



Protecting Our Children's Health

Securely, Accurately, Confidentially

Quick Reference Guide For Health Care Providers

With Full Report Details



VERMONT IMMUNIZATION REGISTRY (IMR3)

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BASICS ON USING THE VERMONT IMMUNIZATION REGISTRY

STEP ONE: Utilizing the Vaccine Inventory

- Select [Vaccine Inventory](#) on the left side of the screen.
- When state-supplied vaccine is delivered to your office from McKesson, the details (lot number, manufacturer, expiration date) will be automatically loaded into your vaccine inventory. Use this info to auto-complete the details of an immunization when entering a current immunization.
- You CAN still enter any additional vaccine you may have in your office into the system. Click [Add a New Vaccine to the Practice Profile](#). When adding a new vaccine to the inventory, enter the type of vaccine, expiration date, manufacturer, lot number, and which Vaccine Information Statements a parent/guardian received.
- Click [Save](#).

Note: Before adding a new vaccine to your practice profile, verify that the vaccine and lot number do not already exist in your inventory.

Individual Profile

User: meganm.barnes
Practice: Vermont Department of Health
Patient: None Selected
Logout

Actions:

[Search Patient](#)

[Current Patient](#)

[Search Practice](#)

Programs:

[Immunization Registry](#)

Practice Identification

Name:

Vaccine Inventory

Vaccine	Manufacturer	Administration Route	Injection Site	ExpDate	Lot	Source	Order Qty	Ship Qty	
DTaP	GlaxoSmithKline	Intramuscular		1/1/2013	6666666666666666	State Supplied	0	0	Edit
DTaP	GlaxoSmithKline	Intramuscular		1/1/2013	xx33xsx	State Supplied	100	100	Edit
DtaP-IPV/Hib	Sanofi Aventis	Intramuscular		1/1/2013	BB22222	State Supplied	200	200	Edit
HepA, ped/adol 3 dose	GlaxoSmithKline	Intramuscular		6/6/2013	951159	State Supplied	100	50	Edit
HepB, pediatric or adolescent	GlaxoSmithKline	Intramuscular		1/1/2014	AB2229999	State Supplied	100	100	Edit
HepB, pediatric or adolescent	GlaxoSmithKline	Intramuscular		2/1/2013	ac34343434	State Supplied	150	100	Edit
Hib-PRP-T	Sanofi Aventis	Intramuscular		1/1/2014	999999999	State Supplied	500	500	Edit
MMR	Merck & Co., Inc.	Subcutaneous		1/1/2014	555555	State Supplied	100	100	Edit
PCV-13 Pneumococcal	Wyeth-Ayerst	Intramuscular		1/1/2013	128B11	State Supplied	150	150	Edit
Varicella	Merck & Co., Inc.	Subcutaneous		1/1/2014	BB54321	State Supplied	100	100	Edit

Expiration Notes: (!) = Vaccine is expired; (*) = Vaccine is within 90 days of expiration.
[Add a New Vaccine to the Vaccine Inventory](#)

Print the following practice fields on all reports:

Name

Address

Telephone

- To delete a vaccine from your vaccine inventory, click on [Edit](#) to the right of the vaccine you would like to remove.
- Then select [Delete](#) at the bottom of the page, and click [OK](#) to proceed with deletion.

STEP TWO: SEARCHING FOR A PATIENT

- Click [Search Patient](#).
- Enter the patient's last name, first name, and date of birth. (Use the Tab key or mouse to move between cells)
- Click [Find](#). A list of possible matches will be displayed.
- Click [Select](#) next to the correct patient name.

Note: If no patient is found, click [Add New](#). (See Step Three for adding/editing patient information)


Individual Profile


User: meganm.barnes
Practice: Vermont Department of Health
Patient: None Selected
Logout

Actions:

[Search Patient](#)

[Current Patient](#)

[Search Practice](#)

Programs:

[Immunization Registry](#)

Search Patient

To find a record, please search for LAST NAME + FIRST NAME + DATE OF BIRTH. TIP: Please do not use "wild card searches, where you enter "J" or "J*" to find a record for "Jenkins" -- even if you have done so in the past. These searches make it easy to miss finding a record. TIP: Please do not include the middle name in the search.

First Name:

Middle Name:

Last Name:

Identifiers:

Date of Birth: 

	IMR Patient	Last Name	First Name	Middle Name	Date of Birth
Select	<input checked="" type="checkbox"/>	DECEMBER	MOLLY		1/1/2001

1

For questions, or help with this application, please contact imr@state.vt.us or call (888)688-4667

STEP THREE: ADD / EDIT PATIENT INFORMATION

Add Patient Information

- Required fields are in **red** and must be completed, with the exception of mother or guardian name if patient is over 18. We recommend all information be completed if data is available, especially the phone number.

Edit Patient Information

- Click in the field and make the necessary changes.
- Check address and phone number against your records to be sure it is up to date. Only mother or guardian name is required, not both.
- Click [Save](#).

Note: If this patient was a patient at another practice, you will get a pop-up asking if you want to change the patient's association. Select your practice from the drop down list and click save.



VERMONT
DEPARTMENT OF HEALTH

Individual Profile



VERMONT
DEPARTMENT OF HEALTH

User: meganm.barnes
Practice: IMR Test5
Patient: December, Molly
Logout

Actions:

[Search Patient](#)

[Current Patient](#)

[Vaccine Inventory](#)

Programs:

[Immunization Registry](#)

Patient Information

Patient ID:

Preferred Name:

*First Name:

Middle Name:

*Last Name:

Suffix:

Race:

American Indian or Alaska Native
 Asian Indian
 Black or African American
 Chinese
 Filipino
 Guamanian or Chamorro
 Japanese
 Korean
 Japanese
 Korean
 Native Hawaiian
 Other
 Other Asian
 Other Pacific Islander
 Samoan
 Unknown
 Vietnamese
 White

IMR Status:

*Primary Practice:

*Date of Birth:

*Gender:

*Residence:

Out of State

Ethnicity:
Patient of Hispanic Origin? (Check the box that best describes whether patient is Spanish/Hispanic/Latino. Check the "No" box if patient is not Spanish/Hispanic/Latino.)

No

No, not Spanish/Hispanic/Latina/Latino

Unknown

Unknown

Yes

Yes, Cuban

Yes, Mexican, Mexican American, Chicana/Chicano

Yes, other Spanish/Hispanic/Latina/Latino

Yes, Puerto Rican

Person Contact Information

Address Loc.:

Address Type:

Confidentiality:

*Street:

*City/Town:

*State: *Zip: +4:

*Country:

Method	Number / Address	Extension	Location	Confidentiality	Edit

Parent/Guardian Information

Mother First Name:

Mother Middle Name:

*Mother Last Name:

Mother Maiden Name:

Guardian First Name:

Guardian Middle Name:

*Guardian Last Name:

*Relationship to Patient:

For questions, or help with this application, please contact imr@state.vt.us or call (888)688-4667

STEP FOUR: ENTERING IMMUNIZATIONS

From the Patient Information screen, click the blue [Immunization Registry](#) link on the left side of the screen. (If it is grayed-out, or nothing happens when you click on it, that means that we are missing required information in the demographic fields.)

The screenshot shows the 'Individual Profile' page for a patient named December, Molly. The 'Patient Information' section includes fields for Patient ID, Preferred Name (Molly), Middle Name, Last Name (December), Race, and Ethnicity. A red arrow points to the 'Immunization Registry' link in the left-hand menu.

To Enter Current Immunizations:

The Registry makes it easy to enter immunizations by auto-filling from your vaccine inventory.

- Enter the immunization date next to the vaccine type listed on the grid and hit **enter**.
- A route, site, expiration date, manufacturer, and lot number will auto-fill from the vaccine inventory. **Check the lot number first. If it does not match the number you administered, use the arrow to the right of the lot number to choose the correct lot.**

The screenshot shows the 'Immunization Detail' section. It includes fields for Vaccine (Influenza inactiv), Date (10/15/2012), Route (Intramuscular), Site, Exp. Date (12/1/2013), and Lot (123123). A red arrow points to the 'Enter different Lot number' button next to the lot number field.

The screenshot shows the 'Vaccines for Children Eligibility' section. It includes a list of eligibility criteria such as Medicaid, Uninsured, No Insurance, S-CHIP, and Insured or age 19 and older. A red arrow points to the 'Save' button at the bottom.

- Add the initials of the **Person** who administered the vaccine.
- Click one or more of the **Vaccines for Children (VFC) Eligibility** criteria.
- Click one or more of the **Vaccine Information Statements Given**. Click **Save**.

To Enter Historical Immunizations

If you are entering history for a patient and do not know the lot number, use the historical button. This will allow you to enter “just the date” and type of shot.

- Click the radio button next to **Historical** above the grid on the left side. Enter the immunization dates next to the vaccine type listed on the grid.
- Click **Save Historical Dates**.

VERMONT
DEPARTMENT OF HEALTH

Individual Profile

VERMONT
DEPARTMENT OF HEALTH

User: meghanm.barnes
Practice: IMR Test5
Patient: December, Molly
Logout

Actions:

Search Patient
Current Patient
Vaccine Inventory
VAERS
Immunization Information for Providers
Immunization Information for Families & the Public

Programs:

Immunization Registry

Patient Reports

Immunization Record
Objections and Contraindications
Print Forecaster Results
Vaccine Administration Record

Practice Reports

Patient List by DOB
Practice View: Vaccine Coverage
Vaccines due by Practice
Not up to Date Report
Generate Labels for Recall Notices
Invalid Doses
Objections and Contraindications for Practice
Immunizations Given by Practice
Patients Immunized By Series
Number of Children Vaccinated
Patient List by Month
Vaccine List
Patient Count by Practice
All AFIX Report

Patient Summary

Patient: December, Molly Date of Birth: 1/1/2001 Patient Age: 12 years 3 months and 18 days
Residence: Burlington Practice Name: Loom Practice

The Vermont Immunization Registry is a tool to assist in tracking and forecasting immunizations currently due and overdue, based on date of birth. It is not intended to replace medical expertise.

Immunizations

Enter immunizations as:
 Current Historical

Status	Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	DTaP-HepB-IPV	3/1/2001	5/1/2001	7/1/2001		
	DtaP-IPV/Hib					
	Hib-PRP-T	3/1/2001	5/1/2001	7/1/2001	1/1/2002	
	PCV 7, Pneumococcal conjugate	3/1/2001	5/1/2001	7/1/2001	1/1/2002	
	PCV-13 Pneumococcal					
	DTaP	4/1/2002	1/1/2006			
	DTaP-IPV					
	IPV					
■	HepA, ped/adol 2 dose					
	HepA-Adult					
	HepA-HepB Adult					
	HepB, pediatric or adolescent					
	HepB-Adult					
	Rotavirus (3 dose) RV5	3/1/2001	5/1/2001	7/1/2001		
	Rotavirus (2 dose) RV1					
	MMR	1/2/2005				
■	Varicella					
■	MCV4, Meningococcal conjugate					
	HPV, Quadrivalent					
	Influenza inactiv					
	Influenza inact. preserv free					
	Influenza, Live IntraNasal					
	PPV 23, Pneumococcal polysaccharide					
	Tdap					
	Td					
	Zoster					

Recommendations Include Vaccination Record

Save Historical Dates

Add a New Vaccine to the Immunization Record

Contraindication

Vaccine	Date Entered	Practice	Phone		
HepA, ped/adol 2 dose	9/5/2012	Vermont Department of Health		Edit	Delete

Objection

Vaccine	Date Entered	Practice	Phone		
MCV4, Meningococcal conjugate	9/5/2012	Vermont Department of Health		Edit	Delete

Varicella Status

Confirmed (Yes) Unknown

Varicella History

Date of Disease	Date Entered	Source		
7/25/2005	8/15/2012	From Parent/Guardian	Edit	Delete

For questions, or help with this application, please contact imr@state.vt.us or call (888)688-4667

To Enter an Unusual Immunization

The vaccine grid is a list of commonly administered vaccines. However, it is possible you will have a patient who has received an unusual vaccine, like yellow fever for travel, or rabies after exposure to an animal bite, or was given a different formula of a vaccine already listed. To record a vaccine not on the grid:

HepB-Adult				
Rotavirus (3 dose) RV5	3/1/2001	5/1/2001	7/1/2001	
Rotavirus (2 dose) RV1				
MMR	1/2/2005			
Varicella				
MCV4, Meningococcal conjugate				
HPV, Quadrivalent				
Influenza inactiv				
Influenza inact. preserv free				
Influenza, Live IntraNasal				
PPV 23, Pneumococcal polysaccharide				
Tdap				
Td				
Zoster				

Recommendations Include Vaccination Record

Save Historical Dates
Add a New Vaccine to the Immunization Record

Contraindication				
Vaccine	Date Entered	Practice	Phone	
HepA, ped/adol 2 dose	9/5/2012	Vermont Department of Health		Edit Delete

- Click the circle next to **Historical** above the grid on the left side.
- Choose “**Add a new Vaccine to the Immunization Record**,” just below the gray Recommendations button.

Individual Profile

Immunization Detail

Current Historical

Vaccine: Adeno T4

Date:

Route:

Site:

Esp. Date:

Person:

MFR:

Lot:

Delete Cancel

For questions, or help with this application, please contact ivr@state.vt.us or call (888)688-4667

- Choose the vaccine from the drop-down list, enter the **Date** it was administered, and click **Save**.

Note: you are not required to enter other vaccine details as long as you have clicked the Historical radio button.

CORRECTING AN IMMUNIZATION DATE

Historical immunizations should only be changed when you know that the information you have is more complete and/or accurate.

- To edit an immunization date, click on the incorrect date, and make the desired changes.
- Click [Save](#).
- To delete an immunization date, select the date and click [Delete](#).

Note: Current immunization information can only be changed or deleted by the practice that administered the immunization.

**If you have trouble or questions about correcting an error,
Contact the IMR support team at 888-688-4667.**

ENTERING VARICELLA HISTORY

When you add a date to [Varicella History](#), a **red flag** appears on the Immunization grid next to the varicella line, to indicate the patient has had chicken pox.

- From the Patient Summary screen, scroll down to Varicella History at the very bottom of the page.
- Click [Edit](#) and the [Date Entered](#) will auto fill.
- Enter the [Date of Disease](#), choose the appropriate [Source](#) and click [Update](#).

The screenshot shows a web-based interface for managing immunization records. On the left is a navigation menu with options like 'Generate Labels for Recall Notices', 'Invalid Doses', and 'Patient List by Month'. The main area contains a table of immunizations with columns for vaccine name and date. A red arrow points to the 'Generate Labels for Recall Notices' link. Below this is a 'Recommendations' section with a checkbox for 'Include Vaccination Record'. The 'Save Historical Dates' section includes a table for 'Contraindication' and 'Objection'. The 'Varicella Status' section has radio buttons for 'Confirmed (Yes)' and 'Unknown', with a red arrow pointing to 'Confirmed (Yes)'. At the bottom is the 'Varicella History' table with columns for 'Date of Disease', 'Date Entered', and 'Source'. A red arrow points to the 'Delete' button in the 'Varicella History' table. At the very bottom, there is a contact information line: 'For questions, or help with this application, please contact imr@state.vt.us or call (888)688-4667'.

Note: There is an option to click 'confirmed (yes)' without further information, if the patient has had varicella but does not know the date, but please always fill out as much information as is known.

ENTERING CONTRAINDICATIONS AND OBJECTIONS

When you add a contraindication and/or objection, a **red flag** appears on the Immunization grid. Some practices find entering this information helpful so they can distinguish between patients who have missed scheduled immunizations and those who have not received them because of a medical reason (Contraindication) or a non-medical reason (Objection).

- From the Patient Summary screen, scroll down to Contraindication or Objection.
- Click [Edit](#) and [Date Entered](#) will auto-fill.
- Choose the type of vaccine and click [Update](#).

Note: The practice name and telephone number will auto fill after clicking [Update](#).

The screenshot shows a web-based interface for managing immunizations. On the left is a navigation menu with options like 'Generate Labels for Recall Notices', 'Invalid Doses', 'Objections and Contraindications for Practice', etc. The main area displays a list of vaccines with columns for vaccine name, date entered, practice, and phone. Below this are three sections: 'Contraindication', 'Objection', and 'Varicella History', each with a table of entries. Red arrows point to the 'Edit' and 'Delete' buttons in the 'Contraindication' and 'Objection' tables. At the bottom, there is contact information for support.

Vaccine	Date Entered	Practice	Phone	Edit	Delete
HepA, ped/adol 2 dose	9/5/2012	Vermont Department of Health		Edit	Delete

Vaccine	Date Entered	Practice	Phone	Edit	Delete
MCV4, Meningococcal conjugate	9/5/2012	Vermont Department of Health		Edit	Delete

Date of Disease	Date Entered	Source	Edit	Delete
7/25/2005	8/15/2012	From Parent/Guardian	Edit	Delete

For questions, or help with this application, please contact imr@state.vt.us or call (888)688-4667

Note: Please see patient level and practice level reports for viewing or printing a complete list of contraindications and objections.

USING THE VACCINE FORECASTER

This feature provides a list of immunizations due for each patient based on age, immunization history, and the CDC Immunization Schedule.

Important!

If you have entered immunizations today for the patient, make sure you have clicked [Save](#) or [Save Historical Dates](#) before clicking [Recommendations](#).

- Click [Recommendations](#). The forecaster will display which vaccines can be given, which vaccines are recommended, and which vaccines are overdue.
 - The **RECOMMENDED DATE** shows the date the next dose should be administered based on the ACIP schedule, the patient age, and previous vaccines given.
 - The **EARLIEST DATE** shows the absolute earliest date a child could receive the vaccine and still have it be valid. This is helpful for determining Minimum Intervals.
- Check [Include Vaccination Record](#) then click [Recommendations](#). The forecaster will then first display a chart indicating not only the immunization dates by series, but whether each immunization is valid according to the ACIP schedule.

Vaccines Recommended by Tracking Schedule (Left Screenshot):

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTP/aP	Complete			
HepA	1/1/2002	1/1/2002	1/1/2003	
HepB	Complete			
Hib	Complete			
HPV	1/1/2010	1/1/2012	1/1/2027	12/31/2027
Influenza	7/1/2001	7/1/2001	1/1/2002	
Meningococcal	1/1/2003	1/1/2012	1/1/2020	12/31/2022
MMR	1/30/2005	1/30/2005	1/1/2007	
Pneumococcal	Complete			
Polio	1/1/2002	1/1/2005	1/1/2008	
Rotavirus	Complete			
Td	1/1/2011	1/1/2016	3/1/2016	
Tdap	1/1/2011	1/1/2012	1/1/2014	
Varicella	1/30/2005	1/30/2005	1/30/2005	12/31/2013

Vaccination Record (Right Screenshot):

Vaccine Group	Date Administered	Status
DTP/aP	3/1/2001	1 of 5
DTP/aP	5/1/2001	2 of 5
DTP/aP	7/1/2001	3 of 5
DTP/aP	9/1/2002	4 of 5
DTP/aP	1/1/2006	5 of 5
HepB	3/1/2001	1 of 3
HepB	5/1/2001	2 of 3
HepB	7/1/2001	3 of 3
Hb	3/1/2001	1 of 4
Hb	5/1/2001	2 of 4
Hb	7/1/2001	3 of 4
Hb	1/1/2002	4 of 4
MMR	1/2/2005	1 of 2
Pneumococcal	3/1/2001	1 of 4
Pneumococcal	5/1/2001	2 of 4
Pneumococcal	7/1/2001	3 of 4
Pneumococcal	1/1/2002	4 of 4
Polio	1/1/2002	1 of 5
Polio	3/1/2001	2 of 5
Polio	5/1/2001	3 of 5
Polio	7/1/2001	4 of 5
Polio	9/1/2001	5 of 5
Rotavirus	3/1/2001	1 of 3
Rotavirus	5/1/2001	2 of 3
Rotavirus	7/1/2001	3 of 3

Vaccines Recommended by Tracking Schedule (Right Screenshot):

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTP/aP	Complete			
HepA	1/1/2002	1/1/2002	1/1/2003	
HepB	Complete			
Hib	Complete			
HPV	1/1/2010	1/1/2012	1/1/2027	12/31/2027
Influenza	7/1/2001	7/1/2001	1/1/2002	
Meningococcal	1/1/2003	1/1/2012	1/1/2020	12/31/2022
MMR	1/30/2005	1/30/2005	1/1/2007	
Pneumococcal	Complete			
Polio	1/1/2002	1/1/2005	1/1/2008	
Rotavirus	Complete			
Td	1/1/2011	1/1/2016	3/1/2016	
Tdap	1/1/2011	1/1/2012	1/1/2014	
Varicella	1/30/2005	1/30/2005	1/30/2005	12/31/2013

- **Note:** Pink shows completed series, Green shows immunizations due, Blue shows overdue dates, and all White shows the patient is on target with the Immunization Schedule.

HOW TO PRINT FORECASTER RESULTS:

- Click on [Print Forecaster Results](#) on the left side of the screen under Patient Reports.
- Click [Create Report](#). It will open a new window using adobe reader or another .pdf reader.
- To print, click the printer icon on menu bar in the upper left corner.

VERMONT IMMUNIZATION REGISTRY
Protecting Our Children's Health
Securely, Accurately, Confidentially

Loom Practice
 555 Main Street
 Saint Albans, VT 05478
 Phone (802) 625-4321

**Vaccines Recommended Based on ACIP Schedule and Immunization History
 as of 09/05/2012**

Patient Name: MOLLY DECEMBER
Date of Birth: 01/01/2001

Vaccines Recommended by Tacking Schedule

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTP/aP	Complete			
HepA	01/01/2002	01/01/2002	01/01/2003	
HepB	Complete			
Hib	Complete			
HPV	01/01/2010	01/01/2012	01/01/2027	12/31/2027
Influenza	07/01/2001	07/01/2001	01/01/2002	12/31/2027
Meningococcal	01/01/2003	01/01/2012	01/01/2020	12/31/2022
MMR	01/30/2005	01/30/2005	01/01/2007	
Pneumococcal	Complete			
Polio	01/01/2002	01/01/2005	01/01/2006	
Rotavirus	Complete			
Td	01/01/2011	01/01/2016	03/01/2016	
Tdap	01/01/2011	01/01/2012	01/01/2014	
Varicella	01/30/2005	01/30/2005	01/30/2005	12/31/2013

Vaccination Record

Vaccine Group	Date Administered	Status
DTP/aP	03/11/2001	1 of 5
DTP/aP	08/01/2001	2 of 5
DTP/aP	07/01/2001	3 of 5
DTP/aP	04/01/2002	4 of 5
DTP/aP	01/01/2006	5 of 5
HepB	03/01/2001	1 of 3
HepB	08/01/2001	2 of 3
HepB	07/01/2001	3 of 3
Hib	03/11/2001	1 of 4
Hib	08/01/2001	2 of 4
Hib	07/01/2001	3 of 4
Hib	01/01/2002	4 of 4
MMR	01/02/2005	1 of 2
Pneumococcal	03/01/2001	1 of 4
Pneumococcal	08/01/2001	2 of 4
Pneumococcal	07/01/2001	3 of 4
Pneumococcal	01/01/2002	4 of 4

Page 1 of 2

Division of Health Surveillance
 P.O. Box 70 • 108 Cherry Street • Burlington VT 05402
 Phone (802) 951-4994 • FAX (802) 652-4157

IMMUNIZATION REGISTRY REPORTS

Using the IMR, you can generate many different reports to help you manage your practice.

PATIENT LEVEL REPORTS are reports about an individual patient. You may print a patient level report for any person in the system.

PRACTICE LEVEL REPORTS are reports based on the patients currently associated with your practice. These reports allow you to assess vaccination coverage in different age groups, determine the amount of vaccine you administered in a particular time frame, and provide measures for quality assessment and improvement.

Key concept: A patient is considered part of your practice if the Primary Practice association for that individual is set to your practice. You may change a patient's association – and other practices have the same privilege. Each person record in the IMR can belong to only one practice at a time. This practice is considered the person's medical home.

If you print a Practice Level Report and see patients that you believe are no longer your patients – see the section on page 19 on how to indicate a person has Moved or Gone Elsewhere or is Lost to Follow-Up.

If you have a need for information that you believe is contained in the IMR, and you do not see a report that applies, please contact the Immunization Registry Manager. The IMR team has the ability to design specialized reports when necessary.

HOW DO I FIND THE REPORTS?



To find the report menu, you must be in a patient record first.

- Click [Search Patient](#). Search for any patient, and click select.
- Click the blue [Immunization Registry](#) link on the left side of the screen. All reports are on the lower left side of the screen.

Patient Reports are reports based on an individual. These include several ways of viewing the patient's vaccine history, a report showing the vaccines due according to the Forecaster, and a report documenting the contraindications and objections you have recorded for that patient.

Practice Reports are based on all the patients currently associated with your practice. These can be run for subsets of patients based on age. These include reminder/recall reports, vaccine coverage reports, reports of patients in your practice who have received invalid doses, etc. A full list of reports and report descriptions can be found starting on page 18.

PATIENT LEVEL REPORTS

IMMUNIZATION RECORD

This report provides a summary of which vaccines have been administered. This is the best record to use when parents ask for immunization histories for their children.

- Click [Immunization Record](#) under Patient Reports on the left side of the screen.
- Click [Create Report](#). It will open a new window using adobe reader or another .pdf reader.

Individual Profile
 User: meganm.barnes Practice: IMR Test5 Patient: December, Molly Logout

Patient Summary
 Patient: December, Molly Date of Birth: 1/1/2001 Patient Age: 12 years 3 months and 18 days
 Residence: Burlington Practice Name: Loom Practice

Immunizations
 Enter immunizations as:
 Current Historical

Status	Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	DTaP-HepB-IPV	3/1/2001	5/1/2001	7/1/2001		
	DtaP-IPV/Hib					
	Hib-PRP-T	3/1/2001	5/1/2001	7/1/2001	1/1/2002	
	PCV 7, Pneumococcal conjugate	3/1/2001	5/1/2001	7/1/2001	1/1/2002	
	PCV-13 Pneumococcal					
	DTaP	4/1/2002	1/1/2006			
	DTaP-IPV					
	IPV					
	HepA, ped/adol 2 dose					
	HepA-Adult					
	HepA-HepB Adult					
	HepB, pediatric or adolescent					
	HepB-Adult					
	Rotavirus (3 dose) RV5	3/1/2001	5/1/2001	7/1/2001		
	Rotavirus (2 dose) RV1					
	MMR	1/2/2005				
	Varicella					
	MCV4, Meningococcal conjugate					
	HPV, Quadrivalent					
	Influenza inactiv					
	Influenza inact, preserv free					
	Influenza, Live Intranasal					
	PPV 23, Pneumococcal polysaccharide					
	Tdap					
	Td					
	Zoster					

Recommendations Include Vaccination Record
 Save Historical Dates
 Add a New Vaccine to the Immunization Record

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Vermont Immunization Registry
 Immunizations as of 10/29/2012

Patient Name: MOLLY DECEMBER
 Date of Birth: 01/01/2001

Vaccination	Date	Date	Date	Date	Date
DTaP-HepB-IPV	03/01/2001	05/01/2001	07/01/2001		
DtaP-IPV/Hib					
Hib-PRP-T	03/01/2001	05/01/2001	07/01/2001	01/01/2002	
PCV 7, Pneumococcal conjugate	03/01/2001	05/01/2001	07/01/2001	01/01/2002	
PCV-13 Pneumococcal					
DTaP	04/01/2002	01/01/2006			
DTaP-IPV					
IPV					
HepA, ped/adol 2 dose					
HepA-Adult					
HepA-HepB Adult					
HepB, pediatric or adolescent					
HepB-Adult					
Rotavirus (3 dose) RV5	03/01/2001	05/01/2001	07/01/2001		
Rotavirus (2 dose) RV1					
MMR	01/02/2005				
Varicella					
MCV4, Meningococcal conjugate					
HPV, Quadrivalent					
Influenza inactiv					
Influenza inact, preserv free					
PPV 23, Pneumococcal polysaccharide					
Tdap					
Td					
Zoster					

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VERMONT
 DEPARTMENT OF HEALTH

Division of Health Surveillance
 P.O. Box 70 • 108 Cherry Street • Burlington, VT 05402
 Phone (802) 951-4094 • FAX (802) 652-4157

VACCINE ADMINISTRATION RECORD

This report provides a thorough history of which vaccines have been administered. It includes the Route/Site of Administration, Manufacturer and Lot Number, Expiration Date of Vaccine given, Vaccines for Children Eligibility (VFC), and Vaccine Administrator Initials; provided these fields have been completed. This is the best report to use for adults because it shows only the immunizations given.

- Click [Vaccine Administration Record](#) under Patient Reports on the left side of the screen.
- Click [Create Report](#). It will open a new window using adobe reader or another .pdf reader.

Individual Profile

User: megann.barnes
Practice: IMR Test5
Patient: December, Molly
Logout

Actions:

Search Patient

Current Patient

Vaccine Inventory

VAERS

Immunization Information for Providers

Immunization Information for Families & the Public

Programs:

Immunization Registry

Patient Reports

Immunization Record

Objections and Contraindications

Print Forecast Results

Vaccine Administration Record

Practice Reports

Patient List by DOB

Practice View: Vaccine Coverage

Vaccines due by Practice

Not up to Date Report

Generate Labels for Recall Notices

Inhaled Doses

Objections and Contraindications for Practice

Immunizations Given by Practice

Patients Immunized by Series

Number of Children Vaccinated

Patient List by Month

Vaccine List

Patient Count by Practice

All AFX Report

Patient Summary

Patient: December, Molly Date of Birth: 1/1/2001 Patient Age: 12 years 3 months and 18 days
 Residence: Burlington Practice Name: Loom Practice

The Vermont Immunization Registry is a tool to assist in tracking and forecasting immunizations currently due and overdue, based on date of birth. It is not intended to replace medical expertise.

Immunizations

Enter immunizations as:
 Current Historical

Status	Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	DTaP-HepB-IPV	3/1/2001	5/1/2001	7/1/2001		
	DTaP-IPV/Hib					
	Hib-PRP-T	3/1/2001	5/1/2001	7/1/2001	1/1/2002	
	PCV 7, Pneumococcal conjugate	3/1/2001	5/1/2001	7/1/2001	1/1/2002	
	PCV-13 Pneumococcal					
	DTaP	4/1/2002	1/1/2006			
	DTaP-IPV					
	IPV					
	HepA, ped/adol 2 dose					
	HepA-Adult					
	HepA-HepB Adult					
	HepB, pediatric or adolescent					
	HepB-Adult					
	Rotavirus (3 dose) RV5	3/1/2001	5/1/2001	7/1/2001		
	Rotavirus (2 dose) RV1					
	MMR	1/2/2005				
	Varicella					
	MCV4, Meningococcal conjugate					
	HPV, Quadrivalent					
	Influenza inactiv					
	Influenza inact, preserv free					
	Influenza, Live Intranasal					
	PPV 23, Pneumococcal polysaccharide					
	Tdap					
	Td					
	Zoster					

Recommendations Include Vaccination Record

Save Historical Dates

Add a New Vaccine to the Immunization Record

Prev Next

Vaccine Administration Record - as of 08/28/2012

Loom Practice

555 Main Street
 Saint Albans, VT 05478
 Phone (802) 625-4321

Vaccine For Children Eligibility (VFC): Children through 18 years of age who meet at least one of the following criteria are eligible for VFC vaccine:

1 = Medicaid/ Dr. Dynacare
 2 = American Indian or Native Alaskan
 3 = No Insurance
 4 = Not eligible

Patient Name: MOLLY DECEMBER

Date of Birth: 01/01/2001

By utilizing and to which that of vaccine administered, I acknowledge the following: I have read or have had read and will use the information in the Vaccine Information Statement about the disease or diseases for which the vaccine is given. I have had a chance to ask questions that have concerned my children. I believe I understand the benefits and risks of vaccines and ask that the vaccine be administered to my child as given to me (or to the person named above for whom I am authorized to make this request).

Parent/Guardian Signature: _____

Vaccine	Date Given	VFC	Route/Site**	Manufacturer And Lot #	Expiration Date	Given By
DTaP-HepB-IPV	03/01/2001	4				
DTaP-HepB-IPV	05/01/2001	4				
DTaP-HepB-IPV	07/01/2001	4				
Hib-PRP-T	03/01/2001	4				
Hib-PRP-T	05/01/2001	4				
Hib-PRP-T	07/01/2001	4				
Hib-PRP-T	01/01/2002	4				
PCV 7, Pneumococcal conjugate	03/01/2001	4				
PCV 7, Pneumococcal conjugate	05/01/2001	4				
PCV 7, Pneumococcal conjugate	07/01/2001	4				
PCV 7, Pneumococcal conjugate	01/01/2002	4				
DTaP	04/01/2002	4				
DTaP	01/01/2006	4				
Rotavirus (3 dose) RV5	03/01/2001	4				
Rotavirus (3 dose) RV5	05/01/2001	4				
Rotavirus (3 dose) RV5	07/01/2001	4				
MMR	01/02/2005	4				

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OBJECTIONS AND CONTRAINDICATIONS

This report provides a summary of any contraindications or objections to vaccines entered into the registry -- for an individual.

Contraindications and Objections

Date of Report: 09/05/2012

MOLLY DECEMBER (01/01/2001)

Vaccine Type	Contraindication	Objection (counseling provided)	Hx of Varicella
HepA, pediatric 2 dose			
MCV4, Meningococcal conjugate	09/05/2012	09/05/2012	
Varicella			Yes

Please Note:

- This record reflects only those immunizations recorded in the Vermont Immunization Registry.
- This record may not reflect the complete immunization history for the patient.
- Accuracy of this report depends on the accuracy and completeness of records entered at the practice.
- Some contraindications may be temporary. Clinicians is encouraged to evaluate each patient for immunizations at each visit regardless of whether a contraindication has been recorded.
- Clinicians is encouraged to evaluate each patient for immunizations at each visit regardless of whether an objection has been recorded.

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VERMONT DEPARTMENT OF HEALTH

Vermont Department of Health
100 Cherry Street
PO Box 70
Burlington, VT 05402

LICENSED CHILD CARE REPORT:

This report is designed for Licensed/Registered Child Care Provider users. It shows whether the child, aged 0 to 6 years old, is up to date for the expected series, summarized in simple yes or no answers.

Patient Name: MARY LAST

Date of Birth: 07/11/2012

Vaccine Series	Common Name	Up to Date
Hep B	Hepatitis B	Yes
DTap	Diphtheria, Tetanus, Whooping Cough	Yes
Hib	Hib	Yes
PCV	Pneumococcal	Yes
IPV	Polio	Yes
MMR	Measles, Mumps, Rubella	Child too young for vaccine
Var	Chicken Pox	Child too young for vaccine
Rota*	Rotavirus	No
Hep A*	Hepatitis A	Not applicable due to age of child

STRATEGIES FOR USING PRACTICE LEVEL REPORTS

SUGGESTED STRATEGIES FOR USING PRACTICE LEVEL REPORTS:

If you want a list of all the patients at your practice within a certain age group –
Use the Patient List by DOB Report.

If you need Quality Control Data (i.e. for NCQA or other projects) –
Use the Vaccine Coverage Report. This will show the percentage of patients in three specific age categories who are UP TO DATE for immunizations.

If you want to assess who in your practice is behind for immunizations –
Use the Vaccines Due by Practice report. This will list patients who are not up to date, and the specific vaccine series they are overdue for.

If you want to assess vaccine administration timing –
Use the Invalid Doses Report. Check on specific individuals by using the Forecaster, and include immunization history under the patient-level reports.

If you want to estimate how much vaccine to order –
Use the Number of Patients Vaccinated, or Immunizations Given by Practice, or Patients Immunized by Series.

If you need to notify patients who are not up to date –
Use the Reminder/Recall or Not Up To Date Report.

If you want to assess the impact of Vaccine Objections in your practice –
Use the Objections and Contraindications for Practice (patient level report also available).

If you want a pre-visit vaccine forecast for a patient –
Use the Print Forecaster Results Report under patient-level reports.

If you want a copy of the vaccine information in your inventory –
Use the Vaccine List Report.

If you need to recall patients who received a specific lot number –
Call IMR at (888) 688-4667.

If you need any other information that you believe is in the Immunization Registry –
Call IMR Manager at (802) 951-4094.

USING THE PATIENT STATUS VARIABLE

This field, on the patient demographic page, allows a user to indicate if a patient is active at their practice, if the patient has moved or gone elsewhere, or if the patient is lost to follow-up.

Where it is: to find it, search for the patient by entering the first and last name. Click Find, and then click select next to the patient you are looking for.

How to use it:

- All patients currently associated with your practice, will automatically be set as active.

The screenshot shows the 'Individual Profile' page for a patient named Molly December. The 'IMR Status' dropdown menu is highlighted with a red arrow, indicating it is the focus of the document. The status is currently set to 'Active'. Other visible fields include Patient ID, Preferred Name, First Name (Molly), Middle Name, Last Name (December), Suffix, Race (with options like American Indian or Alaska Native, Asian Indian, etc.), and Ethnicity (with options like No, not Spanish/Hispanic/Latina/Latino, Unknown, Yes, etc.).

- If a patient associated with your practice is now a patient at another practice, select the new practice from the drop down and click 'Save'. You do not need to touch the IMR Status field.
- If a patient associated with your practice is no longer your patient and you don't know where they are now receiving care, you can set their status to Inactive. This means the IMR will no longer consider this person "your" patient, and they will not appear on your practice reports. Of course, any shots you administered to them while they were your patient will be saved in the system.
- There are two options for Inactive Status.
 - Inactive – Moved or Gone Elsewhere
 - Use this if a patient has moved out of state has moved with no forwarding address or the patient has moved to another practice that is unknown to you.
 - Inactive – Lost to Follow-Up
 - This status should be used for an individual who has not responded or provided adequate contact information in response to documented attempts at contact.
- Once you have selected the IMR status appropriate for the patient, click "Save" at the bottom of the page.

PATIENT LIST BY DOB REPORT:

This report provides a list of patients, sorted by date of birth. Printing this report will show all the patients in the practice, and within a specific age range, with their contact information. You can also print labels to contact families by mail.

- Click [Patient List by DOB](#) under Practice Reports on the left side of the screen.
- Enter the Patient Birth Start and End Dates. If your practice is large you may find that you need to limit the age range and run several reports.
- Click [Create Report](#).
- Labels may also be created. Choose to have the labels sorted by last name or by zip code.
- Click [Create Labels](#).

Actions:
 Search Patient
 Current Patient
 Vaccine Inventory
 VAERS
 Immunization Information for Providers
 Immunization Information for Families & the Public

Programs:
 Immunization Registry

Patient Reports
 Immunization Record
 Objections and Contraindications
 Print Forecaster Results
 Vaccine Administration Record

Practice Reports
 Patient List by DOB
 Practice View: Vaccine Coverage
 Vaccines due by Practice
 Not up to Date Report
 Generate Labels for Recall Notices
 Invalid Doses

Patient Summary
 Patient: December, Molly Date of Birth: 1/1/2001 Patient Age: 12 years 3 months and 11 days
 Residence: Burlington Practice Name: Loom Practice

Immunizations
 Enter immunizations as:
 Current Historical

Status	Vaccine	Dose 1	Dose 2	Dose 3	Dose 4
	DTaP-HepB-IPV	3/1/2001	5/1/2001	7/1/2001	
	DTaP-IPV/Hib				
	Hib-PRP-T	3/1/2001	5/1/2001	7/1/2001	1/1/2002
	PCV 7, Pneumococcal conjugate	3/1/2001	5/1/2001	7/1/2001	1/1/2002
	PCV-13 Pneumococcal				
	DTaP	4/1/2002	1/1/2006		
	DTaP-IPV				
	IPV				
	HepA, ped/adol 2 dose				
	HepA-Adult				
	HepA-HepB Adult				
	HepB, pediatric or adolescent				
	HepB-Adult				
	Rotavirus (3 dose) RV5	3/1/2001	5/1/2001	7/1/2001	
	Rotavirus (2 dose) RV1				
	MMR	1/2/2005			
	Varicella				
	MCV4, Meningococcal conjugate				

Patient List by DOB

Patient Birth Date Start: 9/6/2009
 Patient Birth Date End: 9/5/2010

Sort Labels By Last Name Sort Labels by Zip

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IMR Test5

Patient List by Date of Birth
 Patients Born Between 09/06/2009 and 09/05/2010
 Date of Report: 10/02/2012

Date of Birth	Patient Name	Address	Phone
06/15/2010	RIVER, OLDMAN	1 ELM, Winooski, VT 05404	
06/15/2010	RIVER, YOUNGMAN	1 elm, Winooski, VT 05404	
03/14/2010	CAKE, CARROT FROSTING	1 Elm St, Walden, VT 05673	
01/31/2010	DOG, SHAGGY	1 elm, Winooski, VT 05404	
01/01/2010	CAKE, PECAN LAYER	1 School St, Barre, VT 05641	

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VERMONT DEPARTMENT OF HEALTH

Division of Health Surveillance
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PRACTICE VIEW: VACCINE COVERAGE REPORT:

This report provides a summary of statistics for patients between 19 months and 10 years of age, 11 to 18 years-old, and for those over 18, who are up to date for age-expected series.

- Click [Practice View: Vaccine Coverage](#) under Practice Reports on the left side.
- Select the age group you would like to assess. Enter the Patient Birth Start and End Dates.
- Click [Create Report](#).

General guidelines for entering start and end dates of birth; this can be applied to any age range, not just 2-3 year olds:
 Ex: Enter start date = tomorrow's date minus 3 years
 Enter end date = today's date minus 2 years
Example: If today is 09/05/12 and you want to recall 2 – 3 year olds
 Enter start date = 09/06/09
 Enter end date = 09/05/10

Vaccine Series	# of Patient: Up to Date	# of Patient: In Age Group	% Patient: Up To Date
Dtap	0	4	0%
Polio	4	4	25.0%
MMR	4	4	25.0%
Hib	4	4	25.0%
HepB	4	4	25.0%
Varicella	4	4	25.0%
Pneumococcal	4	4	25.0%
All Series Above	0	4	0%

Please Note:
 • Accuracy of this report depends on the accuracy and completeness of records entered at your practice.
 • This report excludes any 'invalid' immunizations administered outside the guidelines set by the Advisory Committee for Immunization Practices.

VACCINES DUE BY PRACTICE REPORT:

This report indicates the specific immunizations your patients are due or overdue to receive within the selected age range.

- Click [Vaccines Due by Practice](#) under Practice Reports on the left side.
- Select the age range you are looking for information on. Enter the more specific Patient Birth Start and End Dates.
- Click [Create Report](#).
- Labels may also be created. Choose to have the labels sorted by last name or by zip code.
- Click [Create Report](#).

Vaccines due by Practice

Report Age Range:

Children (Under 18)

Adults (Over 18)

Patient Birth Date Start:

Patient Birth Date End:

Sort Labels By Last Name Sort Labels by Zip

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Vaccines Due By Practice

Children Born Between 04/20/1995 and 09/05/2012

Report Date: 04/17/2013

Patient Name	Date of Birth	Vaccines Due	Address	Phone
CAKE, ZSA ZSA	07/28/1996	HepA HepB HPV Influenza MMR Polio Td Tdap Varicella	1 Elm St Winooski, VT 05404	
LEAF, GREEN	11/04/1996	HepA HPV Influenza Meningococcal MMR Td Tdap Varicella	1 Elm St Winooski, VT 05404	

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NOT UP TO DATE REPORT:

This report provides a list of patients who are **at all** behind on immunizations and their contact information. If there was a vaccine shortage and you suddenly received a vaccine shipment, you could use this report to print a list of all your patients due for that immunization.

- Click the [Not Up To Date Report](#) under Practice Reports on the lower left side.
- Enter the Patient Birth Start and End Dates.
- Choose a series or choose "All Series".
- Click [Create Report](#).
- Labels can also be created. Choose to have the labels sorted by last name or by zip code.
- Click [Create Labels](#).

Not up to Date Report

Patient Birth Date Start:

Patient Birth Date End:

Series Group:

Sort Labels By Last Name Sort Labels By Zip

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IMR Test5

"Not Up to Date" Report, by Vaccine Series
Children Born Between 09/06/2009 and 09/05/2012
Date of Report: 09/05/2012

Vaccine Series	Recommended Date	Date of Birth	Patient Name	Address	Phone
HepB	06/15/2010	06/15/2010	RIVER, OLDMAN	1 Elm Winooski, VT 05404	
HepB	06/15/2010	06/15/2010	RIVER, YOUNGMAN	1 Elm Winooski, VT 05404	
HepB	10/19/2011	04/10/2011	CAT, FRATDY	1 Elm Winooski, VT 05404	
HepB	07/11/2012	07/11/2012	LAST, MARY	1 Grand Isle, VT 05458	

Important: Accuracy of this report depends on the Accuracy and Completeness of records entered at your practice.

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VERMONT DEPARTMENT OF HEALTH

Division of Health Surveillance
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REMINDER / RECALL SYSTEM: Generating Labels for Recall Notices

The Reminder/Recall system provides mailing labels to parents of patients who are **significantly** behind on immunizations. These labels can be generated for all immunizations or for a specific series.

Note: Patients ≤18 months of age will appear on this list if they are overdue by 3+ months. Older patients will appear if they are overdue by 6+ months.

- Click [Generate Labels for Recall Notices Report](#) under Practice Reports on the left side of the screen.
- Enter the Patient Birth Start and End Dates.
- Choose the type of series.
- Click [Create Report](#).
- Select patients to include using the check boxes or choose [Select All](#). Note that this display shows whether you have and when you have printed recall notices for this person in the past to prevent unnecessary or annoying multiple mailings.
- Choose to print labels sorted by either last name or zip code.
 - Printing by last name will help you spot multiple mailings going to a single family. Printing by zip code may save money if you are using bulk mail.
- Click [Create Labels](#).

To print a recall for patients between the ages of 2 and 3
 Enter start date = tomorrow's date minus 3 years
 Enter end date = today's date minus 2 years
Example: If today is 09/05/12 and you want to recall 2 – 3 year olds
 Enter start date = 09/06/09
 Enter end date = 09/05/10

Select Patients	First Name	Last Name	Date of Birth	Date Last Recall Printed	Number Recalls Printed
<input type="checkbox"/>	OLDMAN	RIVER	6/15/2010	2/15/2013	2
<input type="checkbox"/>	youngman	river	6/15/2010	2/15/2013	2
<input type="checkbox"/>	Shaggy	Dog	1/31/2010	2/15/2013	2
<input type="checkbox"/>	Pecan	Cake	1/1/2010	2/15/2013	2

INVALID DOSES REPORT:

This report summarizes all of the invalid doses given at your practice for a certain age range. It details who received the invalid dose, what was given, and the date it was given. Invalid doses are those found to be in conflict with the ACIP immunization schedule – too early, too late, in conflict with another vaccine group, or too close to a previous dose.

- Click [Invalid Doses](#) under Practice Reports on the lower left side.
- Enter Patient Start and End Birth Dates.
- Click [Create Report](#).

Extraneous immunizations are when there are more than the expected number of a certain vaccine series. This is often clinically irrelevant – as in the case where a child receives a birth dose of HepB and 3 more timely doses of Pediarix (Dtap-HepB-IPV). Check the box if you would like to see these immunizations included.

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IMR Test5

Invalid Doses
 Between 10/1/2005 and 10/1/2011
 Date of Report: 10/02/2012

LName	FName	DOB	Invalid Immunizations	Date of Invalid Immunization
CAKE	COCONUT	03/15/2006	HepB	07/15/2006
CAKE	COCONUT	03/15/2006	DTPaP	05/20/2007
CAKE	COCONUT	03/15/2006	HPV	03/15/2008
CAKE	MARVELOUS	01/01/2007	Pneumococcal	03/15/2008
WOODPECKER	WOODY	08/21/2008	HepB	01/26/2009
CAKE	PECAN	01/01/2010	HepB	05/15/2010
CAT	FRAIDY	04/10/2011	HepB	08/24/2011
CAKE	NUTTY	06/01/2011	HepB	10/04/2011
CAKE	NUTTY	06/01/2011	HepB	10/04/2011
CAKE	NUTTY	06/01/2011	HepB	10/02/2011

Invalid doses are doses administered that are in direct conflict with ACIP recommendations.
 For questions about Invalid Immunizations, see individual's Immunization History for details, and contact the Immunization Registry Manager at (802) 951-4094.

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OBJECTIONS AND CONTRAINDICATIONS FOR PRACTICE REPORT:

This report provides the patients in the practice for which a contraindication and/or objection has been recorded. It also shows patients with a history of varicella disease.

- Click [Objections and Contraindications for Practice](#) under Practice Reports on the lower left side.
- Enter the age range you want to include.
- Click [Create Report](#).

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IMR Test5

Contraindications and Objections

Patients Born Between 06/01/1995 and 10/02/2012

Date of Report: 04/17/2013

Patient Name (DOB)	Vaccine Type	Contraindication	Objection (counseling provided)	Hx of Varicella
SPICE CAKE (03/02/1999)	Varicella			Yes
ANGEL CAKE (05/20/1999)	PPV 23, Pneumococcal polysaccharide		11/12/2010	
RED ROBIN (01/01/2000)	HepA, ped/adol 2 dose		08/31/2012	
PECAN CAKE (05/05/2004)	Influenza, inactiv (retired)	10/01/2008		
	Varicella			Yes

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IMMUNIZATIONS GIVEN BY PRACTICE REPORT:

This report provides a list of the standard vaccines with the number of doses a practice has administered during a specific time frame, separated by age groups. This report is designed to help practices complete the Vaccine Accountability Sheet or to report “doses administered” in the VTrks vaccine ordering application, both of which are provided and requested by the Immunization Program.

- Click [Immunizations Given by Practice](#) under Practice Reports on the left side.
- Enter the start and end dates for the time period.
- Click [Create Report](#).

To count the immunizations given in the past selected year for example:
 Enter start date = tomorrow’s date minus 1 year
 Enter end date = today
Example: If today is 09/11/12
 Enter start date = 01/03/06

The screenshot shows the VTrks software interface. On the left sidebar, under 'Practice Reports', the option 'Immunizations Given by Practice' is highlighted with a red arrow. The main window displays a table of immunization programs with columns for Status, Vaccine, Dose 1, and Dose 2. A 'Recommendations' button and an 'Include Vaccination Record' checkbox are visible at the bottom.

The screenshot shows the 'Immunizations Given by Practice' report generation form. It includes input fields for 'Start Date' (9/12/2011) and 'End Date' (9/11/2012), and a 'Create Report' button.

VERMONT IMMUNIZATION REGISTRY
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IMR Test5

Immunizations Given By Practice
 Between 9/12/2011 and 9/11/2012
 Date of Report: 09/11/2012

Vaccine	Age < 1 yr	Age 1-6 yr	Age 7-19 yr	Age 19 and over	TOTAL
DTaP-HepB-IPV	4	1	0	0	5
DtaP-IPV/Hib	1	0	0	0	1
Hib-PRP-T	4	0	0	0	4
PCV7, Pneumococcal conjugate	0	0	0	0	0
PCV-13 Pneumococcal conjugate	3	1	0	0	4
DTaP	0	2	3	1	6
DTaP-IPV	0	0	0	0	0
IPV	0	0	0	0	0
HepA, ped/adol 2 dose	0	0	0	0	0
HepA-Adult	0	0	0	0	0
HepA-HepB Adult	0	0	0	0	0
HepB, pediatric or adolescent	2	0	0	0	2
HepB-Adult	0	0	0	0	0
Rotavirus (3 dose) RV5	2	0	0	0	2
Rotavirus (2 dose) RV1	1	0	0	0	1
MMR	0	2	2	1	5
Varicella	0	1	0	0	1

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VERMONT DEPARTMENT OF HEALTH

Division of Health Surveillance
 P.O. Box 70 • 108 Cherry Street • Burlington VT 05402
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PATIENTS IMMUNIZED BY SERIES:

This report provides a list of all immunizations within a certain series given over a specified period of time. During the H1N1 outbreak, practices found this type of report useful for seeing which children in their practice had already received H1N1 doses.

- Click [Patients Immunized by Series](#) under Practice Reports on the left side.
- Enter the start and end dates for the selected time period. Select how you would like the patients sorted (by last name or date of birth).
- Click [Create Report](#).

Status	Vaccine	Dose 1	Dose 2
	DTaP-HepB-IPV	3/1/2001	5/1
	DTaP-IPV/Hib		
	Hib-PRP-T	3/1/2001	5/1
	PCV 7, Pneumococcal conjugate	3/1/2001	5/1
	PCV-13 Pneumococcal		
	DTaP	4/1/2002	1/1
	DTaP-IPV		
	IPV		
	HepA, ped/adol 2 dose		
	HepA-Adult		
	HepA-HepB Adult		
	HepB, pediatric or adolescent		
	HepB-Adult		
	Rotavirus (3 dose) RV5	3/1/2001	5/1
	Rotavirus (2 dose) RV1		
	MMR	1/2/2005	
	Vaccella		
	MCV4, Meningococcal conjugate		
	HPV, Quadrivalent		
	Influenza inactiv		
	Influenza inact. preserv free		
	Influenza, Live IntraNasal		
	PPV 23, Pneumococcal polysaccharide		
	Tdap		
	Td		
	Zoster		

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IMR Test5

Patients Immunized by Series Group
 Patients Immunized Between 09/10/2009 and 02/09/2011
 Date of Report: 09/11/2012

Date of Birth	Patient Name	Series	Date Administered
01/07/2010	CAKE, PECAN	HepB	01/07/2010
01/07/2010	CAKE, PECAN	HepB	03/15/2010
02/14/2010	CAKE, CARROT	HepB	04/14/2010
01/07/2010	CAKE, PECAN	HepB	05/15/2010
02/14/2010	CAKE, CARROT	HepB	06/14/2010
02/14/2010	CAKE, CARROT	HepB	06/14/2010
01/31/2010	DOG, SHAGGY	HepB	02/02/2010
01/31/2010	DOG, SHAGGY	HepB	04/08/2010
01/31/2010	DOG, SHAGGY	HepB	06/05/2010

Please Note:

- This record reflects only those immunizations recorded in the Vermont Immunization Registry.
- This record may not reflect the complete immunization history for the patient.
- Accuracy of this report depends on the accuracy and completeness of records entered at the practice.

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NUMBER OF CHILDREN VACCINATED REPORT:

This report provides the number of patients in the practice who have been immunized within a certain time frame (e.g. within the past month), broken down into VFC eligibility classification groups. This report is designed to help practices complete the Vaccines for Children Enrollment Form provided and requested by the Immunization Program.

- Click [Number of Patients Vaccinated](#) under Practice Reports on the left side.
- Enter the time period. We recommend the last 12 months.
- Click [Create Report](#).

Immunization Information for Providers
Immunization Information for Families & the Public

Programs:

Immunization Registry

Patient Reports

Practice Reports

Immunization Information for Providers

Enter immunizations as:
 Current Historical

Status	Vaccine	Dose 1	Dose 2
	DTaP-HepB-IPV	3/1/2001	5/1
	DTaP-IPV/Hib		
	Hib-PRP-T	3/1/2001	5/1
	PCV 7, Pneumococcal conjugate	3/1/2001	5/1
	PCV-13 Pneumococcal		
	DTaP	4/1/2002	1/1
	DTaP-IPV		
	IPV		
	HepA, ped/adol 2 dose		
	HepA-Adult		
	HepA-HepB Adult		
	HepB, pediatric or adolescent		
	HepB-Adult		
	Rotavirus (3 dose) RV5	3/1/2001	5/1
	Rotavirus (2 dose) RV1		
	MMR	1/2/2005	
	Varicella		
	MCV4, Meningococcal conjugate		
	HPV, Quadrivalent		
	Influenza inactiv		
	Influenza inact. preserv free		
	Influenza, Live IntraNasal		
	PPV 23, Pneumococcal polysaccharide		
	Tdap		
	Td		
	Zoster		

Recommendations Include Vaccination Record

Save Historical Dates
 Add a New Vaccine to the Immunization Record

Number of Children Vaccinated

Start Date:

End Date:

This report can be used to estimate the number of children your practice will vaccinate in the next year for the Vaccines for Children (VFC) Program. Be sure to use a sizeable age range (12 months is ideal). If you have only 6 months of data, choose a 6 month date range and multiply the results by 2. If you have 3 months of data, choose a 3 month date range and multiply the results by 4. Remember to account for seasonal variation in immunizations.

VERMONT IMMUNIZATION REGISTRY
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Vermont Department of Health
 108 Cherry Street
 PO Box 70
 Burlington, VT 05402

Number of Children Vaccinated
 Between 9/12/2011 and 9/11/2012
 Date of Report: 09/11/2012

Age	All Children	Medicaid Eligible*	No Health Insurance*	American Indian/ Alaska Native*
<1 Year	1	0	0	1
1 - 6 Years	3	0	0	0
7 - 18 Years	1	0	0	0
Total	5	0	0	1

**At time of most recent shot within the date range*

- This record reflects only those immunizations recorded in the Vermont Immunization Registry.
- This record may not reflect the complete immunization history for the patient.
- Accuracy of this report depends on the accuracy and completeness of records entered at the practice.

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Division of Health Surveillance
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PATIENT LIST BY MONTH REPORT:

This report provides a list of patients in the practice, sorted by their month of birth. It includes date of birth, name, address and telephone number. Practices that schedule appointments by patient month of birth may find this useful.

- Click [Patient List by Month](#) under Practice Reports on the left side.
- Enter the Start and End Month.
- Click [Create Report](#).

VERMONT IMMUNIZATION REGISTRY

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IMR Test#

Patient List by Month

Children Born From March Through September

Date of Report: 09/11/2012

Date of Birth	Patient Name	Address	Phone
03/15/2006	CAKE, COCONUT	122 Main StreetBurlingtonVT05401	(802) 255-0606
03/02/1999	CAKE, SPICE	1 Ski Slope DrStoweVT05672	(802) 250-6666
03/17/1998	GRACKLE, GRETA	xxxxBurlingtonVT05401	
03/17/1998	PARROTT, POLLY	xxxxBurlingtonVT05401	
04/10/2011	CAT, FRAIDY	1 elmWinooskiVT05404	
05/05/2004	CAKE, PECAN	1 East stSouth BurlingtonVT05403	(802) 223-6676
05/05/2004	PARROTT, POLLY WANNIA	14 Smith stApr 26BrimbleboroVT05301	
05/20/1999	CAKE, ANGEL FOOD	1 Elm StHartfordVT05047	
05/14/1998	WILLIAMS, CALEB	testWinooskiVT05404	
05/08/1998	WOOTTON, EMILY	testWinooskiVT05404	
06/01/2011	CAKE, NUTTY	1 Elm StGeorgiaVT05454	
06/01/2011	CAKE, NUTTY	1151 Main StreetFairfaxVT05454	
06/15/2010	RIVER, OLDMAN	1 ELMWinooskiVT05404	
06/15/2010	RIVER, YOUNGMAN	1 elmWinooskiVT05404	
06/12/2009	CAKE, VANILLA FUDGE	1 Elm StBenningtonVT05201	
07/11/2012	LAST, MARY	1 Grand IsleVT05458	
07/21/1999	FRANCE, LYON LACH	7 Falls, AvenueHighgate FallsVT05459	
07/28/1996	CAKE, ZSA ZSA LA	1 Elm StWinooskiVT05404	
08/21/2008	WOODPECKER, WOODY	xxxxWinooskiVT05404	
08/08/2004	CAKE, HAZELNUT SUPREME	123 Main St54int AlbansVT05478	(802) 255-5555

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VACCINE LIST REPORT:

This report provides a printable summary of all the vaccine series in your practice's inventory, separated out by lot number. You can also find this information by clicking on "Vaccine Inventory" on the left, however, this report will allow you to print it out.

- Click [Vaccine List](#) under Practice Reports on the left side.
- Select your practice from the list.
- Click [Create Report](#).

Immunization Information for Providers

Immunization Information for Families & the Public

Programs:

Immunization Registry

Patient Reports

Immunization Record

Objections and Contraindications

Print Forecaster Results

Vaccine Administration Record

Practice Reports

Patient List by DOB

Practice View: Vaccine Coverage

Vaccines due by Practice

Not up to Date Report

Generate Labels for Recall Notices

Invalid Doses

Objections and Contraindications for Practice

Immunizations Given by Practice

Patients Immunized By Series

Number of Children Vaccinated

Patient List by Month

Vaccine List

Patient Count by Practice

All AFIX Report

Immunizat

Enter immunizations as:
 Current Historical

Status	Vaccine	Dose 1	Dos
	DTaP-HepB-IPV	3/1/2001	5/1
	DTaP-IPV/Hib		
	Hib-PRP-T	3/1/2001	5/1
	PCV 7, Pneumococcal conjugate	3/1/2001	5/1
	PCV-13 Pneumococcal		
	DTaP	4/1/2002	1/1
	DTaP-IPV		
	IPV		
🚩	HepA, ped/adol 2 dose		
	HepA-Adult		
	HepA-HepB Adult		
	HepB, pediatric or adolescent		
	HepB-Adult		
	Rotavirus (3 dose) RV5	3/1/2001	5/1
	Rotavirus (2 dose) RV1		
	MMR	1/2/2005	
🚩	Varicella		
🚩	MCV4, Meningococcal conjugate		
	HPV, Quadrivalent		
	Influenza inactiv		
	Influenza inact. preserv free		
	Influenza, Live IntraNasal		
	PPV 23, Pneumococcal polysaccharide		
	Tdap		
	Td		
	Zoster		

Recommendations Include Vaccination Record

Save Historical Dates

Add a New Vaccine to the Immunization Record

VERMONT IMMUNIZATION REGISTRY

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IMR Test

Vaccine List

Date of Report: 09/11/2012

Vaccine	ExpDate	Lot	Manufacturer
DTaP	01/01/2013	00000000000000	GlaxoSmithKline
DTaP	01/01/2013	xx33vax	GlaxoSmithKline
DTaP-IPV/Hib	01/01/2013	BE22222	Sanofi Aventis
HepA, ped/adol 3 dose	06/06/2013	951159	GlaxoSmithKline
HepB, pediatric or adolescent	02/01/2013	ac34343434	GlaxoSmithKline
HepB, pediatric or adolescent	01/01/2014	AB2222222	GlaxoSmithKline
Hib-PRP-T	01/01/2014	99999999	Sanofi Aventis
MMR	01/01/2014	555555	Merck & Co., Inc.
PCV-13 Pneumococcal	01/01/2013	128811	Wyeth-Ayerst
Varicella	01/01/2014	BE54321	Merck & Co., Inc.

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PATIENT COUNT BY PRACTICE REPORT:

This report provides the number of patients in the practice by two age categories (All patients or 19-35 month olds). This report specifies the number of patients in these groups who have two or more recorded immunizations, are VFC eligible, and are enrolled in Medicaid.

Note: All patient age categories are separated into <1 yr, 1-6 yrs, 7-17 yrs, 18-64 yrs, and 65+.

- Click [Patient Count by Practice](#) under Practice Reports on the left side.
- Select your practice from the drop-down list.
- Select the age category that you wish to look up.
- Click [Create Report](#).

DTaP-HepB-IPV	3/1/2001	5/1
DTaP-IPV/Hib		
Hib-PRP-T	3/1/2001	5/1
PCV 7, Pneumococcal conjugate	3/1/2001	5/1
PCV-13 Pneumococcal		
DTaP	4/1/2002	1/1
DTaP-IPV		
IPV		
HepA, ped/adol 2 dose		
HepA-Adult		
HepA-HepB Adult		
HepB, pediatric or adolescent		
HepB-Adult		
Rotavirus (3 dose) RVS	3/1/2001	5/1
Rotavirus (2 dose) RV1		
MMR	1/2/2005	
Varicella		
MCV4, Meningococcal conjugate		
HPV, Quadrivalent		
Influenza inactiv		
Influenza inact. preserv free		
Influenza, Live IntraNasal		
PPV 23, Pneumococcal polysaccharide		
Tdap		
Td		
Zoster		

Patient Count by Practice

Age Category:

All patients

19-35 month olds

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IMR Test5

Patient Count by Practice
Date of Report: 09/11/2012

IMR Test5

	<1 yr	1-6 yr	7-17 yr	18-64 yr	65+ yr	Total
Patient records	1	14	17	1	1	34
Patient records with 2+ Immunizations	0	11	12	1	1	25
VFC Eligible	0	4	5	0	1	10
Medicaid Enrolled	0	4	5	0	1	10

Please Note:

- This record reflects only those immunizations recorded in the Vermont Immunization Registry.
- This record may not reflect the complete immunization history for the patient.
- Accuracy of this report depends on the accuracy and completeness of records entered at the practice.

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Division of Health Surveillance
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HOW TO USE THE AFIX REPORTS

This report provides three separate reports – invalid doses, missing series, and the vaccine coverage report- compiled together into one document. They are to be used for a quantitative assessment of adherence to immunization practices of providers who are receiving free vaccine through a federal grant.

- Enter the assessment date
- Select the age group you would like to assess. Adjust the pre-filled intended age range if you would like to view a different age range.
- Finally, press Create Report.

Status	Vaccine	Dose 1	Dose 2
	DTaP-HepB-IPV	3/1/2001	5/1/2001
	DTaP-IPV/Hib		
	Hib-PRP-T	3/1/2001	5/1/2001
	PCV 7, Pneumococcal conjugate	3/1/2001	5/1/2001
	PCV-13 Pneumococcal		
	DTaP	4/1/2002	1/1/2006
	DTaP-IPV		
	IPV		
	HepA, ped/adol 2 dose		
	HepA-Adult		
	HepA-HepB Adult		
	HepB, pediatric or adolescent		
	HepB-Adult		
	Rotavirus (3 dose) RV5	3/1/2001	5/1/2001
	Rotavirus (2 dose) RV1		
	MMR	1/2/2005	
	Varicella		
	MCV4, Meningococcal conjugate		
	HPV, Quadrivalent		
	Influenza inactiv		
	Influenza inact. preserv free		
	Influenza, Live IntraNasal		
	PPV 23, Pneumococcal polysaccharide		
	Tdap		
	Td		
	Zoster		

All AFIX Report

Assessment Date:

Assessment Type:
 Child Assessment (intended for ages 24 months through 35 months)
 Adolescent Assessment (intended for ages 13 years through 17 years)

Patient Birth Date Start:

Patient Birth Date End:

Recommended Approach:

- Start with the Vaccine Coverage Report to get Big Picture.
- Then look at Missing Series Report. Is there a trend among the series missing? (i.e. lots of HepB or Varicella?) That’s good information for the practice.
- Finally, look at Invalid Doses Report. Use the Forecaster and Include Vaccination Record to identify the Invalid Dose.

Include Vaccination Record

Save Historical Dates

[Add a New Vaccine to the Immunization Record](#)

Invalid Doses Section:



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Westfield Pediatrics
22 School St
Montpelier, VT 05602
Phone (802) 123-4567

"All" AFIX Report - Invalid Doses
Assessment Type: Child
Assessment Date: 05/01/2013
Patients Born Between 5/2/2010 and 5/1/2011
Report Date: 04/12/2013

Last Name	First Name	DOB	Invalid Immunizations	Date of Invalid Immunization
SPAGHETTI	ANNA	10/01/2010	HepB	05/10/2012
SPAGHETTI	ANNA	10/01/2010	DTPaP	

Please Note:

- Invalid doses are doses administered that are in direct conflict with ACIP recommendations.
- For questions about Invalid Immunizations, see individual's Immunization History for details.



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Missing Series Section:



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Westfield Pediatrics
22 School St
Montpelier, VT 05602
Phone (802) 123-4567

"All" AFIX Report - Missing Series
Assessment Type: Child
Assessment Date: 05/01/2013
Patients Born Between 05/02/2010 and 05/01/2011
Report Date: 04/12/2013

Patient Name	Date of Birth	Vaccine Due	Address	Phone
ANTIPASTO, ANNE	06/01/2009	DTPaP Hib MMR Pneumococcal Polio Varicella	2x Winooski, VT 05404	
SPAGHETTI, ANNA	10/01/2010	HepB Varicella	13 Church St Montpelier, VT 05602	

Please Note:

- This record reflects only those immunizations recorded in the Vermont Immunization Registry.
- This record may not reflect the complete immunization history for the patient.
- Accuracy of this report depends on the accuracy and completeness of records entered at the practice.



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Practice View- Vaccine Coverage Section:



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Westfield Pediatrics
22 School St
Montpelier, VT 05602
Phone (802) 123-4567

"All" AFIX Report - Practice View Vaccine Coverage
Assessment Type: Child
Assessment Date: 05/01/2013
Patients Born Between 05/02/2010 and 05/01/2011
Report Date: 04/12/2013

Vaccine Series	# of Patients Up to Date	# of Patients In Age Group	% Patients Up To Date
Dtpa	1	2	50.0%
Polio	1	2	50.0%
MMR	1	2	50.0%
Hib or Hib 1 Dose	1	2	50.0%
HepB or Pediatric HepB	1	2	50.0%
Varicella	1	2	50.0%
Pneumococcal	1	2	50.0%
All Series Above	0	2	0%

Please Note:

- Accuracy of this report depends on the accuracy and completeness of records entered at your practice.
- This report excludes any 'invalid' immunizations administered outside the guidelines set by the Advisory Committee for Immunization Practices.



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HOW DO I LOG OUT?

Click on [Logout](#) in the upper right corner of the screen.

WHAT IF I NEED MORE HELP?

Email the Immunization Registry Team anytime at imr@state.vt.us or call 1-888-6VT-IMMS (1-888-688-4667).

TROUBLESHOOTING:

If you try to login but when you click OK with your username and password, the whole page disappears --

- You most likely have a pop-up blocker in place.
- **If using Internet Explorer.** Go to tools → pop-up blocker → pop-up blocker settings. Add our program address: <https://apps.health.vermont.gov/patientprofile>
- **If using Firefox.** Go to ☰ → options → content → pop-up blocker exceptions. Add our program address: <https://apps.health.vermont.gov/patientprofile>
- Or, call us toll free for help at 1-888-688-4667

If you have forgotten your password –

- Call us toll free for help at 1-888-688-4667.
- Or email us at imr@state.vt.us

If the window asking for your username and password keeps coming back even though you have double checked that you are entering it correctly --

- If a password is entered incorrectly a number of times, the account will lock up, such that even if you enter the correct password after that, it will not allow you to login. We recommend waiting for 10 minutes and then trying again with the correct password.
- If you are unsure of the correct password or it still does not work please call 1-888-688-4667.

If get a message saying Internet Explorer and Firefox are the only supported browsers for the Vermont Immunization Registry –

- Make sure to open Internet Explorer or Firefox and the try logging in again. Some computers have another browser, like Chrome or Safari (Mac) set up to open by default.

If you try to open a report, but when you click Create Report, nothing happens --

- Our reports require a .pdf reader in order to view them. You can download Adobe Reader for free, or use another reader of your choice if you prefer.
- Find Adobe Acrobat here: <http://get.adobe.com/reader/>
- Or, call us toll free for help at 1-888-688-4667.

If you find more than one record for a patient --

- Please call us at 1-888-688-4667.
- Go ahead and enter information into either record – we will merge them together.

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* Support Telephone: 1-888-6VT-IMMS (1-888-688-4667)

* E-mail: imr@state.vt.us