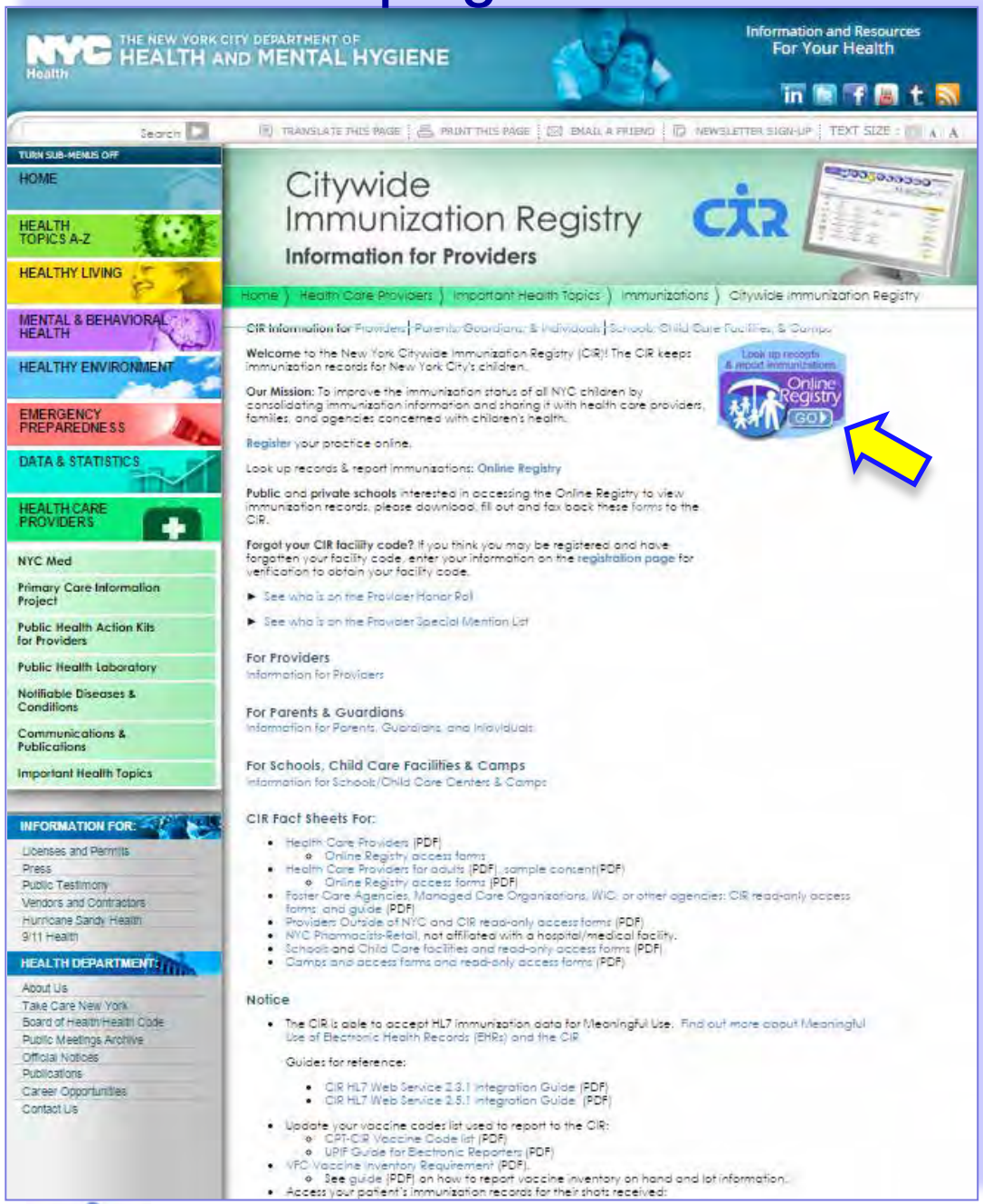
New York City
Citywide Immunization Registry (CIR):

Online Registry - Guide

NYC Department of Health & Mental Hygiene
Bureau of Immunization
March 2015

CIR homepage:



nyc.gov/health/cir

- Check for updates on this page.
- Click the "Online Registry GO" icon:

For Online Registry access, contact CIR:

- By phone: (347) 396-2400, or 311
- Visit:
  - http://www.nyc.gov/html/doh/html/hcp/cir-security-admin-info.shtml (for Health Care Providers)
  - http://www.nyc.gov/html/doh/html/hcp/cir-online-registry-for-schools.shtml (for Schools, Child Care Programs)

Online Registry Access

1. Register with the Citywide Immunization Registry
   - online:
     https://a816-healthpsi.nyc.gov/OnlineRegistration/dohmh/DOHMHService.action
   - or call us at, (347) 396-2400
2. Sign and fax back Online Registry request for access forms:
   - **Site Security Administrator User name and password request form**: http://www.nyc.gov/html/doh/html/hcp/cir-security-admin-info.shtml
   - **Confidentiality statement must be completed**: http://www.nyc.gov/html/doh/downloads/pdf/cir/ssa-confidentiality.pdf
3. One person per site receives **site security administrator** (SSA) rights (user manager role) designated by person in charge
   - CIR assigns User name and password to your SSA, who then can:
     - Create and manage user accounts for staff; determine security access levels; expire accounts
     - Required form for additional users: http://www.nyc.gov/html/doh/downloads/pdf/cir/user-confidentiality.pdf (This form is for your office use only, and kept on file with the assigned SSA.)

:

Go to Password Set Up screen from your email account:

Click or copy and paste the link from the email message you received from cir-reset@health.nyc.gov.

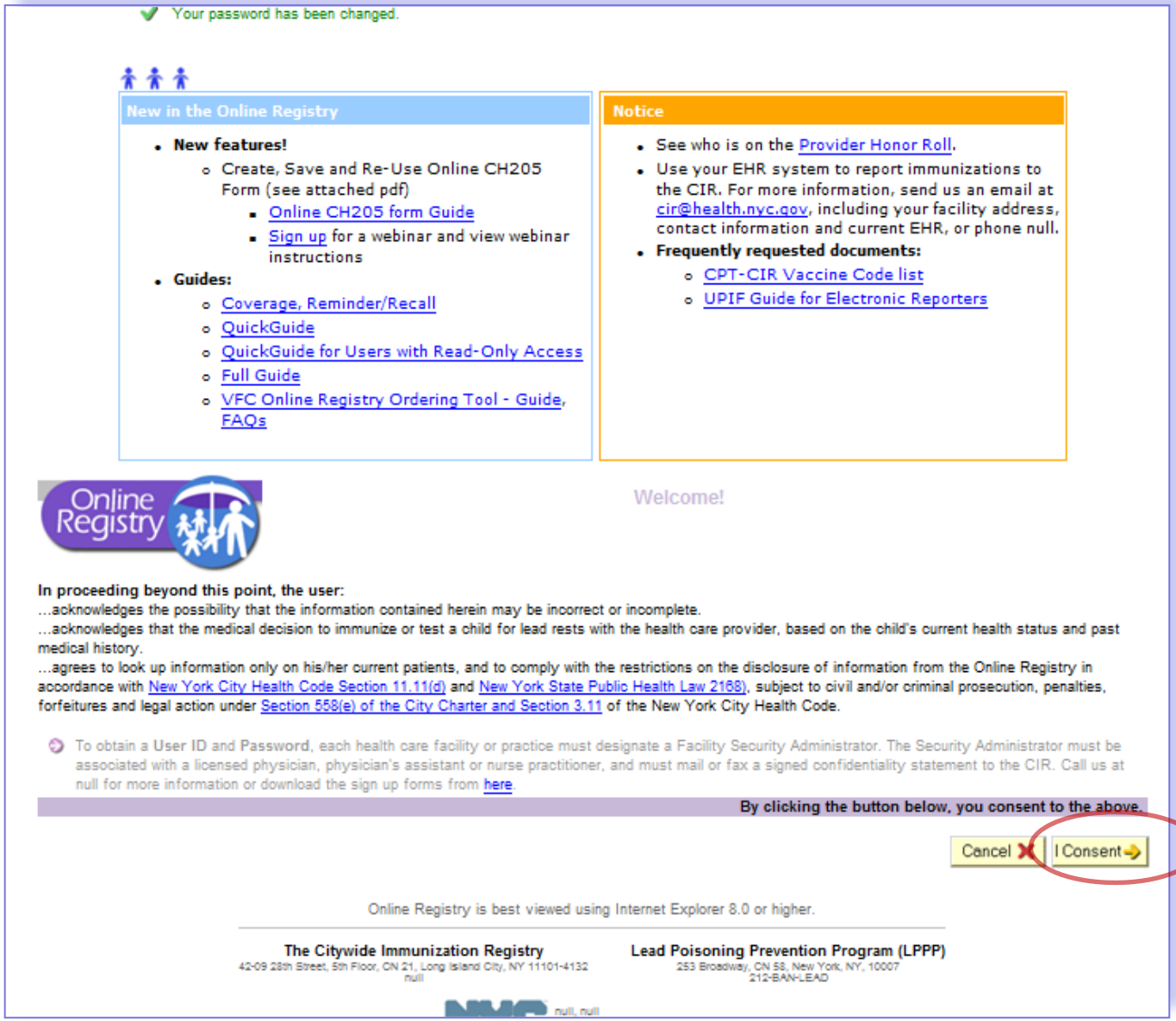
Be sure to check your email account that you or your Site Security Administrator registered you with for the Online Registry.

You will create a password in the Password Set Up screen.

Click Continue

IDs and passwords may not be shared. Each individual is required to have a separate password.

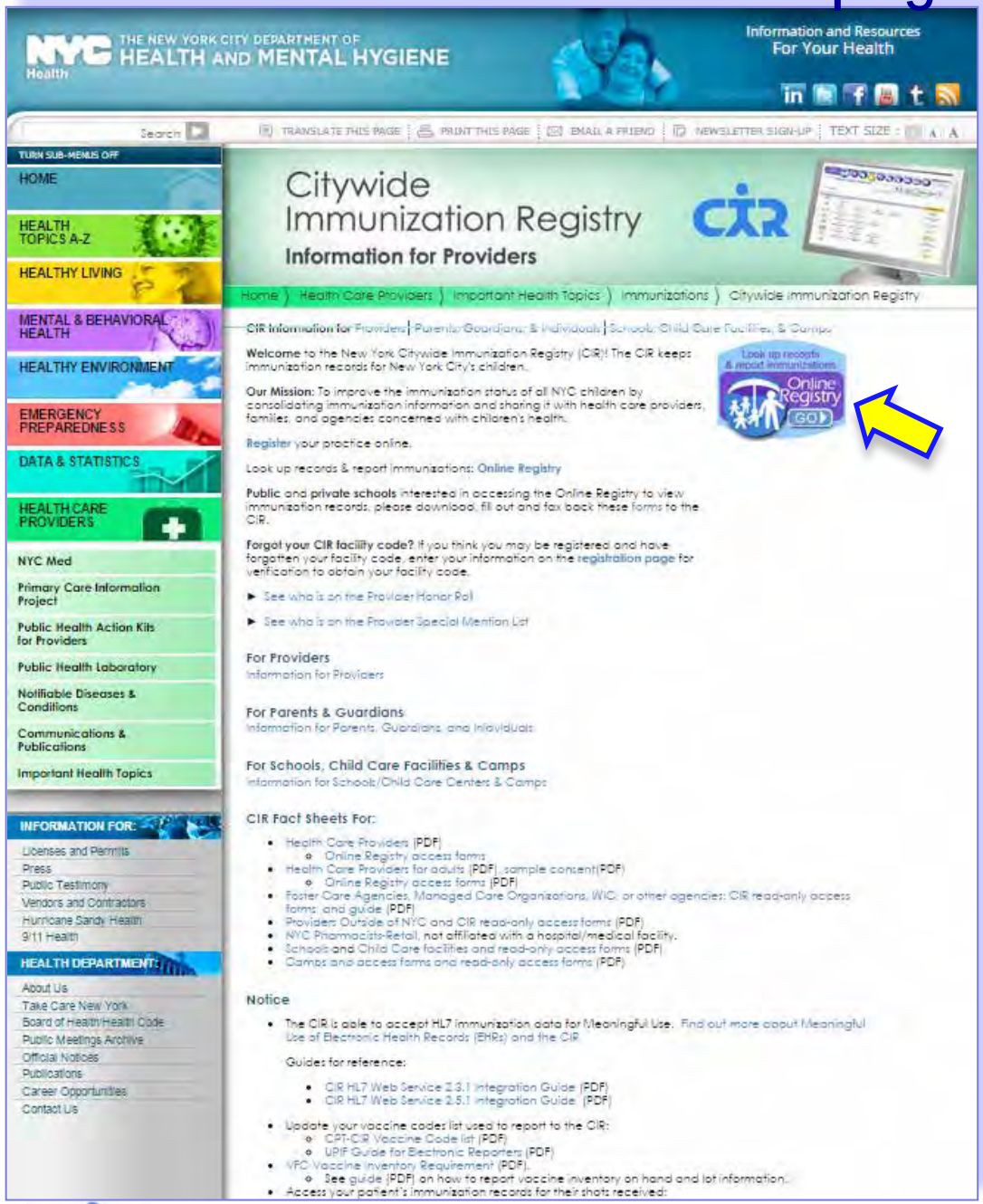
Password Set Up Log In screen:



After creating your password for the first time, you will see this log in screen this one time.

To enter, scroll down to click I Consent

Bookmark the CIR Homepage for future access to the log in icon:



nyc.gov/health/cir

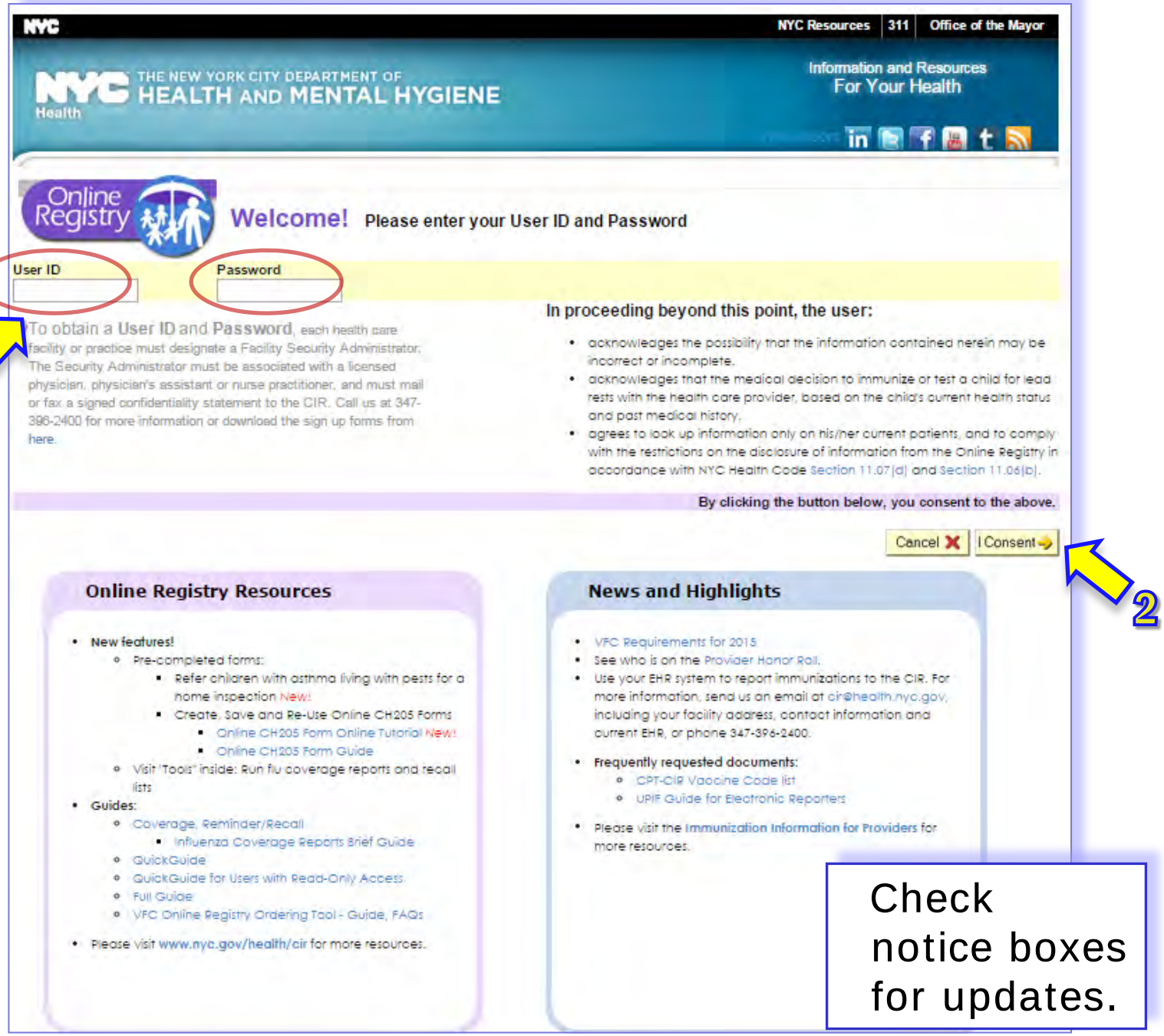
Check for updates on this page.

Click the “Online Registry GO” icon to access the log in page:

See next slide...

After account set up is completed this is the **Log in** screen you will see going forward:

1. Enter User ID & Password;
2. Click I Consent



Check notice boxes for updates.

Contact CIR at (347)396-2400 or 311 or cir-reset@health.nyc.gov for Online Registry account issues.

MyList (Patient list):

Navigation:
- Menu bar
- Tabs
- Set Up

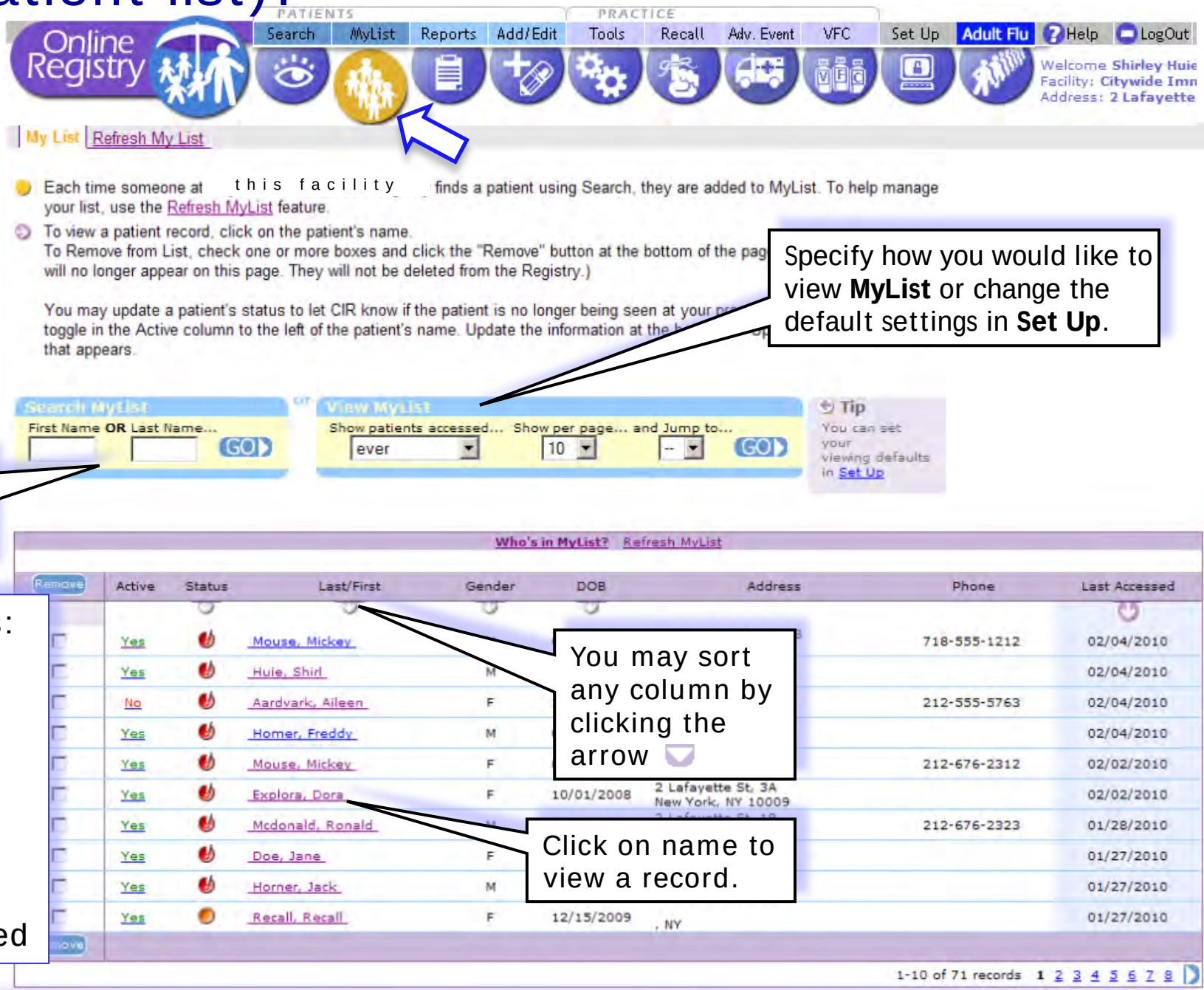
Instruction

Step, Tip

Hovers:

Information

Alert



Specify how you would like to view **MyList** or change the default settings in **Set Up**.

MyList is searchable by First or Last Name

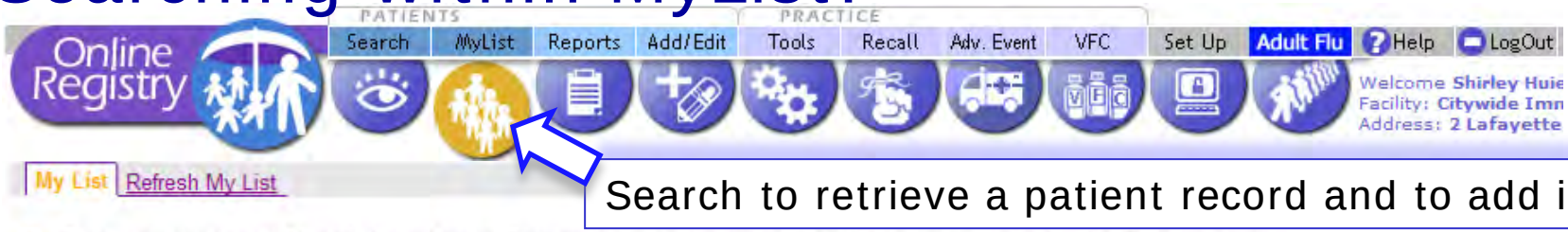
You may sort any column by clicking the arrow

Click on name to view a record.

Sort MyList options:
- Review Status
  - red=due now
  - green=up-to-date
  - Orange=due soon
- Last Name
- Gender
- DOB
- CIR number
- Date Last Accessed

After each successful search or addition of a patient record, the record is saved to MyList.

Searching within MyList:



- Each time someone at Citywide Immunization Registry finds a patient using Search, they are added to MyList. To help manage your list, use the Refresh MyList feature.
- To view a patient record, click on the patient's name.
  To Remove from List, check one or more boxes and click the "Remove" button at the bottom of the page. (The selected patients will no longer appear on this page. They will not be deleted from the Registry.)

  You may update a patient's status to let CIR know if the patient is no longer being seen at your practice. Click the Yes/No toggle in the Active column to the left of the patient's name. Update the information at the bottom of "Update Patient Info" screen that appears.

Search MyList
First Name **OR** Last Name...
GO

or

View MyList
Show patients accessed... ever | Show per page... 10 | and Jump to... -- GO

Tip
You can set your viewing defaults in Set Up

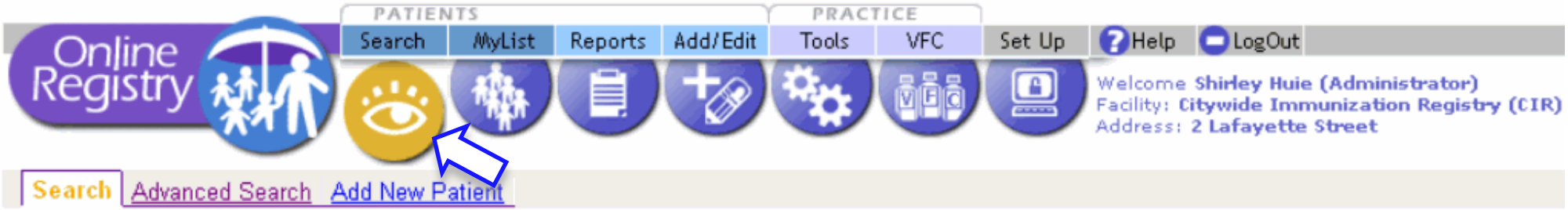
Who's in MyList? Refresh MyList

Remove	Active	Status	Last/First	Gender	DOB	Address	Phone	Last Accessed
☐	Yes		Mouse, Mickey	M	03/01/2004	99 Mouse Hole Dr, 9B Brooklyn, NY 10032	718-555-1212	02/04/2010
☐	Yes		Huie, Shirl	M	07/18/2009	2 2nd Queens, NY 11746		02/04/2010
☐	No		Aardvark, Aileen	F	10/10/1990	10-10 Bowery St., 90 New York, NY 10011	212-555-5763	02/04/2010
☐	Yes		Homer, Freddy	M	01/11/1978	131 Main New York, NY 11111		02/04/2010
☐	Yes		Mouse, Mickey	F	05/22/2004	789 Park Ave, 32C New York, NY 10013	212-676-2312	02/02/2010
☐	Yes		Explora, Dora	F	10/01/2008	2 Lafayette St, 3A New York, NY 10009		02/02/2010
☐	Yes		Mcdonald, Ronald	M	01/01/2009	2 Lafayette St, 19 Ny, NY 10007	212-676-2323	01/28/2010
☐	Yes		Doe, Jane	F	10/20/2008	2 Laf New York, NY 10013		01/27/2010
☐	Yes		Horner, Jack	M	08/01/2009	2 Laf New York, NY 10002		01/27/2010
☐	Yes		Recall, Recall	F	12/15/2009	, NY		01/27/2010

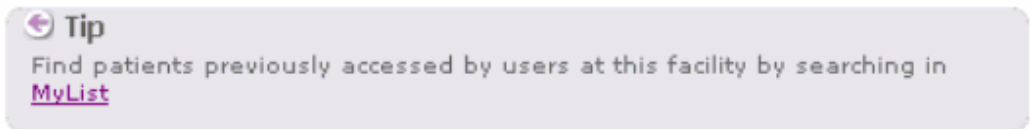
Remove

1-10 of 71 records **1** 2 3 4 5 6 7 8

Searching for patient in CIR and Lead Registry:

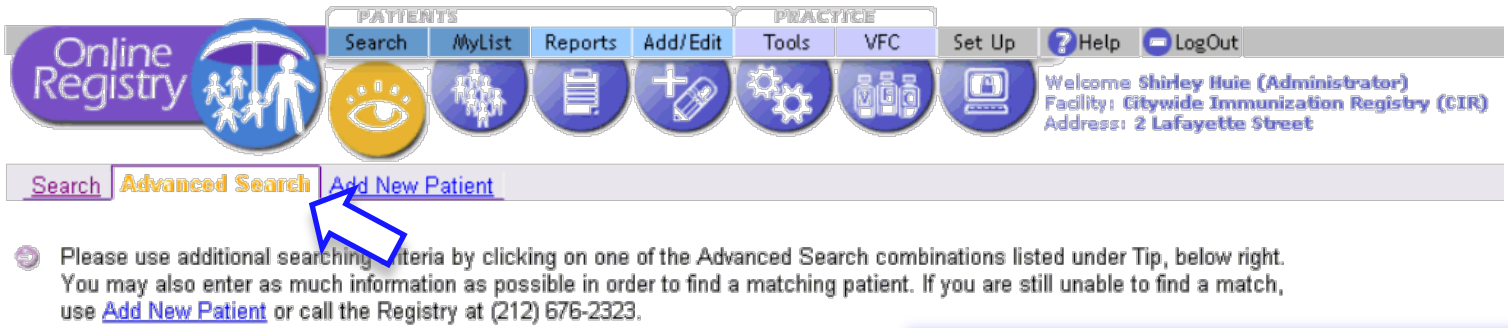


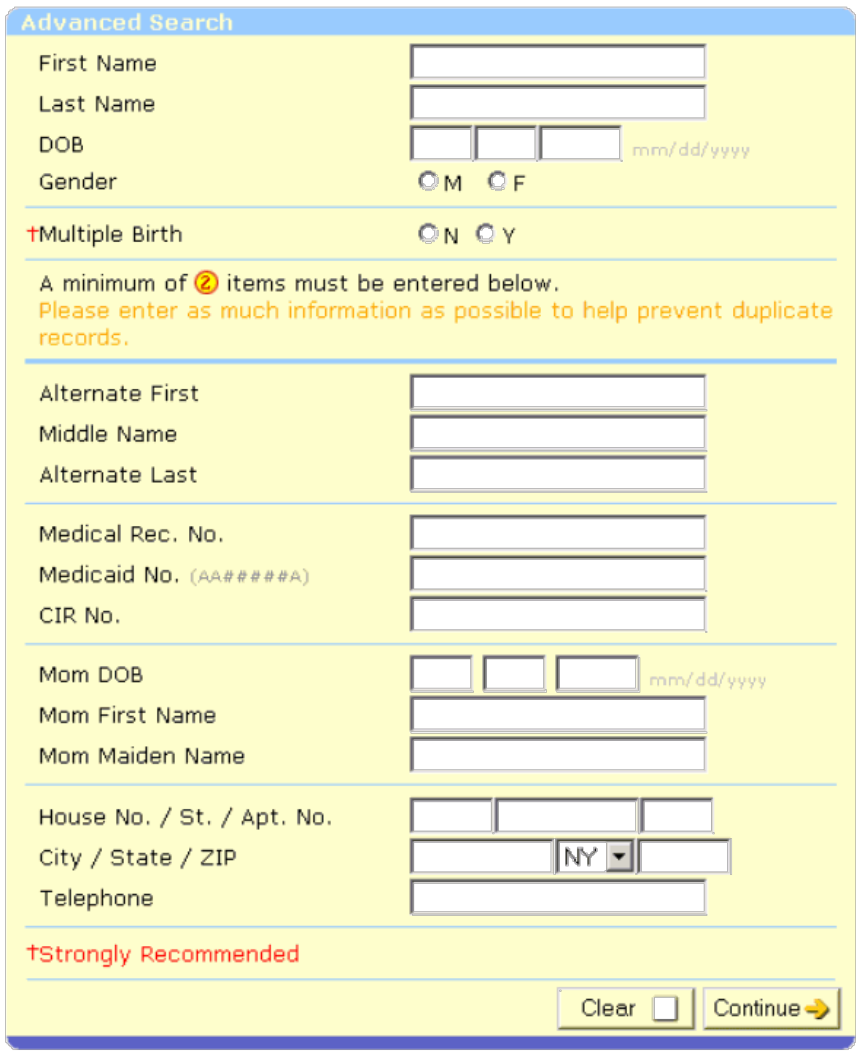
Complete all fields below to find a patient's record in the CIR. All fields must match exactly. To search by medical record number, CIR number or other demographics, use Advanced Search.



- Requires unique match on:
  1. First Name
  2. Last Name
  3. DOB
  4. Gender
- Once found, patient is added to **MyList.**

Advanced Search: default option

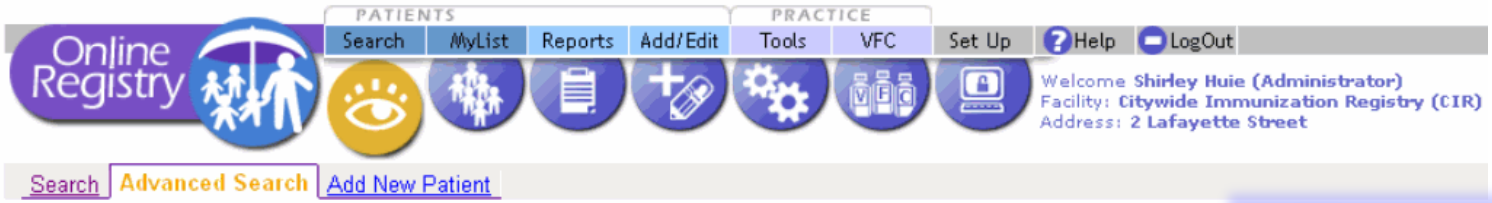




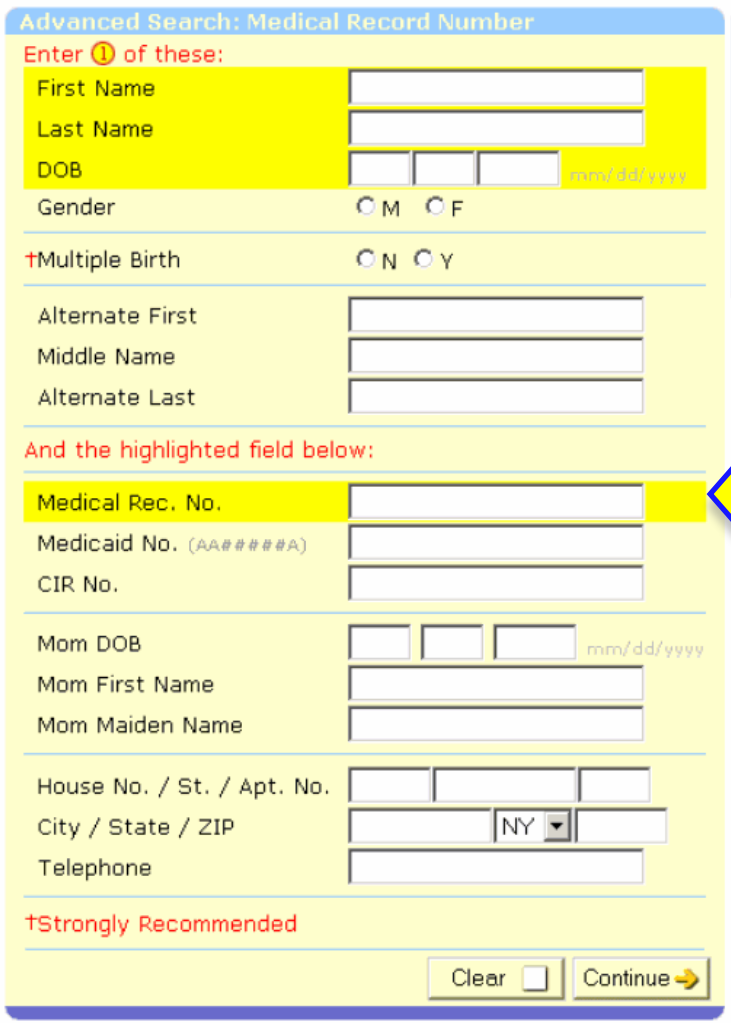
Advanced Search for records in the CIR and Lead Registry:

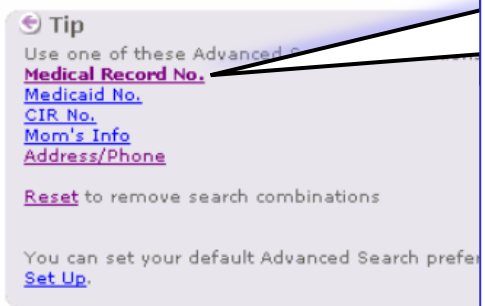
- The default option is set to allow you to enter as much information as possible to find a matching record, with a minimum of 2 additional pieces of information
- Once found, patient is added to **MyList**
- Call (347) 396-2400, if record is not found, or **Add New Patient** if you are certain patient is not in CIR.

Advanced Search: search combination options



Please use additional searching criteria by clicking on one of the Advanced Search combinations listed under Tip, belo
You may also enter as much information as possible in order to find a matching patient. If you are still unable to find a
use Add New Patient or call the Registry at (212) 676-2323.



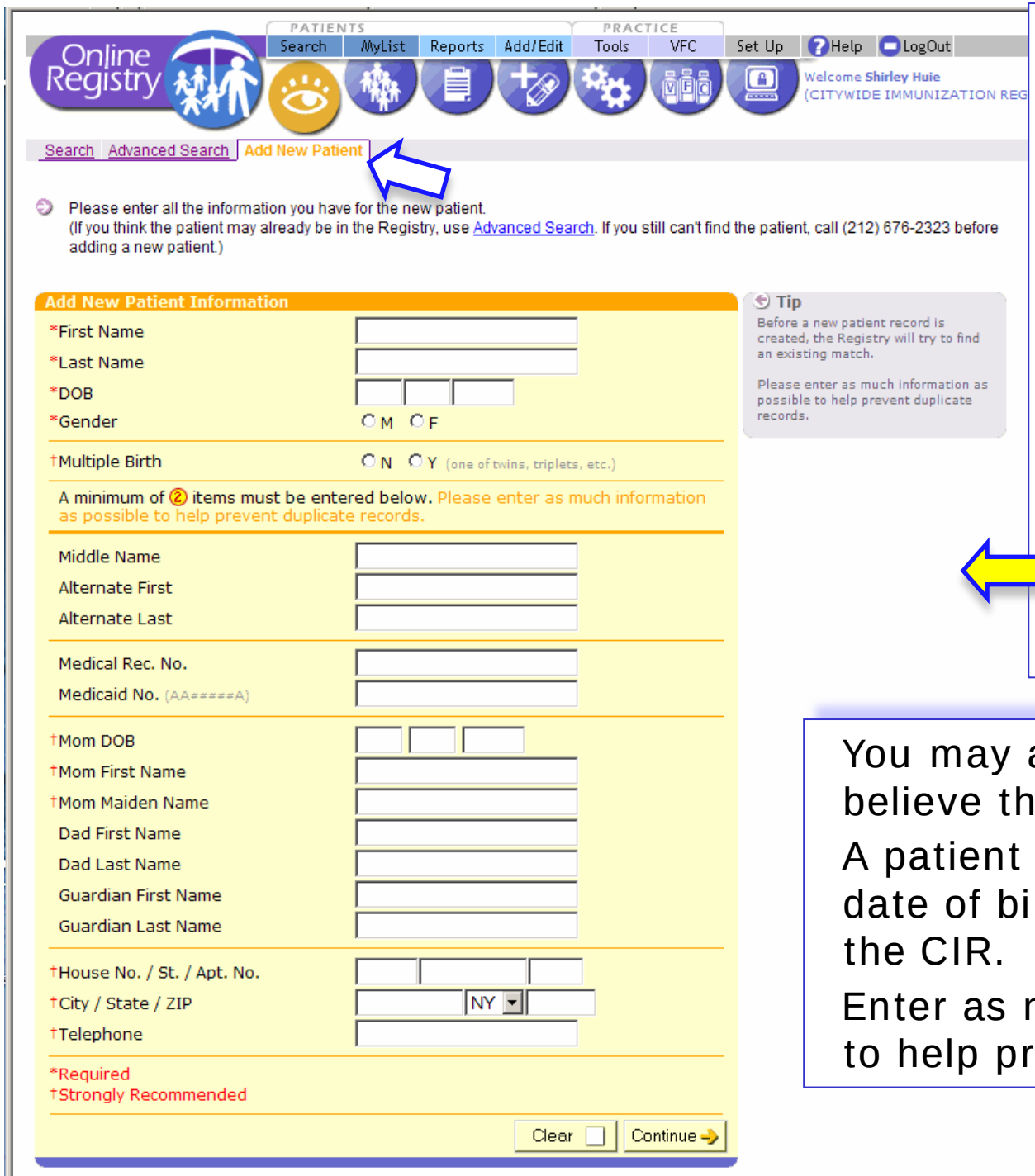


- Choose a *search combination* inside the Tip box by clicking on the link:
  - Medical record No.
  - Medicaid No.
  - CIR No.
  - Mom's info
  - Address/phone

  Enter information in the highlighted dark yellow fields.

- Go to **Set Up** to customize search settings.
- Call (347) 396-2400, if record is not found, or use **Add New Patient** if you are certain patient is not in CIR

Add New Patient*:



Required elements:

- First Name
- Last Name
- DOB
- Gender

Strongly Recommended:

- Mom DOB
- Mom First Name
- Mom Maiden Name
- Full Address, or
- Telephone.

You may add a new patient if you believe the patient is not in the CIR.

A patient born outside of NYC or has a date of birth > 1996 may not be in the CIR.

Enter as much information as possible to help prevent duplicate records.

*not available to read-only accounts

Add New Patient: confirm match

Search | Advanced Search | Add New Patient

Based on the information you entered, an existing patient was found. If this is the correct patient, you may continue by accepting the record. If this is not the correct patient, then you may add a new patient.

Patient Information

	You Provided:	We Found:
First Name	WINNIE	WINNIE
Last Name	POOH	POOH
DOB	01/30/2001	01/30/2001
Gender	Male	Female
Multiple Birth		N
Middle Name	THOMAS	T
Alternate First		
Alternate Last		
Medical Rec. No		
Medicaid No		
CIR No.		606111748
Mom DOB	05/30/1987	(field blank in the CIR)
Mom First Name		GOLDILOCKS
Mom Maiden Name		
House No. / St. / Apt. No.		123 HONEY WAY
City / State / ZIP		NEW YORK, NY 10011
Telephone		

Immunization History Please view and compare to your records the immunization history of the patient that was found by clicking here.

Please Choose ONE:

- This **is** the patient.
- This is **not** the patient. **Search again**
- This is **not** the patient. **Add new Patient**

Cancel | Continue

1

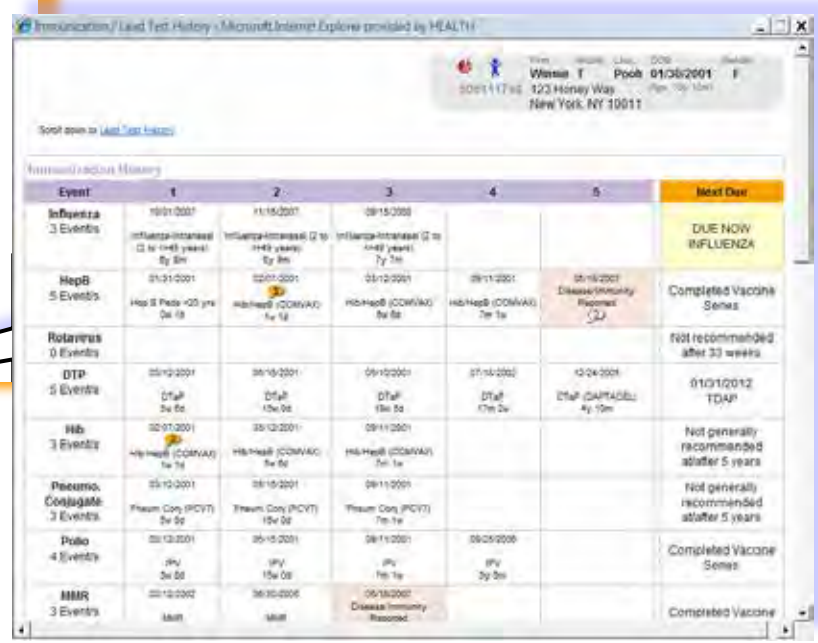
2

3

4

A possible matching record may be found

1. Compare the information
2. Compare the vaccination record in CIR with your information
3. Make a choice
4. Click Continue

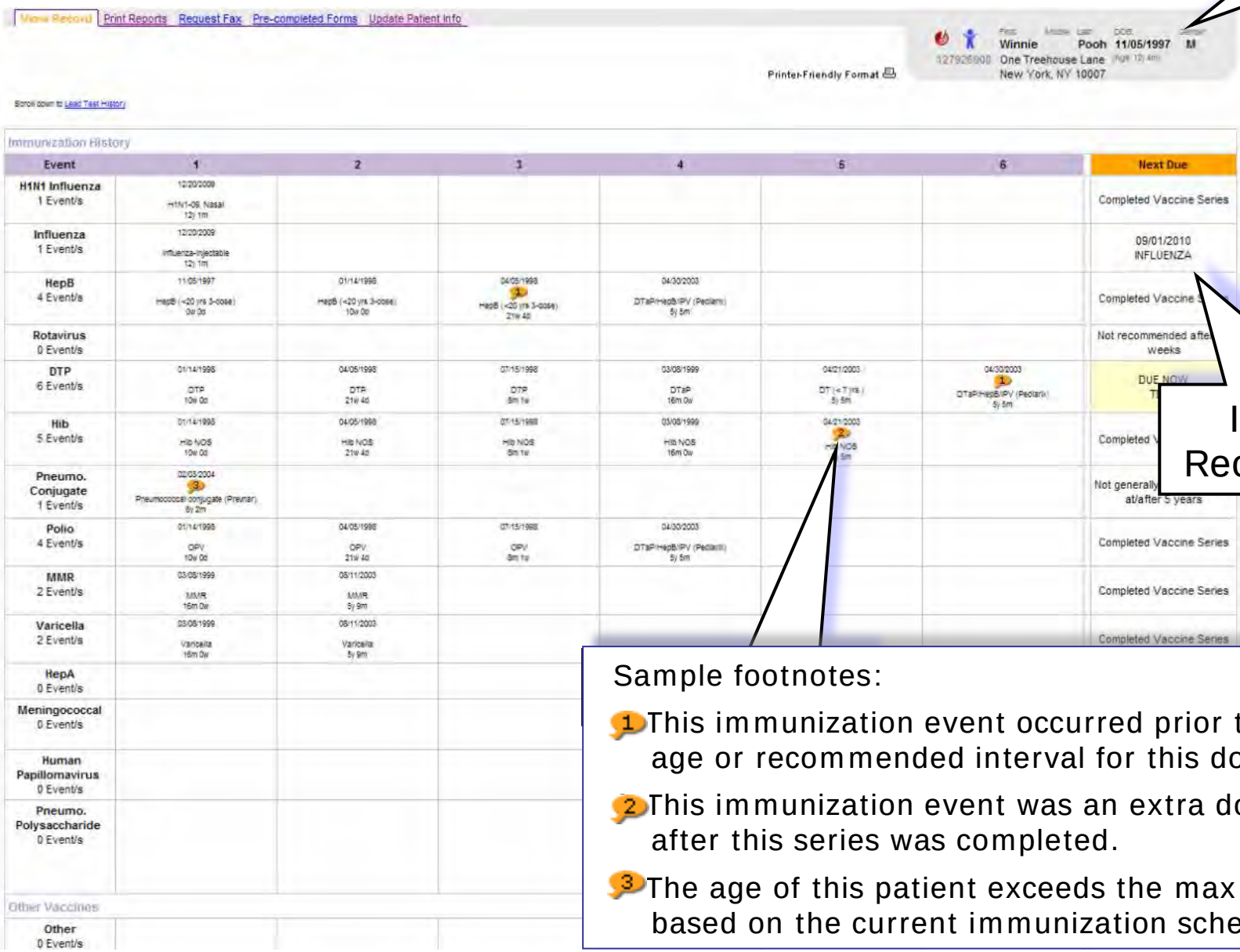


*not available to read-only accounts

View Record: Immunization & Lead Test Records:

To access a patient record click on a name in MyList, or use the Search or Advanced Search to find a record.

Verify patient name, DOB, address



Immunization Recommendations

Sample footnotes:

1. This immunization event occurred prior to the recommended age or recommended interval for this dose.
2. This immunization event was an extra dose since it occurred after this series was completed.
3. The age of this patient exceeds the max age of the series based on the current immunization schedule.

Lead Test Record:

Lead Recommendations based on latest test results are found below the immunization record.

Lead Test History

More useful lead information is available in the Tools section.

Event		Date	Test Type	BLL	Recommendation
Lead Tests 5 Events	5	09/17/2005	Venous	6µg/dl	Test all children at age 1 & age 2. If exposure likely, consider retesting within 3 months. Annually assess all children up to age 6 for risk of exposure & test those children found to be at risk. Provide risk reduction education to prevent exposure. Provide nutrition education to promote adequate intake of Ca, Fe & Vitamin C.
	4	03/16/2005	Venous	9µg/dl	
	3	08/17/2004	Venous	7µg/dl	
	2	06/02/2004	Unknown	6µg/dl	
	1	07/28/2003	Venous	3µg/dl	

Add Current Immunization*:

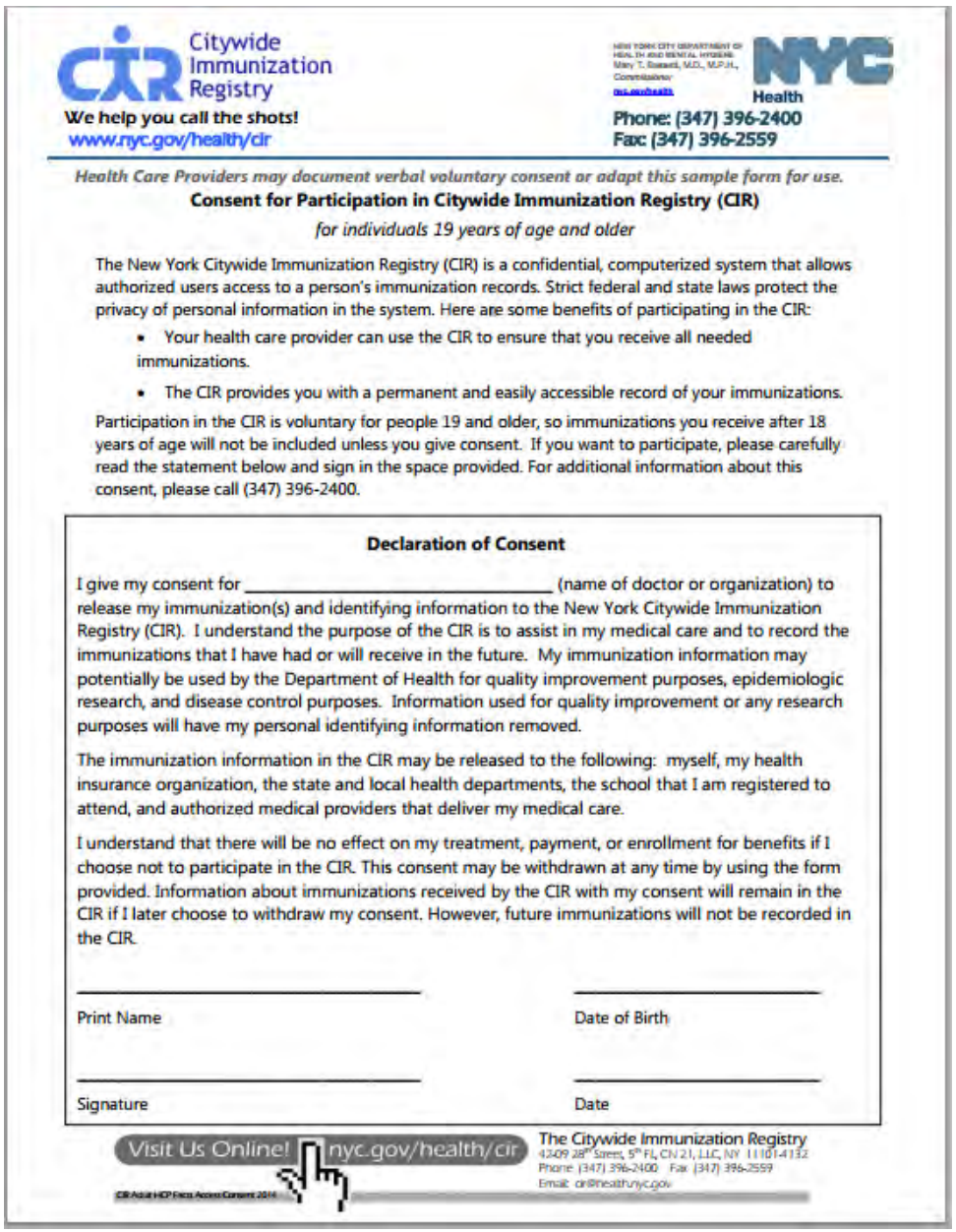
1. Select vaccine(s)
2. Edit date if needed
3. Select patient's VFC Eligibility Status.
4. Click Continue.

For combination vaccines, choose only **one** vaccine category

Click consent form link for a sample consent form for reporting immunizations given to patients >19 yrs old

*not available to read-only accounts

Reporting Adult Patients – sample voluntary consent form to participate in CIR



Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

NYC Health

Phone: (347) 396-2400
Fax: (347) 396-2559

Health Care Providers may document verbal voluntary consent or adapt this sample form for use.

Consent for Participation in Citywide Immunization Registry (CIR)

for individuals 19 years of age and older

The New York Citywide Immunization Registry (CIR) is a confidential, computerized system that allows authorized users access to a person's immunization records. Strict federal and state laws protect the privacy of personal information in the system. Here are some benefits of participating in the CIR:

- Your health care provider can use the CIR to ensure that you receive all needed immunizations.
- The CIR provides you with a permanent and easily accessible record of your immunizations.

Participation in the CIR is voluntary for people 19 and older, so immunizations you receive after 18 years of age will not be included unless you give consent. If you want to participate, please carefully read the statement below and sign in the space provided. For additional information about this consent, please call (347) 396-2400.

Declaration of Consent

I give my consent for _____ (name of doctor or organization) to release my immunization(s) and identifying information to the New York Citywide Immunization Registry (CIR). I understand the purpose of the CIR is to assist in my medical care and to record the immunizations that I have had or will receive in the future. My immunization information may potentially be used by the Department of Health for quality improvement purposes, epidemiologic research, and disease control purposes. Information used for quality improvement or any research purposes will have my personal identifying information removed.

The immunization information in the CIR may be released to the following: myself, my health insurance organization, the state and local health departments, the school that I am registered to attend, and authorized medical providers that deliver my medical care.

I understand that there will be no effect on my treatment, payment, or enrollment for benefits if I choose not to participate in the CIR. This consent may be withdrawn at any time by using the form provided. Information about immunizations received by the CIR with my consent will remain in the CIR if I later choose to withdraw my consent. However, future immunizations will not be recorded in the CIR.

_____ _____

Print Name Date of Birth

_____ _____

Signature Date

Visit Us Online! nyc.gov/health/cir

The Citywide Immunization Registry
42-09 28th Street, 5th Fl, CN 21, LIC, NY 11101-4132
Phone (347) 396-2400 Fax (347) 396-2559
Email: cir@health.nyc.gov

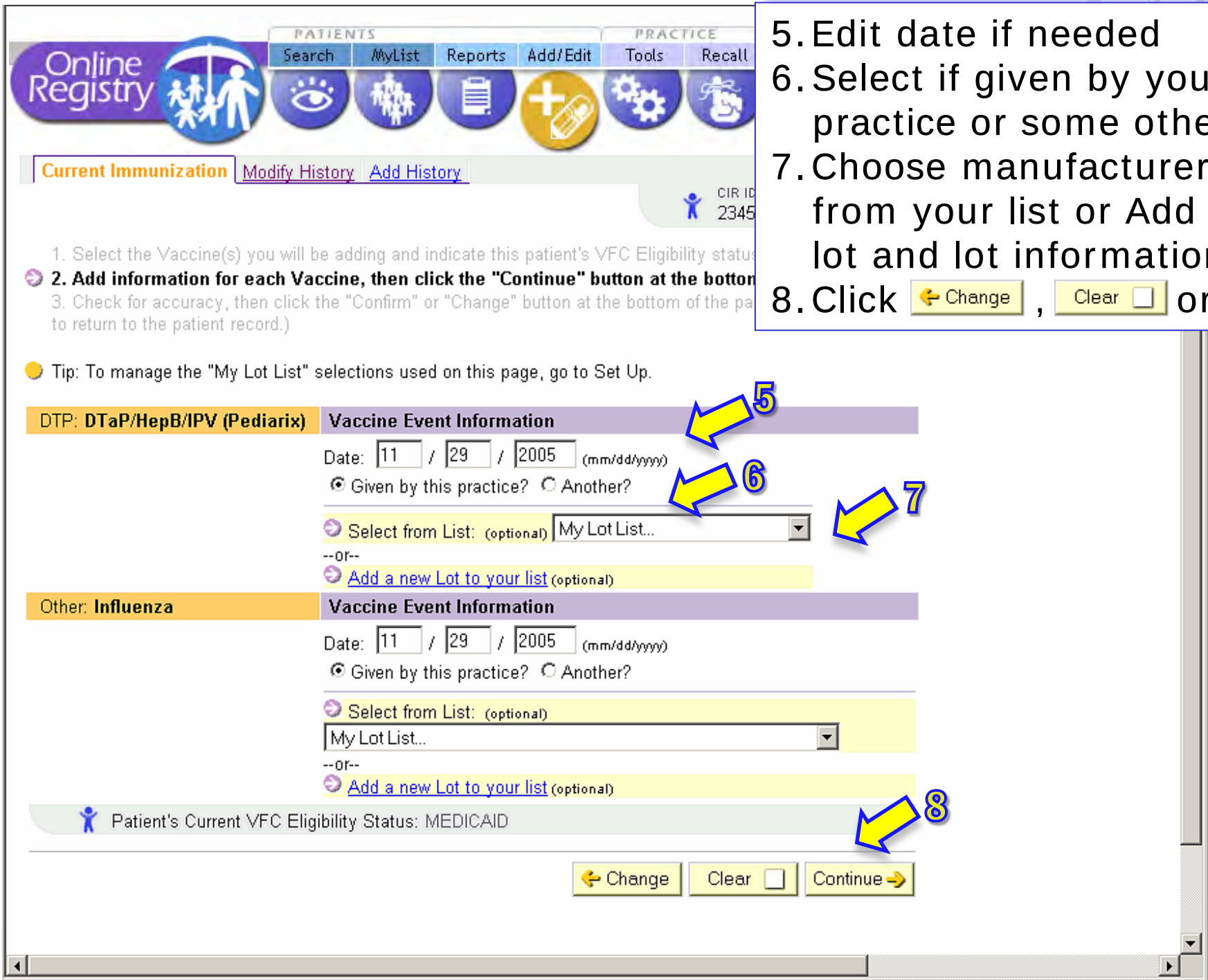
CIR Adult HCP Face Access Consent 2014

Health Care Providers may document verbal voluntary consent or adapt this sample consent form into the practice for patients who are 19 years of age and above.

A blank electronic copy can be found in the Help section under Reporting requirements.

If your patients are signing forms, please keep signed originals at your site. There is no need to send signed forms to DOHMH.

Add Current Immunization:



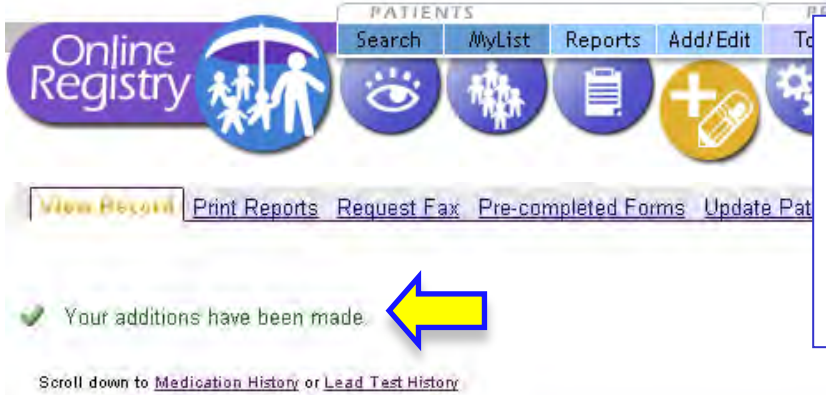
5. Edit date if needed
6. Select if given by your practice or some other source
7. Choose manufacturer and Lot from your list or Add a new lot and lot information
8. Click Change , Clear or Continue .

Add Current Immunization:

9. Review
10. Click Change , Cancel , or Confirm .

Note: The program will give a red warning message if an immunization you are trying to add is similar to one that already exists in the system, but you will still be able to add the immunization.

Add Current Immunization confirmation message



After choosing “confirm”, a green message appears:

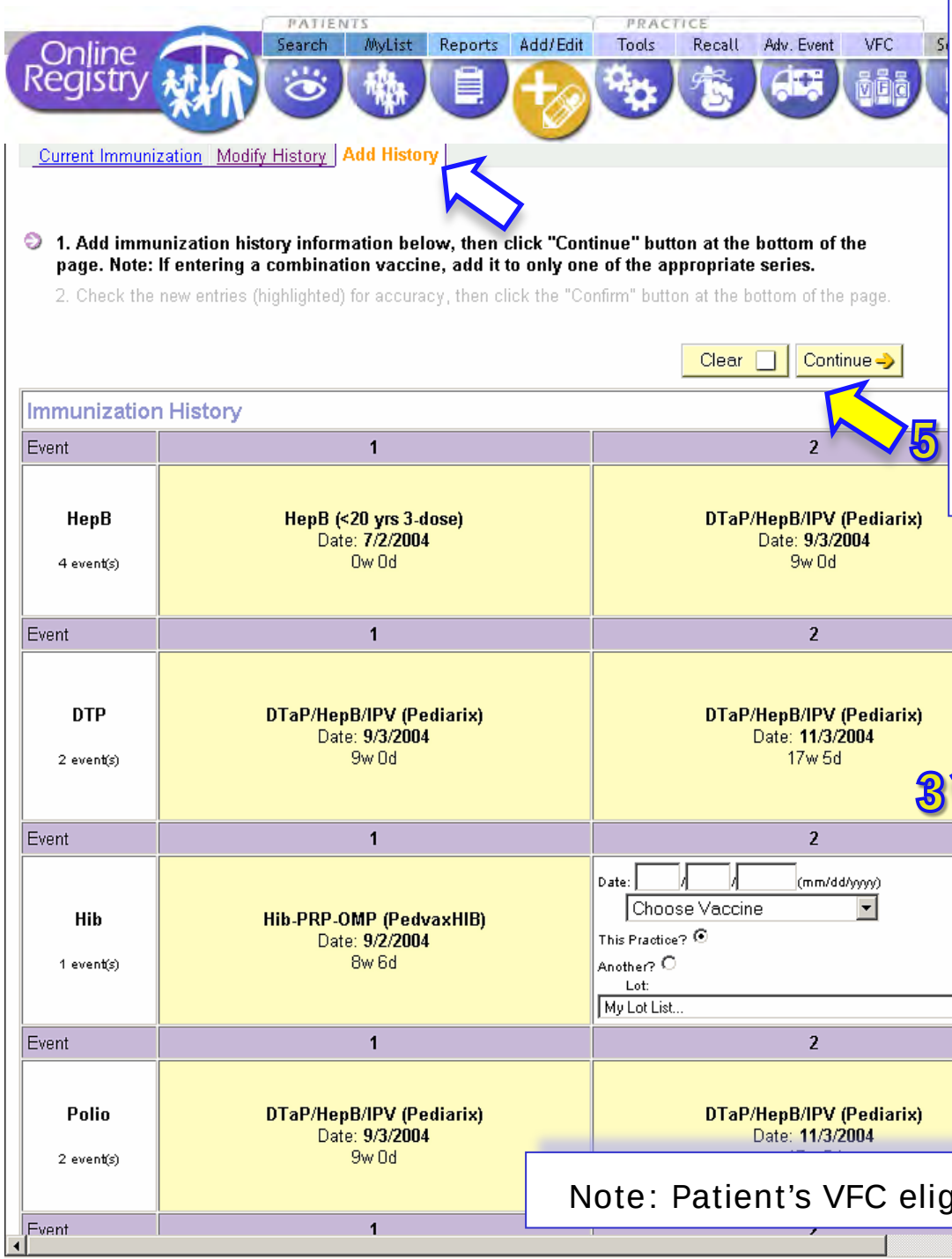
✔ Your additions have been made.

View the updated record.

Immunization History

Event	1	2	3	4	5
H1N1 Influenza 3 Event/s	09/15/2009 1 H1N1-09, Injectable 41y 2m	09/16/2009 1 H1N1-09, Injectable 41y 2m	09/17/2009 1 H1N1-09, Injectable 41y 2m		
Influenza 1 Event/s	09/17/2009 Influenza-injectable 41y 2m				
HepB 0 Event/s					
Rotavirus 0 Event/s					
DTP 0 Event/s					
Hib 0 Event/s					
Pneumo. Conjugate 1 Event/s	09/17/2009 2 Pneumococcal conjugate (Prevnar) 41y 2m				
Polio 0 Event/s					
MMR 0 Event/s					
Varicella 0 Event/s					
HepA 0 Event/s					

Add Immunization History:



For each immunization event you want to add:

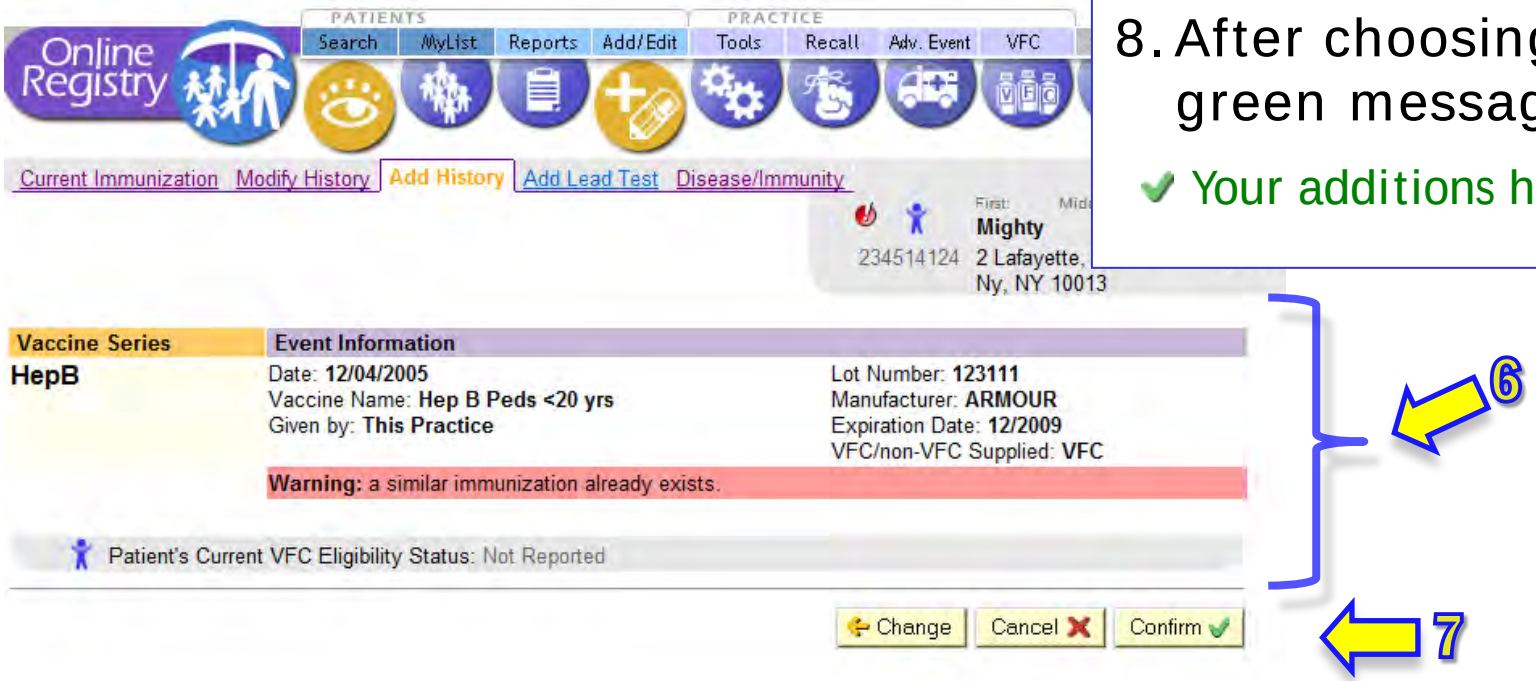
1. Enter date
2. Choose specific vaccine
3. Select if given by your practice or some other source
4. Choose lot info or add lot in Set Up (optional)
5. Choose Clear or Continue

Note: Patient's VFC eligibility status is not reportable in this screen.

Add Immunization History:

6. Review your entries
7. Choose Change , Cancel ,or Confirm
8. After choosing “confirm”, a green message appears:

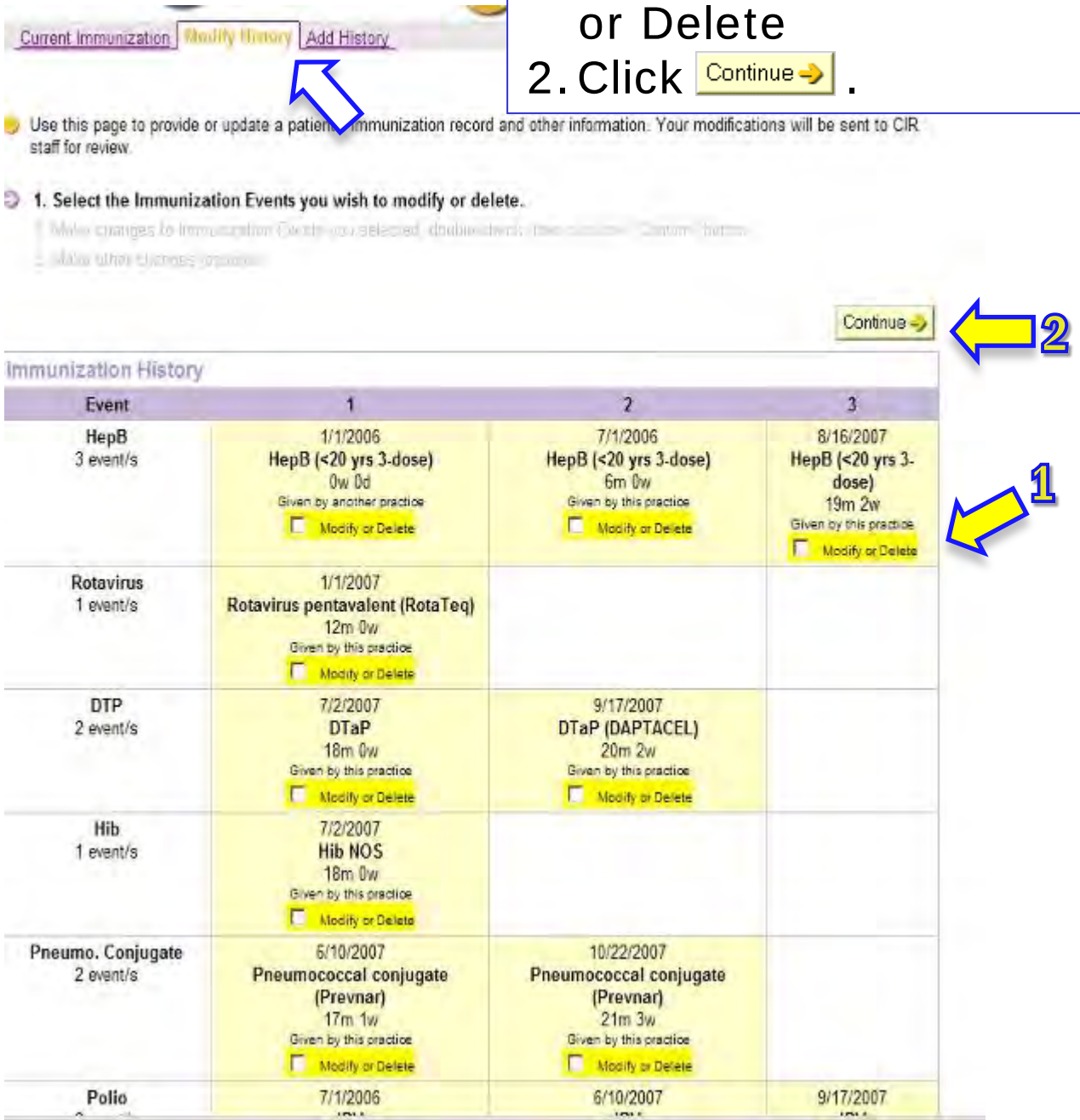
✔ Your additions have been made.



Note: The program will give a red warning message if an immunization you are trying to add is similar to one that already exists in the system, but you will still be able to add the immunization.

Modify History*:

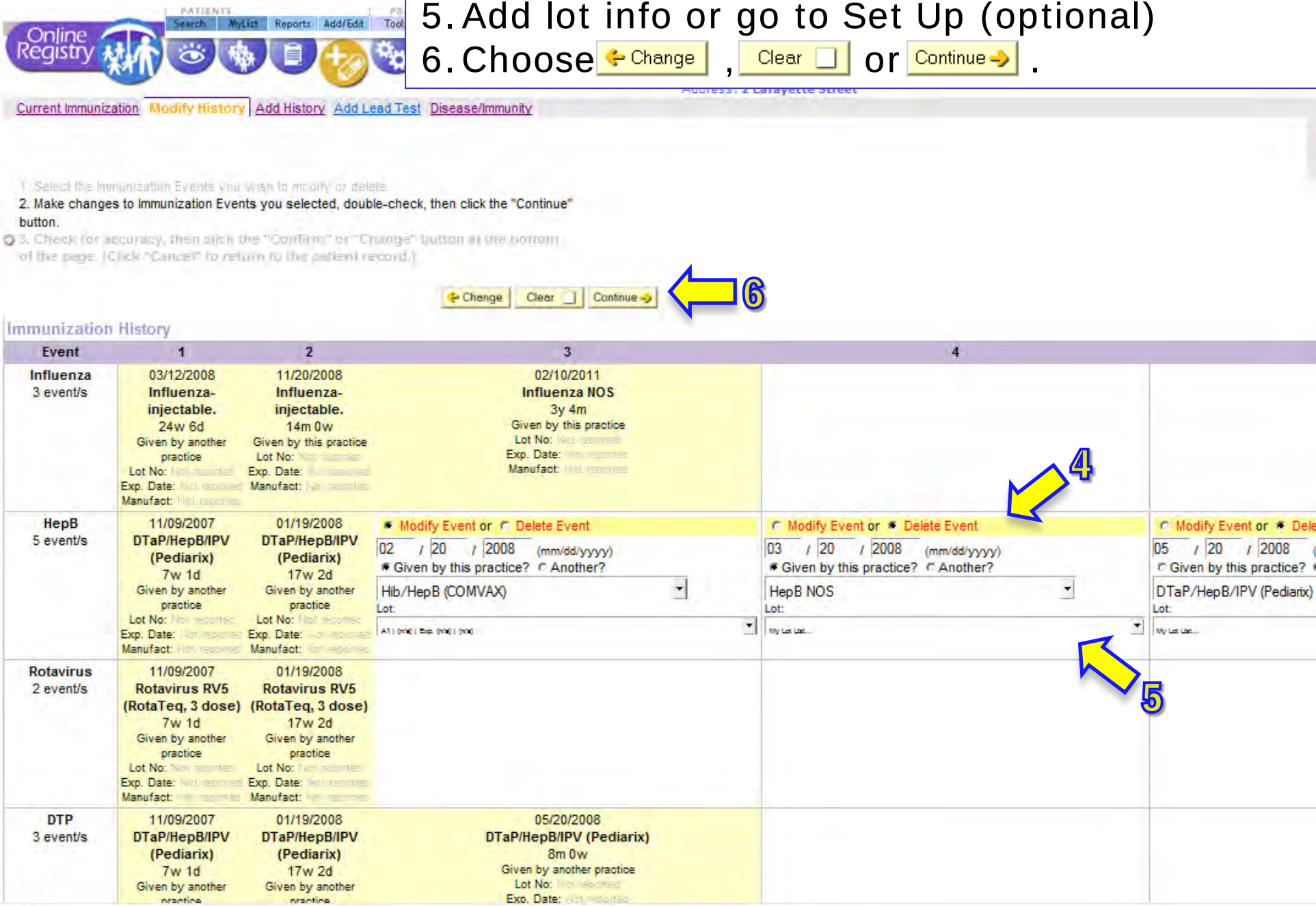
1. ☑ Check the immunization event(s) to Modify or Delete
2. Click Continue ➔ .



*not available to read-only accounts

Modify History:

4. Enter corrections or choose Delete event
5. Add lot info or go to Set Up (optional)
6. Choose Change , Clear or Continue .



Modify History:

7. Review your entries
8. Choose Change, Cancel or Confirm
9. After your confirmation, a green message appears:

ü Your additions have been made.

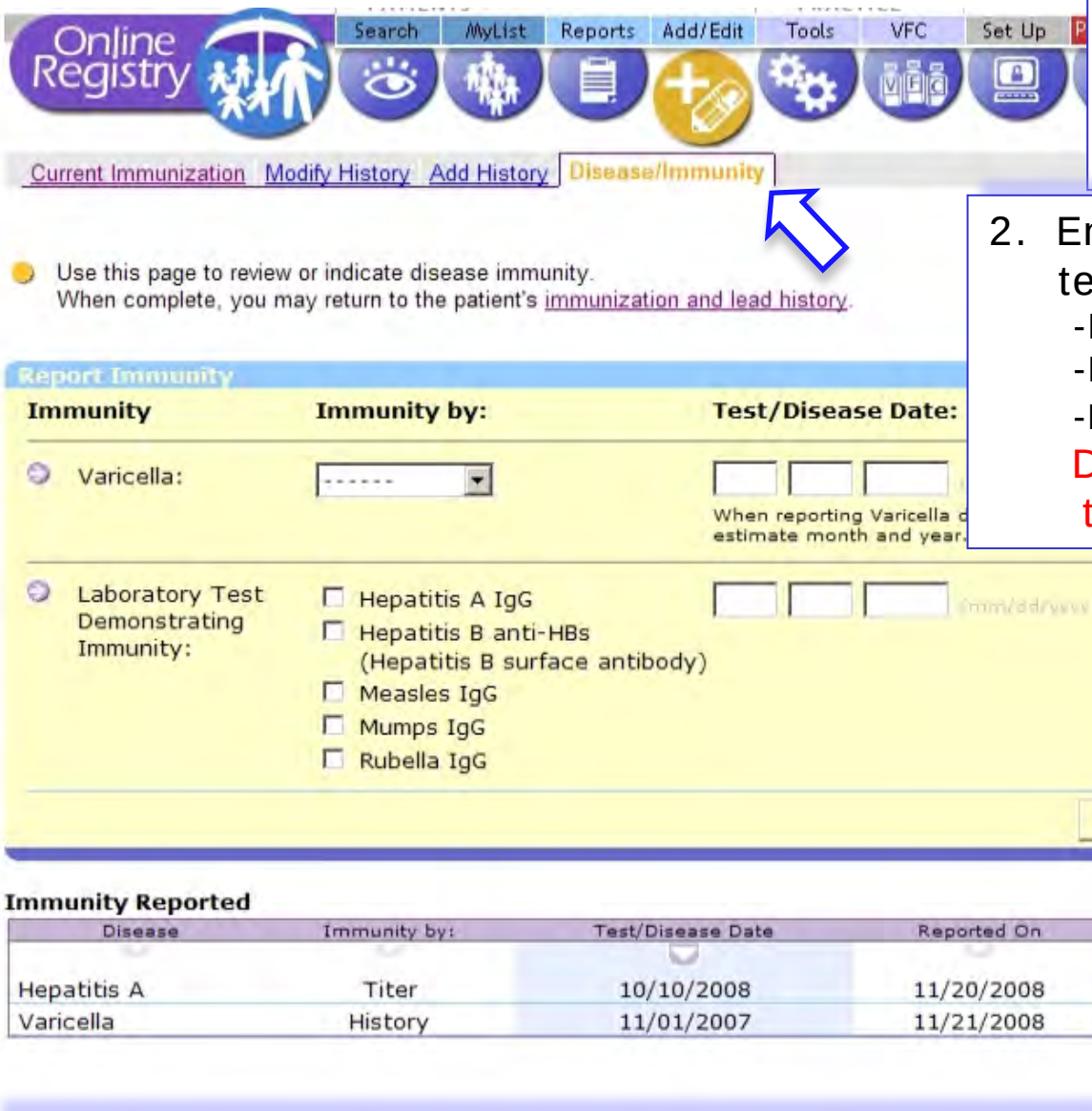
In some cases, you may receive the message:

Your modifications have been submitted for review. Not all of your requested updates may be reflected immediately in the Online Registry.

7

8

Add Disease History/Immunity*:



1. Enter date *(month, year)* of occurrence for Varicella disease or the date (*month, day, year)* of positive Varicella IgG test.

2. Enter date *(month, day, year)* of blood test demonstrating immunity for:
   - -Hepatitis A IgG
   - -Hepatitis B anti HBs
   - -Measles IgG.
   - Mumps IgG
   - Rubella IgG

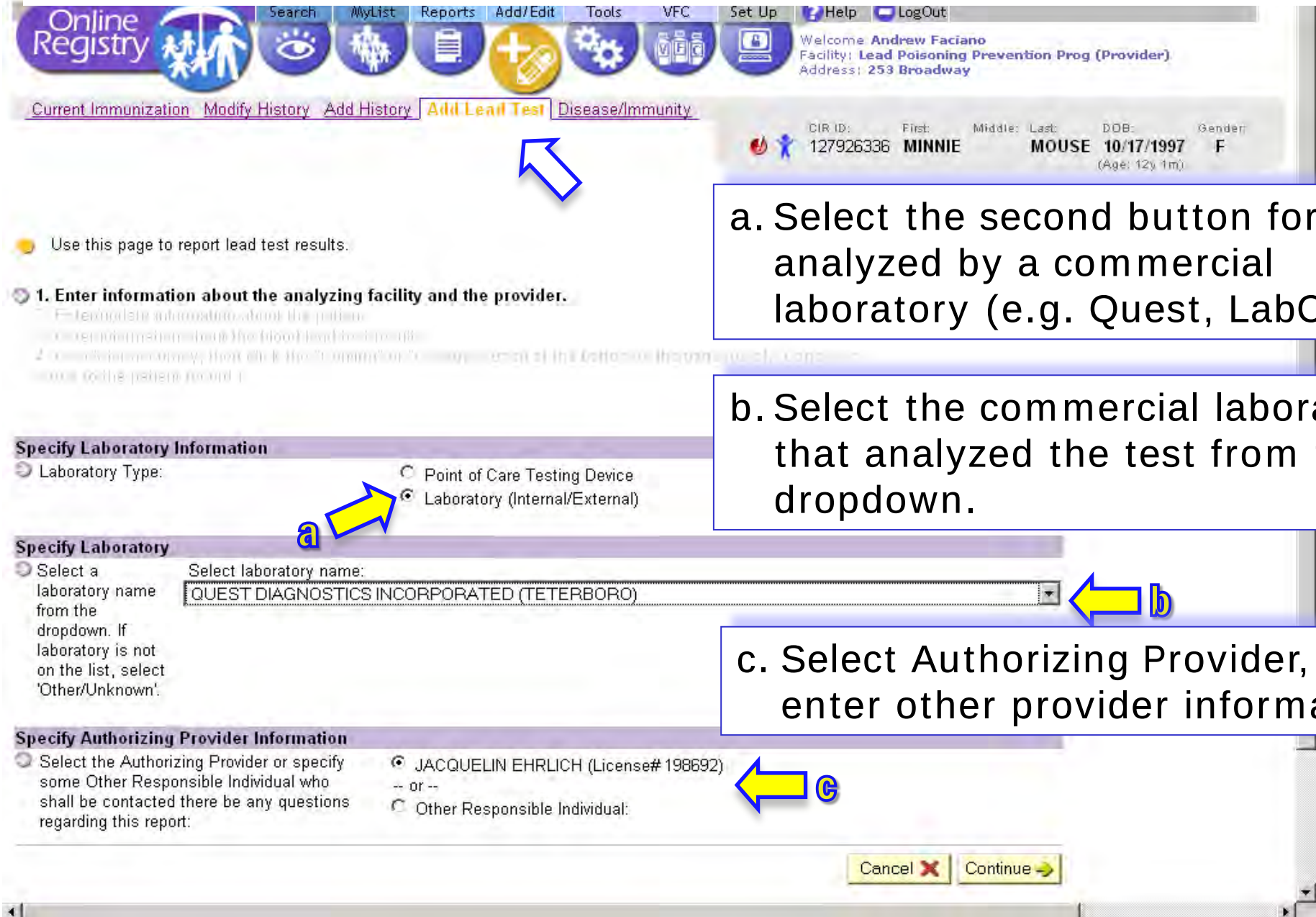
   Do not any enter dates with results that show lack of immunity.

3. Click Confirm.

4. Once the information is added it will be listed on the patient's record and listed in the Immunity Reported section.

*not available to read-only accounts

Add Lead Test: Step 1- for lead results analyzed by a commercial lab…*

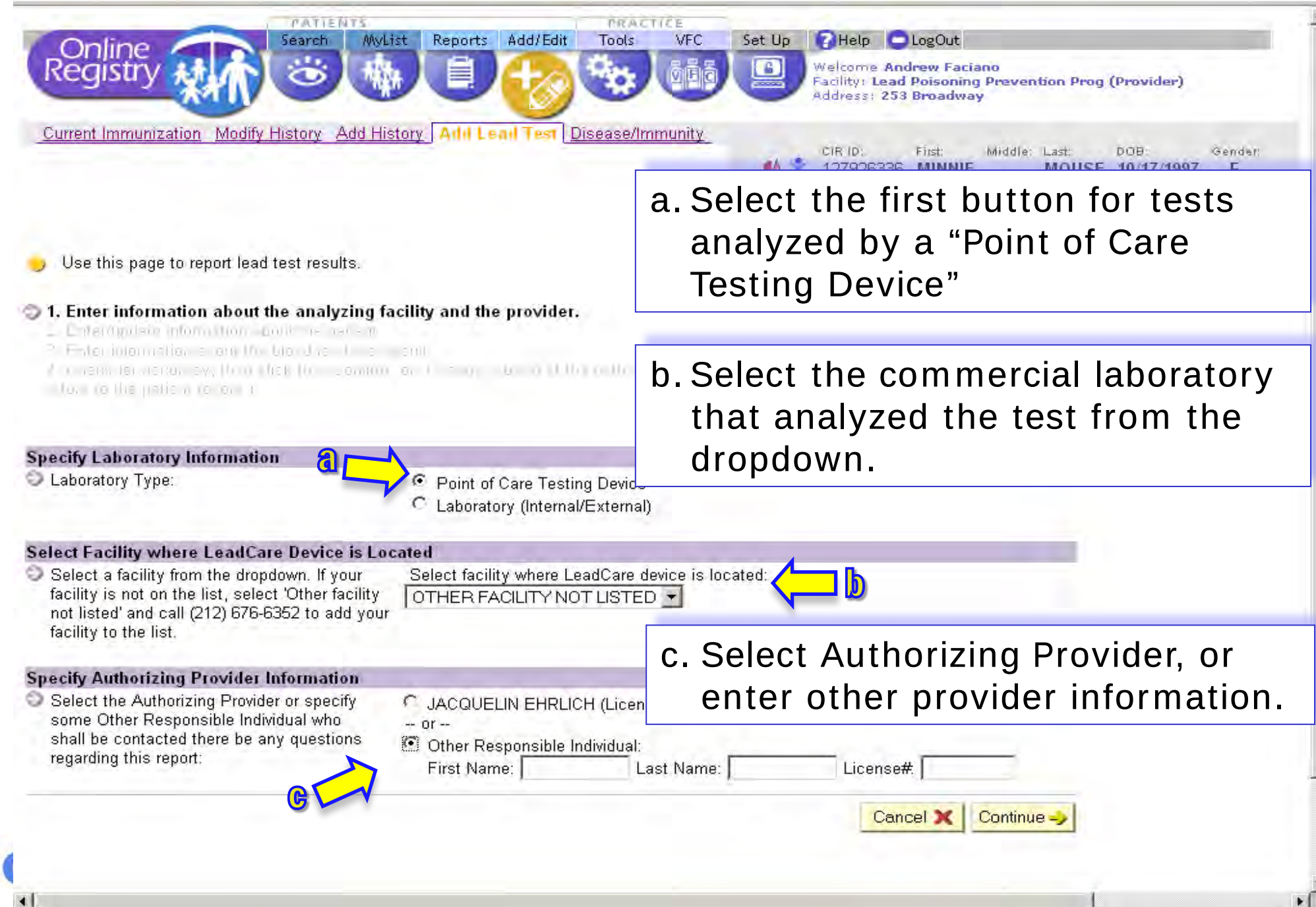


a. Select the second button for tests analyzed by a commercial laboratory (e.g. Quest, LabCorp)

b. Select the commercial laboratory that analyzed the test from the dropdown.

c. Select Authorizing Provider, or enter other provider information.

Add Lead Test: Step 1- for lead results analyzed by a “Point of Care Testing Device”…

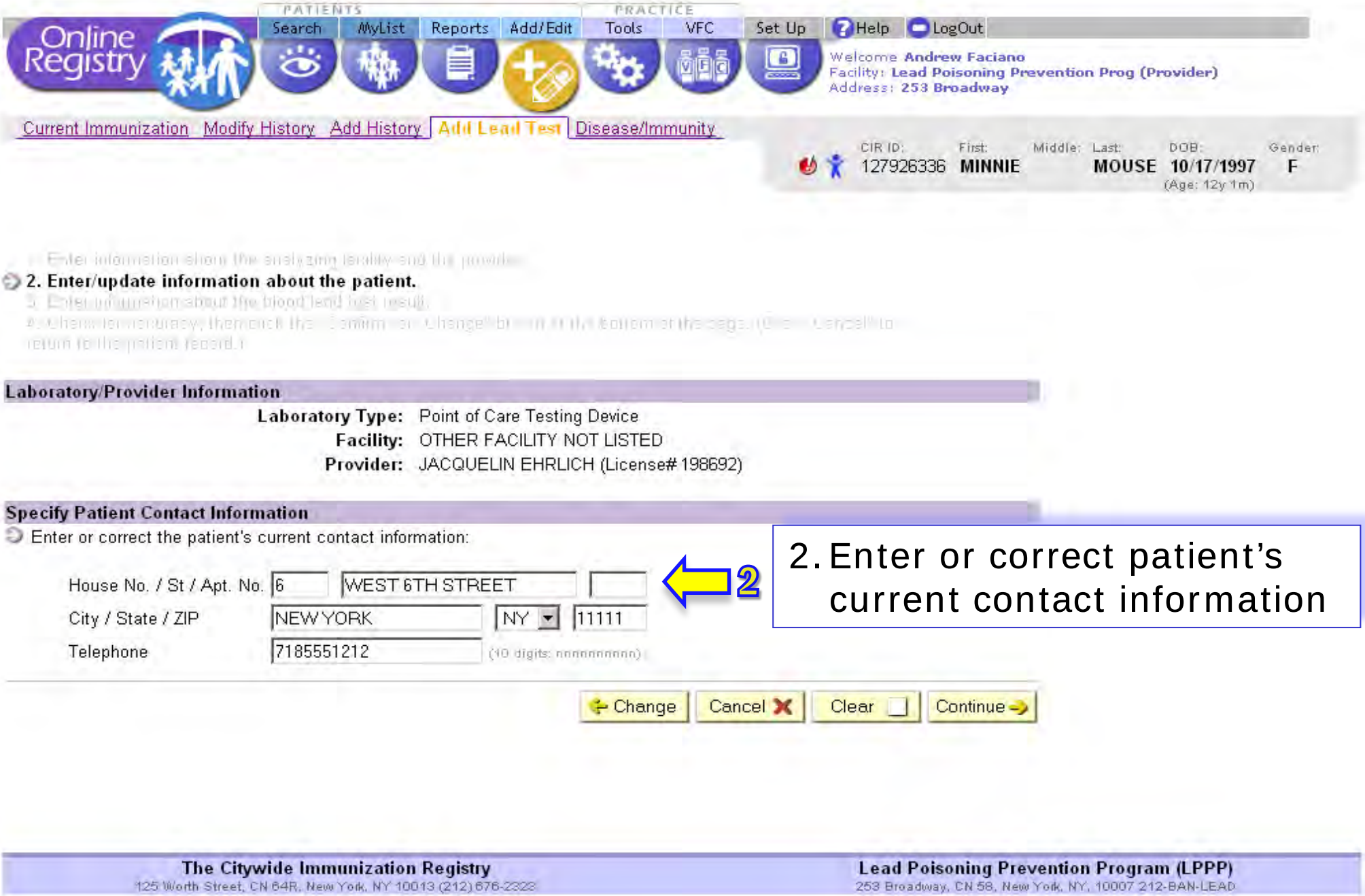


a. Select the first button for tests analyzed by a “Point of Care Testing Device”

b. Select the commercial laboratory that analyzed the test from the dropdown.

c. Select Authorizing Provider, or enter other provider information.

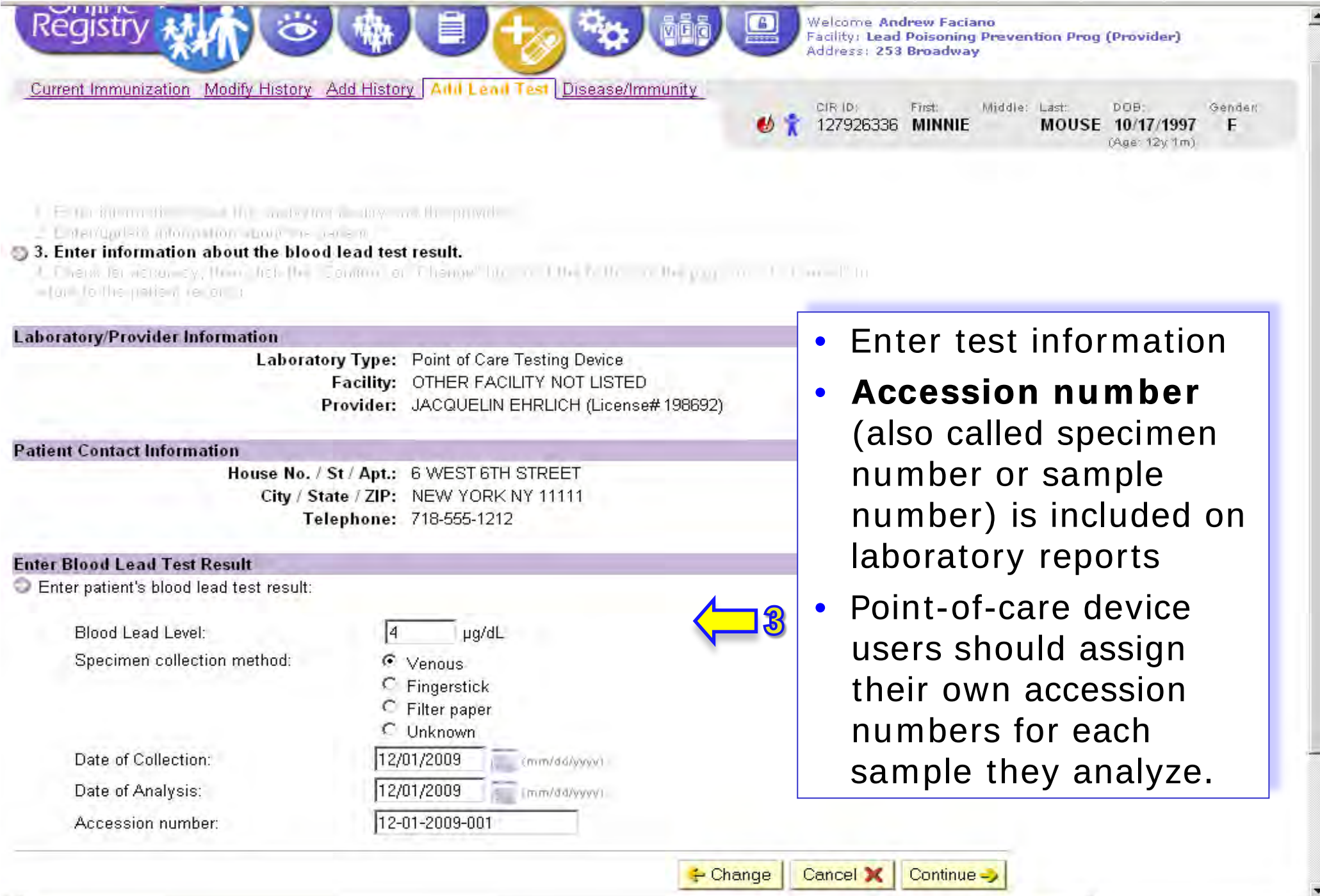
Add Lead Test: Step 2 – patient information



2

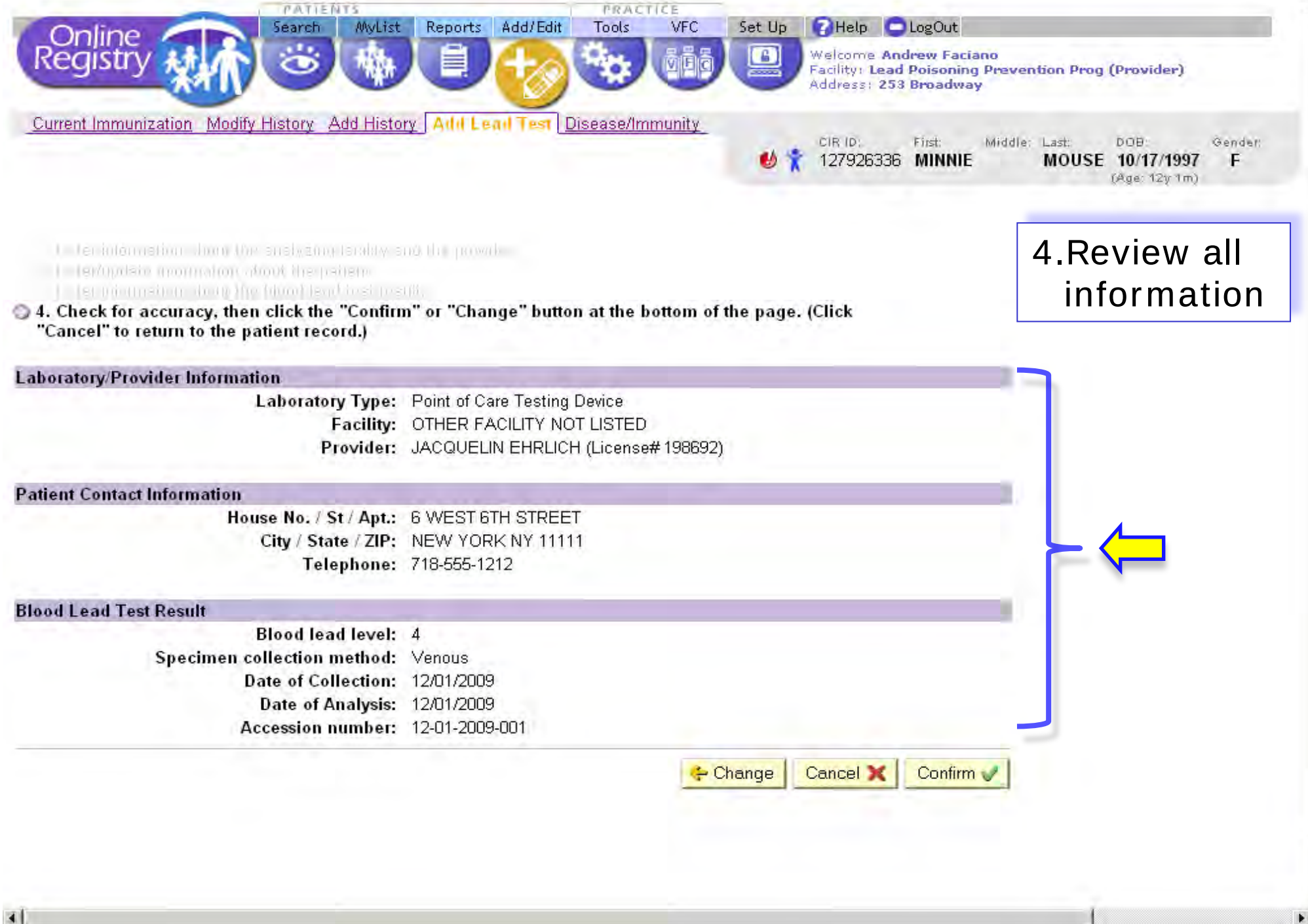
2. Enter or correct patient's current contact information

Add Lead Test: Step 3 – test information



- Enter test information
- **Accession number** (also called specimen number or sample number) is included on laboratory reports
- Point-of-care device users should assign their own accession numbers for each sample they analyze.

Add Lead Test: Step 4 – review



4.Review all information

Add Lead Test: Step 5 – confirmation message, report additional tests

Thank you. The blood lead test result you reported has been submitted for review and may not be immediately reflected in the Online Registry.

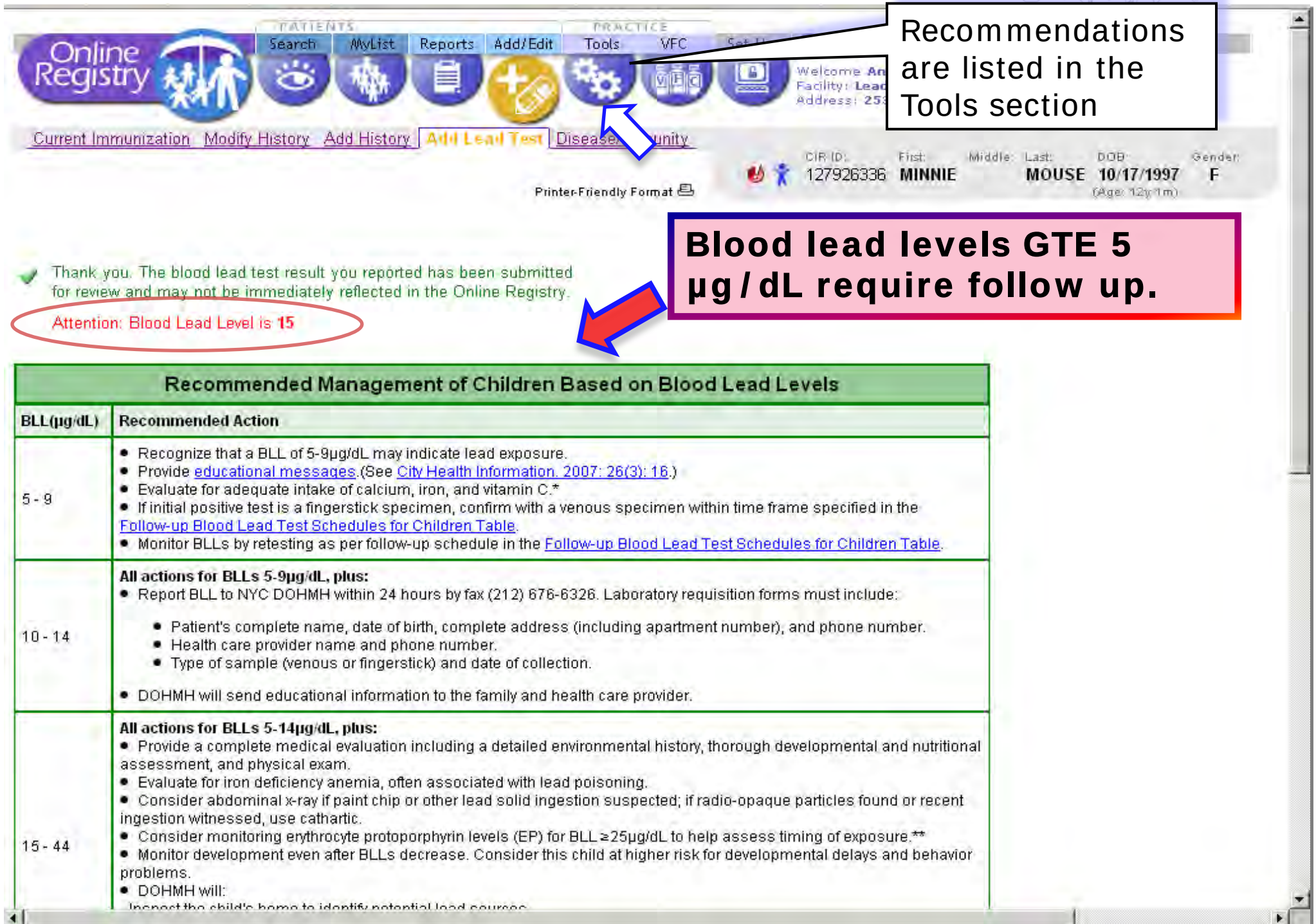
Attention: Blood Lead Level is **4**

Enter another blood lead test result for this patient.

Enter blood lead test results for another patient.

If you have more tests to report, click one of the links.

Add Lead Test: Step 6 – follow recommendations



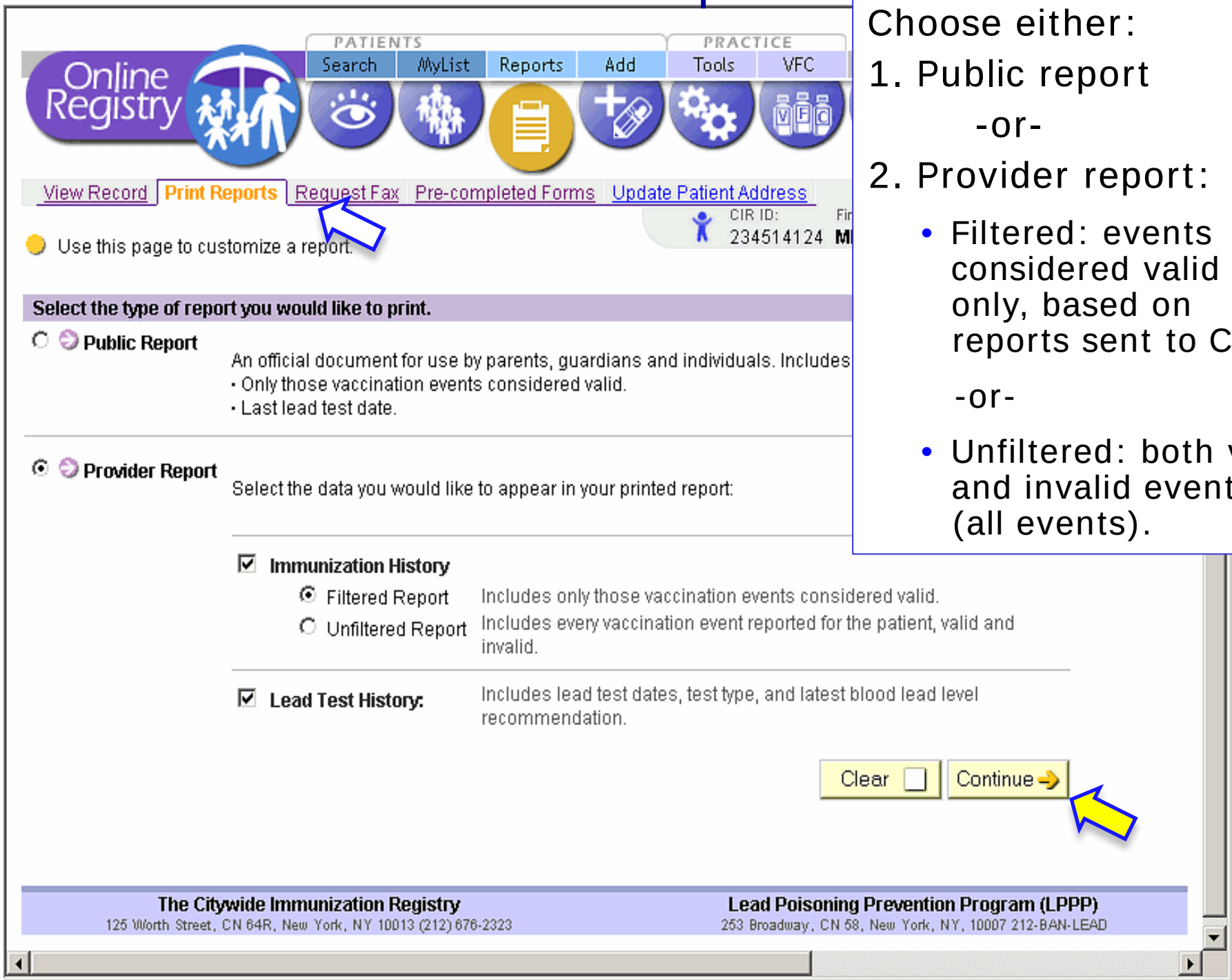
Recommended Management of Children Based on Blood Lead Levels

BLL(µg/dL)	Recommended Action
5 - 9	• Recognize that a BLL of 5-9µg/dL may indicate lead exposure. • Provide educational messages.(See City Health Information. 2007: 26(3): 16.) • Evaluate for adequate intake of calcium, iron, and vitamin C.* • If initial positive test is a fingerstick specimen, confirm with a venous specimen within time frame specified in the Follow-up Blood Lead Test Schedules for Children Table. • Monitor BLLs by retesting as per follow-up schedule in the Follow-up Blood Lead Test Schedules for Children Table.

10 - 14	**All actions for BLLs 5-9µg/dL, plus:**
	• Report BLL to NYC DOHMH within 24 hours by fax (212) 676-6326. Laboratory requisition forms must include:
	  • Patient's complete name, date of birth, complete address (including apartment number), and phone number.
	  • Health care provider name and phone number.
	  • Type of sample (venous or fingerstick) and date of collection.
	• DOHMH will send educational information to the family and health care provider.

15 - 44	**All actions for BLLs 5-14µg/dL, plus:** • Provide a complete medical evaluation including a detailed environmental history, thorough developmental and nutritional assessment, and physical exam. • Evaluate for iron deficiency anemia, often associated with lead poisoning. • Consider abdominal x-ray if paint chip or other lead solid ingestion suspected; if radio-opaque particles found or recent ingestion witnessed, use cathartic. • Consider monitoring erythrocyte protoporphyrin levels (EP) for BLL ≥25µg/dL to help assess timing of exposure.** • Monitor development even after BLLs decrease. Consider this child at higher risk for developmental delays and behavior problems. • DOHMH will: Inspect the child's home to identify potential lead sources

Print official immunization reports:



Choose either:

1. Public report

   -or-

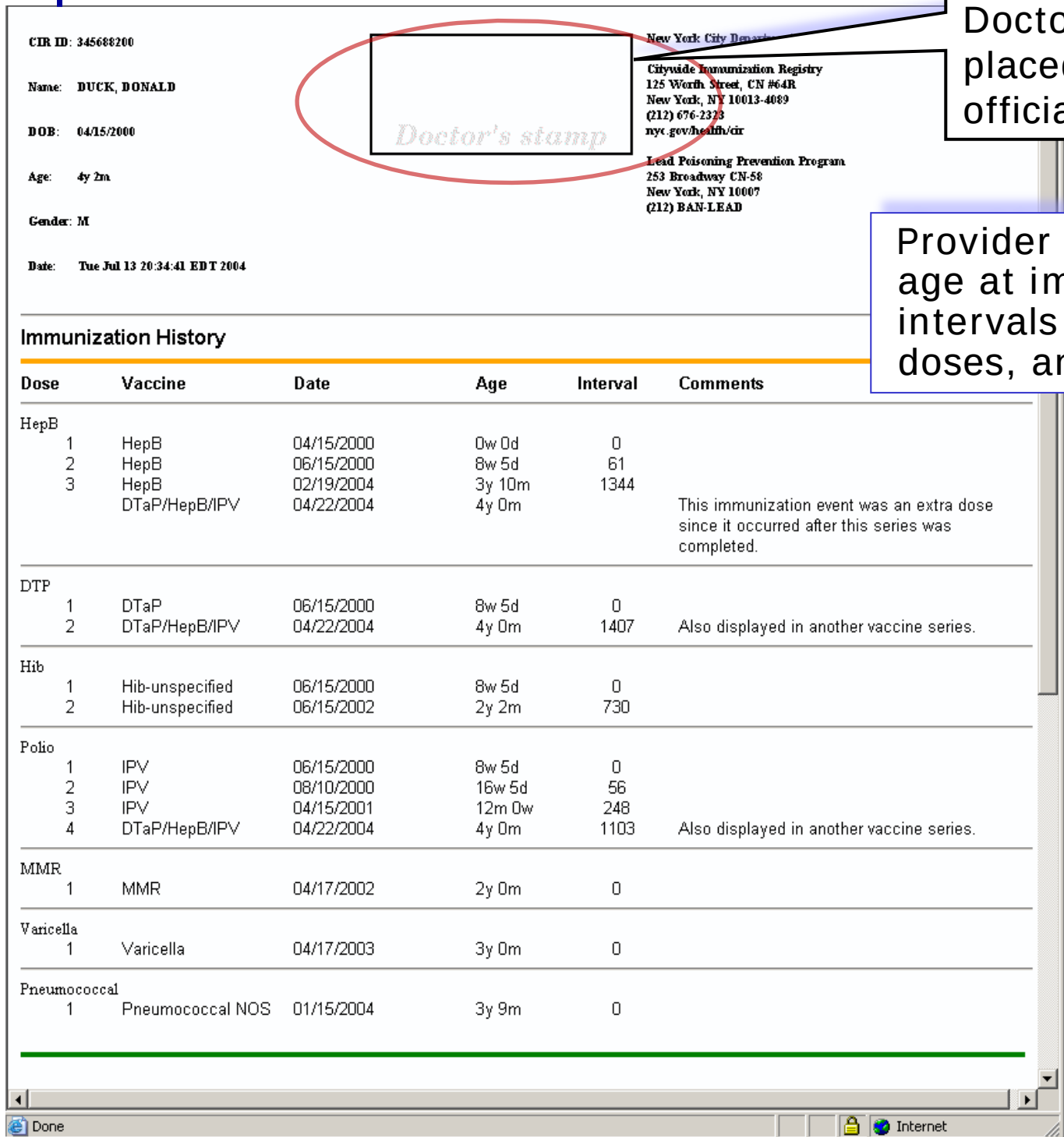
2. Provider report:

   - Filtered: events considered valid only, based on reports sent to CIR,

     -or-

   - Unfiltered: both valid and invalid events (all events).

Print Reports: for **Provider**…



CIR ID: 345688200

Name: DUCK, DONALD

DOB: 04/15/2000

Age: 4y 2m

Gender: M

Date: Tue Jul 13 20:34:41 EDT 2004

Doctor's stamp

New York City Depart...
Citywide Immunization Registry
125 Worth Street, CN #64R
New York, NY 10013-4089
(212) 676-2323
nyc.gov/health/cir

Lead Poisoning Prevention Program
253 Broadway CN-58
New York, NY 10007
(212) BAN-LEAD

Immunization History

Dose	Vaccine	Date	Age	Interval	Comments
HepB					
1	HepB	04/15/2000	0w 0d	0	
2	HepB	06/15/2000	8w 5d	61	
3	HepB	02/19/2004	3y 10m	1344	
	DTaP/HepB/IPV	04/22/2004	4y 0m		This immunization event was an extra dose since it occurred after this series was completed.
DTP					
1	DTaP	06/15/2000	8w 5d	0	
2	DTaP/HepB/IPV	04/22/2004	4y 0m	1407	Also displayed in another vaccine series.
Hib					
1	Hib-unspecified	06/15/2000	8w 5d	0	
2	Hib-unspecified	06/15/2002	2y 2m	730	
Polio					
1	IPV	06/15/2000	8w 5d	0	
2	IPV	08/10/2000	16w 5d	56	
3	IPV	04/15/2001	12m 0w	248	
4	DTaP/HepB/IPV	04/22/2004	4y 0m	1103	Also displayed in another vaccine series.
MMR					
1	MMR	04/17/2002	2y 0m	0	
Varicella					
1	Varicella	04/17/2003	3y 0m	0	
Pneumococcal					
1	Pneumococcal NOS	01/15/2004	3y 9m	0	

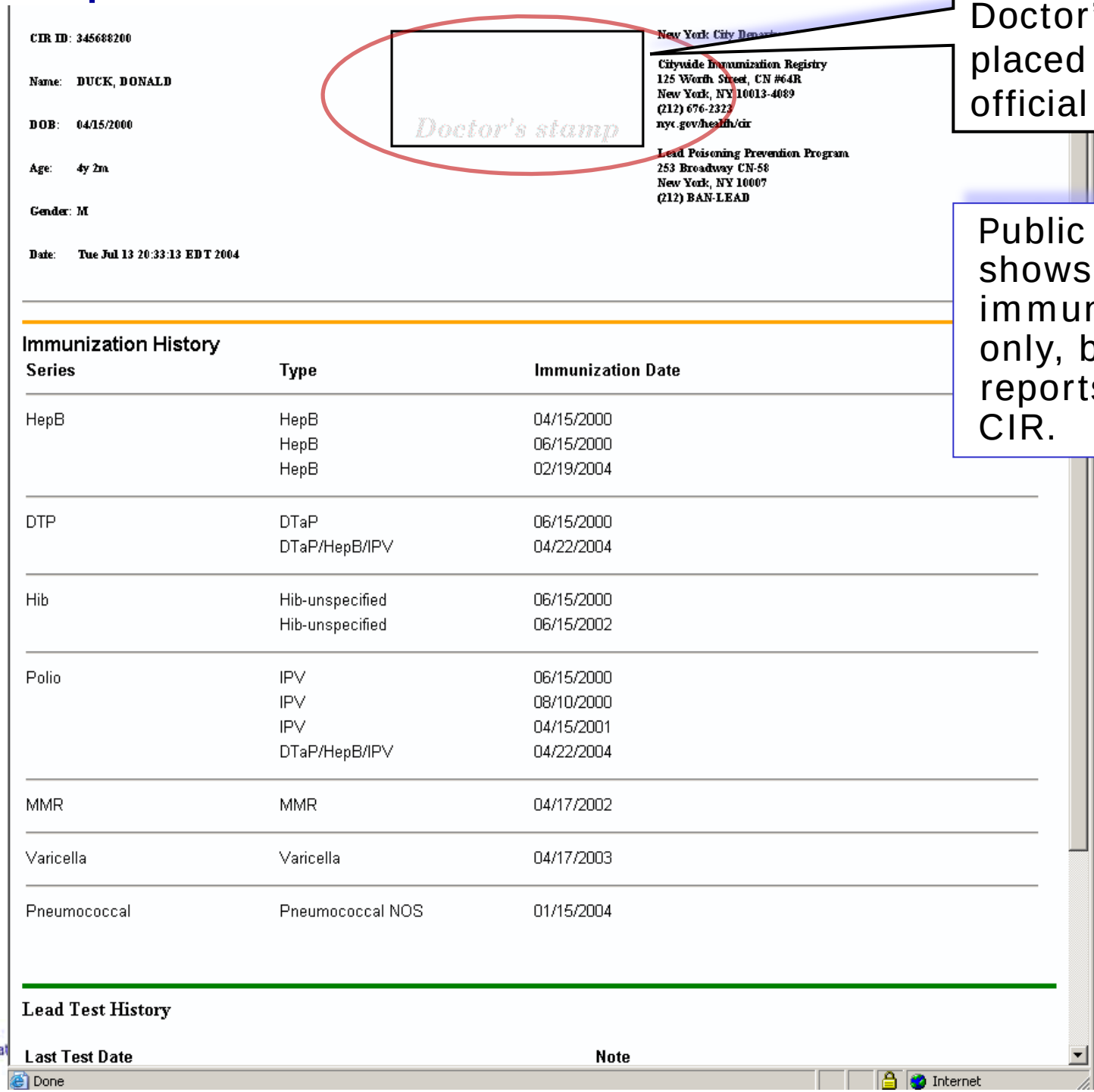
Done

Internet

Doctor's stamp placed here for an official copy.

Provider Report shows age at immunization, intervals between doses, and comments.

Print Reports: for **Public**…



CIR ID: 345688200

Name: DUCK, DONALD

DOB: 04/15/2000

Age: 4y 2m

Gender: M

Date: Tue Jul 13 20:33:13 EDT 2004

Doctor's stamp

New York City Department of Health

Citywide Immunization Registry
125 Worth Street, CN #64R
New York, NY 10013-4089
(212) 676-2323
nyc.gov/health/cir

Lead Poisoning Prevention Program
253 Broadway CN-58
New York, NY 10007
(212) BAN-LEAD

Immunization History

Series	Type	Immunization Date
HepB	HepB	04/15/2000
	HepB	06/15/2000
	HepB	02/19/2004
DTP	DTaP	06/15/2000
	DTaP/HepB/IPV	04/22/2004
Hib	Hib-unspecified	06/15/2000
	Hib-unspecified	06/15/2002
Polio	IPV	06/15/2000
	IPV	08/10/2000
	IPV	04/15/2001
	DTaP/HepB/IPV	04/22/2004
MMR	MMR	04/17/2002
Varicella	Varicella	04/17/2003
Pneumococcal	Pneumococcal NOS	01/15/2004

Lead Test History

Last Test Date Note

Done Internet

Doctor's stamp placed here for an official copy.

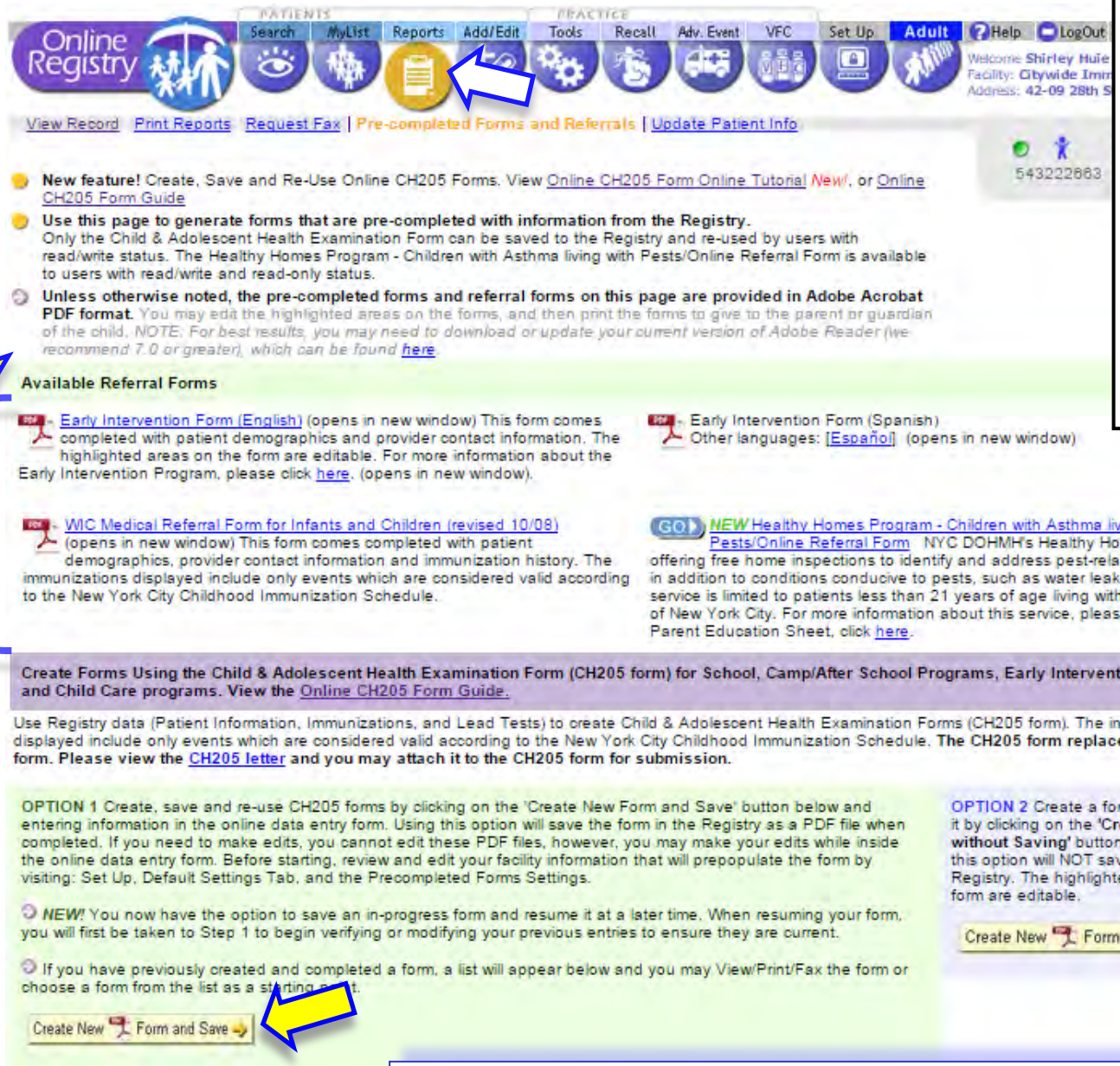
Public Report shows valid immunizations only, based on reports sent to CIR.

Fax Reports:

Type in recipient's name and fax number.

Available only within local New York City area codes.

Pre-completed Forms: Child & Adolescent Health Examination (CH205) form



You may access pre-completed referral forms for:

- Early Intervention
- WIC Medical
- Children with Asthma Living with Pests Referral.

For CH205 Forms, you may choose to

Create New Form and Save

or

Create New Form Without Saving

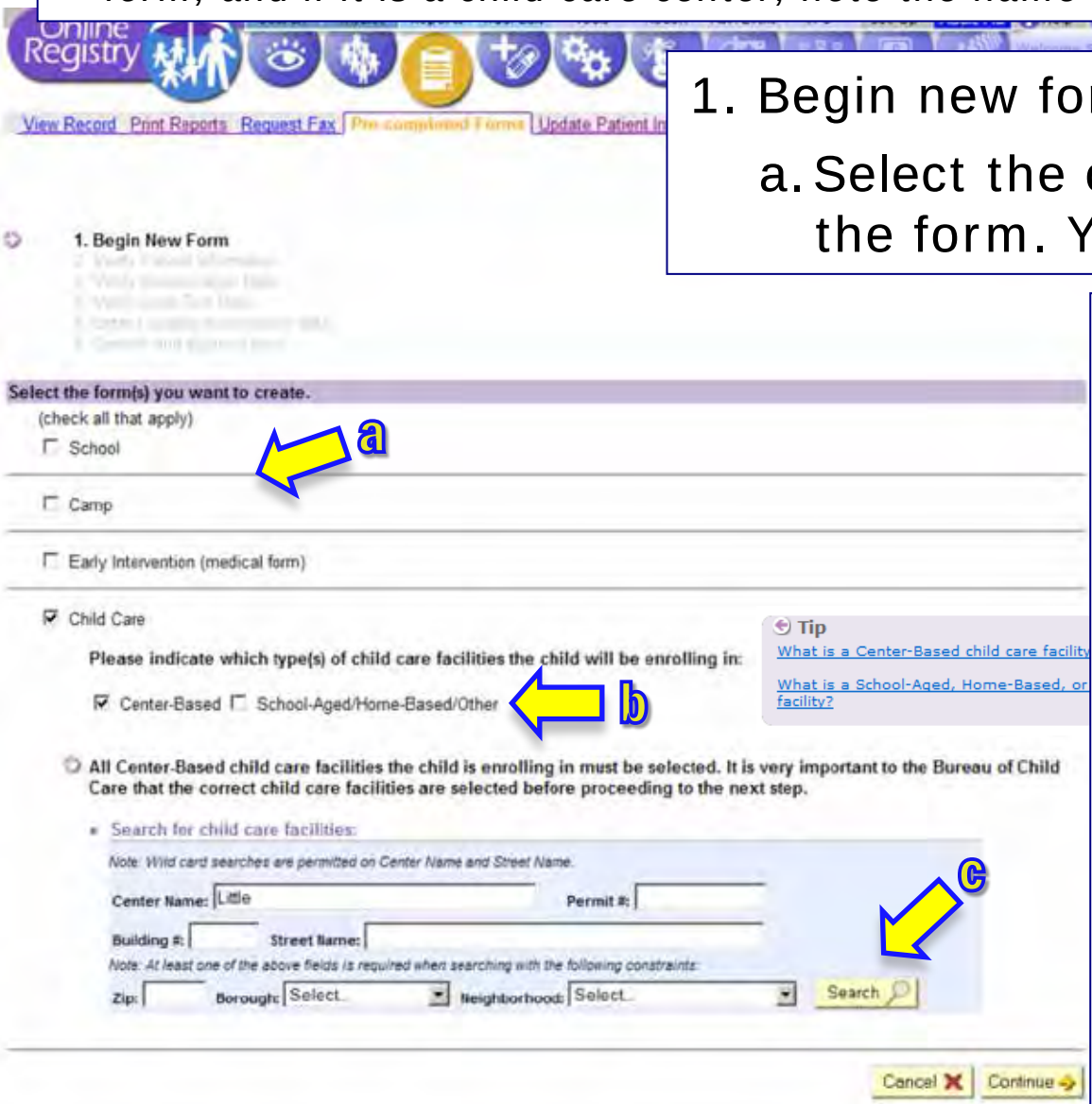
Note: You may need to download or update your Adobe Reader (we recommend 7.0 or greater).

Citywide Immunization Registry

NYC Health

Select & search for organization(s) requesting form:

Ascertain from the child's parent/guardian the organization type(s) requesting the form, and if it is a child care center, note the name and/or address.



1. Begin new form:
   a. Select the organization types requesting the form. You may choose more than one.

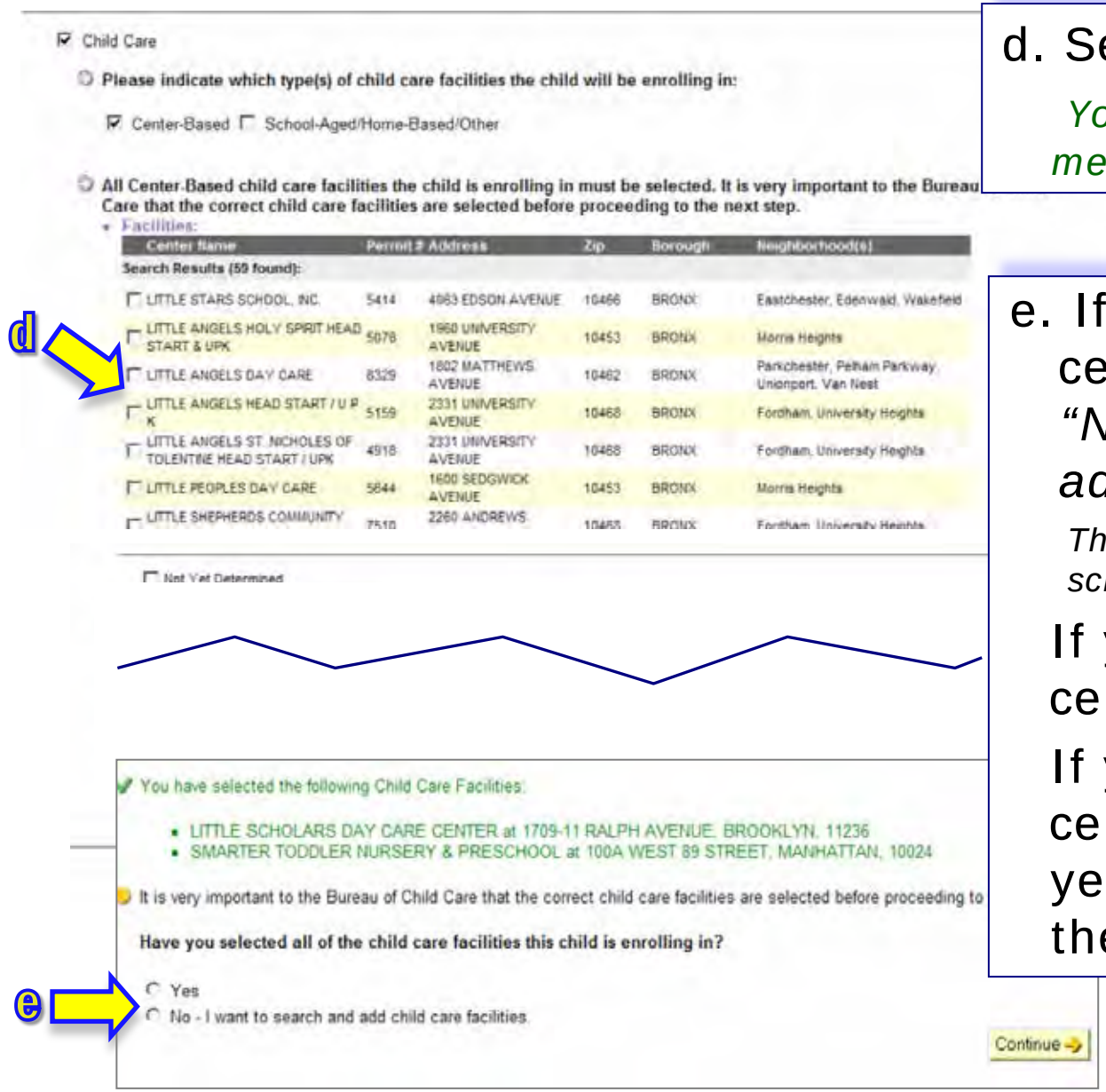
Steps (b) through (e) pertain only to forms needed by child care centers.

   b. Specify if child is attending a "Center-Based" or "School-Aged/Home-Based/Other" facility

   c. Next, search for the center. You may enter a partial name or street name. Click on the Search button.

Child care definitions are listed under Tip

Choose center and add additional centers:



d. Select the center, click Continue

You will see a green confirmation message of the center(s) selected.

e. If you want to add additional centers, choose the option, *"No, - I want to search and add child care facilities."*

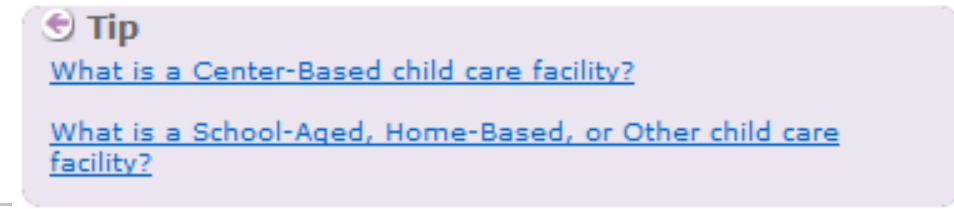
This will take you back to the previous screen to resume searching.

If you are done selecting centers, choose *"Yes."*

If you cannot find the child care center, or if the center is not yet determined, you may check the "Not Yet Determined" box.

Child care facility definitions:

Listed under Tip



What is a Center-Based child care facility?

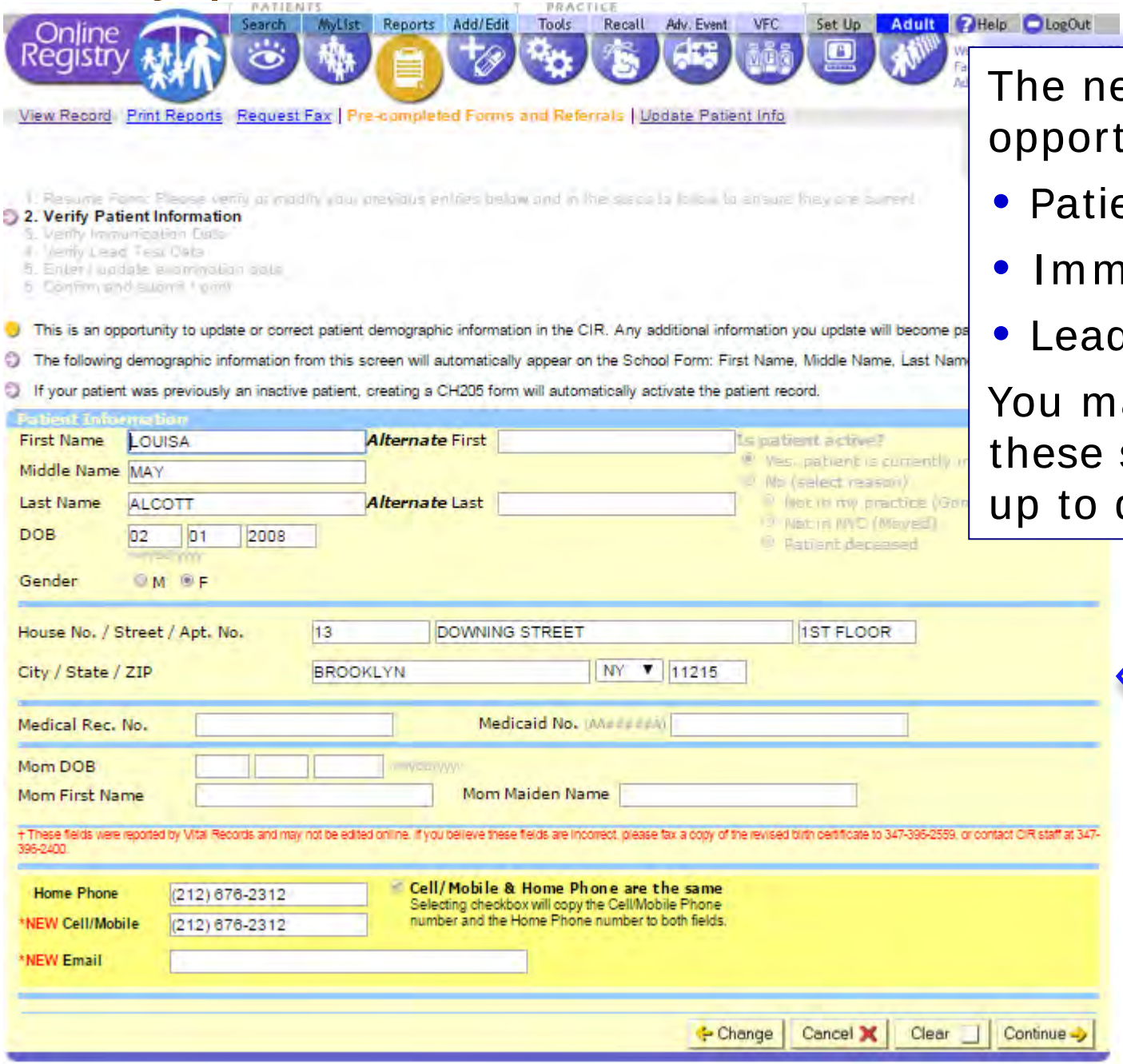
Group child care facilities: Child care centers of 7 or more children which are located in an institutional setting. Regulated under the New York City Health Code.

What is a School-Aged, Home-Based, or Other child care facility?

- Group family child care: Child care homes of 6-12 children in the home of an unrelated family. Regulated under the New York State Department of Social Services.
- Family child care: Child care homes of not more than 3-6 children in the home of an unrelated family. Regulated under the New York State Department of Social Services.
- School-age program: School-age child care means care provided on a regular basis to seven or more school-age children under 13 years of age. Regulated under the New York State Department of Social Services

Note: If the child is eight years old or above, the Child Care Centers will not be shown in the Online Registry.

Verify patient information:



The next steps provide opportunities to update:

- Patient Information
- Immunization History
- Lead Test History Results

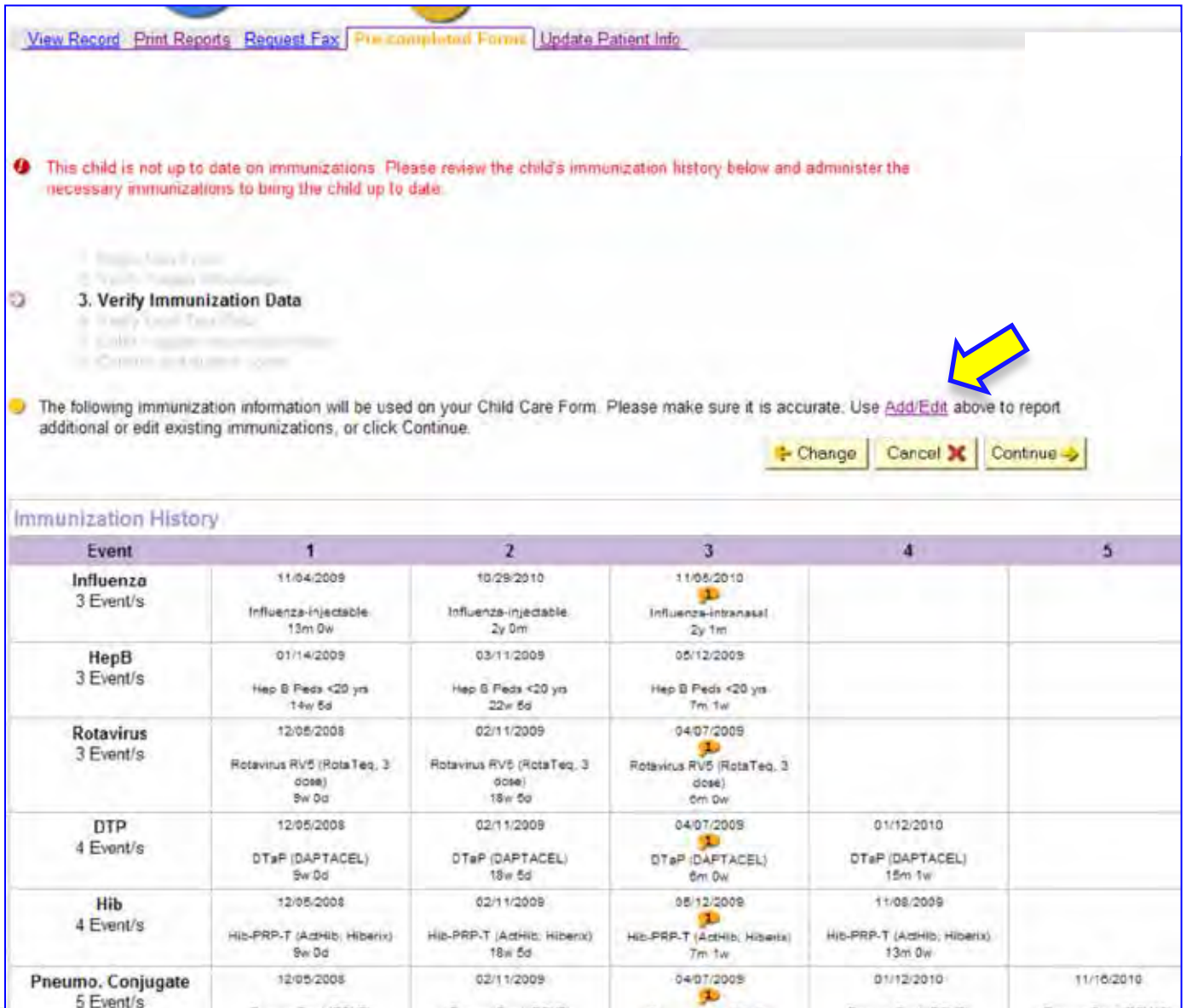
You may click though these steps if the record is up to date.

Patient Information

Citywide Immunization Registry

Verify and update the immunization history:

- This child is not up to date on immunizations. Please review the child's immunization history below and administer the necessary immunizations to bring the child up to date.

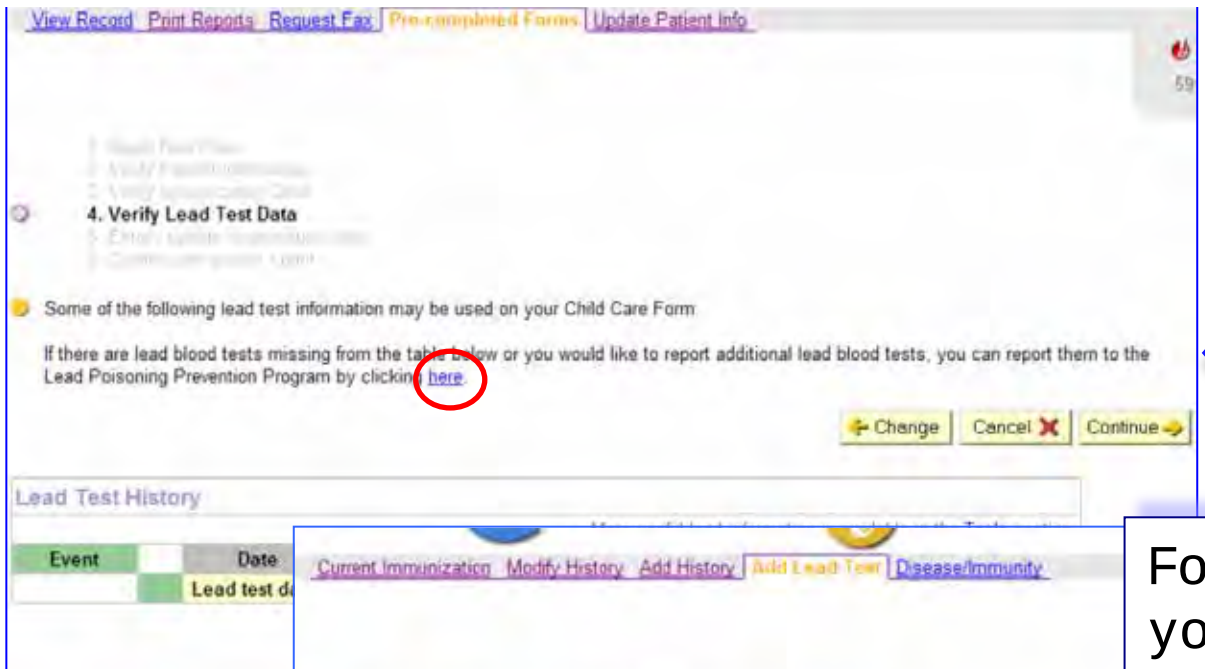


Event	1	2	3	4	5
Influenza 3 Event/s	11/04/2009 Influenza-injectable 13m 0w	10/29/2010 Influenza-injectable 2y 0m	11/05/2010 Influenza-intranasal 2y 1m		
HepB 3 Event/s	01/14/2009 Hep B Peds <20 yrs 14w 6d	03/11/2009 Hep B Peds <20 yrs 22w 6d	05/12/2009 Hep B Peds <20 yrs 7m 1w		
Rotavirus 3 Event/s	12/05/2008 Rotavirus RV5 (RotaTeq, 3 dose) 9w 0d	02/11/2009 Rotavirus RV5 (RotaTeq, 3 dose) 18w 6d	04/07/2009 Rotavirus RV5 (RotaTeq, 3 dose) 6m 0w		
DTP 4 Event/s	12/05/2008 DTaP (DAPTACEL) 9w 0d	02/11/2009 DTaP (DAPTACEL) 18w 6d	04/07/2009 DTaP (DAPTACEL) 6m 0w	01/12/2010 DTaP (DAPTACEL) 15m 1w	
Hib 4 Event/s	12/05/2008 Hib-PRP-T (ActHib, Hiberix) 9w 0d	02/11/2009 Hib-PRP-T (ActHib, Hiberix) 18w 6d	05/12/2009 Hib-PRP-T (ActHib, Hiberix) 7m 1w	11/05/2009 Hib-PRP-T (ActHib, Hiberix) 13m 0w	
Pneumo. Conjugate 5 Event/s	12/05/2008	02/11/2009	04/07/2009	01/12/2010	11/16/2010

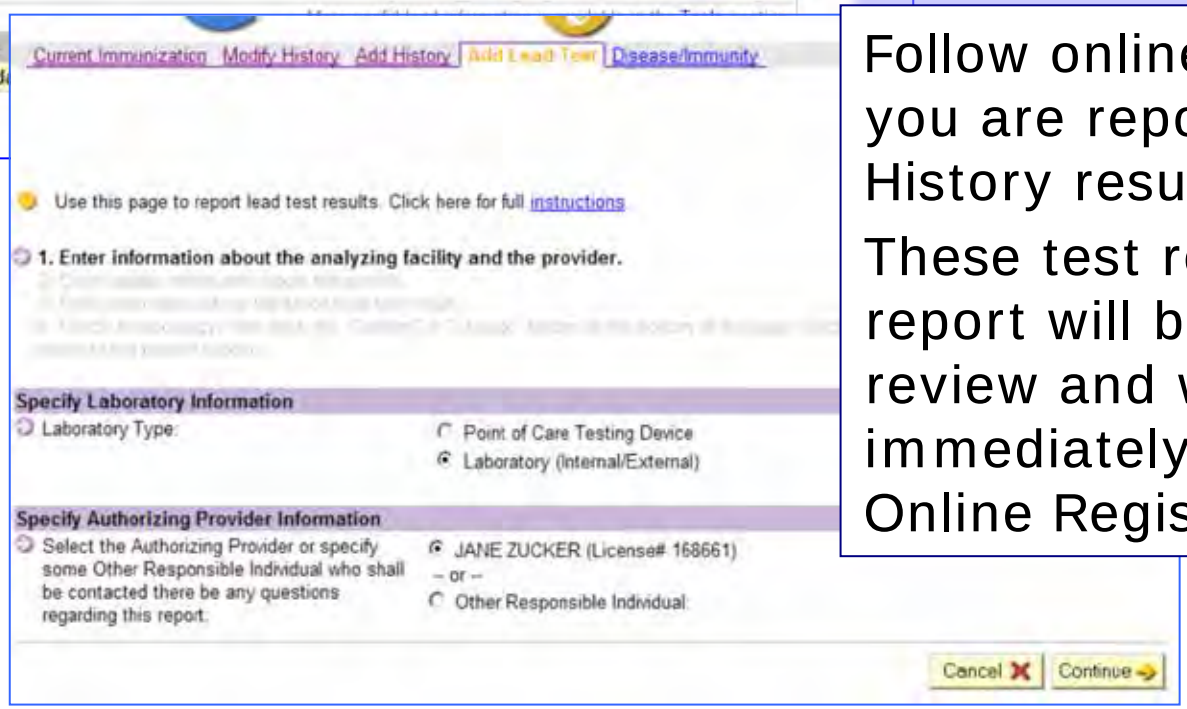
Immunization History – Click link to Add/Edit

Verify and update lead test history:

- This child is Non-Compliant for admission to child care because the child is not up to date on lead blood tests. Please review the child's lead blood test history below and administer the necessary lead blood tests to bring the child up to date.



Lead Test History



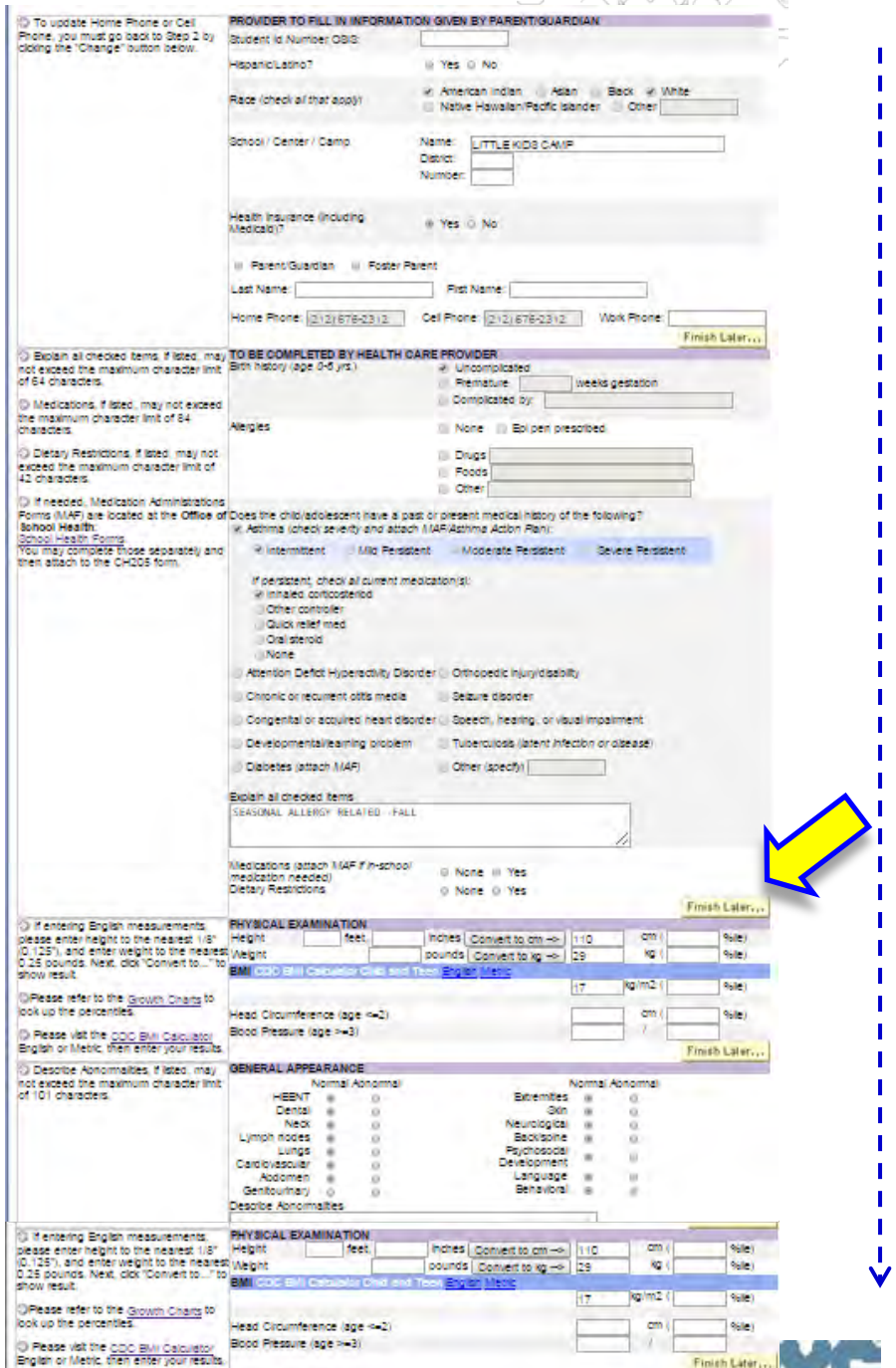
Follow online instructions if you are reporting Lead Test History results.

These test results you report will be submitted for review and will not be immediately reflected in the Online Registry.

Enter or update the health examination information:

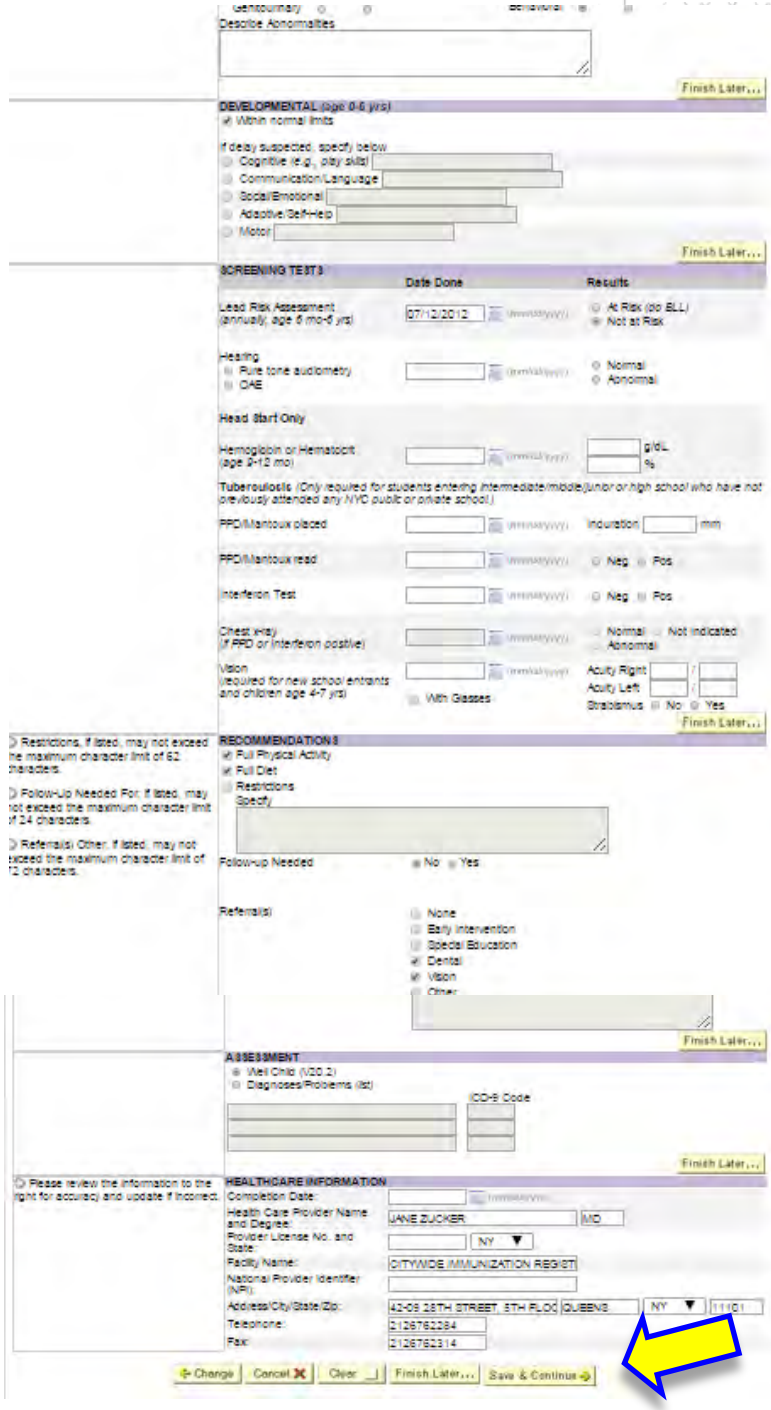
The Online CH205 form is the same as the paper form, formatted for online data entry.

- Complete the health examination data.
- Note special instructions in the left column.
- English to metrics conversion tools are available on the form.
- You may save a form to complete later by clicking Finish Later... at the end of any section on the form.



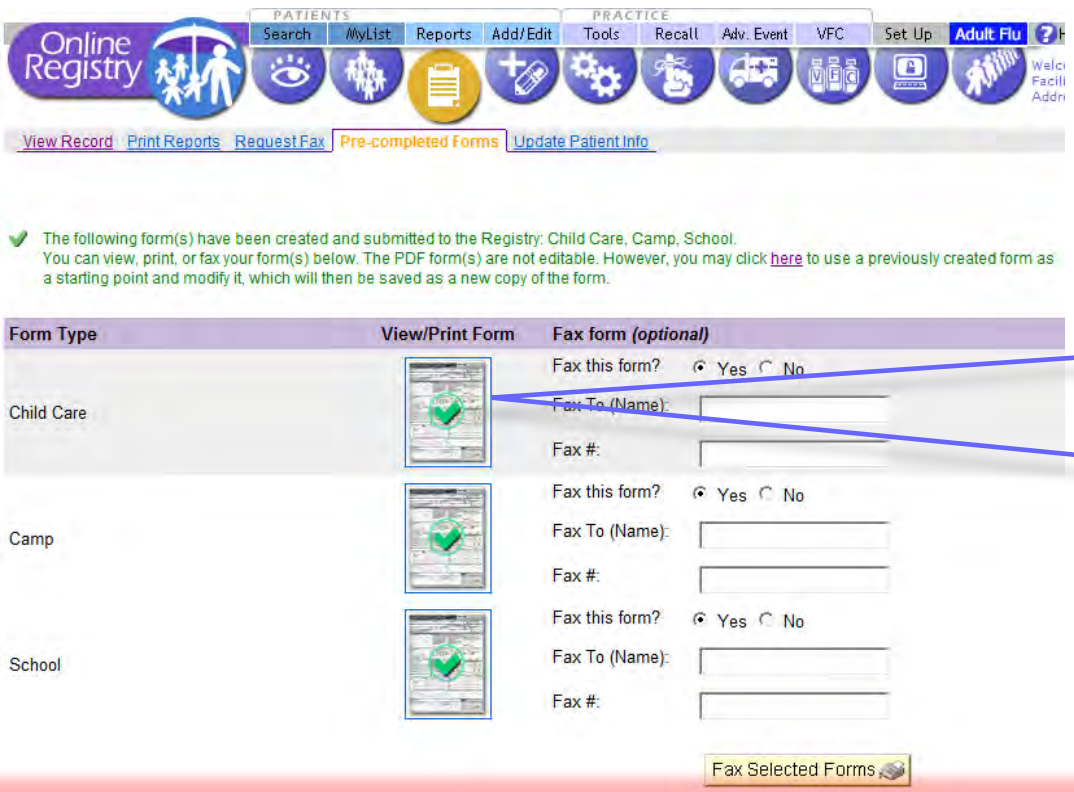
Enter or update the health examination information:

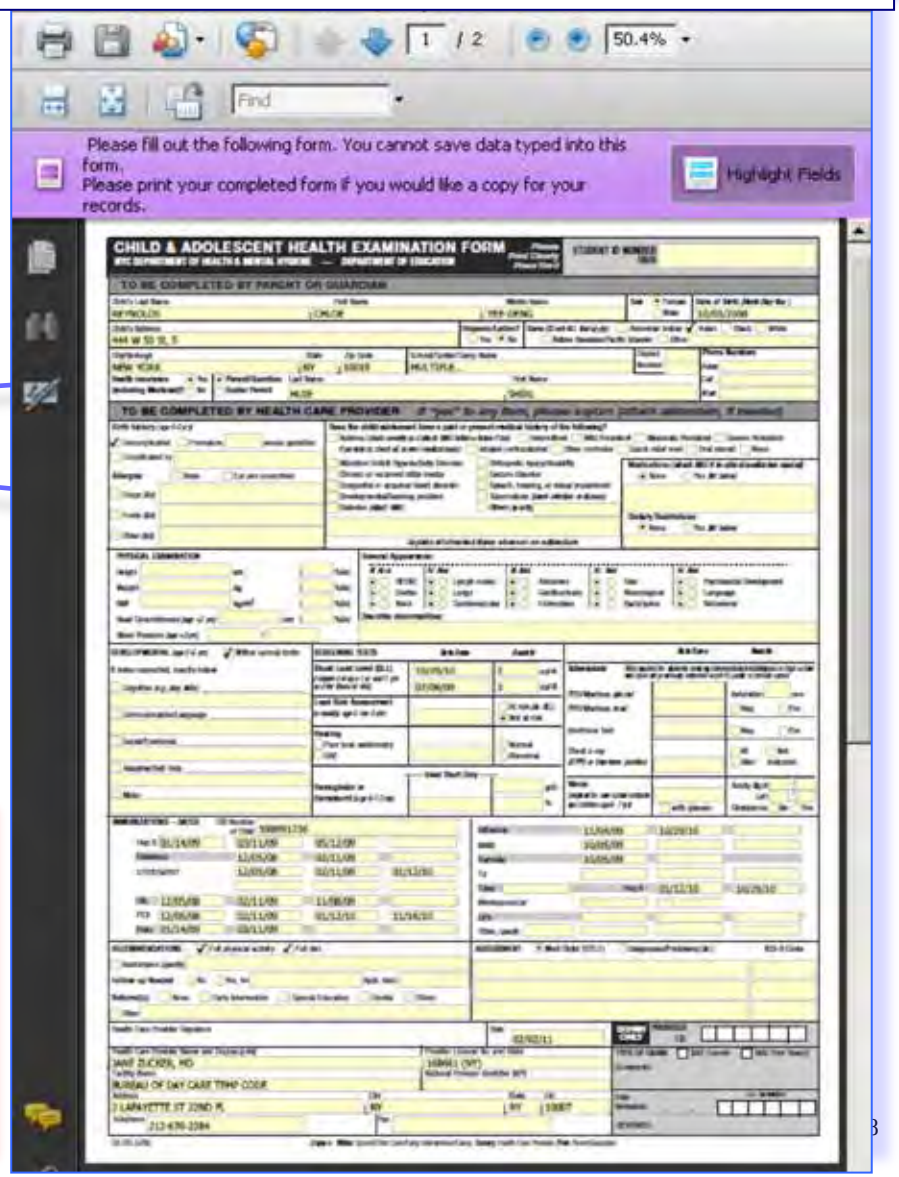
- The Completion Date of the form is required in the final section of the form.
- Click Save & Continue. Note any error messages and correct the errors;
- When there are no errors, on the next “review and confirm” screen, click Confirm to complete the process.



View, print, or fax the CH205 form:

- Click on the form icon to view, print or fax the form.
- A separate page is generated listing the child care centers the child plans to attend, and warnings and errors regarding information required by the DOHMH Child Care Program.

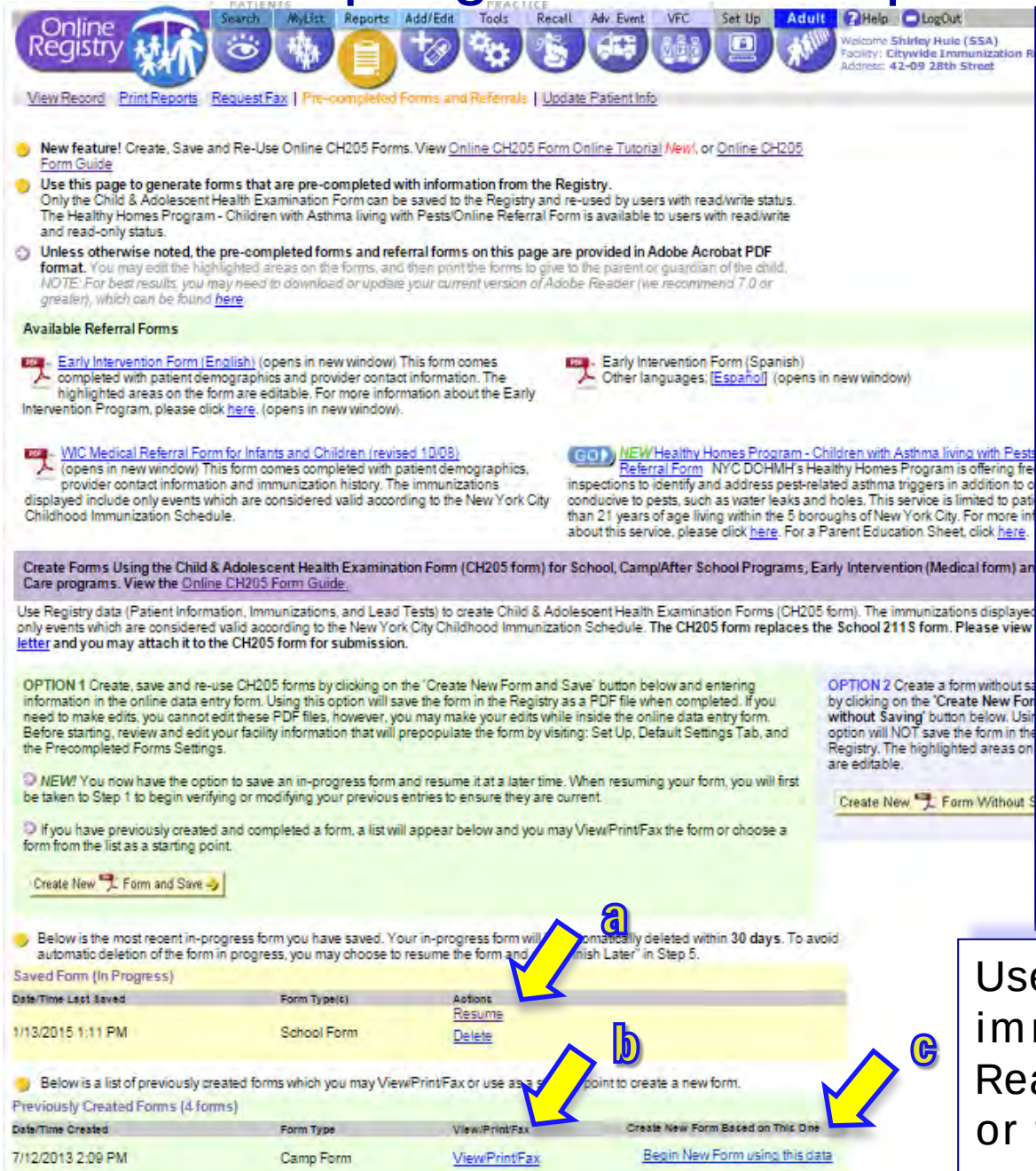




You may continue to give the parent/guardian a copy of the completed CH205 form to take to his/her child's Child Care Center, or other facility.

The data entered on an Online Registry CH205 form for a Child Care Center is submitted to the DOHMH Bureau of Child Care for compliance.

Access in-progress or completed and saved forms:



Parents/guardians may return to your practice to request another CH205 form for new enrollment or to replace a lost form. For your convenience you may:

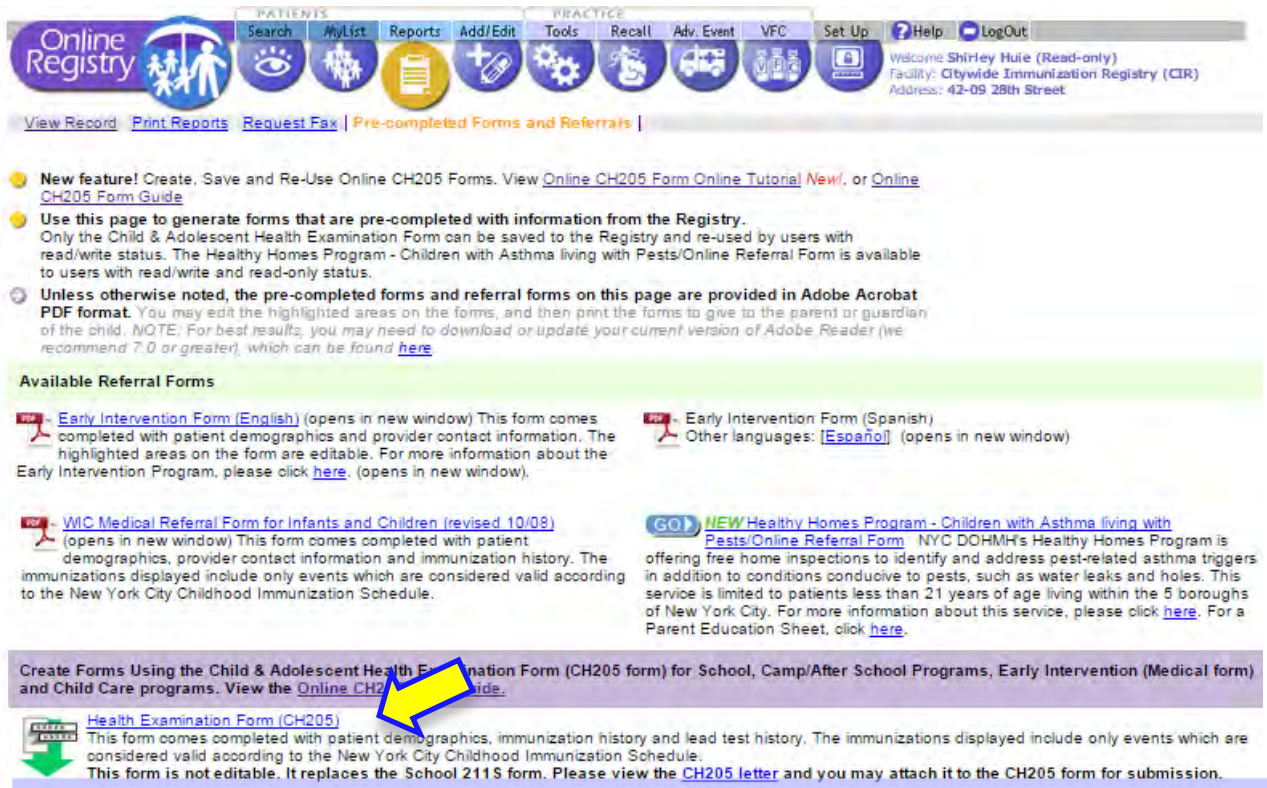
a. Click "Resume" if you wish to continue to work on an "in-progress" form;

b. Click the "View/Print/Fax" link to view/print/fax a saved completed form.

c. Click "Begin New Form using this Data" link to re-use data from a saved form and to update information as needed.

Users at facilities that report immunizations who are assigned Read-Only access can view, print or fax saved forms created by users assigned editing access.

Read-Only Access:



Users with Read-Only access:

- Click the “Health Examination Form (CH205)” link.
- A pre-completed form with the immunization history, lead test history and child’s demographic information will be generated.
- The CH205 form may be printed from the browser menu options, and the form will not be saved in the Online Registry.
- Read-Only Access users are not enabled to edit CH205 forms online.

Additional tips on completing the Online CH205 data entry form:

- Fill out the form as you normally would fill out the paper form.
- If you chose “Child Care center” as the organization type and searched for and found the center, you will see the name filled in on the form.
- If you chose an organization other than a Child Care center, you may type the name directly on the form.
- You may fill in the parent/guardian information. If you enter this information, it will be saved on the form and you would not need to type this in again on future forms.
- You do not need to fill in the OSIIS number.
- Some items if checked will expand, requesting additional input.
- The text boxes are limited in the number of characters that may be entered so that the text you type will fit inside the boxes on the paper form. You may add an addendum to attach to the form when you print it out to give to the parent/guardian.
- To edit the provider information, visit Set Up, and then go to Default Settings (for users with editing access).

Additional tips on in-progress forms and re-using saved CH205 forms:

- If you “Resume” working on an unfinished form or re-use a saved form, you will be taken through the first few steps of the program to update patient information stored in the CIR (demographics, immunizations, and lead test history) before accessing your previously saved health exam data. Click through quickly if you have no changes.
- If you are re-using the form for a child care center, the system will remember all the previous centers that your practice associated with the patient and quickly present you with these choices for convenience.
- If you have since updated the default settings in **Set Up** for the provider information, the updated information will populate the forms.
- Only your authorized online registry users at your facility may access your facility’s completed forms.

Overview of Recall/Reminder features:

1. **Refresh MyList** (located in the **MyList** screen).
   This feature retrieves patients you immunized in the past who are in the CIR, but may not already be on **MyList**.
2. View and edit a patient's last valid address and phone numbers reported by a practice, and update patient's status – ***active*** or ***inactive*** (a.k.a. **M**oved **o**r **G**one **E**lsewhere –**MOGE**).
3. Report options:
   - **a) Coverage** (located in Tools screen):
     - **Up-to-Date** (UTD) percentages for 7-11 month olds, 19-35 month olds, 24-35 month olds, or 11–18 year olds;
     - **Influenza** UTD percentages for 6-59 month olds, 5-10 year olds, or 11–18 year olds.
   - **b) Recall** (located in Recall screen):
     Custom Recall –used to see who has vaccine ***Due Now***:
     (1) enter age ranges of your choice;
     (2) choose to recall patients who are missing any age-appropriate immunization, any specified vaccine series, and /or # of specified valid doses
     Standard Recall – used to see who in MyList is ***Due Now***.
   - **c) Reminder** (located in Recall screen): same as Recall, but used to see who is due immunizations within 28 days, or ***Due Soon***.

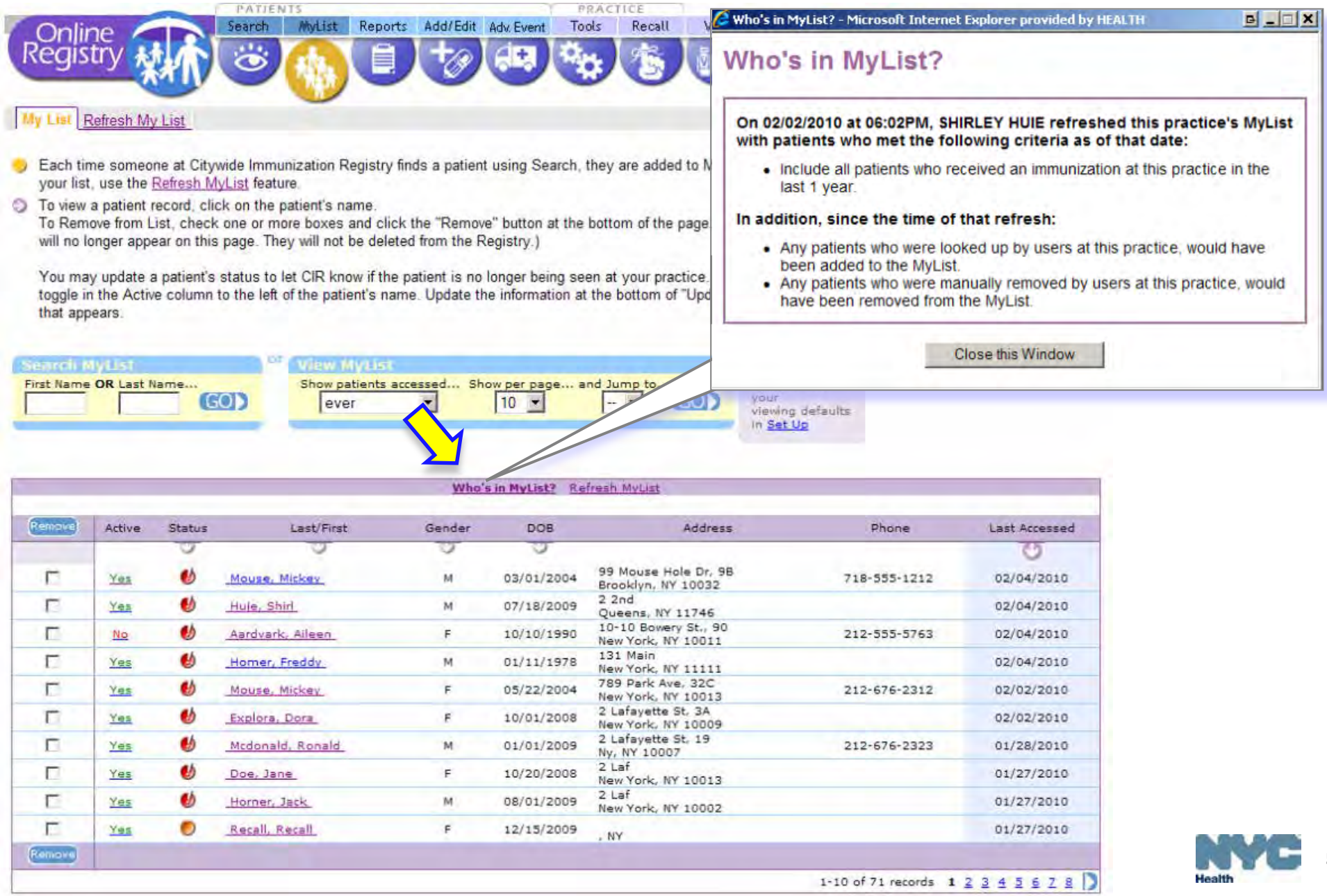
Both coverage and recall reports can be used to produce a recall list, or to produce letters and address labels. Reports can be saved.

- The coverage or recall/reminder reports are only as good as the information (immunizations and addresses) your practice reported to the CIR.

  Use the Online Registry features to help you update your records in CIR.

MyList (Patient list): Who's in MyList?

Click on the link to see "Who's in MyList?"



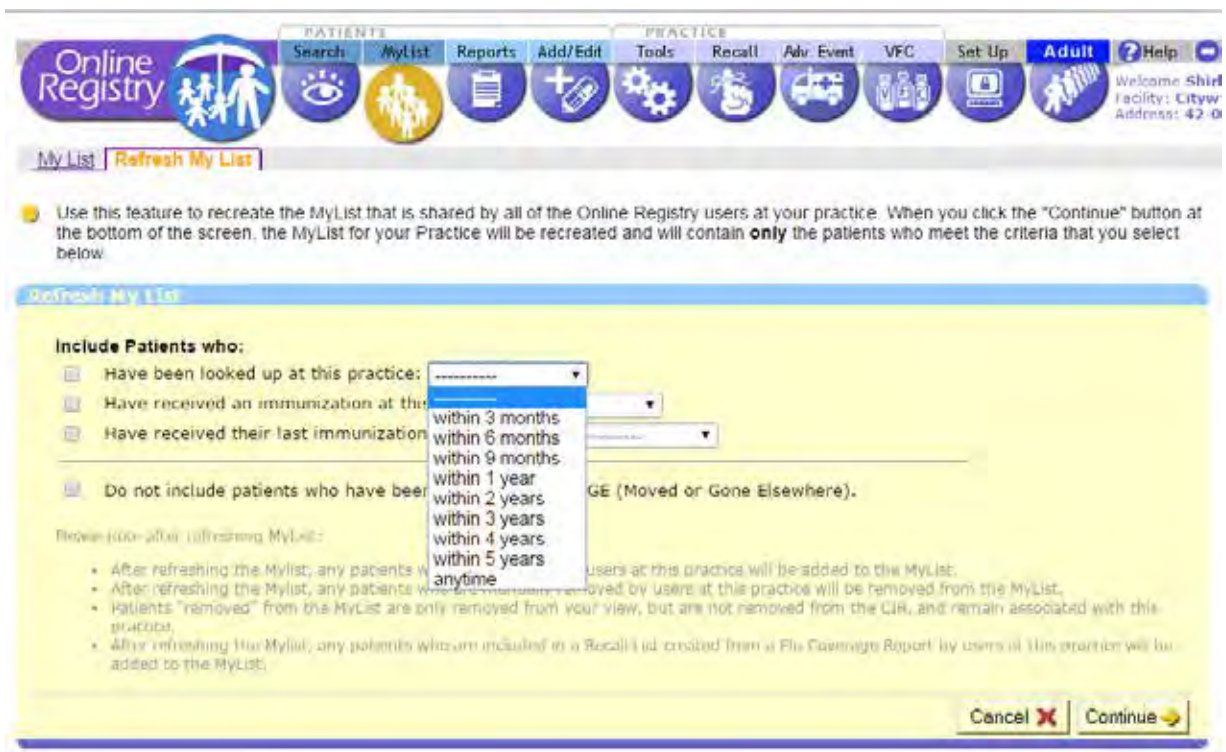
About Refresh MyList (practice list)*

- **MyList-** Historically the user built **MyList** as patients were looked up or added, confidentially, one-by-one, to the Online Registry.
- **Refresh MyList** supplements **MyList**.
  - practices reporting immunizations by electronic methods will need to regularly refresh **MyList** to keep it current.
- **Refresh MyList** modifies and creates a new **MyList.** You may choose a combination of retrieving (or removing) patients who:
  - have been looked up in the Online Registry but may not have been immunized yet at your practice, and/or,
  - have been immunized at your practice who are in the CIR, but may not already be on MyList, or,
  - have received their last immunization at your practice who are in the CIR, but may not already be on MyList, and
  - have been designated as "Moved and Gone Elsewhere" (MOGE) via the OR.
  - For each of the above, the times ranges choices can be within 3 months to anytime.
  - After refreshing **MyList,** it will contain **only** the patients who meet the criteria you selected.

*_**Practice**_ is used here to mean practice, agency, clinic, school, or pharmacy, etc.

Refresh MyList (practice list): tips

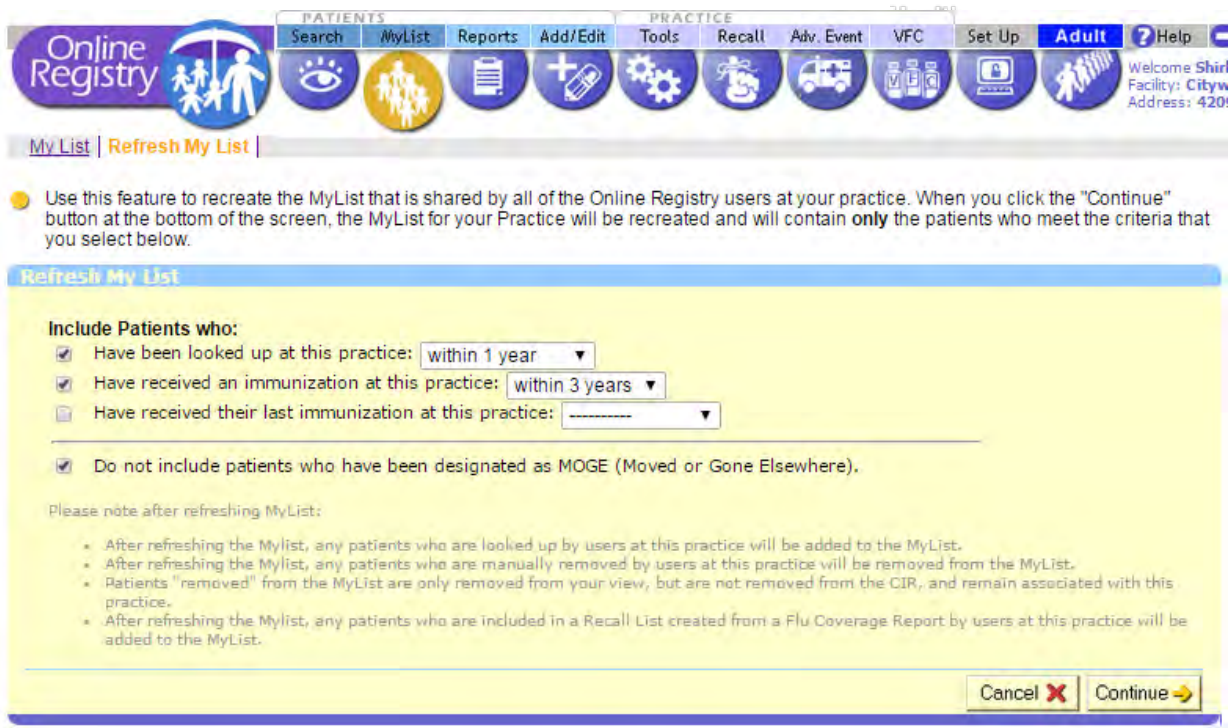
- Please remember that **MyList** is shared by all of the Online Registry users at your ***practice***. Any changes you make will affect all of your users!
- You may want to consider designating one person at your practice to update MyList and run reports.
- Please contact the CIR at (347) 396-2400 if you have duplicate/fragmented CIR records that need to be merged.
- Please review your records and let us know if you do not see records you reported in the CIR.
- Agencies and organizations that use the Online Registry to look up patient records only and do not report immunizations may not need to use this feature.



Refresh MyList (practice list): example

Example: Choose patients in CIR who:

- have received an immunization at your practice in the last 3 years, and
- have been looked up by your practice in the past year,
- Do not include patients who have moved or gone elsewhere.



Example Results:
Results will appear above MyList

✔ Patient list refresh complete. Patients added: 190. Patients removed: 14

MyList (patient list): Active Status & Remove features

Before running a coverage, recall or reminder report, you may update a patient's status to let CIR know if the patient is no longer being seen (a.k.a., Moved or Gone Elsewhere [**MOGE**] status) at your practice:

1) Click Yes/No in the **Active** column.

2) Update Patient Info screen will appear (see next slide). Make your choice.

3) You must do **two** things to ***remove*** a patient from **MyList** **and** from your practice.

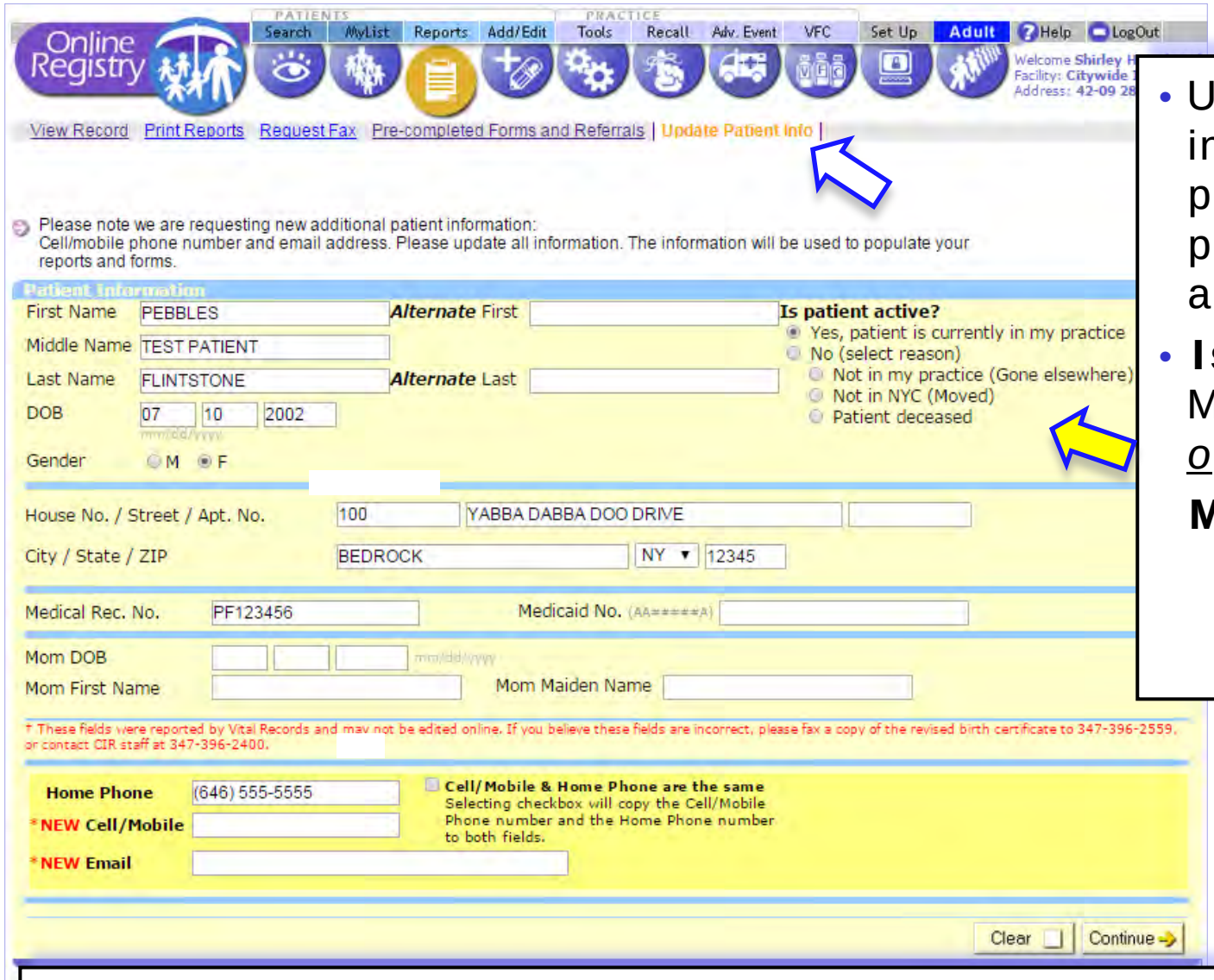
a) Update the Active Status to "No."

b) **Remove** the patient from **MyList** by checking the box in the Remove column. Click Remove. Record is removed from **MyList**, but remains in CIR.

Remove	Active	Status	Last/First	Gender	DOB	Address	Phone	Last Accessed
☐	Yes		Mouse, Mickey	M	03/01/2004	99 Mouse Hole Dr, 9B Brooklyn, NY 10032	718-555-1212	02/04/2010
☐	Yes		Hule, Shirl	M	07/18/2009	2 2nd Queens, NY 11746		02/04/2010
☐	No		Aardvark, Aileen	F	10/10/1990	10-10 Bowery St., 90 New York, NY 10011	212-555-5763	02/04/2010
☐	Yes		Homer, Freddy	M	01/11/1978	131 Main New York, NY 11111		02/04/2010
☐	Yes		Mouse, Mickey	F	05/22/2004	789 Park Ave, 32C New York, NY 10013	212-676-2312	02/02/2010
☐	Yes		Explora, Dora	F	10/01/2008	2 Lafayette St, 3A New York, NY 10009		02/02/2010
☐	Yes		Mcdonald, Ronald	M	01/01/2009	2 Lafayette St, 19 Ny, NY 10007	212-676-2323	01/28/2010
☐	Yes		Doe, Jane	F	10/20/2008	2 Laf New York, NY 10013		01/27/2010
☐	Yes		Horner, Jack	M	08/01/2009	2 Laf New York, NY 10002		01/27/2010
☐	Yes		Recall, Recall	F	12/15/2009	, NY		01/27/2010
Remove								

1-10 of 71 records 1 2 3 4 5 6 7 8

Update Patient Info: address, phone, MOGE status*



- Update patient information, address, phone numbers, parent/guardian's email address.
- **Is patient active?** Mark if **MOGE** (Moved or Gone Elsewhere).

  MOGE choices:
  - Not in my practice
  - Not in NYC (moved)
  - Patient deceased.

- Note: Information reported by Vital Records may not be edited online.
- You may send a copy of the revised birth certificate by fax to (347) 396-2559, or call us at (347) 396-2400.

Criteria of Moved or Gone Elsewhere (MOGE)

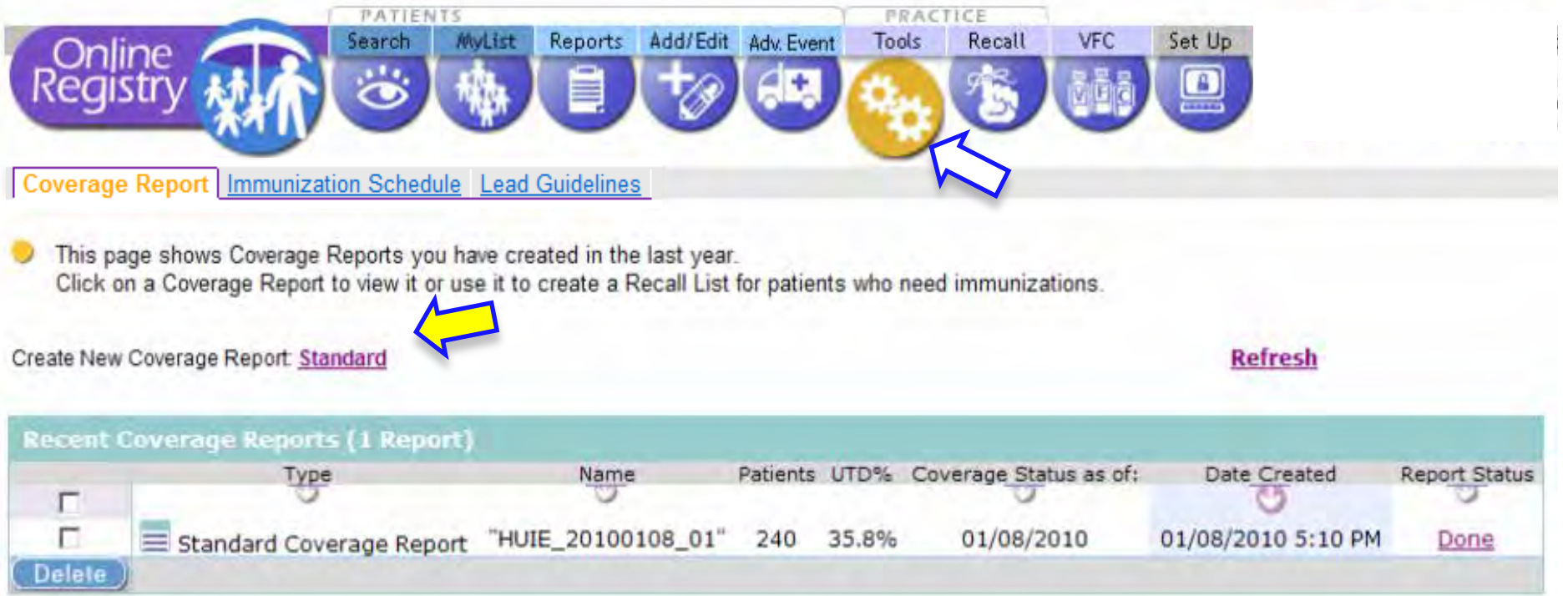
The following describes the criteria which should be used to consider a child a MOGE:

- There is documentation in the chart that the child moved to another city/state and/or transferred to another health care provider. or
- The child has not returned to the practice in over one year and there are 3 documented contact attempts (by letter or by phone) with no response. If there are phone call attempts with no direct contact, there should be at least one letter sent. or
- There is a "returned to sender" follow-up letter in chart, and it was sent after the last visit. Keep in mind that a letter may be returned because the facility failed to update the patient's information. Therefore, a child with a returned letter may be considered a MOGE if the returned letter was sent and received 6 months after the last visit. If the last visit to the practice was just recently made (< 6 months) and the provider received a "returned to sender" follow-up letter and there is no other type of follow-up attempt, the child should be kept in the practice's MyList. or
- If the provider has obtained records from the CIR, and the CIR record indicates additional vaccination dates after the child's last visit to the practice, this may mean that the child transferred care to another provider in New York City. If the additional dates in the CIR record are at least 6 months after the last visit, then the child can be considered a MOGE. If the CIR record indicates additional vaccination dates < 6 months after the last visit and the provider never attempted to contact the child, then the child should be kept in the practice's MyList.

Tools: Coverage Report

Before running coverage or recall /reminder lists, consider using ***Refresh MyList***.

To start a Coverage Report, click on “Create New Coverage Report Standard.”



Coverage Report: choose a report to use

Use this page to find out which patients are up to date and optionally create a Recall List for patients who need immunizations.
For Coverage Report instructions, click here. Consider using Refresh MyList before running a coverage report.

The patients that will be included are all the patients in "My List" Who's in MyList? Refresh MyList

Standard Coverage Report

Report

a

7-11 month olds with...	19-35 months olds with...	24-35 month olds with...	11-18 year olds with...	13-17 year olds with...
3 DTP, 2 Polio, 2 Hib, 2 HepB, 3 Pneumococcal	4 DTP, 3 Polio, 1 MMR, 3 HepB, 4 Hib, 1 Varicella, 4 Pneumococcal	4 DTP, 3 Polio, 1 MMR, 3 HepB, 4 Hib, 1 Varicella, 4 Pneumococcal	1 MCV, 1 Tdap, 3 HPV (Males and females included)	1 MCV, 1 Tdap, 3 HPV (Males and females included)

Review date (date as of which age will be calculated and report will be run.)
10/14/2014 (mm/dd/yyyy)

b

Influenza Coverage Report

The flu season runs from August 1st through June 30th. You may not run an Influenza coverage report outside the flu season time frame. The influenza coverage reports are not based on your MyList population, but on the population parameters shown below each report option.

a

6-59 month-olds:
An individual is considered your patient if you reported the last immunization administered to this patient on or after 14 days of age. During the current flu season, the youngest patient in this group turned 6 months of age on September 1st, and the oldest patient turns 60 months of age on April 1st.

5-10 year-olds:
An individual is considered your patient if you reported the last immunization administered to this patient on or after 4 years of age. During the current flu season, the youngest patient in this group turned 5 years of age on September 1st, and the oldest patient turns 11 years of age on April 1st.

11-18 year-olds:
An individual is considered your patient if you reported the last immunization administered to this patient on or after 10 years of age. During the current flu season, the youngest patient in this group turned 11 years of age on September 1st and the oldest patient turns 19 years of age on April 1st.

Report Name for identification later:
(For flu reports, the age range will be appended to the name)
USERNAME_20141014_01

c

Cancel | Clear | Continue

Standard Coverage Report:

a. Choose a report to use.
b. Enter the review date. The most commonly used review date is the default date, which is today's date.
c. Rename file if desired.
d. Click Continue

New! Influenza Coverage Report:

a. Choose one or more reports.
c. Rename file if desired.
d. Click Continue

Standard Up-To-Date Measures

7- 11 months

7-11 month olds with...
3 DTP,
2 Polio,
2 Hib,
2 HepB,
3 Pneumococcal

• DOHMH

19-35 months

19-35 month olds with...
4 DTP,
3 Polio,
1 MMR,
3 HepB,
3 Hib,
1 Varicella,
4 Pneumococcal

• DOHMH
• CDC; NIS

24-35 months

24-35 month olds with...
4 DTP,
3 Polio,
1 MMR,
3 HepB,
3 Hib,
1 Varicella,
4 Pneumococcal

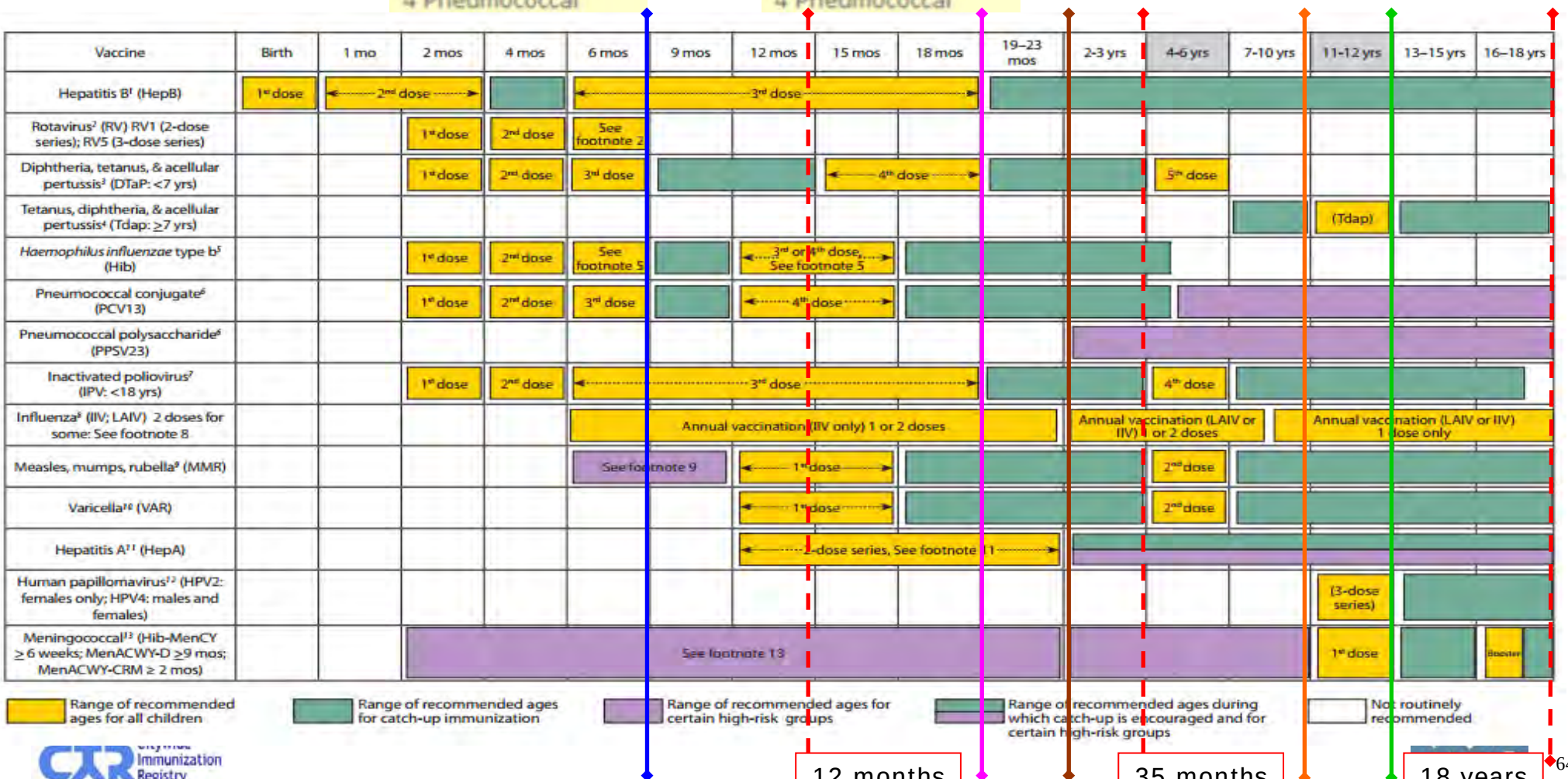
• DOHMH

13 – 17 years

13-17 year olds with...
1 MCV,
1 Tdap,
3 HPV

• DOHMH
• CDC

11 – 18 years



Immunization Registry

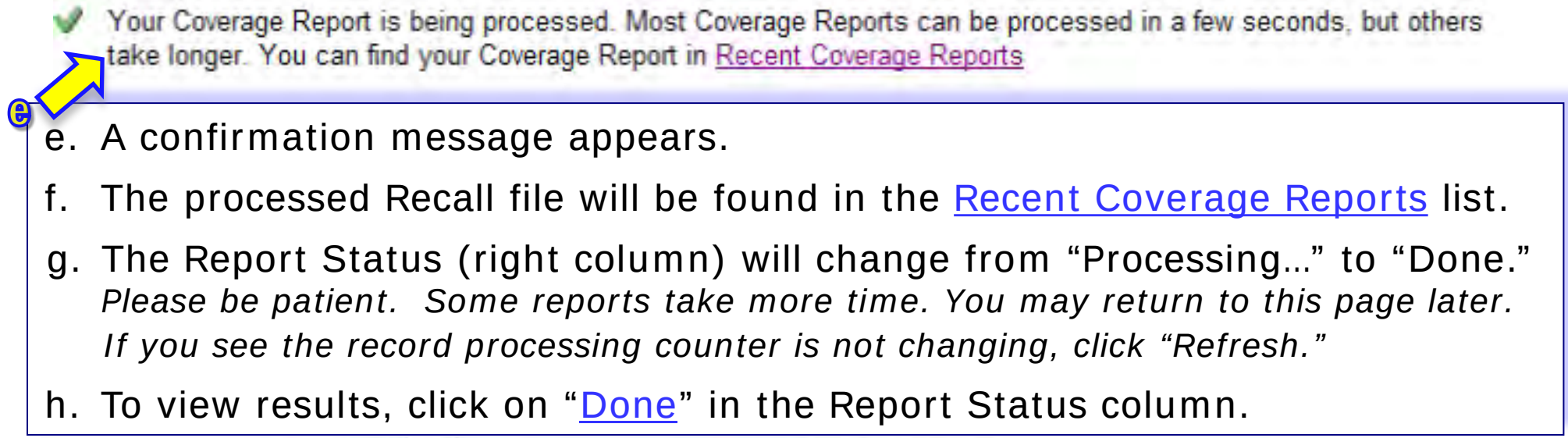
BOI Quarterly Reports compared to Online Registry reports

Quarterly Report	Online Registry equivalent	Difference
Standard Reports		
19 to 35 months old 4 DTaP, 3 Polio, 1 MMR, 4 Hib*, 3 HepB, 1 Varicella, 4 PCV* *requirements vary, based on age at 1st dose, # doses already received, current age, and product used	Standard Coverage: Go to "Report to Use" and choose "19 to 35 month olds."	BOI Quarterly report identifies the patient as belonging to a facility if that facility administered and reported the patient's last series immunization after the patient turned 12 months-old. Online report uses MyList.
13 to 17 years old 1 Tdap, 1 MCV, 3 HPV	Standard Coverage: Go to "Report to Use" and choose "13-17 year olds."	BOI Quarterly report identifies the patient as belonging to a facility if that facility administered and reported the last immunization after the patient turned 9 years-old. Online report uses MyList.
11 to 18 years old	Custom Recall: Go to "Specific Age" and choose "11-18 year olds." Also select "Any age-appropriate immunization from the series below only" and choose "Influenza."	BOI Quarterly report identifies the patient as belonging to a facility if that facility administered and reported the last immunization after the patient turned 10 years-old. Online report uses MyList.

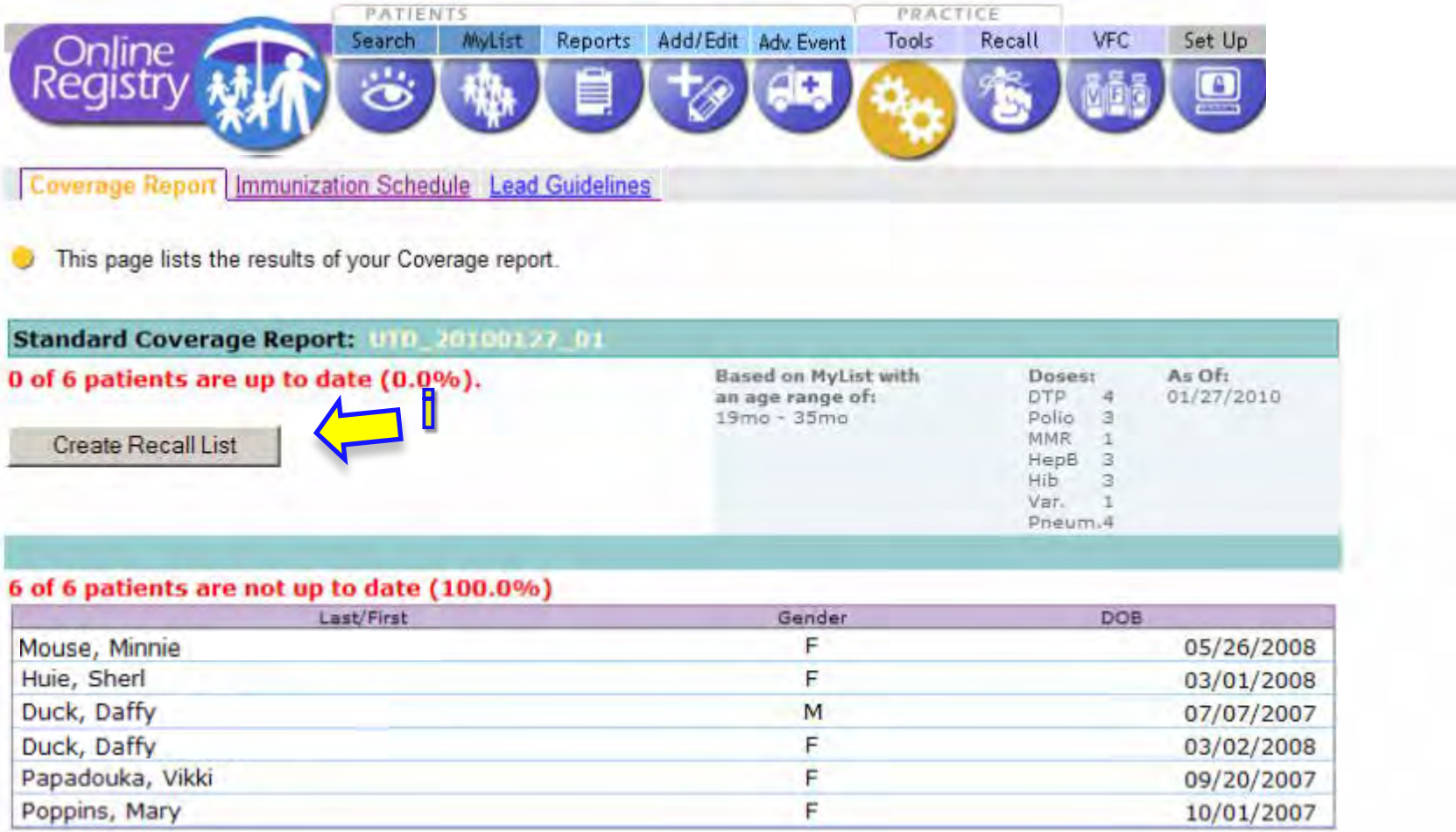
BOI Quarterly Reports compared to Online Registry reports

Quarterly Report	Online Registry equivalent	Difference
January, May Seasonal Flu Report		
6 to 59 months old	Custom Recall: Select "Age range" and indicate "From ≥ 6 mo To < 60 mo." Also select "Any age-appropriate immunization from the series below only" and choose "Influenza."	BOI Quarterly report identifies the patient as belonging to a facility if that facility administered and reported the last immunization after the patient turned 14 days old. Online report uses MyList.
5 to 10 years old	Custom Recall: Select "Age range" and indicate "From ≥ 5 years To < 10 years." Also select "Any age-appropriate immunization from the series below only" and choose "Influenza."	BOI Quarterly report identifies the patient as belonging to a facility if that facility administered and reported the last immunization at 4 years of age. Online report uses MyList.
11 to 18 years old	Custom Recall: Go to "Specific Age" and choose "11-18 year olds." Also select "Any age-appropriate immunization from the series below only" and choose "Influenza."	BOI Quarterly report identifies the patient as belonging to a facility if that facility administered and reported the last immunization after the patient turned 10 years-old. Online report uses MyList.

Coverage Report: view completed reports



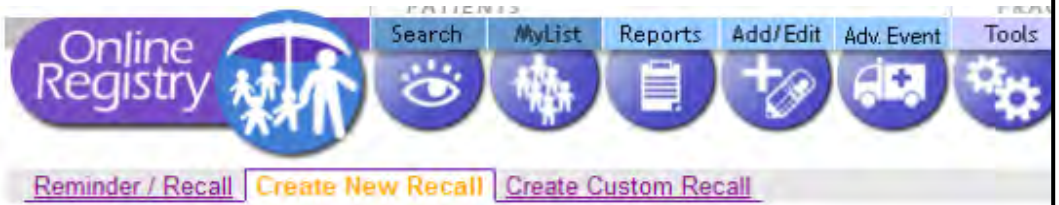
Coverage Report: create recall job



i. You may take the results to produce a Recall List or Labels and Letters.

Click on Create Recall List

Recall from Coverage Report: review each record



a. Review each record Due Now

b. Update immunization records by clicking on the Add Imms link in the *Update* column on the right.

c. Update address and phone by clicking on the Edit Addr/Ph link in the *Update* column on the right.

☑ Mark the patients you wish to recall in the left column.

Click Continue

Who's in Recall List? Currently showing patients from the selected Coverage Report.

Recall	Status	Last/First	Gender	DOB	Last Accessed	Last Recall	Missing	Address	Phone	Update?
		These patients have immunizations that are DUE NOW								
☑		Papadouka, Vikki	F	09/20/2007	12/11/2009	02/05/2010	H1N1-1, Influenza-3, Hib-3			Edit Addr/Ph* Add Imms*
☑		Poppins, Mary	F	10/01/2007	12/10/2009	02/05/2010	H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1	2 Laf New York, NY 10013	222-222-2222	Edit Addr/Ph* Add Imms*
		[illegible]					H1N1-2, Influenza-1, HepB-1, DTP-1, [illegible]	123 Wall St, 2		Edit Addr/Ph*

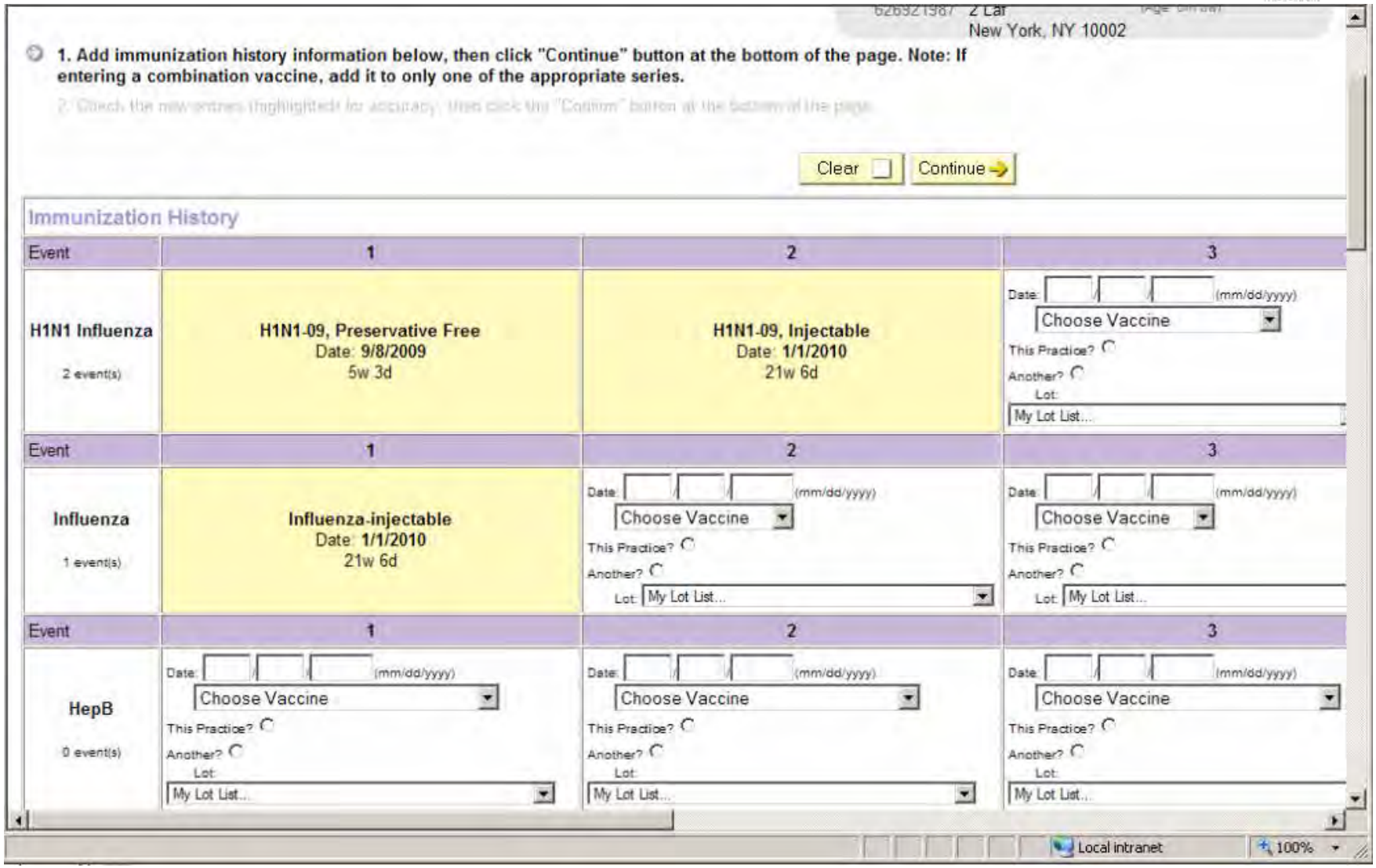
a

b

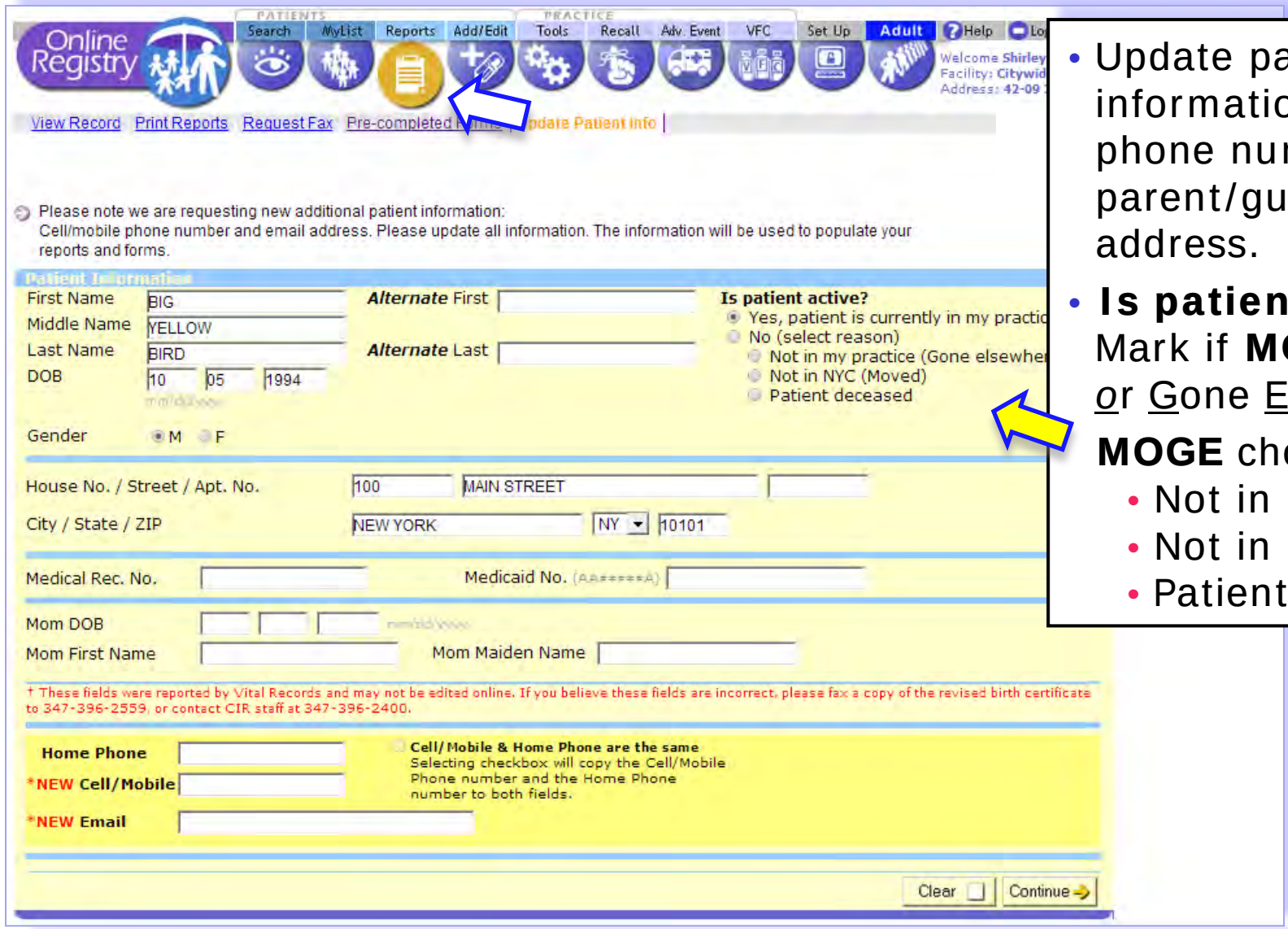
c

Click on the patient name to view the record in CIR

Update Patient Immunizations (from Recall screen)



Update Patient Info: address, phones, MOGE status



- Update patient information, address, phone numbers, parent/guardian's email address.
- **Is patient active?** Mark if **MOGE** (Moved or Gone Elsewhere).

  MOGE choices:
  - Not in my practice
  - Not in NYC (moved)
  - Patient deceased.

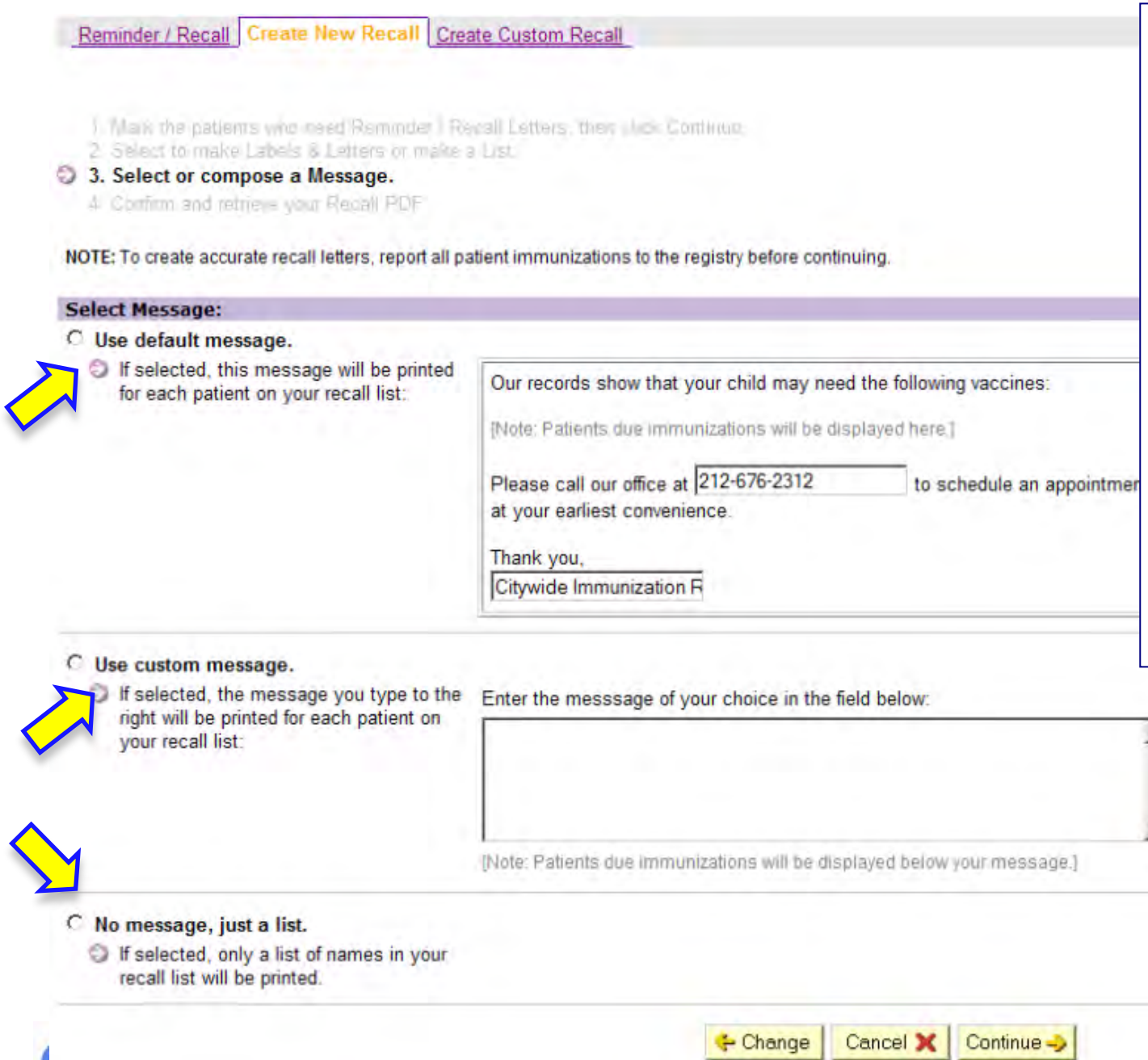
- Note: Information reported by Vital Records may not be edited online.
- You may send a copy of the revised birth certificate by fax to (347) 396-2559, or call us at (347) 396-2400.

Recall from Coverage Report: List or Labels & Letters

d. After marking the patients to recall and clicking "continue," select to create:

- a *List* (downloadable in Excel), or
- *Labels & Letters.*
- Click Continue

Recall from Coverage Report: create message



e. Choose an option:

- Default letter
- Custom message

or

- List of names includes: address, phone and doses that are due now.

Click Continue

Confirm, click Continue

if a confirmation screen appears next.

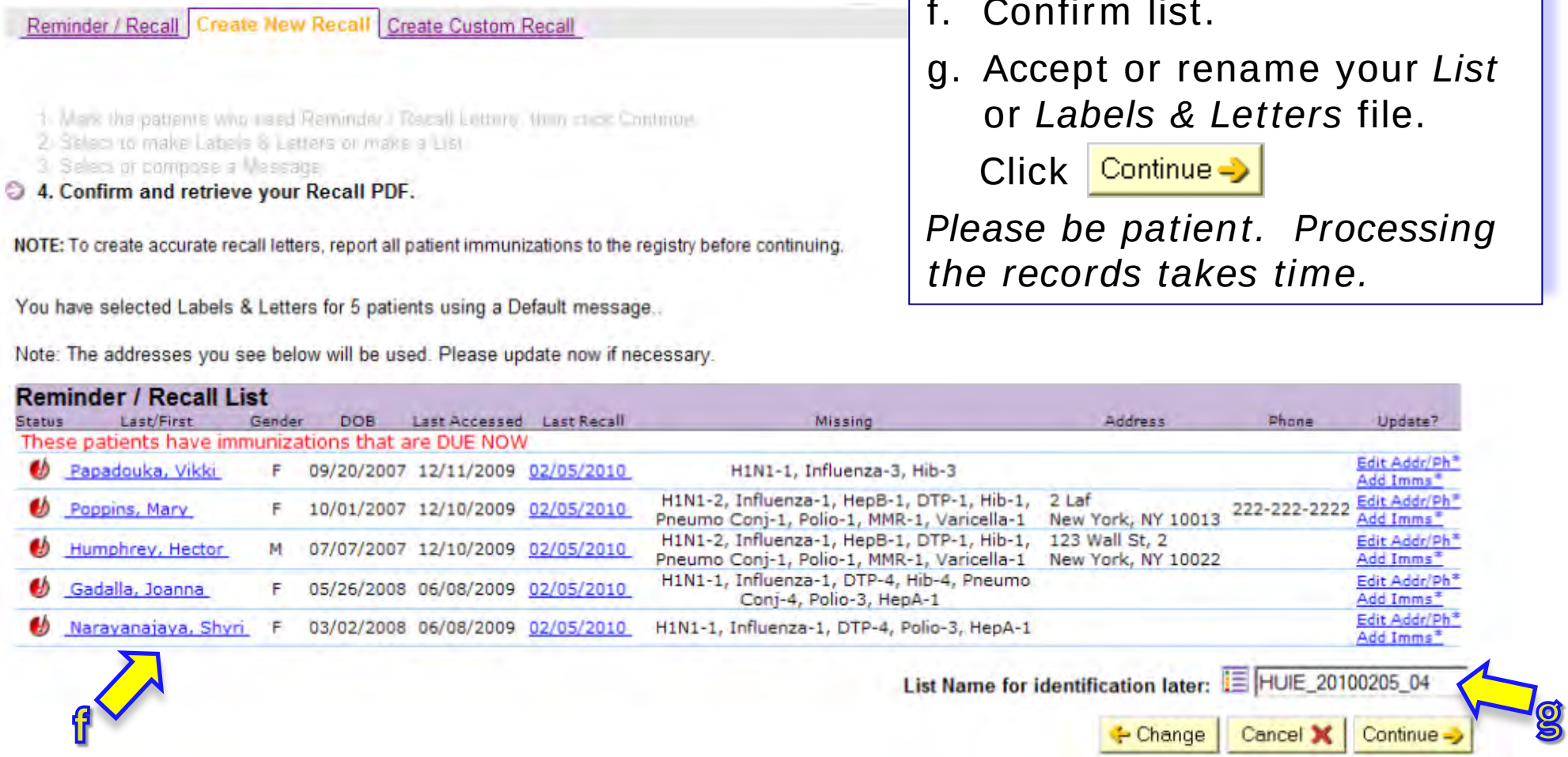
Recall from Coverage Report: review and name job

f. Confirm list.

g. Accept or rename your *List* or *Labels & Letters* file.

Click Continue

Please be patient. Processing the records takes time.



Recall from Coverage Report: access finished jobs

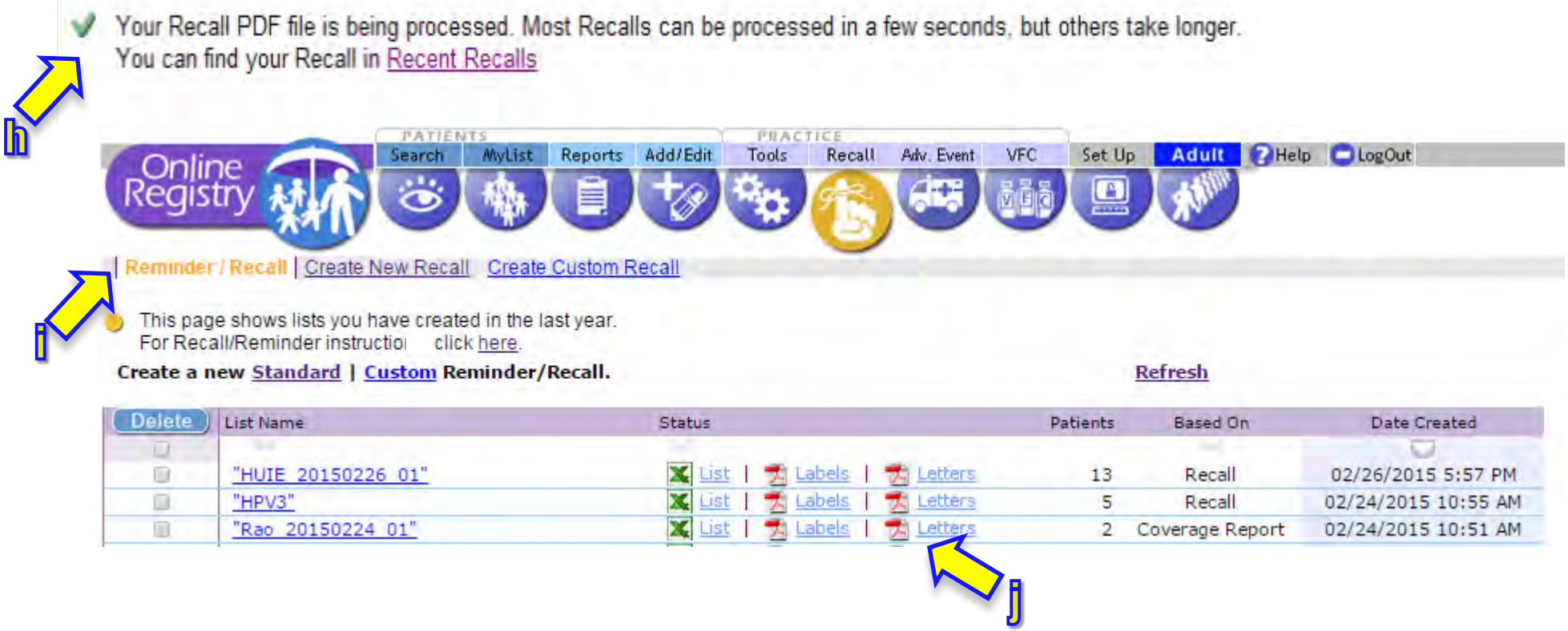
h. A confirmation message appears

i. The processed Recall file will be found in the **Reminder/Recall** tab.

The Report Status will change from “Processing…” to the type of job you chose.

Please be patient. Processing the records takes time.

j. To view results, click on each of the links in the Status column.

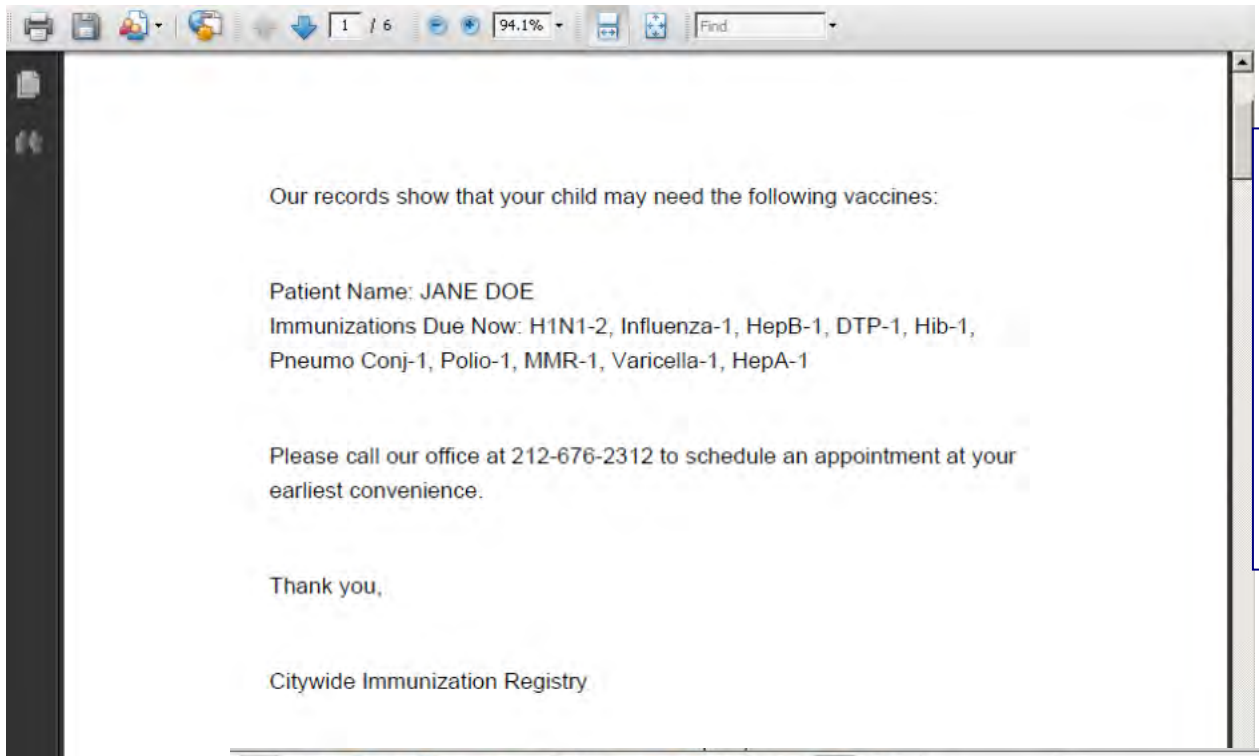


Output: List – Excel formatted for downloading

List

	A	B	C	D	E	F	G	H
1	Recall Name: 24 - 35 months 2014 Jan							
2	Date Created: 01/08/2014							
3	Created By:							
4	Based On: Coverage Report							
5	Standard Recall: Selected 'Due Now' patients							
6	Total Patients: 27, Patients not UTD: 12 (44%) Patients UTD: 15 (56%)							
7								
8	**Last Name**	**First Name**	**Address**	**City**	**State**	**Zip**	**Phone**	**Due Now**
9	MOUSE	MICKEY	22 Mouse Court	BROOKLYN	NY	11225	347-555-5555	Influenza-1, Hib-4, Pneumo Conj-4, HepA-1
10	DUCK	DONALD	14 42nd Street	BROOKLYN	NY	11219	718-555-5555	Influenza-2, HepB-3, DTP-4, Hib-2
11	CAMELOT	SIR	30 Main Street	QUEENS	NY	11101	347_777-7777	Influenza-1, HepB-3, MMR-1, Varicella-1
12	SMITH	JAMES	11 Forest Road, 4B	BROOKLYN	NY	11212	646-555-5555	Influenza-1, DTP-4, Hib-3, Pneumo Conj-4, MMR-1, Varicella-1
13	BELL	TINKER	1 Glen Rd	STATEN ISLAND	NY	10304	718-333-3333	Pneumo Conj-2, MMR-1, Varicella-1, HepA-1
14	STEIN	FRANK	15 50th Street	BROOKLYN	NY	11219		Influenza-1, Pneumo Conj-4, HepA-2
15	WHITE	SNOW	42-09 28th Street, 3	JAMAICA	NY	11433	347-222-2222	Influenza-1, DTP-4, Hib-3, Pneumo Conj-4, MMR-1, Varicella-1, HepA-1
16	KANDINSKY	WASSILY	250 Worth St	NEW YORK	NY	10013	212-676-2312	HepB-3, DTP-4, Hib-3, Polio-3
17	FRANK	NATHAN	4 Beachwalk	BROOKLYN	NY	11217		Influenza-1, Hib-4, Varicella-1
18	TEITELBAUM	YISROEL	52 47th Street	BROOKLYN	NY	11219	718-666-6666	Influenza-2, HepB-2, DTP-2, Hib-3, Pneumo Conj-1, Polio-2, Varicella-1, HepA-1
19	LINCOLN	ABRAHAM	5 Mile Rte	STATEN ISLAND	NY	10305		Influenza-1, Hib-4, Pneumo Conj-4, Varicella-1, HepA-1
20								
21								
22								

Output: Letters & Labels



Our records show that your child may need the following vaccines:

Patient Name: JANE DOE
Immunizations Due Now: H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1, HepA-1

Please call our office at 212-676-2312 to schedule an appointment at your earliest convenience.

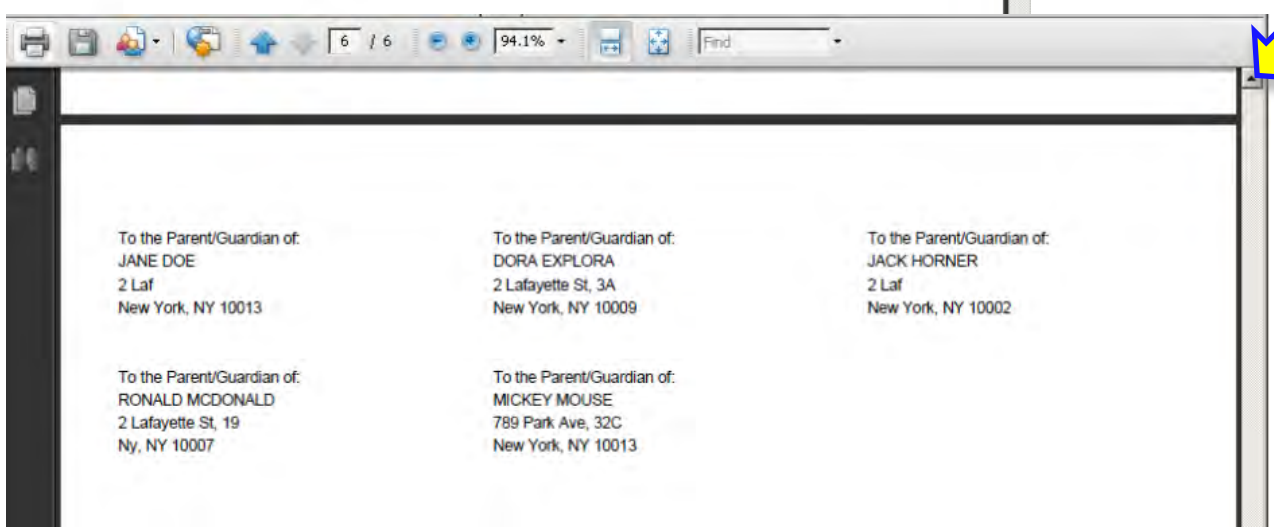
Thank you,

Citywide Immunization Registry

Letter: default or customized

You may use paper preprinted with your office letterhead to print the letters.

To print labels, use standard address labels, 1” x 2-5/8”



To the Parent/Guardian of:
JANE DOE
2 Laf
New York, NY 10013

To the Parent/Guardian of:
DORA EXPLORA
2 Lafayette St, 3A
New York, NY 10009

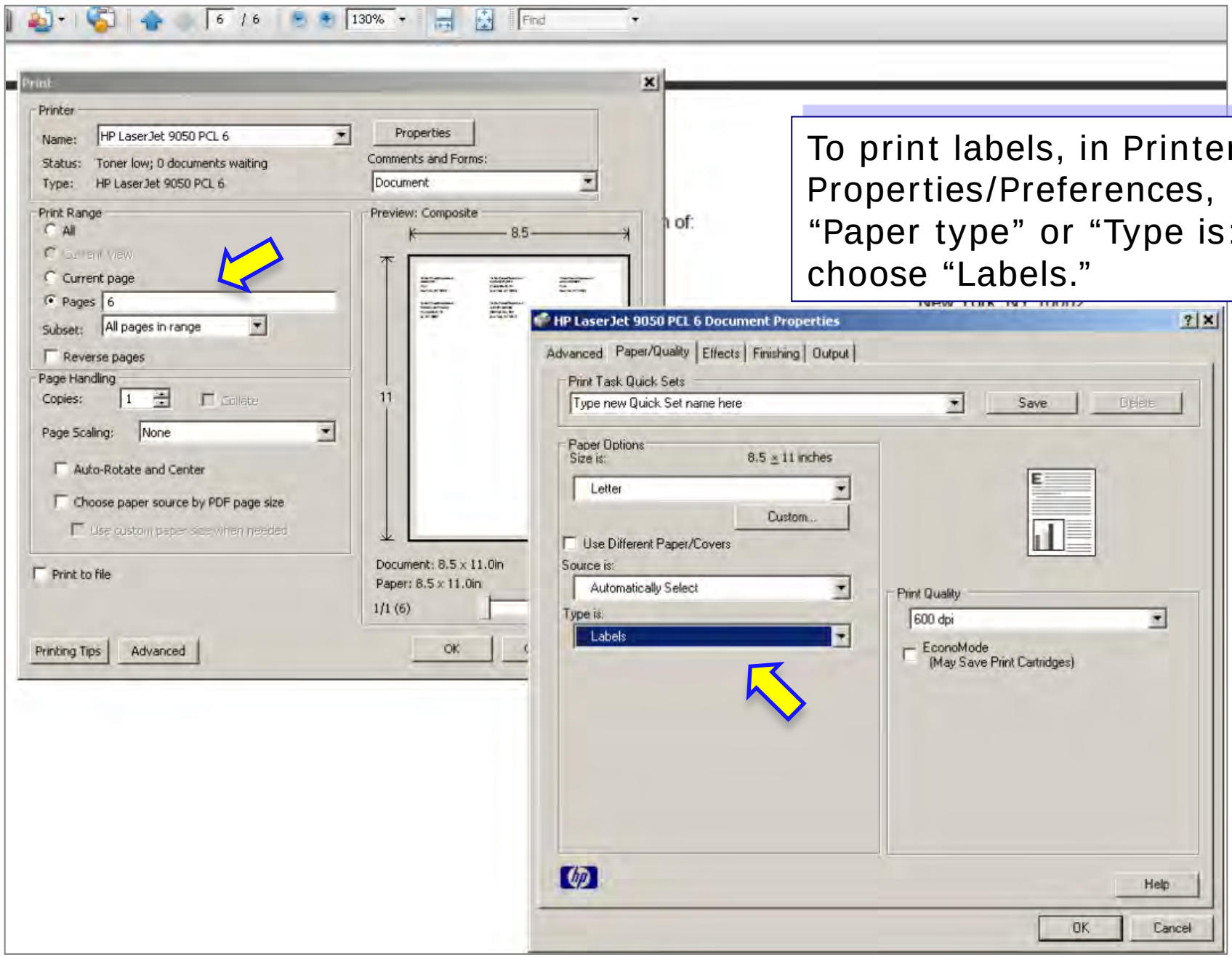
To the Parent/Guardian of:
JACK HORNER
2 Laf
New York, NY 10002

To the Parent/Guardian of:
RONALD MCDONALD
2 Lafayette St, 19
Ny, NY 10007

To the Parent/Guardian of:
MICKEY MOUSE
789 Park Ave, 32C
New York, NY 10013

Address labels

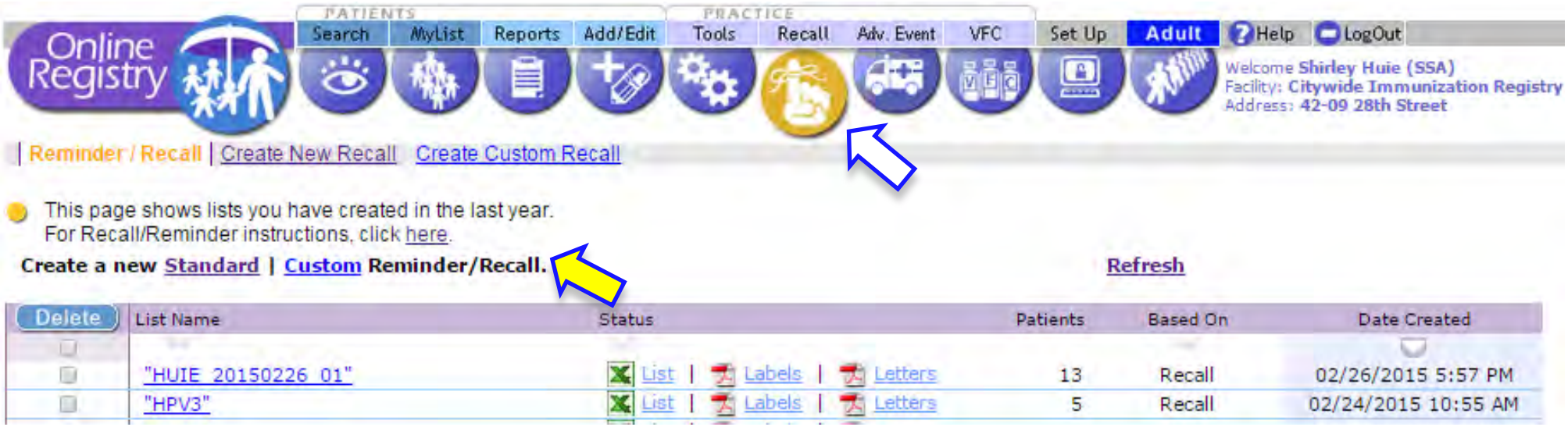
Output: Printing Labels



To print labels, in Printer Properties/Preferences, under "Paper type" or "Type is:" choose "Labels."

Recall: "Due Now"

a. To start a new **Recall** list, click the **Standard** or **Custom** Reminder/Recall option.

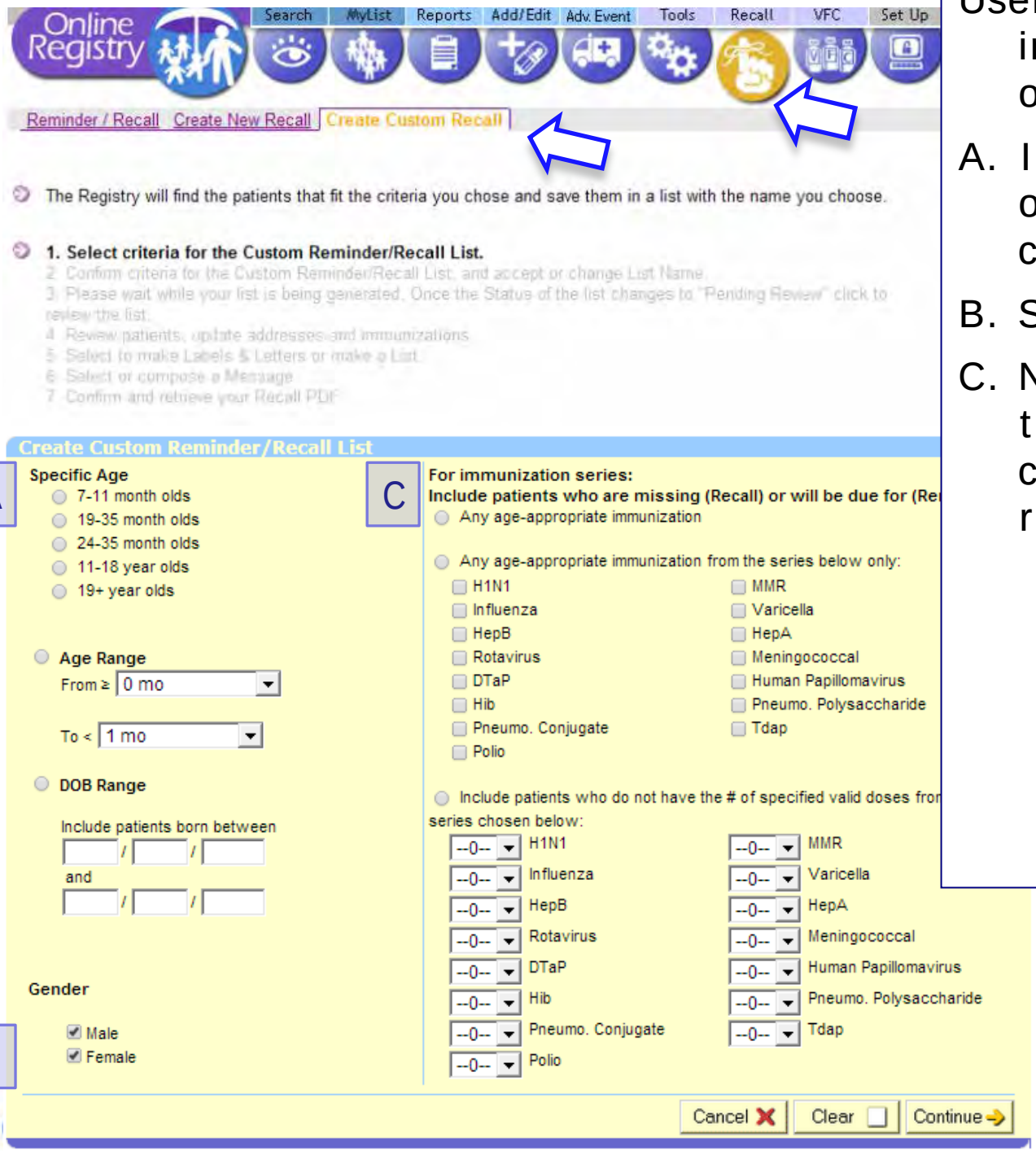


Please view the user guide:

"Coverage, Reminder / Recall Guide "

for detailed instructions.

Recall: Custom Recall



Users can either recall patients in MyList who are Due Now or use the **Custom Recall**.

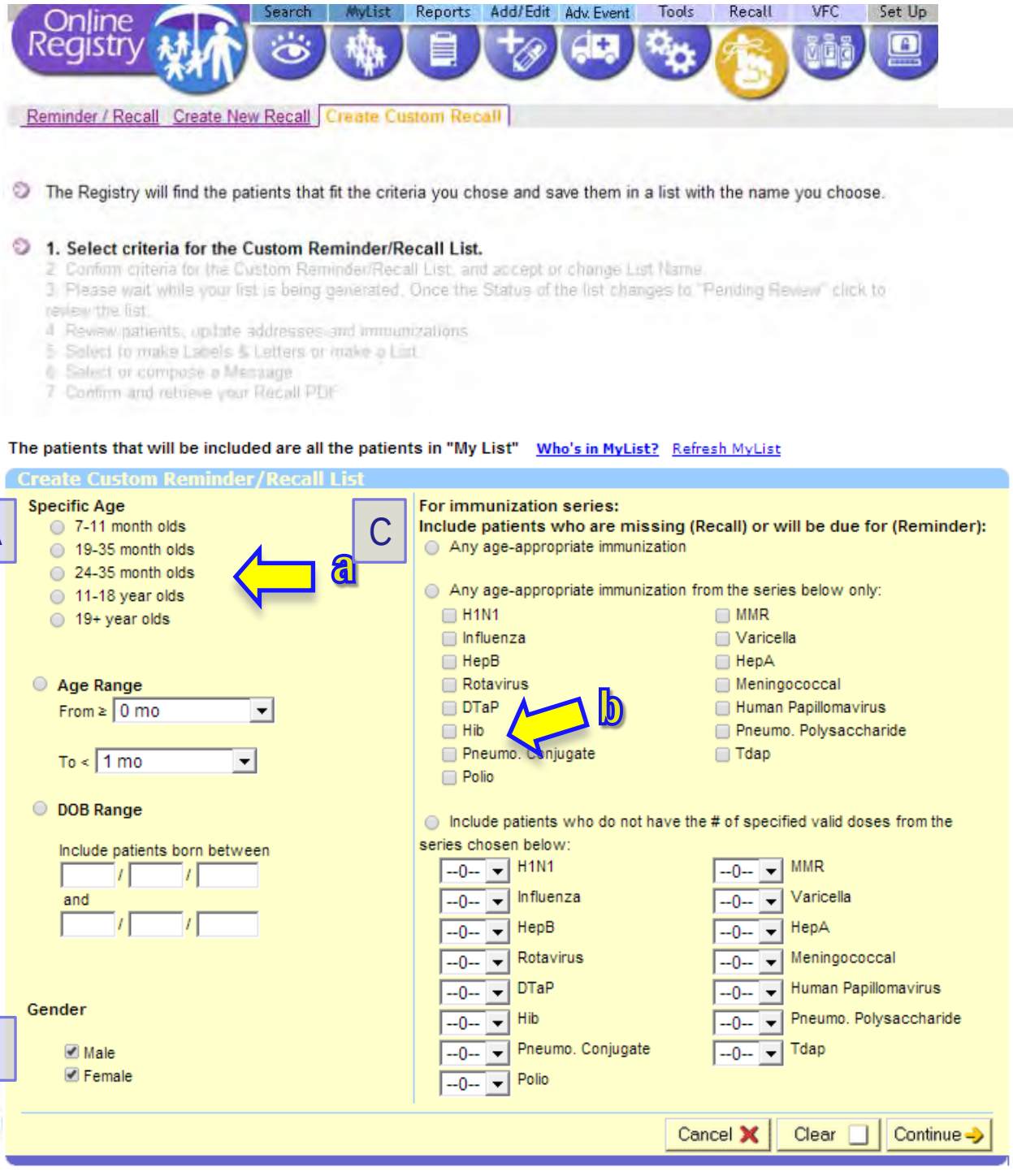
A. In **Custom Recall**, choose one of the three age range choices in the left column.

B. Specify gender, optional.

C. Next, choose one of the three choices in the right column to include patients to recall who are:

   1. missing age-appropriate immunizations, or
   2. missing any age-appropriate immunizations from a specified vaccine series, or
   3. missing a specified # of valid doses from specified series.

Custom Recall - Example 1



Example 1:

To recall patients who are missing a Hib, you may choose, for example,

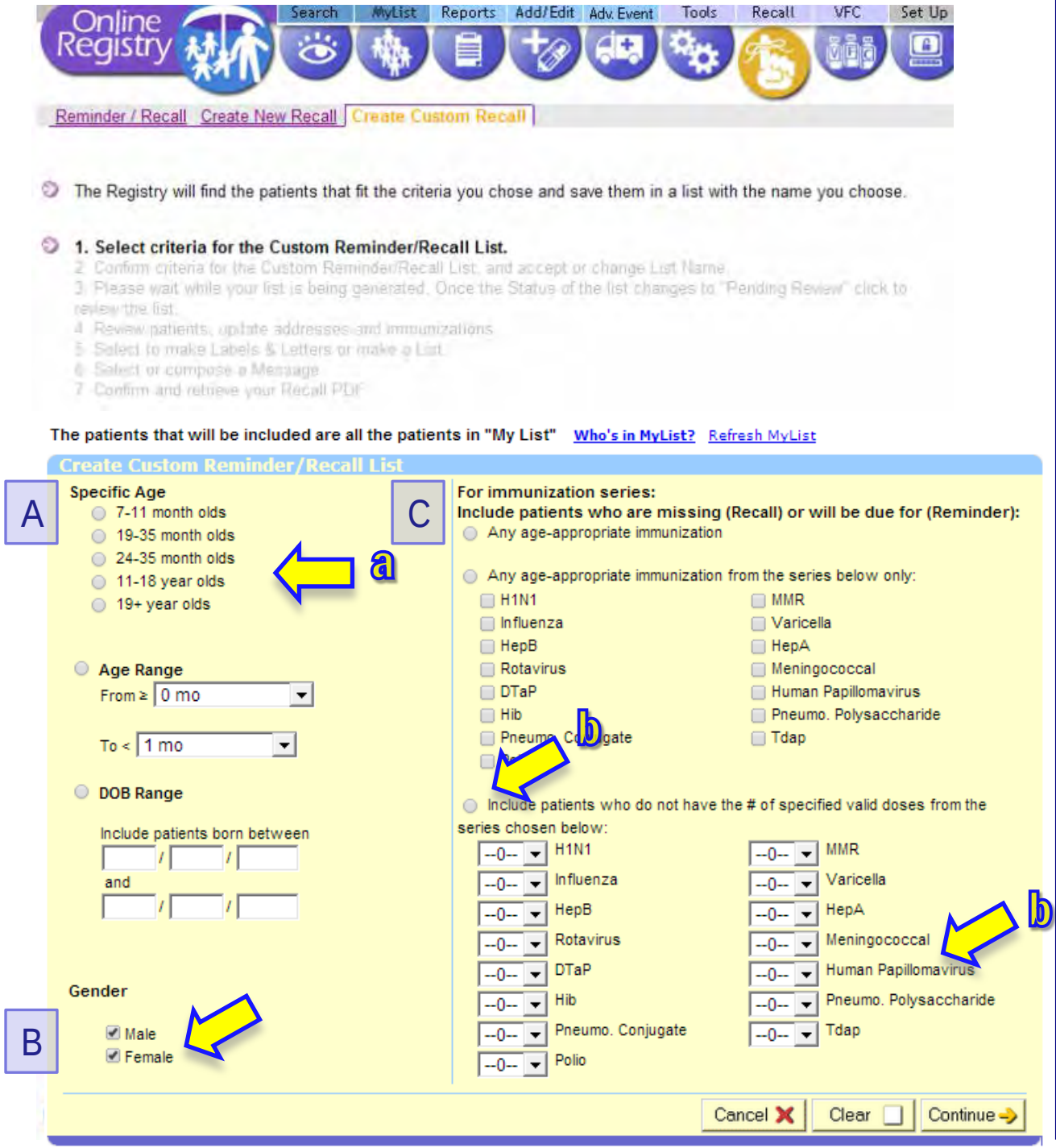
a.24-35 month age range, and

b.“any age appropriate immunization from the series only,” and choose “Hib.”

Results will include patients missing the correct number of age-appropriate doses of Hib.

Also, results will list other vaccines missing for this group of patients.

Custom Recall – Example 2



Example 2:

To recall patients who need the third HPV, you may choose, for example,

a. 11-18 year olds, and

b. "include patients who do not have the # of specified valid doses from the series chosen below," and choose "3 HPV."

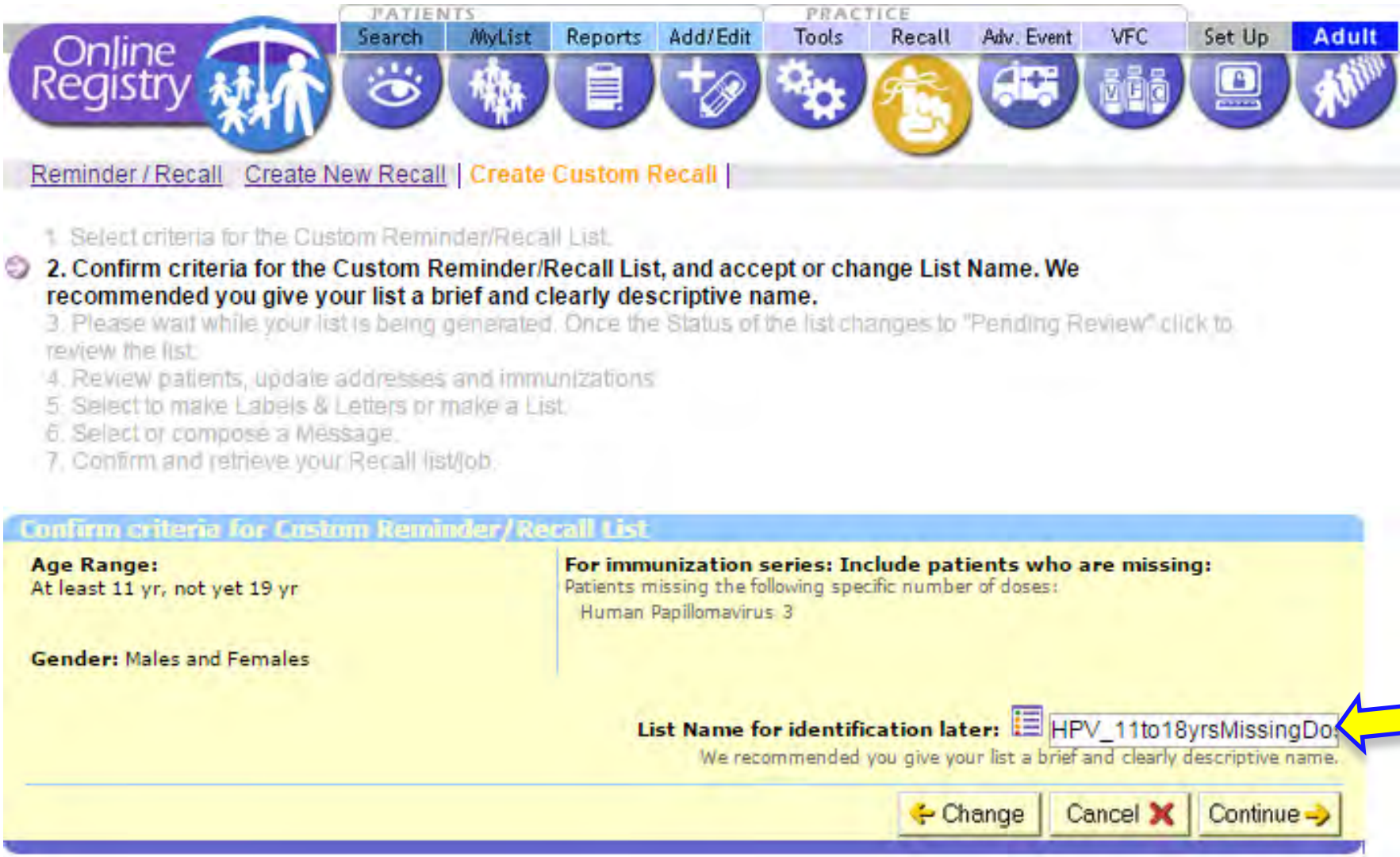
•Optional: choose gender

Results will include patients due their 1st, 2nd, or 3rd dose of HPV **and** any additional vaccines these same patients may be due at this time.

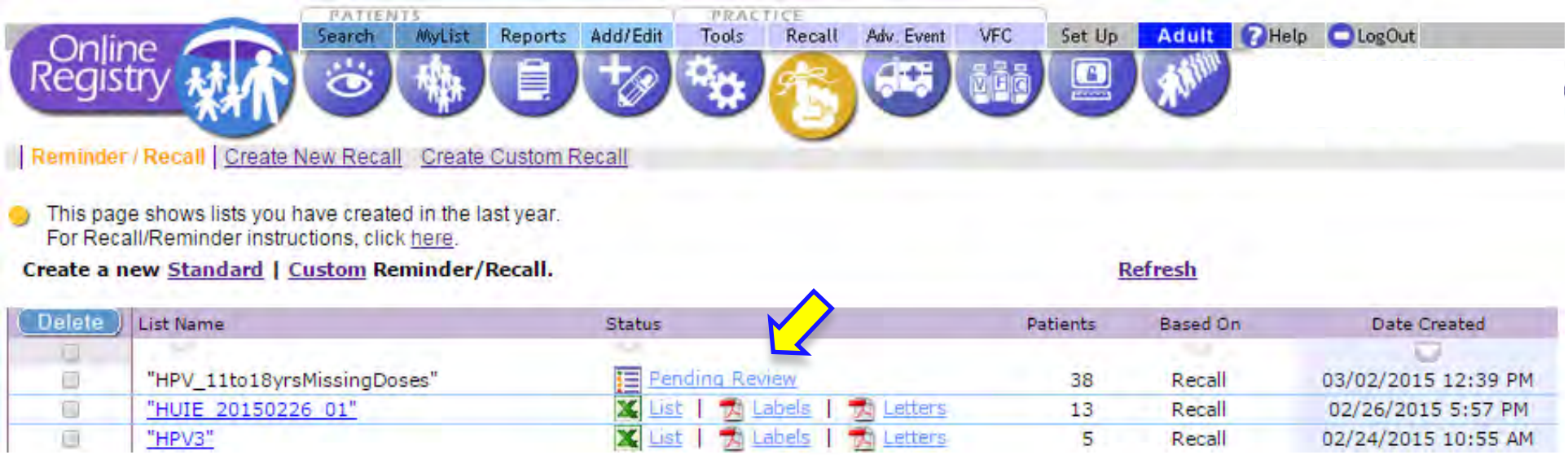
For example, Minnie Mouse is due her next HPV dose **and** she needs her next Tdap and MCV.

Custom Recall: name recall job (List Name)

1) Confirm criteria for the Custom Recall List.
2) Accept or change the List Name.



Custom Recall: view patients retrieved for this job



Click on the list of patients that are "Pending Review."

Custom Recall- review each record

Reminder / Recall | Create New Recall | Create Custom Recall

Our records show that these patients may need the vaccines as shown.
To recall patients based on up to date rates, use the Coverage Report Tool.

To recall patients, first review the records and add any immunizations that were given but n

1. Select criteria for the Custom Reminder/Recall List
2. Confirm criteria for the Custom Reminder/Recall List, and accept or change List Name
3. Please wait while your list is being generated. Once the Status of the list changes to "F
review the list

4. Review patients, update addresses and immunizations.

5. Select to make Labels & Letters or make a List
6. Select or compose a Message
7. Confirm and retrieve your Recall PDF

a. Review each record Due Now

b. Update immunization records by clicking on the Add Imms link in the *Update* column on the right.

c. Update address and phone by clicking on the Edit Add/Ph link in the *Update* column on the right.

☑ Mark the patients you wish to recall in the left column.

Click Continue →

Who's in Recall List? Currently showing patients who meet the selected custom recall criteria.

Recall	Status	Last/First	Gender	DOB	Last Accessed	Last Recall	Missing	Address	Phone	Update?
		These patients have immunizations that are DUE NOW								
☑		Papadouka, Vikki	F	09/20/2007	12/11/2009	02/03/2010	H1N1-1, Influenza-3, Hib-3			Edit Addr/Ph Add Imms*
☑		Poppins, Mary				/2010	H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1	2 Laf New York, NY 10013	222-222-2222	Edit Addr/Ph* Add Imms*

c

b

a

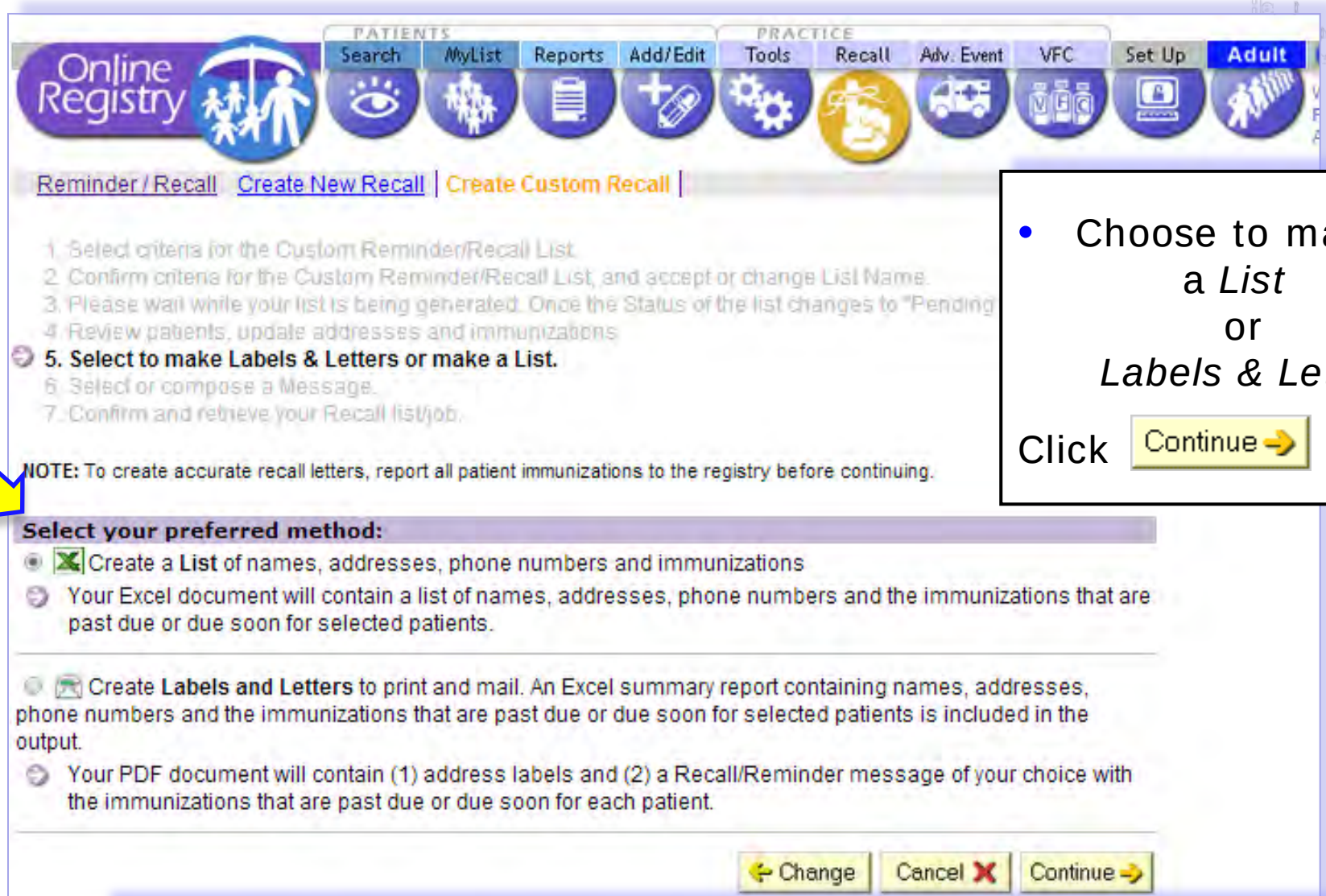
☑

Click on the patient name to view the record in CIR

Citywide Immunization Registry

NYC Health

Custom Recall – List, Labels & Letters



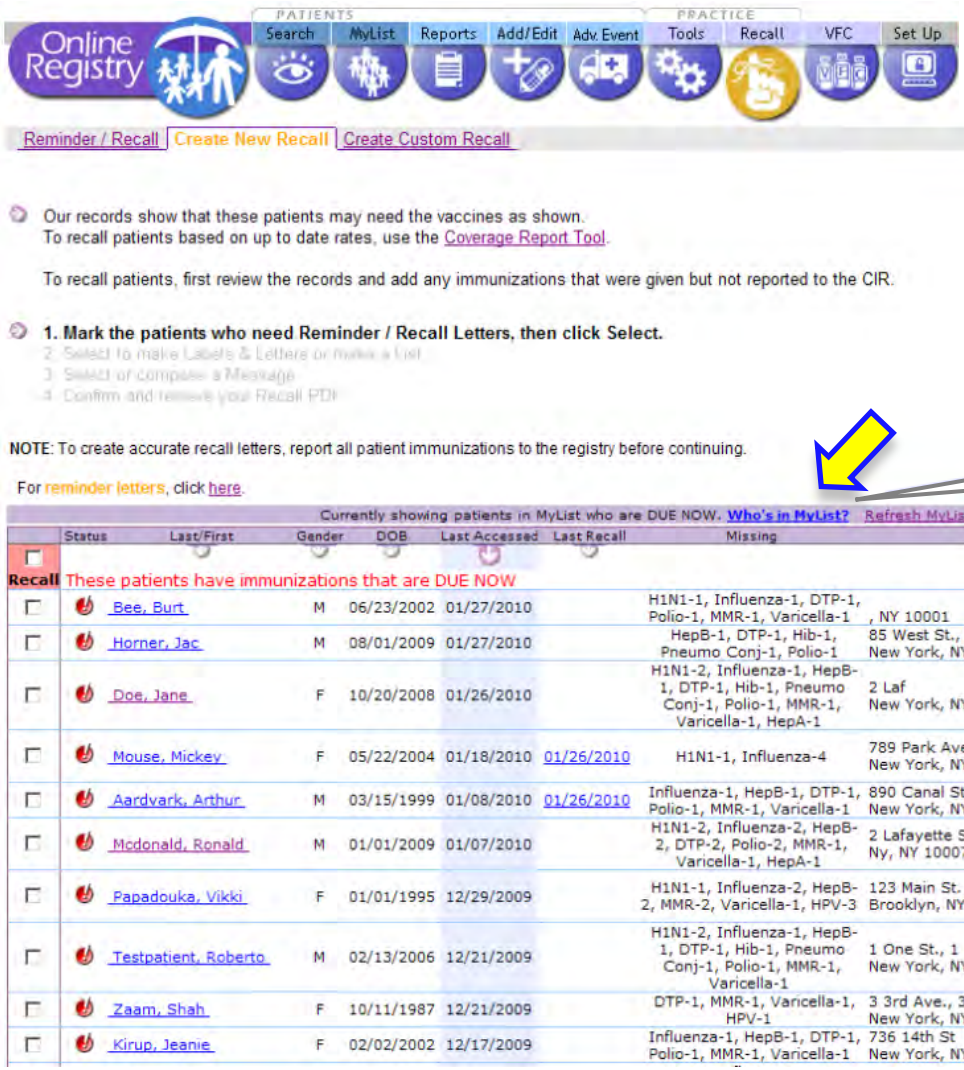
- Choose to make either:
  a *List*
  or
  Labels & Letters

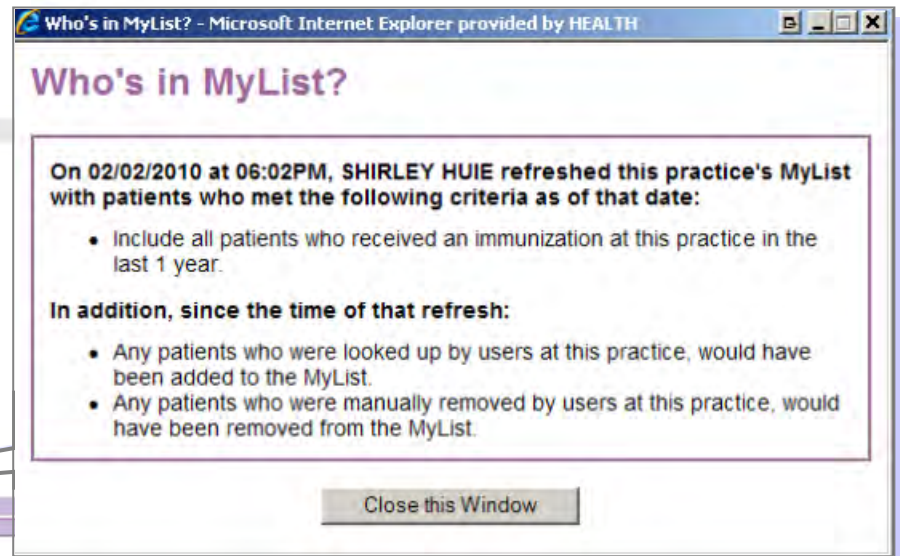
Click Continue

Please go to slides 73 to 78 for the remaining steps, including printing instructions, or view the user guide: "Coverage, Reminder / Recall Guide " for detailed instructions.

Recall: Standard recall using MyList

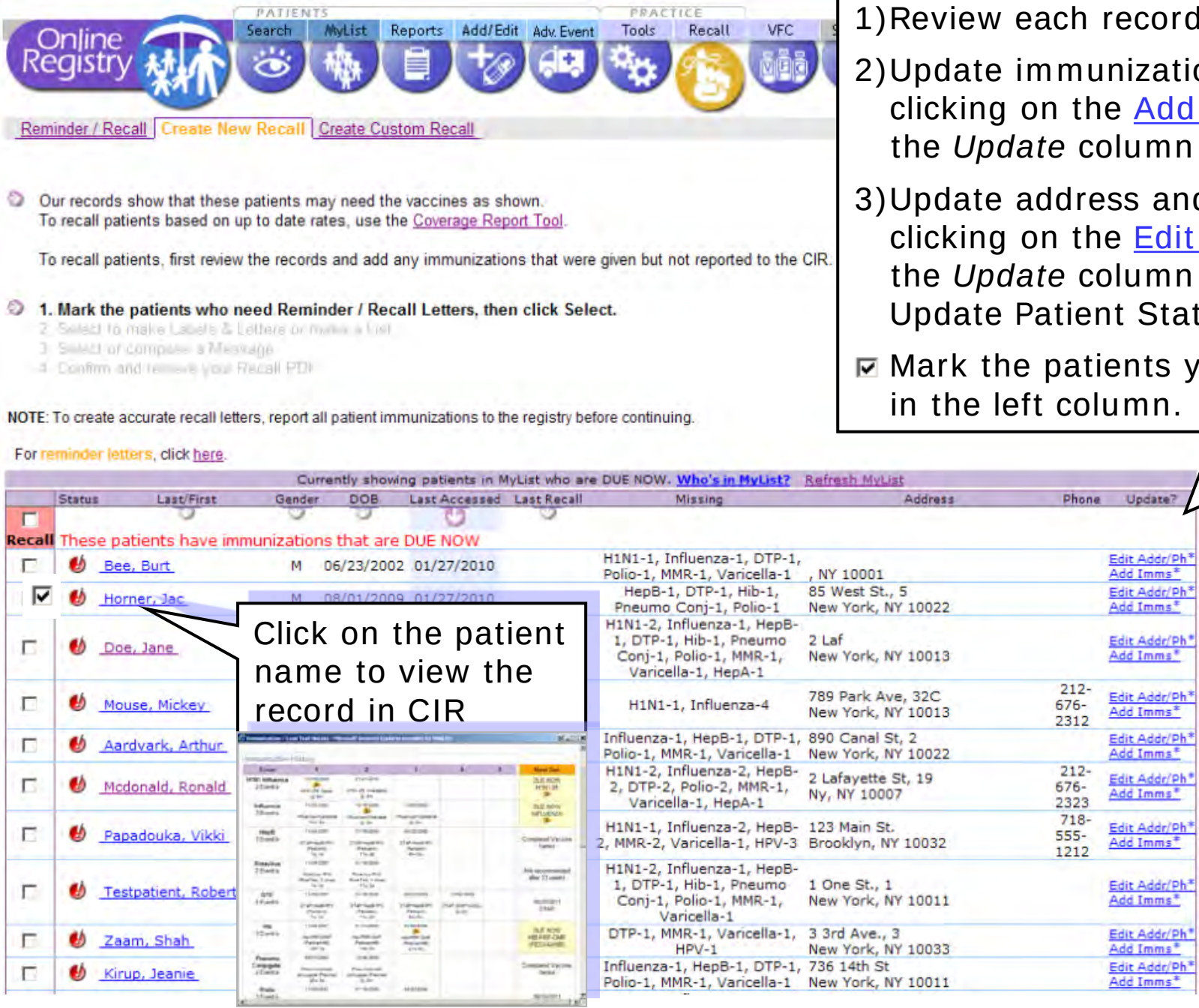
Click on the link to see "**Who's in MyList**?" Consider using **Refresh MyList.** The Standard Recall feature tells you who is due immunizations only if the patient is already on MyList.





Schools and other agencies that mainly only look up records may consider looking up a roster of individuals to add them to MyList, and then run Recall/Reminder or Coverage Reports.

Recall: Standard recall using MyList – review records



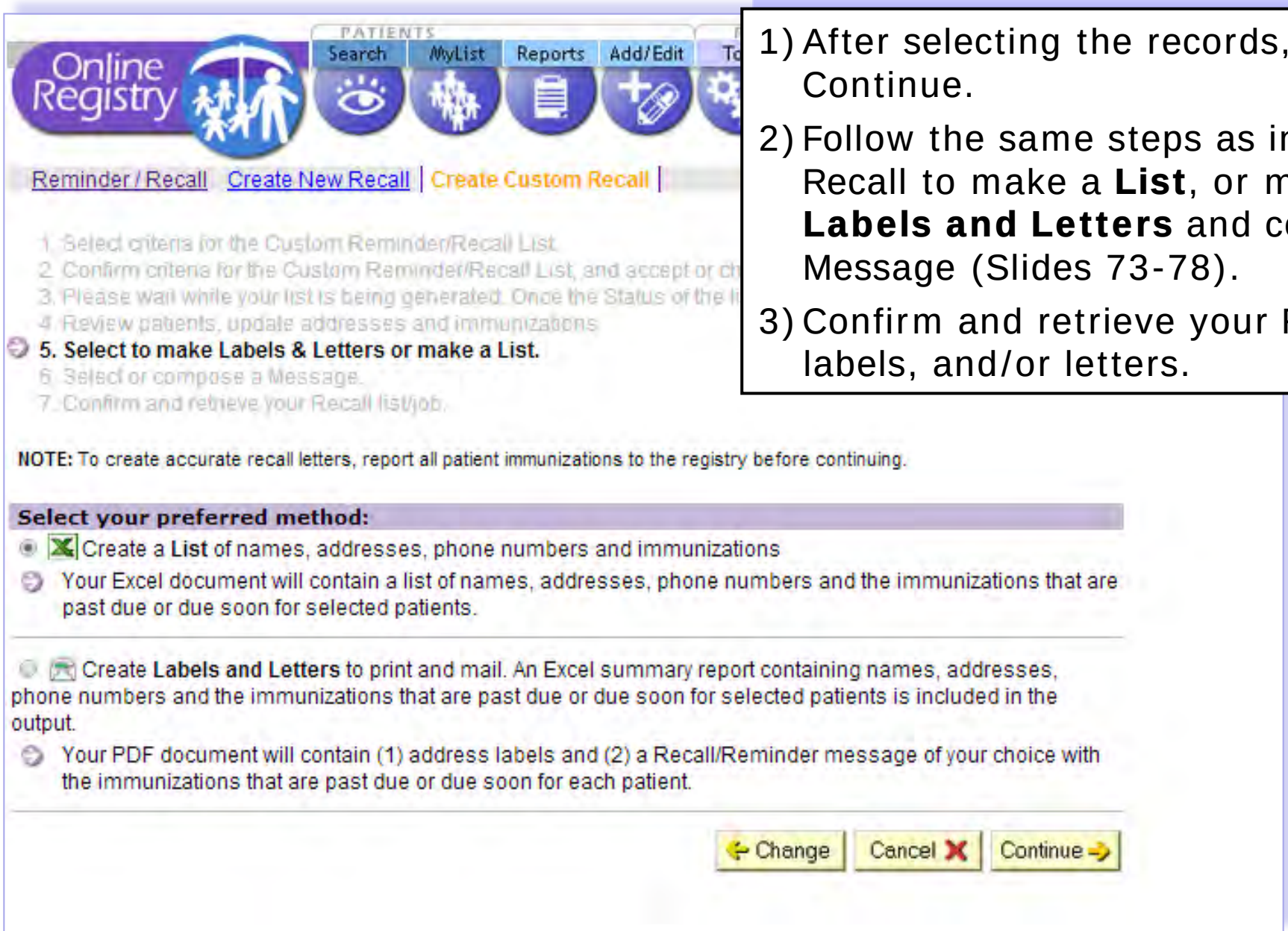
1) Review each record Due Now

2) Update immunization records by clicking on the Add Imms link in the *Update* column on the right.

3) Update address and phone by clicking on the Edit Add/Ph link in the *Update* column on the right. Update Patient Status (MOGE).

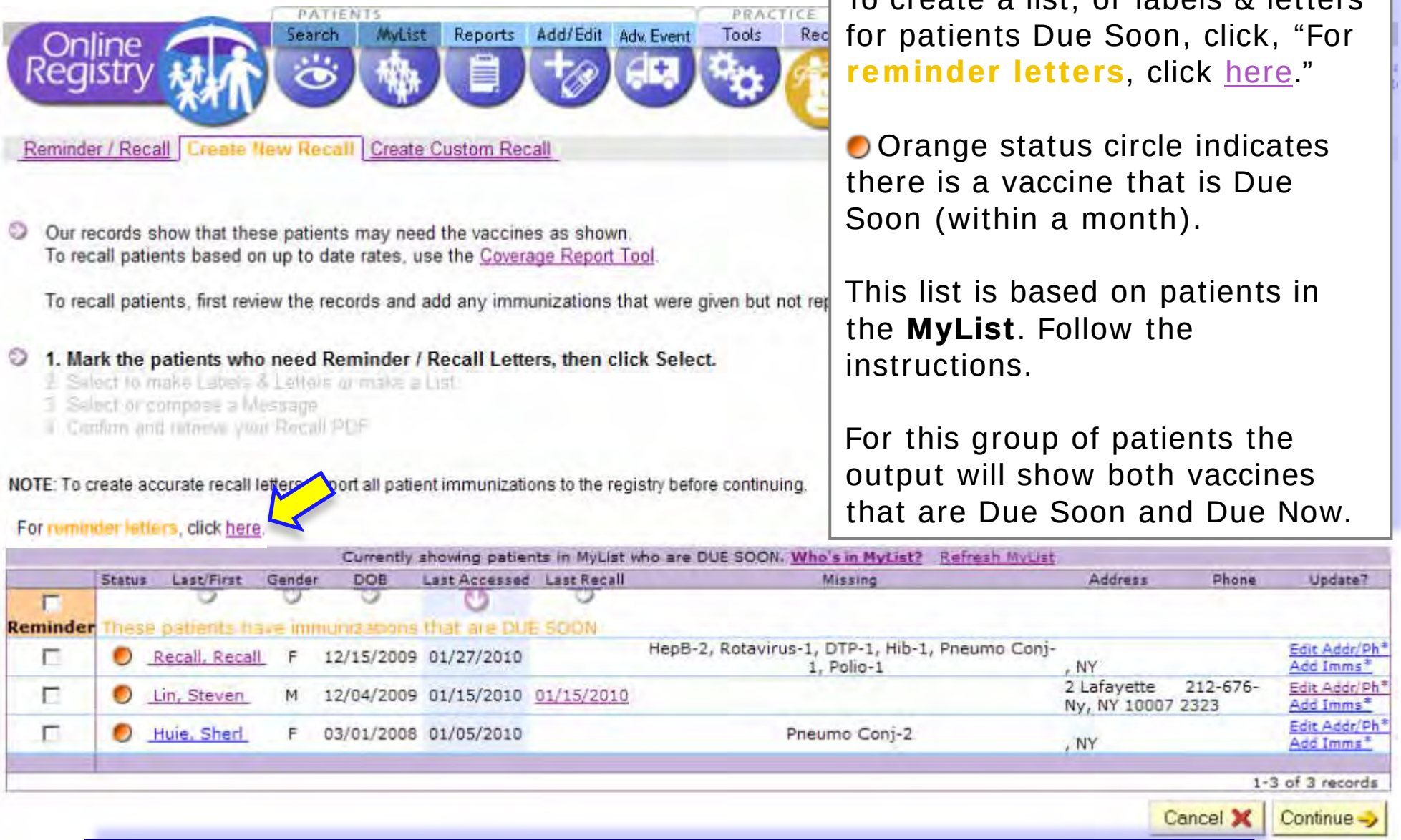
☑ Mark the patients you wish to recall in the left column.

Recall: Standard recall using MyList - select to make a List or Labels & Letters



1) After selecting the records, click Continue.
2) Follow the same steps as in Custom Recall to make a **List**, or make **Labels and Letters** and compose a Message (Slides 73-78).
3) Confirm and retrieve your Recall list, labels, and/or letters.

Reminder: "Due Soon"



To create a list, or labels & letters for patients Due Soon, click, "For **reminder letters**, click here."

Orange status circle indicates there is a vaccine that is Due Soon (within a month).

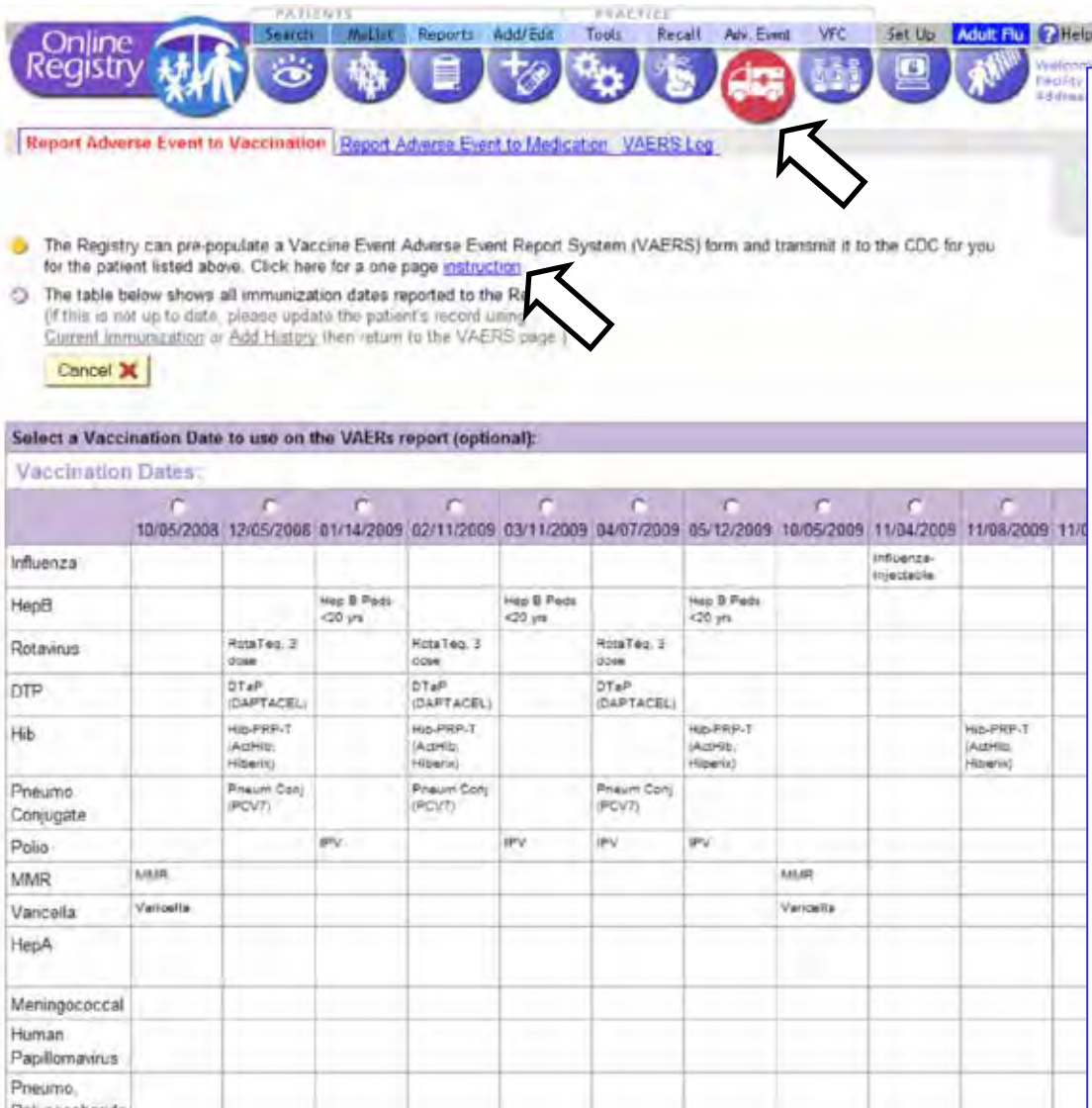
This list is based on patients in the **MyList**. Follow the instructions.

For this group of patients the output will show both vaccines that are Due Soon and Due Now.

Please go to slides 73 to 78 for the remaining steps, including printing instructions.

Reporting Adverse Events*

- Report adverse events that occur after vaccine administration.
- Report is sent to directly VAERS.



How do I report an adverse event using the Online Registry?

There are three options:

a. Look up an existing patient in the CIR
b. Add a new patient into the registry
c. Add an adverse event report without choosing patient or adding a new patient. But, note for this option, a patient record will not be created nor saved in the CIR, and will not be saved to MyList.

Click on “instructions” for more details.

*not available to read-only accounts

Reporting Adverse Events: Patient already exists in CIR

1. Look up or select the patient in the CIR using either patient "Search" or "MyList"
2. Click the "Adv.Event" tab
3. Select the vaccination which you wish to associate with the adverse event
4. Click "continue."
5. The Adverse Event Reporting form will be prefilled with information on the patient, the reporter, the vaccinator, and vaccination history
6. Complete the Adverse Event Reporting form by completing:

a. Date of adverse event

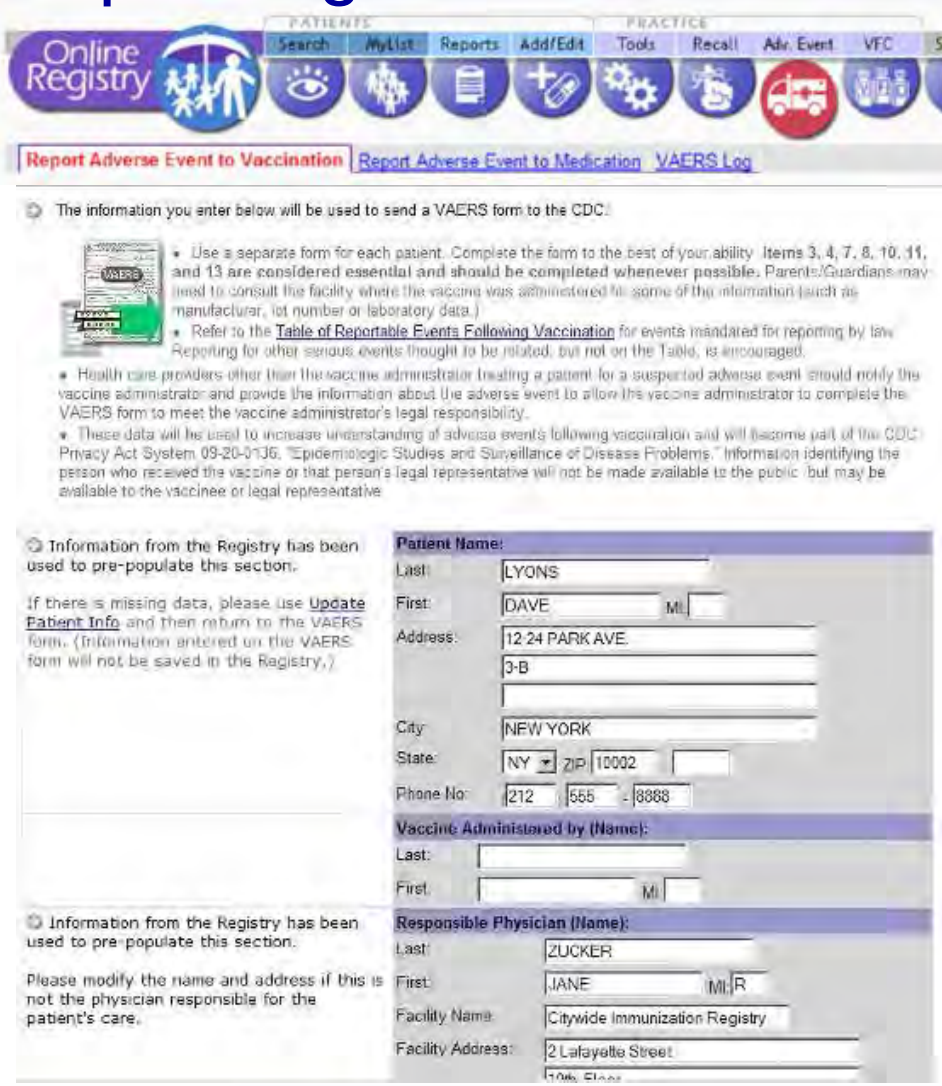
b. Type of adverse event

c. Description of adverse event

d. Outcome

7. Click "continue"
8. Confirm to submit the report
9. Print a copy for your records.

Reporting Adverse Events: New Patient, not in CIR



1. Select the "Adv.Event" tab

2a. Add a new patient into the registry

- For option 2a, patient information will now be saved in the CIR
- Once you add the new patient you can then enter the adverse event

- or -

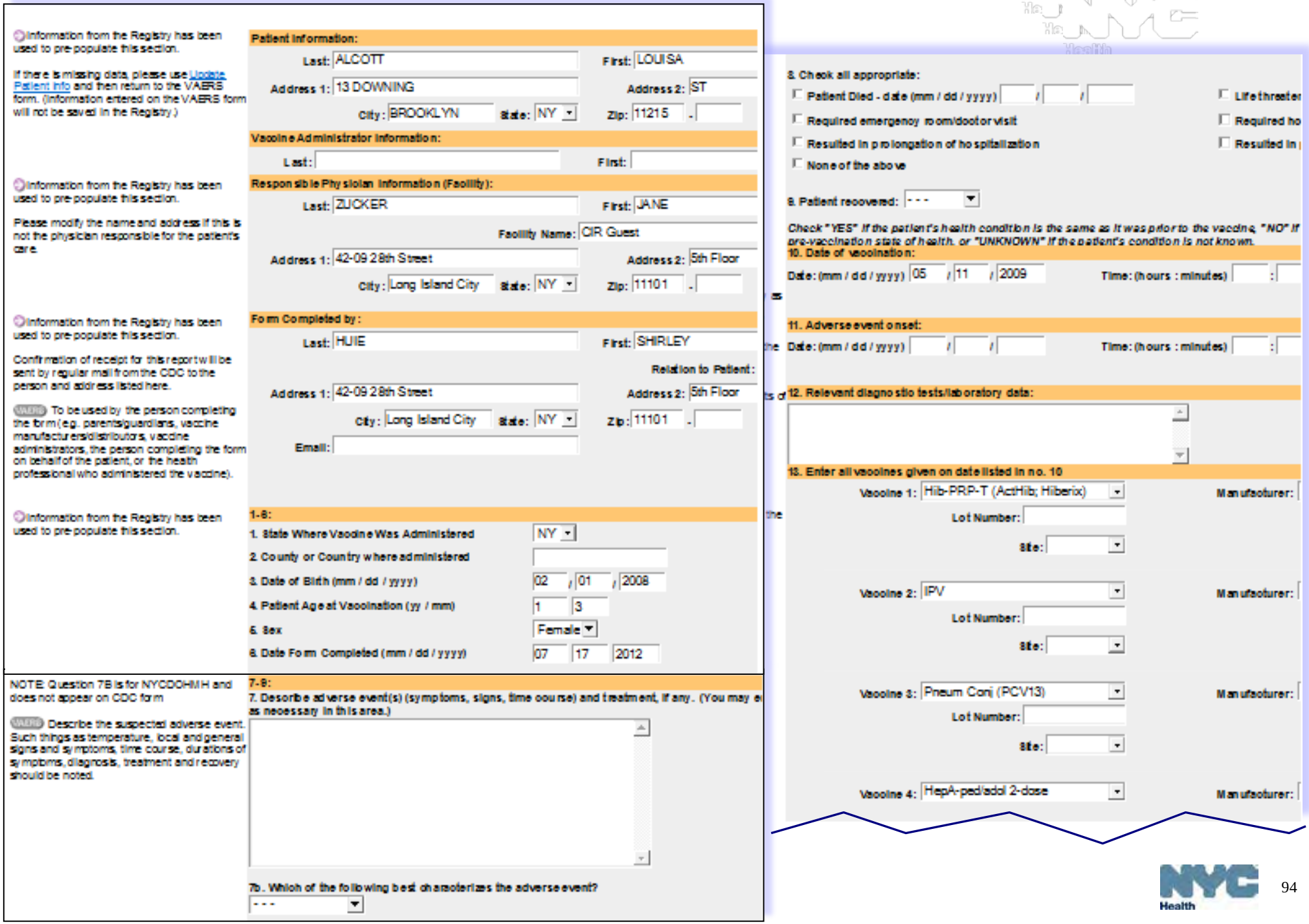
2b. Add an adverse event report without a patient

- For option 2b, no information will be prefilled in the Adverse Event Reporting form.

  The patient record will not be save in CIR, and will not be saved in MyList
- If you select "Continue without a patient" then the Adverse Event Reporting form will not be prefilled. It will be blank and you will need to fill in all the fields.

3. Complete the Adverse Event Reporting form
   a. Fill out the form as completely as possible
   b. Fully describe the adverse event
   c. Print a copy for your records.

Report Adverse Events Online Registry form:



Information from the Registry has been used to pre-populate this section.

If there is missing data, please use Update Patient Info and then return to the VAERS form. (Information entered on the VAERS form will not be saved in the Registry.)

Patient Information:

Last: ALCOTT First: LOUISA

Address 1: 13 DOWNING Address 2: ST

City: BROOKLYN State: NY Zip: 11215 -

Vaccine Administrator Information:

Last: First:

Information from the Registry has been used to pre-populate this section.

Please modify the name and address if this is not the physician responsible for the patient's care.

Responsible Physician Information (Facility):

Last: ZUCKER First: JANE

Facility Name: CIR Guest

Address 1: 42-09 28th Street Address 2: 5th Floor

City: Long Island City State: NY Zip: 11101 -

Information from the Registry has been used to pre-populate this section.

Confirmation of receipt for this report will be sent by regular mail from the CDC to the person and address listed here.

VAERS To be used by the person completing the form (e.g. parents/guardians, vaccine manufacturers/distributors, vaccine administrators, the person completing the form on behalf of the patient, or the health professional who administered the vaccine).

Form Completed by:

Last: HUIE First: SHIRLEY

Relation to Patient:

Address 1: 42-09 28th Street Address 2: 5th Floor

City: Long Island City State: NY Zip: 11101 -

Email:

Information from the Registry has been used to pre-populate this section.

1-6:

1. State Where Vaccine Was Administered: NY
2. County or Country where administered:
3. Date of Birth (mm / dd / yyyy): 02 / 01 / 2008
4. Patient Age at Vaccination (yy / mm): 1 3
5. Sex: Female
6. Date Form Completed (mm / dd / yyyy): 07 / 17 / 2012

NOTE: Question 7B is for NYCDOHMH and does not appear on CDC form

VAERS Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, durations of symptoms, diagnosis, treatment and recovery should be noted.

7-8:

7. Describe adverse event(s) (symptoms, signs, time course) and treatment, if any. (You may e as necessary in this area.)

7b. Which of the following best characterizes the adverse event?

---

8. Check all appropriate:

- Patient Died - date (mm / dd / yyyy) / /
- Required emergency room/doctor visit
- Resulted in prolongation of hospitalization
- None of the above
- Life threater
- Required ho
- Resulted in

9. Patient recovered: ---

Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.

10. Date of vaccination:

Date: (mm / dd / yyyy) 05 / 11 / 2009 Time: (hours : minutes) :

11. Adverse event onset:

Date: (mm / dd / yyyy) / / Time: (hours : minutes) :

12. Relevant diagnostic tests/laboratory data:

13. Enter all vaccines given on date listed in no. 10

Vaccine 1: Hib-PRP-T (ActHib; Hiberix) Manufacturer:

Lot Number:

Site:

Vaccine 2: IPV Manufacturer:

Lot Number:

Site:

Vaccine 3: Pneum Conj (PCV13) Manufacturer:

Lot Number:

Site:

Vaccine 4: HepA-ped/adol 2-dose Manufacturer:

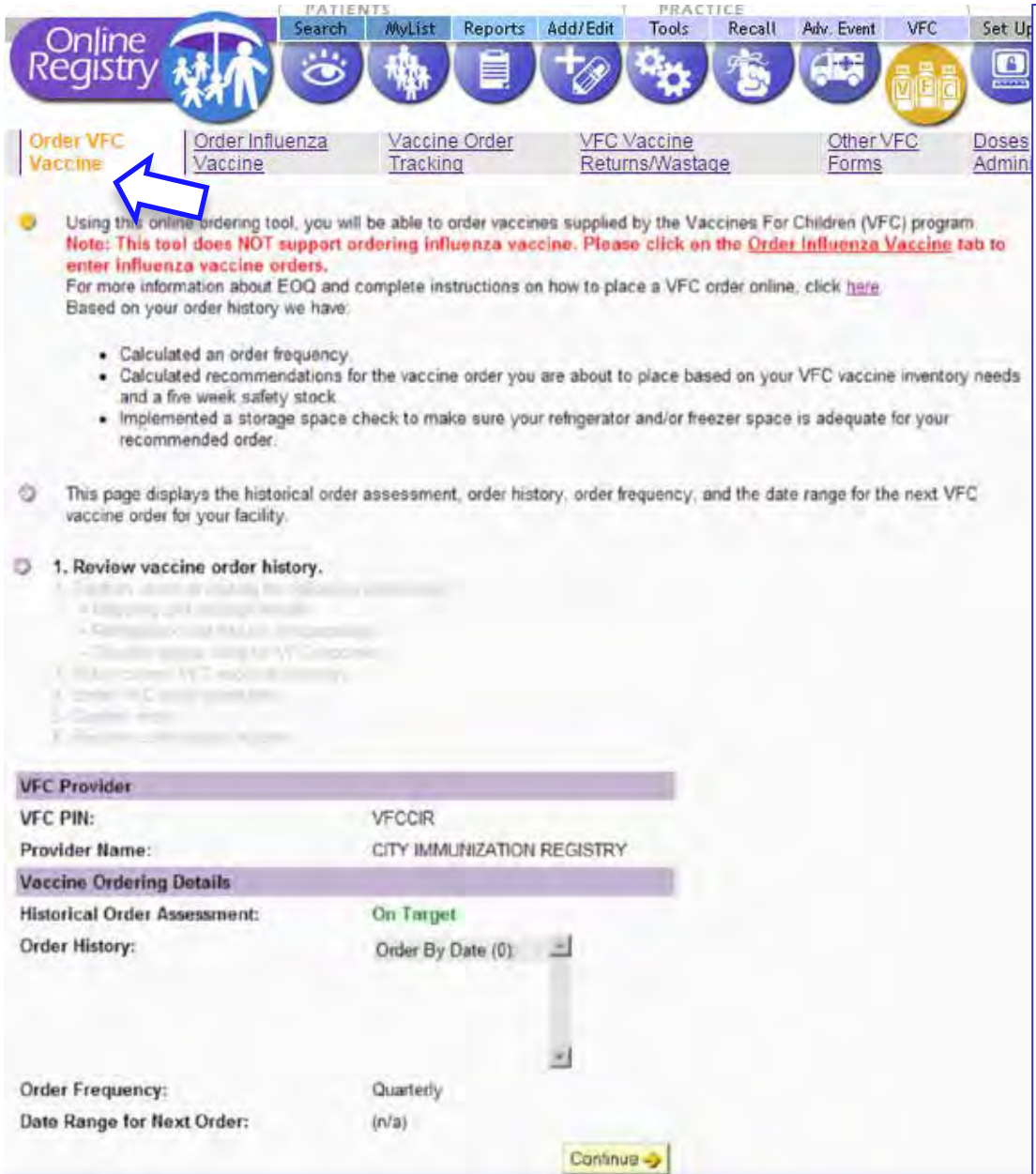
VFC Practice Tools- Overview*

Under the VFC section, you will find these tabs:

1. Order publicly-funded VFC vaccine
2. Order Influenza vaccine
3. Vaccine Order Tracking
4. VFC Vaccine Returns/Wastage reporting
5. VFC frequently requested forms, downloadable:
   - Provider Enrollment & Information & Update Form
   - Eligibility Screening Form
   - Temperature Logs for Vaccines
6. Generate Doses Administered Aggregate Reports
7. Generate VFC Eligibility Report
8. VFC Re-enrollment (updated annually)

*not available to read-only accounts

VFC Practice Tools – Order VFC Vaccines



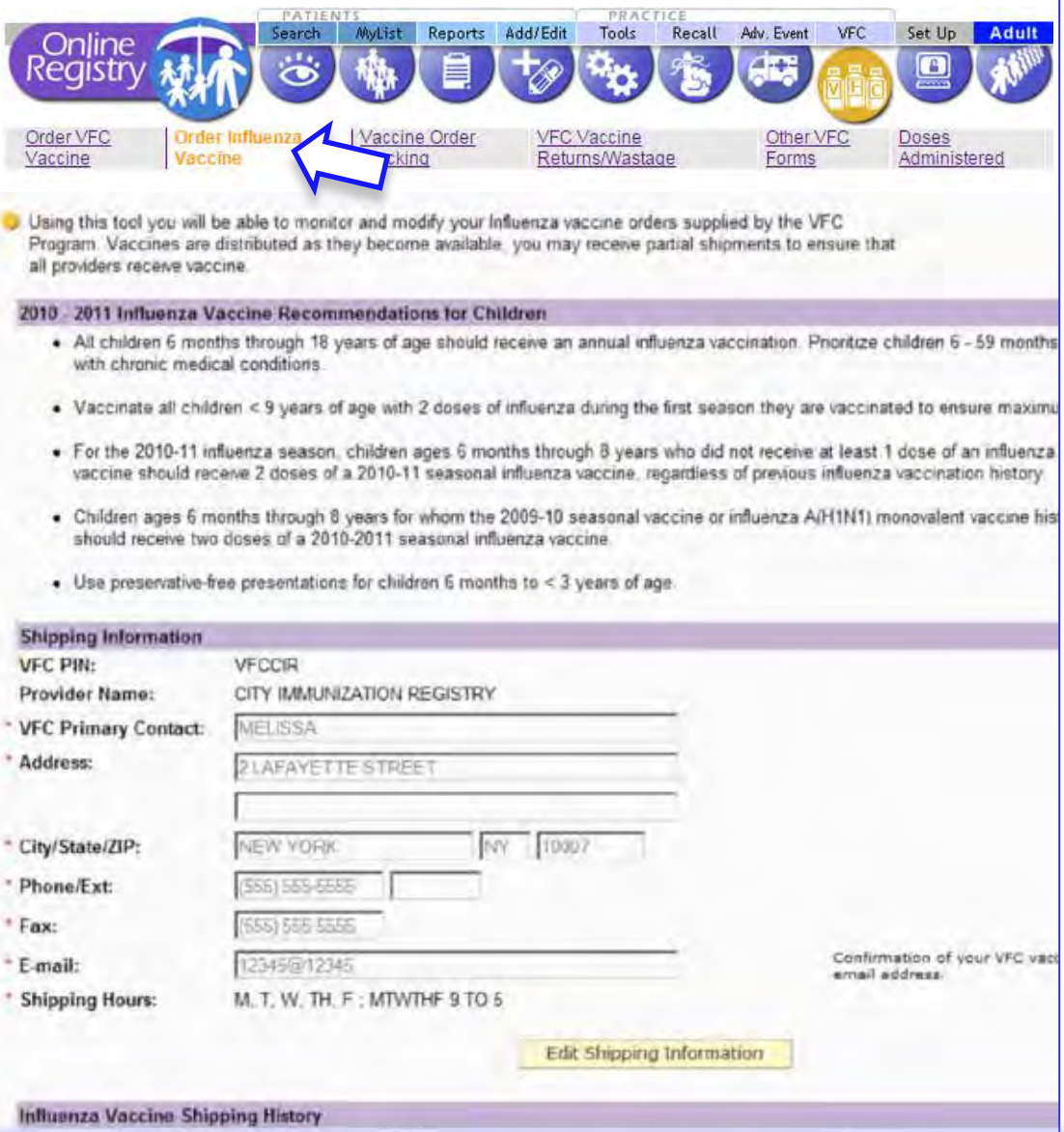
Ordering publicly-funded VFC vaccine is a simple 6-step process:

1. Review vaccine order history
2. Confirm, enter or update the following information:
   - Shipping and storage details
   - Refrigerator and freezer temperatures
   - Storage used for VFC vaccines
3. Enter current VFC vaccine inventory
   3a. Enter replenished vaccine inventory
4. Enter VFC order quantities
5. Confirm order
6. Receive confirmation number.

Orders may be tracked by clicking on the “Vaccine Order Tracking” tab.

- For more detailed instruction, please see the ***Online Registry Vaccine Management***: **Ordering and Reporting** guide: http://www.nyc.gov/html/doh/downloads/pdf/imm/how-to-report-guide.pdf

VFC Practice Tools – Place, monitor, modify influenza vaccines orders



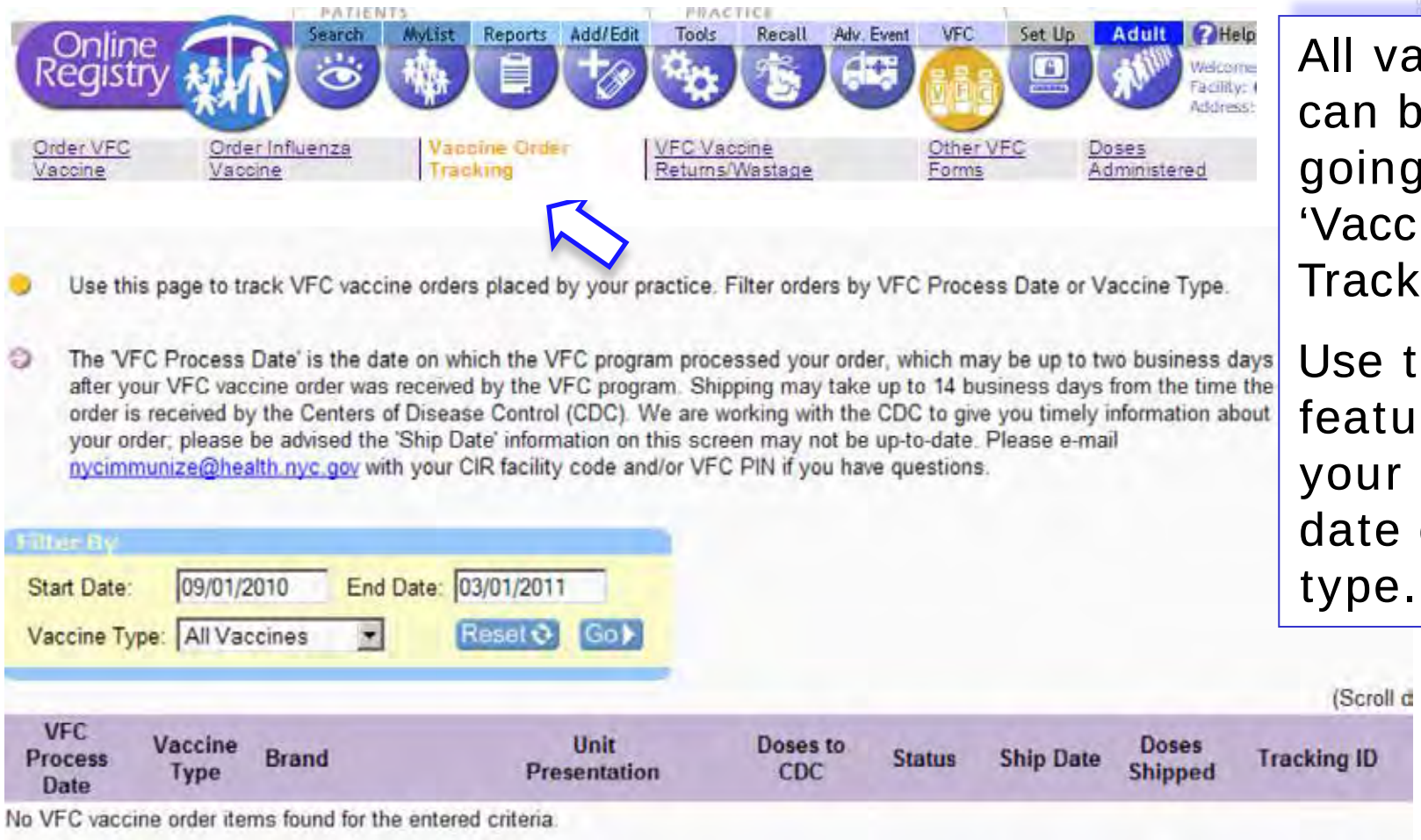
Ordering, or pre-booking influenza vaccine is a separate process from ordering all other VFC vaccines.

1. Review and update shipping details
2. Read the *Influenza Vaccine Recommendation for Children*
3. Place your order, click **Submit**
4. Receive confirmation number
5. A copy of the order will be emailed to the address on record
6. Orders may be later modified in the "revised order screen."
7. Remaining orders may be canceled by clicking on the 'Cancel All Remaining Orders' button.

Orders may be tracked by clicking on the "Vaccine Order Tracking" tab.

- For more detailed instruction, please see the ***Online Vaccine Ordering Tools Guide***: http://www.nyc.gov/html/doh/downloads/pdf/cir/vfc-olot-guide.pdf, Slide 17

VFC Practice Tools – Track influenza vaccines orders

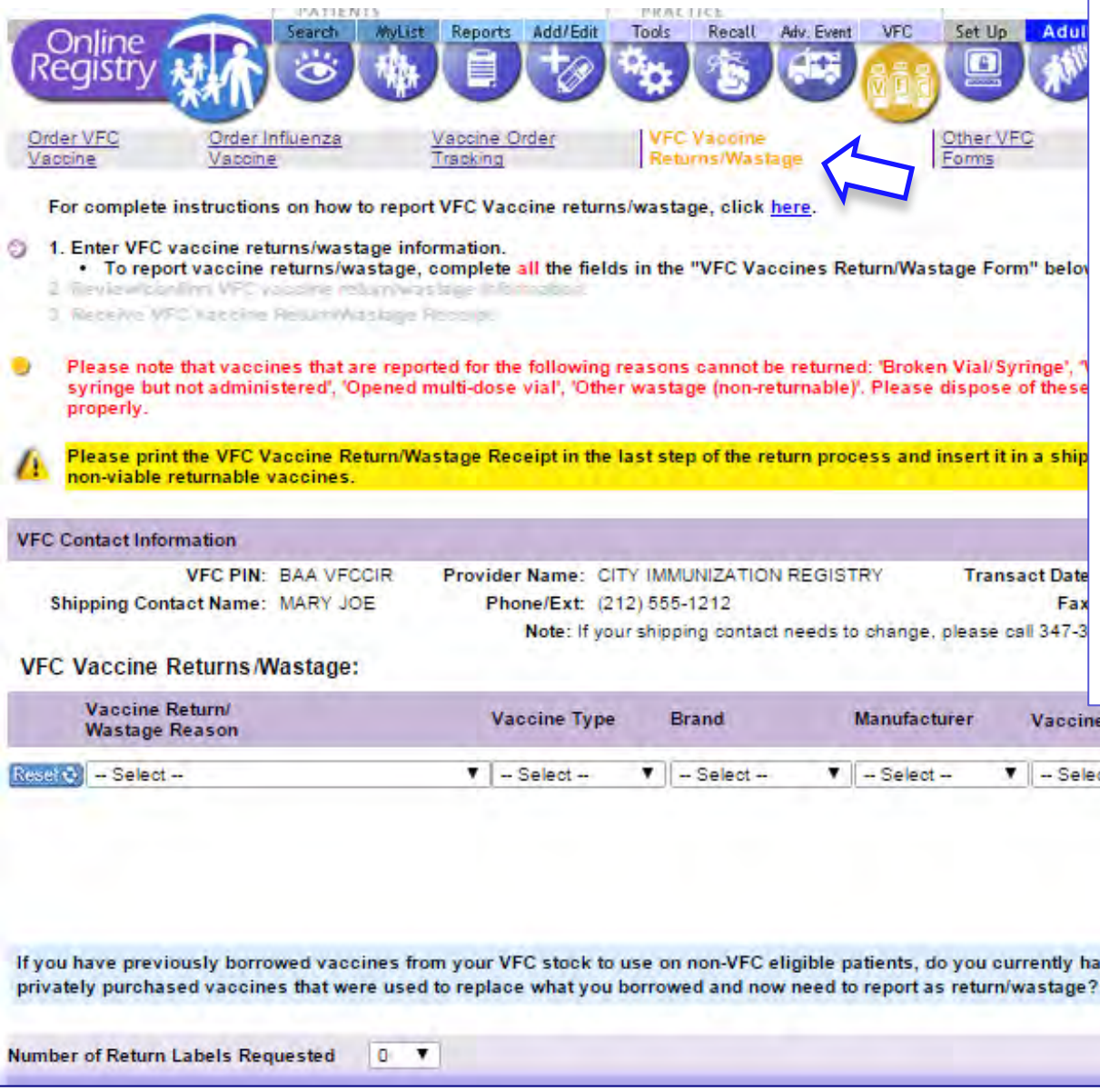


All vaccine orders can be tracked by going to the 'Vaccine Order Tracking' tab.

Use the "Filter by" feature to locate your orders by date or by vaccine type.

- For more detailed instruction, please see the ***Online Vaccine Ordering Tools Guide***:
  http://www.nyc.gov/html/doh/downloads/pdf/cir/vfc-olot-guide.pdf

VFC Practice Tools – VFC Vaccine Returns/Wastage



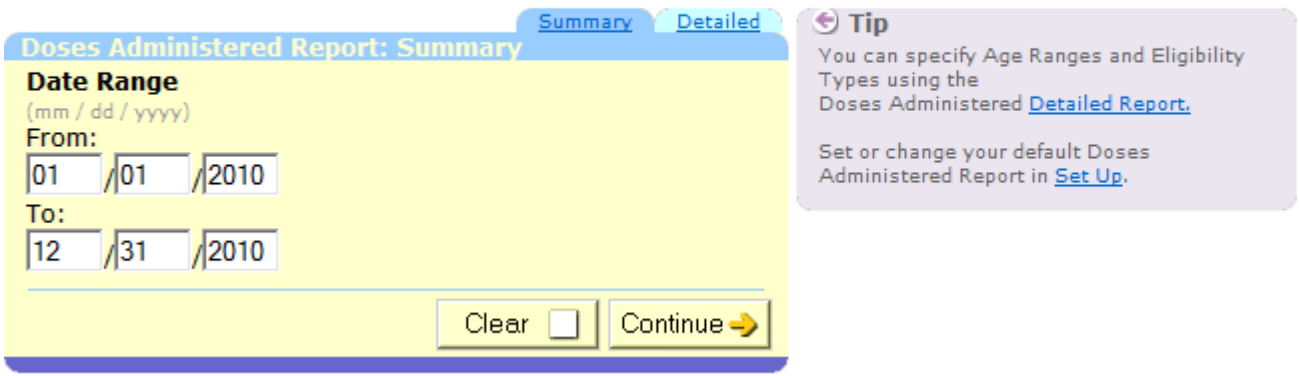
Reporting VFC vaccine returns and wastage online is a simple 3-step process:

1. Enter VFC vaccine returns/wastage information.
   - Complete all the fields in the "VFC Vaccines Return/Wastage form".
2. Review/confirm VFC vaccine return/wastage information.
3. Receive VFC Vaccine Return/Wastage receipt.

- For more detailed instruction, please see the ***Online Registry Vaccine Management: Reporting Vaccine Wastage and Returns Guide:***
  http://www.nyc.gov/html/doh/downloads/pdf/cir/vfc-returns-waste-guide.pdf

VFC Practice Tools – Generate Doses Administered Summary Report

- The Doses Administered Summary Report shows the number of vaccines you reported giving to patients based on their VFC and CHPlusB eligibility. To specify which age ranges and other eligibility types to include, use the Doses Administered Detailed Report.



Enter a date range.

Click Continue

VFC Practice Tools – Generate Doses Administered Summary Report: Results

Your report appears below.

<<Start Over <<Detailed Report

Doses Administered Report : Summary

Processed On:	Date Range:	Eligibility Type:	Age Range(s):	Facility:
04/28/2011 13:10	From: 01/01/2010 To: 12/31/2010	VFC, CHPlusB, Private, Unknown	All	

Eligibility Reported As:	VFC (eligible | all)	CHPlusB (eligible | all)	Private	Unknown	Total
NOS Vaccines					
DTaP NOS	0	0	0	117	**117**
HepA-pediatric NOS	1*	0	0	253	**254**
HepB NOS	0	0	0	2	**2**
Hib NOS	29*	4*	5	8	**46**
Human Papillomavirus NOS	0	0	0	0	**0**
Influenza NOS	0	0	0	1	**1**
IG NOS	0	0	0	0	**0**
Meningococcal NOS	0	0	0	0	**0**
Pneumococcal NOS	0	0	0	0	**0**
Polio NOS	0	0	0	5	**5**
Rotavirus NOS	0	0	0	3	**3**
Subtotals	**30**	**4**	**5**	**389**	**428**
Vaccines					
Anthrax	0	0	0	0	**0**
BCG	0	0	0	0	**0**
Botulinum Antitoxin	0	0	0	0	**0**
Cholera	0	0	0	0	**0**
CMV-IGIV	0	0	0	0	**0**
Diphtheria Antitoxin	0	0	0	0	**0**
Varicella	211	48	121	307	**687**
VZIG	0	0	0	0	**0**
Yellow Fever	0	0	0	0	**0**
Zoster (shingles)	0	0	0	0	**0**
Subtotals	**3724**	**715**	**1712**	**2196**	**8347**
Other Vaccines					
DTP	0	0	0	2	**2**
DTP/Hib	0	0	0	0	**0**
Hib-PRP-D (ProHIBit)	0	0	0	0	**0**
Influenza-whole	0	0	0	40	**40**
OPV	0	0	0	0	**0**
Pertussis	0	0	0	0	**0**
Rotavirus	0	0	0	0	**0**
Rubella/Mumps	0	0	0	0	**0**
Subtotals	**0**	**0**	**0**	**42**	**42**
Grand Totals	**3754**	**719**	**1717**	**2627**	**8817**

Tip

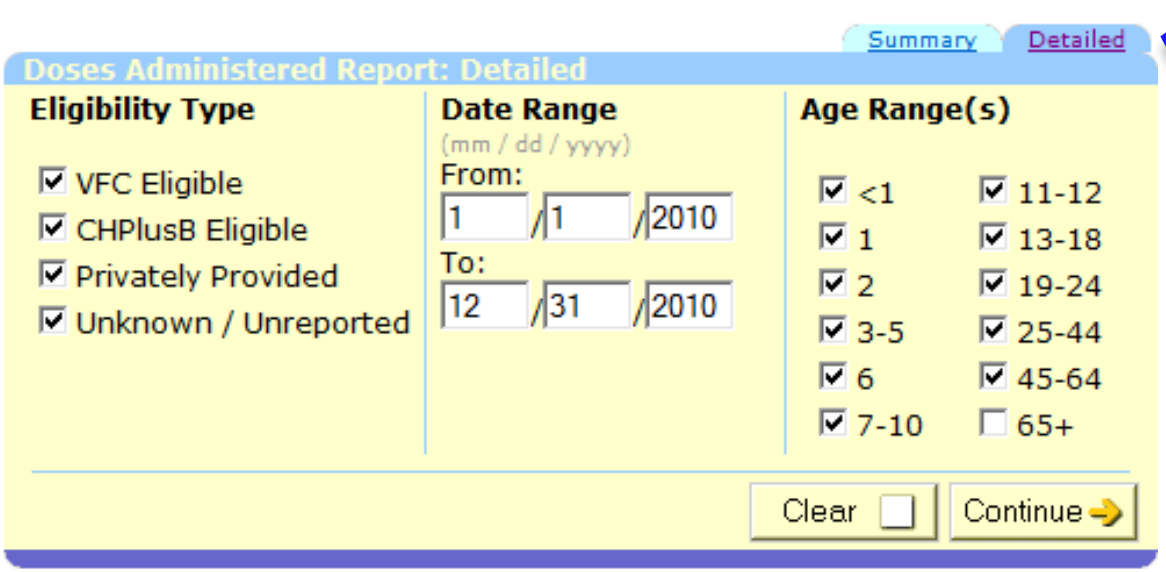
NOS = Not Otherwise Specified
These vaccines were reported to the registry, but lacked specificity regarding the vaccine type. This may have been because the vaccines were transcribed from a yellow card.
To make reports accurate, always report specific vaccine types when they are known.
Since vaccine types are required to prepare VFC and CHP orders, vaccines reported as NOS could result in a reduction of VFC and CHP doses delivered to you.

Tip

These vaccines are no longer available in the US but are shown here because your practice reported them.

* These vaccine were reported as given to a VFC-eligible or CHPlusB-eligible child, but the vaccine is not provided through the VFC program.

VFC Practice Tools – Generate Doses Administered Detailed Report



- Enter a date range.
- Check or uncheck **Eligibility Types**
- Choose Age Ranges
- Click Continue

VFC Practice Tools – Generate Doses Administered Detailed Report: Results

Your report appears below.

<<Start Over <<Summary Report

Doses Administered Report : Detailed

Processed On:	Date Range:	Eligibility Type:	Age Range(s):
04/28/2011 13:30	From: 01/01/2010 To: 12/31/2010	VFC, CHPlusB, Private, Unknown	All

Eligibility Reported As:		VFC		CHPlusB		Private	Unknown	Total
		eligible	all	eligible	all			
NOS Vaccines	**Age Range**							
DTaP NOS	<1	0		0		0	29	117
	1	0		0		0	47	
	2	0		0		0	8	
	3-5	0		0		0	33	
	6	0		0		0	0	
	7-10	0		0		0	0	
	11-12	0		0		0	0	
	13-18	0		0		0	0	
	19-24	0		0		0	0	
	25-44	0		0		0	0	
	45-64	0		0		0	0	
	65+	0		0		0	0	
HepA-pediatric NOS	<1	0		0		0	0	254
	1	0		0		0	26	
	2	0		0		0	52	
	3-5	0		0		0	61	
	6	0		0		0	9	
	7-10	0		0		0	37	
	11-12	0		0		0	18	
	13-18	1*		0		0	48	
	19-24	0		0		0	2	
	25-44	0		0		0	0	
	45-64	0		0		0	0	
	65+	0		0		0	0	
HepB NOS	<1	0		0		0	2	2
	1	0		0		0	0	
	2	0		0		0	0	
	3-5	0		0		0	0	
	6	0		0		0	0	
	7-10	0		0		0	0	
	11-12	0		0		0	0	
	13-18	0		0		0	0	
	19-24	0		0		0	0	
	25-44	0		0		0	0	
	45-64	0		0		0	0	
	65+	0		0		0	0	
	<1	14*		0		3	8	
	1	11*		2*		1	0	
	19-24	0		0		0	0	
	25-44	0		0		0	0	
	45-64	0		0		0	0	
	65+	0		0		0	0	
Subtotals		**0**		**0**		**0**	**42**	**42**
Grand Totals		**3754**		**719**		**1717**	**2627**	**8817**

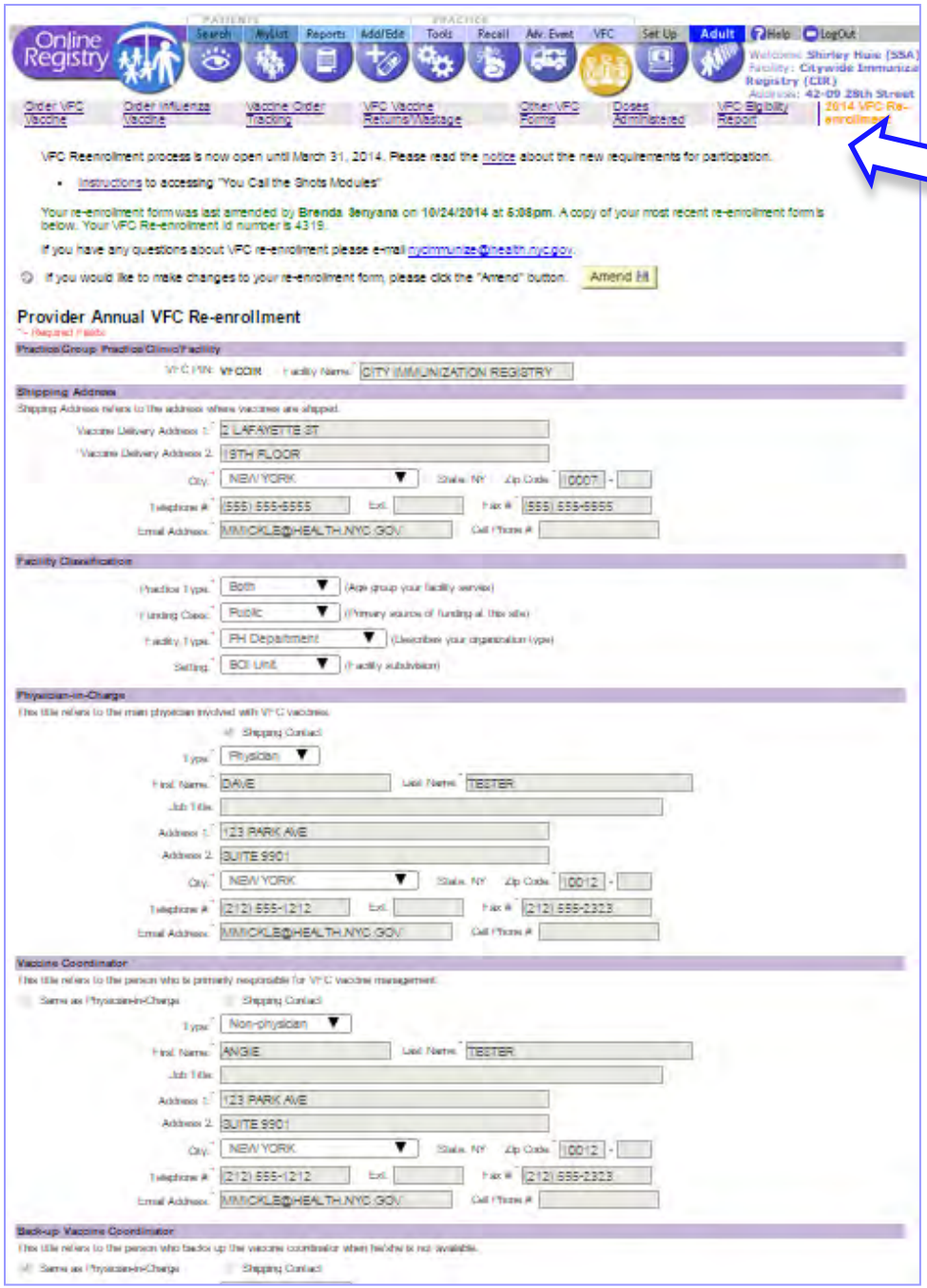
Tip

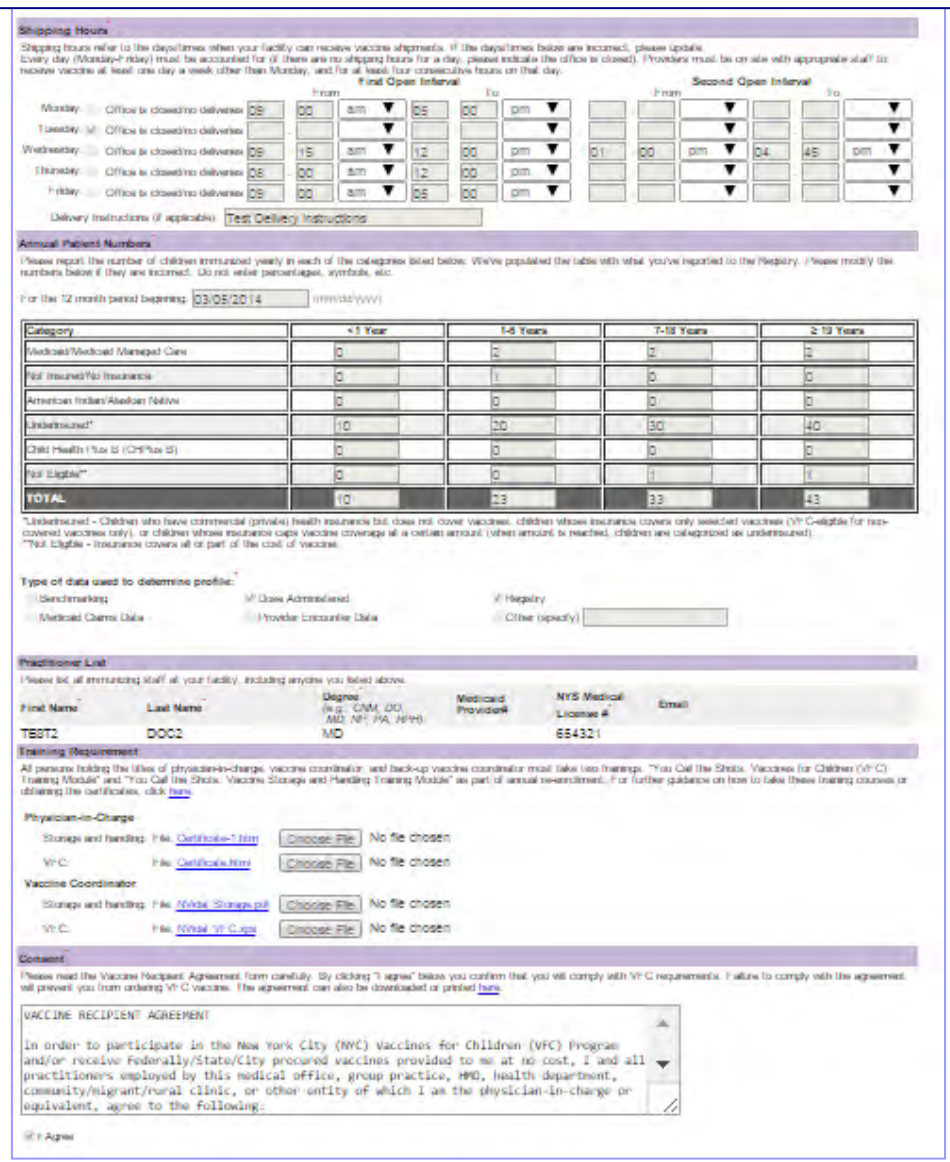
NOS = Not Otherwise Specified
These vaccines were reported to the registry, but lacked specificity regarding the vaccine type. This may have been because the vaccines were transcribed from a yellow card.
To make reports accurate, always report specific vaccine types when they are known.
Since vaccine types are required to prepare VFC and CHP orders, vaccines reported as NOS could result in a reduction of VFC and CHP doses delivered to you.

* These vaccine were reported as given to a VFC-eligible or CHPlusB-eligible child, but the vaccine is not provided through the VFC program.

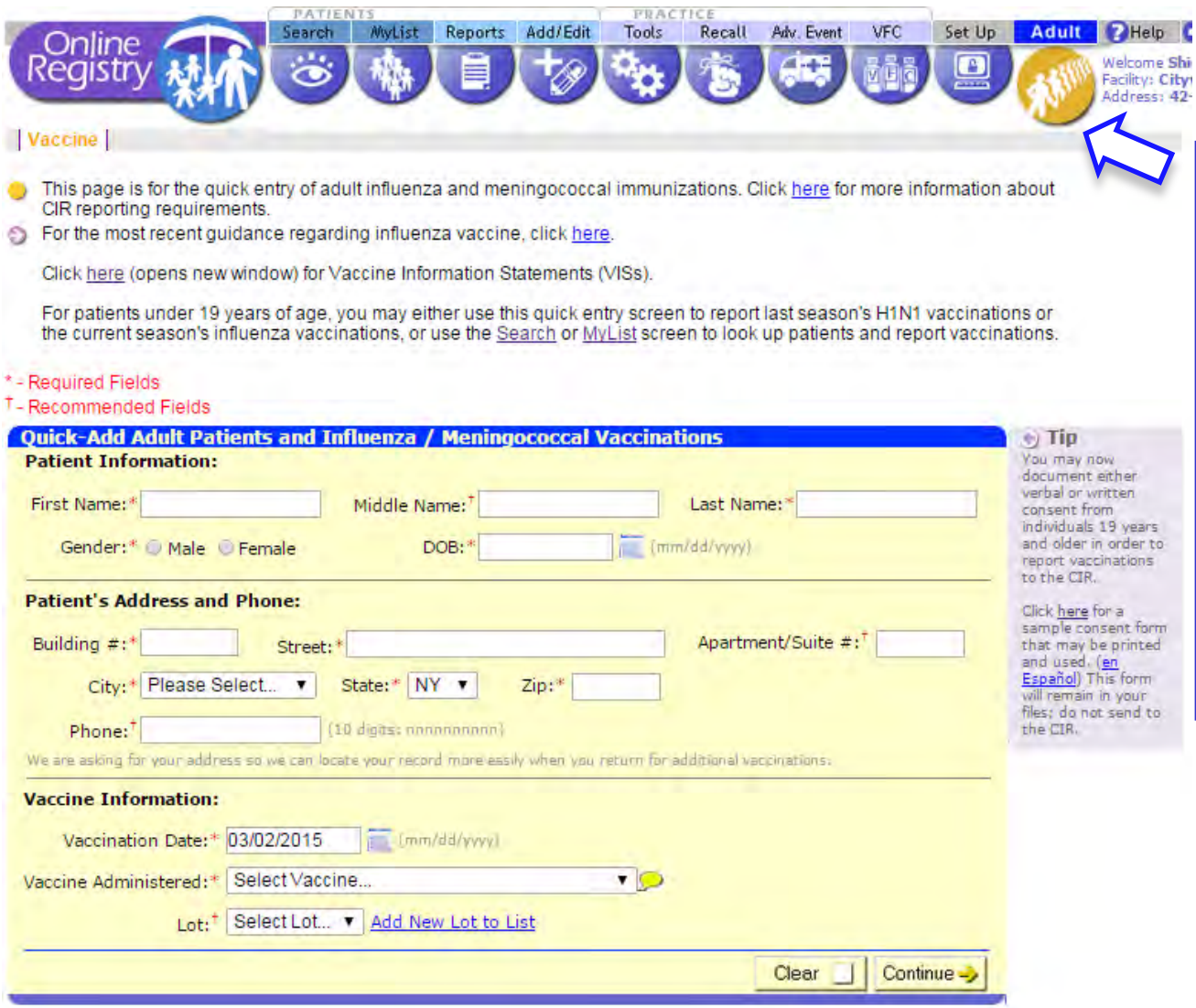
VFC Practice Tools – Annual VFC Re-enrollment

For instructions on how to enroll or re-enroll, please visit: http://www.nyc.gov/html/doh/html/hcp/vfc-hcp-requirements.shtml





Report adult influenza vaccinations



You may document either verbal or written consent from individuals 19 years and older in order to report vaccinations to the CIR.

Click link in the tip box for a sample consent form.

Set Up: Customize settings:

Customize your default views.

Update Settings

MyList Settings

Initial view: Show My List

Display: Show 100 patients per page

Sort: Last Accessed

Search Settings

Always start with:
- Simple Search
- Advanced Search

Show this Advanced Search:
- Medical Record No.
- Medicaid
- CIR No.
- Mom DOB
- Other Demographics
- Show All Fields

Precompleted Forms Settings

You may edit the information below to change the provider information that is pre-populated on the pre-completed forms that you generate.

Phone: ( ) -

Fax: ( ) -

Provider Last Name: First: License Type: MD License No:

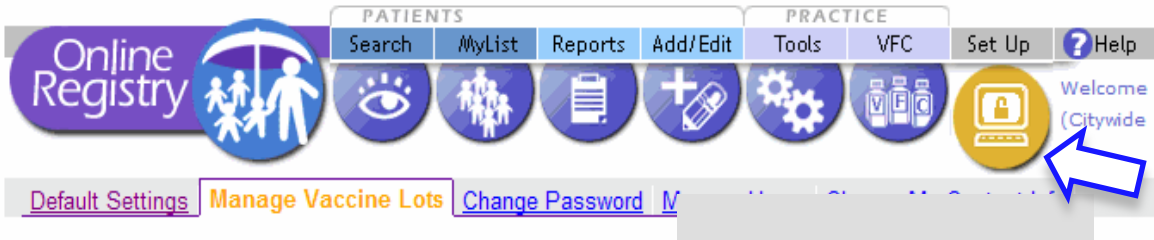
Note: To ensure that this information is saved, or request to update facility information, including address, please contact the CIR at 347-396-2400.

Doses Administered Report Settings

Always start with:
- Summary Report
- Detailed Report

Confirm

Set Up: manage privately purchased vaccine lots



The lots you add to this list will appear in the Add Immunization pick lists, making it faster and easier to report immunizations.

Add New Lot

Continue

View / Remove Vaccine Lots

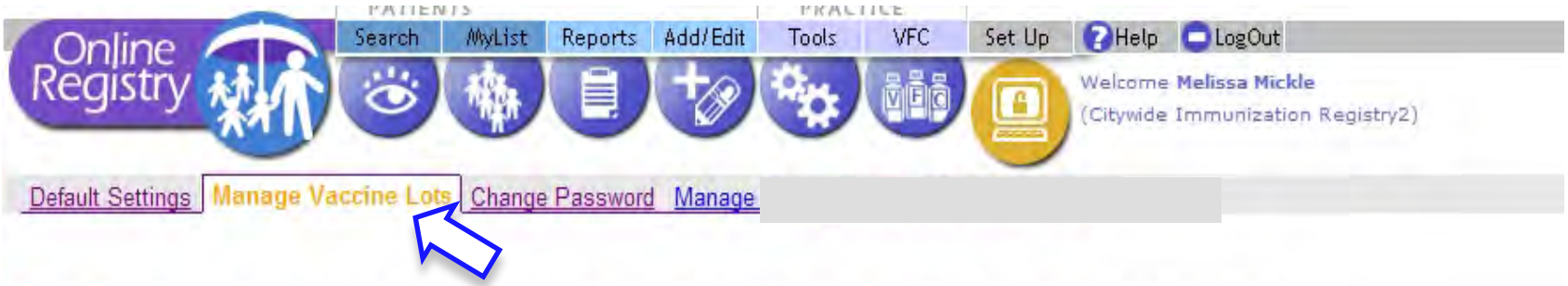
Check the boxes next to the lots you wish to delete from this list, then click "Remove" at the bottom of the page.

HepB: HepB (<20 yrs 3-dose)				
remove	Exp. 05/2006	VFC	SANOFI PASTEUR	Lot: DS1234
remove	Exp. 10/2006	Private	(n/a)	Lot: HEPB111
remove	Exp. 02/2008	Private	CONNAUGHT	Lot: HEP879
remove	Exp. 08/2008	VFC	GREER	Lot: 33241
remove	Exp. 12/2009	VFC	BIOPORT CORPORATION	Lot: 213123
remove	Exp. (n/a)	(n/a)	(n/a)	Lot: HEP1
remove	Exp. (n/a)	(n/a)	(n/a)	Lot: H12
remove	Exp. (n/a)	(n/a)	(n/a)	Lot: A2
remove	Exp. (n/a)	(n/a)	SANOFI PASTEUR	Lot: DFWDFA
remove	Exp. (n/a)	(n/a)	(n/a)	Lot: A1
remove	Exp. (n/a)	(n/a)	(n/a)	Lot: H11
remove	Exp. (n/a)	(n/a)	(n/a)	Lot: HEP3
remove	Exp. (n/a)	(n/a)	(n/a)	Lot: HEP4
remove	Exp. (n/a)	(n/a)	(n/a)	Lot: HEP2
HepB: HepB NOS				
remove	Exp. (n/a)	(n/a)	(n/a)	Lot: NOS1
remove	Exp. (n/a)	(n/a)	(n/a)	Lot: H1
DTP: DTP				

Click Continue to add a new lot.

Previously entered vaccine lots are listed.

Set Up: Manage Vaccine Lots - Add New Lot



Use this page to add a vaccine lot to your list. Keeping your lots current helps you manage your vaccine stock and makes reporting faster and easier. For best use of the Manage Lot set up, enter all data below.

Add New Lot

Select a Vaccine Type, enter Lot Number, Manufacturer, Expiration Date, and indicate VFC or Non-VFC.

Select Vaccine Type (Required)

Lot Number (Required)

Select Manufacturer

Exp. Date (mm/YYYY)

☐ VFC funded ☐ CHPlusB funded ☐ Privately purchased

Cancel Clear Continue

Vaccine lots entered here will appear in a drop down list as a vaccine lot choice on the reporting screens.

Enter vaccine type, lot, manufacturer and funding type.

Add new Online Registry users: (instructions in text)

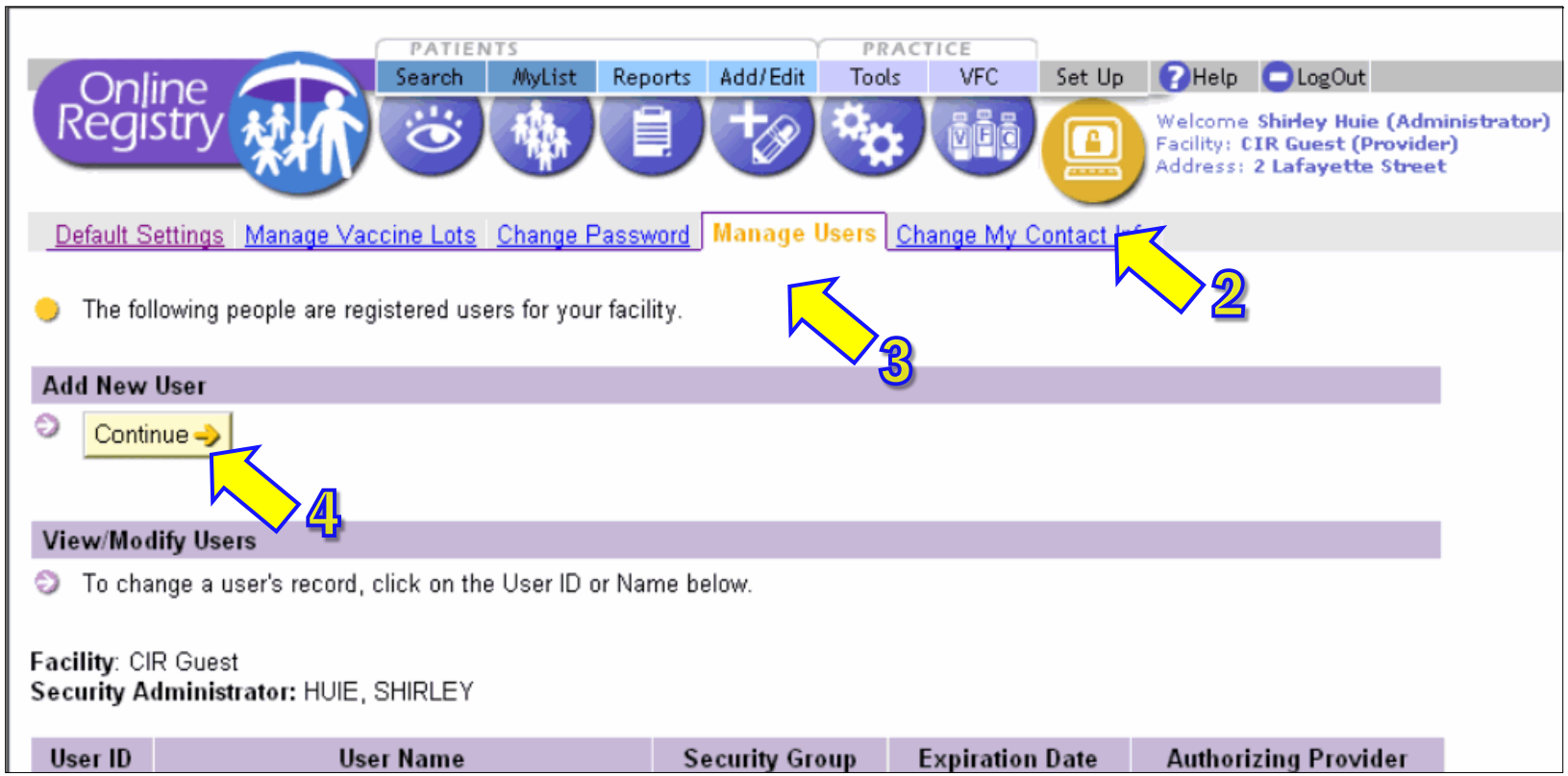
1. The Security Administrator logs on to the Online Registry using his/her User ID & password.
2. Go to the Set Up icon.
3. Click on the tab Manage Users.
4. Click the yellow "Continue" button under Add a New User.
5. Fill out the information. ***You must enter a valid e-mail address for the new user.***
6. For Security Group, Select "Normal" if you want your user to **Add/Edit** immunizations. Select, "Read Only," if your user will only be viewing patient immunization records and printing reports.
7. Authorizing provider information should already be filled in. Please contact us at 347-396-2400 to change the Authorizing Provider.
8. Click "Continue" and the following note in green will appear at the top of the page:

   User ID xxx was created. Please have the user check his/her email to set the password for his/her new Online Registry account. Please be aware: (a) that there may be a delay of up to an hour for receipt of the email; and, (b) that the email will expire after 4 days, whereupon the account will need to be set up again.

9. The e-mail you need to look for will be sent from: cir-reset@health.nyc.gov.
10. Please instruct users that passwords must contain characters from each of the three categories listed below, and must be at least 8 characters long:
    a. Uppercase alphabet characters (A-Z)
    b. Lowercase alphabet characters (a-z)
    c. Arabic numerals (0-9)

Add new Online Registry users: (screenshots)

1. The Security Administrator logs on to the Online Registry using his/her User ID & password.

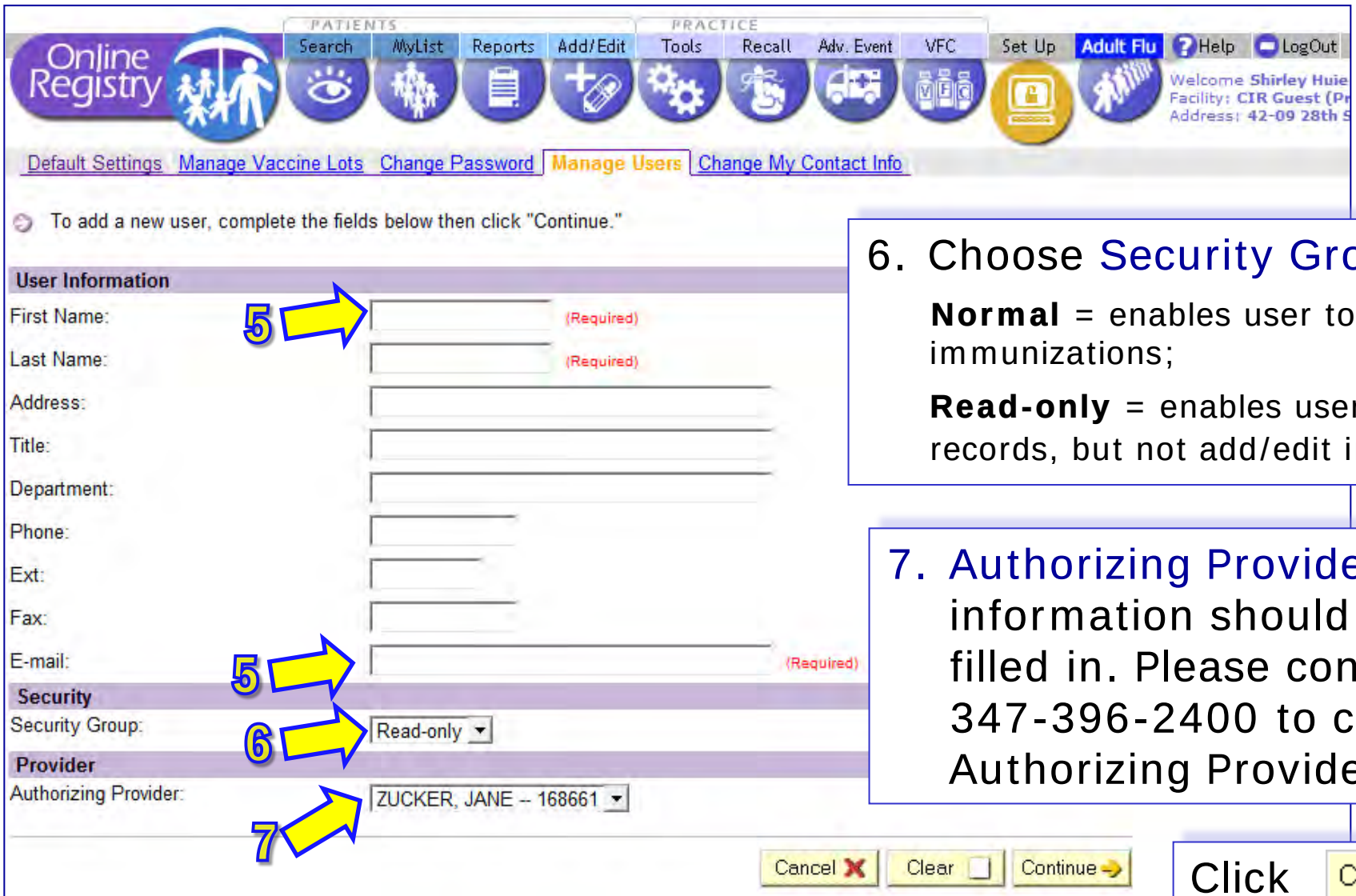


2. Go to the Set Up icon.
3. Click on the tab Manage Users.
4. Click the “Continue” button under “Add a New User.”

Add new Online Registry users (cont'd.)

5. Type in Required information.

You must enter a valid e-mail address for the new user.



6. Choose Security Group:

Normal = enables user to add/edit immunizations;

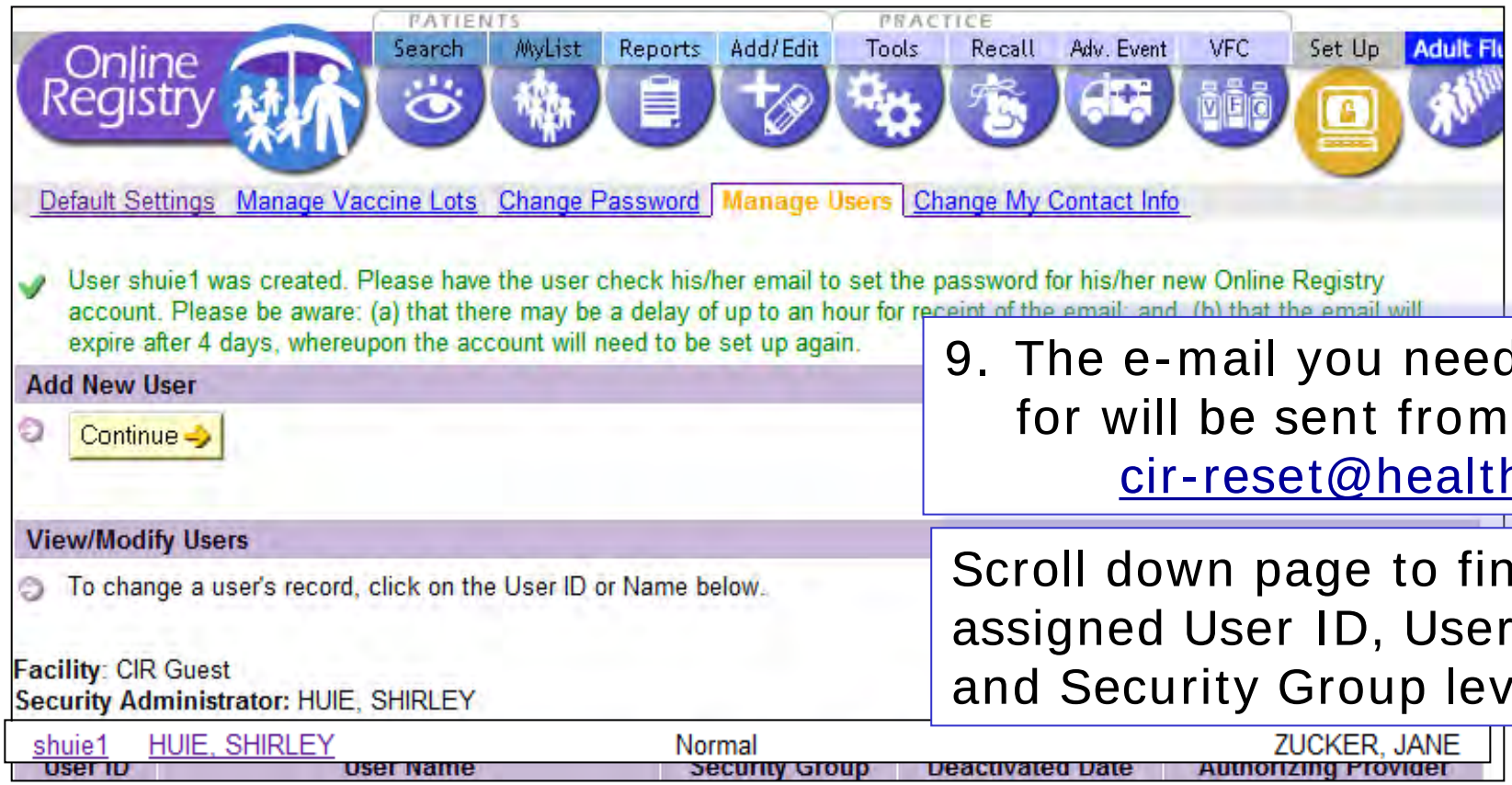
Read-only = enables user to view records, but not add/edit immunizations.

7. Authorizing Provider information should already be filled in. Please contact us at 347-396-2400 to change the Authorizing Provider.

Click Continue

Add new Online Registry users (cont'd.)

8. The green confirmation message will appear at the top of the page:



9. The e-mail you need to look for will be sent from: cir-reset@health.nyc.gov.

Scroll down page to find a new assigned User ID, User Name, and Security Group level.

10. Please instruct users that passwords must contain characters from each of the three categories listed below, and must be at least 8 characters long:

    a. Uppercase alphabet characters (A-Z)
    b. Lowercase alphabet characters (a-z)
    c. Arabic numerals (0-9)

Reset an existing user's password

1. The Security Administrator logs on to the Online Registry using his/her User ID & password.
2. Go to the Set Up icon.
3. Click on the tab Manage Users.
4. Scroll down. Click on a User ID or Name whose password needs to be reset.
5. Click on "Reset Password" located under the Password section.
6. Click "Continue" and the following note in green will appear at the top of the page:

   Password reset initiated for User Id xxxxx. Please have the user check his/her email to reset the password for his/her Online Registry account. Please be aware: (a) that there may be a delay of up to an hour for receipt of the email; and, (b) that the email will expire after 4 days, whereupon the account will need to be reset again.

Modify Online Registry user: (instructions in text)

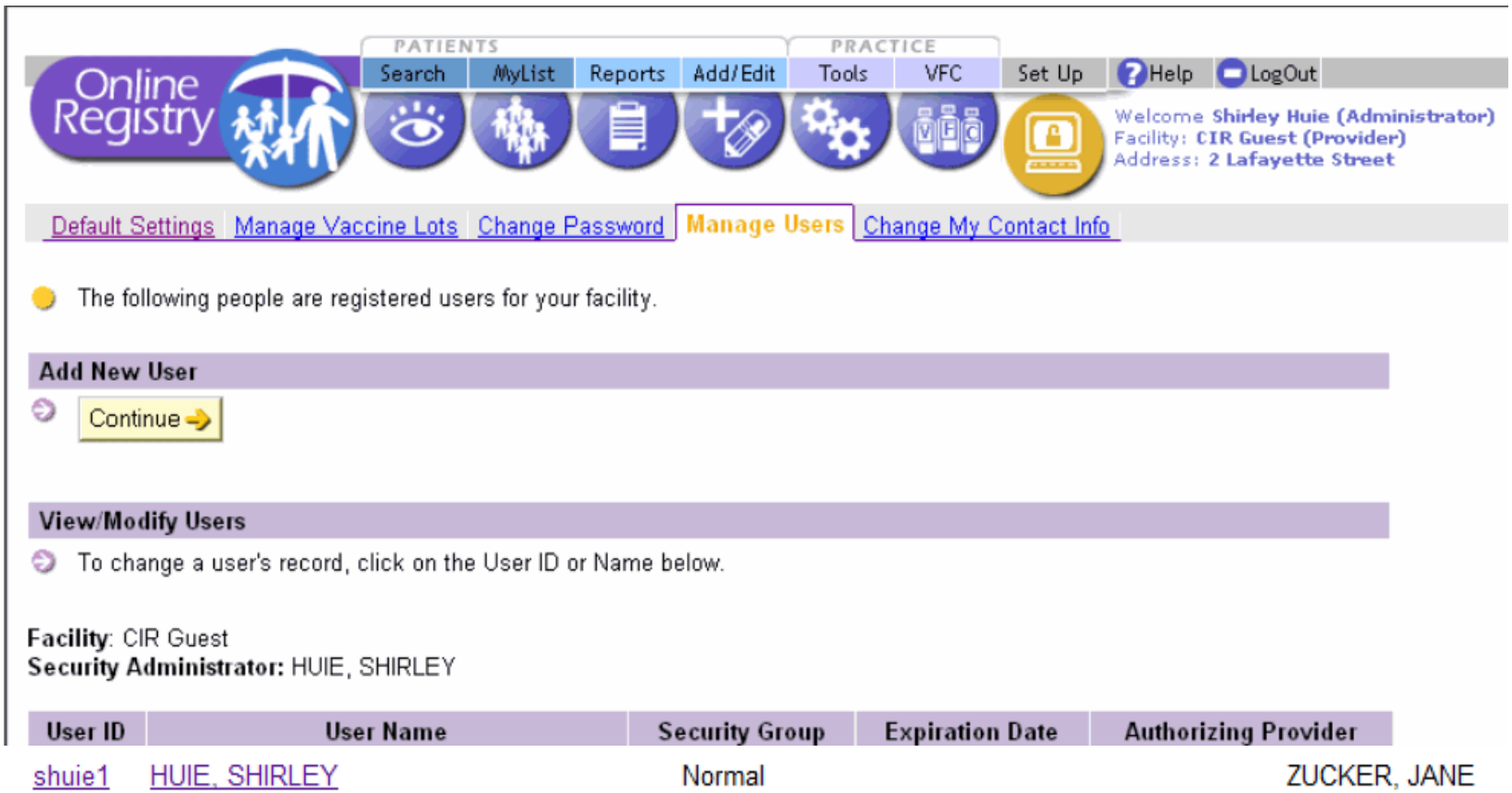
1. The Security Administrator logs on to the Online Registry using his/her User ID & password.
2. Go to the Set Up icon.
3. Click on the tab Manage Users.
4. Scroll down. Click on a User ID or Name to be modified.
5. To **modify a user's record**: Edit the information. ***You must enter a valid e-mail address if it has not been entered already.***
6. For Security Group, Select "Normal" if you want your user to **Add/Edit** immunizations. Select, "Read Only," if your user will only be viewing patient immunization records and printing reports.
7. Authorizing provider information should already be filled in and may not be edited online at this time. Please contact us at 347-396-2400 to change the Authorizing Provider.
8. Click "Continue" and the following note in green will appear at the top of the page:

   The user record has been updated.

9. To **deactivate users**, click on the user's name and click on "No" for Active User.

Modify Online Registry users: (screenshots)

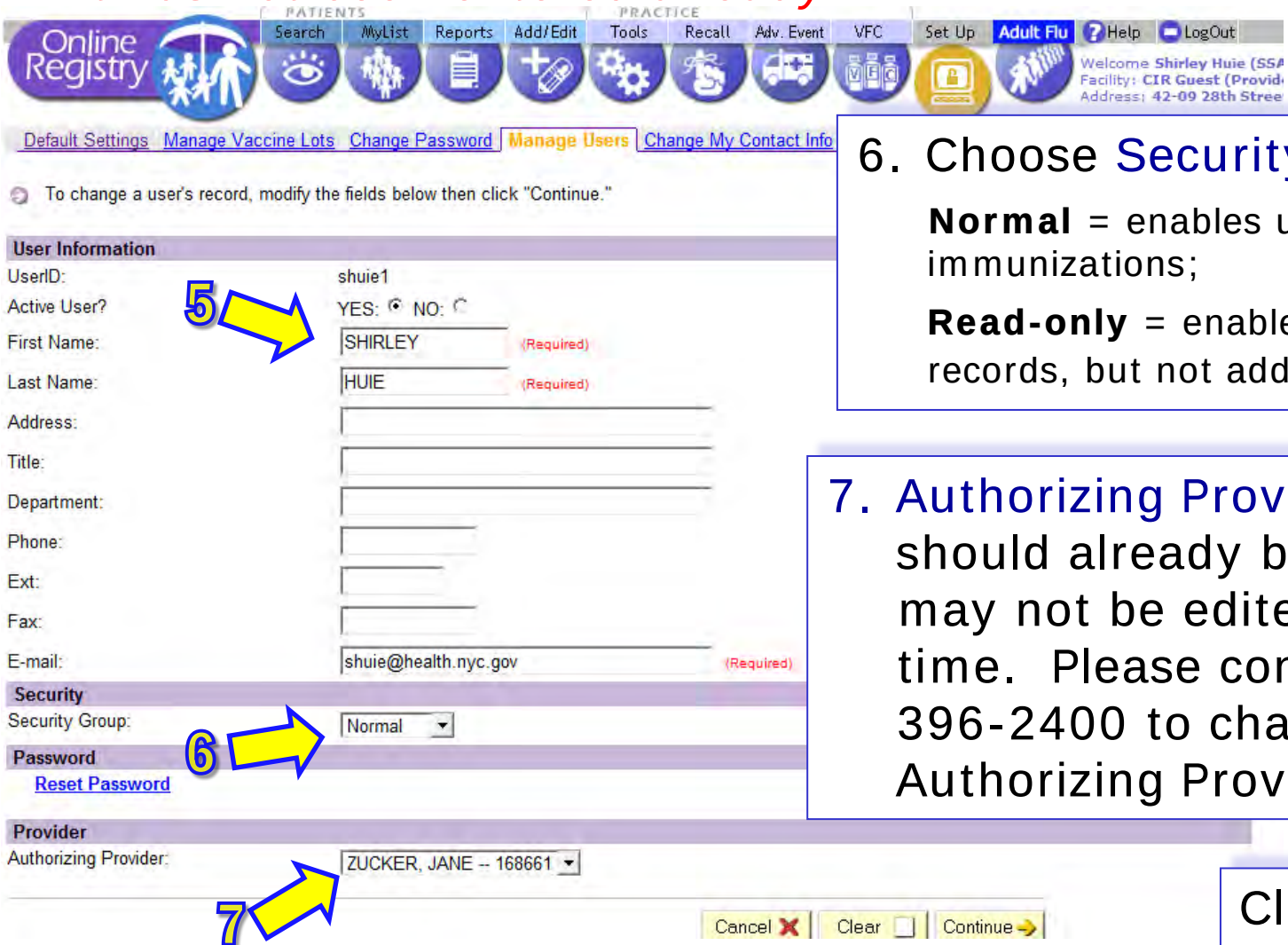
1. The Security Administrator logs on to the Online Registry using his/her User ID & password.



2. Go to the Set Up icon.
3. Click on the tab Manage Users.
4. Scroll down. Click on a User ID or Name to be modified.

Modify Online Registry users: (cont'd.)

5. Edit the information. *You must enter a valid e-mail address if it has not been entered already.*



6. Choose Security Group:

   Normal = enables user to add/edit immunizations;

   Read-only = enables user to view records, but not add/edit immunizations.

7. Authorizing Provider information should already be filled in and may not be edited online at this time. Please contact us at 347-396-2400 to change the Authorizing Provider.

Click Continue when you are finished

Modify Online Registry users: (cont'd.)

8. The green confirmation message will appear at the top of the page:

Help:

- Help by Feature
- Help by FAQs
- Contact Information
- User Guides

Features

Overview
- Reporting to the Registry
- Accessing the Registry

Search
- Search
- Advanced Search
- Add New Patient

MyList
- My List

Reports
- View Record
- Print Reports
- Request Fax
- Pre-completed Forms
- Update Information

Add/Edit
- Current Immunization
- Modify History
- Add History
- Lead Test Results
- Disease Immunity

Adverse Event
- Adverse Event

Tools
- Tools
- Immunization Schedule
- Lead Guidelines

VFC
- Vaccines for Children
- Doses Administered
- VFC Eligibility Report
- VFC Re-enrollment

Frequently Asked Questions

Overview
- What are the reporting requirements?
- What records are in the Online Registry?
- Do we still need Department of Health Lifetime Health Records?
- Can parents or patients also access the Registry themselves?
- How do I report immunizations if a patient is not in the CIR?
- Where does the Registry get lead information?
- Can I report lead test results using the Online Registry application?
- Where can I find out more about the Lead Poisoning Prevention Program?
- Who do I contact if I have questions about reporting?
- How do I gain access to the Online Registry?
- How does the Registry keep patient records confidential?
- Why must each user have their own password?

Search
- How does Search work?
- What if two patients have the same name?
- What if I can't find a patient's record?
- What is an Advanced Search?
- What if I can't find a patient with Advanced Search?
- What is the CIR number and how do I find it?
- What if the CIR returns the wrong record?
- What is Add New Patient?

MyList
- What is MyList?
- How do I select a patient?
- How do I add a patient?
- How do I remove a patient?

Reports
- What is in the Reports section?
- How are Registry recommendations calculated?
- What Lead Test information is available?
- What records are in the Registry?

Contacting

LPPP mailing a
New York City
Lead Poisoning
253 Broadway,
New York, NY 1

Phone: 212-BAN-LEAD
Fax: 212-676-6326

CIR mailing address:
New York City Department of Health and Mental Hygiene
Citywide Immunization Registry
42-09 28th Street, 5th Floor, CN 21
Long Island City, NY 11101-4132

Phone: 347-396-2400
Fax: 347-396-2559

Full User Guide

Coverage, Reminder/Recall Guide

Online CH205 Form Guide

VFC Online Registry Ordering Tool Guide

Citywide Immunization Registry (CIR)

- Started in 1997
- Vital records (birth certificates) loaded twice weekly
  - All NYC births from 1996 forward
  - ~125,000 births annually
- Mandatory reporting of immunizations administered to individuals 0-18 years
  - City Health Code, State Law
  - Expanded to include adolescents in 2005
  - Voluntary reporting for adults
- >1,700 pediatric provider sites

  > 85% participate in Vaccines for Children (VFC) program
- >90% of providers report regularly

  All reporting electronically: Online Registry, batch file transfer, HL7 Web service (real-time, bi-directional)
- Contains > 4.8 million people; > 75 million immunizations

CIR Access

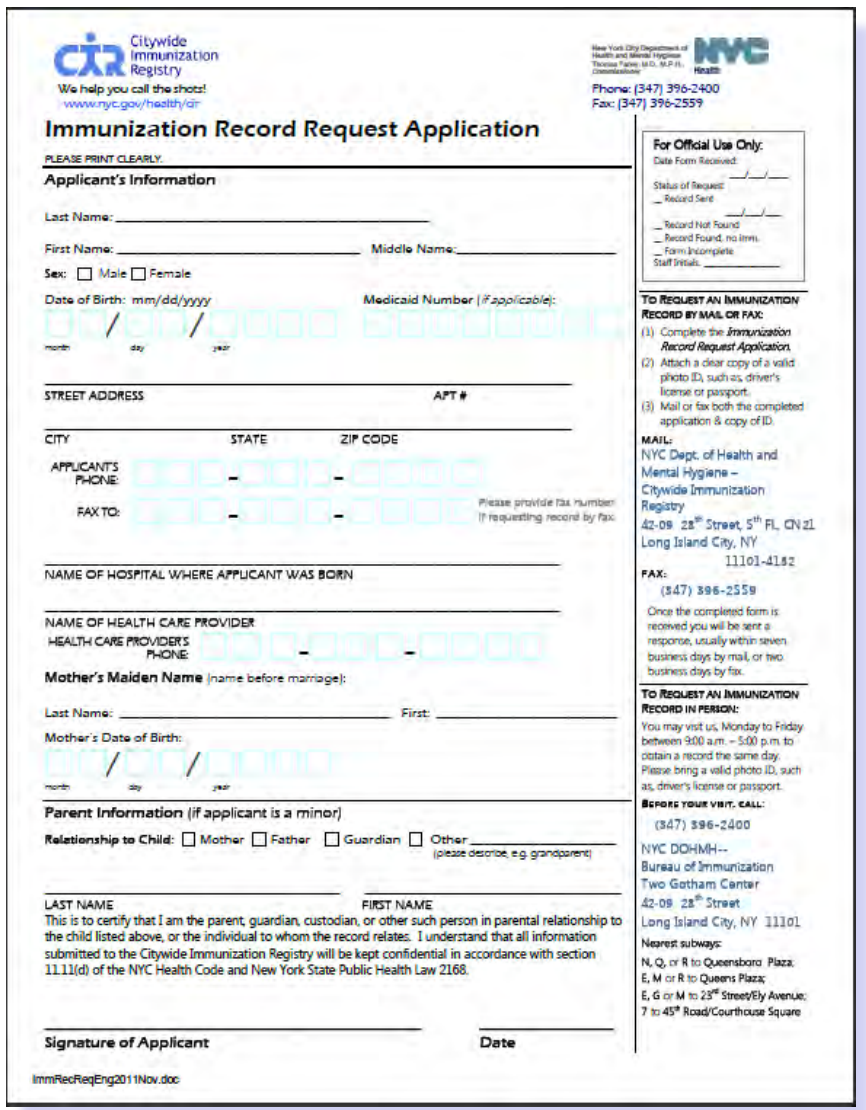
Limited to health care providers, parents, legal guardians or custodians, authorized agencies (i.e., MCOs, WIC, schools, child care)

- Online Registry - 24/7 self-service:
  - look-up immunization records and view lead test histories
  - print or fax a record
  - print pre-completed forms:
    - CH205: schools/daycare/afterschool/day camp,
    - Early Intervention Program Referral form,
    - WIC
  - Use MyList and/or Reminder/Recall to keep track
- Fax, mail in, or telephone (M-F , 9 am-5 pm) requests to CIR
- HL7 Web Service - real-time data query
- Batch file data exchange

CIR access for parents, legal guardians and individuals

Short, signed application required to obtain a record:

- Telephone to request application: 347-396-2400
- Download forms from www.nyc.gov/health/cir
  - Go to the Parents & Guardians page



Citywide Immunization Registry
We help you call the shots!
www.nyc.gov/health/cir

New York City Department of Health and Mental Hygiene
Thomas Farley, M.D., M.P.H., Commissioner

NYC Health

Phone: (347) 396-2400
Fax: (347) 396-2559

Immunization Record Request Application

PLEASE PRINT CLEARLY.

Applicant's Information

Last Name: _____

First Name: _____ Middle Name: _____

Sex: ☐ Male ☐ Female

Date of Birth: mm/dd/yyyy ___/___/_____ (month / day / year)

Medicaid Number (*if applicable*): _____

STREET ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

APPLICANT'S PHONE: ___ - ___ - ____

FAX TO: ___ - ___ - ____ Please provide fax number if requesting record by fax.

NAME OF HOSPITAL WHERE APPLICANT WAS BORN _____

NAME OF HEALTH CARE PROVIDER _____

HEALTH CARE PROVIDER'S PHONE: ___ - ___ - ____

Mother's Maiden Name (name before marriage):

Last Name: _____ First: _____

Mother's Date of Birth: ___/___/_____ (month / day / year)

Parent Information (if applicant is a minor)

Relationship to Child: ☐ Mother ☐ Father ☐ Guardian ☐ Other _____ (please describe, e.g. grandparent)

LAST NAME _____ FIRST NAME _____

This is to certify that I am the parent, guardian, custodian, or other such person in parental relationship to the child listed above, or the individual to whom the record relates. I understand that all information submitted to the Citywide Immunization Registry will be kept confidential in accordance with section 11.11(d) of the NYC Health Code and New York State Public Health Law 2168.

Signature of Applicant _____ **Date** _____

ImmRecReqEng2011Nov.doc

For Official Use Only:
Date Form Received: ___/___/___
Status of Request:
__ Record Sent ___/___/___
__ Record Not Found
__ Record Found, no imm.
__ Form Incomplete
Staff Initials: _____

To Request an Immunization Record by Mail or Fax:
(1) Complete the *Immunization Record Request Application.*
(2) Attach a clear copy of a valid photo ID, such as, driver's license or passport.
(3) Mail or fax both the completed application & copy of ID.

MAIL:
NYC Dept. of Health and Mental Hygiene – Citywide Immunization Registry
42-09 28th Street, 5th Fl., CN 21
Long Island City, NY 11101-4182

FAX:
(347) 396-2559

Once the completed form is received you will be sent a response, usually within seven business days by mail, or two business days by fax.

To Request an Immunization Record in Person:
You may visit us, Monday to Friday between 9:00 a.m. – 5:00 p.m. to obtain a record the same day. Please bring a valid photo ID, such as, driver's license or passport.

Before your visit, call:
(347) 396-2400

NYC DOHMH--
Bureau of Immunization
Two Gotham Center
42-09 28th Street
Long Island City, NY 11101

Nearest subways:
N, Q, or R to Queensboro Plaza;
E, M or R to Queens Plaza;
E, G or M to 23rd Street/Ely Avenue;
7 to 45th Road/Courthouse Square

Contact Information

Citywide Immunization Registry

NYC Department of Health and Mental Hygiene

General CIR contact information:

Tel: (347) 396-2400

Fax: (347) 396-2559

nyc.gov/health/cir

cir@health.nyc.gov