

VII. North Carolina Immunization Registry (NCIR)

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

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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%

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

NORTH CAROLINA IMMUNIZATION REGISTRY (NCIR) QUICK REFERENCE GUIDE

BOOKMARKING THE NCIR WEBSITE

1. Open a new browser window and type in <https://ncir.dhhs.state.nc.us> in the address bar and then bookmark the site (it will bookmark the NCID website).
2. Edit the bookmark by right-clicking on the bookmark itself, left-clicking on **Properties** and retyping the NCIR web address into the **URL** blank.

USER ID AND PASSWORD

- UserID is not case sensitive, but password is.
- Do not share userID and passwords.
- For added security, close the browser window after logging out of NCIR.

Enter UserID and password and click Login.

If you forget your userID or password use the links provided.

Use this link if your username is locked.

UPDATING YOUR USER PROFILE INFORMATION

Change your e-mail address or password by typing in the <https://ncid.nc.gov> web address.

Use the link shown to change your information.

HOW TO OBTAIN A NCIR USER ID

1. Open a new browser window and type <https://ncir.dhhs.state.nc.us> in the address bar.
2. Click the **“Register!”** link in bottom right corner of the blue box.



3. Click the **Business** button.
4. Complete the **CAPTCHA** requirements and click **Verify**.
5. Complete the required personal information, including choosing your own *UserID* and *password*.

Password requirements are listed on the page and will remain **red** until your choice of password meets all requirements. The strength of your password will be assessed, and you will be required to type it twice to ensure correctness.

6. Click **Continue**.
7. An e-mail from ncid.notifications@nc.gov will be sent to the provided e-mail address. Clicking the supplied link will verify your new *UserID*. You will be re-routed back to the NCID website.
8. Click **Continue**.

At this point, an NCIR Administrator in your organization **must** add your userID (*instructions on page 7*). You must share your UserID, but NOT your password. Once you have been added, return to <https://ncir.dhhs.state.nc.us> to log in.

9. The first time you log in, you will be required to select and answer **5 challenge questions** to verify your identity if your password is ever lost.
10. Once completing your challenge questions, you will be forwarded to NCIR.

NCIR HOMEPAGE

Inventory Notifications

Program Announcements

Updates and Resources

SEARCHING FOR A CLIENT

Many clients are already in NCIR—and those who move into NC are easy to add!

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

4 Ways to Search—only choose one:

- * Search by client (Last Name, First Name, and Date of Birth)
- * Search by Chart Number (This must be assigned & entered **by your organization**)
- * Search by Mother's Maiden Name (Mother's Maiden Name, Mother's First Name, Client's Date of Birth)
- * Search by NCIR ID (allows for secure and confidential sharing of client information by **NCIR Administrators**)

If the client has a compound last name, try entering only one portion of the last name (i.e. Johnson-Smith—enter “Johnson”).

2. Click **Find**.

(continue to next page)



- If the client appears in the search results, check the name and DOB to ensure that this is the correct date.

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

Last Name	First Name	Chart #	Mother's Maiden Last	Gender	City
BANTER	BRUCE		WINSLOW	U	
BANNER	BRUCE	01232017	MONEY	U	

- 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 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 ID** number for **both** client records, and if possible, indicate which record is most accurate.

DO NOT e-mail client names or dates of birth! **DO USE** the Client ID, or NCIR ID, which appears in the gray bar at the top of each client screen.

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ADDING A NEW CLIENT

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

Last Name	First Name	Middle Name	Birth Date	Chart #	Mother's Maiden Last	Gender	City
BANTER	BRUCE		01/23/2017		WINSLOW	U	
BANNER	BRUCE		01/23/2017		MONEY	U	

If you are sure this is not the same client, click the "Create New Client" button.

- If you think this may be the same client, click the last name of the client in blue.
- If no match is found, click "Create New Client" button.
- Click on **Responsible Persons**
 - Complete as much information as possible for each individual (minimum requirements: name, relationship, address and phone number)
 - Notices** should be checked unless it is specified that the responsible person does not want to receive immunization reminders.
 - Default for language is always "English" unless you select otherwise.
 - 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**.

VIEWING HISTORY / RECOMMEND

From the edit client screen, click **History / Recommend** to view the client record and recommendations.

The screen has 4 sections: Client Information, History, Current Age, and Vaccines Recommend by Tracking Schedule.

The history section lists vaccines the client has already received.

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	09/18/2006	1 of 5	Tripedia	Full	No			
	11/13/2006	2 of 5	Tripedia	Full	No	Yes		
	04/20/2007	3 of 5	Pediarix	Full	No			
Flu H1N1-09	10/29/2007	4 of 5	Tripedia	Full	No		Yes	
	08/24/2010	5 of 5	Infanrix	Full	No			
	10/30/2009	1 of 2	H1N1 Sanofi	Full	No			
HepA	01/14/2010	2 of 2	H1N1 Sanofi	Full	No			
	10/29/2007	1 of 2	Havrix-Peds 2 Dose	Full	No			
	07/29/2008	2 of 2	Havrix-Peds 2 Dose	Full	No			

Vaccine Group: vaccine group for each immunization entered

Date Administered: day the client was given the vaccine

Series: sequence number within the immunization series

Trade Name: trade name of the vaccine received

Dose: magnitude (amount administered—e.g. full, half, etc.)

Owned?: whether or not this shot was administered or entered by your organization (*blank* indicates "yes")

Reaction: any reactions the client had after receiving the 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 DOB and today's date.

Current Age: 11 years, 2 months, 2 days

Vaccines Recommended by Selecting Tracking Schedule are based on: Current ACIP Recommendations, Age of the client, History entered into NCIR, and Any client comments and/or contraindications.

Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
<input checked="" type="checkbox"/>	DTP/aP	10/15/2013	01/15/2014	05/15/2014	10/14/2019
<input checked="" type="checkbox"/>	HepA	10/15/2013	10/15/2013	10/15/2014	
<input checked="" type="checkbox"/>	HepB		Complete		
<input checked="" type="checkbox"/>	Hib	10/15/2013	10/15/2013	02/15/2014	10/14/2017
<input checked="" type="checkbox"/>	Influenza		Contraindicated		
<input checked="" type="checkbox"/>	MMR	11/12/2013	10/15/2016	10/15/2019	
<input checked="" type="checkbox"/>	PneumoConjugate	10/15/2013	10/15/2013	02/15/2014	10/14/2017
<input checked="" type="checkbox"/>	Polio	10/15/2016	10/15/2016	10/15/2019	
<input type="checkbox"/>	Td	10/15/2019	10/15/2019	11/15/2019	
<input type="checkbox"/>	Tdap/Perussis	10/15/2019	10/15/2023	10/15/2024	
<input type="checkbox"/>	Varicella		Immunity Recorded for Vaccine Group		

(continue to next page)

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: the date that the selected client is recommended to have the corresponding immunization

Overdue Date: notes the date that the client is past due for 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 (i.e. records from another office).

1. Search for the client using **manage client** or **manage immunizations**.
2. Click on **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.

Vaccine	TradeName Details	City Pediatrics	01/23/2017	13/01/2017		
DTP/aP	City Pediatrics		01/23/2017			
HepA						
HepB	City Pediatrics			03/01/2017		
Hib	City Pediatrics		01/23/2017	03/01/2017		

5. 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**.

NOTE: for certain vaccines (e.g. combination vaccines, Hib, etc.) trade name is necessary to apply the correct vaccine schedule information .

ENTERING NEW IMMUNIZATIONS

New immunizations are immunizations given from inventory.

1. Search for the client using **manage client**.
2. Click on the **History / Recommend** button. 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 **Vaccine Recommended by Selected Tracking Schedule** below the age. The recommendations are based on the ACIP schedule, the child's age, client comments and 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 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.
- If you administer a vaccine that does not appear in the schedule, you will be able to add it on the next screen.

Select	Vaccine Group	Earliest Date	Recomm	10/15/2014	10/14/2019
<input checked="" type="checkbox"/>	DTP/aP	10/15/2013	01/15/2014		
<input checked="" type="checkbox"/>	HepA	10/15/2013	10/15/2013	10/15/2014	

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.

NOTE: 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 can be selected.

6. Under **Defaults for New Immunizations** verify or complete the following:

- **Organization Site:** for those organizations with multiple sites.
- **Ordering Authority:** the doctor who issues the order for vaccines to be administered
- **Administered By:** the clinician who administered the vaccine
- **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.

NOTE: 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

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.

Any person, at any organization, may delete or update a historical immunization. You may update any of the following fields for historical immunizations: trade name, lot number, date provided, provider organization, or any reactions associated with vaccine administration

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, whether the dose was adequate, date provided, eligibility, ordering authority, administered by, body site, route of administration, VIS date (on the date of administration only), or 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.

Vaccine	Organization Information - Inter...	Name	Dose	Owned?	Reaction	Hist?	Edit
DTPaP	about:blank	a	Full	Yes			
		x	Full				
		a	Full				
		x	Full				
Flu H1N1-09		hoff	Full	No		Yes	

HOW TO ADD A CLIENT COMMENT

Client comments allow you to add HIPAA-safe information to an immunization record including contraindications, health conditions, refusals, and exemptions.

1. On the **Edit Client** screen, select the **Client Comment** tab.
2. Select the appropriate **Client Comment** from the drop-down menu.
3. Enter an **Applies To Date** and, if appropriate, an **End Date**.
4. Click **Next** to add the Client Comment to the client's list of comments.
5. The Client Comment will appear at the top of the immunization record and the recommendation page will reflect contraindicated or completed vaccine series.

HOW TO PRINT IMMUNIZATION RECORDS

After you have searched for and found the appropriate client, click **Reports**.

The **Immunization Record—Patient Copy** fulfills the requirements for an official immunization record. Immunization Records in other formats are available on this page.

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.

Immunization	Date Admin	Series	Trade Name	Dose	Reaction	Administered By
DTPaP	08/08/2004	1 of 3	DAPTACEL			STAR Pediatrics
DTPaP	10/08/2004	2 of 3	DAPTACEL			STAR Pediatrics
DTPaP	12/08/2004	3 of 3	DAPTACEL			STAR Pediatrics
DTPaP	06/09/2005	4 of 5	In...			STAR Pediatrics
HPPV	06/08/2005	1 of 2	Guardi...			
HepA	06/08/2005	1 of 2	VAQTA-Peds 2 Dose			
HepA	06/08/2008	2 of 2	Havrix-Peds 2 Dose			
HepB	06/08/2004	1 of 3	Recombivac-Peds			

HOW TO PRINT A NEW CLIENT FORM

The New Client Form should be used as a contingency plan in case of an NCIIR outage or a loss of Internet access. The New Client Form contains all information necessary to enter

the client and/or doses administered in to the NCIIR 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 menu (this is the site information that is printed at the top of the report) and 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 NCIIR is unavailable and you do not have any forms on hand, they are also available on the NC Immunization Branch website in both English and Spanish at <http://immunize.nc.gov/providers/ncir.htm>.

HOW TO ADD PRIVATE INVENTORY TO THE NCIIR

You should use this procedure to add your private supply of vaccine. For state inventory 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 **NDC** (noted on the outside of the vaccine box).
6. Enter the **Lot Number** (use the number on the vaccine box, NOT the vial).
7. Verify the **Dose** size from the drop-down menu.

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PLEASE VERIFY DELIVERY ADDRESS AND HOURS

Organization: Forks Primary Care No changes to Site Information
 Site: Forks Primary Care
 * Street Address: 5601 Any Street
 Other Address:
 * City: * State: NC * Zip: 00000
 Tel: () 999 - 9999 Ext:
 Fax #: (252) 999 - 9998
 All Returns are UPS Pickups
 Delivery Days/Hours:
 Monday: 8:00 AM - 9:00 AM 10:00 AM - 6:00 PM

No Changes—Click Here

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 update).

ACCEPTING YOUR STATE-SUPPLIED VACCINE ORDER

(OR AN INCOMING TRANSFER FROM ANOTHER ORGANIZATION)

1. When you receive your 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. Log in 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	
09/19/2017	TRANSFER VACCINE DISTRIBUTION	Forks Primary Care	Forks Primary Care	09/19/2017			
02/20/2015	TRANSFER ALL KIDS	Forks Primary Care	Forks Primary Care				

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** or

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Organization . Internal Receiving Sites are other sites within your organization. *Receiving Organizations* are other NCIR Providers.

4. Enter the number of doses that you are transferring in the **Transfer Quantity** box next to the Trade Name.

New Transfer

Sending Site: Forks Primary Care
 Internal Receiving Site: or
 Receiving Organization: OFFICE OF DOCTOR BRAND MD
 Note: Only those sites or organizations which have inventory set up are displayed.

Add from Inventory Show Active and Non-Expired Inactive and Non-Expired Expired

Transfer Quantity	Trade Name	Vaccine Group	Lot Number	Quantity Available	Active	State	Expiration Date
10	Adacel	Td - Tdap/Pertussis	25643	92	Y	Y	02/19/2028
20	Bevaero	MeningB	12345	20	Y	N	04/28/2023

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 *Date*.
11. The transfer is ready for the receiving organization to accept into their inventory.

HOW TO REPORT AND RETURN EXPIRED STATE-SUPPLIED VACCINE

1. Click **Manage Transfers**.
2. Click **New Transfer**.
3. Click **Transfer All Expired**.
4. Verify the **Physical Count**. If the number of doses being returned is incorrect, enter the number of doses being returned even if it does not match NCIR’s estimate.

NOTE: The difference in physical and digital inventory is recorded as unaccounted vaccine.

Reminder: Open vials of state-supplied vaccine should be disposed of at your facility. All remaining doses of state-supplied vaccine should be returned to McKesson once the Return Packing List and Label(s) are available.

Edit Transfer: Create Date 09/19/2017

Site: Forks Primary Care
 VACCINE DISTRIBUTION
 by Email
 have inventory set up are displayed.

Expired N	Name	Lot Number	Exp Date	NDC
No Exp				

Expired Flu Vacc

Remove	NCIR Count	Physical Count	Trade Name	Lot Number	Exp Date	NDC	Open Vial	Preventative Action
<input type="checkbox"/>	7	3	Afluria IV4 Pres-Free	18947	12/30/2016	33332-0316-01	N/A	Administrators will

Enter Physical Count Here

Enter Preventative Action

5. Select the appropriate **Preventative Action** from the drop-down menu.

NOTE: If the physical count for a lot of vaccine is zero, enter a “0” in the physical count box and “None of These Apply To Me” and type “No vaccine on hand” in the text box.

6. Click **Submit**.
7. Verify that expired vaccine has been removed from your refrigeration unit.
8. Verify the correct *e-mail address* for mailing labels. If the e-mail address is incorrect, change the address immediately under “Manage Sites”

A pre-paid UPS shipping label will be sent to the e-mail address verified above and a **“Return Packing List for VTrckS Return ID”** will be generated for your return. Once the Packing List is complete, it will be visible under *Notifications* on the *NCIR Home Page*. This document **MUST** be printed and placed in the package with your expired vaccine.

HOW TO REMOVE PRIVATE EXPIRED VACCINE

1. Click **Manage Inventory**.
2. Click **Show Inventory**.
3. Select the **Expired and Private (as below)**.

Site: Forks Primary Care Show Active Inactive Non-Expired Expired
 State Private All

4. Put a check in the select column beside each vaccine lot to be removed and click **Modify Quantity**.

Select	Trade Name	Lot Number	Inv On Hand	Active	State	Exp Date
<input checked="" type="checkbox"/>	Afluria IV4	123874	7	N	N	12/30/2016
<input type="checkbox"/>	Fluzone Intradermal IV4 Pres-Free	12548	0	N	N	08/12/2015

5. On the **Modify Quantity** screen choose “Remove—Expired Private” from the *Category* drop-down menu.

Trade Name	Lot Number	Inv On Hand	Action	*Amount	Category
Afluria IV4	123874	7	Subtract	7	Remove - Expired Private

6. All other fields will populate automatically.
7. Click **Save**.
8. Expired Inventory will be removed.

HOW TO REPORT WASTED VACCINE

Before wasting any vaccine due to out-of-range temperatures or inappropriate temperatures, providers **MUST contact the NC Immunization Branch Storage & Handling line at 877-873-6247, option 5**. Branch Staff will determine the viability of vaccine. Damaged vials may be removed using the following instructions. In all other cases, viability must be determined by the NC Immunization Branch.

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

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- Put a check in the select column beside each vaccine lot that you are removing.
- Click **Modify Quantity**.
- On the Modify Quantity screen, choose **Subtract** from the **ACTION** drop-down menu.
- Enter the number of doses that were wasted.
- Choose **Wasted Doses** from the **Category** drop-down menu.
- Type in the **Reason Wasted** (what caused the vaccine to become non-viable) and **Preventative Action** for future vaccine handling.

Trade Name	Lot Number	Inv On Hand	Action	*Amount	Category
Engerix-B Peds	AHAVB234BB	20	Subtract	1	Wasted Doses
* Reason Wasted: <input type="text" value="Vial dropped on the floor."/>					
* Preventive Action: <input type="text" value="Staff were trained on the importance of careful vaccine handling."/>					

- Click **Save**.

NOTE: Any open vials or syringes of vaccine should be discarded on site in your sharps container.

DOCUMENTING THE REPLACEMENT OF A BORROWED VACCINE DOSE

The VFC program allows for some borrowing between state and private vaccine inventories (see http://immunize.nc.gov/providers/ncip/pdf/borrowing_form.pdf). After transferring a physical dose in your refrigerator, follow these steps to transfer the dose in NCIR.

TRANSFERRING A PRIVATE DOSE INTO STATE INVENTORY

- Click **Manage Transfers**.
- Click **New Transfer**.
- In the **Receiving Organization** drop-down menu, select **"VACCINE REPLACEMENT DUE TO BORROWING."**
- In the **Transfer Quantity** column, enter the number of doses of each lot being replaced.

Remove	Transfer Quantity	Trade Name	Vaccine Group	Lot Number	Quantity Available	Active	State	Expiration Date
<input type="checkbox"/>	1	Prevnar 13	PneumoConjugate	1234	18	Y	N	10/15/2029

- Click **Save**. You should see a message saying "Saved Successfully."

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- You must generate either a **Packing List** or **Label** in order to complete the transfer.
- Click **Ship**.
- Enter a **Ship Date**.
- Click **Ship** again to complete the transfer.
- You will see a message saying "Transfer Successfully Shipped," and it should show up in your outbound transfer list with a **Date**.
- The doses shipped to **"VACCINE REPLACEMENT DUE TO BORROWING"** are changed to Public inventory and shipped back to the provider.

Create Date	Type	Sending Org:Site	Receiving Org:Site	Ship Date	Receive Date	Return Date
02/23/2018	TRANSFER	VACCINE REPLACEMENT DUE TO BORROWING	OFFICE OF DOCTOR BRAND MD	02/23/2018		

At that point, refer to the directions for **ACCEPTING YOUR STATE-SUPPLIED INVENTORY** to accept the vaccine into your inventory.

TRANSFERRING A STATE DOSE OF VACCINE INTO PRIVATE INVENTORY

- Click **Manage Inventory**.
- Click **Show Inventory**.
- Put a check in the select column next to the lot of the vaccine to be transferred and click **Modify Quantity**.
- On the **Modify Quantity** screen choose "Subtract" from the **Action** drop-down menu and "Transfer to Provider" from the **Category** drop-down menu.
- Enter the number of doses to be transferred.

Trade Name	Lot Number	Inv On Hand	Action	*Amount	Category
Engerix-B Peds	AHAVB234BB	19	Subtract	1	Transfer to Provider

- Click **Save**.
- Doses will be removed from your state inventory.
- Use the instructions under **HOW TO ADD PRIVATE INVENTORY TO THE NCIR** to enter a new lot of private vaccine matching the lot that was just removed from state inventory.

All vaccine borrowing and replacement must be documented using a Borrowing and Replacement Form which must be faxed to the Immunization Branch (1-800-544-3058) and

kept on site for review by Branch Staff upon request. [See link at the top of this section.](#)

HOW TO VIEW NCIR TRANSACTIONS

Viewing a list of your organization's transactions may help you review use of NCIR by staff and identify doses that were not properly recorded.

- Click **Manage Inventory**.
- Click the **Show Transactions** button.
- Select the dates within which you would like to review transactions.
- You may narrow your search using a number of factors, including *funding source, vaccine types, trade names, lot numbers, etc.*

* Date Entered (From):	<input type="text"/>	* To:	<input type="text"/>	<input type="button" value="View"/>
* Date shot was given (From):	<input type="text"/>	* To:	<input type="text"/>	<input type="button" value="Cancel"/>
User Name:	<input type="text" value="All User Names"/>			
Transaction Type:	<input type="text" value="All Transaction Types"/>			
Site Name:	<input type="text" value="All Sites with Inventory"/>			
State/Private:	<input type="text" value="All Funding Sources"/>			
Eligibility:	<input type="text" value="All Eligibilities"/>			
Vaccine Groups:	<input type="text" value="All Vaccine Groups"/>			
Vaccine:	<input type="text" value="All Vaccines"/>			
Trade Name:	<input type="text" value="All Trade Names"/>			
Lot Number:	<input type="text" value="All Vaccine Lots"/>			
Display Last:	<input type="text" value="200"/>	Records		

- Click **View**. Transactions will be displayed with a summary at the bottom of the page.

HOW TO VIEW VACCINE USAGE

- Under the **Inventory** section, click **Request Vaccine Usage**.
- Enter a date in the **From** and **To** text boxes.
- Click **Generate Report**.
- A report will be generated, allowing you to review your offices use of each private and public vaccine and the number of clients that you have vaccinated.

Client Name	Trade Name	Funding	-1	1	2	3-5	6	7-10	11-12	13-18	19-24	25	45-64	65+	Total
DTPaP	Influenza	PRIVATE		1											1
DTPaP - HepB - I	Poliovirus	STATE	1												1
DTPaP - HepB - II	Poliovirus	PRIVATE	1												1
DTPaP - Polio	Poliovirus	PRIVATE													1
DTPaP - Polio	Poliovirus	STATE													1
HepA	Hepatitis Type A	PRIVATE		1											1
Hib	Hib	STATE	1												1
Hib	Hib	PRIVATE	1	1											2
HPV	Genital P.	PRIVATE						1							1
Influenza	Fluzone IV14 P-Free, P	PRIVATE	2	2											4
Influenza	Fluzone IV14 P-Free	STATE			2			1	2						5
Influenza	Fluzone IV14 P-Free	PRIVATE			3	1	3	2	5				1		15
Influenza	Fluzone IV14 P-Free, P	STATE	1	1											2
MMP	MMR II	PRIVATE	1												1
MMP - Varicella	ProQuad	PRIVATE			1										1
MMP - Varicella	ProQuad	STATE			1										1
MMP - Varicella	ProQuad	STATE	1	1											2
PneumoConjugate	Prevnar 13	STATE	1												1
PneumoConjugate	Prevnar 13	STATE	1												1
Rotarix	Rotarix	STATE	1												1
Td - Tdap/Perisore	Boostrix	STATE	1												1
Vaccine	Vaccine	PRIVATE		1											1
Totals: 9 9 1 9 1 1 1 1 1 1 1 1 1 1 1 27															
Client Counts: 3 3 1 6 1 1 1 1 1 1 1 1 1 1 1 27															

Vaccine Totals

Client Totals

HOW TO ADD NEW USERS TO THE NCIR

Before a user may be added to the NCIR, they must have completed NCID registration ([instructions on front page](#)).

- Click **Manage Users**.
- Click **Add User**.
- Type the *userID* into the box provided.
- Click **Verify**.

(continue to next page) 7 of 8

5. Confirm that the personal information retrieved is correct for the user that you are adding.
6. Choose the **Role** for the user by clicking on the drop-down menu.
7. Click Save. You should see the message "User has been successfully saved."

NOTE: ALWAYS inactivate users when they are no longer at your practice.

HOW TO ADD A CLINICIAN TO THE NCIR

1. Click **Manage Clinicians**.
2. Click **Add Clinician**.

3. Choose the **Role** first:

Clinician: anyone who administers vaccines.

Ordering Authority: MD, DO, PA, or NP that signs orders for vaccines to be administered

4. Enter the **Last** and **First Name**.
5. Choose **Credentials** from the drop-down menu.
6. Under the **Complete Site Listing** box click the name of the appropriate site and click **Add** to move it to the **Selected Site** box.
7. Address, phone, and e-mail are optional.
8. Click **Save**. You should see the message "Inserted clinician: Name."

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

HOW TO USE THE BENCHMARK REPORT

NCIR's Benchmark Report allows you to identify and contact patients who are not up-to-date and completely protected from disease.

1. Under Reports, click **Benchmark Report**.
2. "**Clients Associated with**" and "**Clients who did NOT meet the benchmark**" are pre-selected.
3. Select the **Age or Birth Date Range** that you would like to review (e.g. 24-35 months or 13 to 18 years).
4. **Standard Assessment** is pre-selected.
5. Enter the current date as the **Evaluation Date**.
6. **Select Benchmark** by clicking on the age range that matches your selected age range (i.e. for 13-18 years,

pick **Adolescent Complete** or for 24-36 months, pick **@24 months**).

7. Click **Generate**. You will be forwarded to the "Benchmark Report Status" page.
8. Click **Refresh**.
9. **Benchmark Report** will be displayed showing any patients who are missing the requested vaccines.

REVIEWING BENCHMARK RESULTS

	DTaP (4)	HepB (3)	Hib (3)	MMR (1)	Polio (3)	Pneumo (4)	Varicella (1)
N	3	Y	N	2	Y	Y	N
N	3	Y	Y	Y	Y	Y	Y
Y	N	2	Y	Y	Y	Y	Y
N	3	Y	N	2	Y	N	3
Y	N	2	Y	Y	Y	Y	Y
N	C	Y	N	C	Y	C	Y
N	3	N				Y	Y
N	2	N				N	2

C means "Late up-to-date"

Any client who did not meet all of the Benchmarks, will appear on the report. Each vaccine column is split into two. The **first column** shows whether the client met the benchmark with a Y or a N. The **second column** shows how many doses the client has completed within the series. Zero doses show as blank. "C" means that the client received all doses after the benchmark age.

HOW TO USE THE REMINDER / RECALL REPORT

NCIR's Reminder/Recall Report allows you to generate letters for patients who are due or over due for vaccines. It can also be used to find eligible patients when your office has short-dated vaccine.

1. Under Reports, click **Request Reminder**.
2. Under "Indicate the Tracking Schedule ..." select **Use Tracking Schedule Associated with Each Client**.
3. Under "Select the Vaccine Group(s) ..." select the vaccine groups you wish to review by adding vaccines from the left column to the right or removing unneeded vaccines.
4. Selecting a School & Primary Care Provider or Additional Demographic Criteria are generally not needed.

5. Under "Enter the Date Criteria" enter your chosen **Birth Date Range**. Other options are available here to adjust report results.
6. Click **Generate**.
7. At the Reminder Request Status page, click **Refresh** to check the status of the report.
8. Once the report is complete, click the blue link in the **Started** column. A summary of the report results will be displayed.
9. Proceed to the **Reminder Report Output Options**.

10. Selecting **Reminder Letter** will generate a pdf file of letters addressed to parents encouraging them to return for needed vaccinations. Additional messages can be added in the **Free Text** box.
11. For more detailed client information, including a summarized immunization record and responsible person information, click the **Client Query Listing**.

ADDITIONAL RESOURCES

The NC Immunization Branch maintains a webpage with NCIR training resources for new and experienced staff at: <http://immunize.nc.gov/providers/ncireducation.htm>

NCIR Help Desk: 1-877-USE-NCIR (873-6247)

Each county has a **Regional Immunization Consultant** ready to assist with questions both simple and complex via phone, e-mail, and on-site training. You can find your Regional Immunization Consultant at the following website: <http://immunize.nc.gov/contacts.htm>

A full NCIR User Manual is available at any time by clicking **System User Manual** in the upper left-hand column.



Best Practices for Successfully Using the

"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.

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity (Check One) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Race (Check all that apply)			
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White	<input type="checkbox"/> Unknown
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> 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. Is the person to be vaccinated sick today? YES NO
2. Does the person to be vaccinated have an allergy to a component of the vaccine? YES NO
3. Has the person to be vaccinated ever had a serious reaction to influenza in the past? YES NO
4. Has the person to be vaccinated ever had Guillain-Barré syndrome? YES NO
5. Are you currently pregnant? 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	
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 <input type="checkbox"/> varón <input type="checkbox"/> hembra	Origen étnico <input type="checkbox"/> Hispano <input type="checkbox"/> No-Hispano	
Raza (Marque toda respuesta que apliqué)			
<input type="checkbox"/> Asiático	<input type="checkbox"/> Indio Americano o nativo de Alaska	<input type="checkbox"/> Blanco	<input type="checkbox"/> Desconocido
<input type="checkbox"/> Negro o Afro-Americano	<input type="checkbox"/> Nativo de Hawaii o de otras Islas del Pacifico	<input type="checkbox"/> 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. ¿La persona a vacunarse está enferma hoy? Sí No
2. ¿La persona a vacunarse alguna vez ha tenido una reacción seria a la vacuna? Sí No
3. ¿La persona a ser vacunada tiene una alergia a un componente de la vacuna? Sí No
4. ¿La persona a vacunarse alguna vez tuvo síndrome de Guillain-Barré? Sí No
5. ¿ Estás embarazada actualmente? 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 X	Fecha de la firma
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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	
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
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