



New Mexico Immunization Information System (NMSIIS)

Administering Vaccines Participant Guide

Welcome

This course will cover how to enter administered immunizations to patient records in the registry.



Once all required trainings have been completed you can request your login credentials that include your username, a temporary password and a link to the information registry.

Because the security of patient information must be maintained, users must not share login credentials.



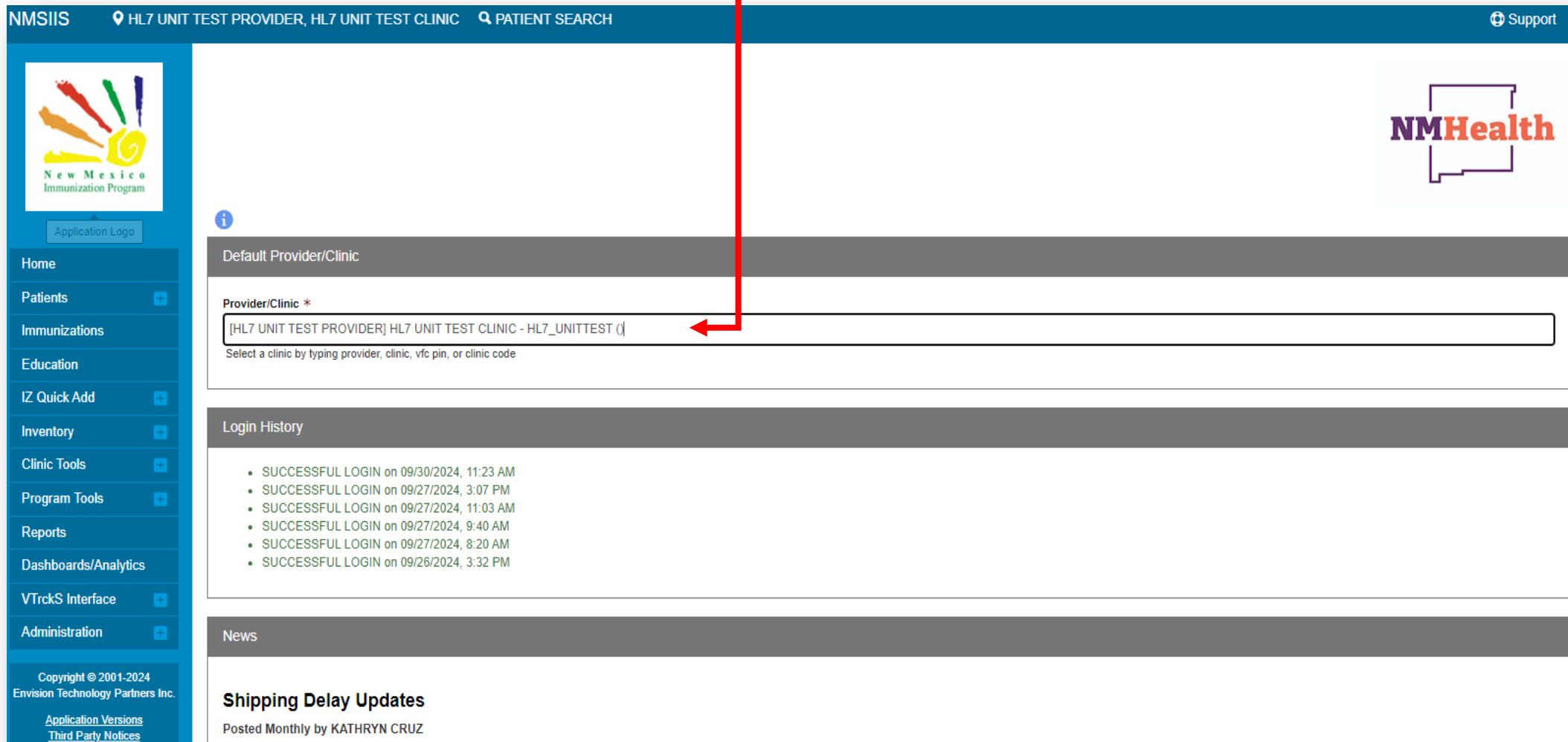
Learning Objectives

By the end of this course, you should be able to:

- Search for a patient immunization record.
- Add a vaccine immunization to a patient record.
- Understand Manual entry vs Data Exchange.
- Define what a VIS document is.
- What to do is a patient refused a vaccine
- What to do if a dose was not administered.
- How to add historical vaccines to a patient record.

Selecting your Location

If you are assigned to multiple providers or clinics, always ensure that you have the correct location selected when you login.



The screenshot displays the NMSIIS application interface. At the top, the header includes 'NMSIIS', a location dropdown set to 'HL7 UNIT TEST PROVIDER, HL7 UNIT TEST CLINIC', and a 'PATIENT SEARCH' button. A red line originates from the text 'when you login.' and points to the location dropdown menu. The dropdown menu is open, showing a search box with the text '[HL7 UNIT TEST PROVIDER] HL7 UNIT TEST CLINIC - HL7_UNITTEST (]' and a red arrow pointing to it. Below the search box, it says 'Select a clinic by typing provider, clinic, vfc pin, or clinic code'. The main content area is divided into sections: 'Default Provider/Clinic', 'Login History' (listing several successful logins), and 'News' (with a 'Shipping Delay Updates' notice).

Patient Search









- ❖ Enter the first two letters of the first name and last name, and DOB (This will avoid missing patient records of a “Matthew” if the person searching types “Matthew”, for instance)
- If too many results are returned, add a letter or two to the first and last name-hopefully, this narrows it down- then the address, county, etc. can be used as identifiers
- ❖ If no results are returned, try removing the DOB and adding more letters to the first and last name.
- If it is a nickname, try using the legal name (Tim vs Timothy) and vice-versa.
- If it is a hyphenated last name, try a search with each name individually.
- If it is commonly misspelled last name, try and alternate spelling (i.e., Philip vs Phillip)

Info: To minimize the creation of duplicates and aid in the identification of existing duplicates, please initially search for your patient using the first two letters of the first and last name and date of birth. If a duplicate is found, please notify the helpdesk.

Unable to locate a patient record

If you are unable to identify the patient in the registry and have exhausted all search variations, you can create a new patient record.

Search Results - 3 record(s)

ID	Name	Insurance	VFC	Gender	DOB	Action
11769	ADAMS, MATT PO BOX 6 SANTA FE, NM 87505		1	M	01/02/2015	    Demographics ▾
11779	ADAMS, MATTHEW			M	01/20/2015	 Demographics ▾
11780	MATTEO, ADAMS 4501 SLAZAR RD UNIT B SANTA FE, NM 87505		1	M	10/01/2017	 Demographics ▾

You may add a new patient by clicking the 'New Patient' button.

After you click the Create button on the Add New Patient screen, the system performs another search to validate whether the patient already exists in the database. If any similar patients are found, the system will display them to the user.

Patient Demographics



Patient Demographics Cancel Links Update

Addresses | Health Insurance | Ethnicity/Race | Patient Details | Birth Information | Tags

Patient Information

Last Name * ADAMS First Name * MATT Middle Name Generation Title / Credential
Patient Level Eligibility * (S) NOT VFC ELIGIBLE EMPI VFC Flu Eligible NO
Gender * MALE DOB * 01/02/2015
Alias Last Name First Name Middle Name Generation

Patient Contact Information
 Do not include in Reminder / Recall
Home Phone 999-999-9999 Cell Phone 999-999-9999 Work Phone 999-999-9999 Extension 99999 Message Phone 999-999-9999
E-Mail EMAIL@DOMAIN.COM

Primary Contact Information
Contacts Relationship Type Last Name First Name Middle Name Generation

Addresses
 Address is Unavailable or Temporary
Mailing Address
Address Line 1 * 2000 HOPE STAPT 1
Address Line 2 BLDG C
Search by City, County, State or Zip code
City * SANTA FE Out of State City County * SANTA FE Out of State County
Begin typing city Begin typing county
State * NEW MEXICO Country UNITED STATES Zip Code * 87505-4303
Copy Mailing Address To Physical Address Clear Mailing Address
Copy Physical Address To Mailing Address Clear Physical Address

Ethnicity / Race
Ethnicity * HISPANIC OR LATINO
Race(s): * Choose up to 3 Notes Audit
OTHER RACE Notes Audit

The Patient Demographics will allow you to view patient information including contacts and address. All required fields must be completed on the patients' chart to include race/ethnicity. Once all fields are complete click on update to save.

Immunization Home Screen



On the immunization home screen, you will use the select action drop down and select Add Vaccines.

A screenshot of the "Immunizations Home" screen for a patient named ADAMS, MATT. The patient's information includes ID: 2352404, DOB: 01/02/2015, AGE: 9Y 9M 9D, and GENDER: M. A red arrow points from the text above to the "Add Vaccines" option in the "Select Action" dropdown menu. The screen displays a "View" section with a table of recommended immunizations for today, 10/11/2024 (9Y 9M 9D). The table lists various vaccines such as COVID-19 (PFR) 5 thru 11y, MMR, Hep B, ped/adol, Polio-IPV, Varicella, PPSV23, Hep A, ped/adol, 2D, Influenza, P-Free, and Tdap, Adsorbed. Below the table, there is a section for "Pneumococcal" vaccines, with a row for PCV15 showing a dose of 1, a date of 01/15/2024, an age of 9Y 0M 13D, and a clinic of PR. There are buttons for "Delete Selected" and "Recommend" at the bottom left, and a checkbox for "Auto-Populate Add Vaccines Screen" at the bottom right.

ADAMS, MATT ID: 2352404 | DOB: 01/02/2015 | AGE: 9Y 9M 9D | GENDER: M | Precautions / Contraindications ARE specified

Immunizations Home [Learn More](#) Links **Select Action**

- Add Vaccines
- Administer Vaccines
- Add History

View

Precautions / Contraindications ARE specified

DOB	Age	History of Varicella?	Date of Varicella
01/02/2015	9Y 9M 9D	NO	MM/DD/YYYY

Recommended Immunizations for today, 10/11/2024 (9Y 9M 9D)

Vaccine

- COVID-19 (PFR) 5 thru 11y
- MMR
- Hep B, ped/adol
- Polio-IPV
- Varicella
- PPSV23
- Hep A, ped/adol, 2D
- Influenza, P-Free
- Tdap, Adsorbed

Please do not rely solely on the Recommender to forecast immunizations. Utilize clinical judgment and consult both the ACIP recommended immunization schedules and the CDC Pink Book @ <https://www.cdc.gov/pinkbook/hcp/table-of-contents/index.html>

Vaccine	Dose	Date	Age	Clinic
Pneumococcal				
<input type="checkbox"/> PCV15	1	01/15/2024	9Y 0M 13D	PR

Auto-Populate Add Vaccines Screen

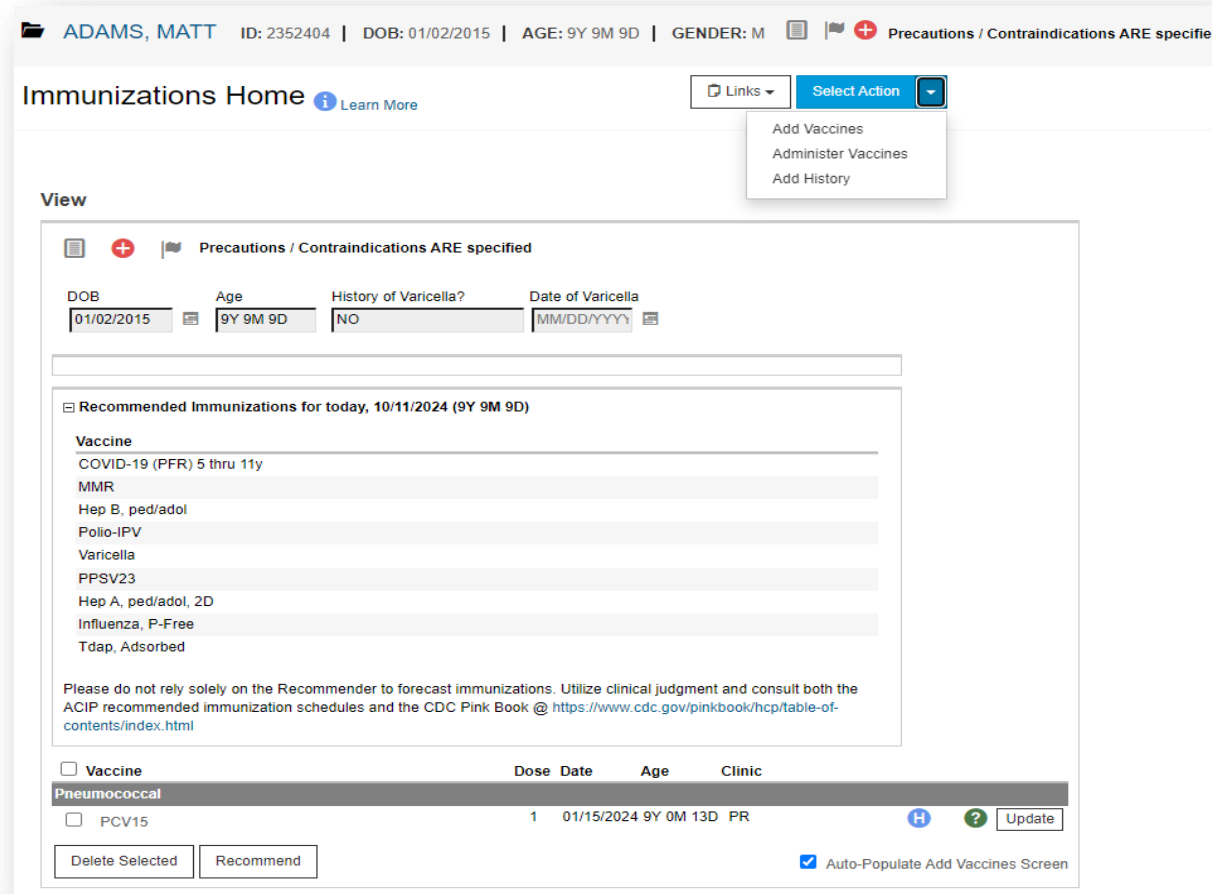
This screen is only to be used when your clinic is a manual entry site, and the vaccine was administered at your site.

Data Exchange

If your clinic submits your immunizations via data exchange you will not use this screen. Data exchange is an internal system used by providers to track patient data.

Once an immunization is entered into your clinics electronic medical record the record is submitted electronically to the registry and no further administration in the registry needs to occur.

If you are unsure if your site utilizes data exchange or you would like your site to be set up with data exchange, please work with your electronic medical vendor.



ADAMS, MATT | ID: 2352404 | DOB: 01/02/2015 | AGE: 9Y 9M 9D | GENDER: M | Precautions / Contraindications ARE specified

Immunizations Home [Learn More](#) Links Select Action

- Add Vaccines
- Administer Vaccines
- Add History

View

Precautions / Contraindications ARE specified

DOB: 01/02/2015 | Age: 9Y 9M 9D | History of Varicella?: NO | Date of Varicella: MM/DD/YYYY

Recommended Immunizations for today, 10/11/2024 (9Y 9M 9D)

Vaccine

- COVID-19 (PFR) 5 thru 11y
- MMR
- Hep B, ped/adol
- Polio-IPV
- Varicella
- PPSV23
- Hep A, ped/adol, 2D
- Influenza, P-Free
- Tdap, Adsorbed

Please do not rely solely on the Recommender to forecast immunizations. Utilize clinical judgment and consult both the ACIP recommended immunization schedules and the CDC Pink Book @ <https://www.cdc.gov/pinkbook/hcp/table-of-contents/index.html>

Vaccine	Dose	Date	Age	Clinic
Pneumococcal				
PCV15	1	01/15/2024	9Y 0M 13D	PR

Vaccine PCV15

Auto-Populate Add Vaccines Screen

For more information on data exchange please contact the NMSIIS helpdesk at 833-882-6454.

Administering



MATTEO, ADAMS ID: 11790 DOB: 10/01/2017 AGE: 0Y 9M 2D GENDER: M

Immunizations [Learn More](#)

Add

Precautions / Contraindications

Clinic * Vacc Date * Prescribed By *

Do not set this clinic as the 'default clinic' for this patient.

Patient is VFC eligible

Vaccine	VIS/Publication	On-Hand	If Vaccine Refused, Reason
PCV13	Select VIS <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
HEP B, PEDI/ADOL	Select VIS <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
POLIO-IPV	Select VIS <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
DTAP	Select VIS <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
HIB (PRP-T)	Select VIS <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
INFLUENZA QUAD INJ P	Select VIS <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Begin the administration by selecting the vaccination date and the prescriber of the immunization, enter date and select prescribed by. Next you will select the vaccines that being administered. To clear the recommended vaccines, click clear vaccines. Notice the VIS is selectable here.

VIS= Vaccine Information Statement

This allows the users to document which VIS was given to the patient per vaccine administered.

Administering



Immunizations [Learn More](#) Cancel Update

Administer

Patient is VFC eligible

Administered By * Refusal Reason *

Vaccine PCV13 Mfg | Lot | Exp Date (MM/DD/YY) | Funding Src | Inv Loc | NDC | Brand *

Did not Admin Body Site * Route * Dosage Refusal Reason

Delete Borrowed Reason Comment

VFC:CENTENNIAL CARE (MEDICAID) <19 YRS

If a patient or their legal guardian refuses a vaccine, use this drop-down menu to capture the refusal reason. In addition, when this information is saved to the database, a note is automatically created capturing the date, time, and reason the vaccine was refused.

Once all the information has been captured you can move to the next step to create and administer.

Immunizations Home [Learn More](#) Links Select Action

View

DOB Age History of Varicella? Date of Varicella

Recommended Immunizations for today, 7/3/2018 (0Y 9M 2D)

Vaccine

- Hep B, ped/adol
- Polio-IPV
- DTaP
- Hib (PRP-T)
- Influenza Quad Inj P

Please do not rely solely on the Recommender to forecast immunizations. Utilize clinical judgment and consult both the ACIP recommended immunization schedules and the CDC Pink Book @ <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html#chapters>

Vaccine	Dose	Date	Age	Clinic
Pneumococcal				
PCV13	1	07/03/2018	0Y 9M 2D	ABP5794

Auto-Populate Add Vaccines Screen Update

After updating you will be redirected back to the immunization page of the client, the vaccine administered will appear and will also decrement from your inventory.

Adding Historical Vaccines

Next, we will cover how to add a historical vaccine administration. Both manual and data exchange clinics can add history.

The Add History screen allows you to enter missing historical immunizations for a patient. You can only indicate the historical immunization(s) and their associated date(s) from this screen. Additional information, such as manufacturer, lot number, and clinic, must be added on the Edit Immunization screen.

To add history, you will begin in the patient's immunization record and click select action, next select add history.

Use the History of Varicella drop-down to indicated whether the patient has had the chicken pox virus. Once a value it selected and the page updated, and entry is added to the system indicating that the patient may be contraindicated for the Varicella vaccine.

If the clinic where the patient received the past vaccinations is known, select the clinic from the list. If more than one clinic needs to be entered, update and add history for one clinic at a time. By default, this is set to Parent Record clinic.

The vaccines are then listed below as well as the dates of immunizations on the patient's immunization record.

Next you will simply select the vaccine and enter the dates related to the historical immunizations. You can enter all the dates and vaccines at once and then click create to save the immunizations to the record.

ADAMS, MATT ID: 2352404 | DOB: 01/02/2015 | AGE: 9Y 9M 9D | GENDER: M Precautions / Contraindications ARE specified

Immunizations Cancel Create

Add as Historical

Show: ALL VACCINES Take ownership of patient [DALLAS PEDIATRICS]

History of Varicella? * NO HISTORY Date of Varicella MM/DD/YYYY

Past Vaccination Clinic * PATIENT RECORD

Vaccine	Dates of Past Immunizations (order not important)								Vaccine
Adenovirus, type 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Adenovirus, type 4
Adenovirus, type 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Adenovirus, type 7
Adenovirus, UF	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Adenovirus, UF
Anthrax IG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Anthrax IG
Anthrax PEP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Anthrax PEP
Anthrax PrEP and PEP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Anthrax PrEP and PEP
Anthrax, UF	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Anthrax, UF
BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG
Botulinum antitoxin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Botulinum antitoxin
Chikungunya live	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Chikungunya live
Cholera	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cholera
cholera, BivWC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	cholera, BivWC
cholera, live attenuated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	cholera, live attenuated
cholera, WC+rBS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	cholera, WC-rBS
CMVIG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	CMVIG
COVID Biv (MOD 6m<6y)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COVID Biv (MOD 6m<6y)

Immunization Home Page

If an immunization administered at your clinic needs to be updated, you can use the update button to go into the vaccine record. You can also use this feature to add missing information to a historical vaccine including lot or manufacture information.

ADAMS, MATT ID: 2352404 | DOB: 01/02/2015 | AGE: 9Y 9M 22D | GENDER: M Precautions / Contraindications ARE specified

Immunizations Home [Learn More](#) Links Select Action

View

Precautions / Contraindications ARE specified

DOB: 01/02/2015 Age: 9Y 9M 22D History of Varicella?: NO Date of Varicella: MM/DD/YYYY

Recommended Immunizations for today, 10/24/2024 (9Y 9M 22D)

Vaccine

- COVID-19 (PFR) 5 thru 11y
- MMR
- Hep B, ped/adol
- Polio-IPV
- Varicella
- PPSV23
- Hep A, ped/adol, 2D
- Influenza, P-Free
- Tdap, Adsorbed

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<input type="checkbox"/> Vaccine	Dose	Date	Age	Clinic	
<input type="checkbox"/> Pneumococcal					
<input type="checkbox"/> PCV15	1	01/15/2024	9Y 0M 13D	PR	H ? Update

Delete Selected Recommend Auto-Populate Add Vaccines Screen

Immunizations

On this screen you can also enter information on adverse reactions. To begin documenting an adverse reaction, select the adverse reaction check box. You will need to enter all the required fields and click update when completed.

Back in the immunization record you can then use the links to access the vaccine adverse reporting system or VAERS document. You must coordinate a submission of this report with the VAERS office.

ADAMS, MATT ID: 2352404 | DOB: 01/02/2015 | AGE: 9Y 9M 22D | GENDER: M Precautions / Contraindications ARE specified

Immunizations Cancel Links Update And Return

Edit

Precautions / Contraindications
 Chronic heart disease - Myocardial disease

Clinic * PATIENT RECORD **Administered By**

Prescribed By

Vaccine * PCV15 **Manufacturer**

Lot/Serial **Funding Src** **Expiration Date** **NDC #**

Vaccination Date * 01/15/2024 **Vaccination Time** 9Y 0M 13D **Dose Level Eligibility**

Dosage **Body Site** **Route**

Health Insurance **Insurance ID** **Date Last Verified**

Adverse Reaction 1

Adverse Reaction? (Note: Reaction Date, Reaction, Severity, and Clinic must all be specified)

Reaction Date **Date Reported To VAERS**

Reaction * **Severity *** **Consequence**

Clinic * **Recorded By**

Note: If this patient's adverse event is also a Precaution / Contraindication to future vaccinations, please record the appropriate entry in the following field to create a Precaution / Contraindication entry for the patient.

Precautions / Contraindications

Comments