

# Citywide Immunization Registry Online Registry

## Influenza Coverage and Text Messaging Recall

**NYC-DOHMH, BOI**

View a list of completed reports; create a new report.

# Influenza Coverage Reports:

The screenshot shows the Online Registry interface. The navigation menu includes 'PATIENTS' (Search, MyList, Reports, Add/Edit) and 'PRACTICE' (Tools, Recall, Adv. Event, VIM, Set Up, Adult). A yellow arrow points to the 'Tools' icon. Below the menu, there are links for 'Coverage Report', 'Immunization Schedule', and 'Lead Guidelines'. A yellow arrow points to the 'Coverage Report' link. Below the links, there is a paragraph of text with a yellow arrow pointing to the word 'here'.

This page shows Coverage Reports you have created in the last year. For Coverage Report instructions, click [here](#). For a brief guide on Influenza Coverage Reports, click [here](#). For a brief guide on IQIP Coverage Reports, click [here](#). Click on the link "Done" in the Report Status column on the right to view a Coverage Report. You may use it to create a Recall List for patients who need immunizations.

**Create Standard, IQIP, Flu Coverage Reports** [Refresh](#)

Recent Coverage Reports (92 Reports)	Type	Name	On Behalf Of	Patients	UTD%	Coverage Status as of:	Date Created	Report Status
<input type="checkbox"/>	Standard Coverage Report	"username_25-35 months"		29	6.9%	04/17/2020	04/17/2020 6:02 PM	<a href="#">Done</a>
<input type="checkbox"/>	IQIP Coverage Report	"username_IQIP__13y_HPVP"		15	6.7%	04/17/2020	04/17/2020 6:00 PM	<a href="#">Done</a>
<input type="checkbox"/>	IQIP Coverage Report	"username_IQIP__13y"		15	6.7%	04/17/2020	04/17/2020 6:00 PM	<a href="#">Done</a>
<input type="checkbox"/>	IQIP Coverage Report	"username_IQIP__24-35m"		2	50.0%	04/17/2020	04/17/2020 6:00 PM	<a href="#">Done</a>
<input type="checkbox"/>	Influenza Coverage Report	"username_flu_11-18y"		93	5.4%	04/17/2020	04/17/2020 5:59 PM	Processed patient 90 of 98....
<input type="checkbox"/>	Influenza Coverage Report	"username_flu_5-10y"		135	0.7%	04/17/2020	04/17/2020 5:59 PM	<a href="#">Done</a>
<input type="checkbox"/>	Influenza Coverage Report	"username_flu_6-59m"		130	0.0%	04/17/2020	04/17/2020 5:59 PM	<a href="#">Done</a>

User guides.

# Influenza Coverage Reports:

**Online Registry**

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VIM, Set Up, Adult, Help, LogOut

PRACTICE: Tools, Recall, Adv. Event, VIM, Set Up, Adult, Help, LogOut

Welcome Shirley (Demo Site)  
Facility: CIR Guest (Provider)  
Address: 42-09 28 STREET

Coverage Report | Immunization Schedule | Lead Guidelines

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](#). For a brief guide on Influenza Coverage Reports, click [here](#). Consider using [Refresh MyList](#) before running a coverage report.

**Create New Coverage Report**

- Standard Coverage Report**  
The patients that will be included are all the patients in "My List" [Who's in MyList?](#) [Refresh MyList](#)
  - 7-11 month olds with... 3 DTP, 2 Polio, 2 Hib, 2 HepB, 3 Pneumococcal
  - 19-35 months olds with... 4 DTP, 3 Polio, 1 MMR
  - 24-35 month olds with... 4 DTP, 3 Polio, 1 MMR
  - 11-18 year olds with... 1 MCV, 1 Tdap, HPV Complete (2 or 3 doses)
  - 13-17 year olds with... 1 MCV, 1 Tdap, HPV Complete (2 or 3 doses)
- 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, instead, replicates the methodology used in the up-to-date coverage reports you receive in the mail. You may view the population parameters shown below each report option.
  - 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.
- IQIP Assessments**  
Immunization Quality Improvement for Providers (IQIP) visits are performed by NYC DOHMH, BOI staff. Use these lists and reports to improve on-time vaccination of your patients and track the vaccination rates of your practice. The IQIP coverage reports are not based on your MyList population but, instead, replicate the methodology used in coverage reports you receive at IQIP site visits. You may view the population parameters shown below each report option.
  - 24-35 month-olds:**  
A 24-35 month-old patient is defined as belonging to your facility if you reported the last 4:3:1:4:3:1:4 series immunization administered to the patient at 361 days of age or older. Review date is today. 4 DTaP, 3 Polio, 1 MMR, 3 HepB, Hib complete, 1 Var, PCV complete is assessed by 2nd birthday.
  - 13 year-olds:**  
A 13 year-old patient is defined as belonging to your facility if you reported the last immunization administered to the patient at or after 9 years of age. Review date is today. 1 Tdap, 1 MCV, and HPV complete (2 or 3 doses) is assessed by 13th birthday.
  - 13 year-olds with...**  
HPV complete (2 or 3 doses) by 13th birthday (Males and females included)

Review date (date as of w...)  
04/15/2020

(For flu/IQIP reports, the age range will be appended to the name)

Report Name for identification later: Username\_20200415\_01

Cancel X Clear Continue

Choose one or more reports.

Name your Report for you to identify easily later. The report list is shared by all users at your facility.

# Coverage Report: View list of patients who are missing Influenza vaccine



**Online Registry**

**PATIENTS** Search MyList Reports Add/Edit **PRACTICE** Tools Recall Adv. Event VIM

**Coverage Report** Immunization Schedule Lead Guidelines

This page lists the results of your Coverage report.

**Influeza Coverage Report: Flu\_20200918\_01\_5-10y**

**0 of 3 patients are up to date (0.0%)**

Flu cohort with an age range of: 5yr - 10yr      Doses: Due for Influenza      As Of: 09/18/2020

Create Recall List

**3 of 3 patients are not up to date (100.0%)**

Last/First	Gender	DOB
Kahlo, Freeda	F	10/03/2010
Kandinsky, Wassily	M	11/03/2011
Testb, Testb	M	12/04/2013

- The results include a summary and a list of the patients who are not UTD. From here, one may create a recall list and letters.
- Currently, text messaging is not available from this process but can be created using the **Custom Recall** functions
- You may take the results to produce a **Recall List** or **Labels and Letters**.

# Coverage Report: downloadable spreadsheet of patients who are due influenza



	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Recall Name: HUE_20200807_6-59mo flu cvge												
2	Date Created: 8/7/2020 10:48:10 PM												
3	Created By: shuie												
4	Based On: Coverage Report												
5	Standard Recall: Selected 'Due Now' patients												
6	Total Patients: 10, Patients not UTD: 10 (100%) Patients UTD: 0 (0%)												
7													
8	Last Name	First Name	DOB	Gender	CIR Id	Medrec Num	Address	City	State	Zip	Home Phone	Cell Phone	Opted Out Text Msg
9	TEST-KIRU	TEST-KAM	10/27/2016	M	908467476		12345 Tester St., A	NEW YORK	NY	12345			Y
10	TESTADDNEWM	TESTADDNEWMARC	03/01/2018	F	909118832		21 Lafayette	NEW YORK	NY	10007	212-777-7777		N
11	TESTPEANUT	JELLY	01/27/2017	M	909696881		1 Broadway	NEW YORK	NY	10001	800-123-4567		Y
12	TEST	SUNFLOWER	05/25/2017	U	910742691		35 Happy Ln	EWEN	NY	10019	906-920-4258		Y
13	TEST	TESTNITA	09/27/2017	M	908619548		543 Fake Drive	FAKE CITY	NY	12345		212-555-6789	N
14	TESTVIM	TESTINVE	10/31/2016	M	908477683		666 Big Apple Blvd, 7C	NEW YORK	NY	12345		212-555-1313	Y
15	TESTWILLOW	TESTWEEPING	01/10/2017	F	908477684		888 Big Apple Blvd, 9C	NEW YORK	NY	12345	347-396-2537	212-555-1313	N
16	TESTZEPPOLE	TESTZELDA	05/10/2016	F	908477757		999 Big Apple Blvd, 75C	NEW YORK	NY	12345		212-555-1313	Y
17	VFFRI FTFST	SURF	05/27/2016	F	908477618								Y

# Refresh MyList:

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit

PRACTICE: Tools, Recall, Adv. Event, VIM, Set Up, Adult

Help

Welcome SI  
Facility: DO  
Address: 12

My List Refresh My List

- Use this feature to recreate the MyList that is shared by all of the Online Registry users at your practice. When you click the "Continue" button at the bottom of the screen, the MyList for your Practice will be recreated and will contain **only** the patients who meet the criteria that you select below. Large sites may want to designate a staff person to manage refreshing MyList. Any changes made will affect all your users and affect the patients to be contacted if your practice has scheduled recurrent recall jobs using text messaging.

Refresh My List

Include Patients who:

- Have been looked up at this practice: within 3 months
- Have received an immunization at this practice: -----
- Have received their last immunization at this practice: within 5 years

Do not include patients who have been designated as MOGE (Moved or Gone Elsewhere).

Please note after refreshing MyList:

- After refreshing the Mylist, any patients who are looked up by users at this practice will be added to the MyList.
- After refreshing the Mylist, any patients who are manually removed by users at this practice will be removed from the MyList.
- Patients "removed" from the MyList are only removed from your view, but are not removed from the CIR, and remain associated with this practice.
- After refreshing the Mylist, any patients who are included in a Recall List created from a Flu Coverage Report by users at this practice will be added to the MyList.

Cancel X Continue →

# Text Messaging using Custom Recall

**Online Registry**

**PATIENTS** Search MyList Reports Add/Edit **PRACTICE** Tools Recall Adv. Even

**Reminder / Recall**

- Refresh **MyList** before creating a new Reminder/Recall job.
- To create a new Reminder/Recall job, follow the steps below.
  - First, choose an **Outreach Type**. Reminders will be sent to patients due immunizations in the future. Recall will be sent to patients due immunizations now.
  - Next, choose a **Parameter Type**. If you want to run a job using your MyList, choose "Standard". You can also specify age range, gender, and vaccine type/dose numbers.
  - Then, choose a **Contact Method**. If you are sending text messages, choose the frequency. The frequency will be sent every 28 days within the start and end date indicated. One time texts will send once.

For additional Recall/Reminder instructions, click [here](#). View [Brief Text Messaging Guide](#).

To recall patients based on up-to-date rates using list or letters, use the [Coverage Report Tool](#).

*Not all combinations are possible.*

1. Outreach Type:	<input type="radio"/> Reminder	<input checked="" type="radio"/> Recall
2. Parameter Type:	<input type="radio"/> Standard	<input checked="" type="radio"/> Custom
3. Contact Method:	<input type="radio"/> List or Letters	<input checked="" type="radio"/> Text Message †
	<input checked="" type="radio"/> One Time	<input type="radio"/> Recurrent

Continue →

**Reminder/Recall Job List**  
This table shows Reminder/Recall jobs you have created in the last year. This page will refresh every 2 minutes. You can manually refresh the Job List page using the 'Refresh Page' link. Please wait while this page loads completely.

Show 20 entries

Delete	Job Name	Contact Method	Based On	Status	Patients	Date Cre
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**STOP.** Before running recall jobs, review how to **Prepare MyList** and **Refresh MyList**. **Run a Recall List first to view a list of recipients.**

To view a recall list choose:

- Outreach Type:** Recall
- Parameter Type:** Custom
- Contact Type:** List

For text message choose:

- Outreach Type:** Recall
- Parameter Type:** Custom
- Contact Type:** Text Message – One Time

# One-Time Text Message:



Enter age range, select influenza, enter date to send message, message.

Enter date to send message. Type your custom message. **Date Tip:** Enter at least tomorrow's date, not today's date to allow room to cancel a message job if needed. Include the practice name and practice phone number.

**Create Custom Recall Job**

**A**  All patients in MyList

Specific Age

7-11 month olds     11-18 year olds  
 19-35 month olds     13-17 year olds  
 24-35 month olds     19+ year olds

Age Range

From ≥   years  months  
To <   years  months

DOB Range

Include patients born between  /  /   
and  /  /

**B** Gender

Male  
 Female

**C** For immunization series: Include patients who are missing:

Any age-appropriate immunization

Any age-appropriate immunization from the series below:

Influenza     Pediatric P  
 HepB     Adult Pne  
 Rotavirus     Polio  
 DTaP     Tdap  
 Hib

Include patients who do not have the # of specified valid doses from the series chosen below:

<input type="text" value="--0--"/> Influenza	<input type="text" value="--0--"/> Pediatric Pneumococcal	<input type="text" value="--0--"/> MMR
<input type="text" value="--0--"/> HepB	<input type="text" value="--0--"/> Adult Pneumococcal	<input type="text" value="--0--"/> Varicella
<input type="text" value="--0--"/> Rotavirus	<input type="text" value="--0--"/> Polio	<input type="text" value="--0--"/> HepA
<input type="text" value="--0--"/> DTaP	<input type="text" value="--0--"/> Tdap	<input type="text" value="--0--"/> Meningococcal
<input type="text" value="--0--"/> Hib		<input type="text" value="--0--"/> Human Papillomavirus

**D** Send out job on this date:

/  /

Select message (default recommended.) This message will be sent to each patient on your recall list.

Use default message  
Fill in the fields for the sample message provided.

Use custom message  
Type in your custom message. Make sure to include your facility name.  
(Messages are limited to Latin alphabets.)

Your child born in  is overdue for immunization. Call

**FACILITY NAME (up to 30 characters):**  
  
Characters remaining: 30

at **CONTACT NUMBER:**   
to schedule.

**130 character limit**

Our records show that your child may be due for flu vaccine| Please call, xxx-xxx-xxxx, Dr. xxxxxxx's office, for an appointment.  
Characters remaining: 1

**NOTE:** To allow patients to opt out of receiving text message reminders, the line "To stop reminders, text STOP" will be added to the end of your message.

Patients who text "STOP" will not receive any future text messages via the CIR.

Please note that it is your responsibility to adhere to the laws, rules, and regulations that apply to the disclosure of confidential and sensitive information in the content of your custom text message.

Cancel  Clear  Continue



# Recall: Custom Text Message: view job run details

**Online Registry** PATIENTS PRACTICE

Search MyList Reports Add/Edit Tools Recall Adv. Event VIM Set Up **Adult**

**Reminder / Recall**

- This page shows the details for your Recall job. You may use this page to (1) view the details, or (2) cancel your job. If you cancel a job in error, you will be given an opportunity to "Keep" the job.
- To view the list of patients included in a previous Run(s) section below.

**Reminder / Recall**

- This page displays the list of patients included in the completed job run selected.
- To view a full summary of details for this completed job run, click the "Job Run Details" Excel icon.

**Details for Job Name "Influenza\_due\_11-18"**

**Criteria**

Created On: 09/20/2020 10:56 am Based On: Patients in 'My List'

Age Range: 11 yr - 18 yr  
Gender: Males and Females  
Doses: Patients missing any age appropriate immunization from the following series:  
• Influenza

Text Message Type: One Time  
Date of Run: 09/20/2020  
Custom Message: Our records show that your child may be due for flu vaccine. Please call, xxx-xxx-xxxx, Dr. XXXXXXXX's office for an appointment.

Job State: Complete

Run Date: 09/20/2020 10:59 am  
Job Status: COMPLETED  
Patient Count: 1

[View Job Run Details](#)

Last Name	First Name	Sex	Date of Birth	Mobile Phone
1 Overdue Jr	Iam	M	10/01/2008	917-319-0521

**Completed Run(s)**

Date of Run	Status	Number of Patients
<a href="#">09/20/2020 10:59 am</a>	COMPLETED	1



Click the Excel [View Job Runs Details](#) link to view your job run details.

A sample of how the messages you send will look on the screen of a mobile phone:

# Text Message

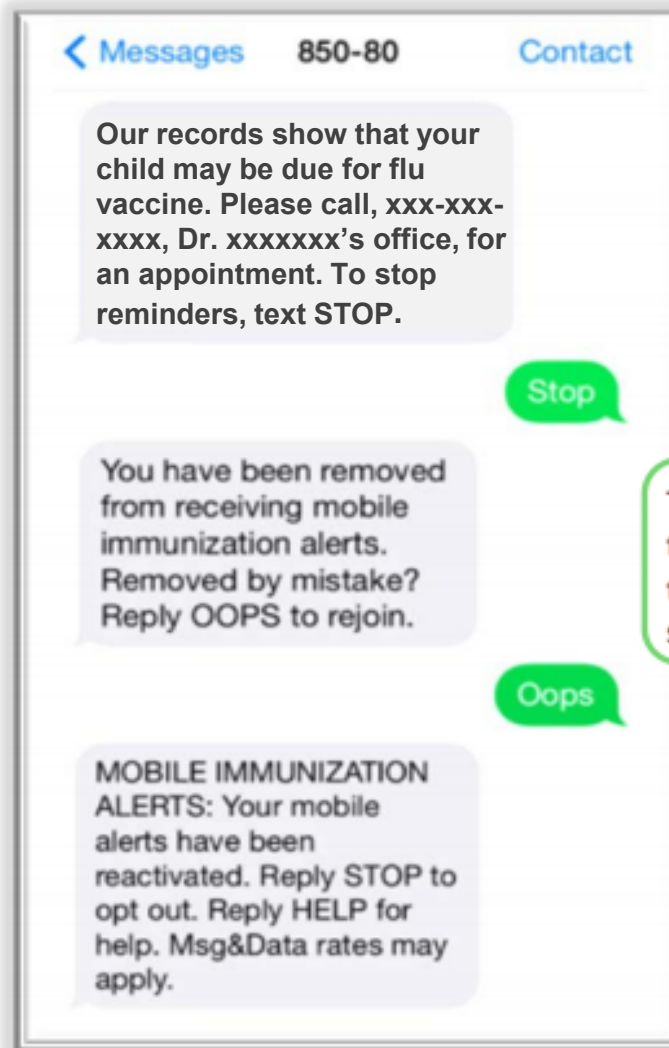
**Include:**

- Your appointment phone line;
- Practice name

It is important to list your facility name, shown here as "Your Provider," so your patient knows who is sending the message.

Auto-reply confirming patient has opted out of receiving text messages after replying, "STOP".

Auto-reply confirming patient has opted back in to receiving text messages after replying, "OOPS".



**Short Code: 850-80.**  
This is the number that recipients will see when you text them.

The recipient always has the option of continuing to receive messages or stopping them.

- If one child in a family is opted out, then all family members associated with that phone number are opted out
- If a recipient opts out of a message, such as flu, from a provider, then they are opted out of all messages

## Practice tips questions to ensure success:

<p>Data Accuracy and Data Capture:</p>	<ul style="list-style-type: none"> <li>• Is cell phone information routinely and accurately updated in your EMR by training staff to enter data accurately?</li> <li>• Are cell phone numbers and all data correctly sent and captured in the Online Registry and periodically verified with your IT staff, EMR vendor and CIR for accuracy?</li> </ul>
<p>Patient follow-up:</p>	<ul style="list-style-type: none"> <li>• Check that your practice has in place at patient registration, a process for obtaining express consent to contact patients on health-related matters.</li> </ul>
<p>Call volume:</p>	<ul style="list-style-type: none"> <li>• Launch text messages on a day/time when front desk are available to answer calls</li> </ul>
<p>Answering patients' questions:</p>	<ul style="list-style-type: none"> <li>• Train staff on using CIR or EMR to check immunization status</li> <li>• Use opportunity to reinforce importance of on-time vaccination</li> <li>• Consider some scripts for staff: <ul style="list-style-type: none"> <li>“I’m glad you called. I know Dr. Xxx really wants to make sure her patients have all the vaccines they need.”</li> <li>“While I have you on the phone, let’s also schedule Sam's flu shot.”</li> </ul> </li> </ul>

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Reporting and Services Health Topics Resources Emergency Prep

**NYC MED**

Reporting Diseases and Conditions

Reporting Central

[Citywide Immunization Registry \(CIR\)](#)

eVital

Public Health Lab

Reporting Animal Diseases

**Parents, Guardians & Individuals | Schools, Child Care Facilities & Camps**

## Citywide Immunization Registry (CIR)

Welcome to the New York Citywide Immunization Registry (CIR)! The CIR keeps immunization records for all New York City residents — children and adults — throughout their lives.

**Our Mission:** To improve the immunization status of all NYC residents by consolidating immunization information and sharing it with health care providers, families and agencies concerned with public health.

**Register your practice online.**

Look up records and report immunizations: [Online Registry](#)

Public and private schools interested in accessing the Online Registry to view immunization records, please download, fill out and fax back [these forms](#) to the CIR.

**Forgot your CIR facility code?**  
If you think you may be registered and have forgotten your facility code, enter your information on the [registration page](#) for verification to obtain your facility code.

### Online Registry Guides

- Online CH205 Form:
  - [Online CH205 Form Online Tutorial](#)
  - [Online CH205 Form Guide \(PDF\)](#)
  - [Online CH205 Form QuickGuide \(PDF\)](#)
- [Online Registry Quick Guide \(PDF\)](#)
- [Online Registry QuickGuide for Healthcare Providers serving adults \(PDF\)](#)
- [Online Registry Read-Only Users QuickGuide \(PDF\)](#)
- [Full Guide \(PDF\)](#)
- [Coverage Reminder/Recall Guide \(PDF\)](#)
  - [Brief Text Messaging Guide](#)
  - [Influenza Coverage Reports \(PDF\)](#)
  - [IQIP Coverage Reports \(PDF\)](#)
- [Online Registry VFC Vaccine Ordering Tool \(PDF\)](#)
- [VFC Reporting Vaccine Wastage and Returns Guide \(PDF\)](#)

For additional Bureau of Immunization links and resources, please visit the [Providers Health Topics page](#).

## Online Registry

Please enter your User ID and Password

User ID

Password

To obtain a User ID and Password, each health care facility or practice must designate a **Facility Security Administrator**. The Security Administrator must be associated with a licensed physician, physician's assistant or nurse practitioner, or must be a registered professional nurse or pharmacist who administers vaccines pursuant to *NYS Public Health Law Section 2168*. The Security Administrator must mail or fax a signed confidentiality statement to the CIR. Call us at 347-396-2400 for more information or download the sign up forms from [here](#).

**In proceeding beyond this point, the user:**

- acknowledges the possibility that the information contained herein may be incorrect or incomplete.
- acknowledges that the medical decision to immunize or test a child for lead tests with the health care provider, based on the child's current health status and past medical history.
- agrees to report immunizations and lead test results in accordance with *NYS Public Health Law Section 2168/ NYC Health Code Section 11.07 and Section 11.09*.
- agrees to look up information only on his/her current patients, and to comply with the restrictions on the disclosure of information from the Online Registry in accordance with *NYC Health Code Section 11.11*.

By clicking the button below, you consent to the above.

Cancel  I Consent

### Online Registry Resources

- Recall patients with text messaging via the Online Registry:
  - Choose custom parameters
  - Send one-time or recurrent text messages
  - No cost to providers
- Update Patient Info screen:
  - Add cell/mobile numbers and email
  - Select status for patients to receive text messages
  - If you are reporting via a web service, please contact your EMR vendor to include cell phone number to send to the CIR.
- Guides:
  - Coverage, Reminder/Recall
    - [IQIP Coverage Reports Brief Guide](#)
    - [Influenza Coverage Reports Brief Guide](#)
    - [Brief Text Messaging Guide](#)
  - [QuickGuide](#)
  - [QuickGuide for Users with Read-Only Access](#)
  - [Full Guide](#)
  - [VFC Online Registry Ordering Tool - Guide, FAQs](#)
  - [VIM Guide, Quickguide](#)
- Online Registry Pre-completed forms:**
  - Refer children with asthma living with pests for a home

### News and Highlights

- [Influenza Recommendations for 2020-2021 and Information on Ordering Flu Vaccine, Reporting Codes](#)
- [School Immunization Requirements, 2020-2021](#)
- [VFC Reenrollment Updates, November 2019](#)
  - [VFC Re-enrollment Provider Agreement](#)
  - [Accessing the VFC training Modules Instructions - 2020 \(revised 1/2020\)](#)
  - [VIM - Provider FAQs](#)
- In partnership with [Healthy Homes Program](#), Online Registry supports:
  - reporting blood lead test results for in-office tests (located in the Add/Edit screen)
  - sending referrals to the [Healthy Neighborhood Program \(HNP\)](#) to work with property owners to help reduce asthma triggers on behalf of patients (located in the Pre-completed Forms tab)
- [Parent/Guardian Access to CIR Now Available](#)
- See who is on the [Provider Honor Roll](#).
- Use your EHR system to report immunizations to the CIR. For more information, send us an email at [of\\_interop@health.nyc.gov](mailto:of_interop@health.nyc.gov), including your facility address, contact information and current EHR, or phone 347-396-2400.