3-6 Year Old**	No
<b>View Blood Lead Test History - Action Required!</b>					
<p>* <b>Required</b> - New York State Public Health Law and Regulations Require Health Care Providers to test all children at age 1 year and again at age 2 with a blood lead test.</p> <p>** <b>Not Required</b> - One or more blood lead tests may have been completed during this timeframe.</p> <p style="text-align: center;"><a href="#">Click here to review the NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children</a></p>					



**Note:** The Blood Lead Test History section is not included on any student reports. It is only viewable on the screen



## Manage List Screen

The **Manage List** screen is used to create new and manage existing student lists to be used for reporting purposes. A maximum of twenty lists can be created by each school. This is noted at the top of the screen.

There are two main sections used in the Manage List screen.

- Manage List
- Report List

Each school can only have 20 report lists. After 20 you must delete to create a new lists.

Manage List			
New List Name <input type="text"/>			Save

Report List			
List Name	Last Updated Date	Student Count	Delete
<a href="#">test list</a>	01/03/2019	1	Delete

**Manage List:** This section is used to add new lists to your school organization in NYSIIS. The 'New List Name' text field is displayed. You can enter in a new name and save it as a new list.

**Report List:** This section displays a of all lists added to NYSIIS by the school in alphabetical order. Information contained within the table is described below.

**List Name:** This column displays the name given to the list by the creator of the list. If you click on the name you can view a detailed display of your students within the list on the Detail List screen.

**Last Updated Date:** This column displays the date the list was last updated.

**Student Count:** This column denotes the count of students within the particular list. The count is determined by how many students you have assigned to that list.

**Delete:** This column displays a delete button for each list. If you click on the delete button you can delete the desired list.



**Note:** Once you delete a list you cannot retrieve it. Deleting a list removes all students from the list.



### Creating a New Student List

1. Enter a name in the 'New List Name' text field.
2. Next click the Save button and the list name will be added.
3. The message will appear at the top, "The list has been created successfully." An example of a list name may be: Class of 2015. You will later add students to this list.



**Note:** Once you create a list, you cannot edit the name of it. Make sure to choose a list name that will not need to be revised (avoid generic names or current references).



Reports Available for: Albany Cadets	
Report Name	Description
<a href="#">Student List</a>	Displays the name and date of birth for each student on the list sorted alphabetically by last name.
<a href="#">Student Immunization History List</a>	Displays the name, date of birth and immunization history for each student on the list sorted alphabetically by last name.
<a href="#">Immunization Due</a>	Displays the name, date of birth and all immunization information for immunizations due for each student on the list sorted alphabetically by last name.

Select Tracking Schedule	
Tracking Schedule	ACIP ▼

Client List for: Albany Cadets					Delete	Cancel
Delete	Last Name	First Name	Middle Name	Birth Date		
<input type="checkbox"/>	<a href="#">BUSTER</a>	WARREN		01/01/2007		
<input type="checkbox"/>	<a href="#">CLIENT</a>	TEST		01/01/2008		
<input type="checkbox"/>	<a href="#">SADLER</a>	EDDIE	DOMINGO	12/11/1992		
<input type="checkbox"/>	<a href="#">SKINNER</a>	MATTHEW		03/09/2009		
<input type="checkbox"/>	<a href="#">TTEST</a>	CCRAIG		10/20/2009		

## Opening the Report/Student List Screen

1. Click on a list name for the list you wish to view.
2. You will be taken to the Report/Student List screen where you can view your student list. Further explanation can be found on the Report/Student List section.

## Removing a list

1. Click on the Delete button to the right of the list.
2. When the Delete button is clicked you will be given a prompt "Are you sure you want to delete this list?" Your option is either Ok or Cancel.
3. Clicking on Ok will delete the list and remove it from the Manage List screen. Clicking Cancel will cancel the delete and return you to the Manage List screen.

## Report and Student List Screen

The **Report/Student List** screen is used to view students added to your school list, and run reports for the students in the list. You can also view a student's history and remove a student from your list.

There are two main sections used in the **Report/Student List** screen.

- Student List
- Reports Available for School
- Select Tracking Schedule

Reports Available for: Kindergarten List #1	
Report Name	Description
<a href="#">Student List</a>	Displays the name and date of birth for each student on the list sorted alphabetically by last name.
<a href="#">Student Immunization History List</a>	Displays the name, date of birth and immunization history for each student on the list sorted alphabetically by last name.
<a href="#">Immunization Due</a>	Displays the name, date of birth and all immunization information for immunizations due for each student on the list sorted alphabetically by last name.
<a href="#">Student Immunization History Law Report</a>	Displays history as well as immunizations needed for students who are non-compliant.

## Student List

This section is for viewing student immunization history, and to remove a student from your list. Information contained within the student list table is described below.

**Delete:** If you wish to remove a student from your list, place a checkmark in the box beside the student's name in the Delete column. You can remove as many students as you like at one time by checking multiple students. Next, click on the Delete button. Once you have confirmed the delete, a message will display: "The list has been updated successfully" and your student(s) will be removed.

**Last Name:** This displays the student's last name and provides a link back to the Student Immunization History screen.

**First Name:** This field displays the student's first name.

**Middle Name:** This field displays the student's middle name.

**Birth Date:** This field displays the student's date of birth.

## Reports Available for Schools

This section provides three student reports within the list:

**Student List:** This report displays the name and date of birth for each student on the list sorted alphabetically by last name.

**Student Immunization History List:** This report displays the name, date of birth and immunization history for each student on the list sorted alphabetically by last name.

**Immunization Due:** This report displays the name, date of birth and all immunization information for immunizations due for each student on the list sorted alphabetically by last name. See Immunization Due Report notes below.

## Generating the Student List Report

1. Click on the Student List link.
2. The student list report will open in a pdf document.

## Generating the Student Immunization History List Report

1. Click on the Student Immunization History List link. You will be taken to the Check School Report screen where you can view the status of the report you are running.
2. Once your report has finished generating, the report name will turn blue, and the report status will say “ready.” You can now click the link and view the report.
3. The report displays the Immunization History and the Recommended Vaccines for each student on your list.

## Generating the Immunizations Due List Report

When requesting the Immunization Due report you will be taken to a screen where you can enter criteria used for the report. The criteria for this report are explained below.

### Selecting Vaccine Groups

Choosing vaccine groups allows you to single out any given vaccines within the selected tracking schedule. If the student is overdue for any of the selected vaccine groups, then he or she will be included in the school report outcome, given all other report criteria are met.

1. Within the 'Select the Vaccine Group(s)' section, select the 'Use All Vaccine Groups' option, or select the 'Use Vaccine Groups Selected' option. If the 'Use vaccine Groups Selected' option is selected, choose the vaccine groups to include.
  - Scroll through the vaccine group list and either double-click on the desired vaccine group name, or click on the vaccine group name and then click the Add button. All selected vaccine groups will appear in the right list box in green font.
  - To remove any vaccine groups from the report criteria, either double-click the selected vaccine group name in the right list box, or click on the selected vaccine selected vaccine group name from the right list box and then click the Remove button.

### Selecting Dates

Date criteria can be entered as a Target Date Range as described below.

### Target Date Range

When these dates are specified, the report will only return those students that were, are, or will be overdue for the selected vaccine groups on a date falling within the target date range entered.

2. Enter the Target Date Range in the “From” and “To” text boxes in the form MM/DD/YYYY, or click on the calendar icon to set the date.
  - 
  - For either date range, the “From” date, “To” date, or both dates can be left unspecified, described as follows:
    - If the “To” date is unspecified for the Target Date Range, the report date range will include the “From” date up to and including today’s date. If both dates are left unspecified for the Target Date Range, then today’s date will be entered for both “From” and “To” fields.
3. Click on Generate
4. You will be taken to the Check School Report screen where you can view the status of the report you are running. Once your report has finished generating, the report name will turn blue, and the report status say “ready.” You can now click the link and view the report. The report displays the Immunizations Due for each student on your list.

## Check School Report Screen

The **Check School Report** screen is used to display and/or determine the status of a report request. The screen is separated into two sections.

- School Report Job Status
- School Report Status

School Report Job Status						Refresh
Started	Completed	Status	Students	Target From	Target To	Cancel
12/14/2009 10:00 AM	12/14/2009 10:01 AM	100 %	10			

School Report Status					
Name	Type	Requested	Started	Completed	Status
<a href="#">History Report 12-14-2009 10:01:04</a>	Imm. History	12/14/2009 09:56 AM	12/14/2009 09:57 AM	12/14/2009 09:57 AM	Ready

### School Report Job Status

This section displays date and time a report was started and completed, the overall status in percentage, the number of students returned, and the target date range if one was specified. You can only have one job listed in this section. Once you run a new report your previous job will be erased.

## School Report Status

This section displays reports generated from the Report/Student List screen. It contains the name of the report (i.e. History Report 06-27-2002 09:42:55), the type of report, the date and time the report was requested, what time it started, and the status. Your reports will be sorted by time generated, with the latest report at the top. Based upon your report selection (student immunization history list or immunization due), you will see the status for that report in the top section. If the report returned with at least one student, it will then place a link below corresponding to the report you selected.

To get the latest update on all the requests listed in the table, click on the **REFRESH** button. This will show the most current status for each request from the NYSIIS database.

You do not have to remain on this screen while the reports are running. You can navigate away from this screen and go somewhere else in the application while your report runs in the background. To get back to the 'check status' screen, click on the 'school report' link in the menu panel on your left.

As soon as the report name appears as a hyperlink or the 'Status' displays 'Ready', it has completed processing and is ready for viewing. To view the report, simply click on the desired report name hyperlink. (This process can take some time depending on the size of the report) The selected report will automatically be displayed using the Adobe Acrobat Reader. If there is a problem viewing your report please contact the NYSIIS Help Desk.

At any time, click the **CANCEL** button to return to the screen you were previously on.



# Camp Users

## Find Camper Screen

The **Find Camper** screen is used to search and locate any camper existing in the NYSIIS application using predetermined sets of search criteria.

There are two main sections used in the **Find Camper** screen.

- Enter Search Criteria for a Camper
- Search Results

The screenshot displays the NYSIIS interface for finding campers. The top navigation bar includes links for home, manage access/account, forms, related links, logout, and help desk. Below this, the breadcrumb trail indicates the user is in the 'Camp for Creative Types' organization, logged in as 'Jennifer Neuls' with the role of 'Camp Access'. The main section is titled 'Camper Search Criteria' and features several input fields: Last Name, First Name, Middle Name, Birth Date (with a calendar icon), Mother's Maiden Last, and Mother's First Name. There are also dropdown menus for Gender and Phone (with three separate input boxes). A 'Find' button is located to the right of the Gender dropdown.

### Search Criteria

Listed below are the main items used to search for a camper in NYSIIS.

- Camper Name
- Mother's Name
- Birth Date
- Gender
- Phone Number

### Camper Name Search

In order to locate a camper in NYSIIS using his or her name, a certain portion of each of the camper's Last Name and First Name must be entered into the respective information fields as described below.

**Last Name** - At a minimum, the first three characters of the camper's last name must be entered.

A search can be executed using less than three characters for the Last Name. In this case, the system will search the database for a student whose Last Name *exactly* matches the search.

**First Name** - At a minimum, the first two characters of the camper's first name must be entered.

**Middle Name** - There is no minimum character entry for the middle name field. The middle name is only functional when used in conjunction with the camper's last or first name or both. If the patient does not have a middle initial recorded in NYSIIS, using it in your search will not produce a match.



**Note:** For quicker, more precise searches, entire Last Names and First Names should be used whenever available. The middle name will not function if used with any criteria other than first and last name.



### *Mother's Name Search*

In order to locate a camper in NYSIIS using his or her Mother's Maiden Name, a certain portion of each of the Mother's Maiden Last Name and Mother's First Name must be entered into the respective information fields as described below. The Mother's Name Search can be used independently or in conjunction with the Camper Name Search.

**Mother's Maiden Last** - At a minimum, the first three characters of the Mother's Maiden Last name must be entered.

**Mother's First Name** - At a minimum, the first two characters of the Mother's First Name must be entered.

### *Birth Date Search*

In order to locate a camper in NYSIIS using his or her Birth Date, the criteria must be entered as described below.

**Birth Date** - Can be a valid date between 01/01/1880 and the current date and it must be entered in the following format MM/DD/YYYY.

The search will return all campers whose corresponding birth dates exactly match the dates entered. The Birth Date Search can be used independently, but is recommended that it only be used in conjunction with at least one other set of search criteria, such as Last Name. Typically there may be hundreds of campers born on that particular day which will cause NYSIIS to hit the threshold limit.

## *Gender Search*

The Gender Search can only be used in helping to locate a camper in NYSIIS when used in conjunction with one or more other set(s) of search criteria.

**Gender** - Select one of the Fivethree options, Male, Female, Gender X, Other or Unknown.

## *Phone Number Search*

In order to locate a camper in NYSIIS using his or her Phone Number, the criteria must be entered as described below.

**Phone Number** - A valid seven-digit Phone Number must be entered.

The search will only return campers whose corresponding Phone Number *exactly* matches the Phone Number entered. An Area Code can be entered in the first information field after Phone as an additional means to narrow the search, but is never required. The Phone Number Search can be used independently or in conjunction with other search criteria.

Once you have entered all your criteria for the search, click on the button to execute the search. Results are described below.

## *Search Results*

**Exact Camper Match** - An Exact Camper Match means NYSIIS returned only one camper. When this occurs, the **Camper Immunization History** screen is displayed containing all of the relevant information regarding the camper. An Exact Camper Match will usually occur when the search criteria entered contains information inherently specific to a particular camper.

## **List of Possible Matches**

A List of Possible Matches means the search returned more than one and less than or equal to 75 possible camper matches. All possible camper matches returned are then displayed in a table. The camper result table is sorted alphabetically by Last Name. Middle name, birth date and gender are also included in the table for each camper. Using the information displayed for each of the campers in the table, the camper can be selected by clicking on the Last Name. The **Camper Immunization History** screen is then displayed containing all relevant information regarding the camper selected.

## **Threshold Limit**

When executing a search in the database, NYSIIS may find multiple possible matches from the search criteria entered. If the number of campers exceeds 75 available matches, then no campers will be listed for further selection. Instead, the following message will display:

**"XX campers were found. Please refine your search criteria to limit your camper list."**  
(Where XX is the total number of campers found in the search.)

This threshold limit occurs to restrict the extremely long lists of possible campers.

In the event a threshold limit is encountered while executing a camper search, the scope of the search must be narrowed. Revisit the search criterion that was previously used, and add additional information available for the camper. Be sure to observe the search criteria restrictions listed above in the Camper Search Criteria section.

## Camper Immunization History Screen

The **Camper Immunization History** screen displays a camper's immunization history and provides immunization recommendations based on the selected tracking schedule. From this screen, you are also able to select and add the camper to a specific camper list. This will allow you to run reports for that camper.

There are three main sections used in the **Camper Immunization History** screen.

- Camper Information
- Camper Immunization History
- Recommended Vaccinations

Camper Information		Print	Print Confidential	Cancel	
Camper Name (First - MI - Last)	DOB	Gender	Tracking Schedule		
KVTEST PATIENT	01/15/2014	F	▼		
Comments <input type="text"/>					
Reports					
<a href="#">Add this Camper to a Report List</a>				Please Pick a Report List ▼	
History					
Vaccine Group	Date Administered	Series	Vaccine [Trade Name]	Dose	Reaction
DTP/aP	<a href="#">07/10/2015</a>	1 of 5	DTaP-IPV [Kinrix ®]	Full	
Polio	<a href="#">07/10/2015</a>	1 of 3	DTaP-IPV [Kinrix ®]	Full	
<b>Current Age: 6 years, 3 months, 15 days</b>					
Vaccines Recommended by Selected Tracking Schedule					
Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date	
<a href="#">DTP/aP</a>	08/07/2015	08/07/2015	10/10/2015	01/14/2021	
<a href="#">HepB</a>	01/15/2014	01/15/2014	02/12/2014	01/14/2033	
<a href="#">Influenza</a>	07/15/2014	08/01/2019	08/15/2014		
<a href="#">MMR</a>	01/15/2015	01/15/2015	05/15/2015		
<a href="#">Polio</a>	08/07/2015	08/07/2015	10/10/2015		
<a href="#">Varicella</a>	01/15/2015	01/15/2015	05/15/2015	01/14/2027	
Risk Assessment and Lead Test Recommendations					
<p>Although routine risk assessment based blood lead testing is not required for children either less than 6 months of age or those six years and older, health care providers may choose to test children at any age for blood lead based upon their assessment of the child's risk.</p> <ul style="list-style-type: none"> <li>• Click here to review the <a href="#">NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children</a></li> </ul>					

### Camper Information

The **Camper Immunization History** screen displays a camper information header at the top of the page. This header includes camper name, selected tracking schedule, as well as other camper-distinct information.

The information contained in the header (ex., name, date of birth and gender) can be used to confirm that you have located the correct camper, especially if you have made an exact match and were directed to the **Camper Immunization History** screen following a camper search.

The **Tracking Schedule** drop down box is used to choose the tracking schedule that will evaluate the camper's immunization history and recommendations. This selected schedule will be used when viewing or printing the camper's information.

The screenshot shows a web form titled "Camper Information". At the top right are three buttons: "Print", "Print Confidential", and "Cancel". Below these are four input fields: "Camper Name (First - MI - Last)" with the value "A HUNTER", "DOB" with the value "06/11/2004", "Gender" with the value "F", and "Tracking Schedule" with a dropdown menu showing "ACIP". Below these fields is a "Comments" section with a text area and a small icon. At the bottom, there is a "Reports" section with a hyperlink "Add this Camper to a Report List" and a dropdown menu with the text "Please Pick a Report List".

### Adding Campers to Report List

To add a camper to a list, you must have first created specific camper lists in the Manage Lists section of the application.

- Click on the drop down box and select your list from the available options.
- Then click the "Add this camper to a Report List" hyperlink.
- Once a camper has been added to a list, the camper cannot be added to the same list again until removed from that list. The camper can however be added to more than one list.

### Camper Immunization History

The **Camper Immunization History** table lists all vaccinations the selected camper has received to date. Immunizations listed in the table are ordered alphabetically first, then by 'Date Administered'. The table columns are defined as follows:

**Vaccine Group:** This column lists the vaccine group name for each immunization received.

**Date Administered:** This column gives the actual day the camper was given the vaccine.

**Series:** Validates vaccine administration per the ACIP schedule and denotes the sequence number within the immunization series.

**Vaccine [Trade Name]:** This column displays the vaccine and trade name of the vaccination received.

**Dose:** This column indicates whether full, half or multiple doses were administered to the camper.

**Reaction:** If this column indicates “Yes” and appears in red, it means a reaction to a vaccine was recorded. To view the camper’s reaction, click on the “Yes” link in the Reaction column.



**Note:** The camper's age shows in a solid blue field between the camper immunization history and before the recommendations.



### *Recommended Vaccinations*

The recommended vaccinations and corresponding dates for the selected camper reside in a table titled ‘Vaccines Recommended By Selected Tracking Schedule’. The vaccine group list appearing in this table represents all vaccinations included in the tracking schedule assigned to this camper. The table columns are defined as follows:

- Vaccine Group:** This column gives the vaccine group name.
- Earliest Date:** This column displays dates which note the earliest date the camper could receive the corresponding immunization.
- Recommended Date:** This column displays dates which note the date that the camper is recommended to receive the corresponding immunization.
- Overdue Date:** This column displays dates which note the date that the camper is past due for the corresponding immunization.

The dates found in the **Vaccines Recommended by Selected Tracking Schedule** table can be shaded with color for emphasis. The colors applied to the dates within the columns are defined as follows:

**Yellow** will only be applied to those dates in the **Earliest Date** column. Yellow shading indicates that today’s date is equal to or past the earliest date, and is before the recommended date. Therefore, the camper could receive the immunization now.

**Green** will only be applied to those dates in the **Recommended Date** column. Green shading indicates that today’s date is equal to or past the recommended date, and is before the overdue date. Therefore the immunization is recommended to be administered now.

**Blue** will only be applied to those dates in the **Overdue Date** column. Blue shading indicates that today’s date is equal to or past the overdue date and before the latest date. Therefore the patient is overdue for the immunization and should receive it as soon as possible.

**Maximum Age Exceeded** Reflects whether a camper has exceeded the maximum age to receive a specific vaccine. For instance, if a camper has already reached the age of 5 and hasn't completed the Pneumococcal series, then the recommendation for Pneumococcal at the bottom of the camper immunization history will show "Maximum Age Exceeded".

**Maximum Doses Met or Exceeded for Vaccine Group** Indicates the maximum number of doses that can be administered for the specified vaccine series.

**Complete** Indicates that an immunization series has been completed according to the ACIP schedule.

### Information about printing an immunization record

The **Camper Immunization History** screen displays the information held in the NYSIIS database for the selected camper. It is possible to print this screen, but if you do print screens, please note the following:

The Printer Icon or File>Print in the browser isn't a NYSIIS system function, but rather a function of Internet Explorer and Netscape.

Due to security issues, to correctly print the screen simply follow the steps below:

2. Click on File>Page Setup
2. Look at the 'Footer' section of 'Headers and Footers', remove any entry or "code" in the 'Footer' field.
3. In Netscape look at the Header section, remove the checkmarks for "Document Title" and "Document Location (URL)".
4. Click Ok. Now you are ready to print.
5. Open up the Camper record you want to print, click on the Print button in NYSIIS (under the Add button).
6. Once the record comes up in the print window, click on the print icon or File>Print in your browser.



**Note:** This setting should remain on your computer but you may have to change it on others.



### Manage List Screen

The **Manage List** screen is used to create new and manage existing camper lists to be used for reporting purposes. A maximum of twenty lists can be created by each camp. This is noted at the top of the screen.

There are two main sections used in the Manage List screen.

- Manage List
- Report List

Manage List			
New List Name <input type="text"/>			Save
Report List			
List Name	Last Updated Date	Camper Count	Delete
<a href="#">Spring Break 2011</a>	06/18/2014	1	Delete
<a href="#">Spring Break 2014</a>	04/24/2014	1	Delete
<a href="#">Summer 2014</a>	04/24/2014	2	Delete
<a href="#">Summer 2013</a>	04/24/2014	1	Delete

**Manage List:** This section is used to add new lists to your camp organization in NYSIIS. The 'New List Name' text field is displayed. You can enter in a new name and save it as a new list.

**Report List:** This section displays a table of all lists added to NYSIIS by the camp in alphabetical order. Information contained within the table is described below.

**List Name:** This column displays the name given to the list by the creator of the list. If you click on the name you can view a detailed display of your campers within the list on the Detail List screen.

**Last Updated Date:** This column displays the date the list was last updated.

**Camper Count:** This column denotes the count of campers within the particular list. The count is determined by how many campers you have assigned to that list.

**Delete:** This column displays a delete button for each list. If you click on the delete button you can delete the desired list.



**Note:** Once you delete a list you cannot retrieve it. Deleting a list removes all campers from the list.



### Creating a New Camper List

4. Enter a name in the 'New List Name' text field.
5. Next click the Save button and the list name will be added.
6. The message will appear at the top, "The list has been created successfully." An example of a list name may be: Summer of 2015. You will later add campers to this list.



**Note:** Once you create a list, you cannot edit the name of it. Make sure to choose a list name that will not need to be revised (avoid generic names or current references).





Reports Available for: Summer 2014					
Report Name	Description				
<a href="#">Camper List</a>	Displays the name and date of birth for each camper on the list sorted alphabetically by last name.				
<a href="#">Camper Immunization History List</a>	Displays the name, date of birth and immunization history for each camper on the list sorted alphabetically by last name.				
Select Tracking Schedule					
Tracking Schedule	ACIP <span>▼</span>				
Client List for: Summer 2014				Delete	Cancel
Delete	Last Name	First Name	Middle Name	Birth Date	
<input type="checkbox"/>	<a href="#">MARTINI</a>	SEERE	BERNICE	02/13/2003	
<input type="checkbox"/>	<a href="#">NEULS</a>	JENNY		07/05/2008	

## Opening the Report/Camper List Screen

1. Click on a list name for the list you wish to view.
2. You will be taken to the Report/Camper List screen where you can view your camper list. Further explanation can be found on the Report/Camper List section.

## Removing a list

1. Click on the Delete button to the right of the list.
2. When the Delete button is clicked you will be given a prompt "Are you sure you want to delete this list?" Your option is either Ok or Cancel.
3. Clicking on Ok will delete the list and remove it from the Manage List screen. Clicking Cancel will cancel the delete and return you to the Manage List screen.

## Report and Camper List Screen

The **Report/Camper List** screen is used to view campers added to your camp list, and run reports for the campers in the list. You can also view a camper's history and remove a camper from your list.

There are two main sections used in the **Report/Camper List** screen.

- Camper List
- Reports Available for Camps

Reports Available for: Summer 2014	
Report Name	Description
<a href="#">Camper List</a>	Displays the name and date of birth for each camper on the list sorted alphabetically by last name.
<a href="#">Camper Immunization History List</a>	Displays the name, date of birth and immunization history for each camper on the list sorted alphabetically by last name.

## *Camper List*

This section is for viewing camper immunization history, and to remove a camper from your list. Information contained within the camper list table is described below.

**Delete:** If you wish to remove a camper from your list, place a checkmark in the box beside the camper's name in the Delete column. You can remove as many campers as you like at one time by checking multiple campers. Next, click on the Delete button. Once you have confirmed the delete, a message will display: "The list has been updated successfully" and your camper(s) will be removed.

**Last Name:** This displays the camper's last name and provides a link back to the Camper Immunization History screen.

**First Name:** This field displays the camper's first name.

**Middle Name:** This field displays the camper's middle name.

**Birth Date:** This field displays the camper's date of birth.

## **Reports Available for Camps**

This section provides three camper reports within the list:

**Camper List:** This report displays the name and date of birth for each camper on the list sorted alphabetically by last name.

**Camper Immunization History List:** This report displays the name, date of birth and immunization history for each camper on the list sorted alphabetically by last name.

## **Generating the Camper List Report**

1. Click on the Camper List link.
2. The camper list report will open in a pdf document.

## **Generating the Camper Immunization History List Report**

1. Click on the Camper Immunization History List link. You will be taken to the Check Camp Report screen where you can view the status of the report you are running.
2. Once your report has finished generating, the report name will turn blue, and the report status will say "ready." You can now click the link and view the report.
3. The report displays the Immunization History and the Recommended Vaccines for each camper on your list.

## Check Camp Report Screen

The **Check Camp Report** screen is used to display and/or determine the status of a report request. The screen is separated into two sections.

- Camp Report Job Status
- Camp Report Status

Camper Report Job Status						Refresh
Started	Completed	Status	Campers	Target From	Target To	Cancel
06/23/2014 02:13 PM	06/23/2014 02:13 PM	100 %	2			

Camper Report Status					
Name	Type	Requested	Started	Completed	Status
<a href="#">History Report 06-23-2014 14:13:32</a>	Imm. History	06/23/2014 02:13 PM	06/23/2014 02:13 PM	06/23/2014 02:13 PM	Ready

### Camp Report Job Status

This section displays date and time a report was started and completed, the overall status in percentage, the number of campers returned, and the target date range if one was specified. You can only have one job listed in this section. Once you run a new report your previous job will be erased.

### Camp Report Status

This section displays reports generated from the Report/Camper List screen. It contains the name of the report (i.e. History Report 06-27-2002 09:42:55), the type of report, the date and time the report was requested, what time it started, and the status. Your reports will be sorted by time generated, with the latest report at the top. You will see the status for that report in the top section. If the report returned with at least one camper, it will then place a link below corresponding to the report you selected.

To get the latest update on all the requests listed in the table, click on the **REFRESH** button. This will show the most current status for each request from the NYSIIS database.

You do not have to remain on this screen while the reports are running. You can navigate away from this screen and go somewhere else in the application while your report runs in the background. To get back to the 'check status' screen, click on the 'camp report' link in the menu panel on your left.

As soon as the report name appears as a hyperlink or the 'Status' displays 'Ready', it has completed processing and is ready for viewing. To view the report, simply click on the desired report name hyperlink. (This process can take some time depending on the size of the report)

The selected report will automatically be displayed using the Adobe Acrobat Reader. If there is a problem viewing your report please contact the NYSIIS Help Desk.

At any time, click the **CANCEL** button to return to the previous screen.



# *Managing Blood Lead*

## **In this chapter:**

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## Background

As part of New York State (NYS)'s comprehensive public health approach to eliminate lead poisoning, the Department of Health (DOH) seeks to increase routine lead testing of children. NYS state law and regulations require health care providers to test all children's blood lead levels at or around ages one year and again at or around two years, and to assess all children six months to six years of age for risk of lead exposure at least annually as part of routine care, with blood lead testing for children at risk of lead exposure based on those assessments. In 2009, amendments to Public Health Law and implementing regulations authorized: 1) physician office laboratories (POLs) to conduct blood lead testing using devices of complexity appropriate for their level of certification; and 2) the DOH to implement a data exchange between the New York State Immunization Information System (NYSIIS) and the statewide childhood blood lead registry, or LeadWeb. This data exchange will:

- Populate NYSIIS with blood lead testing information stored within LeadWeb.
- Utilize NYSIIS as the primary mode for reporting blood lead test results from private POLs that use portable office-based lead testing devices.

Requirements for the NYSIIS/LeadWeb linkage were divided into four sections, including User Interface, Merges, Data Exchange, and Prompts and Reports. At the time of this module's release all four sections are operational, and enhancements continue to be made.

A project involving electronic data exchange with the New York City Department of Health and Mental Hygiene (NYCDOHMH) Lead Poisoning Prevention Program (LPPP)'s electronic immunization and lead registry (Online Registry) has been on hold since 2013. Until the project is completed, NYC POLs will continue to report using the OR and NYCDOHMH will fax or mail the paper reports for children residing outside of NYC to NYSDOH LPPP.

## Important Information

Please Note: Effective beginning October 1, 2019, an elevated blood lead level will be defined as a blood lead level (BLL) greater than or equal to five micrograms per deciliter ( $\geq 5 \mu\text{g}/\text{dL}$ ). This means that all activities that were previously occurring at a BLL of  $\geq 10 \mu\text{g}/\text{dL}$  for clinical management and care coordination and  $\geq 15 \mu\text{g}/\text{dL}$  for environmental management will be required at a BLL of  $\geq 5 \mu\text{g}/\text{dL}$  as of October 1<sup>st</sup>, 2019.

The Blood Lead module in NYSIIS allows authorized users to view, manage, and add blood lead test results. All NYSIIS standard and administrative users will be able to view lead test results. Users can add blood lead test results only if their organization has Clinical Laboratory Improvement Amendments (CLIA) certification by NYSDOH's Physician Office Laboratory Evaluation Program (POLEP), conducted the blood lead test in office, and been approved by the NYSDOH LPPP. Test results can also be printed using the Blood Lead Report.

Physician Office Laboratories (POLs) that conduct blood lead testing on their patients are required to:

1. Be certified by the federal Centers for Medicare and Medicaid Services (CMS) through POLEP and have a valid CLIA certificate (CLIA number).

2. Enroll for reporting blood lead test results by contacting the NYSDOH LPPP at (518) 402-7600 or email [lppp@health.ny.gov](mailto:lppp@health.ny.gov). Your office will be assigned a Lead Reporting ID number (LRI), and be issued a customized Blood Lead Test Report form (DOH- 4430).
3. Complete a NYSIIS-Lead training and receive access to the NYSIIS Enter Blood lead Data screen. The self-guided tutorials are approximately five minutes each. To view or download the training videos:
  - a. Log in to Health Commerce System located at [https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html)
  - b. Select in the upper right toolbar
    - i. My Content
    - ii. Documents by Group
  - c. Select on the left side of the screen
    - i. Physician (or Practitioner)
    - ii. NYSIIS
    - iii. Training
    - iv. Self-Guided NYSIIS Training Tutorials
    - v. Tutorials # 14 or #15 (view or download) to learn how to enter records.  
Note: #15 to #18 will instruct you on how to generate blood lead reports

Results for all non-NYC children must be reported within 14 business days of analysis.

- If the child is a NYC resident and the results are:
  - greater than or equal to 5mcg/dL, the results must be reported within 24 hrs of analysis to NYCDOHMH LPPP. Reporting to NYSDOH will satisfy the reporting requirements.
  - less than 5 mcg/dL, the results must be reported to NYCDOHMH within five business days of analysis. Reporting to NYSDOH will satisfy the reporting requirements.





**Note:** For point-of-care testing using waived test methods, such as the LeadCare II<sup>™</sup> device,

NYS DOH has established a confirmation threshold level of greater than or equal to 5 mcg/dL. Whenever lead results generated by a waived device are greater than or equal to **5 mcg/dL**:

- record results in NYSIIS with a comment that *results of confirmatory testing are pending*
- confirm test results with a venous sample analyzed by a clinical laboratory that holds a NYS permit in toxicology-blood lead.

See practice standards for use of CLIA-waived point of care test devices at [www.health.ny.gov/environmental/lead](http://www.health.ny.gov/environmental/lead). (NYCRR Subpart 67-1.2)



## Risk Assessment and Lead Test Recommendations

This table displays New York State (NYS) Public Health Law and regulations requiring children to have a blood lead test at 12 and 24 months of age and to be assessed for risk of lead exposure at each well child visit. If found to be at risk, a blood lead level should be obtained.

Columns for age of child, recommendation, date recommendation is due, if a risk assessment has been done, if a lead test is indicated, date of the test, and status of the recommendation are included on the table. This table will display regardless of age. The current recommendation row based on the child's age will be highlighted in green, unless an "Action" is needed (Repeat Test, Requires Venous Test to Confirm, or Requires Follow-up/Management) – then the current recommendation would be shaded gray with red text.

Note: Prior elevated blood lead test results require confirmatory venous testing and an alternate follow-up schedule (review the PDF **Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children**).


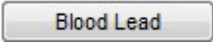
Risk Assessment and Lead Test Recommendations						Print Recommendations
Age	Recommendation*	Date Due	Risk Assessment Done	Lead Test Indicated	Date of Test	Status
6 months	<a href="#">Risk Assessment</a>	04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>		Maximum Age Exceeded
9 months	<a href="#">Risk Assessment</a>	07/04/2017	<input type="checkbox"/>	<input type="checkbox"/>		Maximum Age Exceeded
12 months	Test All Children	10/04/2017	Test All Children	Test All Children	<a href="#">10/05/2017</a>	Completed
15 months	<a href="#">Risk Assessment</a>	01/04/2018	<input type="checkbox"/>	<input type="checkbox"/>		Maximum Age Exceeded
18 months	<a href="#">Risk Assessment</a>	04/04/2018	<input type="checkbox"/>	<input type="checkbox"/>		Maximum Age Exceeded
24 months	Test All Children	10/04/2018	Test All Children	Test All Children	<a href="#">12/31/2018</a>	Completed
30 months	<a href="#">Risk Assessment</a>	04/04/2019	<input type="checkbox"/>	<input type="checkbox"/>		Maximum Age Exceeded
3 years	<a href="#">Risk Assessment</a>	10/04/2019	<input type="checkbox"/>	<input type="checkbox"/>		Overdue
4 years	<a href="#">Risk Assessment</a>	10/04/2020				Not Due
5 years	<a href="#">Risk Assessment</a>	10/04/2021				Not Due

\*Note: Assumes schedule of routine screening and testing. Elevated blood lead test results require confirmatory venous testing and alternate follow-up schedule. [Review the NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children by clicking here](#) or by choosing the link in the Action column below for management recommendations.


## Viewing a Patient's Blood Lead History

The Blood Lead History screen is comprised of three sections: Patient Information, Risk Assessment and Lead Test Recommendation, Blood Lead Test History, and Blood Lead Data.

To view blood lead information for a specific patient in NYSIIS, use one of the following methods:

1. Click on the **Manage Patient** link under the Patients section of the menu panel. This will display the Patient Search Criteria screen. For information on searching for patients, refer to Chapter 10, Managing Patients. Once a patient is retrieved, select the  button to display the patient's Blood Lead Test History screen.
2. Click on the **Manage Lead** link under the Blood Lead section of the menu panel. This will display the Patient Search Criteria screen. Once a patient is retrieved, you will navigate directly to the patient's Blood Lead Test History screen.
3. Click on the **Manage Immunizations** link under the Immunizations section of the menu panel. This will display the Patient Search Criteria screen. Once a patient is retrieved, select the  button to display the patient's Blood Lead Test History screen.

### Patient Information

The Patient Information section at the top of the Blood Lead History screen displays the patient's name, DOB, Gender, Mother's Maiden Name, Patient ID, Patient's Address, Comments, and Patient Notes. This information should be used to verify that the correct patient was found during the search process. Review the information provided by the parent/guardian on the DOH-4430. This form can be used to collect demographic data and record blood lead test results prior to data entry in NYSIIS. If different from what is reported in NYSIIS, verify with the parent and edit the information. To edit this information, click  and refer to the *Editing/Entering Patient Information* section in Chapter 10, Managing Patients.

Patient Information						
Patient Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID	
JANE DOE	05/28/2006	F	BROWN	ACIP		
Address	NY					
Comments						
Patient Notes (0) <a href="#">view or update notes</a>						



**Note:** Patient Address, NYS County of Residence, Race and Ethnicity are very important fields to complete on the Demographic screen. Race and Ethnicity are located under the Patient Information section and Patient Address and County is located under the Address Information section.



### Blood Lead Test History

Blood Lead Test History						
Remove	Owned?	Date Sample Collected	Date Sample Analyzed	Date Results Reported	Blood Lead Level	Action
<input type="checkbox"/>		<a href="#">09/01/2019</a>	09/02/2019	09/26/2019 10:38:46 AM	3.0 µg/dL	<b>BLL &lt;5</b>
<input type="checkbox"/>		<a href="#">08/18/2019</a>	08/20/2019	09/26/2019 09:40:32 AM	7 µg/dL	<a href="#">Requires Follow-up/Management</a>
<input type="checkbox"/>		<a href="#">07/01/2019</a>	07/01/2019	09/26/2019 10:29:22 AM	7.0 µg/dL	<a href="#">Requires Venous Sample Analyzed By a Lab Approved for Toxicology - Blood Lead - Comprehensive Testing</a>
<input type="checkbox"/>		<a href="#">06/18/2019</a>	06/20/2019	09/26/2019 10:26:23 AM	INVALID µg/dL	<a href="#">Repeat Test</a>

The Blood Lead Test History section will list all of the selected patient's blood lead test results and information. The results will be listed in order of the "Date Sample Collected." Column definitions are listed below:

**Remove:** Contact the NYSDOH LPPP at (518) 402-7600 or [lppp@health.ny.gov](mailto:lppp@health.ny.gov) or the NYSIIS help desk to request a test be deleted. Only State Department of Health users or NYSIIS help desk staff can edit or delete tests.

**Owned?:** If this column indicates "No," another provider organization entered or ordered the test and is attesting to its validity. Click on the "No" link to view the view blood lead test owner's contact information.

Date Sample Collected:	This column lists the date the blood lead sample was collected. By clicking on the date link, the details for each individual blood lead test will display. Contact the NYSDOH LPPP at (518) 402-7600 or <a href="mailto:lppp@health.ny.gov">lppp@health.ny.gov</a> or the NYSIIS help desk to request a test be edited or deleted.
Date Sample Analyzed:	The date the blood lead test was analyzed.
Date Results Reported:	The date and time the blood lead test result was reported to NYS via the Electronic Clinical Laboratory Reporting System (ECLRS) or automatically entered into NYSIIS via User Interface when saving the record.
Blood Lead Level:	This column displays the reported quantitative result for a blood lead test, displayed in micrograms per deciliter.
Action	A prompt to instruct the provider what the next step should be. Actions are either Repeat Test, Requires Venous Sample Analyzed By a Lab Approved for Toxicology – Blood Lead – Comprehensive Testing, Requires Follow-up/Management, or BLL < 5. Actions requiring follow up per NYS Public Health Law are shown highlighted in red. Tests that do not require follow up are shown highlighted in green.



**Note: Owned vs. Not Owned Blood Lead Tests**

A single provider does not own any of the patients within NYSIIS, but an organization does own the blood lead tests it reports.



## Blood Lead Test History Buttons

The Blood Lead Test History screen contains links to other NYSIIS functions. These links are:

- Immunization History: Clicking this button will return you to the Immunization History screen for the patient.
- Edit Patient: Clicking this button will return you to the Demographic screen for the patient.
- New: Clicking this button will display a new set of fields for entering a blood lead test result. This button only displays for authorized users.
- Report: Clicking this button will display a PDF of the patient's Blood Lead Report.
- Save: Clicking this button will save the blood lead test and automatically populate the Date Results Reported, Laboratory CLIA Number, Sample Accession Number, and PFI/LRI Number fields. This button only displays for authorized users.

## Viewing Blood Lead Tests

To view details of a previously entered blood lead test, click on the Date Sample Collected link in the Blood Lead Test History section:

Blood Lead Test History						
Remove	Owned?	Date Sample Collected	Date Sample Analyzed	Date Results Reported	Blood Lead Level	Action
<input type="checkbox"/>		<a href="#">09/18/2019</a>	09/20/2019	09/26/2019 10:06:15 AM	<3.3 µg/dL	<a href="#">BLL &lt;5</a>
<input type="checkbox"/>		<a href="#">09/13/2019</a>	09/16/2019	09/26/2019 10:01:09 AM	INVALID µg/dL	<a href="#">Repeat Test</a>

The previously entered lead test information displays in a read-only format:

Blood Lead Test History						
Remove	Owned?	Date Sample Collected	Date Sample Analyzed	Date Results Reported	Blood Lead Level	Action
	<a href="#">No</a>	<a href="#">03/05/2019</a>	03/11/2019	03/11/2019 03:05:11 PM	4 µg/dL	<a href="#">BLL &lt;5</a>
	<a href="#">No</a>	<a href="#">04/28/2017</a>	04/30/2017	09/18/2018 03:29:50 PM	4 µg/dL	<a href="#">BLL &lt;5</a>
	<a href="#">No</a>	<a href="#">01/28/2016</a>	01/30/2016	10/04/2018 02:27:44 PM	4 µg/dL	<a href="#">BLL &lt;5</a>
	<a href="#">No</a>	<a href="#">09/28/2015</a>	09/30/2015	09/20/2018 11:11:21 AM	4.5 µg/dL	<a href="#">BLL &lt;5</a>

**View Blood Lead Data**      Immunization History      Edit Patient      Blood Lead Report

**If you require an edit to a blood lead test, call the NYSIIS Help Desk at 866-389-0371. For access to the blood lead data entry screen to report lead results, contact the NYSDOH Lead Poisoning Prevention Program at [lppp@health.state.ny.us](mailto:lppp@health.state.ny.us) or 518-402-7600.**

Date Results Reported: 03/11/2019	Source Type: User Interface
Laboratory CLIA Number: 000901	PFI/LRI Number: 0001
Sample Accession Number: 00010305201901	Provider Information in Lead Registry:

- \* Ordering Practitioner : tester, Joe
- \* Test Method : LeadCare® II (ASV Screen)
- \* Date Sample Collected : 03/05/2019
- \* Date Sample Analyzed : 03/11/2019
- \* Sample Type : Capillary
- \* Blood Lead Level : 4 µg/dL  
Note: µg/dL = mcg/dL

Lab Result Comments:  
Comment Date:

## Entering Blood Lead Tests - For Authorized Health Care Practices only (requires Lead Reporting ID and CLIA ID)

The Enter Blood Lead Data Screen will be available to authorized users for submitting a blood lead test result. Users who have not enrolled with the NYSDOH will not have access to the Enter Blood Lead Data screen. Contact LPPP staff at (518) 402-7600 or [lppp@health.ny.gov](mailto:lppp@health.ny.gov) if you need to enroll. Read Only users will only see the Blood Lead Test History and View Blood Lead Screen.

Enter Blood Lead Data

Date Results Reported: 09/19/2010	Source Type: User Interface
Laboratory CLIA Number: 5656565656	PFILRI Number: 5656
Sample Accession Number:	Provider Information in Lead Registry:
* Ordering Practitioner : <input type="text"/>	
* Test Method : <input type="text"/>	
* Date Sample Collected : <input type="text"/>	
* Date Sample Analyzed : <input type="text"/>	
* Sample Type : <input type="text"/>	
* Blood Lead Level : <input type="text"/>	µg/dL Note: µg/dL = mcg/dL
	Qualitative Result : <input type="text"/>
Lab Result Comments: <input style="width: 100%;" type="text"/>	

**NYSIIS Provider Notes**

**Please do not include confidential information in the notes. Provider Notes can be viewed by any provider organization with access to the registry.**

Enter Text of Provider Note

Created By	Create Date	Note
<i>No Provider Notes have been added for this lead test</i>		



**Note:** Do not enter a blood lead test result analyzed by another office or laboratory into NYSIIS. Only state lead program staff may edit or delete preexisting lead tests in NYSIIS.







In order for an authorized user to successfully add a new blood test result into NYSIIS, the patient must have a completed address on file. The patient address information is critical for public health surveillance and follow-up. If the address is missing or incomplete the user will receive a message to click the “Edit Patient” button to update. The required fields to enter the test result will be locked until the address has been completed/updated (minimum address requirements are **Street Address, Zip, City, and County** fields). When all required address fields are completed the test entry fields will unlock and allow test result entry.

1. The first six fields are automatically populated and do not allow user entry. Contact the NYS LPPP at (518) 402-7600 if you feel corrections are required.
  - *Date Results Reported*: Records the date the blood lead test result was submitted to NYSIIS by clicking on the Save button when all required fields have been completed with valid information. Defaults to the current system date when reporting a new test result.
  - *Source Type*: Identifies whether the test results were entered through the user interface or received via data exchange from the state LeadWeb registry.
  - *Laboratory CLIA Number*: Displays the assigned CLIA Number for the organization
  - *PFI/LRI Number*: Displays the assigned Lead Reporting Identification Number (LRI) for the laboratory.
  - *Sample Accession Number*: Unique test identifier number automatically assigned when the user has completed all required fields and clicks on save. For tests entered into NYSIIS, this is a 14 digit number generated from the organization’s LRI, the Date Sample Collected, and a sequence number beginning with 01 each day. For tests received from data exchange with LeadWeb, each test will receive a laboratory assigned accession number but the accession numbers will not always follow the format previously described.
  - *Provider Information in Lead Registry*: Displays provider information received by laboratories submitting test results to NYS using the ECLRS. This information is then transferred into NYSIIS from LeadWeb via data exchange. This field is blank for tests entered directly into NYSIIS through the user interface.
2. The blue asterisked fields are required for each lead test. Information may not be left blank. If left blank, you will receive an error message and cannot continue until the information has been entered. Using the DOH-4430 to collect information from the parent/guardian prior to performing the test, documenting the test results, and referencing while completing data entry will help simplify the process.
  - *Ordering Practitioner*: This field records and displays the name of the health care provider who ordered the lead test (Ordering Authority). If this drop down list is blank, your organization’s NYSIIS Administrative user must enter the first and last names of all Ordering Practitioners (Authorities) using the Manage Clinician link under Maintenance (refer to Chapter 8). **The Ordering Practitioner (Authority) field must be set-up prior to entering patient blood lead test results.** The name of the Ordering Practitioner chosen should correspond to the Name of the Health Care Provider Ordering Test field on the completed DOH-4430 form.



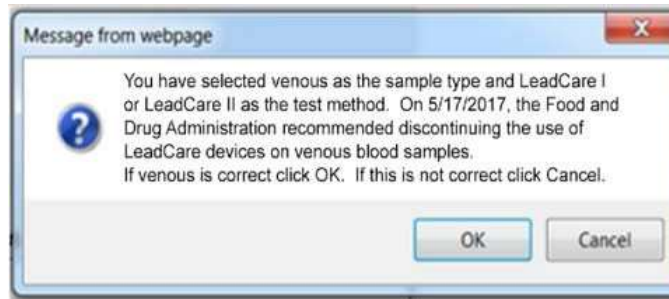


**Note:** The Ordering Practitioner (Authority) field must be set-up prior to entering patient blood lead test results. If this drop down list is blank, your organization's NYSIIS Administrative user must enter the first and last names of all Ordering Practitioners (Authorities) using the Manage Clinician link under Maintenance. Completing these steps prior to entering a lead test ensures proper identification of the provider who ordered the test.

- 
- *Test Method:* This field identifies the device used to perform the blood lead test. The drop down list will display LeadCare® II (ASV Screen) or LeadCare® (ASV Screen). Choose the type of device used to analyze the specimen.
  - *Date Sample Collected:* Enter the date the blood lead sample was collected in the MM/DD/YYYY format. A calendar is available to auto populate the field, if you choose to use it.
  - *Date Sample Analyzed:* Enter the date the blood lead sample was analyzed in the MM/DD/YYYY format. A calendar is available to auto populate the field, if you choose to use it.
  - *Sample Type:* This field identifies the type of sample used to perform the blood lead test. The drop down list will display capillary (finger stick) and venous. Choose the type of sample that was collected.
  - *Blood Lead Level:* The result of the lead test in micrograms per deciliter. Depending upon the value of the test result, you will either record a numeric value or select a qualitative value.
    - Record a quantitative, numeric value, in the Blood Lead Level field for tests within the reporting range of the testing device.

Select "High" or "Low" from the drop down box in the Qualitative Result field for tests outside the reporting range of the testing device (i.e. Select > 65 mcg/dl as "High". Select "Low" as <1.9 for LeadCare®, or <3.3 for Leadcare® II. If a numeric value outside the device's limit of detection is accidentally entered into the blood lead level field, you will receive an error message that instructs you to select an appropriate qualitative result for the device. If a value of "High" is chosen, upon saving you will receive a message that instructs you to verify the High qualitative result is accurate.

- If entering a Blood Lead test using the Venous sample type with LeadCare I or Lead Care II test methods the following informational pop-up will display:



3. The remaining two fields are for recording comments/notes for a specific blood lead test:

- **Lab Result Comments:** The user may enter a comment specific to the lab test that will be submitted to NYSIIS. A comment cannot be entered, edited or deleted once the blood lead test has been submitted (Saved).
  - It is recommended to use this field to document when a child is being referred to a clinical laboratory for a confirmatory venous specimen (analyzed using another test method) when the blood lead result obtained using a waived test method is 5 mcg/dL or greater, (such as a LeadCare® II device).
- **Enter Text of Provider Note:** The user may enter multiple notes regarding the entire test. Do not include any confidential information, as the information may be viewed by any provider organization with access to the registry. Previously entered notes may not be edited or deleted, unless the entire test record is deleted.

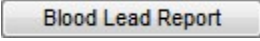


**Note:** If you are unable to enter a lead result, contact the New York State Lead Poisoning Prevention Program by e-mail to: [lppp@health.ny.gov](mailto:lppp@health.ny.gov) or by phone: 518-402-7600.



## Printing a Blood Lead Report

A patient's blood lead report provides the details of the patient's complete blood lead test history. To print the report, follow these steps:

1. Click on the **Manage Lead** link under the Blood Lead section of the menu panel.
2. Search for and select your patient using the Patient Search.
3. Click the  button on the screen.
4. Click the "Blood Lead Report" link.

NYS Department of Health	
Complete Blood Lead Test History	
Patient Name (L,F M): PATIENT, NYSIIS Birth Date: 06/16/2009 Gender: MALE	
Date Sample Collected: 07/17/2010 Ordering Practitioner: Lead, Test Owning Organization: NYS Department of Health Date Sample Analyzed: 08/01/2010 Date Results Reported: 09/17/2010	Sample Type: Venous Test Method: LeadCare® II (CLIA-Waived) Sample Accession Number: 56560717201001 Blood Lead Level: <3.3 µg/dL
Lab Result Comments:	
Date Sample Collected: 02/01/2010 Ordering Practitioner: Burnmeister Owning Organization: NYSDOH - Lead Program Date Sample Analyzed: 03/21/2010 Date Results Reported: 09/02/2010	Sample Type: Capillary Test Method: LeadCare® II (CLIA-Waived) Sample Accession Number: 12340902201003 Blood Lead Level: 5 µg/dL
Lab Result Comments:	
Date Sample Collected: 02/01/2010 Ordering Practitioner: Burnmeister Owning Organization: NYSDOH - Lead Program Date Sample Analyzed: 03/21/2010 Date Results Reported: 09/02/2010	Sample Type: Capillary Test Method: LeadCare® II (CLIA-Waived) Sample Accession Number: 12340902201004 Blood Lead Level: 5 µg/dL
Lab Result Comments:	

5. The system displays the patient's blood lead report in PDF format.
6. The patient's Blood Lead Report can be printed or saved to your computer.



## **Blood Lead Reports**

### *Aggregate Clinical Performance Report*

The aggregate clinical performance report returns the number and percentage of patients less than six years of age who have had a blood lead test(s) according to the selected criteria and time frame. In rare instances, a child's record may need manual review by NYSDOH before it is matched into NYSIIS and available for a report.

The count displayed in the # in Age Range column for the Timely Venous Confirmatory Testing and the Overdue for a Venous Sample Analyzed By a Lab Approved for Toxicology – Blood Lead – Comprehensive Testing reports reflects the number of patients in the birthdate range with an elevated capillary result (5 µg/dL or greater).

## Aggregate Clinical Performance Report

### Select a Report

- One Year Old Test \*
- Two Year Old Test \*
- Two Years of Age with One Test by Age Two
- Three Years of Age with One Test +
- Three Years of Age with Two Tests at Any Time +
- Three Years of Age with One Test at or around Ages One and Two
- Timely Venous Confirmatory Testing
- Overdue for a Venous Sample Analyzed By a Lab Approved for Toxicology - Blood Lead - Comprehensive Testing

### Select Time Frame

Time Increment:

### Select Birth Year

- No Birth Year Selection
- Birth year  Year

A report will be generated with the number and percentage of patients less than six years of age who have had a blood lead test(s) according to the selected criteria and time frame. In rare instances, a child's record may need manual review by NYSDOH before it is matched into NYSIIS and available for a report.

The count displayed in the # in Age Range column for the Timely Venous Confirmatory Testing and the Overdue for a Venous Sample Analyzed By a Lab Approved for Toxicology - Blood Lead - Comprehensive Testing reports reflects the number of Patients in the birthdate range with an elevated capillary result (5 µg/dL or greater).

At this time, the Aggregate Clinical Performance Report includes only NYS residents outside of NYC.

Note: \* Indicates testing that is required by NYS regulation 67-1.2 (3).

+ Indicates additional measures that match NYS annual surveillance reports.

Generate

Cancel



**Notes:** County Organizations will have an additional "Select Patient Population" section that will allow different search options. This section includes three options:

1. Patients associated with <Organization>
2. Patients residing in <County >
3. Patients associated with [Organization] OR patients residing in [County]



To generate an Aggregate Clinical Performance Report, follow these steps:

- Select Performance Report under the Blood Lead menu group.
- Select the report criteria
- Select a Time Frame:
  - For a year, select a time increment of a year and pick the year.
  - For quarters, select a time increment of a quarter, pick the year, and pick the range of quarters.
  - For months, select a time increment of a month, pick the year, and pick the range of months.
- Select No Birth Year option or Birth Year, if desired.
- Generate the report.
- The Lead Performance Reports Request Screen will appear:

Lead Performance Report Request Status			Refresh
Report Name	Started	Completed	Status
<a href="#">2 Yr Old, mo. 01 to 01, 2016</a>	04/24/2020 08:22 AM	04/24/2020 08:22 AM	100%

- Select under report name the report that you want and the report will open in a spreadsheet format.
- Print, save, or make changes to the report.

## Aggregate Clinical Performance Report

2 Yr Old, mo. 01 to 01, 2016

4/24/20 8:22 AM

IR Physicians, 2

### Birth Year

*NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children*  
(link below)

<http://www.health.ny.gov/publications/2501.pdf>

To create a hyperlink to the document, click on the URL above twice and then out of the field

<u># in Age Range</u>	<u># Met Criteria</u>	<u>% Met Criteria</u>
161	5	3.11 %



**Notes:** When County Organizations select Option 2 (Patients residing in <County>) of “Select Patient Population” additional tabs will be displayed on the report output. The four tabs that will be visible for County Organizations will display in the following order:

1. Health Plan
2. Provider Org – All
3. Provider Org – County
4. County





**Aggregate Clinical Performance Report**  
**2 Yr Old, mo. 12 to 12, 2015, res. in Albany Co.**  
**4/24/20 8:51 AM**  
**IR Physicians, 2**

**Birth Year**

*NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children*  
 (link below)

<http://www.health.ny.gov/publications/2501.pdf>

To create a hyperlink to the document, click on the URL above twice and then out of the field

Note: The # in Age Range equals sum of children residing in your county that meet the report criteria you selected and are "active" for all NYSIIS Organization Types. It includes Organization Types that may not usually order a blood lead test for a child.

<u>County</u>	<u># in Age Range</u>	<u># Met Criteria</u>	<u>% Met Criteria</u>
Albany	205	2	0.98 %

*Clinical Performance List Report*

The clinical performance list report returns a list of patients less than six years of age who have had a blood lead test(s) according to the selected criteria and monthly time frame. In rare instances, a child's record may need manual review by NYSDOH before it is matched into NYSIIS and available for a report.



**Notes:** This report will coincide with the Aggregate Clinical Performance Report (except for the Timely Venous Confirmatory Testing and Overdue for a Venous Sample Analyzed by a Lab Approved for Toxicology – Blood Lead – Comprehensive Testing reports) and will list the names and test results of the patients that are used to determine the # Met Criteria and % Met Criteria. Both reports must be run using the same monthly time frame to match. If a report requires two tests to meet the report criteria, the number of patients displayed in the Performance List Report will not be the same as the “# Met Criteria” in the Aggregate Clinical Performance Report (patient counted once for the Performance Report but will be listed twice on the Performance List Report). Due to report size concerns, a County Organization will be limited to patients associated within their Organization. To generate a list for a provider, a County user may “soft access” the Provider Organization.



**Clinical Performance List Report**

**Select a Report**

One Year Old Test \*  
 Two Year Old Test \*  
 Two Years of Age with One Test by Age Two  
 Three Years of Age with One Test +  
 Three Years of Age with Two Tests at Any Time +  
 Three Years of Age with One Test at or around Ages One and Two

**Select Time Frame**

Month:  Year:

**Select Birth Year**

No Birth Year Selection  
 Birth year

A report will be generated with a list of patients less than six years of age who have had a blood lead test(s) according to the selected criteria and monthly time frame. This report will coincide with the Aggregate Clinical Performance Report and will list the names and test results of the patients that are used to determine the # Met Criteria ∞ and % Met Criteria. Both reports must be run using the same monthly time frame to match.

In rare instances, a child's record may need manual review by NYSDOH before it is matched into NYSIIS and available for a report. At this time, the Clinical Performance List Report includes only NYS residents outside of NYC

Note: \* Indicates testing that is required by NYS regulation 67-1.2 (3).  
 + Indicates additional measures that match NYS annual surveillance reports.  
 ∞ If a report requires two tests to meet the report criteria, the number of patients displayed in the Performance List Report will not be the same as the "#Met Criteria" in the Aggregate Clinical Performance Report (patient counted once for the Performance Report but will be listed twice on the Performance List Report).

To generate a Clinical Performance List Report, follow these steps:

1. Select Performance List Report under the Blood Lead menu group.
2. Select the report criteria
3. Select a time frame:
  - a. Select the month and year.
4. Select No Birth Year option or Birth Year, if desired.
5. Generate the report.
6. The Aggregate Clinical Performance Lists Reports Request Status screen will appear:

Clinical Performance List Reports Request Status			
Report Name	Started	Completed	Status
<a href="#">1 Yr Old, mo. 05, 2016</a>	08/09/2016 12:26 pm	08/09/2016 12:26 pm	100%
<a href="#">1 Yr Old, mo. 07, 2016</a>	08/02/2016 09:10 am	08/02/2016 09:10 am	100%
<a href="#">2 Yr Old One Test, mo. 07, 2016</a>	08/01/2016 01:20 pm	08/01/2016 01:20 pm	100%
<a href="#">2 Yr Old, mo. 07, 2016</a>	08/01/2016 01:19 pm	08/01/2016 01:19 pm	100%

7. Select the blue hyperlink report name of the report you wish to view. The report will open in a spreadsheet format.
8. Print, save, or make changes to the report.

Clinical Performance List Report  
 1 Yr Old, mo. 05, 2019  
 4/24/20 9:59 AM  
 LeAnn's Family Care, 5200

*NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children*  
 (link below)  
<http://www.health.ny.gov/publications/2501.pdf>  
 To create a hyperlink to the document, click on the URL above twice and then out of the field

Last Name	First Name	Birth Date	City	Zip	Provider Organization	Collection Date	Sample Type	Test Method	Result
DEPAOLO	ARMAND	10/04/2016	SYRACUSE	13203	LeAnn's Family Care	11/10/2017	V	LC® II	8.2
LEADRPT	KVTHREE	01/01/2017	FUNVILLE	98989	IR Physicians	01/01/2018	C	LC® II	5
MASON	MELISSA	10/15/2014			LeAnn's Family Care	11/14/2015	C	LC® II	3.4
RBUU	BMMZA	07/03/2017	ROCHESTER	14616	NYSDOH Lead Program	10/06/2018	C	A	INVALID

### Provider Report Card

The Provider Report Card will show Provider's testing and confirmation rates for a specified time period with the goal of improving over time. The Provider Report Card will show the provider organization's one and two-year-old blood lead testing rates vs NYS testing rates vs NYS Medicaid rates on the bar chart, and the percentage of children who received a timely venous confirmatory test vs Confirmatory Venous Test completed past recommended timeframe vs those that did not receive a venous confirmatory test on the Pie chart.



**Notes:** When run for a county organization, the Provider Report Card uses a patient population of patients residing in that county. The percentages will match those displayed in the County tab on the Aggregate Clinical Performance Report.



## Provider Report Card

Select a Year  
Year:

Provider Report Card will display the provider organization's one and two-year-old blood lead testing rates vs NYS testing rates vs NYS Medicaid rates on the bar chart and the percentage of children who received a timely venous confirmatory test vs those that did not receive a confirmatory venous test vs confirmatory venous test completed past recommended timeframe on the pie chart.

Note: New York State and Medicaid requires health care providers to test all children for lead with a blood lead test at age 1 year and again at age 2 year.

Capillary blood lead samples with a result of 5 µg/dL or greater require a venous sample analyzed by a lab approved for toxicology blood lead comprehensive testing, for confirmation of blood lead level within 3 months or less, depending on the initial capillary blood lead sample level.

ALL capillary blood lead test results obtained from a point-of-care device i.e., LeadCareII®, must be reported to NYSDOH.

To generate Provider Report Card, follow these steps:

1. Select Provider Report Card under the Blood Lead menu group.
2. Select the Year. The earliest year this report is available is 2018. Once the NYSIIS Testing and Medicaid rates are added to NYSIIS for a specified year, that year will show as available for selection. For example, the year 2019 will not show as selectable until the rates for that year have been loaded in NYSIIS.
3. Generate the report.
4. The Provider Report Card Report Status Screen will appear:

Provider Report Card Report Request Status			<input type="button" value="Refresh"/>
Report Name	Started	Completed	Status
<a href="#">IR Physicians:2018</a>	09/23/2019 09:37 AM	09/23/2019 09:37 AM	100%

5. Select the blue hyperlink report name of the report you wish to view, and the report will open in a PDF format.
6. Print or save the report.



# Provider Blood Lead Testing Report Card

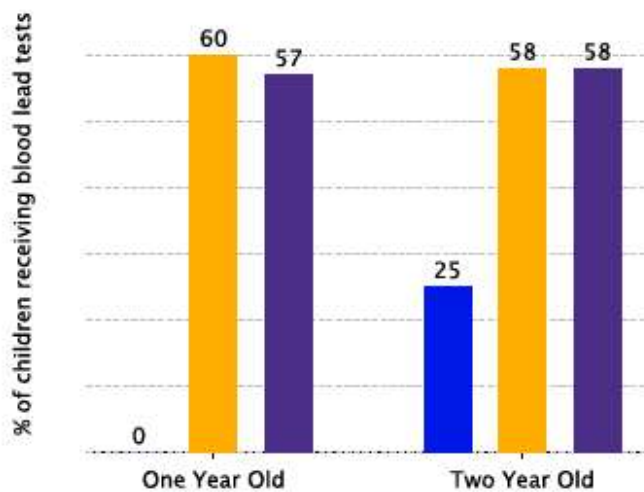
anuragLeadPR-6521

- New York State requires health care providers to test all children for lead with a blood lead test at age 1 year and again at age 2 years, to assess a child's risk of lead exposure at each well-child visit, and to perform lead testing if a child is found to be at risk. (10NYCRR 67-1.2)
- Medicaid requires that all children who are enrolled received a blood lead test at both 1 and 2 years of age. If no lead test has been completed, children should receive a test between 3 and 5 years of age.
- Capillary blood lead samples with a result of 5 µg/dL or greater require a confirmatory venous sample analyzed by a lab approved for toxicology blood lead comprehensive testing\* within 3 months or less, depending on the initial capillary blood lead sample result.
- ALL capillary blood lead results obtained in a provider's office from a point-of-care device (i.e. LeadCareII®) must be reported to the New York State Department of Health.

## Your 2018 Testing Rate:

One Year Olds: **0%** (9months-<18months)      Two Year Olds: **25%** (18months-<36months)

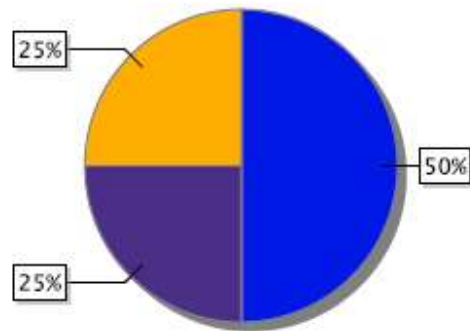
## Your Testing Rate vs. NYS vs. NYS Medicaid



■ Your Testing Rate   ■ NYS Testing Rate   ■ NYS Medicaid Rate \*\*\*

## Your 2018 Timely Confirmatory Venous Testing Rate: **50%**

Among the children in your practice with a capillary result of 5 µg/dL or greater



■ Timely\*\* confirmatory venous test completed  
 ■ Confirmatory venous test completed past recommended timeframe  
 ■ Confirmatory venous test not completed

- There is no safe level of lead exposure. Adherence to the NYS blood lead testing guidelines is essential to help prevent the negative and lasting effects of lead exposure in children.
- Resources to improve your blood lead testing and confirmation rates are available in the NYSIIS lead reports.
- Call 518-402-7600, email [lppp@health.ny.gov](mailto:lppp@health.ny.gov), or visit [www.health.ny.gov/environmental/lead](http://www.health.ny.gov/environmental/lead) for more information about provider testing requirements and lead poisoning prevention.

\* To search for a lab approved for toxicology blood lead comprehensive testing, visit <https://www.wadsworth.org/regulatory/olep/approved-labs>

\*\* To see timeframes for confirmatory venous testing, visit <https://www.health.ny.gov/publications/2501/>

\*\*\*Based upon NYS Medicaid and Lead Registry data match of children meeting the age criteria



## Test Due List Report

The test due report is populated with NYSIIS data according to the selected criteria and time frame up to the date selected. Report results are sorted in a chronological order by date of birth, with the oldest child first. In rare instances, a child's record may require manual review by the NYSDOH before it is matched into NYSIIS and available for a report.

**Test Due List Report**

**Select a Report**

One Year Old Test \*

Two Year Old Test \*

**Select Time Frame**

Time Frame: Today ▾

**Letters and Labels**

Letters to Parent/Guardian

Labels to Parent/Guardian

The list reports will be populated with NYSIIS data according to the selected criteria and time frame up to the date selected. Results are sorted in a chronological order by date of birth, with the oldest child first. In rare instances, a child's record may require manual review by the NYSDOH before it is matched into NYSIIS and available for a report.

The Letters and Labels will be produced using the child's address on file. If an address is missing or incomplete, a letter or label for that child will not be produced.

Note: \* Indicates testing that is required by NYS regulation 67-1.2 (3).

**Notes:** County Organizations will have an additional “Select Patient Population” section that will allow different search options. This section includes three options:

1. Patients associated with [Organization]
2. Patients residing in [County]
3. Patients associated with [Organization] OR patients residing in [County]

To generate a Test Due report, letters, and/or labels follow these steps:

1. Select Test Due List Report under the Blood Lead menu group.
2. Select the report criteria (looking for tests due at either age one year or two years)
3. Select a Time Frame (anywhere from today to the next 90 days)
4. Select checkbox for Letters to Parent/Guardian, if desired
5. Select checkbox for Labels to Parent/Guardian, if desired
6. Generate the report(s)
7. The Lead Test Due Reports Request Screen will appear

Lead Test Due Reports Request Status				Refresh
Report Name	Started	Completed	Status	Patients
<a href="#">One Year Old, today</a>	08/08/2017 11:29 PM	08/08/2017 11:29 PM	100%	2
<a href="#">P/G Labels One Year Old, today</a>	08/08/2017 11:29 PM	08/08/2017 11:29 PM	100%	2
<a href="#">P/G Letters One Year Old, today</a>	08/08/2017 11:29 PM	08/08/2017 11:29 PM	100%	2



**Note:** When County Organizations select Option 2 (Patients residing in <County>) of “Select Patient Population” they will have additional Letter and Label Options. These additional options will allow them to print letters and labels to the Provider Organization for the patient that is due for a blood lead test. In addition to that, they will have the capability to add additional signature text to the letters that are produced for the Provider Organization.

**Test Due List Report**

**Select Patient Population**

Patients associated with Test County DOH  
 Patients residing in Madison county  
 Patients associated with Test County DOH OR patients residing in Madison county

**Select a Report**

One Year Old Test \*  
 Two Year Old Test \*

**Select Time Frame**

Time Frame: Today

**Letters and Labels**

**Additional Signature Text for Letters**  
\*County Orgs please include contact name, address and/or phone number to be included on the produced letter.

Letters to Parent/Guardian    Line 1:   
 Labels to Parent/Guardian    Line 2:   
 Letters to Organizations    Line 3:   
 Labels to Organizations    Line 4:

The list reports will be populated with NYSIS data according to the selected criteria and time frame up to the date selected. Results are sorted in a chronological order by date of birth, with the oldest child first. In rare instances, a child's record may require manual review by the NYSDOH before it is matched into NYSIS and available for a report.

The Letters and Labels will be produced using the child's address on file. If an address is missing or incomplete, a letter or label for that child will not be produced.

Note:\* Indicates testing that is required by NYS regulation 67-1.2 (3).



8. All requested reports will appear as separate reports. Click on the report name that you would like to view. The Test Due List Report will be in spreadsheet format and the letters and labels will be in a pdf format.
9. Print, save, or make changes to the report. Labels may be printed using Avery mailing labels #5160.

### Sample Report

<b>Test Due List Report</b>									
One Year Old, today									
04/24/2020									
LeAnn's Family Care, 5200									
NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children									
(link below)									
<a href="http://www.health.ny.gov/publications/2501.pdf">http://www.health.ny.gov/publications/2501.pdf</a>									
To create a hyperlink to the document, click on the URL above twice and then out of the field									
<u>Birth Date</u>	<u>Last Name</u>	<u>First Name</u>	<u>Responsible Person</u>	<u>Primary Phone</u>	<u>Street Address</u>	<u>City</u>	<u>ST</u>	<u>Zip</u>	<u>County</u>
05/09/2019	JASPER	CHRISTOPHER					NY		

### Sample Letter

08/08/2017

Parent/Guardian of CHRISTOPHER JASPER  
51016 BROAD STREET  
JASPERBURGH, NY 45678

Dear Parent/Guardian:

CHRISTOPHER JASPER, Date of Birth 05/10/2016, will soon be one year old and is due for a blood lead test. New York State requires health care providers to test all children for exposure to lead at or around age one year and again, at or around age two years, even if the child has had a blood level below 5 µg/dL in the past. Please contact your child's health care provider to make arrangements for a lead test as soon as possible.

If your child does not have a health care provider or health insurance, please contact the Lead Poisoning Prevention Program at your county health department. Contact information can be found at [https://www.health.ny.gov/environmental/lead/exposure/childhood/program\\_contact\\_map.htm](https://www.health.ny.gov/environmental/lead/exposure/childhood/program_contact_map.htm)

*Lead is a metal that can harm children and adults when it gets into their bodies. Lead is particularly harmful to the developing brain and nervous system of children under 6 years old and can affect a young child's growth, behavior, and ability to learn.*

*There are many sources of lead in the environment. It is important to reduce all lead exposures as much as possible. The primary source of lead exposure for most children is lead-based paint in older housing, and lead that built up over decades in soil and dust due to use of lead in gasoline, paint, and manufacturing. Lead can also be found in a number of consumer products, including certain types of imported pottery, pewter, brass fixtures, foods, plumbing materials, and cosmetics. Lead seldom occurs naturally in water supplies but drinking water could become a possible source of lead exposure if the building's plumbing contains lead.*

*If you would like more information about preventing lead exposure, please visit [www.health.ny.gov/environmental/lead/](http://www.health.ny.gov/environmental/lead/).*

Sincerely,  
New York State Department of Health  
Lead Poisoning Prevention Program



### **Sample Labels**

To the Parent/Guardian of:  
CHRISTOPHER JASPER  
51016 BROAD STREET  
JASPERBURGH, NY 45678

To the Parent/Guardian of:  
GAIL KEAGLE  
51516 BIG HILL ROAD  
KEAGLETOWN, NY 12349

## Follow-Up Action Needed List Report

Populated with blood lead test result data according to the selected criteria and time frame. In rare instances, a child's record may need manual review by NYSDOH before it is matched into NYSIIS and available for a report.

### Follow-Up Action Needed List Report

#### Select a Report

- Requires Follow-Up/Management
- Requires Venous Sample Analyzed By a Lab Approved for Toxicology - Blood Lead - Comprehensive Testing
- Requires Repeat Test
- BLL <5 µg/dL
- First AND Only Venous BLL 5 to <10 µg/dL

Please select either an Age Range option or a Birth Year.

#### Select Age Range

- 0 to less than 3 years
- 3 to less than 6 years
- 6 to less than 12 years
- 12 to less than 18 years

#### Select Birth Year

- Birth year
- Year

#### Letters and Labels

- Letters to Parent/Guardian
- Labels to Parent/Guardian

The list reports will be populated with NYSIIS data according to the selected criteria up to the date the report is generated. In rare instances, a child's record may require manual review by the NYSDOH before it is matched into NYSIIS and available for a report.

Generate

Cancel

To generate a Follow-Up Report, follow these steps:

1. Select Follow-Up Report under the Blood Lead menu group.
2. Select the report criteria
3. Select an Age Range or Birth Year
4. Select checkbox for Letters to Parent/Guardian, if desired
5. Select checkbox for Labels to Parent/Guardian, if desired
6. Generate the report
7. The Lead Follow-Up Reports Request Status Screen will appear

Lead Follow Up Report Request Status				Refresh
Report Name	Started	Completed	Status	Patients
<a href="#">P/G Labels, Requires Venous Sample Analyzed By a Lab Approved for Toxicology - Blood Lead - Comprehensive Testing, 0 to 3 years</a>	09/23/2019 10:11 AM	09/23/2019 10:11 AM	100%	9
<a href="#">P/G Letters, Requires Venous Sample Analyzed By a Lab Approved for Toxicology - Blood Lead - Comprehensive Testing, 0 to 3 years</a>	09/23/2019 10:11 AM	09/23/2019 10:11 AM	100%	9
<a href="#">Requires Venous Sample Analyzed By a Lab Approved for Toxicology - Blood Lead - Comprehensive Testing, 0 to 3 years</a>	09/23/2019 10:11 AM	09/23/2019 10:11 AM	100%	9

- Select under report name the report that you want and the report will open in a spreadsheet format. Print, save, or make changes to the report. Labels may be printed using Avery mailing labels #5160.

Report example:

Follow Up Action Needed List Report													
BLL Under 5, 0 to 3 years													
04/24/2020													
LeAnn's Family Care, 5200													
NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children													
<a href="http://www.health.ny.gov/publications/2501.pdf">http://www.health.ny.gov/publications/2501.pdf</a>													
To create a hyperlink to the document, click on the URL above twice and then out of the field													
Last Name	First Name	Birth Date	Responsible Person	Primary Phone	Street Address	City	ST	Zip	County	Collection Date	Sample	Test Method	Result
KAPPU	PENNY	9/25/2019		(585) 223-6550	51 TEST STREET	ROCHESTER	NY	14616	Monroe	12/5/2019	C	LC@ II	4

Letter example:

08/07/2019

Parent/Guardian of SAMUEL BORACH  
689 PENNSYLVANIA  
GALWAY, NY 11223

**Dear Parent/Guardian:**

SAMUEL BORACH, Date of Birth 12/26/2008, is due for a repeat venous blood lead test because their last test result was above the reference value of 5 µg/dL. **Please contact your child's health care provider to make arrangements for a lead test as soon as possible.**

If your child does not have a health care provider or health insurance, please contact the Lead Poisoning Prevention Program at your county health department. Contact information can be found at [https://www.health.ny.gov/environmental/lead/exposure/childhood/program\\_contact\\_map.htm](https://www.health.ny.gov/environmental/lead/exposure/childhood/program_contact_map.htm)

*Lead is a metal that can harm children and adults when it gets into their bodies. Lead is particularly harmful to the developing brain and nervous system of children under 6 years old and can affect a young child's growth, behavior, and ability to learn.*

*There are many sources of lead in the environment. It is important to reduce all lead exposures as much as possible. The primary source of lead exposure for most children is lead-based paint in older housing, and lead that built up over decades in soil and dust due to use of lead in gasoline, paint, and manufacturing. Lead can also be found in a number of consumer products, including certain types of imported pottery, pewter, brass fixtures, foods, plumbing materials, and cosmetics. Lead seldom occurs naturally in water supplies but drinking water could become a possible source of lead exposure if the building's plumbing contains lead.*

*If you would like more information about preventing lead exposure, please visit [www.health.ny.gov/environmental/lead/](http://www.health.ny.gov/environmental/lead/).*

Sincerely,

New York State Department of Health  
Lead Poisoning Prevention Program

Label example:

To the Parent/Guardian of:  
EASTER BUNNY  
887 TEST ADDRESS  
ALBANY, NY 12322

To the Parent/Guardian of:  
LEANN GRAYSON  
15 TOMPKINS STREET  
POUGHKEEPSIE, NY 12601

To the Parent/Guardian of:  
PRIPA SUMAL  
41 TEST STREET  
ROCHESTER, NY 14616



**Note:** County Organizations will have an additional “Select Patient Population” section that will allow different search options. This section includes three options:

1. Patients associated with [Organization]
2. Patients residing in [County]
3. Patients associated with [Organization] OR patients residing in [County]

When County Organizations select Option 2 (Patients residing in <County>) they will have additional Letter and Label Options. These additional options will allow them to print letters and labels to the Provider Organization for the patient that is due for a blood lead test. In addition to that, they will

**Follow-Up Action Needed List Report**

**Select Patient Population**

Patients associated with ABC Test County Org

Patients residing in Greene county

Patients associated with ABC Test County Org OR patients residing in Greene county

**Select a Report**

Requires Follow-Up/Management

Requires Venous Sample Analyzed By a Lab Approved for Toxicology - Blood Lead - Comprehensive Testing

Requires Repeat Test

BLL <5 µg/dL

First AND Only Venous BLL 5 to <10 µg/dL

Please select either an Age Range option or a Birth Year.

**Select Age Range**

0 to less than 3 years       6 to less than 12 years

3 to less than 6 years       12 to less than 18 years

**Select Birth Year**

Birth year

Year

**Letters and Labels**

Letters to Parent/Guardian

Labels to Parent/Guardian

Letters to Organizations

Labels to Organizations

**Additional Signature Text for Letters**

\*County Orgs please include contact name, address and/or phone number to be included on the produced letter.

Line 1:

Line 2:

Line 3:

Line 4:

The list reports will be populated with NYSIIS data according to the selected criteria up to the date the report is generated. In rare instances, a child's record may require manual review by the NYSDOH before it is matched into NYSIIS and available for a report.

have the capability to add additional signature text to the letters that are produced for the Provider Organization.



### Maximum Age Exceeded List Report

Are populated with NYSIIS data according to the selected criteria and time frame up to the date selected. The user may select a previous date if desired. Results are sorted in a chronological order by date of birth, with the oldest child first. In rare instances, a child's record may require manual review by the NYSDOH before it is matched into NYSIIS and may be included on one of the reports as not being tested.

#### Maximum Age Exceeded List Report

**Select a Report**

No One Year Old Test\*

No Two Year Old Test by Three Years of Age\*

No Test by Two Years of Age

No Test by Three Years of Age

Only One Test by Three Years of Age (at any age)

Only a One or Two Year Old Test by Three Years of Age

**Select Date**

 *Note: If Date is blank, today's date will be used.*

The list reports will be populated with NYSIIS data according to the selected criteria and time frame up to the date selected. The user may select a previous date if desired. Results are sorted in a chronological order by date of birth, with the oldest child first. In rare instances, a child's record may require manual review by the NYSDOH before it is matched into NYSIIS and may be included on one of the reports as not being tested.

Note: \* Indicates testing that is required by NYS regulation 67-1.2 (3).  
+ Indicates additional measures that match NYS annual surveillance reports.



To generate an Age Exceeded Report, follow these steps:

- Select Age Exceeded Report under the Blood Lead menu group.
- Select the report criteria
- Select a Date, if Date is blank, today's date will be used
- Generate the report
- The Lead Max Age Exceeded Reports Request Screen will appear

Lead Maximum Age Exceeded Report Request Status				
Report Name	Started	Completed	Status	Patients
<a href="#">No One Year, 4/24/2020</a>	04/24/2020 01:52 PM	04/24/2020 01:52 PM	100%	9

- Select under report name the report that you want and the report will open in a spreadsheet format.
- Print, save, or make changes to the report.

#### Maximum Age Exceeded List Report

No One Year, 4/24/2020

04/24/2020

LeAnn's Family Care, 5200

*NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children*

(link below)

<http://www.health.ny.gov/publications/2501.pdf>

To create a hyperlink to the document, click on the URL above twice and then out of the field

Last Name	First Name	Birth Date	Responsible Person	Primary Phone	Street Address	City	ST	Zip	County
BAKER	LAREDO	05/28/2014		(315) 363-7779	123 MAIN STREET	ONEIDA	NY	13421	Madison
MASONRY	BRICK	06/15/2014			ROUGH ROAD	MADISON	NY	13362	Madison
DAVIDSON	ANGELINA	11/10/2014		(501) 514-2720	1205 JOSIE REA DR	ALBANY	NY	13501	Albany
SMITH	RACHEL	03/28/2015	JUNE BAKER	(315) 495-8712	246 BREST ROAD	MUNNSVILLE	NY	13410	Montgomery
SEELE	MEGAN	07/15/2015			3213 RIVER ROAD	ROME	NY	13340	Oneida
KUMAR	PAPPA	09/18/2015		(585) 210-6211		ROCHESTER	NY	14616	Monroe
DAVIDSON	HARLEIGH	11/09/2015			1205 JOSIE REA DR	ALBANY	NY		Albany
KAAAA	PARRR	01/17/2016		(585) 210-6210	59 TEST STREET	ROCHESTER	NY	14616	Monroe
MORANT	BRYON	10/05/2016		(315) 476-1101	38 BEECHER ST	SYRACUSE	NY	13203	Onondaga




#### Timeliness Report

The **blood lead timeliness report** is used to identify if Physician's Office Laboratories (POLs) are submitting their blood lead tests within the required 14 day window. To generate the timeliness report select the POL Organization and Date Range and click Generate.



**Note:** State and County Organizations will have the following additional **POL Organization(s)** options:

1. All POLs
2. My County POLs
3. Option to select <Individual POL Org>





**Timeliness Report**

A list report of POLs and associated patients with lead tests not reported within the required 14 day time period.

POL Organization(s):

Report Date Range:

From:   To:  

The Timeliness Report Request Status Screen will appear:

Timeliness Report Request Status			<input type="button" value="Refresh"/>
Report Name	Started	Completed	Status
<a href="#">LeAnn's Family Care: 01012019-12312019</a>	04/24/2020 01:37 PM	04/24/2020 01:37 PM	100%
<a href="#">LeAnn's Family Care: 01012018-06302018</a>	04/24/2020 09:19 AM	04/24/2020 09:19 AM	100%

Select under report name the report that you want and the report will open in a spreadsheet format.



Print, save, or make changes to the report.

The timeliness report is populated with 2 different tabs to provide a summary and detailed data for test results that were not reported within the required 14 day window:

### Tab 1 – Timeliness Report Summary

#### TEST TIMELINESS REPORT

**Organization:** LeAnn's Family Care

**Date Range:** 01/01/2019 through 12/31/2019

**Report Run On:** 04/24/2020

**LeAnn's Family Care, 5200**

*NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children*

<http://www.health.ny.gov/publications/2501.pdf>

To create a hyperlink to the document, click on the URL above twice and then out of the field

<u>Total # of tests recorded</u>	<u># of tests not recorded within 14 days</u>	<u>% recorded not within 14 days</u>
1	1	100%


### Tab 2 – Timeliness Report Details

---

**TEST TIMELINESS REPORT****Organization: LeAnn's Family Care****Date Range: 01/01/2019 through 12/31/2019****Report Run On: 04/24/2020****LeAnn's Family Care, 5200***NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children*<http://www.health.ny.gov/publications/2501.pdf>

To create a hyperlink to the document, click on the URL above twice and then out of the field

<u>Patient Last Name</u>	<u>Patient First Name</u>	<u>Date of Birth</u>	<u>Date Sample Analyzed</u>	<u>Date Results Reported</u>	<u>Total Days to Report (&gt;14 days)</u>
APPLE	ADAM	01/20/2007	12/03/2015	08/29/2019	1366

<	>	Timeliness Summary	<b>Timeliness Detail</b>	+	:	<
---	---	--------------------	--------------------------	---	---	---

### Limited History Report

The limited history report includes all tests a child has had during the selected timeframe and at the selected age ranges or selected birth year, as well as to provide this report for four different population groups:

1. Provider
2. Health Plan
3. County Health Departments
4. State

The report will be a list report that will include, Patient Last Name, First Name, Date of Birth, Date of Collection, Result, Sample Type, and Test Method.

#### Blood Lead Limited History Report

**Select a Time Frame**  
Time Increment:

Please select either an Age Range option or a Birth Year.

**Select Age Range**

0 to less than 3 years       6 to less than 12 years  
 3 to less than 6 years       12 to less than 18 years

**Select Birth Year**  
 Birth year  
Year

Only patients with a "Date Sample Collected" date that falls within the time frame selected (last 7 days, last 14 days, last 21 days or any one month period) will display on the report. The list reports will be populated with NY SIS data according to the selected criteria up to the date the report is generated. In rare instances, a child's record may require manual review by the NY SDOH before it is matched into NY SIS and available for a report.

To generate a Limited History Report, follow these steps:

5. Select Limited History Report under the Blood Lead menu group.
6. Select the report criteria
7. Select a Time Frame.
  - For a days, select a time increment of the last number of days.
  - For a specific month, select a time increment of a month, and pick the year.
8. Select Age Range OR a Birth Year
  - Age Range
    1. 0 to less than 3 years
    2. 3 to less than 6 years
    3. 6 to less than 12 years

4. 12 to less than 18 years
  - Birth Year
    1. Select Birth Year
9. Generate the report

- The Blood Lead Limited History Reports Request Status Screen will appear

Blood Lead History Report Request Status				
Report Name	Started	Completed	Status	Patients
<a href="#">Limited History, March 2020, 3 to 6 years</a>	03/31/2020 11:13 PM	03/31/2020 11:13 PM	100%	1

- Select under report name the report that you want and the report will open in a spreadsheet format.
- Print, save, or make changes to the report.

**Blood Lead Limited History Report**  
**March 2020, 3 to 6 years**  
**03/31/2020**  
**IR Physicians, 2**  
*NYSDOH Guidelines for the Identification and Management of Lead Exposure in Children*  
 (link below)  
<http://www.health.ny.gov/publications/2501.pdf>  
 To create a hyperlink to the document, click on the URL above twice and then out of the field

<u>Last Name</u>	<u>First Name</u>	<u>Birth Date</u>	<u>Collection Date</u>	<u>Result</u>	<u>Sample Type</u>	<u>Test Method</u>
VAN ABEL	KVCHILD	11/23/2014	03/31/2020	<3.3	Venous	LeadCare® II (ASV Screen)

BL\_Limited\_History





# *Vaccine Program Re-Enrollment*

## **In this chapter:**

[Vaccine Program Re-Enrollment  
Process](#)  
[Provider Agreement](#)  
[Provider Profile](#)  
[Storage and Handling](#)  
[Review and Sign](#)  
[Profile Updates Outside of Vaccine  
Program Re-Enrollment](#)

Providers are required to re-enroll in the Vaccine Program annually. The provider re-enrollment process will be conducted online through NYSIIS beginning in 2020.

### *Vaccine Program Re-Enrollment Process*

Each provider organization is responsible to review and update the Provider Agreement, Provider Profile, and Storage and Handling online forms during the Vaccine Program Re-Enrollment period. All three forms must be reviewed and saved during each Vaccine Program Re-enrollment period. You will not be able to enroll if your organization's vaccine program status is set as Inactive. You will see the following error message on the top of the Provider Enrollment form: **Currently, your organization is not participating in the NYS Vaccine Program. For additional details, please call 1-800-543-0246 or email [nyvfc@health.ny.gov](mailto:nyvfc@health.ny.gov).**

The Medical Director or equivalent reviews the information in Provider Agreement, Provider Profile, and Storage and Handling in the re-enrollment form pages and then enters their name and date on the review and sign page indicating the information entered is accurate and the staff will comply with the Vaccine Program provider agreement conditions. The complete Vaccine Program Re-enrollment packet is then generated (PDF). The Medical Director must press the submit button to send the generated packet to the vaccine program to complete the Vaccine Program Re-Enrollment process.

Once the packet is submitted, any address and delivery information changes entered in the Re-enrollment forms will be applied to the organization information in NYSIIS and flagged for NYS Vaccine Program staff review. The NYS Vaccine Program staff will review the packet information. When they have completed their review, the review flag will be removed.

The Vaccine Program Re-Enrollment process flow is shown visually using the progress train at top of each page. Once each step has been completed, it will display as green. The provider agreement (1) and provider profile (2) the storage and handling (3) will show green once all required information is entered for that section and saved. The review and sign page is set to green once the form has been submitted for vaccine program review.





## Provider Agreement

### *Provider Agreement Text (Page 1)*

The first page of the provider agreement displays the Vaccine Program Re-Enrollment agreement conditions. The provider agreement can be accessed using the left navigation menu.



1. Click on **provider agreement** under the Vaccine Program Re-Enrollment menu group on the menu panel. The Provider Agreement detail will be displayed.
2. Click **Next** once the conditions are read and understood.

### *Provider Agreement (Page 2)*

The second page of provider agreement captures the information about Facility, Physical Address, Vaccine Delivery Address, Medical Director, Primary Vaccine Coordinator, Backup Vaccine Coordinator contacts and Providers Practicing at this Facility.

#### *Facility Information*

The facility information such as name, Vaccine Program PIN and general facility contact numbers.

A screenshot of a web form titled "Facility Information". It contains three input fields: "\* Facility Name" with the value "IR Physicians", "\* Vaccine Program PIN" with the value "22548", and "County" with a dropdown menu showing "Albany".

**Facility Name:** Facility Name is displayed. This is a read only field. Pre-populated with existing Facility Name. \*Note: Changes to the Facility Name are done through the Edit Organization screen.

**Vaccine Program PIN:** Vaccine Program PIN is displayed. This is a read only field. Pre-populated with existing Vaccine Program PIN.

**County:** County where the facility is located. Drop down lists all New York counties. Pre-populated with existing county when available.

## Physical Address

1. The physical address/location of the facility.

**Physical Address**

\* Address 1

Address 2

PO Box

\* City

\* State  \* Zip Code  -

\* Contact

\* Email

\* Area Code  \* Phone Number   Ext

\*Indicates required fields.

- Address 1:** Address 1 is a required field. Use this line for the street address.
- Address 2:** Address 2. Use this line to include additional address information such as office number, floor, suite etc.
- PO Box:** Post Office Box for mailings.
- City:** City is a required field.
- State:** State is a required field. Drop down to select from list of State abbreviations for United States and US Territories.
- Zip Code:** Zip is a required field. Five digit US Postal Zip code. Includes the four digit Zip extension.
- Contact:** Contact is a required field. Vaccine Contact name for the facility.
- Email:** Email is a required field. Primary e-mail of the facility.
- Phone Number:** The Area Code and Phone Number are required fields. Primary phone number of the facility.

## Vaccine Delivery Address, Delivery Days and Times

The vaccine delivery address of the facility.

**Vaccine Delivery Address**

\* Address 1

Address 2

PO Box

\* City

\* State  \* Zip Code  -

\* First Name  \* Last Name

\* Email

\* Area Code  \* Phone Number   Ext

\* Area Code  \* Fax Number

Delivery Instructions

### \*Indicates required fields.

**Address 1:** Address 1 is a required field. Use this line for the street address.

**Address 2:** Address 2. Use this line to include additional address information such as office number, floor etc.

**PO Box:** Post Office Box for mailings.

**City:** City is a required field.

**State:** State is a required field. Drop down to select from list of State abbreviations for United States and US Territories.

**Zip Code:** Zip is a required field. Five digit US Postal Zip code. Includes the four digit Zip extension.

**First Name:** First Name is a required field. Delivery contact first name.

**Last Name:** Last Name is a required field. Delivery contact last name.

**Email:** Email is a required field. Primary e-mail of the facility.

**Phone Number:** The Area Code and Phone Number are required fields. Primary phone number for the Delivery contact.

**Fax Number:** The Area Code and Fax Number are required fields. Fax number of the facility

## Delivery instructions: Delivery instructions for this facility

Delivery Days and Times		
	Delivery Window 1	Delivery Window 2
<input checked="" type="checkbox"/> Monday	1:00 AM to 4:30 AM	
<input type="checkbox"/> Tuesday		
<input checked="" type="checkbox"/> Wednesday	4:00 PM to 8:30 PM	
<input checked="" type="checkbox"/> Thursday	4:00 PM to 8:30 PM	6:00 PM to 11:59 PM
<input type="checkbox"/> Friday		
<input checked="" type="checkbox"/> Saturday	4:00 AM to 8:30 PM	
<input checked="" type="checkbox"/> Sunday	12:01 AM to 9:00 AM	

\* At least one of the delivery windows must be at least 4 consecutive hours between Tuesday - Friday  
\* The box next to the day needs to be checked for all days with delivery hours selected. Leaving the checkbox empty will clear the hours on save

Please review all information in this section to confirm that it is correct. If any information is inaccurate, then make the necessary corrections or updates.

At least one of the delivery windows must be at least 4 consecutive hours between Tuesday – Friday.

Select the days where delivery hours specified. Select the delivery hour ranges. There are two delivery hour windows available for each weekday.



### Note:

The checkbox next to each day that hours are specified on will need to be selected. Leaving the box empty will result in the hours getting removed on save.



## Medical Director

The details of the medical director of the facility and annual training completed checkbox.

Medical Director	
* Last Name	Director
* First Name	Medical
Middle Name	
* Title	Doctor of Medicine
Specialty	
* Medical License Number	939392
* NPI Number	93092
Employee Identification Number	
* Email	test@gmail.com

Completed Annual Training

The Medical Director listed has met the annual training requirement by participation in or completion of the following items in the past 12 months (mark all that apply)

Completed Training, Link:  
[https://www.health.ny.gov/prevention/immunization/vaccines\\_for\\_children/vaccine\\_personal.htm#training](https://www.health.ny.gov/prevention/immunization/vaccines_for_children/vaccine_personal.htm#training)

\*Indicates required fields.

**Last Name:** Last Name is a required Field. Last Name of the Medical Director.

**First Name:** First Name is a required field. First Name of the Medical Director.

**Middle Name:** Middle Name of the Medical Director.

**Title:** Title is a required field. Select the Title/degree of the Medical Director from the drop down list.

**Specialty:** Medical specialty of the Medical Director.

**Medical License**

**Number:** Medical License Number is required. New York Medical License number of the Medical Director.

**NPI Number:** NPI Number is a required field. NPI number of the Medical Director.

**Employee Identification**

**Number:** Employee Identification Number of the Medical Director.

**Email:** Email is a required field. E-Mail of the Medical Director.

**Completed Annual Training:** Select checkbox to confirm annual training has been completed by the Medical Director in the past year. The training checkbox is cleared at the beginning of each re-enrollment period.

*Primary Vaccine Coordinator*

The contact details of the Primary Vaccine Coordinator of the facility and annual training completed checkbox.

Primary Vaccine Coordinator

* Last Name	<input type="text" value="Vaccine"/>					
* First Name	<input type="text" value="Coordinator"/>					
Middle Name	<input type="text"/>					
* Area Code	<input type="text" value="877"/>	* Phone Number	<input type="text" value="434"/>	<input type="text" value="5556"/>	Ext	<input type="text" value="3333"/>
* Email	<input type="text" value="vc@test.com"/>					

Completed Annual Training

The Vaccine Coordinator listed has met the annual training requirement by participation in or completion of the following items in the past 12 months (mark all that apply)

Completed Training, Link: [https://www.health.ny.gov/prevention/immunization/vaccines\\_for\\_children/vaccine\\_personal.htm#training](https://www.health.ny.gov/prevention/immunization/vaccines_for_children/vaccine_personal.htm#training)

\*Indicates required fields.

**Last Name:** Last Name is a required Field. Last Name of the Primary Vaccine Coordinator.

**First Name:** First Name is a required field. First Name of the Primary Vaccine Coordinator.

**Middle Name:** Middle Name of the Primary Vaccine Coordinator.

**Telephone:** Telephone is a required field. Primary phone number of the Primary Vaccine Coordinator.

**Email:** Email is a required field. Primary e-mail address of the Primary Vaccine Coordinator.

**Completed Annual Training:** Select checkbox to confirm annual training has been completed by the Primary Vaccine Coordinator in the past year. The training checkbox is cleared at the beginning of each re-enrollment period.

### *Backup Vaccine Coordinator*

The contact details of the Backup Vaccine Coordinator of the facility and annual training completed checkbox.

Backup Vaccine Coordinator

* Last Name	Vaccine					
* First Name	Backup					
Middle Name						
* Area Code	333	* Phone Number	111	1111	Ext	4444
* Email	bv@test.com					

Completed Annual Training

The Vaccine Backup Coordinator listed has met the annual training requirement by participation in or completion of the following items in the past 12 months (mark all that apply)

Completed Training, Link:  
[https://www.health.ny.gov/prevention/immunization/vaccines\\_for\\_children/vaccine\\_personal.htm#training](https://www.health.ny.gov/prevention/immunization/vaccines_for_children/vaccine_personal.htm#training)

**\*Indicates required fields.**

**Last Name:** Last Name is a required Field. Last Name of the Backup Vaccine Coordinator.

**First Name:** First Name is a required field. First Name of the Backup Vaccine Coordinator.

**Middle Name:** Middle Name of the Backup Vaccine Coordinator.

**Telephone:** Telephone is a required field. Phone number of the Backup Vaccine Coordinator.

**Email:** Email is a required field. E-mail address of the Backup Vaccine Coordinator.

**Completed Annual Training:** Select checkbox to confirm annual training has been completed by the Backup Vaccine Coordinator in the past year. The training checkbox is cleared at the beginning of each re-enrollment period.

- The current NYSIIS Provider Policies and Guidelines can be viewed by clicking the hyperlink provided in this section.

### *Providers practicing at this Facility*

List all of providers practicing at the facility.

Providers Practicing at this Facility

\* Last Name   
\* First Name   
Middle Name   
\* Medical Number License   
\* Title   
\* NPI Number   
EIN

Last Name:	First Name:	Middle Name:	Medical License Number:	Title:	NPI Number:	EIN	
Director	Medical		939392	Doctor of Medicin	93092		
test	testing		55678	Doctor of Medicin	66789		Delete
rhodes	cody		55432	Doctor of Medicin	77896		Delete
test	dave	sanjay	667543	Doctor of Medicin	66789		Delete
san	jay	MI	654685	Nurse Practitione	5641654	654156	Delete

\*Indicates required fields.

**Last Name:** Last Name is a required Field. Last Name of the provider.

**First Name:** First Name is a required field. First Name of the provider

**Middle Name:** Middle Name of the provider.

## Medical License

**Number:** Medical License Number is required. New York Medical License number of the provider

**Title:** Title is a required field. Select the Title/degree of the provider from the drop down list.

## Medicaid/NPI

**Number:** NPI Number is a required field. NPI number of the provider.

**EIN:** Employee Identification Number of the provider.

- **Add:** Clicking Add will add the new provider to the existing list of providers practicing at the facility. Once added to the list, the provider detail can be edited.
- **Delete:** Clicking Delete will remove an existing provider practicing at the facility. The deleted row will be removed from the contacts table displayed below the Add button. Continue to add all providers and hit Save.



**Note:** The Medical Director will display in the first row in the provider listing. Edits to the Medical Director should be made in the Medical Director section. These changes will then be reflected in the provider listing.



## *Saving Provider Agreement Information*

**Save:** When pressed, the **Save** command button at the bottom of the screen will save all information fields within the Facility Information, Physical Address, Vaccine Delivery Address, Delivery Days and Times, Medical Director, Primary Vaccine Coordinator, Backup Vaccine Coordinator and Providers Practicing at this Facility sections of the form to the NYSIIS database. Once the provider enrollment data is saved, the message “**Saved successfully.**” will display.



If the Vaccine Program enrollment information is being updated during the enrollment period, the following message will display if additional steps are needed to complete enrollment:

“The re-enrollment is not complete. Please review and save the Provider Agreement, Provider Profile, and Storage and Handling. Once all three forms have been saved, submit the information to the NYSIIS Vaccine Program Staff.”

The following message will display when all three required enrollment forms have been completed and saved:

Provider Agreement, Provider Profile and Storage and Handling have all been saved successfully for Vaccine Program Re-enrollment. Click Submit to navigate to the Review and Sign page.

Once the Vaccine Program re-enrollment form is saved during the Vaccine Program Re-enrollment, the progress bar will show Step 1 in green.



- Print:** The **Print** button will be enabled after the Provider Agreement detail is saved. Clicking Print will print the Provider Agreement form as a PDF file.
- Cancel:** When pressed, the **Cancel** command button will route the user to the Home pages. Any changes made on the Provider Agreement form are not saved.
- Next:** The **Next** button will be enabled after the Provider Agreement step is complete (step 1 on the train shows green). Clicking the Next button will take the user to Provider Profile.
- Review:** The **Review** button will be enabled after the Provider Agreement, Provider Profile, and Storage and Handling steps have been completed (steps 1,2, and 3 on the train show green).

## Provider Profile

The provider profile page captures the organization facility type, the vaccines offered, provider population, and the type of data used to determine the Provider Population details.

### Facility Information

Facility Information	
* Facility Name	LeAnn's Family Care
* Vaccine Program PIN	045750
Facility Type	
Private Practice (solo/group/HMO)	▼

\*Indicates required fields.

**Facility Name:** Name of the facility. This is a read only field. Pre-populated with the existing facility name.

**Vaccine Program PIN:** Vaccine Program PIN number of the facility. This is a read only field. Pre-populated with existing Vaccine Program PIN.

**Facility Type:** Type of the facility. Pre-populated with current facility type. Drop down lists all available NYSIIS Facility Types.

### Vaccines Offered

This section captures the vaccines offered by the specialty providers.

Vaccine		
<input checked="" type="checkbox"/> All ACIP Recommended Vaccines		
<input type="checkbox"/> Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)		
A <b>"Specialty Provider"</b> is defined as a provider that only serves:		
1. a defined population due to the practice specialty (e.g. OB/GYN; STD clinic; family planning)		
2. a specific age group within the general population. Local health departments and pediatricians are not considered specialty providers. The New York State Vaccine Program has the authority to designate Vaccine Program providers as specialty providers. At the discretion of the Vaccine Program, enrolled providers such as pharmacies and mass vaccinators may offer influenza vaccine only.		
Selected Vaccine(s) Offered by Specialty Provider		
<input type="checkbox"/> DTaP	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> HIB	<input type="checkbox"/> HPV	<input type="checkbox"/> Influenza
<input type="checkbox"/> Meningococcal Conjugate	<input type="checkbox"/> Meningococcal B	<input type="checkbox"/> MMR
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Pneumococcal Polysaccharide	<input type="checkbox"/> Polio
<input type="checkbox"/> Rotavirus	<input type="checkbox"/> Td	<input type="checkbox"/> Tdap
<input type="checkbox"/> Varicella	<input type="checkbox"/> Other, specify	<input type="text"/>

- **All ACIP Recommended Vaccines:** Select this option if the provider is not a specialty provider. If this option is selected, the individual vaccines under "Select Vaccine(s) Offered by Specialty Provider" are not selectable.
- **Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program):** Select this option if the provider is a specialty provider. If this option is selected, at least one of the individual vaccines listed under "Select Vaccine(s) Offered by Specialty Provider" needs to be selected. If **Other, specify** is selected, indicate the vaccine offered in the free text box to the right.

### Provider Population - VFC

This section captures the number of patients under 19 years of age that had an immunization administered by your organization during the previous 12-month period.

You have two options to enter the population for your organization

- Edit the tables with the population counts from a source outside NYSIIS or
- Use NYSIIS immunization data to calculate the population counts

**Provider Population - VFC**

Report the number of children who received vaccinations at your facility during the previous 12 months, by age group. Only count a child once based on their status at the last immunization visit, regardless of the number of visits made. The following tables document how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

VFC Vaccine Eligibility Categories	< 1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	0	0	0	0
No Health Insurance	0	0	0	0
American Indian/Alaska Native	0	0	0	0
Underinsured	0	0	0	0
Total VFC	0	0	0	0

Edit

Non-VFC Vaccine Eligibility Categories	< 1 Year	1-6 Years	7-18 Years	Total
Insured (have health insurance that covers vaccines)	0	0	0	0
Children's Health Insurance (CHIP)	0	0	0	0
Total Non-VFC	0	0	0	0

Edit

Total Patients (must equal sum of Total VFC + Total Non-VFC)	< 1 Year	1-6 Years	7-18 Years	Total
	0	0	0	0

Begin Date:  Update

End Date:

- **To Edit the tables with the population counts from a source outside NYSIIS:**
  1. Click **Edit** button below the first table and enter the unique patient counts for each VFC Eligible category. If a patient received multiple immunizations during the date range, they should be counted in the category based on their most recent immunization.

2. Click **Edit** button below the second table and enter the unique patient counts for each Non-VFC Eligible categories. If a patient received multiple immunizations during the date range, they should be counted in the category based on their most recent immunization.
3. All totals are calculated automatically when the patient count values are entered.
4. The information is not saved until you click **Save** button at the bottom of the page.

### To Use NYSIIS immunization data to calculate the population counts

1. Enter the **Begin Date**: The counts will be generated from the NYSIIS immunizations that have an administered date within the entered Begin and End date range.
2. Enter the **End Date**: The date range cannot exceed a year.
3. Click **Update button** will use NYSIIS immunization data entered by your organization to calculate the counts for each category.
4. The information is not saved until you click **Save** button at the bottom of the page.

### Provider Population - VFA

This section captures the number of patients 19 years of age or older that had an immunization administered by your organization.

Provider Population - VFA				
Report the number of adults who received vaccinations at your facility during the previous 12 months, by age group. Only count an adult once based on their status at the last immunization visit, regardless of the number of visits made. The following tables document how many adults received VFA vaccine, by category.				
Publicly Funded Vaccine Eligibility Categories	# of adults who receive Publicly Funded Vaccine by Age Category			
	19-34 Years	35-49 Years	50+ Years	Total
No Health Insurance	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Underinsured	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Special Population (e.g. MMR for college students)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total Publicly Funded Vaccine	0	0	0	0
Privately Purchased Vaccine	# of adults who receive Privately Purchased Vaccine by Age Category			
	19-34 Years	35-49 Years	50+ Years	Total
Insured (private pay/health insurance covers vaccine)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total Patients (must equal sum of Total Publicly Funded + Privately Purchased)	0	0	0	0

Enter unique patient counts of adults who received vaccinations at your facility during the previous 12 months for each age group and Vaccine Eligibility Categories.

If a patient received multiple immunizations during the previous 12 months, they should be counted in the category based on their most recent immunization.

All totals are calculated automatically.

### *Type of data used to determine provider population*

This section captures the type of data that are used to determine the VFC, Non-VFC and VFA provider population in the above section.

Source of Data Used to Determine Provider Population		
<input type="checkbox"/> Benchmarking	<input type="checkbox"/> NYSIIS	<input type="checkbox"/> Billing System
<input type="checkbox"/> Medicaid Claim Data	<input type="checkbox"/> Other	<input type="text"/>

- Select one or more options on the type of data used to determine provider population.

### *Saving Provider Profile Information*

Save: When pressed, the **Save** command button at the bottom of the screen will save all information fields within the Facility Information, Facility Type , Vaccines and Select Vaccines(s) Offered by Specialty Provider, Provider Population, and Type of Data sections on the form to the NYSIIS database. Once the provider profile data is saved, the message “**Saved successfully.**” will display.

If the Provider Profile information is being updated during the enrollment period, the following message will display if additional steps are needed to complete enrollment:

“The re-enrollment is not complete. Please review and save the Provider Agreement, Provider Profile, and Storage and Handling. Once all three forms have been saved, submit the information to the NYSIIS Vaccine Program Staff.”

The following message will display if all three required enrollment forms have been completed and saved:

Provider Agreement, Provider Profile and Storage and Handling have all been saved successfully for Vaccine Program Re-enrollment. Click Submit to navigate to the Review and Sign page.

Once the Provider Profile form is saved during the Vaccine Program Re-enrollment, the Vaccine Program Process progress bar will show Step 2 in green.



**Print:** The **Print** button will be enabled after the Provider Agreement detail is saved. Clicking Print will print the Provider Agreement form as a PDF file.

**Cancel:** When pressed, the **Cancel** command button will route the user to the Home page. Any changes made on the Provider Profile form are not saved.

**Print:** The **Print** button will be enabled after the Provider Agreement detail is saved. Clicking Print will print the Provider Agreement form as a PDF file.

**Cancel:** When pressed, the **Cancel** command button will route the user to the Home page. Any changes made on the Provider Profile form are not saved.

## Storage and Handling

The Storage and Handling Form allow Provider Orgs to list data about the required Refrigerators and Freezers. The form also captures data for Equipment and Temperature Digital Data Loggers (DDL).

### *Storage and Handling*

**Storage and Handling**

**EQUIPMENT and TEMPERATURE MONITORING**

Refrigerators and freezers storing VFC vaccines are required to be standalone units. Standalone units are best practice for Vaccines for Adults and Birth Dose providers. Dormitory style refrigerator/freezer units are never acceptable. Please complete the information below for all refrigerators and freezers that will store public vaccine regularly. If you have more than one refrigerator or freezer, use the add button to enter the information on each unit. Each unit must have a calibrated continuous temperature monitoring device (i.e., digital data logger). In addition, each site must have at least one back-up continuous temperature monitoring device.

**Vaccine Program Storage Unit(s)**

\* Type:

\* Make:

\* Model/Serial Number:

\* Grade:

\* Digital Data Logger Model/Device Name:

\* Calibration Expiration Date:

Type	Prim	Make	Model	Storage Unit Grade	Data Logger Model	Calibration Exp. Date	
Refrigerator	<input checked="" type="checkbox"/>	Unit Make	Unit Serial Number	Pharmaceutical Stand-Alone	Logger Device	04/30/2020	<input type="button" value="Delete"/>

**Back-up Temperature Monitoring Device**

\* Digital Data Logger Model/Device Name:

\* Calibration Expiration Date:

Data Logger Name	Calibration Exp. Date	
Logger Device	04/30/2020	<input type="button" value="Delete"/>

\*Indicates required fields.

### Vaccine Program Storage Unit(s)

All fields are required

**Type:** A dropdown field with the options Refrigerator and Freezer.

**Make:** Free form text field with a 25-character limit.

**Model/Serial Number:** Free form text field with a 25-character limit.

**Grade:** A dropdown field with the following options:  
 Pharmaceutical Stand-Alone  
 Pharmaceutical Combination  
 Household/Commercial Stand-Alone  
 Household/Commercial Combination (VFA and Birth Dose Only)

**Digital Data Logger Model/Device Name:** Free form text field with a 25-character limit.

**Calibration Expiration Date:** Date field with the required format MM/DD/YYYY



Vaccine Program Storage Unit(s) are displayed in a list with each field being editable. The delete button next to each entry will remove the Storage Unit from the list.

### *Back-up Temperature Monitoring Device*

**Digital Data Logger Model/Device Name:** Free form text field with a 25-character limit.

**Calibration Expiration Date:** Date field with the required format MM/DD/YYYY

### *Vaccine Emergency Plan*

VACCINE EMERGENCY PLAN

Vaccine Emergency Plan  
\* Type:

All NYS Vaccine Program practices must either have an internally developed emergency plan or use the NYS Vaccine Program guidance below for any emergency situation which will require emergency transport. Practices using their own vaccine emergency plans must include the key elements of the vaccine emergency plan below (Sections 1 - 4). All practices must complete this emergency plan, those with more detailed plans should maintain them and be prepared to present them to NYS Vaccine Program staff upon request.

Failure to adhere to this guidance may result in the practice providing restitution for lost vaccine.

In the event of site power failure, pending natural disaster, or other emergencies which could compromise vaccine viability, vaccines may need to be transported to an alternate location. In the event of refrigerator or freezer malfunction or failure, vaccine must be relocated to an alternate location or back-up unit. A Vaccine Tracking Transport Sheet must be completed and emailed (nyvfc@health.ny.gov) or faxed (518-449-6912) to the Vaccine Program if vaccine temperatures go out of acceptable range for any length of time, the Vaccine Program must be notified at vaccinitempexcursion@health.ny.gov

**SECTION 1. RESPONSIBLE STAFF**

The Primary Vaccine Coordinator or the Backup Vaccine Coordinator designated in the Provider Agreement is responsible for making the decision whether vaccine relocation is necessary. These individuals must have after hour office access. The vaccine coordinator or back-up coordinator will be available 24/7 as the point person to contact the emergency relocation site to ensure it is prepared to accept the vaccines. The Primary Vaccine Coordinator and/or Backup Vaccine Coordinator are responsible to pack and relocate the vaccines.

**SECTION 2. ALTERNATE SITE OR BACKUP LOCATION**

Vaccine Program provider sites must have a designated site to transfer all Vaccine Program vaccines to in an emergency. The alternate site must have the capacity to store the entire public vaccine inventory. Residences are not acceptable backup locations. The designated contact person must have 24/7 access to the alternate location.

**Vaccine Emergency Plan Type:** Required dropdown field with the options NYS Vaccine Emergency Plan and Internally Developed Emergency Plan

### *Saving Storage and Handling Information*

**Save:** When pressed, the **Save** command button at the bottom of the screen will save all information fields on the Storage and Handling form to the NYSIIS database. Once the Storage and Handling data is saved, the message “**Saved successfully**” will display.

If the Storage and Handling is being updated during the enrollment period, the following message will display if additional steps are needed to complete enrollment:



“The re-enrollment is not complete. Please review and save the Provider Agreement, Provider Profile, and Storage and Handling. Once all three forms have been saved, submit the information to the NYSIIS Vaccine Program Staff.”

If the Storage and Handling is being updated during the enrollment period, the following message will display if all three required enrollment forms have been completed and saved:

Provider Agreement, Provider Profile and Storage and Handling have all been saved successfully for Vaccine Program Re-enrollment. Click Submit to navigate to the Review and Sign page.

Once the Storage and Handling form is saved during the Vaccine Program Re-enrollment, the Vaccine Program Process progress bar will show Step 3 in green.



**Print:** The **Print** button will be enabled after the Provider Agreement detail is saved. Clicking Print will print the Provider Agreement form as a PDF file.

**Cancel:** When pressed, the **Cancel** command button will route the user to the Home page. Any changes made on the Storage and Handling form are not saved.

**Next:** The **Next** button will be enabled after the Storage and Handling step is complete (step 3 on the train shows green). Clicking the Next button will take the user to Review and Sign.

**Review:** The **Review** button will be enabled after the Provider Agreement, Provider Profile, and Storage and Handling steps have been completed (steps 1,2, and 3 on the train show green).

## Review and Sign

The Provider Agreement, Provider Profile and Storage and Handling forms can be filled out by Administrative or the Medical Director or Equivalent users for your organization. Once those steps are completed, the Medical Director will use the Review and sign page to review the detail in each section, do the final signature, generate the packet and submit for NYS Vaccine Program review.

Review and Sign — Vaccines for Children Provider

Provider Agreement    Provider Profile    Storage and Handling    Review and Sign

Provider Agreement

Edit

Provider Profile

Edit

Storage and Handling

Edit

Review and Sign

\* Medical Director or Equivalent:

By typing my name above, I am electronically signing the Vaccines for Children Program Provider Agreement

\* Date:

By checking the box to the left, I certify on behalf of myself and all immunization providers and staff at this facility, I have read and agree to comply with the current [NYSIS Policies and Guidelines](#).

In addition, I understand the current Policies and Guidelines supersedes any prior NYS VFC policies and guidelines. I further understand that content and forms referenced may be updated or modified at any time. Updates and revisions will be communicated to my office through announcements in New York Immunization Information System (NYSIS) and/or by direct mail, email, and/or fax using the contact information I have provided in this agreement.

By checking the box to the left, I certify on behalf of myself and all immunization providers and staff at this facility that I have provided accurate and current information. I will update and re-submit this information as changes to my practice and its staff are made.

Review and Generate    Cancel

Click on the blue bar containing each section name to expand that section to review the detail within that section. Clicking the blue bar again will collapse the section. The Edit button is available to redirect to the page if edits are needed.

For example, to read the Provider Agreement click the Provider Agreement blue area.

Provider Agreement

Edit

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and of which I am the medical director or equivalent:

1. I will annually submit a provider profile representing populations served by my practice/facility. I will submit more
  1. the number of children served changes or
  2. the status of the facility changes during the calendar year.
2. I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., feder eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or yo or more of the following categories:
  - A. Federally Vaccine-eligible Children (VFC eligible)
    1. Are an American Indian or Alaska Native; or

If necessary, then you may edit the information listed by clicking the edit button below the section header. You will be redirected to the Provider agreement detail information page. Clicking the Review button from bottom of the Provider agreement detail page returns you to the Review and Sign page.

After all pages have been reviewed, please type your name in the Medical Director or Equivalent signature field. By typing your name in the field, you are electronically signing the Vaccines for Children Program Provider Agreement.

Next, enter the date in the Date field (mm/dd/yyyy). Only the current date is accepted.

Next, read the [NYSIIS Policies and Guidelines](#) which may be found by clicking the link above or through the link provided on the Review and Sign page (see below).

By checking the box to the left, I certify on behalf of myself and all immunization providers and staff at this facility, I have read and agree to comply with the current [NYSIIS Policies and Guidelines](#).

Next, check the boxes located under the signature line indicating you have read and agree to comply with the Vaccines for Children enrollment requirements and the NYSIIS Policies and Guidelines.

By checking the box to the left, I certify on behalf of myself and all immunization providers and staff at this facility, I have read and agree to comply with the current [NYSIIS Policies and Guidelines](#).

In addition, I understand the current Policies and Guidelines supersedes any prior NYS VFC policies and guidelines. I further understand that content and forms referenced may be updated or modified at any time. Updates and revisions will be communicated to my office through announcements in New York Immunization Information System (NYSIIS) and/or by direct mail, email, and/or fax using the contact information I have provided in this agreement.

By checking the box to the left, I certify on behalf of myself and all immunization providers and staff at this facility that I have provided accurate and current information. I will update and re-submit this information as changes to my practice and its staff are made.

After you have reviewed the pages, your name and the date have been entered, and both boxes checked, click the Review and Generate button to process the re-enrollment paperwork.

Review and Generate

As soon as report status changes to Done, the re-enrollment is ready to be submitted to the New York State Vaccine Program staff.

To submit the Re-enrollment packet, enter a Reason for Submit/Description of Changes comment and click the Submit to New York State Vaccine Program button.

Report Name	Started	Completed	Status	Submit Status	Submit Date
VFCProviderAgreement_Report	04/22/2020 07:52 PM	04/22/2020 07:52 PM	Done		

\* Reason for Submit/Description of Changes

Submit to New York State Vaccine Program

Click button to submit forms to New York Immunization Program when the VFC Re-enrollment Packet status is Done

When the forms are successfully submitted to NYSIIS, then Vaccine Program Process progress bar Step 4 will be green.



Your organization's re-enrollment is complete and will be available to Vaccine Program staff for review.

If you have any questions about the current Provider Agreement, Provider Profile, or Policies and Guidelines, then please contact the Vaccine Program at (800) 543-7468.



**Note:** The provider's Vaccine Program status will be set as suspended if they do not re-enroll within the specified enrollment period. The suspended status will result in the following message when clicking on create order: **There is an issue with your account. Please contact the New York State Vaccine Program at (800) 543-7468. The status will be updated to Active once the form is submitted and Vaccine Program review completed.**



## Profile Updates Outside of Vaccine Program Re-Enrollment

An organization that is enrolled in the vaccine program can submit updates to Vaccine Program Provider Information outside of the Vaccine Program Re-Enrollment period. The Provider Enrollment, Provider Profile and Storage and Handling information can be updated individually as necessary.

If changes are made to the address and delivery information, you'll need to generate the packet and submit the changes for review to the NYS Vaccine Program staff. The address and delivery information will be updated in NYSIIS at the time you submit the packet. Once the Vaccine Program staff complete their review of your changes, the flag preventing ordering will be removed.



# *Mass Vaccination*

## **In this chapter:**

[Mass Vaccination Entry](#)

[Upload List](#)

[Mass Vaccination CSV File Format](#)

The Mass Vaccination feature in NYSIIS allows users to build a roster list of patients and record their immunizations simultaneously. This speeds up entering immunizations into patient records. The Mass Vaccination module includes the ability to search for existing patients and the ability to add patients to NYSIIS if they are not yet in the system. It also allows users to create their patient roster manually or by uploading a CSV file.

The Mass Vaccination module also works hand in hand with any ongoing event, for example: the ongoing COVID event. When recording immunizations via the Mass Vaccination module, users will also have the ability to assign the priority group to the selected patients when recording immunizations.

## Mass Vaccination Entry:

To manage your patient list, navigate to the left side menu panel in NYSIIS under Mass Vaccination, click Mass Vaccination Entry. This will take you to the Manage List screen where the patient list(s) you have created are displayed in a table format.

Manage List			
New List Name <input type="text"/>			Save
Patient List			
List Name	Last Updated Date	Patient Count	Delete
<a href="#">test</a>	11/05/2020	1	Delete
<a href="#">Thursday List</a>	11/05/2020	4	Delete
<a href="#">Wednesday List</a>	11/05/2020	2	Delete
<a href="#">Lori's list</a>	10/24/2020	2	Delete

This patient list table includes the name of the list, the date it was last updated, patient count (how many patients are included in the list) and a Delete button that allows you to delete the list.

If you would like to create a new list, enter a name in the New List Name Field and then click Save.

To view or add patients to your list or apply an immunization to a patient list, click the List Name hyperlink for the list you'd like to work on. This displays the Mass Vaccination List screen which is broken down into different sections:

### 1. Event Information Section:

Mass Vaccination List		
Event Information		
Event: Covid Pandemic Response		
Event Description	Begin Date	End Date
Covid Pandemic Response	10/24/2020	10/24/2032
Priority Group: ADULT 65 YRS		

- Event – An organization may be involved in none, one or multiple events. Those Event names will display in the Event drop down box. Where applicable, select an Event. This populates the screen with details in the Event description, Begin Date and End Date.
- Priority Group – This will be the Priority Group assigned to the patient roster list you are applying the immunization to. Where applicable, select a Priority Group from the drop down.

## 2. List Immunization Information Section:

The List Immunization Information section is where users will add the detailed information for the immunization being applied to the patient list. This section allows a user to enter up to five immunizations.

- The Ordering Authority and Administered By fields are optional and are populated by your NYSIIS Administrative User. Select names from the drop down if you desire.
- Date Administered is the date the immunization was given. This field will default to the current day. Be sure to enter the correct Date Administered as this will guide the NYSIIS scheduler to correctly forecast the second dose in the COVID19 series.

To record multiple immunizations on the same date:

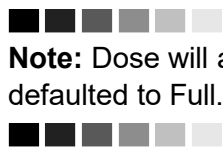
1. Enter the Date Administered (manually or by using the calendar icon) and Administered By information using the dropdown fields.
2. Indicate if you are administering from existing NYSIIS inventory by clicking on the check box provided.

Note: NYSIIS will check the From NYSIIS Inventory field box by default. Using NYSIIS inventory helps keep track of the different lots of vaccine.



- Click on the Immunization and Trade Name dropdowns, enter the Lot # and select the Eligibility code from the dropdown list. Click on the appropriate Body Site, Route and Dose dropdown fields.
- Click on the Select box under the A-Z column of the patient list section for each patient receiving the immunization. When all patients have been selected, click on the Immunize Selected action box.

NYSIIS will record the immunization for each patient selected, and/or will indicate if there is an error status associated with the patient when recording the immunization in NYSIIS (example: patient already has the immunization, and you are entering a duplicate). The Status column is also updated during this process. If administered from NYSIIS inventory, the quantity on hand for the corresponding lot # will be decremented for the immunizations given. If there are too many patients for the lot # you entered, an error will indicate such.



**Note:** Dose will always default to Full. Unless you give anything other than a full dose, leave this defaulted to Full.



### 3. Search and Add Patient to List Section: Creating a Patient Roster Manually

▼ Search and Add Patient to List

<p>Last Name <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Middle Name <input type="text"/></p> <p>Date Of Birth <input type="text"/></p> <p>Mother's Maiden Last <input type="text"/></p> <p>Mother's First Name <input type="text"/></p> <p>Gender <input type="text"/></p> <p>Phone <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Extension <input type="text"/></p> <p>Patient ID <input type="text"/></p> <p>NYSIIS ID <input type="text"/></p>	<p>Street Address <input type="text"/></p> <p>Other Address <input type="text"/></p> <p>PO Box <input type="text"/></p> <p>Zip <input type="text"/> +4 <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/></p> <p>County <input type="text"/></p> <p>Country <input type="text"/></p> <p>Device Type <input type="text"/></p> <p>Email <input type="text"/></p>
---	---

▼ Patient List (4)

	Last Name	First Name	Middle Name	Birth Date	Patient Id	Mother's First	Middle's Maiden Last	Patient Status	Gender
	<input type="text"/>	<input type="text"/>		<input type="text"/>				<input type="text"/>	
A-Z	Last Name	First Name	Middle Name	Birth Date				Status	Priority Groups
<input type="checkbox"/>	RHOADES	TESSA		07/01/2000				Immunized	HCW
<input type="checkbox"/>	SMITH	JOAN	JANICE	02/15/2003				Immunized	HCW
<input type="checkbox"/>	SMITH	JOHN	JOSEPH	12/24/2011				Immunized	HCW
<input type="checkbox"/>	SMITH	JONHY		10/12/2010				Immunized	HCW

This is where you manage the patients that are part of your list. If you've previously added patients to your list, they will display in the Patient List section with the number of patients in the list in parenthesis.

To add another patient to the list, enter some information into the demographic fields located under the Search and Add Patient to List section. Once you've entered the search criteria, press the Find button.



**Note:**

When searching by last name, at a minimum, the first three characters of the Last Name must be entered. When searching by first name, at a minimum, the first two characters of the First Name must be entered.



Search and Add Patient to List

Last Name: jones  
 First Name: jo  
 Middle Name:   
 Date Of Birth:   
 Mother's Maiden Last:   
 Mother's First Name:   
 Gender:   
 Phone: - -   
 Extension:   
 Patient ID:   
 NYSIS ID:

Street Address:   
 Other Address:   
 PO Box:   
 Zip: +4   
 City:   
 State:   
 Country:   
 Country: UNITED STATES   
 Device Type:   
 Email:

Find  
Clear  
Add

Search Results Possible Matches: 7

	Last Name	First Name	Middle Name	Birth Date	Patient Id	Mother's First	Mother's Maiden Last	Patient Status	Gender
+	JONES	JOE		01/01/1950		JANE	DOE		M
+	JONES	JOHN	MARTIAN	04/23/2003		CLAIR	MARSSSSSSSS		M
+	JONES	JOHN	MARTIANNNNNNNN	04/23/2003		CLAIR	MAAAAARS		U
+	JONES	JOHNNY	B	06/30/2009		DE	EARTHHTTTTTTTTT		U

NYSIS will display any matches that meet the search criteria.

Search and Add Patient to List

Last Name: jones  
 First Name: jo  
 Middle Name:   
 Date Of Birth:   
 Mother's Maiden Last:   
 Mother's First Name:   
 Gender:   
 Phone: - -   
 Extension:   
 Patient ID:   
 NYSIS ID:

Street Address:   
 Other Address:   
 PO Box:   
 Zip: +4   
 City:   
 State:   
 Country:   
 Country: UNITED STATES   
 Device Type:   
 Email:

Find  
Clear  
Add

Search Results Possible Matches: 7

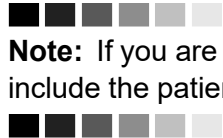
	Last Name	First Name	Middle Name	Birth Date	Patient Id	Mother's First	Mother's Maiden Last	Patient Status	Gender
+	JONES	JOE		01/01/1950		JANE	DOE		M
+	JONES	JOHN	MARTIAN	04/23/2003		CLAIR	MARSSSSSSSS		M
+	JONES	JOHN	MARTIANNNNNNNN	04/23/2003		CLAIR	MAAAAARS		U
+	JONES	JOHNNY	B	06/30/2009		DE	EARTHHTTTTTTTTT		U
+	JONES	JOHNNY		09/01/2017				A	M
+	JONES	JOHNNY		06/30/2009		JACKIE	SMITHHTTTTTTTT		M
+	JONES	JOSEPH		09/15/2005					M

If you find the patient you were searching for, click the plus sign to the left of their name to add them to the roster. Continue to follow these steps to build your list.

If you search for a patient, and NYSIS can't find a match, you have the option to add the patient to your list by clicking the Add button. You will need to add details into the following required fields:

- Last Name

- First Name
- Gender – Select one of the Five options: Male, Female, Unknown, Other or Gender X
- Date Of Birth - Can be a valid date between 01/01/1880 and the current date and it must be entered in the following format MM/DD/YYYY.



**Note:** If you are adding a new patient record to NYSIIS via the Mass Vaccination screen, you **MUST** include the patient's full address, zip code and phone number.

▼ Search and Add Patient to List

<input type="text" value="griffen"/> Last Name <input type="text" value="betsy"/> First Name <input type="text"/> Middle Name <input type="text"/> Date Of Birth <input type="text"/> Mother's Maiden Last <input type="text"/> Mother's First Name <input type="text" value=""/> Gender <input type="text"/> - <input type="text"/> - <input type="text"/> Phone <input type="text"/> Extension <input type="text"/> Patient ID <input type="text"/> NYSIIS ID	<input type="text"/> Street Address <input type="text"/> Other Address <input type="text"/> PO Box <input type="text"/> Zip <input type="text"/> +4 <input type="text"/> <input type="text"/> City <input type="text" value=""/> State <input type="text" value=""/> County <input type="text" value="UNITED STATES"/> Country <input type="text" value=""/> Device Type <input type="text"/> Email	<input type="button" value="Find"/> <input type="button" value="Clear"/> <div style="border: 2px solid red; padding: 2px;"><input type="button" value="Add"/></div>
---	--	---

No Matching Patients Found

#### 4. Patient List Section

When you are finished creating your roster, you can apply the immunization to the patients in your list by clicking Select All. Then, click Immunize Selected.

▼ Patient List (3)

	Last Name	First Name	Birth Date	Priority Groups			
A-Z	Last Name ▲	First Name ▲	Middle Name ▼	Birth Date ▲	Gender ▼	Status ▼	Priority Groups
<input checked="" type="checkbox"/>	GRIFFEN	BETSY	12/01/1980	F			
<input checked="" type="checkbox"/>	ISAACS	LOREEN	GERTRUDE	08/04/1980	F	Immunized	
<input checked="" type="checkbox"/>	LIBERTY	STATUEOF	01/01/1950	F			

▼ Patient List (3)

Select All   **Immunize Selected**   Remove Selected   Clear Roster Status

Last Name   First Name   Birth Date   Priority Groups

A-Z	Last Name	First Name	Middle Name	Birth Date	Gender	Status	Priority Groups
<input type="checkbox"/>	GRIFFEN	BETSY		12/01/1980	F	Immunized	HCPHOSP
<input type="checkbox"/>	ISAACS	LOREEN	GERTRUDE	08/04/1980	F	Immunized	HCPHOSP
<input type="checkbox"/>	LIBERTY	STATUEOF		01/01/1950	F	Immunized	HCPHOSP

The patient roster will update to display Immunized in the status column, indicating the shot has been saved to the patient’s record. The Priority Group column will also update for each patient based on the group selected above.



**Note:** If you need to remove a patient from your Patient List, click on the Select check box for those patients you want to remove, and click the Remove Selected button. You can also use the select all button followed by the Remove Selected if you want to remove all the patients from the list. Also, to clear the Status column, click the Clear Roster Status button. Please note that at any time you may click on the Last Name hyperlink, and it will take you to the Manage Patient screen in NYSIIS.

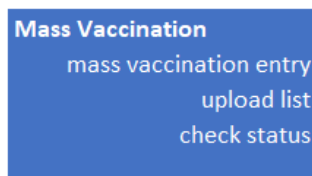
Also note that that you can sort through a wide list of patients by using the arrow up or down function by the column headers.



## Creating a Patient Roster with a CSV File / Upload List

NYSIIS provides the ability to build the patient roster list by uploading a comma delimited file of patient detail. This functionality can be used to create a new list or add to an existing list. Patients that are not yet in NYSIIS will be added to both NYSIIS and the Roster List. Once the list is created, you will use the Mass Vaccination Entry option to enter immunizations to your roster list.

To access the upload list menu, navigate to the left side menu panel under Mass Vaccination and click Upload List. This will take you to the Upload Roster List screen.



- To create a new list, in the New List field enter a name for your list.
- If you have existing lists, they will display in the Update List drop down.
- Click the browse button, find and select the file / location from which you want to upload.
- Once you've selected your file, click Upload.

Alternately, if you want to add to an existing Roster List, click on the dropdown under Update List, select the desired List Name, browse to select the file/location, and click Upload:

You will get a pop-up asking if you are ready to upload:

**nyirapp2:8002 says**

Please wait until you see your Upload List Result screen. If you are uploading a large file it may take several minutes.  
Are you ready to upload?

Click OK for the file to upload. You then can check the status of the upload by clicking Check Status on the Upload List Result Screen:

Under Check Status you will get a list of the files you've submitted and their status. You can click refresh to determine how the job is progressing. When it is complete, the status will show as complete.

Upload List Status					Refresh
Job Name	User Name	Exchange Data Date	Process Start Date	Process End Date	Status
<a href="#">change1</a>	Damilola Okusanya	03/09/2022 16:52:13	03/09/2022 16:52:13	03/09/2022 16:52:13	ERROR
<a href="#">smTest</a>	Sanjana Nagam	03/09/2022 15:14:56	03/09/2022 15:14:56	03/09/2022 15:14:57	COMPLETE

**Note:** User might encounter a status of error, which is most often due to a file format issue. When this happens, please check your file format, and resend.

- If the file was successful, click on the Job Name hyperlink. NYSIIS will navigate to the details screen which will list several files.
  - The Roster List of Names with Multiple Matches denotes those records that were found, but NYSIIS located more than one possible match.
    - The more complete patient demographic data you include, the more likely an exact match will be located.
  - The Roster List Inbound file is the file you uploaded
  - The Roster List Response file has a summary of the number of records submitted and how many had matches.
  - The Roster List Rejected file is the list of records that were unable to be accepted for one reason or another (most commonly for bad name formats).
    - Check this file to see if the records may be corrected and resubmitted.

*organization* **IR Physicians** • *user* **Damilola Ok**

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**Download Files for: kvlist11**

[Roster List of Names With Multiple Matches](#) ( 1KB )

[Roster List Inbound](#) ( 1KB )

[Roster List Response](#) ( 2KB )

[Roster List Rejected](#) ( 1KB )

**Note:** Once you've created or added to the Patient Roster list, use the Mass Vaccination Entry option to view and maintain the list and add immunizations.

## Mass Vaccination CSV File Format

	Data type	Required	Description
Record Identifier	Char(32)	Y	ID that is unique to the sender within the file being processed. It is not stored or used for locating a patient. From a processing perspective, any errors that are generated while processing the input file will be listed by Record ID. (It is just like a Flat File Record ID, which only serves the purpose of linking to errors and linking input files (Flat File-specific).
First Name	Char(50)	Y	Patient's first name.
Middle Name	Char(50)		Patient's middle name.
Last Name	Char(50)	Y	Patient's last name.
Name Suffix	Char(10)		Patient's name suffix. JR, III, etc.
Birth Date	Date(8)	Y	MMDDYYYY. A date entered as MDDYYYY will be interpreted as 0MDDYYYY.
Mother's First Name	Char(50)		Mother's first name
Mother's Maiden Last Name	Char(50)		Mother's last name
Gender	Char(1)		M, F, U, X, O
Street Address	Char(55)	Y	Patient Street Address.
PO Box Address Line	Char(55)		PO Box
Other Address Line	Char(55)		Additional Street Address information
City	Char(52)	Y	City Name
State	Char(2)	Y	2 Digit State code: ex: NY
Zip	Char(9)	Y	If +4 zip is used, the first 5 characters and second 4 characters are entered as a single value, without separators.
AreaCode	Char(3)	Y	3-digit Area code example 518
Phone number	Char(7)	Y	7 Digit phone number – Does not include dashes; Example 5551234
Phone type	Char(2)	Y	Type of phone line; CP = cell phone, PH = Land Line



# *Appendix 1*

## **In the Appendix:**

Online Help  
NYSIIS Help Desk





## Online Help

The NYSIIS online help function provides you with both screen-specific help and a general help index. You may access online help from any screen in NYSIIS by pressing the yellow light bulb on the menu bar in the top right corner of the screen.

### *Screen-Specific Help*

To access screen-specific help, follow these steps:

1. When on any screen where you would like help, press the light bulb on the menu bar located at the top-right of the screen.
2. A box with screen-specific help information will display. This help box may have any or all of the following features:
  - **Purpose:** This section describes what the screen is meant to do or what kind of information needs to be entered.
  - **Information provided:** This section describes in detail the input and output fields that are found on the screen.
  - **Functionality:** This section provides information about specific buttons on the screen and describes their function.
  - **Results:** This section describes the outcome of a search, report, download, or other information entered into the database.
  - **User tips:** This section has advice or further information on how to use this screen.
3. To view these features, you may either click the links under the Purpose section or scroll down the page.
4. To close the help box, press the **X** button in the top right corner of the box.

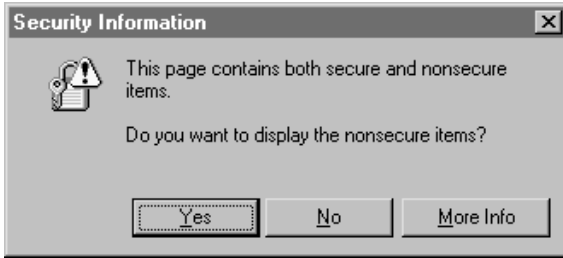
### *General Help*

General help contains information on screens throughout NYSIIS. You may access this information by viewing the contents of general help, by viewing or searching the general help index, or by searching general help using a keyword.

#### Contents of General Help

To access the contents of general help, follow these steps:

1. Press the light bulb on the menu bar.
2. Press the **Help Contents** button in the top left corner of the help box.
3. A box may open asking if you want to display both secure and non-secure items; press **Yes**.

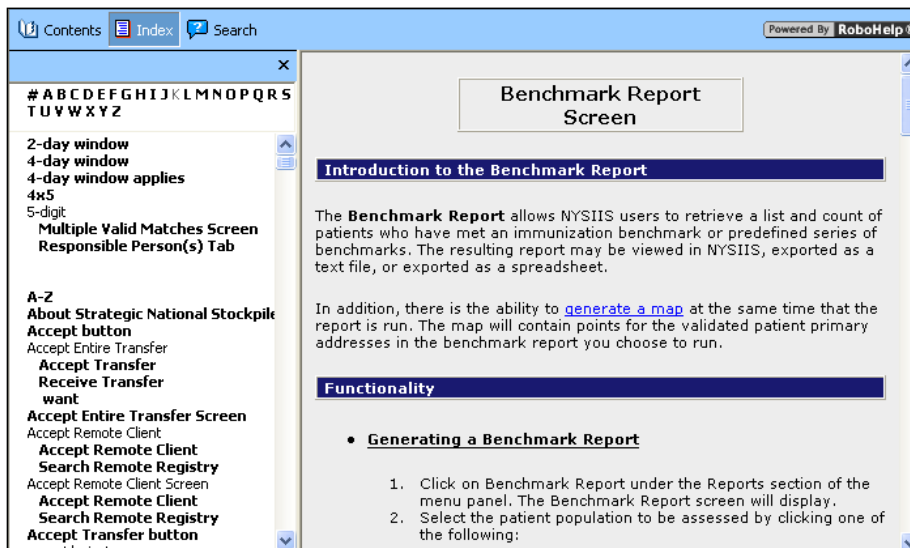


4. The General Help screen now displays. View the left side of the page. A list of topics displays, each with its own book-shaped icon.
5. Select a topic, and a list of help items for that topic displays. Each help item displays with a question mark icon. You may also see further subtopics, each with its own book-shaped icon.
6. Click on the name of the help item to view it. You may also click on the document icon next to the help item.
7. The help information you selected will display on the right side of the General Help screen.
8. Use the links at the top of the screen or scroll down to view the information you need.
9. To return to a previous help screen or to skip ahead one screen, use the browser's **Back** and **Forward** buttons.
10. To collapse a topic, select it or click on the book icon next to it. You may toggle back and forth between opening and closing a topic by clicking on the book icon.
11. To close out of the help box, press the **X** button in the top right corner of the box.

### Viewing/Searching the General Help Index

To view or search the general help index, follow these steps:

1. Follow Steps 1-3 under *Contents of General Help*.
2. Press the Index button on the top left side of the General Help screen.



3. To find an index topic, use the scroll bar to view index topics.
4. Click on one of the help items to view the item.
5. The help information you selected will display on the right side of the General Help screen.
6. To return to a previous help screen or to skip ahead one screen, use the browser's **Back** and **Forward** buttons.
7. To close out of the help box, press the **X** button in the top right corner of the box.

## **NYSIIS Help Desk**

If you are experiencing difficulties or have questions regarding NYSIIS, you may contact the NYSIIS Help Desk. The help desk is staffed by two NYSIIS experts. All calls are logged and tracked through to completion; calls are put in a pending status until a remedy to the user's problems is found.

The NYSIIS Help Desk hours are 8:00 a.m. to 5:00 p.m. EST, Monday through Friday.

Help Desk telephone number: 866.389.0371

Help Desk e-mail address: [nysiishelpdesk@dxc.com](mailto:nysiishelpdesk@dxc.com)



# *Appendix 2*

## **In the Appendix:**

Validation of Patient Entry Data  
Disallowed Address Entries  
Disallowed First Name Entries  
Disallowed Last Name Entries



## Validation of Patient Entry Data

NYSIIS validates the information you enter on the patient screen when you attempt to save the entries. If you have entered data that NYSIIS considers invalid, a message will appear asking you to re-enter data in the field(s). Validation varies depending on the field. Refer to the chart below for information on validation of data in various fields.

Field Name	Web Page/Section	Characters Allowed
First Name	Enter New Patient/Personal Information, Manage Patient/Personal Information	Allow only alpha characters, dashes, and apostrophes. Do not save an entry that matches a disallowed name.
Middle Name	Enter New Patient/Personal Information, Manage Patient/Personal Information	Allow only alpha characters, dashes, apostrophes, and periods.
Last Name	Enter New Patient/Personal Information, Manage Patient/Personal Information	Allow only alpha characters, dashes, apostrophes, and periods. Do not save an entry that matches a disallowed name.
Mother's First Name	Enter New Patient/Personal Information, Manage Patient/Personal Information	Allow only alpha characters, dashes, and apostrophes.
Mother's Maiden Last Name	Enter New Patient/Personal Information, Manage Patient/Personal Information	Allow only alpha characters, dashes, and apostrophes.
Responsible Party First Name	Enter New Patient/Responsible Person(s), Manage Patient/Responsible Person(s)	Allow only alpha characters, dashes, and apostrophes.
Responsible Party Middle Name	Enter New Patient/Responsible Person(s), Manage Patient/Responsible Person(s)	Allow only alpha characters, dashes, apostrophes, and periods.
Responsible Party Last Name	Enter New Patient/Responsible Person(s), Manage Patient/Responsible Person(s)	Allow only alpha characters, dashes, and apostrophes.
Street Address	Enter New Patient/Responsible Person(s), Manage Patient/Responsible Person(s)	Allow alpha or numeric characters, backslashes, number symbols, dashes, periods, and apostrophes. Do not save quotes. Do not save an entry that matches a disallowed address.
Other Address	Enter New Patient/Responsible Person(s), Manage Patient/Responsible Person(s)	Allow alpha or numeric characters, backslashes, number symbols, dashes, periods, and apostrophes. Do not save quotes. Do not save an entry that matches a disallowed address.
PO Box	Enter New Patient/Responsible Person(s), Manage Patient/Responsible Person(s)	Allow alpha or numeric characters, backslashes, number symbols, dashes, and periods. Do not save an entry that matches a disallowed address. Do not save quotes.
E-mail Address	Enter New Patient/Responsible Person(s), Manage Patient/Responsible Person(s)	Must contain "@" symbol and period. Do not save quotes.
Phone Number	Enter New Patient/Responsible Person(s), Manage Patient/Responsible Person(s)	Allow only numeric characters and dashes. Do not save quotes.
City	Enter New Patient/Responsible Person(s), Manage Patient/Responsible Person(s)	Allow only alpha characters, dashes, and apostrophes. Do not save quotes.
Zip	Enter New Patient/Responsible Person(s), Manage Patient/Responsible Person(s)	Allow only numeric characters. Do not save quotes.

## Disallowed Address Entries

Disallowed Address Entries	
DO NOT USE	NO CURRENT
UNKNOWN	MOVED
GENERAL DELIVERY	UPDATE
DECEASED	MAIL RETURNED
ADDRESS	COMMENT
FAMILY PLANNING	FAMILY PLANNING SERVICES
PLANN PARENTHOO	PLANNED PARENTHOOD

## Disallowed First Name Entries

The following chart lists first name entries that will not be validated in NYSIIS.

Disallowed First Names			
ADOPT	HBS	LSS	UNK
ADOPTIVE	HRH	LSS BABY	UNKN
AF BABY	I	LWG	UNKNOWN
BB	ILLEGIBLE SIGNATURE	MALE	UNKNOEN
BABY	INFANT	MR	UNKOWN
BABY B	INFANT BO	MRS	UNNAMED
BABY BOY	INFANT BOY	MS	UNREADABLE
BABY G	INFANT FE	NEWBORN	V
BABY GIRL	INFANT FEM	NFN	WLCFS
BABYB	INFANT G	NTXHW	XWM
BABYBOY	INFANT GI	PARENT	XXX
BABYGIRL	INFANT GIR	PARENTS	UFA
BG	INFANT GIRL	PENDING	
BOY	INFANT GRL	PVN	
BOY I	INFANT M	SIGNATURE	
BOY II	INFANT MA	SLKDFSLKD	
CHILD	INFANT MAL	SRM	
CSS	INFANTBOY	THWJ	
FEMALE	INFANTGIR	TOMORROW'S CHILDREN	
FIRE DEPT	INFANTGIRL	TSWJ	
GIRL	INFANTMAL	TSWM	
GIRL I	INFANTMALE	TSWV	
GIRL II	LCFS	TXWM	



## Disallowed Last Name Entries

The following chart lists last name entries that will not be validated in NYSIIS.

Disallowed Last Names			
ADOPT	CSS BABY	LSDKFSLDK	UNKNOEN
ADOPTIVE	CSSW	LSS	UNKOWN
A BABY	D S S	LSSFC	UNNAMED
A F BABY	DCS	LTJR	UNREADABLE
AF	DFS	MBABY	V
AF BABY	DSS	M BABY BOY	VBABY
AF BABY BO	E BABY	MALE	VLK
AF BABY GI	F BABY	NEWBORN	WLCFS
AFBABY	FF	NLN	ZBABY
B C S	FIRE DEPT	OBABY	UFA
B S C	FWV	PBABY	
BABY	G BABY	PCS	
BABY BOY	GARCIA INF	PENDING	
BABYBOY	GIRL	RBABY	
BABY GIRL	GSST	SBA	
BABYGIRL	H BABY BOY	SBABY	
BCS	I	SCI	
BCSW	INFANT	SB	
BOY	INFANT BOY	SC	
BRT	INFANT FEM	SIGNATURE	
BSC	INFANT GIRL	SMRT	
CAC	INFANTBOY	SRB	
CS	INFANTGIRL	SRFC	
C S S	INFANTMALE	SRP	
CAC	LSS	SS	
CBS	LCFD	TAO	
CCS	LCFS	UN	
CFCFS	LCSF	UNK	
CS	LNAME	UNKN	
CSS	LS	UNKNOWN	

# ***Glossary***

## **ACIP**

Advisory Committee on Immunization Practices. Along with the Centers for Disease Control and Prevention (CDC), provides written recommendations on the administration of vaccines to adults and children in the United States. These recommendations include a schedule of dosage, contraindication, and periodicity information for each vaccine. This "harmonized schedule" is the default schedule within NYSIIS.

## **Blood Lead Test Result**

A lab result showing the concentration of lead in the patient's blood. Typically, the result is measured in micrograms per deciliter.

## **Bookmark**

A browser tool used for accessing Web sites quickly. After setting a bookmark at a Web page, you may return to that page simply by clicking on its bookmark, rather than entering the entire Web address. Also known as a favorite.

## **Browser**

A software program you use to access the Internet. The two most common browsers are Netscape® and Internet Explorer.

## **CoCASA**

Comprehensive Clinic Assessment Software Application. A tool developed by the Centers for Disease Control and Prevention (CDC) used for assessing immunization levels of patients for an immunization provider.

## **CDC**

Centers for Disease Control and Prevention. The CDC is the lead federal agency for protecting the health and safety of people, providing information to enhance health decisions.

## **Clinician**

A person who provides a health care service and for the purposes here would administer an immunization; for example, a nurse.

## **Consent**

Written permission obtained from a patient 19 years of age or older to permit future modification and edit of demographic and immunization information housed in the registry.

**Custom Flat File Template**

A customized layout, specifying fields and field lengths, for performing data exchange.

**Data exchange**

A feature that allows you to automatically exchange immunization batch files with NYSIIS.

**Deduplication**

An automatic process that displays potential patient matches to help ensure that patient records are not duplicated in NYSIIS.

**Desktop**

The default screen on your computer that displays when no programs are open. The desktop contains shortcut icons that allow the user to open the represented programs and files from the desktop screen.

**Favorite**

See Bookmark.

**Grace period**

The default period of time prior to and following an immunization. This time period is used to validate a patient's immunization history; it does not affect immunization recommendations.

**HIN**

Health Information Network. A network of web sites which the state and local health departments maintain for publishing information of local interest to each other.

**Historical Doses**

Doses which the patient received, but it is unclear which organization in the registry, if any, actually administered the dose. (See also NYSIIS Inventory Doses and Other Owned Doses.)

**HL7**

Health Level 7. A method of categorizing data so that it is uniform across all health reporting systems. Allows for easier data transfer among different systems.

**Home page**

The first screen in NYSIIS which displays for users who have access to a single organization. This page contains announcements, release notes, resources, and the menu.

**HCS (formerly HPN)**

The Health Commerce System (HCS), also known as Health Provider Network (HPN), is a secure network of web sites designed and maintained by the New York State Department of Health for the exchange of non-public information between the Health Care Provider community, state and local health departments.

**HCS (formerly HPN) Account**

An individual account necessary for accessing NYSIIS and the Health Commerce System. The account identifies who is using the system.

**Hyperlink**

A word or group of words that is underlined and appears in a colored font, usually blue, in NYSIIS. When you click on the underlined text, the Web site, page, or document that is described will be displayed. Also known as a link.

**Immunization registry**

Confidential, computerized information system containing patient demographics and immunization histories. Registries enable public and private health care providers to maintain consolidated immunization records.

**Logout**

Button on NYSIIS's menu bar that allows you to exit NYSIIS. You may logout from any screen in NYSIIS.

**Lot number**

The unique, identifying number given to each vaccine by the manufacturer.

**Manage Access/Account Screen**

The first screen in NYSIIS which displays for users who have access to multiple organizations. The user chooses one of the organizations to access.

**Menu bar**

NYSIIS's menu bar is dark blue and appears at the top of every screen within the registry. The menu bar has several menu options: home, change password, logout, and help (light bulb). The menu bar on your Internet browser, on the other hand, is located near the top of your computer screen and contains words with drop-down lists such as File, Edit, View, Tools, etc.

**Menu panel**

The NYSIIS menu panel is a medium blue color and appears to the left of every screen within the registry. The menu panel lists all of the NYSIIS functions available to the user.

**NYSIIS**

New York State Immunization Information System. A population-based Web application containing consolidated demographic and immunization history information.

**NYSIIS Inventory Doses**

Doses that are recorded in NYSIIS through the user interface which subtract from an inventory lot whose quantity is recorded and maintained in NYSIIS. (See also Historical Doses and Other Owned Doses.)

**Ordering authority**

A person with the capability of ordering an immunization for a patient; a person with ordering authority is generally the patient's pediatrician or primary care provider or, within public health organizations, the medical director.

**Other Owned Doses**

Doses that the organization knows it has administered, but not from any vaccine lots maintained in the NYSIIS inventory module. (See also Historical Doses and NYSIIS Inventory Doses.)

**Patient**

Anyone who has an immunization recorded in NYSIIS by a provider organization.

**Patient Note**

Some general, non-medical information regarding the patient that is displayed to any user viewing the patient's record.

**PDF**

Portable document file. A file format that allows you to view and print a document online in its original format with Adobe.

**PFI**

Permanent Facility Identifier, assigned by New York State Department of Health, in order to uniquely identify hospitals and other entities delivering health care.

**Radio button**

An input circle that, when clicked, fills with a black dot to indicate a selection.

**Recall Notice**

A card or letter that informs a responsible person or patient of immunizations that are overdue.

**Reconstitution**

The process of mixing a dry, powder form of a vaccine with a diluent to produce doses that may be administered to the patient. This term applies to Smallpox vaccine.

**Release**

A new version of an application, which usually includes enhancements and software fixes. Each release of an application is indicated with a number; for example, NYSIIS release version 6.0.

**Reminder Notice**

A card or letter that informs a responsible person or patient of immunizations that are due in the future.

**Responsible person**

A parent, relative, or guardian who is associated with the patient and may act as a contact. A patient may also act as the responsible person for himself or herself.

**Sequence**

Identifies which dose is being referred to within a vaccine series. For example, a number "2" sequence indicates the second dose of the series.

**Series**

The compilation of doses for one vaccine that provides immunity for a certain disease or diseases. For example, the recommended series for the DTP/aP vaccine contains five doses.

**Shortcut**

An icon located on your computer's desktop which, when double-clicked, will open the program displayed by the icon.

**Toolbar**

Located near the top of your computer screen, the toolbar on your Internet browser contains several buttons, such as Back Forward, Stop, Refresh, and Home.

**Tracking schedule**

A schedule of recommended vaccines, their dosage and periodicity information. The tracking schedule is used to validate a patient's immunization history and makes recommendations for future vaccinations based on that history.

**Undeliverable Address**

An indicator that the address currently on file for the patient is incorrect.

**User roles**

NYSIIS users are categorized into hierarchical roles that determine their level of access to the functions of NYSIIS.

**Users**

Individuals who access NYSIIS in some way, whether it be for printing reports, entering immunization information, tracking inventory, or entering organization-specific maintenance information.

**Vaccine group**

A category that describes one type of vaccination. For example, the vaccine trade names Engerix-B, Comvax, and Recombivax all fall under the Hepatitis B vaccine group.

**Vaccine trade name**

A unique, identifying name for a vaccine series given by the manufacturer. For example, Engerix-B is the trade name for a Hepatitis B vaccine manufactured by GlaxoSmithKline.

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