VII. North Carolina Immunization Registry (NCIR)

North Carolina Immunization Registry
User Confidentiality Agreement

(Complete for each NCIR user)

As a user of the North Carolina Immunization Registry under

_____
(Name of Organization)

I agree to abide by the following policies:

1. Use information contained in the registry only for purposes for which it is intended.
2. Release registry information only to those parties allowed access by North Carolina law and North Carolina administrative code.
3. Keep all information contained in the registry confidential.
4. Keep my assigned user ID and password confidential.
5. Report any violations of confidentiality that I witness.

_____
Employee Name (Please Print)

_____
Employee Signature/Date

_____
On-site NCIR Administrator Signature/Date

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_____
Employee Name (Please Print)

_____
Employee Signature/Date

_____
On-site NCIR Administrator Signature/Date

Registering with NCID for the NCIR

This presentation is not applicable to Local Health Departments

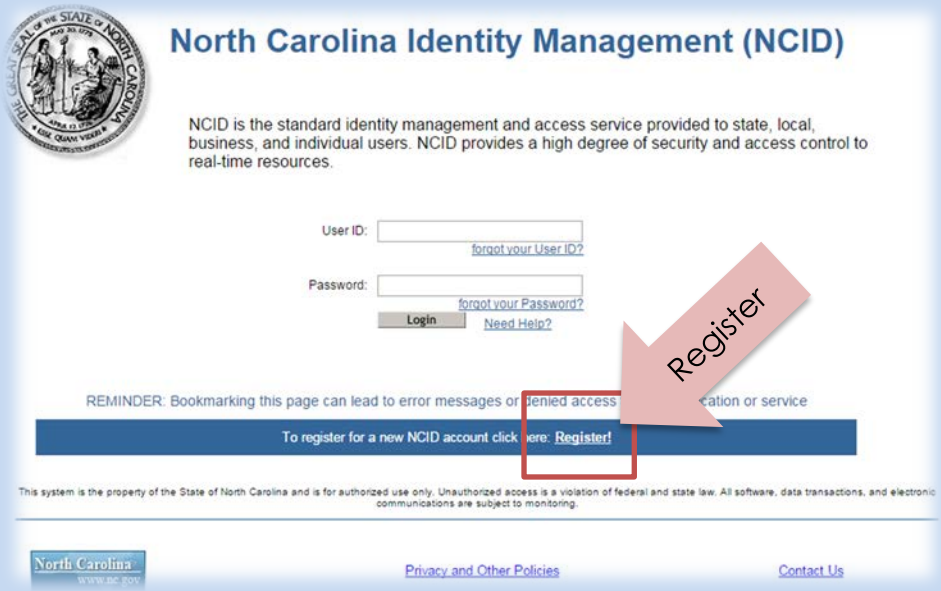
The Registration Process

- Before logging in to the NCIR for the first time:
  1. Self-register through NCID for a NCIR username (also referred to as a user id)
  2. Activate your account by clicking on the link in the authentication email sent from NCID
  3. Give your username to your NCIR administrator*
- Once your NCIR Administrator adds you into the system, you will be able to log in.

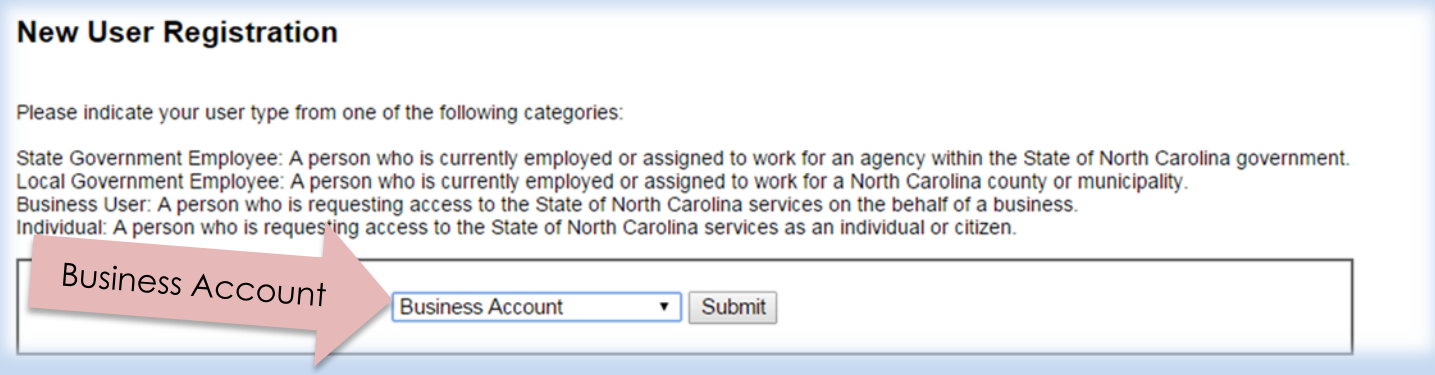
*Administrator is a type of user role in the NCIR.

Registration Steps

1. Go to the NCIR website: https://ncir.dhhs.state.nc.us.
2. Click on Register.

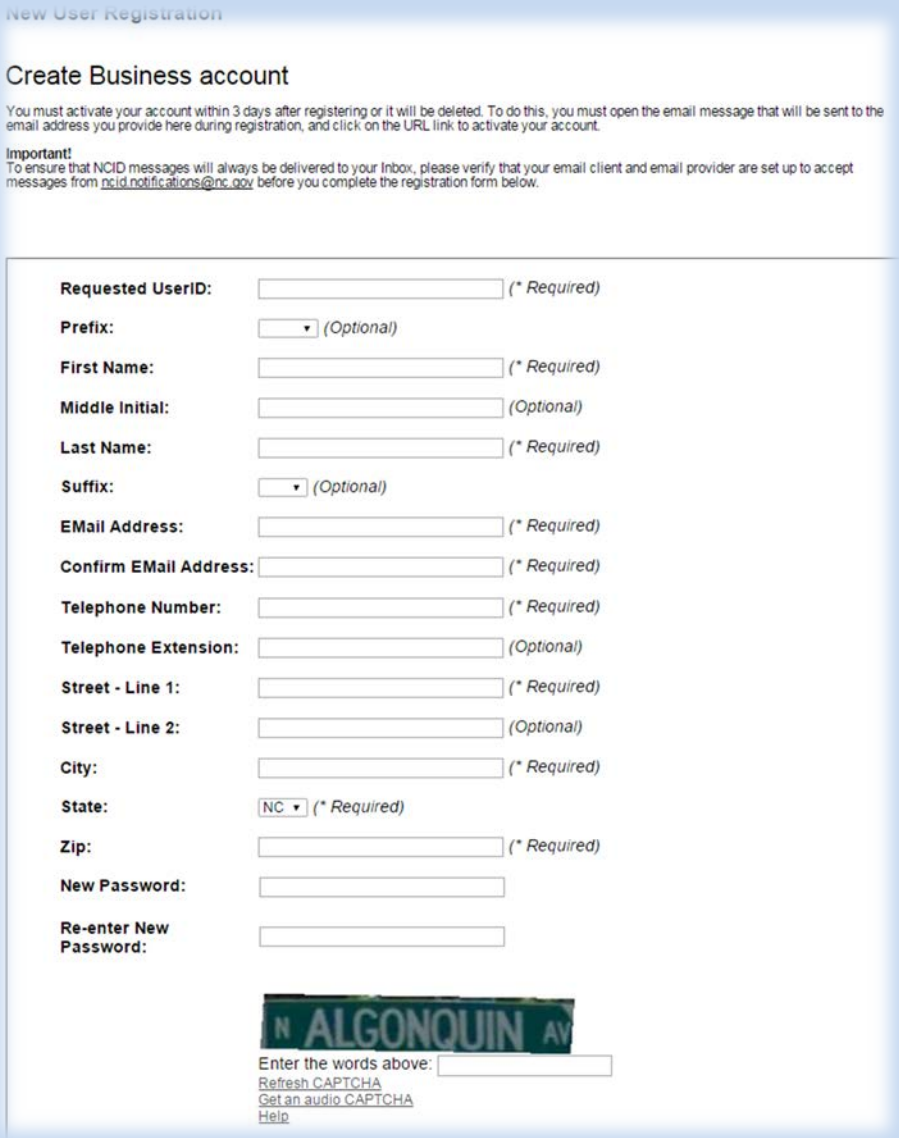


3. Select **Business Account**. Do NOT select Individual Account!



Registration Steps

4. Complete the new user registration form.
   - Use your BUSINESS email, phone, and address.
   - If your requested User ID is not available, NCID suggests one for you.



New User Registration

Create Business account

You must activate your account within 3 days after registering or it will be deleted. To do this, you must open the email message that will be sent to the email address you provide here during registration, and click on the URL link to activate your account.

Important!
To ensure that NCID messages will always be delivered to your Inbox, please verify that your email client and email provider are set up to accept messages from ncid.notifications@nc.gov before you complete the registration form below.

Requested UserID:		*(* Required)*
Prefix:		*(Optional)*
First Name:		*(* Required)*
Middle Initial:		*(Optional)*
Last Name:		*(* Required)*
Suffix:		*(Optional)*
EMail Address:		*(* Required)*
Confirm EMail Address:		*(* Required)*
Telephone Number:		*(* Required)*
Telephone Extension:		*(Optional)*
Street - Line 1:		*(* Required)*
Street - Line 2:		*(Optional)*
City:		*(* Required)*
State:	NC	*(* Required)*
Zip:		*(* Required)*
New Password:		
Re-enter New Password:		

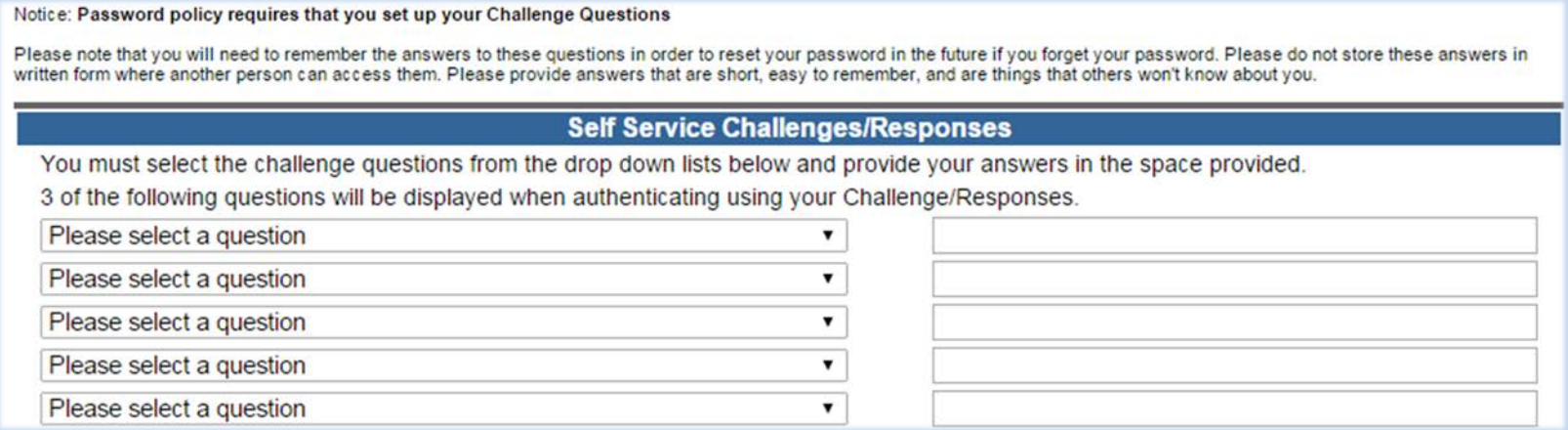
N ALGONQUIN AV

Enter the words above:

Refresh CAPTCHA
Get an audio CAPTCHA
Help

Registration Steps

5. Select five challenge questions and provide answers.
   - Remember your responses!
   - You must provide them to reset your password in the future if you ever forget it.


Notice: **Password policy requires that you set up your Challenge Questions**

Please note that you will need to remember the answers to these questions in order to reset your password in the future if you forget your password. Please do not store these answers in written form where another person can access them. Please provide answers that are short, easy to remember, and are things that others won't know about you.

Self Service Challenges/Responses

You must select the challenge questions from the drop down lists below and provide your answers in the space provided.
3 of the following questions will be displayed when authenticating using your Challenge/Responses.

Please select a question
Please select a question
Please select a question
Please select a question
Please select a question

6. Click **Create account**.
   - If you registered successfully, you will receive a message informing you that an email was sent to the email address you provided.

Registration Steps

7. Click on the link in the email to activate your account.
   - Complete this step **within 3 days** or you must re-register.
   - If you do not see the email, check your junk mail.

From: ncid.notifications@nc.gov
To: Roberts, Alyssa J
Cc:
Subject: New North Carolina ID Account Pending
Sent: Fri 1/15/2016 1:3

Action should be taken on the following or the account will be deleted in 3 days.

A new North Carolina ID (NCID) account has been created and associated with this email address. To complete the creation of the NCID, you must validate it by clicking on the link below.

NCID Creation Requested for Alyssa Roberts.

NCID User ID is: fakeid

Please go to the following link http://ncidprp.nc.gov/pmf/ConfirmRegistration.html?userFdn=cn%3DAlyssa%20J%20Roberts%20-%2023e3ad6a-fef9-4659-93ad-c3cf07c75070%2Cou%3DIndividual%2Cou%3DExternal%2Cou%3DPeople%2Co%3DNC&requestId=0d19af6eefd94b14a4e82f61e8ef3835 to validate the creation of this NCID.

E-mail correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized state official.

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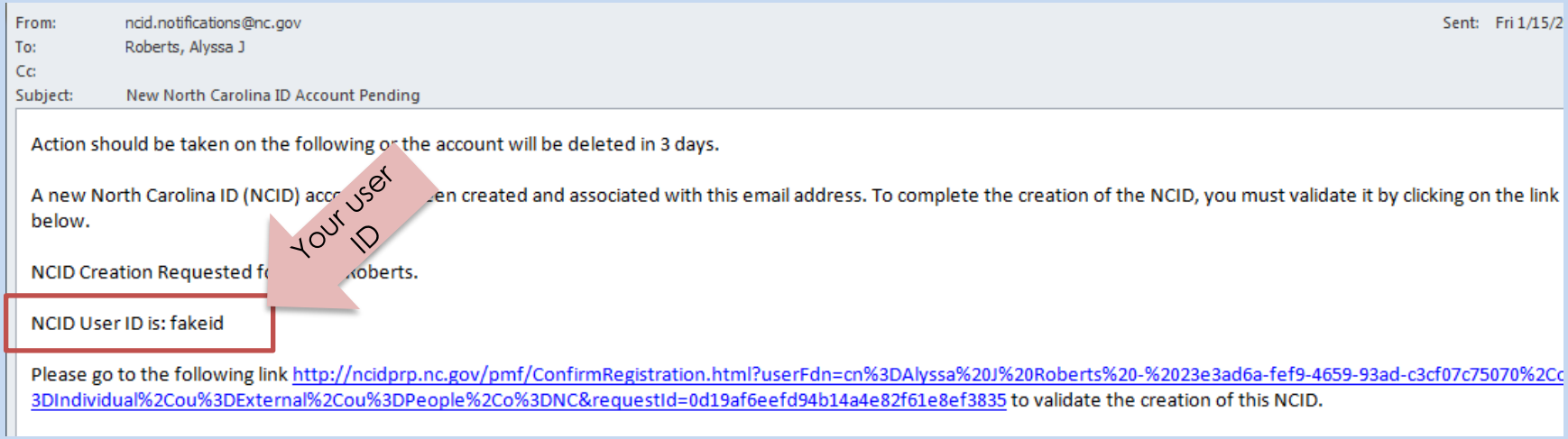
Click link

Registration Steps

8. Give your user ID (not password) to your NCIR administrator.
   - You user ID is provided in the activation email from NCID.



From: ncid.notifications@nc.gov Sent: Fri 1/15/2
To: Roberts, Alyssa J
Cc:
Subject: New North Carolina ID Account Pending

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NCID Creation Requested f oberts.

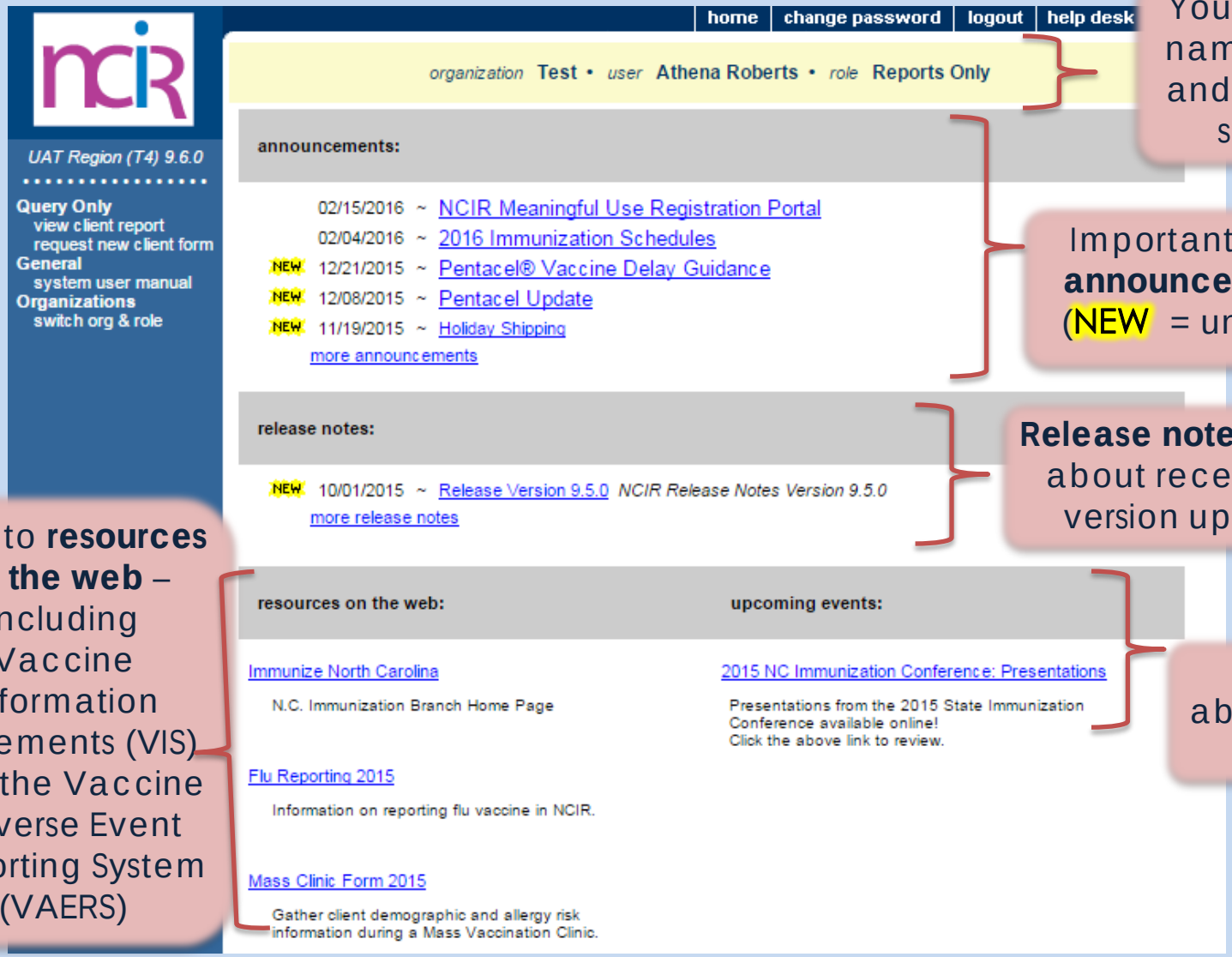
Your user ID

NCID User ID is: fakeid

Please go to the following link http://ncidprp.nc.gov/pmf/ConfirmRegistration.html?userFdn=cn%3DAlyssa%20J%20Roberts%20-%2023e3ad6a-fef9-4659-93ad-c3cf07c75070%2Cc 3DIndividual%2Cou%3DExternal%2Cou%3DPeople%2Co%3DNC&requestId=0d19af6eefd94b14a4e82f61e8ef3835 to validate the creation of this NCID.

9. After your administrator adds you to the system, you are able to go to the NCIR website https://ncir.dhhs.state.nc.us and log in using your user ID and password.

The NCIR Home Page



Your organization name, your name and your user role shown here

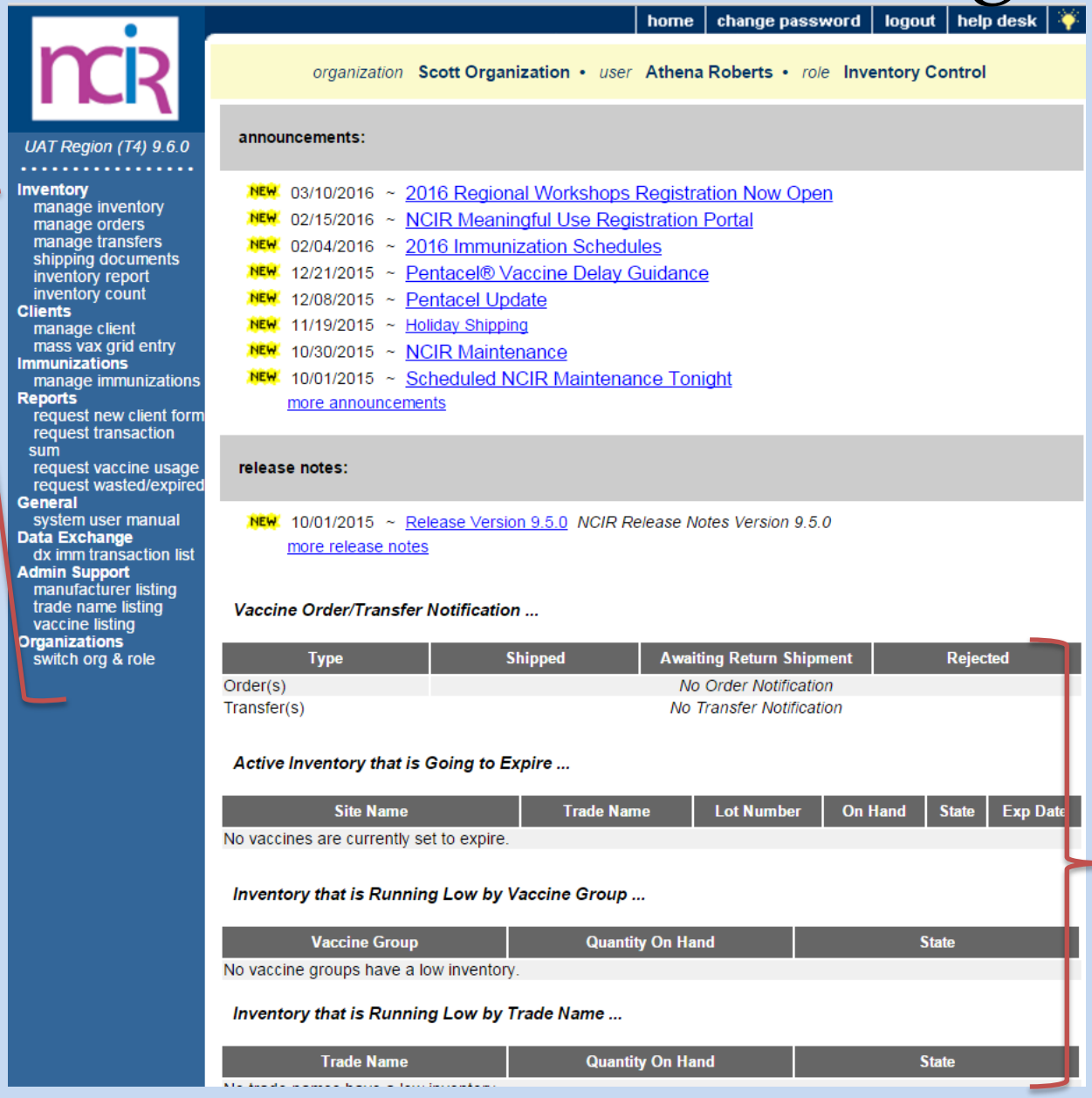
Important NCIR **announcements** (NEW = unread)

Release notes (details about recent NCIR version updates)

Links to **resources on the web** – including Vaccine Information Statements (VIS) and the Vaccine Adverse Event Reporting System (VAERS)

Links to info about **upcoming events**

The NCIR Home Page



Left-side menu (your menu options are based on your user role)

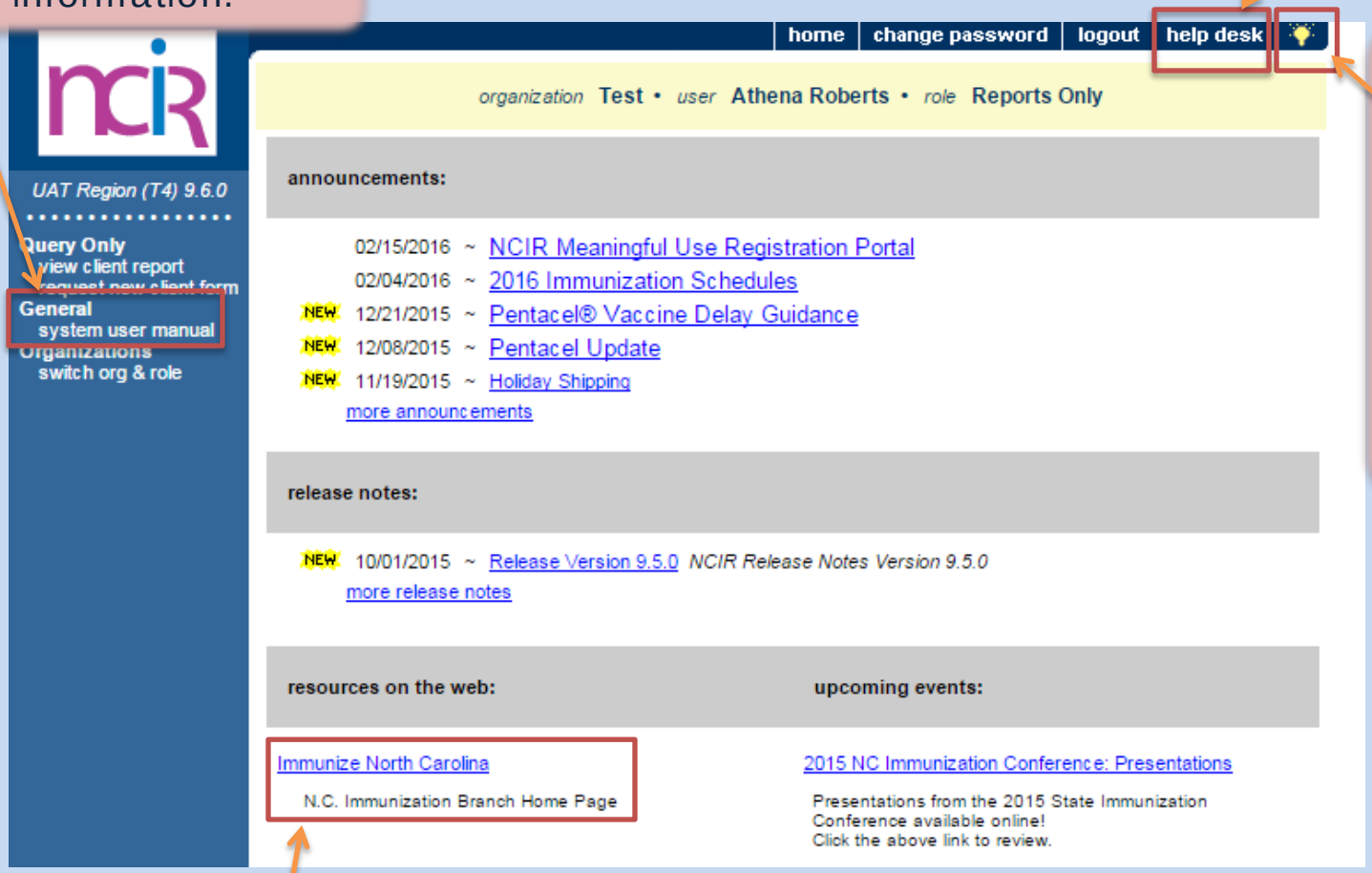
Inventory control and administrator roles see notifications related to ordering and inventory

User Help Links

The **system user manual** contains in-depth user information.

Click **help desk** for contact information for the NCIR Help Desk.

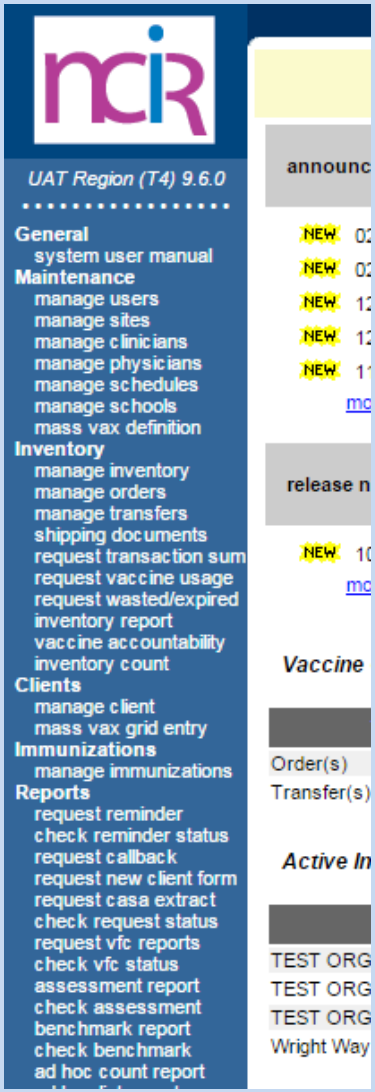
The **light bulb button** opens an NCIR online help module that applies to whichever NCIR screen you are viewing.



Link takes you to the Immunization Branch website, which contains NCIR user training resources

Menu Options are determined by your user role

- Reports Only
  - Searches for clients and views/prints client specific records
- Typical User
  - Has all functionality that the reports only role has
  - Manages (add & edit) clients
  - Manages immunization information
- Inventory Control
  - Has all functionality that the reports only and typical user roles have
  - Manages inventory and ordering
- Administrator
  - Has all functionality that the other roles have
  - Manages users, sites, and clinicians
  - Runs practice-level reports, including reminder/recall



Questions?

Contact your Regional Immunization Program Consultant (RIC)

The RIC map with contact information is located on the Immunization Branch website:
http://www.immunize.nc.gov/contacts.htm

NCIR Help Desk

1-877-873-6247

ncirhelp@dhhs.nc.gov

Logging In To the NCIR and Common Issues

Logging into the NCIR

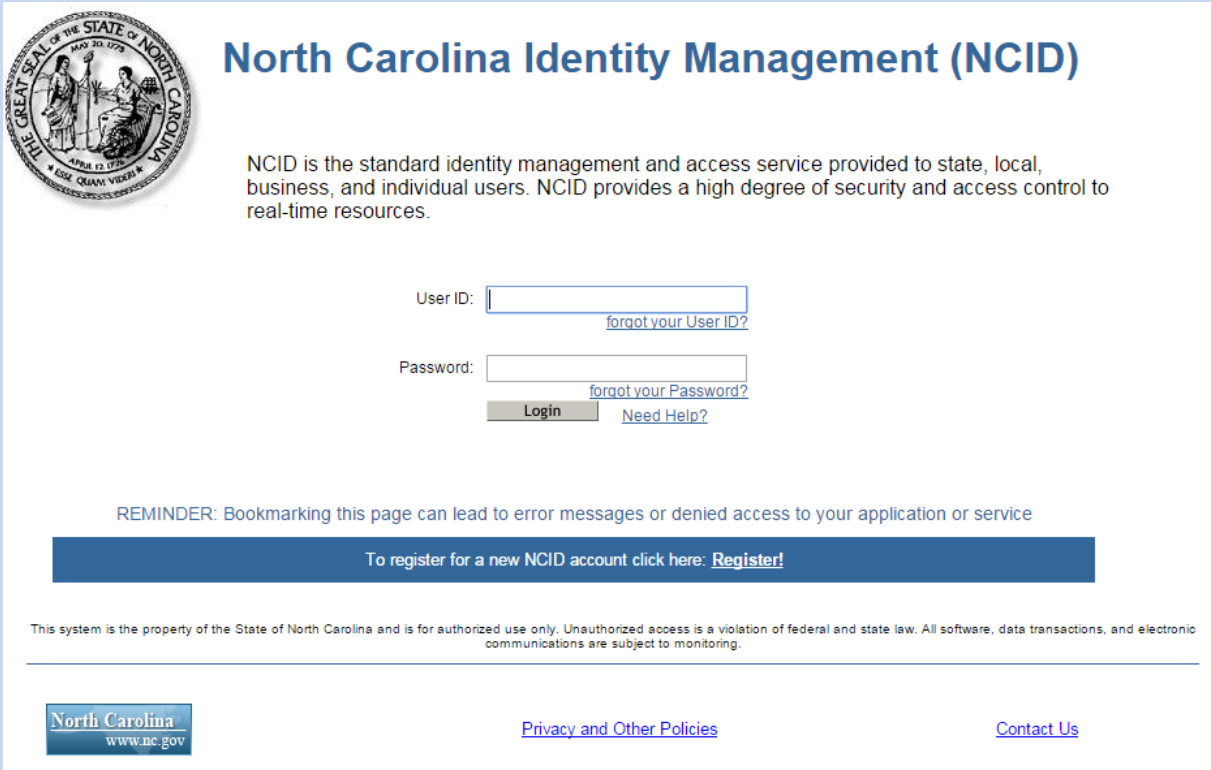
Reminder!

- Before logging in for the 1st time you must:
  - Self-register as a Business Account with NCID for a NCIR username (also referred to as a user id)
  - Activate your account by clicking on the link in the authentication email sent from NCID
  - Give your username to your NCIR Administrator*
- Once your NCIR Administrator adds you into the system, you will be able to log in.

*Administrator is a type of user role in the NCIR.

Logging into the NCIR

1. Go to: https://ncir.dhhs.state.nc.gov.
2. Enter your username and password and click **Login**.



Locked/Archived Accounts

Locked Account

- Accounts lock after 3 failed login attempts.
- The Immunization Branch **does not** have access to your NCID information. If you have locked yourself out of the NCIR, your options are:
  - Wait one hour for your account to reset
  - Contact the ITS Service Desk at 1-800-722-3946 to have your account reset

Archived Account

- If you have not logged into the NCIR for 18 months or more, your account will become archived and the ITS Service Desk cannot recover it.
- You must re-register for a new NCID account and username.
- Your NCIR administrator must inactivate your old username and add your new one.

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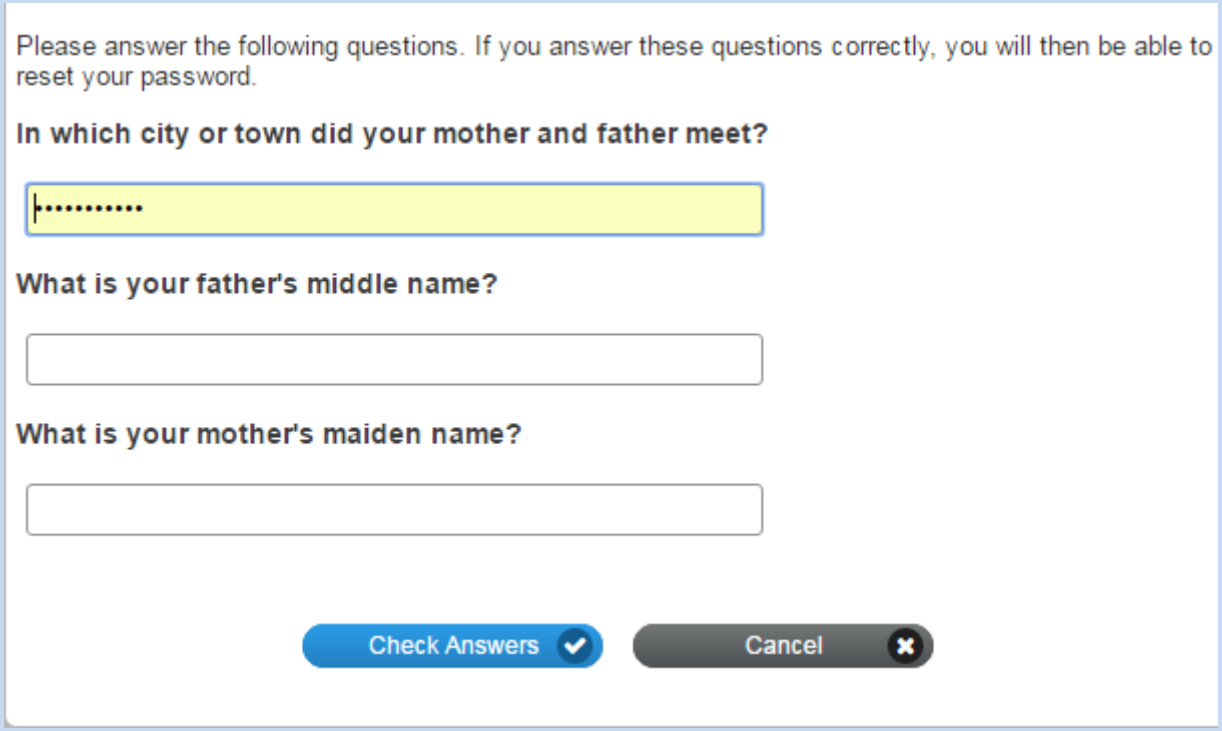
- You must re-register for a new NCID account and username.
- Your NCIR administrator must inactivate your old username and add your new one.

Forgotten Username/Password

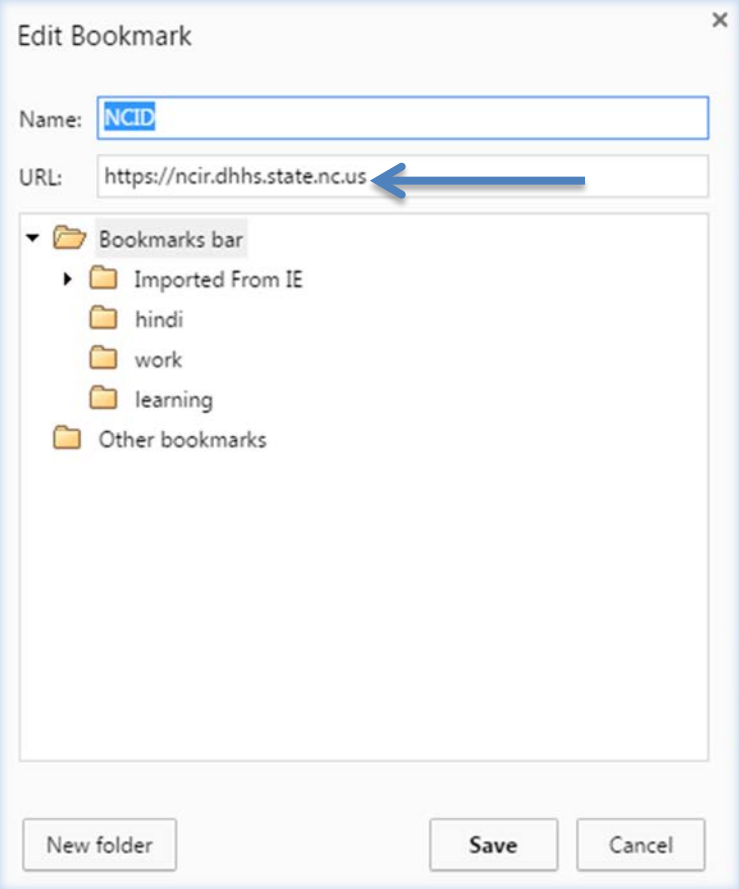
- For a forgotten password or after 2 unsuccessful attempts to log in, you're directed to answer your challenge questions and reset your password.
  - Spelling and punctuation must match your original responses exactly (capitalization does not have to match)



Problems due to Bookmarks/Favorites

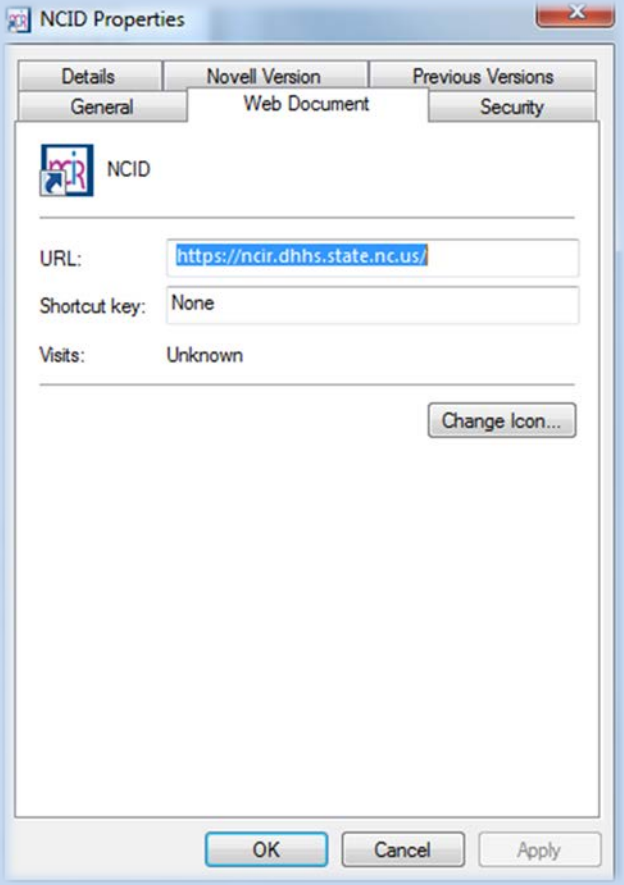
- Adding the NCIR website as a bookmark or favorite may lead to error messages.
- To avoid problems, follow these steps:
  1. Bookmark (or favorite) the NCIR website.
  2. Right-click on the bookmark you created and then left-click on Properties or Edit (depending on your browser).
  3. Re-type the NCIR web address in the url or location blank: https://ncir.dhhs.state.nc.gov.
  4. Click Save or Ok.

Correctly Bookmarking the NCIR – Google Chrome



1. From the NCIR website, click the star on your address bar and then click Done.
2. Find the bookmark you just created.
3. Right-click on the bookmark and then left-click on Edit.
4. Retype the NCIR web address in the URL blank: *https://ncir.dhhs.state.nc.gov*.
5. Click Save.

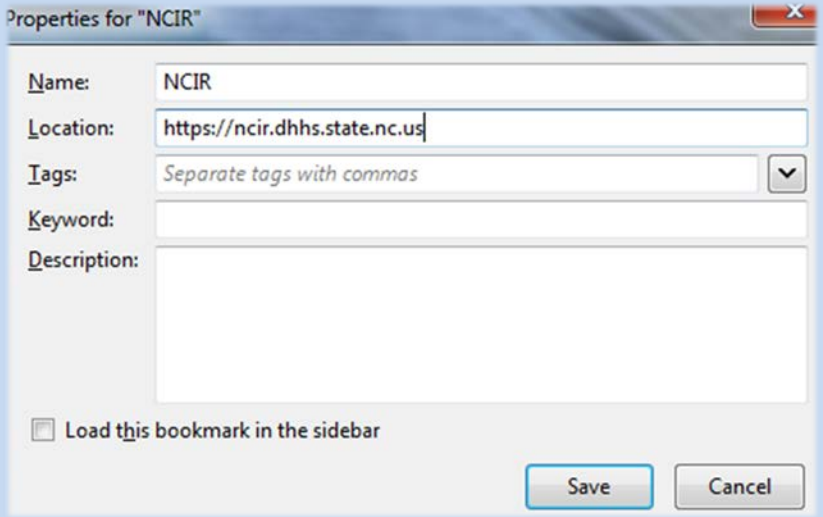
Correctly Bookmarking the NCIR – Internet Explorer



1. From the NCIR website, click the star on your address bar. Then click Add to Favorites and Add.
2. Find the favorite you just created (you may need to click on the star on your address bar to open the list of saved favorites).
3. Right-click on the NCIR favorite and then left-click on Properties.
4. Retype the NCIR web address in the URL blank: *https://ncir.dhhs.state.nc.gov*
5. Click OK.

Correctly Bookmarking the NCIR – Mozilla Firefox

'Show your bookmarks' icon



1. From the NCIR website, click the star on your address bar.
2. Find the bookmark you just created (you may need to click the 'Show your bookmarks' icon next to the star).
3. Right-click on the bookmark and then left-click on Properties.
4. Retype the NCIR web address in the Location blank: *https://ncir.dhhs.state.nc.gov*
5. Click Save.

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NCIR Help Desk

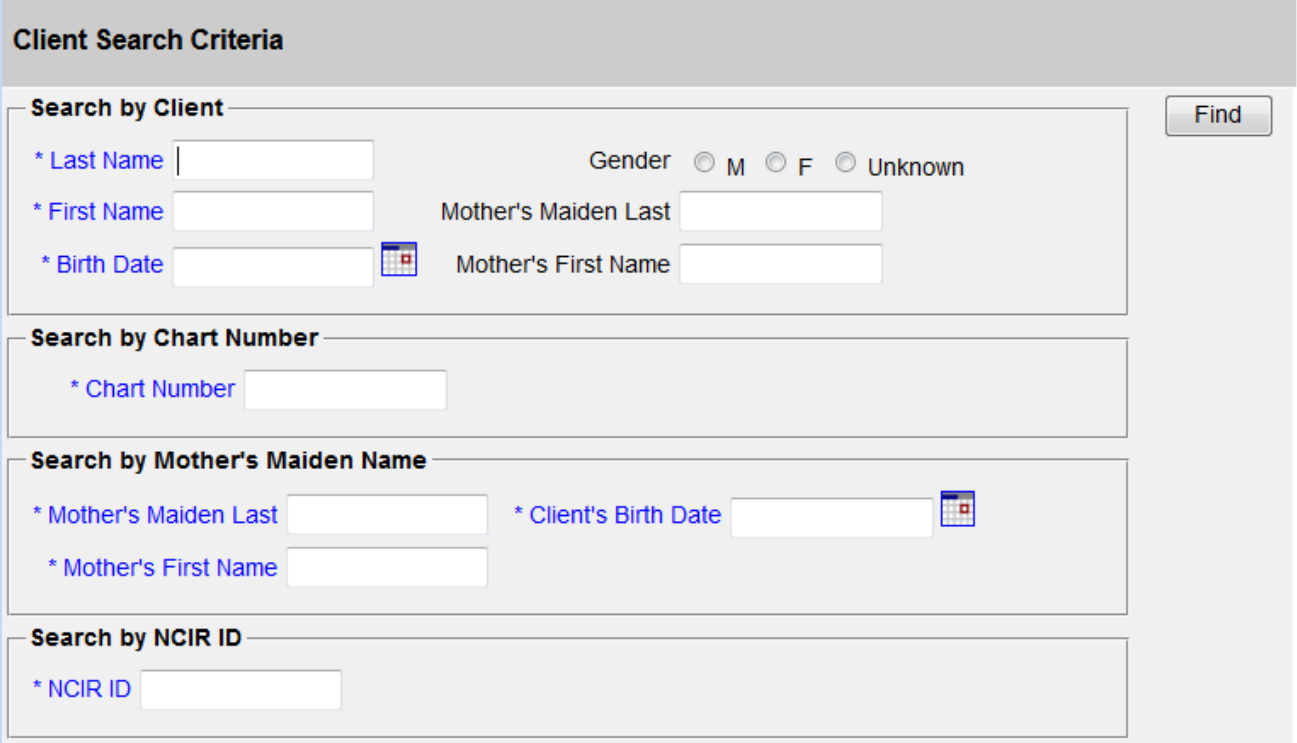
1-877-873-6247

ncirhelp@dhhs.nc.gov

Searching for Clients

Steps to Search For Clients

1. Click the **manage client** link on the left menu panel.



You are taken to the **Client Search Criteria Screen**.

The NCIR receives nightly uploads from the Medicaid System that imports clients from the Medicaid database into the NCIR.

Also, an upload is made into the NCIR every Thursday from Vital Records.

Please remember to always begin your client search by clicking on Manage Client; even if you think your client is not in the system yet, you have to always search for them here first.

The Client Search Criteria Screen

There are 4 ways to search for a patient within the North Carolina Immunization Registry:

For this example we are going to search by the Client. We'll use the *Last Name, First Name and Birth Date.* Once you enter the search criteria, click *Find*.

Client Search Criteria

Find

Search by Client

* Last Name
* First Name
* Birth Date

Gender M F Unknown

Mother's Maiden Last

Mother's First Name

Search by Chart Number

* Chart Number

Search by Mother's Maiden Name

* Mother's Maiden Last
* Mother's First Name
* Client's Birth Date

Search by NCIR ID

* NCIR ID

1. You can search by the client's *Last Name, First Name and Birth Date*. Even though there is more listed, only the things in blue are needed in order to search for the client.

2. You can also search by *Chart Number* if it has been entered. Each chart number is organization specific.

3. You can also search by the *Mother's Maiden Name and Client's Birth Date*.

4. You can also search by NCIR ID (Which is specific only to staff members with an Administrator role.

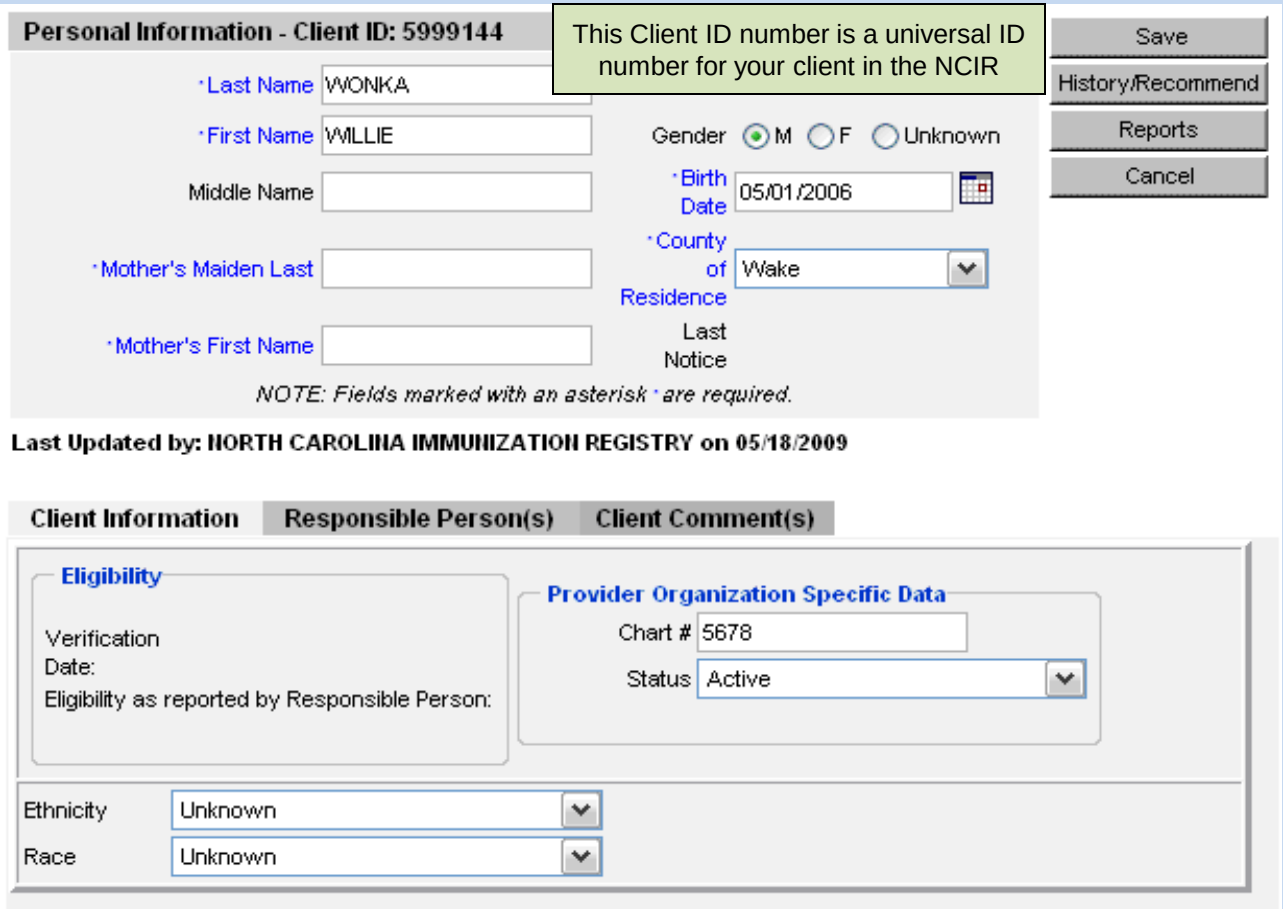
Once you have selected find, there are 3 possible search results that could exist when searching for a patient:

Search Result 1: Exact Match

An Exact Match indicates that the NCIR recognizes the patient and they are already located within the system.

When a direct match occurs, you will be brought to the Demographic Information Screen (pictured below):

When you reach this screen, you want to make sure to review the information listed here and check it against your current records to ensure that you have located the correct patient. If you notice any information listed is incorrect or has changed, **please update it.**



Search Result 2: Client Match Detected

This indicates that there are possible clients that match the search criteria given for the patient.

First, you want to check our own personal records, and review the demographic information of the patient to make sure it is accurate and correct.
Second, select the hyperlink of the patient's last name to return to the demographic information screen.
Third, once you've located the patient, review their information to verify this is the patient that you are looking for.

Search by Chart Number

* Chart Number

Search by Mother's Maiden Name

* Mother's Maiden Last
* Client's Birth Date
* Mother's First Name

Search by NCIR ID

* NCIR ID

Client Match Detected

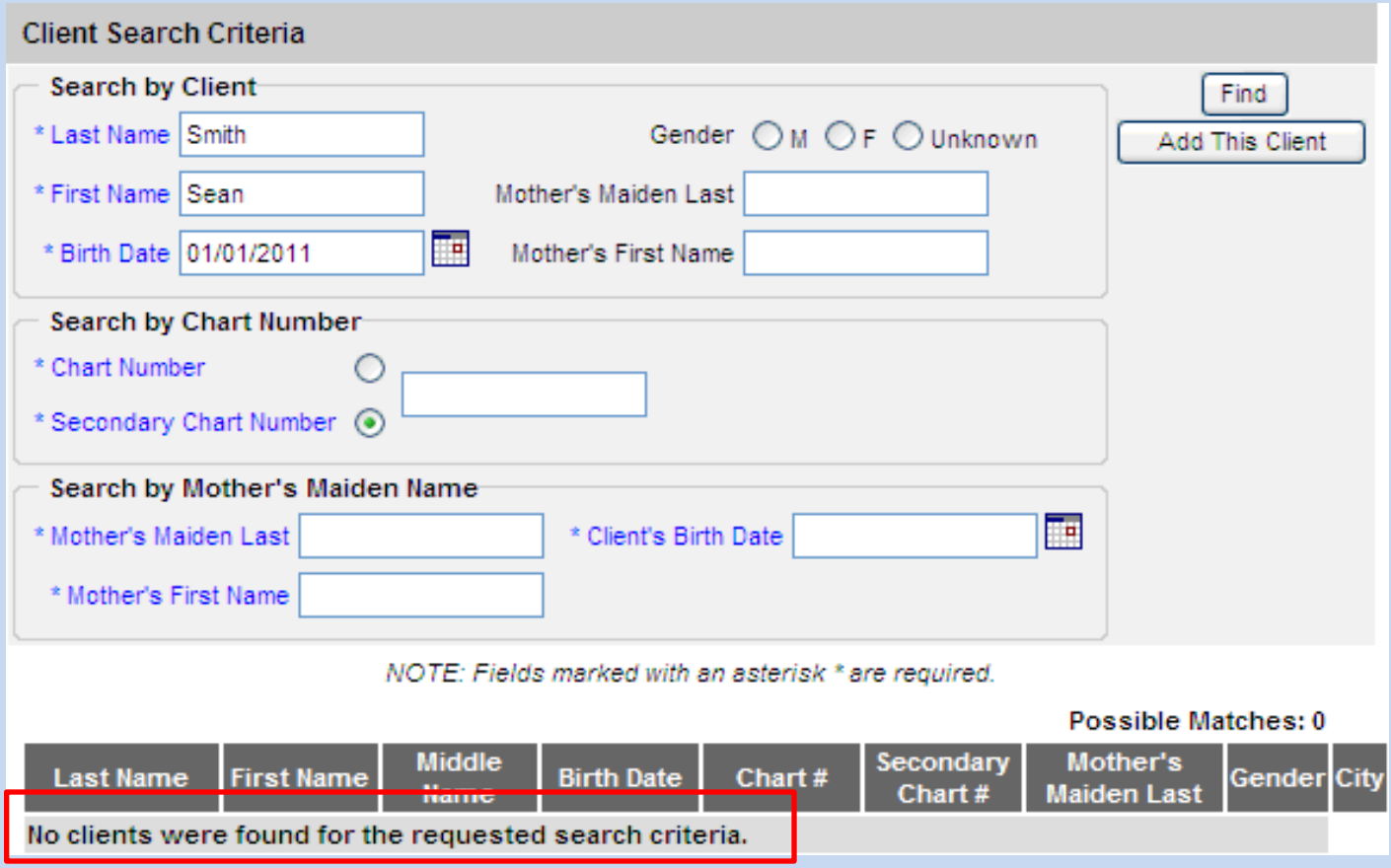
Based on the information you entered, your client is likely already in NCIR and is one of the clients listed below.
Please review the demographic information for each of these clients and if none of them appears to be your client, you may then click the **Create New Client** button.
Please keep in mind that if you choose to ignore a client match and create a new record, that client will have two records in NCIR, neither of which will be complete and accurate!

Create New Client

Possible Matches: 1

Last Name	First Name	Middle Name	Birth Date	Chart #	Mother's Maiden Last	Gender	City
WELL	IMA	TEST CLIENT	02/17/2009		GOODEN	F	Raleigh

Search Result 3: No Match Detected



If your client is not the in the NCIR you will see a message that says "**No clients were found for the requested search criteria."**

If you cannot find a client, please try searching with fewer characters and/or less information.

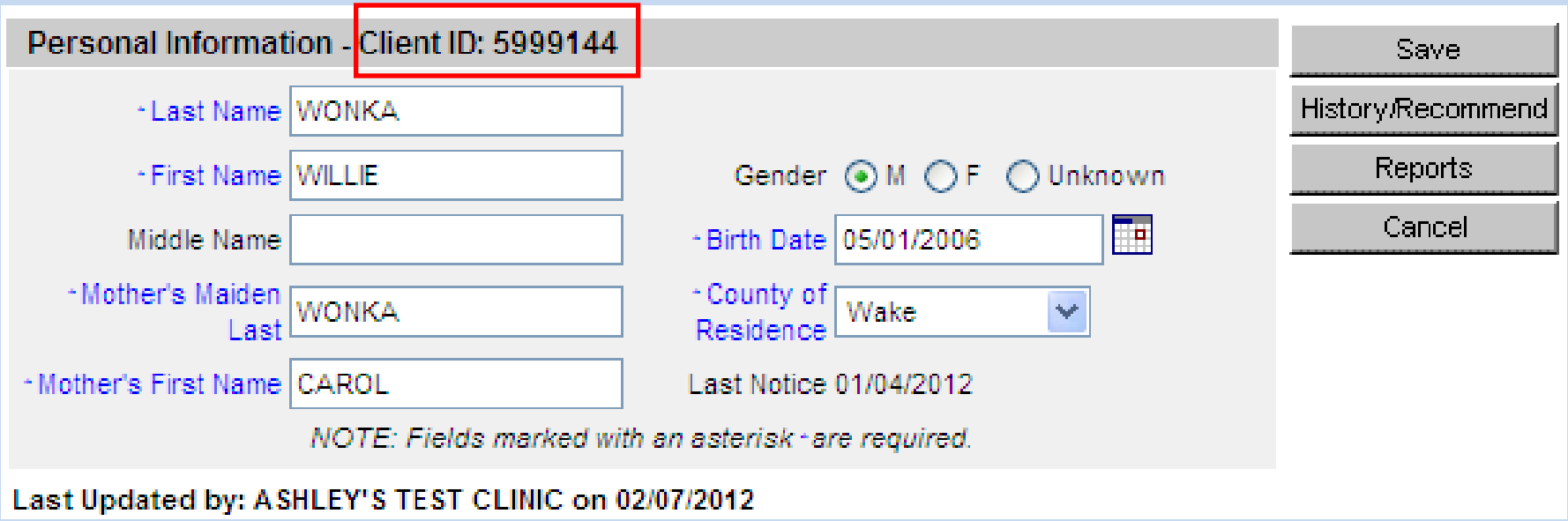
After multiple attempts of locating the patient with no match, and your client is not in the NCIR. You will need to enter them as a new client. (Please see Entering New Client Presentation).

Searching for client tips

- Please make sure to look up your patient prior to creating a new client, this will cause less duplicates in the registry.

- If you are experiencing issues locating the patient, try searching with fewer characters or less information.

Please Report Possible Duplicates



What to do if you find a duplicate?

- Contact the Immunization Branch through email
  - **NCIRHelp@dhhs.nc.gov**
- Include both client IDs:
  - Specify which record should be kept
  - Specify which immunizations need to be on record
- Do NOT include patient identifiable information (name, birth date, etc.) in the email
- You will receive a response through email when records are merged

Vital Records Clients: Changing Client Name/Birth Date

- If you see that a child's name or birth date is wrong on a Vital Records client:
  - Have the parent contact Vital Records directly:
    - Vital Records Customer Service: 919-792-5981
- If you see that a child's name or birth date is wrong on a client entered by your organization:
  - Please call the Immunization Branch Help Desk for steps to edit the client
  - 877-USE-NCIR (873-6247)

Example of Client Added by Vital Records

Personal Information - Client ID: 3906528

Last Name	WILLIAMS		
First Name	MATT	Gender	M
Middle Name	KARL	Birth Date	06/04/2011
Mother's Maiden Last	PHILLIPSTON	County of Residence	Catawba
Mother's First Name	SUZANNE	Last Notice	

*NOTE: Fields marked with an asterisk * are required.*

Last Updated by: NC Vital Records on 11/18/2011

Questions?

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NCIR Help Desk

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ncirhelp@dhhs.nc.gov

02/04/2008

North Carolina Immunization Registry

Organization: **NORTH CAROLINA IMMUNIZATION REGISTRY**
Site: **NORTH CAROLINA IMMUNIZATION REGISTRY**

Vaccine Administration Record

Information collected on this form will be used to document authorization for receipt of vaccine(s).

CHART NUMBER

Patient's Name (Last, First, Middle Initial)

	Date of Birth (mm/dd/yyyy)	Gender ☐ Male ☐ Female	Ethnicity (Check One) ☐ Hispanic ☐ Non-Hispanic

Race (Check all that apply) ☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African-American ☐ White ☐ Other Race ☐ Unknown

Mother's Maiden Name (Last, First, Middle Initial)

Eligibility Status (Check only one)
This section must be completed for children through age 18 given state-supplied vaccines.

☐ **American Indian /Alaskan Native** ☐ **Medicaid** ☐ **Not Insured**
☐ **Underinsured** ☐ **NC Health Choice** ☐ **Insured**
☐ **Refusal to give information** ☐ **Not applicable**

Date Last Verified (mm/dd/yyyy): _____/_____/_____

Name of Parent or Guardian Responsible for Patient (Last, First, Middle Initial)		Relationship to Patient	
Address		P.O. Box	
City	County	State	Zip Code
Email address (if applicable)	Home Telephone Number ( )	Work Telephone Number ( )	Extension
	Is reminder/recall contact allowed? ☐ Yes ☐ No	Would you like reminder/recall sent to you? ☐ Yes ☐ No	

I am authorized by the parent, guardian, or person standing in loco parentis of the above-named child to obtain needed immunizations for the child.

I/parental designee have received the "Vaccine Information Statements" (VIS) about the disease(s) and vaccine(s). I have had a chance to review the VIS(s) and to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and request the vaccine(s) indicated below to be given to me or the person named above for whom I am authorized to make this request.

SIGNATURE - Person to receive vaccine or person authorized to sign on the patient's behalf **X**	Date Signed

FOR OFFICE USE

Vaccine	Trade Name	Lot #	VIS Pub. Date	Date VIS Presented	Body Route	Body Site *	mL.
DTP/aP					IM	RV LV RD LD	
HepB					IM	RV LV RD LD	
Hib					IM	RV LV RD LD	
MMR					SC	RV LV RD LD	
Pneumo Conjugate 7					IM	RV LV RD LD	
Polio						RV LV RD LD	
Varicella					SC	RV LV RD LD	
Other							

*RV = Right Vastus Lateralis LV = Left Vastus Lateralis RD = Right Deltoid LD = Left Deltoid Subcutaneous injections are administered in the muscle "area".

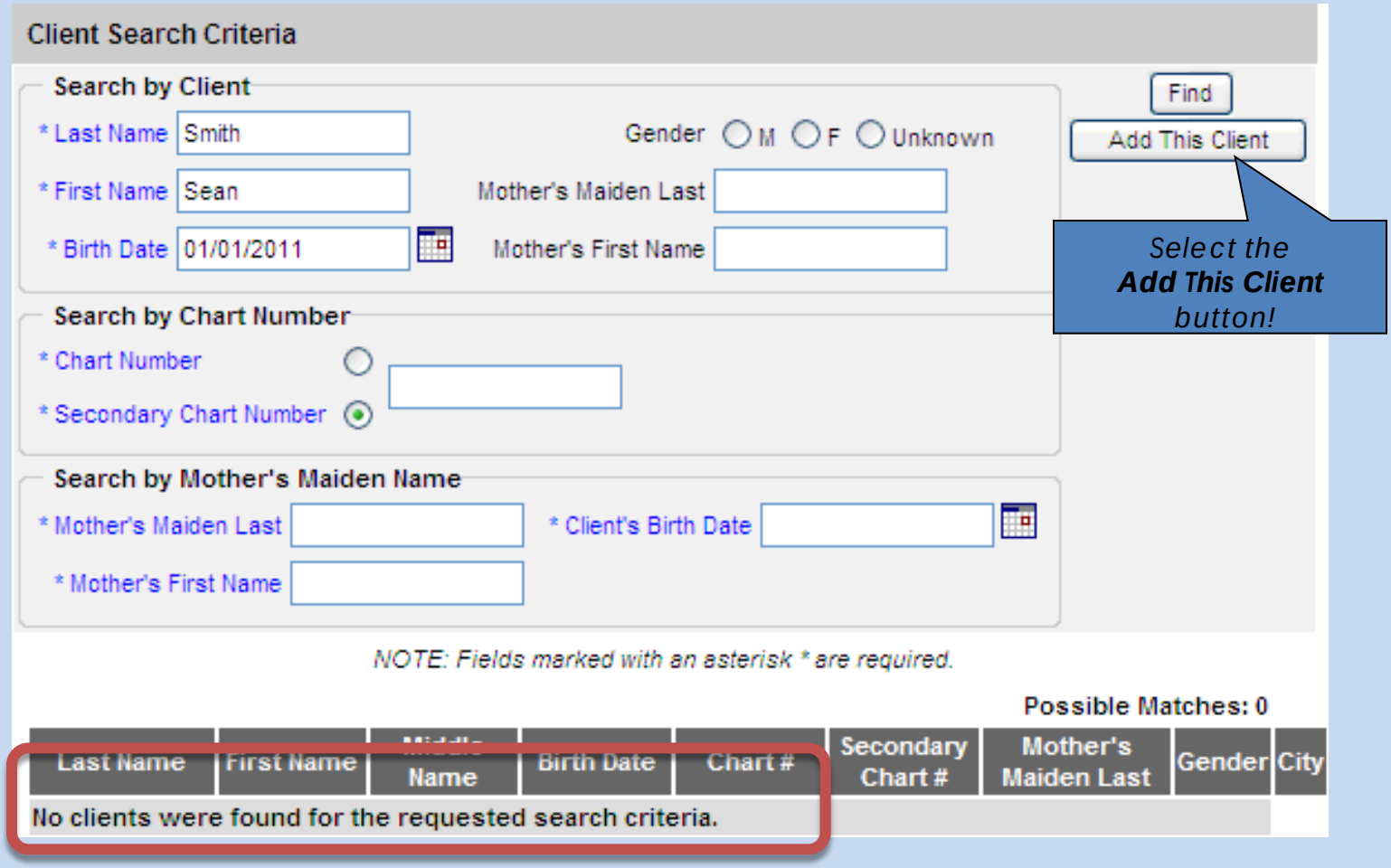
SIGNATURE AND TITLE - Person Administering Vaccine	Date Vaccine Administered

Adding New Clients

For all user roles except Reports Only

Select the 'Add This Client" Tab

In order to add a new client into the NCIR, you must first search for the client. If you have conducted a client search and you receive the following message: "**no clients were found for the requested search criteria"**, your client is not located in the system. You can add the patient into the NCIR by selecting the "**Add This Client"** button.



Demographic Information Screen: Personal Information and Client Information

When entering the patient's personal information. Please make sure that patient names that are entered into the NCIR reflect the patients' true, legally-documented name (via the birth certificate).

This Client ID number is a universal ID number for your client in the NCIR

nal Information - Client ID: 5999144

*Last Name WONKA

*First Name WILLIE

Middle Name

Mother's Maiden Last

*Mother's First Name

Gender M F Unknown

*Birth Date 05/01/2006

*County of Residence Wake

Last Notice

NOTE: Fields marked with an asterisk * are requ

dated by: NORTH CAROLINA IMMUNIZATION REGISTRY on 0

Save

History/Recommend

Reports

Cancel

All items in BLUE with an asterisk are required fields (this includes the mother's maiden first and last name!)

Please make sure to **verify the status** of the patient. There are three to chose from: **active**, **inactive** or **permanently inactive - deceased.** If you are serving a client then their *Status* should be Active.

Client Information | Responsible Person(s) | Client Comment(s)

Eligibility

Verification Date:

Eligibility as reported by Responsible Pers

Provider Organization Specific Data

Chart # 5678

Status Active

Ethnicity Unknown

Race Unknown

Under the **Client Information tab**, you want to capture as much information as possible when the patient is near you. This includes the patient's **race**, **ethnicity** and **chart number** (if applicable).

Demographic Information Screen: Responsible Person(s) Tab

Under the **Responsible Person (s)** tab there is room for up to hold 4 responsible parties for the patient. You must have at least **1** person entered for the patient.

Client Information | Responsible Person(s) | Client Comment(s)

Enter all of the required information, including: first and last name, relation, telephone, street address,, city and state.

Name	Relationship	City	Notices	Primary

Select the **New button** to document a responsible person.

New
Copy
Delete

Enter New Responsible Person ...

• Last Name	Barwell	• Street Address	5601 Six Forks Road
First Name	Samantha	Other Address	
Middle Name		P.O. Box	
• Relation	Mother	• City	Raleigh
• Telephone	919 - 123 - 4567	• State	NC • Zip 27610
Extension		Language	ENGLISH
E-Mail		Notices? ☑	Primary? ☑

Next
Cancel

It is important to document the language for the patient's family.

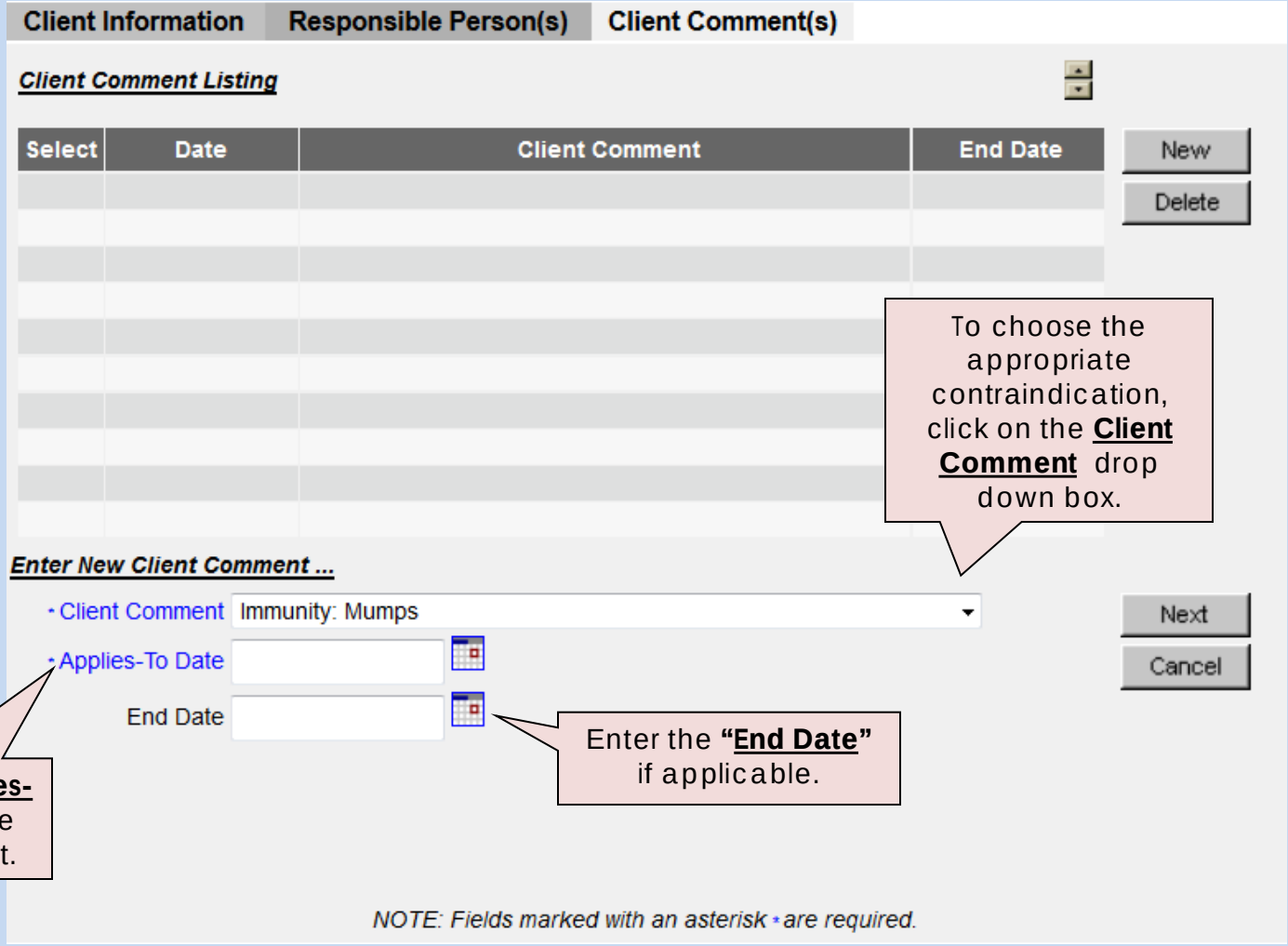
When the notices checkbox is selected, the responsible person will have the potential to receive a reminder letter regarding immunizations.

When the primary checkbox is selected, the responsible person will be the primary contact person for the particular patient.

with an asterisk • are required.

Demographic Information Screen: Client Comment(s) Tab

Under the Client Comment(s) tab, there is a list of contraindications, refusals and religious exemptions approved by the CDC.



Demographic Information Screen: SAVE the Client Information

Personal Information - Client ID:

Once you are done with entering all the client information you will need to save this information by clicking Save.

Save
History/Recommend
Add Next
Cancel

* Last Na
* First Na
Middle Na
* Mother's Maiden Last: Samantha
* County of Residence: Wake
* Mother's First Name: Jones

*NOTE: Fields marked with an asterisk * are required.*

Client Information | **Responsible Person(s)** | **Client Comment(s)**

Eligibility

Verification Date:
Eligibility as reported by Responsible Person:

Provider Organization Specific Data

Chart # 5987
Status: Active

Ethnicity: Not Hispanic or Latino
Race: Black or African-American
Provider-PCP: Good, Feel
School:

*NOTE: Fields marked with an asterisk * are required.*

Vital Records Clients:
Changing Client Name/Birth Date

- If you see that a child's name or birth date is wrong on a Vital Records client:
  - Have the parent contact Vital Records directly:
    - Vital Records Customer Service: 919-792-5981
- If you see that a child's name or birth date is wrong on a client entered by your organization:
  - Please call the Immunization Branch Help Desk for steps to edit the client
  - 877-USE-NCIR (873-6247)

Example of a Client Added
by Vital Records

Personal Information - Client ID: 3906528

Last Name WILLIAMS

First Name MATT

Gender M

Middle Name KARL

Birth Date 06/04/2011

Mother's Maiden Last PHILLIPSTON

County of Residence Catawba

Mother's First Name SUZANNE

Last Notice

*NOTE: Fields marked with an asterisk * are required.*

Last Updated by: NC Vital Records on 11/18/2011

Questions?

Contact your Regional Immunization Program Consultant (RIC)

The RIC map with contact information is located on the Immunization Branch website:
http://www.immunize.nc.gov/contacts.htm

NCIR Help Desk

1-877-873-6247

ncirhelp@dhhs.nc.gov

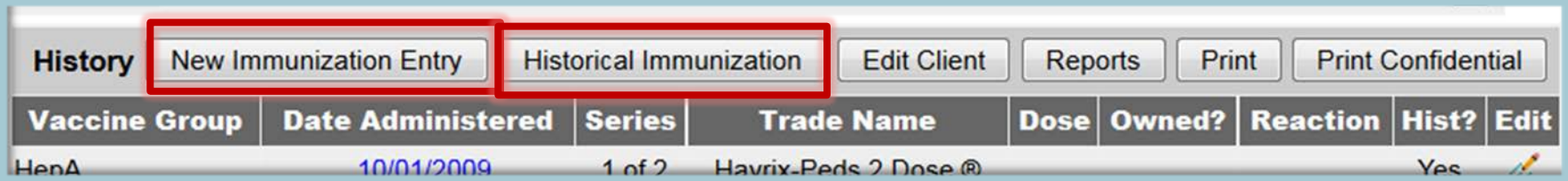
Adding and Editing Historical Immunizations

For all user roles except Reports Only

ADDING HISTORICAL IMMUNIZATIONS

New vs. Historical Immunizations

- Immunizations are documented as "new" or "historical" depending on whether or not they were given using inventory managed in the NCIR.
  - Inventory managed in the NCIR: Inventory that has been added (i.e. Lot Number, NDC, Quantity on Hand) in the NCIR and is being tracked in the NCIR. To view NCIR-managed inventory, click **Manage Inventory** and then **Show Inventory**.
- If the dose IS from NCIR-managed inventory, document as a **New Immunization Entry**.
- If the dose is NOT from NCIR-managed inventory, document as a **Historical Immunization**.



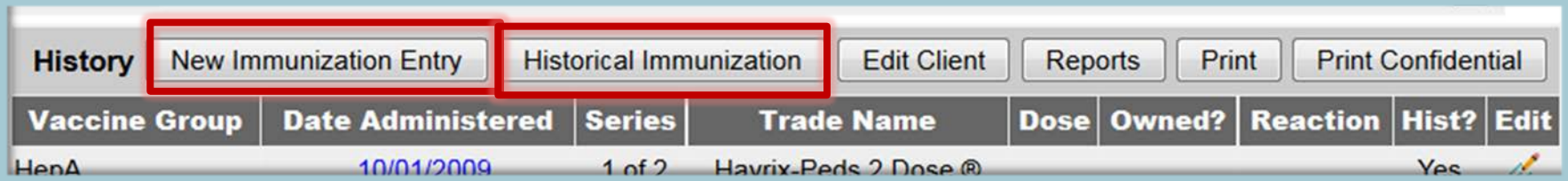
New vs. Historical Immunizations

New Immunization Entry

- Public doses (all public inventory is required to be managed in the NCIR)
- Private doses from private inventory that you opted to manage in the NCIR

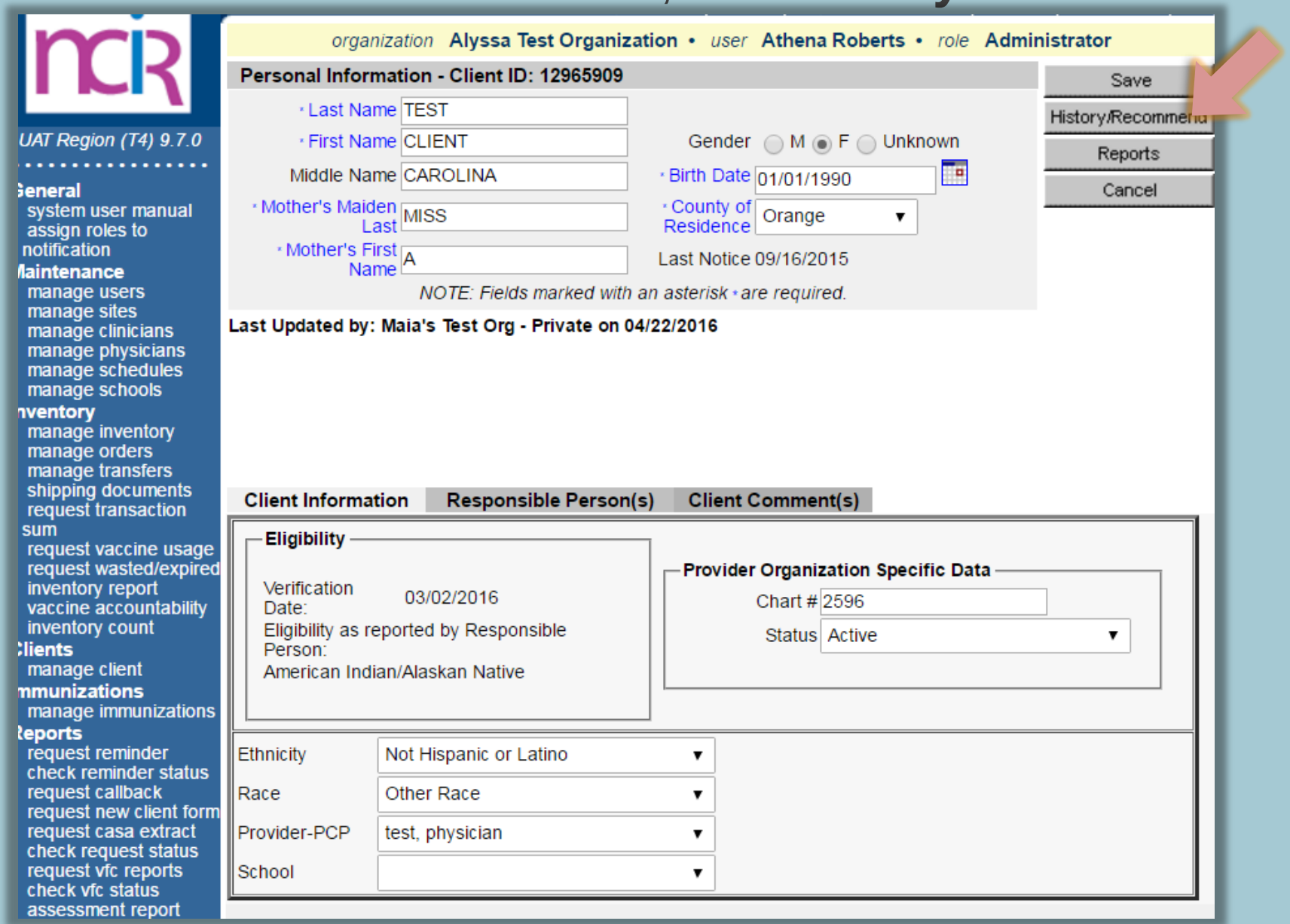
Historical Immunization

- Private doses from private inventory NOT managed in the NCIR
- Immunizations entered from valid immunization records



Steps for Adding Historical Immunizations

1. From within the client record, click **History/Recommend**.



Steps for Adding Historical Immunizations

2. Review the History/Recommendations Screen.

Client Information - Client ID: 12870110

Client Name (First - MI - Last)	DOB
CLIENT TEST	01/01/2001

Address: 5601 Six Forks Rd, R

Comments

The **Client Information** section lists the patient's personal and demographic information and any client comments.

History | New Immunization Entry | Historical Immunization | Edit Client | Reports | Print | Print Confidential

Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
	1 of 3	Twinrix ®				Yes	
	1 of 3	Twinrix ®				Yes	
	1 of 1	AFLURIA ®	Full				
	Booster	AFLURIA ®				Yes	
PneumoConjugate 04/14/2016	NOT VALID	Pre					

The **History** section details the patients immunizations that are documented in the NCIR.

Current Age: 15 years, 3 months, 28 days

The client's **Current Age** is shown in the blue strip.

Vaccines Recommended by Selected Tracking Schedule

Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
☐	pA	01/01/2019	01/01/2019	01/01/2019	
☐		01/01/2019	01/01/2019	01/01/2019	
☑		01/01/2010	01/01/2012	01/01/2028	12/31/2027
				10/14/2017	
				01/01/2014	12/31/2022
				05/01/2002	

The **Vaccines Recommended** section is based on the ACIP schedule, current age, vaccination history, and any client comments.

Steps for Adding Historical Immunizations

3. Click **Historical Immunization**.

Client Information - Client ID: 12870110

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
CLIENT TEST	01/01/2001	U		ACIP	

Address: 5601 Six Forks Rd, Raleigh, NC 27609 (919) 707-5596

Comments

History | New Immunization Entry | Historical Immunization | Edit Client | Reports | Print | Print Confidential

Vaccine Group	Date Administered	ies	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
HepA	04/14/2012		Twinrix ®				Yes	
HepB	04/14/20						Yes	
Influenza	09/22/20							
	04/14/20						Yes	
PneumoConjugate	04/14/20						Yes	

Click **Historical Immunization**. This will open the Historical Immunization Entry Grid screen.

Current Age: 15 years, 3 months, 28 days

Vaccines Recommended by Selected Tracking Schedule | Add Selected

Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
☐	HepA	01/01/2019	01/01/2019	01/01/2019	
☐	HepB	01/01/2019	01/01/2019	01/01/2019	
☑	HPV	01/01/2010	**01/01/2012**	01/01/2028	12/31/2027
☐	Influenza	05/12/2016	04/14/2017	10/14/2017	
☑	Meningo	01/01/2012	01/01/2012	**01/01/2014**	12/31/2022
☑	MMR	01/01/2002	01/01/2002	**05/01/2002**	

Steps for Adding Historical Immunizations

4. Under the **Vaccine** column, find the vaccines to be documented.

Vaccine Tradename Details	* Provider Organization	* Default Dates				
DTP/aP						
HepA						
HepB						
Hib						
HPV						
Influenza						
Meningo						
MMR						
PneumoConjugate						
Polio						
Rotavirus						
Td						
Tdap/Pertussis						
Varicella						

Save | Save and Submit | Cancel

Steps for Adding Historical Immunizations

- If a vaccine is not listed, click the blank dropdown arrow in the last box in the **Vaccine** column.

Vaccine	* Provider Organization	* Default Dates				
Tradename Details						
DTP/aP						
HepA						
HepB						
Hib						
HPV						

Adeno
Anthrax
BCG
Cholera
Diphtheria
Encephalitis
Lyme
Measles
Mumps
Pertussis
Plague
Pneumo Poly 23
Rabies
Rubella
Tetanus
Typhoid
Yellow Fever
Zoster

Typhoid

Less commonly administered vaccines are listed in the dropdown box.

Save | Save and Submit | Cancel

Steps for Adding Historical Immunizations

5. In the first text box next to each vaccine to be documented, enter the **Provider Organization** name.

Vaccine	* Provider Organization	* Default Dates				
Tradename Details						
DTP/aP						
HepA						
HepB	Test Provider Org					
Hib						
HPV						
Influenza						
Meningo						
MMR						
PneumoConjugate						
Polio						
Rotavirus						
Td						
Tdap/Pertussis						
Varicella						

In the Provider Organization column, enter the name of the organization that administered the immunization (this would be your organization name unless you are entering shots from a valid immunization record).

Save | Save and Submit | Cancel

Steps for Adding Historical Immunizations

6. In the next text box, enter the **Date of Administration**.

Vaccine	* Provider Organization	* Default Dates				
Tradename Details						
DTP/aP						
HepA						
HepB	Test Provider Org	04/29/2016				
Hib						
HPV						
Influenza						
Meningo						
MMR						
PneumoConjugate						
Polio						
Rotavirus						
Td						
Tdap/Pertussis						
Varicella						

Document the date the vaccine was administered.

Save | Save and Submit | Cancel

Steps for Adding Historical Immunizations

7. Click **Tradename Details**.

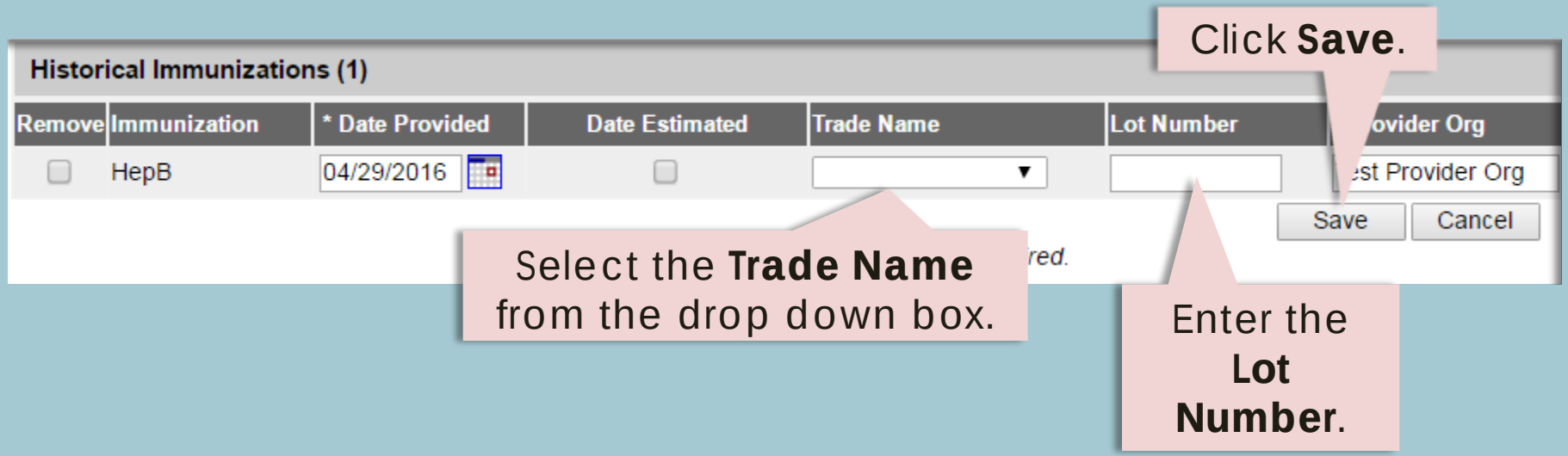
Vaccine	* Provider Organization	* Default Dates				
Tradename Details						
DTP/aP						
He						
He		04/29/2016				
Hib						
HPV						
Influenza						
Meningo						
MMR						
PneumoConjugate						
Polio						
Rotavirus						
Td						
Tdap/Pertussis						
Varicella						

Click on the **Tradename Details** Button.

Note: You are not required to document the Trade Name if entering from a valid shot record that does not provide this information.

Steps for Adding Historical Immunizations

8. Enter the **Trade Name** and **Lot Number** and click **Save**.



You must document Trade Name and Lot Number in case of vaccine recall.

Steps for Adding Historical Immunizations

9. Review the history to verify that the documented immunization(s) loaded accurately.

Client Information - Client ID: 12870110

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
CLIENT TEST	01/01/2001	U		ACIP	

Address: 5601 Six Forks Rd, Raleigh, NC 27609 (919) 707-5596

Comments

History | New Immunization Entry | Historical Immunization | Edit Client | Reports | Print | Print Confidential

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
HepA	04/14/2012	1 of 3	Twinrix ®				Yes	
HepB	04/14/2012	1 of 3	Twinrix ®				Yes	
	04/29/2016	2 of 3					Yes	
Influenza	09/22/2015	1 of 1	AFLURIA ®	Full				
	04/14/2016	Booster	AFLURIA ®				Yes	
PneumoConjugate	04/14/2016	NOT VALID	Prevnar 13 ®				Yes	

Current Age: 15 years, 3 months, 28 days

Vaccines Recommended by Selected Tracking Schedule

Select	Vaccine Group	Earliest Date	Recommende
☐	HepA	01/01/2019	01/01/20
☐	HepB	06/24/2016	06/24/20
☑	HPV	01/01/2010	**01/01/20**

When you click **Save and Submit** (or **Save** from the Tradename Details screen) you are sent back to the main History/ Recommend screen.

Short Cut: Adding Multiple Vaccines Administered by the Same Provider

Vaccine / Tradename Details	* Provider Organization
	Test NCIR Org Name
DTP/aP	
HepA	
HepB	
Hib	
HPV	Test NCIR Org Name
Influenza	
Meningo	
MMR	
PneumoConi	
Polio	Test NCIR Org Name
Rotavi	
Td	
Td/Pertussis	
Varicella	

Save | Save and Submit | Cancel

In the first/top blank box in the **Provider Organization** column, type the name of the provider organization that gave the vaccines.

Click in the box to paste

Click in the box to paste

Next to each vaccine the provider administered, left-click inside the blank text box. The information entered at the top is auto-pasted.

Short Cut: Adding Multiple Vaccines Administered on the Same Day

Vaccine / Tradename Details	* Provider Organization							
	Test NCIR Org Name	04/29/2016						
DTP/aP								
HepA								
HepB								
Hib								
HPV	Test NCIR Org Name	04/29/2016						
Influenza								
Meningo								
MMR								
PneumoConjugate								
Polio	Test NCIR Org Name	04/29/2016						
Rotavirus								
Td								
Tdap/Pertussis								
Varicella								

Save | Save and Submit | Cancel

In the first/top blank box in the vaccination date column, type the date the doses were given.

Next to each vaccine administered on that date, left-click inside the blank date column text box. The date entered at the top is auto-pasted.

Save VS. Save and Submit

Vaccine / Tradename Details	* Provider Organization	* Default Dates				
	Test NCIR Org Name	04/29/2016				
DTP/aP						
HepA						
HepB						
Hib						
HPV	Test NCIR Org Name	04/29/2016				
Influenza						
Meningo						
MMR						
PneumoConjugate						
Polio	Test NCIR Org Name	04/29/2016				
Rotavirus						
Td						
Tdap						
Varic						

Save and Submit uploads all the documented information and returns you to the main History/ Recommend screen.

Save allows you to save the information that you have entered, but does not take you away from the historical immunization entry grid screen.

Save | Save and Submit | Cancel

Any user at any organization may edit information documented for a historical immunization.

EDITING HISTORICAL IMMUNIZATIONS

When to Edit a Historical Immunization

- To correct information documented inaccurately:
  - The Trade Name, Vaccine Lot Number, Date Provided, Date Estimated indicator, or Provider Org Name
- To indicate an inadequate amount of a vaccine was given or the vaccine given is not anticipated to be effective.
- To document a vaccine reaction for that specific dose.
- To delete the dose.

Steps for Editing Historical Immunizations

1. In the history section in the client record, find the row with for the dose that needs to be edited.
2. Click on the icon in the **Edit** column (last column).

Client Information - Client ID: 12870110

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
CLIENT TEST	01/01/2001	U		ACIP	

Address: 5601 Six Forks Rd, Raleigh, NC 27609 (919) 707-5596

Comments

History | New Immunization Entry | Historical Immunization | Edit Client | Reports | Print | Print Confidential

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
HepA	04/14/2012	1 of 3	Twinrix ®				Yes	
HepB	04/14/2012	1 of 3	Twinrix ®				Yes	
	04/29/2016	2 of 3					Yes	
Influenza	09/22/2015	1 of 1	AFLURIA ®	Full				
	04/14/2016	Booster	AFLURIA ®				Yes	
PneumoConjugate	04/14/2016	NOT VALID	Prevnar 13 ®				Yes	

Click

Current Age: 15 years, 3 months, 28 days

Vaccines Recommended by Selected Tracking Schedule | Add Selected

Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
☐	HepA	01/01/2019	01/01/2019	01/01/2019	
☐	HepB	06/24/2016	06/24/2016	07/29/2016	
☑	HPV	01/01/2010	**01/01/2012**	01/01/2028	12/31/2027

Steps for Editing Historical Immunizations

3. Make the edits and click **Save**.
   - (Or click **Delete** and then **OK** to delete the dose).

Edit Historical Immunization

Save | Cancel | Delete

Vaccine Group: Influenza
Vaccine Display Name: Influenza, seasonal, injectable
Trade Name: AFLURIA
Vaccine Lot Number: 456
Inadequate Dose: ☐
*** Date Provided:** 04/14/2016
Date Estimated: ☐
*** Provider Org Name:** Test Org
Disregard Primary Series: N
VIS Date: Unknown
Input Source of Record: Created through UI

*NOTE: Fields marked with an asterisk * are required.*

Reactions TO IMMUNIZATION

General for all vaccines

- ☐ Allergic reaction to this vaccine or to any of its unlisted vaccine components (anaphylactic)

DTaP, DTP, or any pertussis-containing vaccine

- ☐ Fever >=40.5° (105° F) within 48 hours
- ☐ Persistent inconsolable crying lasting 3 hours or more within 48 hours
- ☐ Collapse or shock-LIKE State within 48 hours
- ☐ Encephalopathy within 7 days
- ☐ Convulsions (fits, seizures) within 72 hours

DT or Td, DtaP, or any tetanus-containing vaccine

- ☐ Guillain-Barré syndrome within 6 weeks

Questions?

Contact your Regional Immunization Program Consultant (RIC)

The RIC map with contact information is located on the Immunization Branch website:
http://www.immunize.nc.gov/contacts.htm

NCIR Help Desk

1-877-873-6247

ncirhelp@dhhs.nc.gov

Adding and Editing New Immunizations

For all user roles except Reports Only

Personal Information - Client ID: 5999144

*Last Name WONKA

*First Name WILLIE

Middle Name

*Mother's Maiden Last

*Mother's First Name

*County of Residence Wake

Last Notice

*NOTE: Fields marked with an asterisk * are required.*

Save

History/Recommend

Reports

Cancel

Once you have located your client's record, you can start documenting new immunizations by selecting the: **History/Recommend** button.

Last Updated by: NORTH CAROLINA IMMUNIZATION REGISTRY on 05/18/2009

Client Information | **Responsible Person(s)** | **Client Comment(s)**

Eligibility

Verification Date:

Eligibility as reported by Responsible Person:

Provider Organization Specific Data

Chart # 5678

Status Active

Ethnicity Unknown

Race Unknown

The History Recommendation Screen

This screen is broken down into **four** sections:

Section One - Client Information: This will list the patient's demographic information such as their date of birth, address, gender, chart number, etc.

Section 2: Client Comments This is where you would review any adverse reactions to vaccines for the patient.

Section Three - Vaccine History: This section provides a history of the vaccines received for the patient and provides important information regarding each vaccine.

Section Four - ACIP Schedule: This scheduled is based on the patient's age, their time in the registry and their vaccine history.

Client Information - Client ID: 12896483

Client Name (First - MI - Last)	DOB
AVERY MAE WELL	09/01/2008

Address	123 Seaside Manor, MOREHEAD CITY, NC 28557 (252) 777-6777
Comments	{1 of 1} .. 05/12/2015 ~ Parent Refusal of Influenza

History | New Immunization Entry | Historical Immunization | Edit Client | Reports | Print | Print Confidential

Vaccine Group	Date Administered	Series	Tr[illegible]me	Dose	Owned?	Reaction	Hist?	Edit
HepA	10/01/2009	1 of 2	Ha[illegible]®				Yes	
	10/01/2010							
HepB	05/12/2015							
Varicella	10/01/2009							
	05/12/2015	2 of 2	Varivax ®				Yes	

Current Age: 6 years, 8 months, 17 days

Vaccines Recommended by Selected Tracking Schedule | Add Selected

Se[illegible]t	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
	DTP/aP	10/13/2008	11/01/2008	12/01/2008	08/31/2015
	HepA	Complete			
	HepB	06/09/2015	06/09/2015	07/12/2015	
	Influenza	03/01/2009	03/01/2009	09/01/2009	
	MMR	06/09/2015	06/09/2015	06/09/2015	
	Polio	10/13/2008	11/01/2008	12/01/2008	
	Varicella	Complete			

The History Recommendation Screen

There are 2 ways to enter a new immunization from inventory:

Client Information - Client ID: 5999144

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
WILLIE WONKA	05/01/2006	M		ACIP	5678

Address: 123 elm street, RALEIGH, NC 27606

Comments

History | New Immunization Entry | Print Confidential

By clicking New Immunization Entry

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	09/04/2006	1 of 5					Yes	
	11/04/2006	2 of 5					Yes	
	05/04/2007	3 of 5					Yes	
HepB	05/01/2006	1 of 3					Yes	
	11/04/2006	2 of 3						
	05/02/2007	3 of 3						
Hib	07/02/2006	1 of 4						
	09/04/2006	2 of 4						
	11/04/2006	3 of 4						
Polio	07/02/2006	1 of 4						
	09/04/2006	2 of 4						
	11/04/2006	3 of 4						

Both options will take you to the same entry screen, the only difference is that Add Selected makes the green check marks for you and New Immunization Entry does not (you select the vaccines manually)

Current Age: 3 years, 19 days

Vaccines Recommended by Selected Tracking Schedul | Add Selected

By clicking Add Selected

Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
☑	DTP/aP	11/04/2007	11/04/2007	12/04/2007	04/30/2013
☑	HepA	05/01/2007	05/01/2007	05/01/2025	
	HepB	Complete			
☑	Hib	05/01/2007	05/04/2007	09/01/2007	04/30/2011
☑	Influenza	11/01/2006	11/01/2006	05/01/2007	04/30/2025
☐	Meningo	05/01/2017	05/01/2017	05/01/2021	04/30/2025
☑	MMR	05/01/2007	05/01/2007	09/01/2007	
☑	PneumoConjugate 7	06/12/2006	07/01/2006	08/01/2006	04/30/2011

Entering a Live Immunization

Current Age: 3 years, 19 days

Active immunization inventory on : 05/20/2009

OK | Cancel

Unselect All

Immunization	* New
DTP/aP	☑
HepA	☐
HepB	☐
Hib	☐
HPV	☐
Meningo	☐
MMR	☐
PneumoConjugate 7	☐
Polio	☐
Rotavirus	☐
Td	☐
Tdap	☐
Varicella	☐

Defaults for new immunizations

Organization Site: Joy's Test Org

Administered By: Sampson, Brock

Date Administered: 05/20/2009

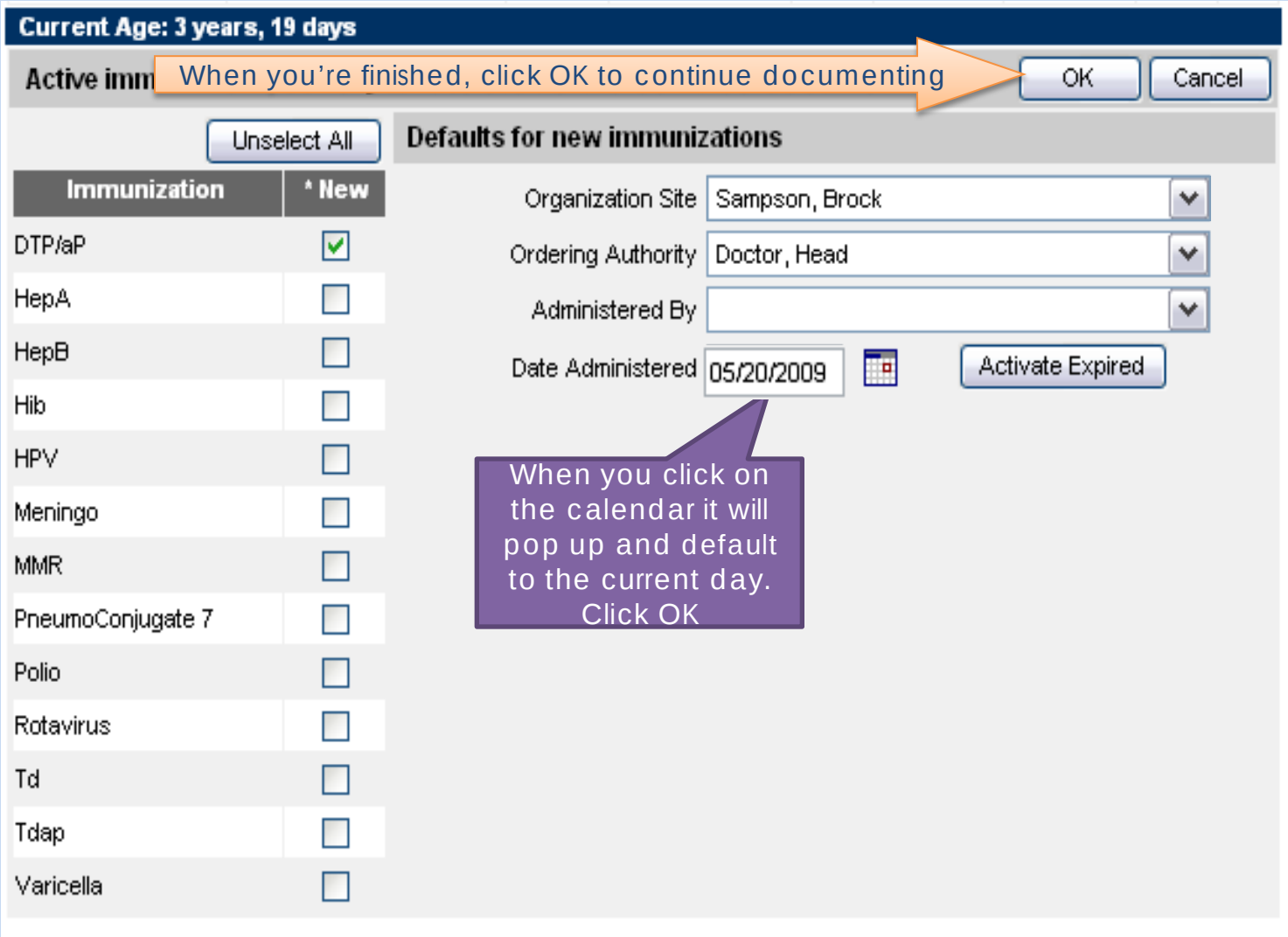
Activate Expired

Make sure the vaccine is selected

Entering a Live Immunization

Select the appropriate information from the populated drop down box for the following categories:

Organization site:
Ordering authority:
Whom the shot was administered by:
Administration date:



Entering a Live Immunization Continued

You must first verify the patient's **Eligibility** by selecting from the drop down box. You will not be able to progress past this screen without completing this step. The choices in the drop down box are the same choices that were available on the VAL forms.

Click 'OK' once you are finished.

OK Cancel

New Immunizations (1)

*Date Provided 05/20/2009 *Ordering Authority Medicaid

Eligibility as reported by Responsible Person:

Immun		Volume	* Body Site	Route	* Administered By	Remove
DTP/aP	Pediarix\AC216584AA\state		left thigh	intramuscular	Sampson, Brock	

KINRIX\Test State\state
Pediarix\AC216584AA\state
Tripedia\AB32434AA\private
Tripedia\U1985CA\state
Tripedia\U20531AA\private

VIS Publication Dates for New Immunizations

Pediarix\AC216584AA\state)

Pediarix	DTP/aP:	05/17/2007
Pediarix	HepB:	07/18/2007
Pediarix	Polio:	01/01/2000

Choose your *Body Site* the same way- **click on the drop down box and choose your site.**

Choose your ***Trade Name and Lot Numbers*** by clicking on the drop down arrow. *State supplied vaccine is in **blue** and Private supply vaccine is in **black.***

Notice that as you choose vaccines, the VIS Publication Date will display at the bottom with the most current date. You can choose the date of the actual copy that the patient received by clicking on the drop down box.

Entering a Live Immunization Continued

The shots that you have entered will appear under the *History* section on the History/Recommend screen.

Client Information - Client ID: 5999144

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
WILLIE WONKA	05/01/2006	M		ACIP	5678

Address: 123 elm street, RALEIGH, NC 27606

Comments:

History | New Immunization Entry | Historical Immunization | Edit Client | Reports | Print | Print Confidential

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	09/04/2006	1 of 5					Yes	
	11/04/2006	2 of 5					s	
	05/04/2007	3 of 5					Yes	
	05/20/2009	4 of 5	Pediarix ®	Full				
HepB	05/01/2006	1 of 3					Yes	
	11/04/2006	2 of 3					Yes	
	05/02/2007	3 of 3					Yes	
	05/20/2009		Pediarix ®	Full				
Hib	07/02/2006	1 of 4					Yes	
	09/04/2006	2 of 4					Yes	
	11/04/2006	3 of 4					Yes	
Polio	07/02/2006	1 of 4					Yes	
	09/04/2006	2 of 4					Yes	
	11/04/2006	3 of 4					Yes	
	05/20/2009	4 of 4	Pediarix ®	Full				

Editing a Live Immunization

Edit Immunization

Save | Cancel | Delete

Vaccine Group: DTP/aP - HepB - Polio
Vaccine Display Name: DTaP/Polio/Hep B
Trade Name: Pediarix
Vaccine Lot Number: AC216584AA / state
Dose Size: .5 mL
Dosage From Inventory: Full
Inadequate Dose: ☐
***Date Provided:** 05/20/2009
***Eligibility as reported by Responsible Person:** Medicaid
Date VIS Presented: 05/20/2009
***Ordering Authority:** Doctor, Head
***Administered By:** Sampson, Brock
***Body Site:** left thigh
Adminstered Route: intramuscular
Disregard Primary Series: N
VIS Publication Date for DTP/aP: 05/17/2007
VIS Publication Date for HepB: 07/18/2007
VIS Publication Date for Polio: 01/01/2000
Entered by Site: Joy's Test Org
Input Source of Record: Created through User Interface
Coverage Violation Indicator: No

*NOTE: Fields marked with an asterisk * are required.*

Reactions TO IMMUNIZATION

General for all vaccines

☐ Allergic reaction to this vaccine or to any of its unlisted vaccine components (anaphylactic)

DTaP, DTP, or any pertussis-containing vaccine

☐ Persistent inconsolable crying lasting 3 hours or more within 48 hours

☐ Fever >=40.5° (105° F) within 48 hours

☐ Collapse or shock-like State within 48 hours

From the **Edit** screen you can change the following information for a live vaccine that your facility has administered:

- Date Provided
- Ordering Authority
- Administered By
- Body Site
- Administered Route
- Eligibility as reported by Responsible Person

You are also able to add **Reactions to IMMUNIZATION** on this page by selecting the corresponding reaction at the bottom of the screen.

Questions?

Contact your Regional Immunization Program Consultant (RIC)

The RIC map with contact information is located on the Immunization Branch website:
http://www.immunize.nc.gov/contacts.htm

NCIR Help Desk

1-877-873-6247

ncirhelp@dhhs.nc.gov

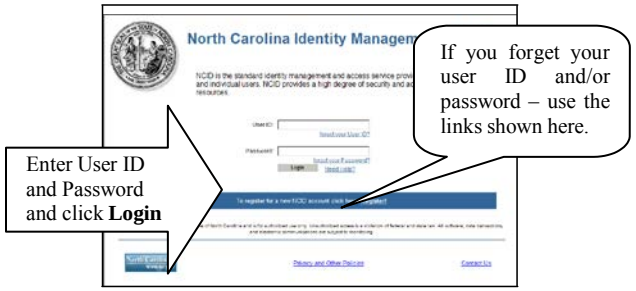
North Carolina Immunization Registry (NCIR) Quick Reference Guide

Bookmarking the NCIR Website

- Type in the https://ncir.dhhs.state.nc.us web address and then bookmark the site, (it will bookmark the NCID website).
- Edit the bookmark by right- clicking on the bookmark itself, left-clicking on "**Properties**" and retyping the NCIR web address into the URL blank.

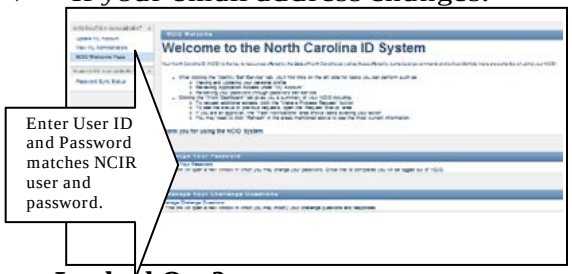
Username/Login and Password

- Username and password are **not** case sensitive.
- Do not share usernames and passwords.
- For added security, close the browser window after logging out of the NCIR.



Updating User Profile Information

- Type in the https://**ncid**.nc.gov web address.
- If your email address changes.



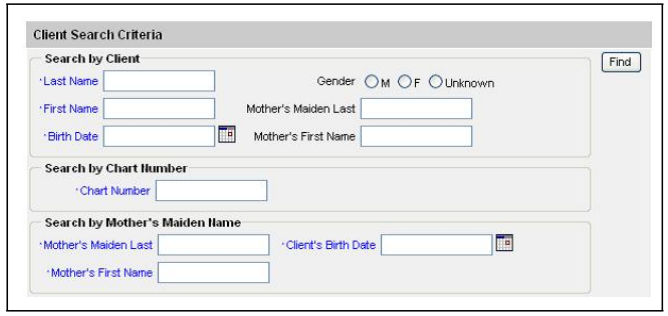
- **Locked Out?**
  - * LHDs contact your NCID Administrator https://www.ncid.its.state.nc.us
  - * Private Providers contact the ITS Help Desk at 1-800-722-3946

NCIR Homepage

Searching for a Client

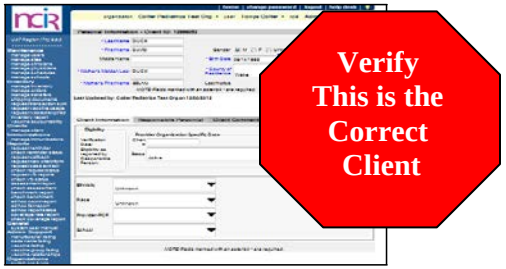
Many clients are already in the NCIR – and those who move to NC are easy to add!

- Using the navigation menu on the left, click **Manage Client**.



3 Ways to Search – only choose one:

- Search by Client:
  - ◊ Last Name
  - ◊ First Name
  - ◊ Birth Date
- Search by Chart Number:
  - ◊ This must be assigned & entered **by** your organization
- Search by Mother's Maiden Name:
  - ◊ Mother's Maiden Last
  - ◊ Mother's First Name
  - ◊ Client's Birthdate
- *If the client has a hyphenated last name, try entering only one portion of the last name (i.e. Johnson-Smith – enter "Johnson").*
- Click **Find**.
- If the client appears in the Search results, check the name and Date of Birth to ensure that this is the correct client.



- If there are multiple clients that met your search criteria, you will see all possible matches listed:

- If the client was not found, you will see the message below:

Last Name	First Name	Middle Name	Birth Date	Chart #	Mother's Maiden Last	Gender	City
No clients were found for the requested search criteria.							

- Click the **Add This Client** button to add the client.

- The information that you entered on the search screen (Last Name, First Name, DOB) will all be retained on the 'enter new client' screen.

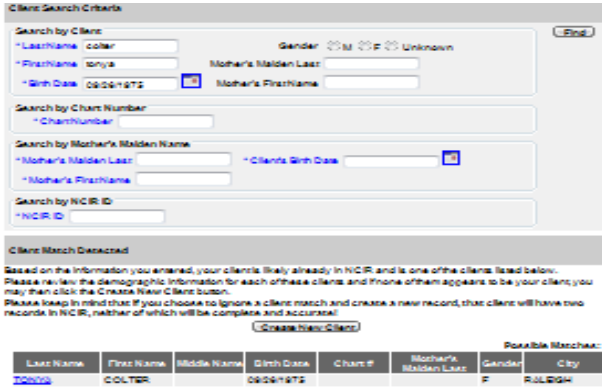
Duplicate Client Records

- If you locate a duplicate Client record, contact the NCIR Help Desk, at NCIRHelp@dhhs.nc.gov
- Please note the NCIR **Client ID** number for **both** client records and if possible, which record to keep and which one to delete.

- To find the Client ID, place your cursor over the last name of the first duplicate listed, the name will turn green, select the name and the Client ID number will appear at the top of the screen. Follow the same steps to find the second Client ID.

Adding a New Client

1. Enter all of the REQUIRED information (noted by a blue asterisk): *Last Name, First Name, Date of Birth, and County of Residence*
2. *Mother's Maiden Last Name, Mother's Maiden First Name and gender assist with deduplication of clientsts.*
3. *Chart Number is optional (organization specific) Please enter correct Ethnicity/Race. Status defaults to "Active".*
4. Click **SAVE**.
5. If a client already exists in the NCIR with exact or similar information to the client that you are creating, you may see the screen shown below:



If you are sure this is not the same client, click the "create new client" button.

6. If you think this may be the same client, click the last name of the client, highlighted in blue.
7. If no match is found, click Create New Client button.
8. Click on **Responsible Persons**
   - Complete as much information as possible for each individual (minimum requirements: name, relationship, address and/or phone number)
   - **Notices** should remain checked unless it is specified that a responsible person does not want to receive immunization reminders.
   - Default for language is always "English" unless you select otherwise.
   - Only one person entered on this screen can be selected as "**Primary**"; be sure that a primary person is designated
   - To add more than one person, click on **Next**
   - Scroll to the top of the screen and click **Save**
9. See the section on **Viewing History/Recommend** for steps to view a client's immunization history.

Viewing History/Recommend

- From the client demographics screen, click **History/Recommend**
- From the homepage, click **Manage Immunizations,** search for the client, and you will be taken directly to the History/Recommend screen.
- The screen has 4 sections:
  - Client Information
  - History
  - Current Age
  - Vaccines Recommended by Tracking Schedule
- The history section lists vaccines the client has already received:

- **Vaccine Group** – vaccine group for each immunization entered
- **Date Administered** – actual day the client was given the vaccine
- **Series** – the sequence number within the immunization series
- **Trade name** – trade name of the vaccination received, if available
- **Dose** – magnitude (amount administered – e.g. full, half, etc.)
- **Owned?** – whether or not this shot was administered by your organization
- **Reaction** – any reactions the client had after receiving a vaccine
- **Hist?** – whether the recorded immunization was historical or not
- **Edit** - will allow you to edit the recorded immunization (see **Editing a Dose of Vaccine** for specifics)
- The client's age displays in a solid blue field between the immunization history and before the recommendations.

Note: age is calculated by date of birth and today's date

Current Age: 11 months, 7 days

- Vaccines Recommended by Selected Tracking Schedule are based on:
  - Current ACIP Recommendations
  - Age of the client
  - History *entered* in the NCIR
  - Any client comments and/or contraindications

Vaccines Recommended by Selected Tracking Schedule — Add Selected

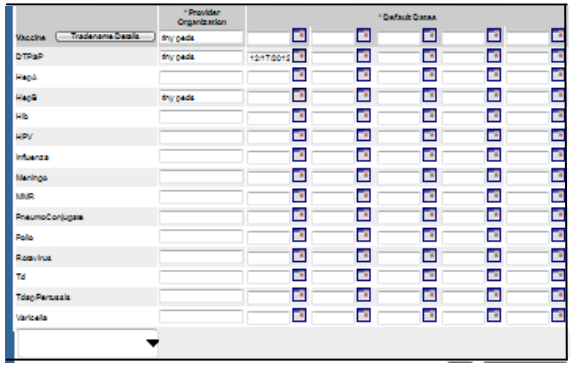
Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
	DTP/aP	Contraindicated			
☐	HepA	01/01/2009	01/01/2009	01/01/2027	
	HepB	Complete			
☐	Hib	01/01/2009	01/27/2009	05/01/2009	12/31/2012
☑	Influenza	08/24/2008	08/27/2008	09/27/2008	
☐	Meningo	01/01/2019	01/01/2019	01/01/2023	12/31/2026
☐	MMR	01/01/2009	01/01/2009	05/01/2009	
☐	PneumoConjugate 7	01/01/2009	01/01/2009	01/01/2009	12/31/2012
☐	Polio	08/24/2008	01/01/2012	01/01/2015	
	Rotavirus	Complete			
☐	Varicella	01/01/2009	01/01/2009	05/01/2009	12/31/2020

- **Select** - check boxes which can be used to pre-select any of the tracking schedule's immunizations (for entering doses given from inventory)
- **Vaccine Group** - recommended vaccine group name
- **Earliest Date** - dates which note the earliest date the selected client could receive the corresponding immunization
- **Recommended Date** - dates which note the date that the selected client is recommended to have the corresponding immunization
- **Overdue Date** - dates which note the date that the client is past due for the corresponding immunization
- **Latest Date** - the date after which the client should *not* receive the corresponding immunization

Entering Historical Immunizations

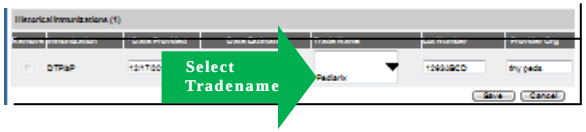
Historical immunizations are immunizations that are not given from inventory.

1. Search for the client using **manage client** or **manage immunizations**.
2. Click on the **History/ Recommend** button if using the manage client option
3. Compare the client's current immunization record with the doses listed in the NCIR and update as necessary. If doses are missing from the NCIR, click on **Historical Immunization** *(located in the gray History bar in the middle of the page).*
4. Key in the provider organization next to the vaccine trade name details section. If all shots that you are entering were given at the same place, click in the blank box for provider organization it will automatically fill-in as needed.



5. If you are unsure of where the doses were administered, enter **Reported by: <your facility's name>**. Click on the calendar icon to the right for the **Date Administered** and select date or key in the date MM/DD/YYYY.

6. To enter the **Trade Name and Lot Number** click on **the Trade Name** Details button(make sure provider organization and date are filled in first)**, then verify date, select** trade name and key in lot number**,** click **SAVE**. Please **note**: for certain vaccines, (e.g. combination vaccines, Hib, etc.) tradename is necessary to apply the correct vaccine schedule information under the **Vaccines Recommended by Selected Tracking Schedule** section.



Entering New Immunizations

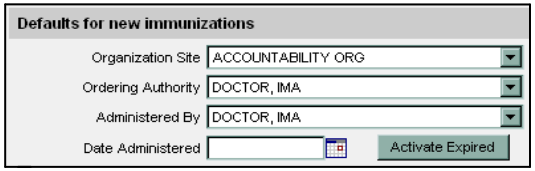
New immunizations are immunizations given from inventory.

1. Search for the client using **manage client** or **manage immunizations**
2. Click on the **History/ Recommend** button if using the manage client option Review comments under "**Client Information**" at the top of the page and the "**Current Age**" in the blue bar about 2/3 of the way down the page.
3. Review the **Vaccines Recommended by Selected Tracking Schedule** below the age. The recommendations are based on the ACIP schedule, the child's age, client comments (contraindications), and vaccination history.
4. The **select** column contains check boxes which can be used to pre-select any of the tracking schedule's immunizations when adding immunizations to the selected client.
   - The check box will be disabled if the tracking schedule's recommended vaccination is contraindicated, or if all required immunizations for that vaccine group have been received.
   - The box is automatically selected for any vaccines that are recommended or overdue.
   - To deselect any of the recommended vaccines, click the checkmark to remove it. Any vaccines that are not recommended or overdue, but still may be applied to the series (as noted by earliest date) may be added by clicking in the box next to the vaccine name to add a checkmark.
   - Any vaccines that are not recommended or overdue, but still may be applied to the series (as noted by earliest date) may be added by clicking in the box next to the vaccine name to add a checkmark.
   - If you administer a vaccine that does not appear in the schedule, you will be able to add it on the next screen.

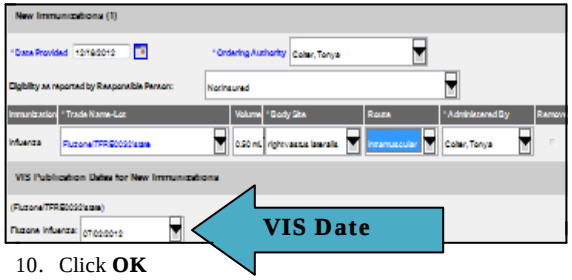
5. After making your vaccine choices, click **Add Selected**. Another entry screen will be displayed. The vaccines that you selected will have a checkmark in the **New** column. **If you administered any vaccine that does not have a check next to it in the **New** box, click on that box to add a checkmark.

Note: Only vaccine that you have available in inventory will become selected. If you are lacking some vaccine or notice not everything from the previous screen will be checked on this screen.

6. Under **Defaults for New Immunizations** verify or complete the following;
   a. **Organization Site** (for those organizations with multiple sites)
   b. **Ordering Authority** (the doctor who signs the standing orders for vaccines to be administered)
   c. **Administered By** (the clinician who administered the vaccine)
   d. **Date Administered** (will default to today's date on the next screen if left blank)



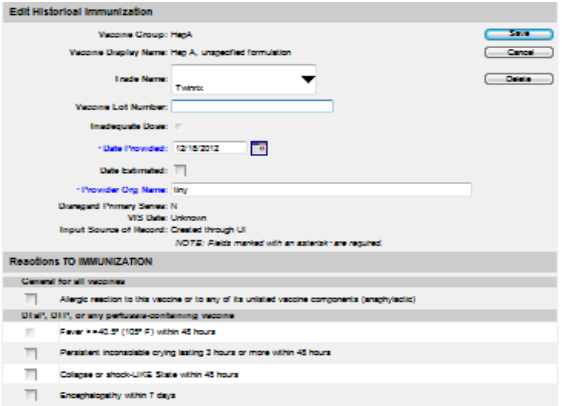
7. Click **OK.**
8. Choose an **Eligibility**
9. Choose the **Trade Name/ Lot Number,** the **Body Site** and enter/verify the **Route** for each vaccine selected. ** *As you select the trade name and lot number the most current date for each VIS will display on the bottom of the page.*



10. Click **OK**

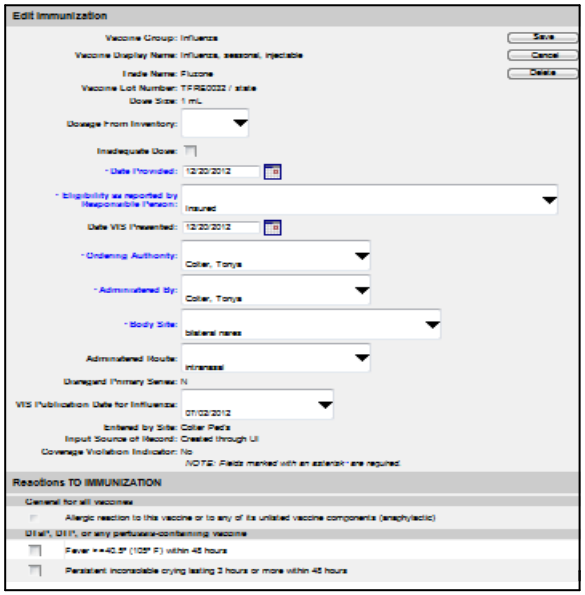
Editing a Dose of Vaccine

1. To edit a dose of vaccine (including adding a vaccine reaction), click the **Edit** button next to the appropriate vaccine date on the **History/ Recommend** screen.
2. Any person, at any organization, may delete or update a historical immunization. You may update any of the following fields for historical immunizations:
   - Tradename
   - Lot number
   - Date provided
   - Provider Organization
   - Any reactions associated with vaccine administration



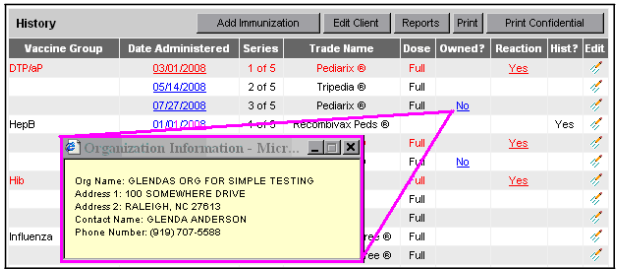
3. You may only delete or update a dose of vaccine from inventory, if it was administered by your organization. You may update any of the following fields for doses from your inventory:
   - Dosage From Inventory (full, half, etc.)
   - Whether the dose was inadequate
   - Date provided
   - Eligibility
   - Ordering Authority
   - Administered By
   - Body Site
   - Route of Administration

- VIS date (The system allows the VIS date to be editable **only** on the day the immunization was administered.)
- Any reactions associated with vaccine administration



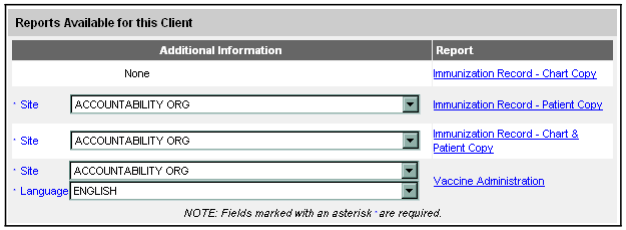
Note: If an incorrect lot number was entered, the dose must first be deleted and then re-entered with the correct lot number.

If the vaccine was given from another organization's inventory (as noted by **No** in the **Owned?** column) click on the hyperlink to view which organization administered the shot as well as the contact information.



How to Print Immunization Records

1. After you have searched for and found the appropriate client, from the client demographics screen or from the History/Recommend screen, click **Reports**.



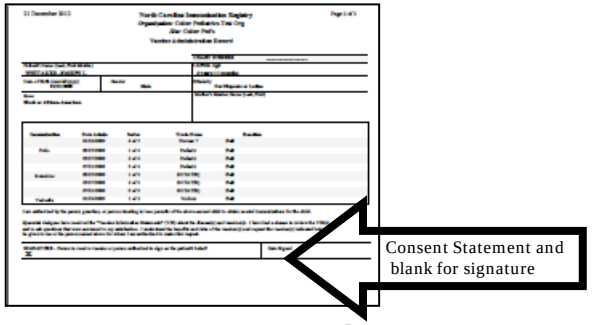
a. For a **Chart Copy** only, click on the link - **Immunization Record - Chart Copy**. It will open n Adobe .pdf file in a separate window.

b. For a **Patient Copy** only, choose the **Site** (if not defaulted) and then click on the link – **Immunization Record - Patient Copy**. It will open an Adobe .pdf file in a separate window.

c. To print both the **Chart and Patient Copy** at the same time, choose the **Site**, and then click **Immunization Record-Chart & Patient Copy**. It will open an Adobe .pdf file in a separate window.

***Note**: The Immunization Record – Patient Copy fulfills the requirements for an official immunization record.*

d. To print a Vaccine Administration record, choose the **Site**, choose a **language** (prints a consent statement in preferred language for signature), and then click on the link **Vaccine Administration**.



How to Print a New Client Form

The New Client Form should be used as a contingency plan in case of an NCIR outage or a localized Internet Service Provider outage. The New Client Form contains all information necessary to enter the client and/or doses administered in to the NCIR at a later time.

1. From the left hand menu bar, click on **Request New Client Form**
2. Choose a site from the site drop-down box (this is the site information that is printed at the top of the report) **Click Generate**
3. The report should open in a new window as an Adobe .pdf file.

It is a good idea to keep several of these blank forms on hand in case of an outage.

In the event that the NCIR is unavailable and you do not have any forms on hand, they are also available on the Immunize NC website in both English and Spanish:
http://www.immunizenc.com/NCIR.htm
Click on:

- New Client Form – English
- New Client Form – Spanish

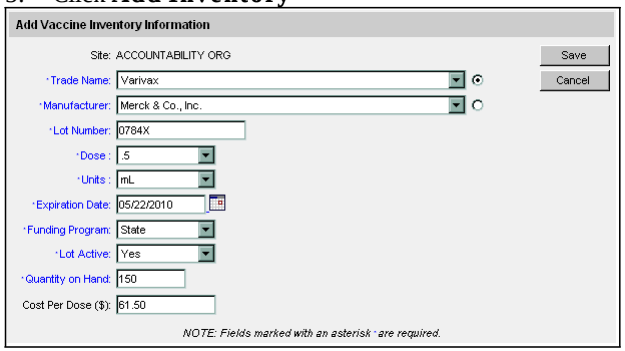
QUESTIONS? Contact the NCIR Help Desk at 1-877-USE-NCIR.

How to Add Inventory to the NCIR

***You should use this procedure to add your private supply of vaccine along with your state supplied MMRV and Varicella to your inventory. All other state supplied vaccine should be accepted into your inventory via Manage Transfers. To see how to do this, please see:* **Accepting Your State Supplied Vaccine Order.**

If the vaccine lot number is NOT already in your inventory:

1. Click **Manage Inventory**
2. Click **Show Inventory**
3. Click **Add Inventory**



4. Choose the **Trade Name,** the Manufacturer will automatically populate
5. Enter the **Lot Number** (It should be located on the box or vial of vaccine)
6. Select the **Dose** size from the drop-down box (Found under the 'dosage and administration' portion of the package insert)
7. Choose the **Units** (will always be mL unless you are administering a vaccine in capsule form)

Note: tubes are not considered capsules.

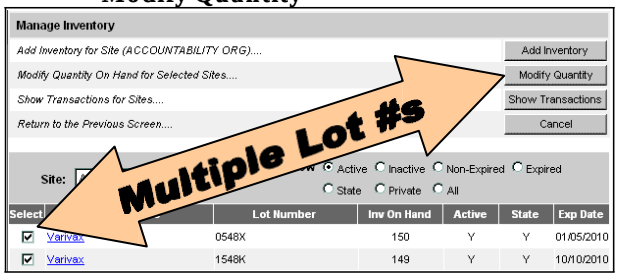
8. Enter the **Expiration Date** (should be located on the box or vial of vaccine)

Note: PCV7 expiration dates should be entered as the **last** day of the month of expiration.

9. Choose the **Funding Program** (should be private unless you are entering the state supplied vaccine specified above; in which case you would choose public **)
10. The **Lot Active** drop-down must be set to Yes to be saved. Yes will make the Lot number appear in the drop down box under the Lot Number/ Trade Name when documenting administration of a dose of vaccine. If you do not want the lot number to appear in the drop-down box, change the active indicator to No after saving the initial information.
11. Enter the **Quantity on Hand** (enter in the number of doses not boxes or vials).
12. Enter the **Cost Per Dose** for Varicella and MMRV (found on CDC's website - http://www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm).
13. Click **Save**

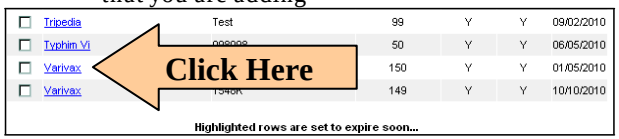
If the lot number already exists in your inventory:

1. Click **Manage Inventory**
2. Click **Show Inventory**
3. To get to the modify quantity on hand screen:
   - Place a check mark in the 'select' box and click **Modify Quantity**



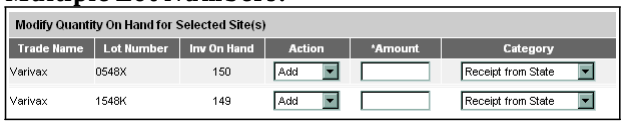
OR

- Click the Tradename link beside the lot number that you are adding

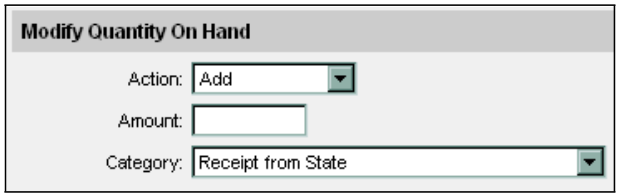


4. Under the modify quantity on hand section, make sure the action is **Add**, enter the number of doses that you are adding, choose **Receipt from State** as your category for Varicella and MMRV, for private vaccine, choose **Receipt from Inventory**
5. Click **Save**

Multiple Lot Numbers:



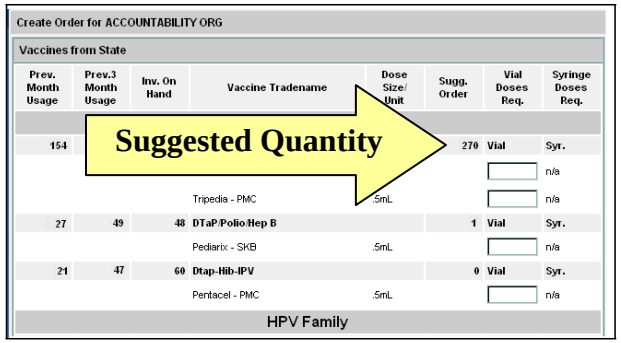
One Lot Number:



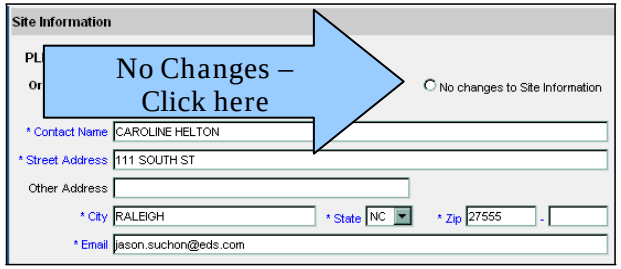
How to Place a Vaccine Order

Before placing an order, please make sure that all doses administered have been keyed in to the NCIR.

1. Click **Manage Order**
2. Click **Create Order**
3. The Suggested order quantity is calculated from your doses administered and your viable state-supplied inventory on hand. Review the **Suggested Order Quantity** to assist with placing your order.
4. Enter the amount, in doses, of each vaccine you're requesting in the corresponding boxes. You may order vials, syringes or a combination of the two based on availability. Make sure that you place the order for **all** vaccines.



5. Scroll to the bottom of the page to verify your shipping information:
   - If all the shipping information is correct, click on the radio button next to **No Changes to Site Information**.
   - If any information, including name, address and delivery hours needs to be changed, highlight the incorrect information and type in the new information.



6. Click **Submit Order**.
7. You will be redirected to the **Manage Order** page where your order shows up as **Pending** (An order in Pending status may be edited or updated).

Accepting Your State - Supplied Vaccine Order (or an incoming transfer from another organization)

1. When you receive your physical order of state – supplied vaccine, verify that the vaccine type, lot number, expiration date and quantity of the vaccines in the shipping container match what is listed on the packing list.
2. Login to the NCIR and click **Manage Transfers.**
3. Under **Inbound Transfer** you should see your order from the Vaccine Distribution organization* as shown below:

Inbound Transfer

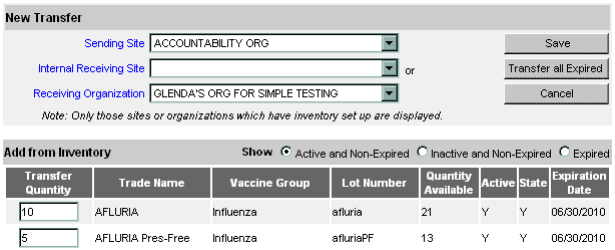
Create Date	Type	Sending Org:Site	Receiving Org:Site	Ship Date	Receive Date	Return Date
01/02/2008	ORDER	Vaccine Distribution	ACCOUNTABILITY ORG	01/02/2008		

4. Click on the date under **Create Date.**
5. Verify that the order in the NCIR (amount, lot number, and trade name) matches your packing list. If the packing list does not match the NCIR, please call the Help Desk at 877-873-6247.
6. If everything matches, click **Accept Transfer**.
7. Click **Ok.** The vaccine should now be active in your inventory.

* Note: an incoming transfer from another organization will display that organization's name in the '**Sending Org: Site**' box.

Transferring Vaccine to another NCIR User

1. Click **Manage Transfers**
2. Click **New Transfer**
3. Choose the **Sending Site** and the **Receiving Site/Organization**** (you may choose only one)
4. Enter the number of doses that you are transferring in the **Transfer Quantity** box next to the Trade Name/Lot number.

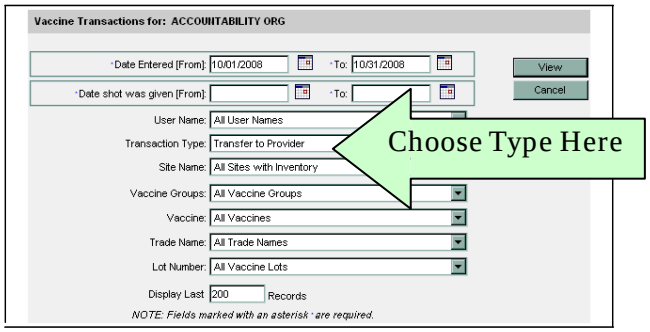


5. Click **Save**. You should see a message saying 'Saved Successfully'.
6. You must generate either a **Packing List** or **Label** in order to complete the transfer.
7. Click **Ship**
8. Enter a **Ship Date**
9. Click **Ship** again to complete the transfer.
10. You will see a message saying 'Transfer Successfully Shipped' and it should show up in your outbound transfer list with a **Ship Date**.
11. The transfer is ready for the receiving organization to accept into their inventory.

** **Internal Receiving site** = if you have multiple sites set up within your organization.
** **Receiving Organization** = an external organization (outside of your organization).

Transferring Vaccine to a Non-NCIR User

1. Click **Manage Inventory**
2. Click **Show Inventory**
3. **To Modify the quantity:**
   - If you are transferring multiple vaccines, put a check in the select column beside each vaccine Tradename/lot number that you are transferring and click **Modify Quantity**
   - If you are only transferring one vaccine, you may click the Tradename link next to the lot number that you are transferring
4. On the Modify quantity screen, choose **Subtract** from the **ACTION** drop down box.
   - Enter the number of doses being transferred in the **AMOUNT** drop down box.
   - Choose **Transfer to Provider** in the **Category** drop down box.
   - Click **Save**. These doses have now been subtracted from your available inventory.
   - To Report to Immunization Branch:
     - Click **Manage Inventory**
     - Click **Show Transactions**
     - In the **Date Entered [From] and [To]** boxes, enter the date the transfer was entered.
     - In the **TRANSACTION TYPE** drop down box choose **Transfer to Provider**.



     - Click **View**.
     - Print this page.
     - At the bottom of the page, write down the Organization that you transferred the vaccine to, with a contact name and phone number. Fax to the Immunization Branch at **1-800-544-3058.**

- *Instead of the transaction report, you may complete a UCVDP Vaccine Transfer form (found online at: http://www.immunizenc.com) and fax it to the Immunization Branch at 1-800-544-3058.*

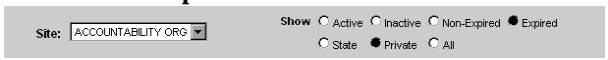
How to Report Expired State-Supplied Vaccine

- Click **Manage Transfer**
- Click **New Transfer**
- Click **Transfer All Expired**
- Verify **transfer quantity.** If the number of doses being returned is incorrect, please highlight and update the quantity being returned.
- Enter **Preventive Action** (what you will do in the future to prevent the vaccine from being wasted)
- Click **Save**
- You must generate either a **Packing List** or **Label** in order to complete the transfer.
- Click **Ship**
- Enter the ship date if different than the default date
- Click **Ship** again
- Click **Request Wasted/Expired** under the Reports option in the menu bar
- Enter the **From and To** dates to run the report
- Click **Generate**
- Print the report and put it in the box with the vaccine to be returned.

***If you need a pre-paid mailing label to send back the vaccine, call the help desk at* **1-877-873-6247**.

How to Remove Private Expired Vaccine

- Click **Manage Inventory**
- Click **Show Inventory**
- Click the **Expired** radio button



- **To Modify the quantity** (only select vaccines with "**N**" in the **State** Column or click the **Private** radio button):
  - If you are expiring multiple vaccines, put a check in the select column beside each vaccine.

Tradename/lot number that you are removing and click **Modify Quantity**

- If you are only expiring one vaccine, you may click the Tradename link next to the lot number that you are removing

Select	Trade Name	Lot Number	Inv On Hand	Active	State	Exp Date
☐	AFLURIA	65465465	22	N	Y	06/30/2008
☑	ActHib	987	1	N	N	12/31/2005
☐	Adacel	AD887	4	N	Y	08/31/2008
☑	Boostrix	pri444	1	N	N	01/01/2008
☐	Fluzone	11125	1	N	Y	06/30/2008

- On the Modify quantity screen choose **Remove – Expired Private** from the **Categor**y drop down box

Modify Quantity On Hand for Selected Site(s)

Trade Name	Lot Number	Inv On Hand	Action	*Amount	Category
Boostrix	pri444	1	Subtract	1	Remove - Expired Private

- All other fields will populate automatically
- Click **Save**
- Expired Inventory should be removed

How to Report Wasted Vaccine

- Click **Manage Inventory**
- Click **Show Inventory**
- **To Modify the quantity:**
  - If you are transferring multiple vaccines, put a check in the select column beside each vaccine Tradename/lot number that you are transferring and click **Modify Quantity**
  - If you are only transferring one vaccine, you may click the Tradename link next to the lot number that you are transferring
- On the Modify quantity screen, choose **Subtract** from the **ACTION** drop down box.
- Enter the number of doses that were wasted
- Choose **Wasted Doses** from the **Categor**y drop down box
- Type in the **Reason Wasted** (what caused the vaccine to become non-viable) and **Preventive Action (**what you will do in the future to prevent the vaccine from being wasted)
- Click **Save**
- Click **Request Wasted/Expired** under the **Reports** option in the menu bar
- Enter the **From and To** dates to run the report
- Click **Generate**
- Print the report and put in the box with the vaccine to be returned. ***Vaccine that has been drawn up should always be discarded in a "sharps" container and reported as wasted.***

***If you need a pre-paid mailing label, to send back the vaccine, call the help desk at* **1-877-873-6247**.

How to Register with NCID- Private Provider Users

- Open a new Internet Explorer browser window and type **https://ncir.dhhs.state.nc.us** in the address bar.
- Click the **First Time NCID User** link (blue link in the middle box)
- Choose your user type as **Business**
- Click **Continue**
- Verify the **Country** drop down box (should default to United States)
- Click **Next (Personal Info)>>**
- Complete the personal information required (denoted by red asterisks)
- Click **Next (Password Info)>>**
  Choose a **username** that you want to use to log in. User IDs must be at least six (6) characters and it must start with a letter. The maximum length a User ID can have is thirty two (32) characters. Also note that only the following characters in the User ID are allowed:
- Can contain letters (A-Z) or numbers (0-9)
- hyphen (-)
- underscore (_)
- dot (.)
  - You must then choose a password. Passwords must be: Minimum Length of Eight (8) Characters. Maximum length of Thirty-Five (35) Characters.
  - Minimum of One (1) numeric character.
  - Special characters may be used (~ ! @ # $ % ^ & * _ - = : ; > < , . ? } { |)
- You will need to answer 5 challenge questions:
  - Choose from among nineteen (19) different challenge questions
  - The five (5) questions MUST be different
  - The answers to these five (5) questions will be used as prompts in the event that you forget your password
  - Please select questions that have only one short, clear answer and can be remembered easily
- Click **Next (Review Collected Data)>>**
- Review all the information to make sure it is accurate. Print this screen and keep it in a secure location for your records.
- Click **Submit Registration** (click only one time)
- If you have registered correctly then you will receive confirmation of registration. (This confirmation will also have your username on it)
- Print out the confirmation and take it to your Administrator to be added as a user in the NCIR.

How to Add a New User to the NCIR

Before a user may be added to the NCIR, they must have completed NCID registration (see **How to Register with NCID** above).

- Click **Manage Users**
- Click **Add User**
- Type in the username in the box provided
- Click **Verify**
- Confirm that the personal information retrieved is correct for the user that you are adding.
- Choose the **Role** for the user by clicking on the drop down box and selecting the appropriate role.
- Click **Save**
- You should see the message '**User has been successfully saved**.'

Note: Please remember to inactivate users when they are no longer at your practice.

How to Add a Clinician to the NCIR

- Click **Manage Clinicians**
- Click **Add Clinicians**
- Choose the **Role** first:

Role: ○ Clinician ○ Ordering Authority ◉ Ordering Authority / Clinician

  - **Clinician:** anyone who administers vaccines
  - **Ordering Authority:** MD, DO, PA, NP that signs the standing orders for vaccines to be administered
  - **Ordering Authority/Clinician:** MD, DO, PA, NP that signs standing orders as well as administers vaccine
- Enter the **Last Name**
- Enter the **First Name**
- Choose **Credentials** from the drop down box
- Under the **Complete Site Listing** box double click the name of each site where the ordering authority/clinician works. When double clicked, it will show up under the **Selected Site** box or you may click the site name and the add button until it moves from left to right.
- The address information is optional.
- Click **Save**.

Note: Please remember to inactivate clinicians when they are no longer at your practice.

QUESTIONS? Contact the NCIR Help Desk at 1-877-USE-NCIR.

Best Practices for Successfully Using the NCIR

"Data Integrity" Best Practices:

- ✓ Keep the NCIR immunization patient/chart copy in the front of the medical record (or in a consistent location within the record). Immunization flow sheets that stand out (e.g. printed on colored paper) also aid in quickly locating vaccine information.
- ✓ Update all historical immunization information into the NCIR as soon as the information is available.
- ✓ Prior to or during each visit, review the "history recommend" screen to determine which vaccines are recommended.
- ✓ Enter all currently administered immunizations into the NCIR as soon as possible.
- ✓ Document any adverse reactions or contraindications to vaccines in the "client comment(s)" section.
- ✓ Document in the medical record when a child transfers from your practice to another provider and make their NCIR client status "inactive".
- ✓ Document in the medical record any attempt to communicate missed appointments or to remind parents that vaccines are due.
- ✓ Document one hundred percent 100% of age-appropriate immunization in the NCIR for all individuals receiving immunization services from your facility by close of business the day the immunization was given (as per your signed NCIR agreement).
- ✓ Only enter immunizations administered by you, under your username.
- ✓ Verify that you have located the correct patient prior to entering immunizations or changing a patient's immunization history.
- ✓ If you are searching for a Medicaid patient and you do not find them within the NCIR, think twice before entering them as a new patient. We receive a nightly Medicaid feed and most Medicaid patients should already be in the NCIR.
- ✓ Report duplicates as you find them. (Detailed instructions are available on the homepage, under 'resources on the web'.)
- ✓ When entering a new client or searching for an existing client that has a double surname or hyphenated last name, enter BOTH surnames in the last name field, with a space separating them.
- ✓ Do not enter fictitious patient information into the NCIR. The NCIR is a medical information system containing confidential patient data.

"Workflow" Best Practices:

- ✓ Keep computers in areas that are convenient for immunizations and are not 'high traffic'.
- ✓ Use 'manage client' instead of 'manage immunization' to ensure that you are entering doses on the correct patient.

"Administrative" Best Practices:

- ✓ Keep a list of UserIDs and Passwords for each NCIR user in your facility.
- ✓ Inactivate users when they leave your practice.
- ✓ Keep ordering authorities and clinicians up to date.
- ✓ Ensure your facility has a contingency plan in place for use during periods of internal Internet interruption and/or NCIR outages.

"Inventory" Best Practices:

- ✓ Document all doses that have been administered, transferred, wasted and/or expired within the NCIR.
- ✓ Please remember to wait until the close of business to accept your vaccine order into the NCIR.
- ✓ Complete a physical inventory of all state-supplied vaccine at least once per week and properly reconcile within NCIR.

NC DPH. WCH: Immunization: Providers

http://www.immunize.nc.gov/providers/ncireducation.htm

NC DPH, WCH: Immunizati...

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Women's and Children's Health

Home

NCPH North Carolina Public Health

My Family & Me | Healthcare Providers | Schools & Child Care Facilities | Researchers & Media

- Immunization Home
- Healthcare Providers
  - Provider Education
  - NCIP Requirements
  - NCIR
    - NCIR Education
    - Data Exchange
  - Resources
- About Us
- Contacts

Related Sites

- CDC's Vaccine Website
- Vaccines.gov

DHHS > DPH > WCH > Immunization > Providers> Provider Education > Training Opportunities > NCIR Education

IMMUNIZE North Carolina

North Carolina Immunization Branch

NCIR Education

NCIR Trainings

The following trainings are related to NCIR users and their specific roles in the registry. User roles include reports-only, typical user, inventory control, and administrators.

The user roles are defined as follows:

- **Reports-only:** The reports only user is able to search for clients and print client specific immunization records. This user may not edit or update information in the registry.
- **Typical User:** This user role is the most common in the NCIR. The typical user finds, adds, and edits clients records, manages immunization information, and prints immunization report for clients. The typical user is able to do everything that can be done by the reports-only user.
- **Inventory Control:** The inventory control user is responsible for the managing of the organization's inventory of vaccines. This role is able to use the NCIR to view the organization's inventory, add vaccines, update vaccines, view inventory transactions, submit inventory counts, and view inventory reports - including Vaccine Accountability Statements. The inventory control user is able to do everything that can be done by the typical user and reports-only user
- **Administrator:** This user role serves as the main contact for the NCIR within the health care organization. Administrators are responsible for adding new users and inactivating users who should no longer have access. Administrators are also responsible for maintaining organization specific information, including user, site, and clinician information. This user role is able to run reports, including reminder/recall reports and reports to access immunization coverage. The administrator is able to do everything that can be done by report-only, typical, and inventory control users. **It is required that you have at least two administrators within your organization - one primary and at least one backup.**

100%

NC DPH. WCH: Immunization: Providers

http://www.immunize.nc.gov/providers/ncireducation.htm

NC DPH, WCH: Immunizati...

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New User Trainings for All NCIR Users

- Registering with NCID for the NCIR (PPT, 702 KB)
- Logging in to the NCIR and Common Issues (PPT, 318 KB)
- Searching for Clients (PPT, 278 KB)
- Adding New Clients (PPT, 259 KB)
- Adding and Editing Historical Immunizations (PPT, 1.23 MB)
- Adding and Editing New Immunizations (PPT, 338 KB)
  - Supplemental document: Documenting combination vaccines (PDF, 138 KB)
- Reviewing and Printing Immunization Records (PPT, 1.03 MB)
- Proper Documentation in the NCIR (under construction)
- NCIR Data Sources (under construction)

Inventory Management for Administrators and Inventory Control Users

- Managing Your Inventory (PPT, 3.05 MB)
  - Supplemental document: Common causes for inventory discrepancies (PDF, 20 KB), How to add inventory (PDF, 101 KB)
- Managing Your Vaccine Orders (PPT, 2.33 MB)
  - Supplemental training: Efficient Ordering Processes (PPT, 1.09 MB)
- Managing Your Vaccine Transfers (PPT, 1.81 MB)
  - Supplemental documents: How to transfer vaccines (PDF, 123 KB), How to accept transferred vaccine (PDF, 39 KB)
- NCIP Borrowing and Replacing Policy and the NCIR (PPT, 1.36 MB)

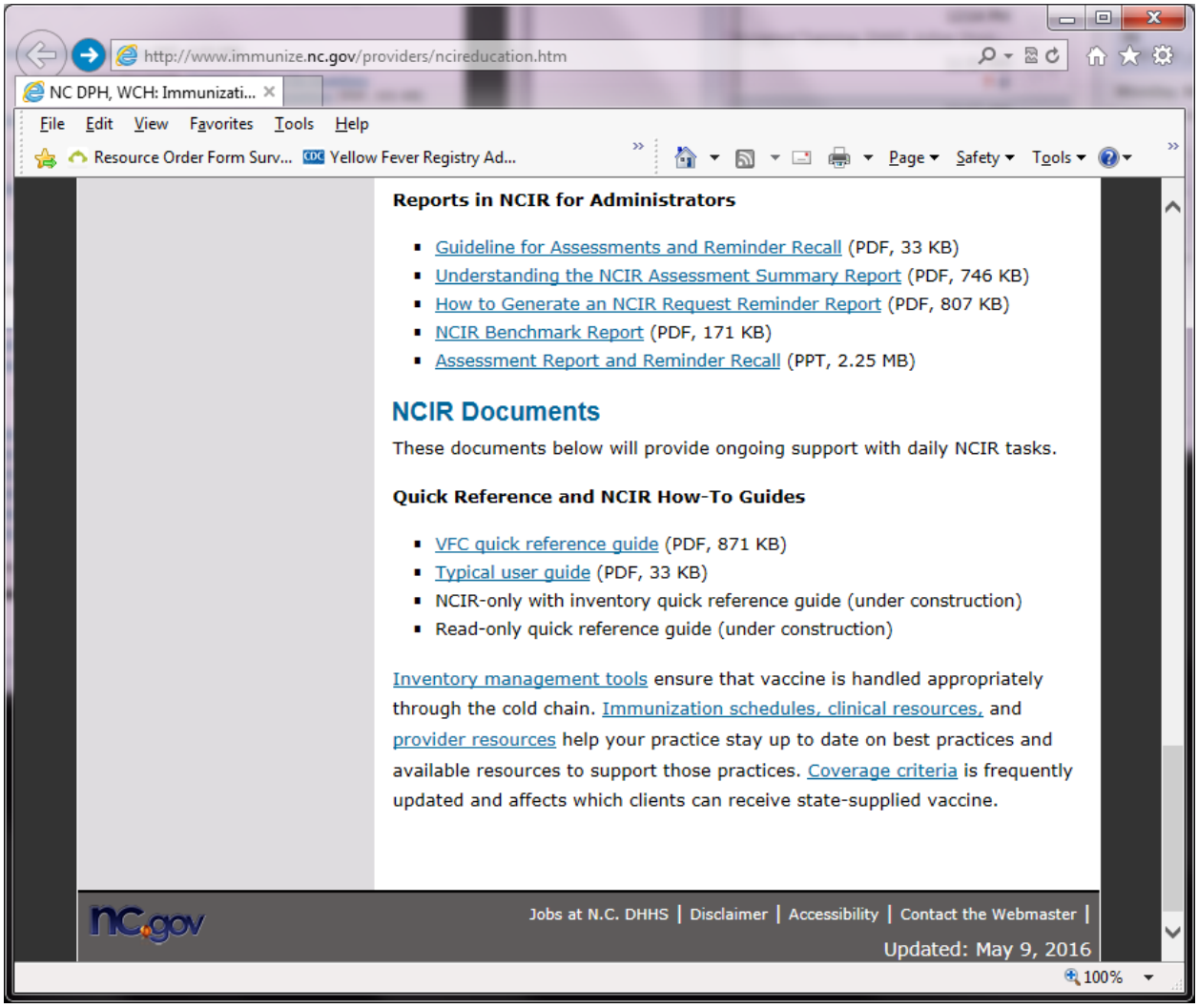
Trainings for Administrators

- Adding and Editing Users (PPT, 283 KB)
- Adding and Editing Clinicians and Physicians (PDF, 1.08 KB)
- Reporting and Returning Expired Vaccine (PPT, 474 KB)
  - Supplemental document: Documenting half-doses of expired flu (PDF, 15KB)
- Reporting Wasted Vaccine (PPT, 1.14 MB)
- Inventory Reconciliation (PPT, 2.10 MB)
- Accountability Report (PPT, 681 KB)
- Using the NCIR as a Clinical Tool (PPT, 864 KB)
- Mass Vaccination (PPT, 231 KB)
- Strategies for Improving Immunization Rates (PDF, 456 KB)

Reports in NCIR for Administrators

100%

NC DPH. WCH: Immunization: Providers



North Carolina Immunization Registry

Mass Clinic Form

Name of Organization:_____ Chart Number: _____

YOU MUST COMPLETE ALL FIELDS BELOW.

Information collected on this form will be used to document authorization for receipt of vaccine(s).

Patient's Name (Last, First, Middle Initial)	Mother's Maiden Name (Last, First, Middle Initial)

Date of Birth (mm/dd/yyyy)	Gender	Ethnicity (Check One)
	☐ Male ☐ Female	☐ Hispanic ☐ Non-Hispanic

Race (Check all that apply)

☐ Asian ☐ American Indian or Alaskan Native ☐ White ☐ Unknown
☐ Black or African-American ☐ Native Hawaiian or Other Pacific Islander ☐ Other Race

Name of Parent or Guardian Responsible for Patient (Last, First, Middle Initial)	Relationship to Patient

Address	P.O. Box

City	County	State	Zip Code

Email Address (if applicable)	Home Telephone Number	Work Telephone Number	Extension
	( )	( )	

PLEASE ANSWER ALL OF THE FOLLOWING:

1. Are you currently pregnant? ☐ YES ☐ NO
2. Do you have any acute/chronic medical conditions such as heart disease, diabetes, asthma, cancer or any condition that affects your immune system? ☐ YES ☐ NO
3. Have you gotten any other vaccines in the past 4 week? ☐ YES ☐ NO
4. Have you ever had a reaction to a previous dose of influenza vaccine? ☐ YES ☐ NO
5. Do you have an allergy to eggs? ☐ YES ☐ NO

I am authorized by the parent, guardian, or person standing in loco parentis of the above-named child to obtain needed immunizations for the child.

I/parental designee have received the "Vaccine Information Statements" (VIS) about the disease(s) and vaccine(s). I have had a chance to review the VIS(s) and to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and request the vaccine(s) indicated below to be given to me or the person named above for whom I am authorized to make this request.

SIGNATURE – Person to receive vaccine or person authorized to sign on the patient's behalf	Date Signed
X	

FOR OFFICE USE ONLY:

Eligibility: ☐ American Indian/Alaskan Native ☐ Medicaid ☐ Not Insured ☐ Underinsured ☐ NC Health Choice ☐ Insured

Vaccine	Trade Name	Lot #	VIS Pub. Date	Date VIS Presented	Body Route	Body Site*	mL.
Influenza					IM	RV LV RD LD	
FLU – Nasal					IN	BN RN LN	
PPSV					IM SC	RV LV RD LD	
Other							

* RV = Right Vastus Lateralis LV = Left Vastus Lateralis RD = Right Deltoid LD = Left Deltoid BN = Bilateral Nares RN = Right Naris LN = Left Naris

SIGNATURE AND TITLE – Person Administering Vaccine	Date Vaccine Administered

Registro de inmunizaciones de North Carolina

Registro de administración de vacunas

Name of Organization:_____ **OFFICE USE ONLY**

La información colectada en este formulario será utilizada para documentar la autorización para recibir la(s) vacuna(s).

CHART NUMBER

Nombre del paciente (apellido, primer nombre, segundo nombre)	Nombre de soltera de la madre (apellido, primer nombre)

Fecha de nacimiento (mm/dd/aaaa)	Sexo	Origen étnico
	☐ varón ☐ hembra	☐ Hispano ☐ No-Hispano

Raza (Marque toda respuesta que apliqué)

☐ Asiático ☐ Indio Americano o nativo de Alaska ☐ Blanco ☐ Desconocido
☐ Negro o Afro-Americano ☐ Nativo de Hawaii o de otras Islas del Pacifico ☐ Otra raza

Nombre del padre/madre o tutor responsable por el paciente (apellido, primer nombre)	Relación con el paciente

Dirección	Apdo. postal

Ciudad	Condado	Estado	Código postal

Dirección de correo electrónico (si corresponde)	Número telefónico de la casa	Número telefónico del trabajo	Extensión
	( )	( )	

Favor de contestar las preguntas siguientes:

1. ¿Está usted embarazaba? ☐ Sí ☐ No
2. ¿Tiene alguna condición médica aguda o crónica tal como enfermedades del corazón, diabetes, asma, cáncer o alguna condición que afecte su sistema inmunológico? ☐ Sí ☐ No
3. ¿Tienen alguna otras vacunas en las últimas 4 semanas? ☐ Sí ☐ No
4. ¿Ha tenido antes una reacción a la dosis de la vacuna de la influenza (gripe)? ☐ Sí ☐ No
5. ¿Tiene una alergia a los huevos? ☐ Sí ☐ No

Yo/Designado como padre he recibido las "Declaraciones de Información Sobre las Vacunas" (VIS-por sus siglas en ingles) respecto las enfermedades y las vacunas.

He tenido la oportunidad de revisar el VIS y de hacer preguntas que fueron contestadas a mi satisfacción. Yo entiendo los beneficios y riesgos de las vacunas y pido que las vacunas mencionadas abajas sean administradas a mí o la persona nombrada arriba por quien yo tengo la autorización de hacer esta solicitud.

FIRMA – Persona que recibirá la vacuna o persona autorizada para firmar en nombre del paciente	Fecha de la firma
X	

FOR OFFICE USE ONLY:

Eligibility: ☐ American Indian/Alaskan Native ☐ Medicaid ☐ Not Insured ☐ Underinsured ☐ NC Health Choice ☐ Insured

Vaccine	Trade Name	Lot #	VIS Pub. Date	Date VIS Presented	Body Route	Body Site*	mL.
Influenza					IM	RV LV RD LD	
FLU – Nasal					IN	BN RN LN	
PPSV					IM SC	RV LV RD LD	
Other							

* RV = Right Vastus Lateralis LV = Left Vastus Lateralis RD = Right Deltoid LD = Left Deltoid BN = Bilateral Nares RN = Right Naris LN = Left Naris

SIGNATURE AND TITLE – Person Administering Vaccine	Date Vaccine Administered