

VII. North Carolina Immunization Registry (NCIR)

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

NC DPH, WCH: Immunizati...

File Edit View Favorites Tools Help

Resource Order Form Surv... Yellow Fever Registry Ad...

DHHS Home | A-Z Site Map | Divisions | About Us | Contacts | Search Term(s): Search

NC Health and Human Services **Women's and Children's Health** **NCPH North Carolina Public Health**

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

Immunization Home

Healthcare Providers

Provider Education
NCIP Requirements
NCIR
NCIR Education
Data Exchange
Resources
About Us
Contacts

Related Sites

[CDC's Vaccine Website](#)
[Vaccines.gov](#)

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

North Carolina Immunization Branch

NCIR Education

NCIR Trainings

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

The user roles are defined as follows:

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

100%

North Carolina Immunization Registry
User Confidentiality Agreement
(Complete for each NCIR user)

As a user of the North Carolina Immunization Registry under

(Name of Organization)

I agree to abide by the following policies:

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

Employee Name (Please Print)

Employee Signature/Date

On-site NCIR Administrator Signature/Date

North Carolina Immunization Registry (NCIR) Overview

What is NCIR?

- ▶ A **secure, web-based clinical** tool which is the **official source** for North Carolina immunization information;
- ▶ Healthcare providers may access all recorded vaccines administered in North Carolina, regardless of where the immunizations were given.

Purpose

- ▶ To create an **accurate and complete immunization data** to enhance services for patients, parents, health care providers, schools and childcare facilities;
- ▶ To assist in the **evaluation of a child's immunization status** and **identify children** who need (or are past due for) vaccines;
- ▶ To assist communities in **assessing their immunization coverage** and **identifying areas of under-immunization**.

NCIR Benefits



Houses all immunization data including COVID-19 records



User friendly and simple to navigate



Increased efficiency to search all NC immunization data



Reduced training needs by utilizing one system, rather than two



NORTH CAROLINA IMMUNIZATION REGISTRY (NCIR) QUICK REFERENCE GUIDE

BOOKMARKING THE NCIR WEBSITE

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

USER ID AND PASSWORD

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

Enter UserID and password and click **Login**.

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

Use this link if your username is locked.

NCID Login

Forgot Username
Forgot Password
Unlock Account

Register

Privacy and Other Policies
Contact Us

WARNING: This is a government computer system, which may be accessed and used only for authorized business by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil and/or administrative action.

UPDATING YOUR USER PROFILE INFORMATION

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

NCID Welcome

Welcome to the North Carolina ID System

Your North Carolina ID (NCID) is the key to resources offered by the State of North Carolina. It is shared by some local governments and school districts. Here are some things you can do using your NCID:

- After clicking the "Identity Self Service" tab, you'll find links on:
 - Viewing and updating your personal profile
 - Recovering Application Access under "My Account"
 - Resetting your password through password self-service
 - Updating your profile information
 - To request additional access, click the "Request" button
 - To see the status of your request, click the "Status" button
 - If you are an approver, the "Task Notification" button may be applicable to you.

Thank you for using the NCID System.

Change Your Password
Change Your Password
This link will open a new window in which you may change your password.

Manage Your Challenge Questions
Manage Challenge Questions
This link will open a new window in which you may modify your challenge questions and responses.

Use the link shown to change your information.

HOW TO OBTAIN A NCIR USER ID

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

Please indicate your user type from one of the following categories:

| | |
|---------------------------|---|
| Individual | Request access to the system as an individual or citizen. |
| Business | Request access to the system as a business. |
| State Employee | Currently employed or assigned to work for an agency within the State of North Carolina government. |
| Local Government Employee | Currently employed or assigned to work for a North Carolina county or municipality. |

Business

3. Click the **Business** button.
4. Complete the required personal information, including choosing your own *UserID* and *password*.
Password requirements are listed on the page and will remain red until your choice of password meets all requirements. The strength of your password will be assessed, and you will be required to type it twice to ensure correctness.
6. Click **Continue**.
7. An e-mail from ncid.notifications@nc.gov will be sent to the provided e-mail address. Clicking the supplied link will verify your new *UserID*. You will be re-routed back to the NCID website, or you can copy the 6-digit code and paste it into the "Code" field.

New User Registration
Get Verified Through Email

North Carolina Identity Management

Verify your identity, a message has been sent to you. Please enter, in the box below, the six digit code that was sent to you.

Paste verification code from e-mail here.

Verify Code

8. Click **Check Code**.
 9. Click **Continue**.
- At this point, an NCIR Administrator in your organization must add your *userID* (instructions on page 7). You must share your *UserID*, but **NOT** your password. Once you have been added, return to <https://ncir.dhhs.state.nc.us> to log in.
9. The first time you log in, you will be required to select and answer *5 challenge questions* to verify your identity if your password is ever lost.
 10. Once completing your challenge questions, you will be forwarded to NCIR.

NCIR HOMEPAGE

Inventory Notifications

Program Announcements

Updates and Resources

M E N U

SEARCHING FOR A CLIENT

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

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

Client Search Criteria

Search by Client

* Last Name Gender: M F Unknown

* First Name Mother's Maiden Last

* Birth Date Mother's First Name

Search by Chart Number

* Chart Number

Search by Mother's Maiden Name

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

* Mother's First Name

NOTE: In general, Gender is unnecessary when searching for a client and could limit results unnecessarily.

2. Click **Find**.
(continue to next page)

4 Ways to Search—only choose one:

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

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



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

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

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

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

- Click the **Add This Client** button to create a new client in NCIR.

- The information that you entered on the search screen will all be retained on the "enter new client" screen.

DUPLICATE CLIENT RECORDS

- If you locate a duplicate client record, contact the NC Vaccines Help Desk, at https://ncgov.servicenowservices.com/csm_vaccine.
- Please note the **NCIR ID** number for **both** client records, and if possible, indicate which record is most accurate.

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

CURRENT: 10/29/2021

ADDING A NEW CLIENT

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

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

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

VIEWING HISTORY / RECOMMEND

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

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

The history section lists vaccines the client has already received.

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

Vaccine Group: vaccine group for each immunization entered

Date Administered: day the client was given the vaccine

Series: sequence number within the immunization series

Trade Name: trade name of the vaccine received

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

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

Reaction: any reactions the client had after receiving the vaccine

Hist?: whether the recorded immunization was historical or not

Edit: will allow you to edit the recorded immunization (see **EDITING A DOSE OF VACCINE** for specifics)

The **client's age** displays in a solid blue field between the immunization history and before the recommendations.

Note: Age is calculated by DOB and today's date.

Current Age: 11 years, 2 months, 2 days

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

| Select | Vaccine Group | Earliest Date | Recommended Date | Overdue Date | Latest Date |
|-------------------------------------|---------------|---------------|----------------------|--------------|-------------|
| | DTP/aP | | Maximum Age Exceeded | | |
| <input checked="" type="checkbox"/> | HepA | 08/28/2005 | 08/28/2005 | 02/25/2006 | |
| <input checked="" type="checkbox"/> | HepB | 08/25/2004 | 08/25/2004 | 08/25/2005 | |
| | Hib | | Maximum Age Exceeded | | |
| | HPV | | Complete | | |
| | Influenza | | Contraindicated | | |
| <input checked="" type="checkbox"/> | Meningo | 02/25/2020 | 02/28/2020 | 02/25/2022 | 02/24/2026 |
| <input checked="" type="checkbox"/> | MMR | 03/28/2005 | 02/25/2008 | 02/28/2010 | |
| <input checked="" type="checkbox"/> | Polio | 02/25/2008 | 02/25/2008 | 03/25/2011 | |
| | Rotavirus | | Complete | | |
| <input type="checkbox"/> | Td | 02/26/2020 | 02/26/2020 | 04/26/2025 | |
| <input checked="" type="checkbox"/> | Tdap/Perussis | | Complete | | |
| <input checked="" type="checkbox"/> | Vaccetta | 05/28/2005 | 02/25/2008 | 02/25/2010 | |
| Category B Recommendation | | | | | |
| <input checked="" type="checkbox"/> | MeningB | 02/25/2020 | 02/28/2020 | 02/25/2022 | 02/24/2026 |

Select: check boxes which can be used to pre-select any of the tracking schedule's immunizations (for entering doses given from inventory)

(continue to next page)

Vaccine Group: recommended vaccine group name

Earliest Date: dates which note the earliest date the selected client could receive the corresponding immunization

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

Overdue Date: notes the date that the client is past due for corresponding immunization

Latest Date: the date after which the client should not receive the corresponding immunization

Category B Recommendations require individual clinical decision-making based on a clinician-patient discussion of risks and benefits.

ENTERING HISTORICAL IMMUNIZATIONS

Historical immunizations are immunizations that are not given from inventory (i.e. records from another office).

1. Search for the client using **manage client** or **manage immunizations**.
2. Click on **History / Recommend** button if using the manage client option.
3. Compare the client's current immunization record with the doses listed in the NCIR and update as necessary. If doses are missing from the NCIR, click on **Historical Immunization** (located in the gray History bar below "Client Information").
4. Key in the provider organization next to the vaccine trade name details section. If all shots that you are entering were given at the same place, click in the blank box for provider organization it will automatically fill-in as needed. There is a drop-down menu at the bottom of the list for vaccines that you do not see.

| * Provider Organization | | * Default Dates | |
|-------------------------|-------------------|-----------------|------------|
| Vaccine | Tradename Details | City Pediatrics | 01/23/2017 |
| DTP/aP | City Pediatrics | 01/23/2017 | |
| HepA | | | |
| HepB | City Pediatrics | | 03/01/2017 |
| Hib | City Pediatrics | 01/23/2017 | 03/01/2017 |

5. Click on the calendar icon to the right for the **Date Administered** and select date or key in the date MM/DD/YYYY.

6. To enter the **Trade Name** and **Lot Number** click on the **Trade Name Details** button (make sure provider organization and date are filled in first), then verify date, select trade name and key in lot number, click **SAVE**.

CURRENT: 10/29/2021

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

| Remove | Immunization | Trade Name | Lot Number | Provider Org |
|--------------------------|--------------|------------|------------|--------------|
| <input type="checkbox"/> | DTP/aP | KINRIX | AK47 | Drake's Peds |

ENTERING NEW IMMUNIZATIONS

New immunizations are immunizations given from your inventory.

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

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

5. After making your vaccine choices, click **Add Selected**. Another entry screen will be displayed. The vaccines that you selected will have a checkmark in the **New** column.

NOTE: If you administered any vaccine that does not have a check next to it in the **New** box, click on that box to add a checkmark.

NOTE: Only vaccine that you have available in inventory can be selected.

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

- **Organization Site:** for those organizations with multiple sites.
- **Ordering Authority:** the doctor who issues the order for vaccines to be administered
- **Administered By:** the clinician who administered the vaccine
- **Date Administered:** will default to today's date on the next screen if left blank

| | |
|--------------------|-------------|
| Organization Site | CLINIC A |
| Ordering Authority | KENT, CLARK |
| Administered By | LANE, LOIS |
| Date Administered | |

7. Click **OK**.

8. Choose an **Eligibility**.

9. Choose the **Trade Name/Lot Number**, the **Body Site**, and enter/verify the **Route** for each vaccine selected.

NOTE: As you select the trade name and lot number the most current date for each VIS will display on the bottom of the page.

| | | | | | |
|---|-------------------------|----------------------|-------------|---------------|-------------------|
| * Date Provided | 02/23/2018 | * Ordering Authority | KENT, CLARK | | |
| Eligibility as reported by Responsible Person | Medicaid | | | | |
| Immunization | * Trade Name-Lot | * Volume | * Body Site | * Route | * Administered By |
| HPV | Gardasil PILOTS045state | | left arm | Intramuscular | LANE, LOIS |
| VIS Publication Dates for New Immunizations | | | | | |
| (Serial PILOTS045state) | | | | | |
| Gardasil 9 HPV, 9-valent: 12/02/2016 | | | | | |

10. Click **OK**.

EDITING A DOSE OF VACCINE

To edit a dose of vaccine (including adding a vaccine reaction), click the **Edit** button next to the appropriate vaccine date on the History / Recommend screen.

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

| | | |
|--------------------------|---|---------------------|
| Vaccine Group | Flu H1N1-09 | Save |
| Vaccine Display Name | Novel Influenza H1N1-09 | Cancel |
| Trade Name | H1N1 Saasoft | Delete |
| Vaccine Lot Number | LP013AA | View Update History |
| Inadequate Dose | <input type="checkbox"/> | |
| * Date Provided | 10/30/2009 | |
| Date Administered | <input type="checkbox"/> | |
| * Provider Org Name | LOGUE COUNTY HEALTH DEPARTMENT | |
| Disregard Primary Series | N | |
| Input Source of Record | Created prior to Version 5.9 (legacy value) | |

You may only delete or update a dose of vaccine from inventory, if it was administered by your organization. You may update any of the following fields for doses from your inventory: *dosage from inventory, whether the dose was adequate, date provided, eligibility, ordering authority, administered by, body site, route of administration, VIS date (on the date of administration only), or any reactions associated with vaccine administration.*

NOTE: If an incorrect lot number was entered for a new immunization the dose must first be deleted and then re-entered with the correct lot number.

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

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

HOW TO ADD A CLIENT COMMENT

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

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

HOW TO PRINT IMMUNIZATION RECORDS

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

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

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

| Immunization | Date Admin | Series | Trade Name | Dose | Reaction | Administered By |
|--------------|------------|--------|--------------------|------|----------|-----------------|
| DTPaP | 08/06/2004 | 1 of 3 | DAPTACEL | | | STAR Pedemans |
| DTPaP | 12/06/2004 | 3 of 3 | DAPTACEL | | | STAR Pedemans |
| DTPaP | 06/09/2005 | 4 of 5 | Im | | | STAR Pedemans |
| HPPV | 06/09/2005 | 1 of 2 | Guardian | | | STAR Pedemans |
| HepA | 06/08/2005 | 1 of 2 | VAQTA-Peds 2 Dose | | | STAR Pedemans |
| HepA | 06/08/2008 | 2 of 2 | Havrix-Peds 2 Dose | | | STAR Pedemans |
| HepB | 06/06/2004 | 1 of 3 | Recombivax-Peds | | | STAR Pedemans |

HOW TO PRINT A NEW CLIENT FORM

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

the client and/or doses administered in to the NCIIR at a later time.

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

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

In the event that the NCIIR is unavailable and you do not have any forms on hand, they are also available on the NC Immunization Branch website in both English and Spanish at <http://immunize.nc.gov/providers/ncir.htm>.

HOW TO ADD PRIVATE INVENTORY TO THE NCIIR

You should use this procedure to add your private supply of vaccine. For state inventory see: **ACCEPTING YOUR STATE SUPPLIED VACCINE ORDER**.

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

1. Click **Manage Inventory**.
2. Click **Show Inventory**.
3. Click **Add Inventory**.
4. Choose the **Trade Name**, the **Manufacturer** will automatically populate.
5. **HIGHLY RECOMMENDED!** Enter the **NDC** (noted on the outside of the vaccine box).
6. Enter the **Lot Number** (use the number on the vaccine box, NOT the vial).
7. Verify the **Dose** size from the drop-down menu.

(continue to next page)

Add Vaccine Inventory Information

Site: Forks Primary Care Save Cancel

* Trade Name: Adacel

* Manufacturer: Sanofi Pasteur (Aventis Pasteur, Pasteur Merieux Connaught, Con)

* NDC: 49281-0400-10; Single Dose Vials; 10-PACK; 0.5 mL

* Lot Number: VAX456 * Presentation: Vial

* Dose: 0.5

* Units: mL

* Expiration Date: 02/05/2020

* Funding Program: Private

* Lot Active: Yes

* Quantity on Hand: 30

Cost Per Dose (\$): 17.65

- Verify the **Units** (will always be mL unless you are administering a vaccine in capsule form). **NOTE:** Tubes are not considered capsules.
- Enter the **Expiration Date**. **NOTE:** Vaccines with only a month and year should be entered as the last day of the month of expiration.
- Verify the **Funding Program** (should always be *Private*).
- Lot Active** drop-down must be set to Yes to be saved. (“Yes” will make the Lot number appear in the drop-down menu under the Lot Number/Trade Name when documenting administration of a dose of vaccine. If you do not want the lot number to appear in the drop-down menu, change the active indicator to “No” after saving the initial information.)
- Enter the **Quantity on Hand** (the number of doses, not boxes or vials).
- Cost Per Dose** is optional.
- Click **Save**.

If the lot number **ALREADY EXISTS** in your inventory.

- Click **Manage Inventory**.
- Click **Show Inventory**.
- To get to the modify quantity on hand screen, place a checkmark in the select box and click **Modify Quantity**.

Manage Inventory

Add Inventory for Site (Forks Primary Care) ...

Modify Quantity On Hand for Selected Sites ... Modify Quantity

Show Transactions for Sites ... Show Transactions

Return to the Previous Screen ... Cancel

Site: Forks Primary Care Show Non-Expired Expired

Private All

| Select | Trade Name | Lot Number | Inv On Hand | Active | State | Exp Date |
|-------------------------------------|------------|------------|-------------|--------|-------|------------|
| <input checked="" type="checkbox"/> | Adacel | 25643 | 92 | Y | Y | 02/19/2028 |
| <input checked="" type="checkbox"/> | Bevaxero | 12345 | 20 | Y | N | 04/28/2023 |
| <input checked="" type="checkbox"/> | Bevaxero | 12567 | 21 | Y | Y | 03/27/2055 |

- Under the modify quantity on hand section, make sure the action is **Add**, enter the number of doses that you are adding, choose **Receipt from Inventory**.

Modify Quantity On Hand for Selected Site(s)

| Trade Name | Lot Number | Inv On Hand | Action | *Amount | Category |
|------------|------------|-------------|--------|---------|------------------------|
| Menveo | adg564 | 44 | Add | | Receipt from Inventory |
| Trumenba | 45677 | 34 | Add | | Receipt from Inventory |

- Click **Save**.

HOW TO COMPLETE AN INVENTORY COUNT

All providers should complete a manual inventory count weekly to identify errors, identify shortages, and review expiration dates.

- Click **Inventory Report**, under *Inventory*.
- Select **Funding Source** from the drop-down menu.
- Click **Generate Report**. A report will open as an Adobe .pdf file.
- Print the document and use this to do your inventory count.

Report Date: 09/19/2017 Inventory Reconciliation Report / Worksheet Page 1 of 1

| Funding Source | Vaccine | Expiration Date | NCIR Reported Doses On Hand | Actual Count of Doses On Hand |
|----------------|-----------|-----------------|-----------------------------|-------------------------------|
| State | DTP | 02/19/2018 | 10 | 10 |
| State | HP | 02/19/2018 | 9 | 9 |
| State | He | 02/19/2018 | 5 | 5 |
| State | He | 02/19/2018 | 5 | 5 |
| State | He | 02/19/2018 | 5 | 5 |
| State | MMR | 02/19/2018 | 10 | 10 |
| State | MMR | 02/19/2018 | 10 | 10 |
| State | Meningo | 05/13/2018 | 1 | 1 |
| State | Polio | 02/05/2019 | 10 | 10 |
| State | Rotavirus | 07/16/2018 | 10 | 10 |
| State | Td | 01/15/2018 | 14 | 14 |
| State | Vancella | 01/07/2018 | 8 | 8 |

- Document your physical count in the right-hand column and store for your convenience.

HOW TO SUBMIT AN INVENTORY COUNT

Prior to placing an order, providers must submit a physical inventory count of state vaccine.

- Prior to submitting an inventory count, providers **MUST REMOVE EXPIRED VACCINE** from inventory. See page 6 for instructions.
- Click **Inventory Count**, under *Inventory*.
- Click **Enter New Count**.
- Enter the amount of vaccine physically on hand in the “Physical Count” column.

| Vaccine | Trade Name | Manufacturer | Package | NDC Number | Lot Number | Doses Given Since Last Count | NCIR Inventory Doses on Hand | Physical Count | Discrepancy Count |
|-----------------|--------------------|-----------------------|-----------------|---------------|------------|------------------------------|------------------------------|----------------|-------------------|
| DTaP | Infanrix | Glaxo (SKB) | 10-PACK; 0.5 mL | 58160-0820-52 | 9E73E | 0 | 1 | 1 | 0 |
| DTaP | Infanrix | Glaxo (SKB) | 10-PACK; 0.5 mL | | | 0 | 10 | 10 | 0 |
| HepA-Ped 2 Dose | Havrix-Peds 2 Dose | Glaxo (SKB) | 10-PACK; 0.5 mL | | | 0 | 9 | 9 | 0 |
| HepA-Ped 2 Dose | Havrix-Peds 2 Dose | Glaxo (SKB) | 10-PACK; 0.5 mL | | | 0 | 3 | 3 | 0 |
| HepB-Peds | Engerix-B Peds | GlaxoSmithKline (SKB) | 10-PACK; 0.5 mL | 58160-0820-52 | 9E73E | 0 | 1 | 5 | 4 |

- Click **Save & Submit**. You will be able to review the current Discrepancy Percentage in the lower right corner.
- An order may be placed in the next 24 hours.

HOW TO PLACE A VACCINE ORDER

COVID-19 VACCINE, SEE SUPPLEMENT!

Before placing an order, make sure that all doses administered have been keyed into NCIR, complete and submit and inventory count (see previous sections).

- Click **Manage Order**.

NOTE: You will be unable to create an order if:

- Your organization has any unaccepted inbound transfers (including orders).
 - An order has been placed within the past 14 days.
 - An existing order is in “Pending” status.
 - Your organization has expired vaccine (older than 31 days) in inventory.
 - A required Inventory Count has not been submitted within the past 24 hours.
 - Site-visit follow-up has not been completed by the required deadline.
- The Suggested order quantity is calculated from your doses administered (Tier Usage) and your inventory on hand. Review the **Suggested Order Quantity** to assist with placing your order.
 - Enter the amount, **IN DOSES**, of each vaccine you’re requesting in the corresponding boxes. You may order vials, syringes, or a combination of the two based on availability. Make sure that you place the order for **ALL**

Vaccines from State

| Prev. Month Usage | Prev. Tier Usage | NCIR Inv. On Hand | Vaccine Tradename Packaging Description | Sugg. Order | Pack Size/ Minimum Quantity | Doses Req. |
|-------------------|------------------|-------------------|--|-------------|-----------------------------|------------|
| 0 | 0 | 0 | DT-Peds | 0 | | |
| | | | DT / Single Dose Vials; 1-PACK; 0.5 mL | | | 1 |
| 1 | 2 | 17 | DTaP | 0 | | |
| | | | INFANRIX / Prefilled Syringes; 10-PACK; 0.5 mL | | | 10 |
| | | | INFANRIX / Single Dose Vials; 10-PACK; 0.5 mL | | | 10 |
| 0 | 0 | 21 | DTaP/Polio/Hep B | 0 | | |
| | | | PEDIARIX / Prefilled Syringes; 10-PACK; 0.5 mL | | | 10 |
| 0 | 0 | 0 | DTaP,5 pertussis antigens | 0 | | |
| 27 | | | | | | 13 |
| 5 | 9 | 9 | DTaP-IPV | 2 | | 5 |
| | | | KINRIX / Prefilled Syringes; 10-PACK; 0.5 mL | | | 10 |
| | | | KINRIX / Single Dose Vials; 10-PACK; 0.5 mL | | | 10 |
| | | | QUADRACEL / Single dose Vials; 10-PACK; 0.5mL | | | 10 |

- Scroll to the bottom of the page to verify your shipping information.

- If all the shipping information is correct, click the button next to **No Changes to Site Information**.
- If any information, including name, address, and delivery hours, need to be changed.

(continue to next page)

PLEASE VERIFY DELIVERY ADDRESS AND HOURS

Organization: Forks Primary Care No changes to Site Information

Site: Forks Primary Care

* Street Address: 5601 Any Street

Other Address: _____

* City: Any, State: NC, * Zip: 00000

* Phone: (999) 999-9999 Ext: _____

All Returns are UPS Pickups

Delivery Days/Hours: Monday: 8:00 AM - 9:00 AM 10:00 AM - 6:00 PM

No Changes—Click Here

6. Click **Submit Order**.

7. You will be redirected to the **Manage Order** page where your order shows up as **“Pending”** (An order in *Pending* status may be edited or update).

ACCEPTING YOUR STATE-SUPPLIED VACCINE ORDER

(OR AN INCOMING TRANSFER FROM ANOTHER ORGANIZATION)

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

| Create Date | Type | Sending Org:Site | Receiving Org:Site | Ship Date | Receive Date | Return Date |
|-------------|-------------------------------|--------------------|--------------------|------------|--------------|-------------|
| 09/19/2017 | TRANSFER VACCINE DISTRIBUTION | Forks Primary Care | Forks Primary Care | 09/19/2017 | | |
| 02/20/2015 | TRANSFER ALL KIDS | Forks Primary Care | Forks Primary Care | | | |

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

NOTE: An incoming transfer from another organization will display that organization’s name in the “Sending Org: Site” box.

TRANSFERRING VACCINE TO ANOTHER NCIR PROVIDER

COVID-19 VACCINE, SEE SUPPLEMENT!

1. Click **Manage Transfers**.
2. Click **New Transfer**.
3. Choose the **Sending Site** and the **Receiving Site** or

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

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

New Transfer

Sending Site: Forks Primary Care

Internal Receiving Site: _____ or

Receiving Organization: OFFICE OF DOCTOR BRAND MID

Note: Only those sites or organizations which have inventory set up are displayed.

Cancel

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

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

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

HOW TO REPORT AND RETURN EXPIRED STATE-SUPPLIED VACCINE

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

COVID-19 VACCINE, SEE SUPPLEMENT!

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

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

Edit Transfer: Create Date 09/19/2017

Site: Forks Primary Care

Organization: VACCINE DISTRIBUTION

by Email

which have inventory set up are displayed.

| Name | Lot Number | Exp Date | NDC |
|------------------|------------|----------|-----|
| Expired Flu Vacc | | | |
| Expired Flu Vacc | | | |

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

Enter Physical Count Here

Enter Preventative Action

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

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

6. Click **Submit**.
 7. Verify that expired vaccine has been removed from your refrigeration unit.
 8. Verify the correct *e-mail address* for mailing labels. If the e-mail address is incorrect, change the address **immediately** under “Manage Sites”
- A pre-paid UPS shipping label will be sent to the e-mail address verified above and a **“Return Packing List for VTrckS Return ID”** will be generated for your return. Once the Packing List is complete, it will be visible under *Notifications* on the *NCIR Home Page*. This document **MUST** be printed and placed in the package with your expired vaccine.

HOW TO REMOVE PRIVATE EXPIRED VACCINE

1. Click **Manage Inventory**.
 2. Click **Show Inventory**.
 3. Select the **Expired and Private (as below)**.
- Site: Forks Primary Care Show Active Inactive Non-Expired Expired State Private All
4. Put a check in the select column beside each vaccine lot to be removed and click **Modify Quantity**.

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

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

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

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

HOW TO REPORT WASTED VACCINE

COVID-19 VACCINE, SEE SUPPLEMENT!

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

1. Click **Manage Inventory**. *(continue to next page)*

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

| Trade Name | Lot Number | Inv On Hand | Action | *Amount | Category |
|----------------|------------|-------------|----------|---------|--------------|
| Engerix-B Peds | AHAYB2348B | 20 | Subtract | 1 | Wasted Doses |

* Reason Wasted:
 * Preventive Action:

- Click **Save**.

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

DOCUMENTING THE REPLACEMENT OF A BORROWED VACCINE DOSE

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

NOTE: Before beginning this process, be sure that all inventory contains an NDC number. See **HOW TO ADD PRIVATE INVENTORY TO THE NCIR** on page 4.

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

Edit Transfer: Create Date 10/30/2017 **Saved Successfully**

Sending Site: Forks Primary Care Save

Internal Receiving Site: or Packing List Label

Receiving Organization: VACCINE REPLACEMENT DUE TO BORROWING Finish Trans Ship

Note: Only those sites or organizations which have inventory set up are displayed. Cancel Transfer

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

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

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

At that point, refer to the directions for **ACCEPTING YOUR STATE-SUPPLIED INVENTORY** (page 4) to accept the vaccine into your inventory.

All vaccine borrowing and replacement must be documented using a Borrowing and Replacement Form which must be faxed to the Immunization Branch (1-800-544-3058) and kept on site for review by Branch Staff upon request. [See link at the top of this section.](#)

HOW TO VIEW NCIR TRANSACTIONS

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

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

* Date Entered (From): * To: View Cancel

* Date shot was given (From): * To: View Cancel

User Name: View

Transaction Type: Cancel

Site Name:

State/Private:

Eligibility:

Vaccine Groups:

Vaccine:

Trade Name:

Lot Number:

Display Last: Records

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

HOW TO VIEW VACCINE USAGE

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

| Group Name | Trade Name | Funding | -1 | 1 | 2 | 3-5 | 6 | 7-10 | 11-12 | 13-18 | 19-24 | 25 | 45-64 | 65+ | Totals |
|------------------|----------------------|---------|----|---|---|-----|---|------|-------|-------|-------|----|-------|-----|--------|
| DTPaP | Influenza | PRIVATE | 1 | | | | | | | | | | | | 1 |
| DTPaP - Health F | Poliovirus | STATE | 1 | | | | | | | | | | | | 1 |
| DTPaP - Health F | Poliovirus | PRIVATE | 1 | | | | | | | | | | | | 1 |
| DTPaP - Public | KINRIX | PRIVATE | | | | | | | | | | | | | 1 |
| DTPaP - Public | KINRIX | STATE | | | | | | | | | | | | | 1 |
| Herz8 | Herz8 Peds 2 Dose | PRIVATE | 1 | | | | | | | | | | | | 1 |
| Hib | Hibent | STATE | 1 | | | | | | | | | | | | 1 |
| Hib | Hibent | PRIVATE | 1 | 1 | | | | | | | | | | | 2 |
| IPV | Oralov 2 | PRIVATE | | | | | | | 1 | | | | | | 1 |
| Influenza | Fluenso DV4 P-Free P | PRIVATE | 2 | 2 | | | | | | | | | | | 4 |
| Influenza | Fluenso DV4 P-Free | STATE | | | | 2 | | 1 | 2 | | | | | | 5 |
| Influenza | Fluenso DV4 P-Free P | PRIVATE | | | | 3 | 1 | 3 | 2 | 5 | | | | 1 | 16 |
| Influenza | Fluenso DV4 P-Free P | STATE | 1 | 1 | | | | | | | | | | | 2 |
| MMR | MMR II | PRIVATE | 1 | | | | | | | | | | | | 1 |
| MMR - Vaccella | ProQuad | PRIVATE | | | | | | | | | | | | | 1 |
| MMR - Vaccella | ProQuad | STATE | | | | | | | | | | | | | 1 |
| PneumoConjugate | Prevnar 13 | PRIVATE | 1 | 1 | | | | | | | | | | | 2 |
| PneumoConjugate | Prevnar 13 | STATE | 1 | | | | | | | | | | | | 1 |
| Rotarix | Rotarix | STATE | 1 | | | | | | | | | | | | 1 |
| Td - Tdap/Partus | Boostrix | STATE | 1 | | | | | | | | | | | | 1 |
| Vaccella | Vaccella | PRIVATE | | | | | | | | | | | | | 1 |
| Totals: | | | 9 | 9 | 1 | 9 | 1 | 9 | 2 | 5 | | | 1 | | 45 |
| Client Counts: | | | 3 | 3 | 1 | 5 | 1 | 5 | 1 | 5 | | | 1 | | 27 |

HOW TO ADD NEW USERS TO THE NCIR

Before a user may be added to the NCIR, they must have completed NCID registration ([instructions on Page 1](#)).

- Click **Manage Users**.
- Click **Add User**.
- Type the **userID** into the box provided.
- Click **Verify**.
- Confirm that the personal information retrieved is correct for the user that you are adding.
- Choose the **Role** for the user by clicking on the drop-down menu.
- Click **Save**. You should see the message "User has been successfully saved."

NOTE: HIPAA-compliance requires that you **ALWAYS** *inactivate users when they are no longer at your practice.*

HOW TO ADD A CLINICIAN TO THE NCIR

- Click **Manage Clinicians**.
- Click **Add Clinician**.

Role: Clinician Ordering Authority Ordering Authority / Clinician Save

Prefix: Delete

* Last Name: Cancel

First Name:

Middle Name:

Suffix: * Credentials:

Complete site listing: Forks Primary Care Selected sites

Add >> Add All >>> << Remove <<< Remove All

- Choose the **Role** first:
Clinician: anyone who administers vaccines.
Ordering Authority: MD, DO, PA, or NP that signs orders for vaccines to be administered

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

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

HOW TO USE THE BENCHMARK REPORT

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

1. Under Reports, click **Benchmark Report**.
2. "Clients Associated with" and "Clients who did NOT meet the benchmark" are pre-selected.
3. Select the **Age or Birth Date Range** that you would like to review (e.g. 24-35 months or 13 to 18 years).
4. **Standard Assessment** is pre-selected.
5. Enter the current date as the **Evaluation Date**.
6. **Select Benchmark** by clicking on the age range that matches your selected age range (i.e. for 13-18 years, pick **Adolescent Complete** or for 24-36 months, pick **@24 months**).

7. Click **Generate**. You will be forwarded to the "Benchmark Report Status" page.
8. Click **Refresh**.
9. **Benchmark Report** will be displayed showing any pa-

REVIEWING BENCHMARK RESULTS

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

A yellow callout box with an arrow points to the 'C' in the 'DTaP (4)' column of the 5th row, containing the text 'C means "Late up-to-date"'.

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

HOW TO USE THE REMINDER / RECALL REPORT

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

1. Under Reports, click **Request Reminder**.
2. Under "Indicate the Tracking Schedule ..." select **Use Tracking Schedule Associated with Each Client**.
3. Under "Select the Vaccine Group(s) ..." select the vaccine groups you wish to review by adding vaccines from the left column to the right or removing unneeded vaccines.
4. Selecting a School & Primary Care Provider or Additional Demographic Criteria are generally not needed.
5. Under "Enter the Date Criteria" enter your chosen **Birth Date Range**. Other options are available here to adjust report results.
6. Click **Generate**.
7. At the Reminder Request Status page, click **Refresh** to check the status of the report.
8. Once the report is complete, click the blue link in the **Started** column. A summary of the report results will be displayed.
9. Proceed to the **Reminder Report Output Options**.

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

ADDITIONAL RESOURCES

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

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

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

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



NCIR QUICK REFERENCE GUIDE: DATA EXCHANGE SUPPLEMENT

NOTE: Electronic health record (EHR) products vary. The North Carolina Immunization Branch is able to provide instructions for the use of the North Carolina Immunization Registry (NCIR), however in some cases, corrections must be made through your EHR. For such assistance, providers may need to contact their vendors directly.

REVIEWING IMMUNIZATION TRANSACTIONS

Providers utilizing a data exchange between their EHR and NCIR should regularly review their NCIR transactions to ensure that immunizations are being transmitted correctly.

1. Click **Manage Inventory**.
2. Click the **Show Transactions** button.
3. Select the date range within which you would like to review transactions.

4. You may narrow

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

The transaction report will look very similar to those generated prior to use of a data exchange system, except that the "User Name" column will say "DATA EXCHANGE" because no NCIR user is logged in when the vaccine is recorded. Seeing "DATA EXCHANGE" is a sign that data is coming over correctly, but providers should closely review the information to ensure that it is correct and that no vaccines are missing.

REVIEWING OWNED-NOT DEDUCTED (OND) DOSES

Owned Non-Deducted Doses—When NCIR receives vaccine details that do not match those in NCIR inventory the vaccine is noted on the patient record as having been given by your office (owned), but it does not deduct from inventory. These doses are designated as "Owned Non-Deducted" or OND. Such doses will cause inventory counts to be incorrect. NCIR allows providers to review OND doses at any time.

CURRENT: 10/29/2021

1. Click **dx imm transaction list**.
2. Select the **Immunization Created Dates** or **Immunization Administered Dates** to determine the timeframe for review.
3. Select whether to review **Owned Non-Deduct** doses or **Historical** doses.

ERROR REASON EXPLANATIONS

Lot Number Is Invalid: The most common reason for EHR details not matching NCIR Inventory are incorrect lot number, incorrect manufacturer, or incorrect funding source being selected. For most EHR systems, this can be corrected in the EHR, but some cases may require the user to log into NCIR, delete the error and log the correct dose directly into NCIR.

Quantity on hand for vaccine lot not sufficient to support deduction: Inventory in NCIR was at zero before submission of the dose, most likely due to a vaccine lot incorrectly recorded on a patient record or wasted in error. Once the error is corrected and the dose is returned to inventory resubmit the dose for correct deduction.

RXA Errors: Most RXA errors are the result of some required information being left out of the transaction. Most must be evaluated and corrected by the provider's EHR vendor.

REVIEWING PATIENT RECORDS IN NCIR

Data sent to a patient record can be reviewed in NCIR as needed.

1. Look up client history using **Manage Immunizations**.
2. Click on the "Edit" button for the shot you wish to review (the icon looks like a pencil and paper).
NOTE: If the shot did not deduct from inventory "Owned Non-Deduct Immunization" will appear in red on the Edit Immunization Screen.
3. Ensure that all information has populated correctly.
4. Click the "View Update History" button.

5. Clicking on the "Job ID" number will allow you to review the data sent to NCIR via data exchange.

HOW TO ADD A CLINICIAN TO THE NCIR

It is critical that the names of your clinical staff in the NCIR Clinician List match the names of the same individuals in your EHR. If names are missing or are not a correct match, this field will remain blank in the NCIR vaccination record, in violation of North Carolina's immunization rules. This information must be checked every three months by providers utilizing the Data Exchange.

NOTE: Clinicians are not the same as users. A clinician may be entered without being a user.

1. Click **Manage Clinicians**.

3. Choose the **Role** first:

Clinician: anyone who administers vaccines.

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

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

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



NCIR QUICK REFERENCE GUIDE: COVID-19 VACCINE SUPPLEMENT

MOVING COVID-19 VACCINE FROM CVMS

1. When a provider opts to use NCIR for COVID-19 data entry, they will receive an e-mail with a “close of business” deadline for all CVMS entry.
2. All doses must be recorded for patients prior to that deadline and all inventory must be reconciled.
3. Following that deadline, all inventory in CVMS will be inactivated for that provider and transferred into that provider’s active NCIR inventory.
4. Offices may resume use of COVID-19 vaccine, recording doses in NCIR at 8am the following morning.

ORDERING COVID-19 VACCINE

All COVID-19 vaccine is currently ordered outside of NCIR. Providers need to submit requests via the Allocation Request Form, available here: <https://survey.max.dhhs.state.nc.us/TakeSurvey.aspx?SurveyID=98MI76m3#>

1. Requests must be received by **Thursday at 10am** to be considered for shipment the following week.
2. NCDHHS will review all requests to ensure requests are in line with guidelines below.
3. Orders are confirmed on Friday.
4. Orders are delivered the following Tuesday or Wednesday.

NOTE: In most cases, denied requests will be due to insufficient administration history and/or forecasted booster dose demand at your site. Please only request direct allocation if you can administer the Minimum Order Quantity (MOQ) within 3 months of receipt.

If you believe your vaccine request was denied in error, please review the ordering guidelines below and resubmit with sufficient justification for how you will administer all doses within 3 months of receipt.

You can review our most current ordering guidance including minimum orders for the various brands of COVID-19 vaccine and allocation timelines here:

<https://covid19.ncdhhs.gov/media/3323/open>

TRANSFERRING COVID-19 DOSES TO AN OFFICE USING CVMS

NOTE: Transfers of COVID-19 vaccine between users using two different systems (CVMS and NCIR) is strongly discouraged. Offices who cannot use the minimum order quantity, and cannot find a user on the same system that can transfer doses to you should call the NC Vaccines Help Desk at 1-877-873-6247, option #1.

If there is no other solution, the NCIR provider sending vaccine must submit a Vaccine Transfer Form to

https://ncgov.servicenow.services.com/csm_vaccine

or 1-800-544-3058 (fax) and receive approval prior to sending any vaccine to a non-NCIR provider:

https://immunize.nc.gov/providers/ncip/pdf/vaccine_transfer_form.pdf.

Guidance will then be provided via the Help Desk.

RECEIVING COVID-19 DOSES FROM AN OFFICE USING CVMS

NOTE: Transfers of COVID-19 vaccine between users using two different systems (CVMS and NCIR) is strongly discouraged. Offices who cannot use the minimum order quantity, and cannot find a user on the same system that can transfer doses to you should call the NC Vaccines Help Desk at 1-877-873-6247, option #1.

If there is no other solution, the CVMS provider sending vaccine must submit a Transfer Request within CVMS and receive approval before sending any COVID-19 doses.

Guidance will then be provided via the Help Desk.

REPORTING WASTED, SPOILED, OR EXPIRED COVID-19 VACCINE

Instructions for wasting COVID-19 vaccines do not differ from other, routine vaccines. However, providers should dispose of all COVID-19 vaccine on site and **SHOULD NOT** attempt to send any COVID-19 vaccine back to McKesson Specialty, Pfizer, the State of North Carolina, or the Centers for Disease Control and Prevention.

The following reasons may be recorded in the provided text box when using “Wasted Doses” in the Modify Quantity function to waste COVID-19 vaccine.

- Broken Vial/Syringe
- Expired Vaccine
- Failure to store properly upon receipt
- Lost or unaccounted for vaccine
- Mechanical failure Natural disaster/Power outage
- Open vial but all doses not administered
- Recall
- Storage Unit too cold
- Storage Unit too warm
- Vaccine drawn into syringe but not administered
- Vaccine spoiled in transit (Freezer/Warm)
- Insufficient Quantity – Pfizer (5 doses)
- Insufficient Quantity – Janssen (4 doses)
- Insufficient Quantity – Moderna (13 doses)

No other reasons should be recorded, and all non-COVID-19 vaccine must be subject to a viability study by Immunization Branch Storage and Handling Staff prior to destruction, wastage, and/or return.



Best Practices for Successfully Using the

"Data Integrity" Best Practices:

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

"Workflow" Best Practices:

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

"Administrative" Best Practices:

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

"Inventory" Best Practices:

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

North Carolina Immunization Registry

Mass Clinic Form

Name of Organization: _____ Chart Number: _____

YOU MUST COMPLETE ALL FIELDS BELOW.

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

| | | | |
|--|---|--|----------------------------------|
| Patient's Name (Last, First, Middle Initial) | | Mother's Maiden Name (Last, First, Middle Initial) | |
| Date of Birth (mm/dd/yyyy) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity (Check One) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | |
| Race (Check all that apply) | | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other Race | |
| Name of Parent or Guardian Responsible for Patient (Last, First, Middle Initial) | | Relationship to Patient | |
| Address | | P.O. Box | |
| City | County | State | Zip Code |
| Email Address (if applicable) | Home Telephone Number () | Work Telephone Number () | Extension |

PLEASE ANSWER ALL OF THE FOLLOWING:

1. Is the person to be vaccinated sick today? YES NO
2. Does the person to be vaccinated have an allergy to a component of the vaccine? YES NO
3. Has the person to be vaccinated ever had a serious reaction to influenza in the past? YES NO
4. Has the person to be vaccinated ever had Guillain-Barré syndrome? YES NO
5. Are you currently pregnant? YES NO

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

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

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

FOR OFFICE USE ONLY:

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

| Vaccine | Trade Name | Lot # | VIS Pub. Date | Date VIS Presented | Body Route | Body Site* | mL. |
|-----------|------------|-------|---------------|--------------------|------------|-------------|-----|
| Influenza | | | | | IM | RV LV RD LD | |
| PPSV | | | | | IM SC | RV LV RD LD | |
| COVID-19 | | | | | | | |
| Other | | | | | | | |

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

SIGNATURE AND TITLE – Person Administering Vaccine

Date Vaccine Administered

| | |
|--|--|
| | |
|--|--|

Registro de inmunizaciones de North Carolina

Registro de administración de vacunas

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

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

| CHART NUMBER | | | |
|--|---|---|--------------------------------------|
| Nombre del paciente (apellido, primer nombre, segundo nombre) | | Nombre de soltera de la madre (apellido, primer nombre) | |
| Fecha de nacimiento (mm/dd/aaaa) | Sexo <input type="checkbox"/> varón <input type="checkbox"/> hembra | Origen étnico <input type="checkbox"/> Hispano <input type="checkbox"/> No-Hispano | |
| Raza (Marque toda respuesta que apliqué) | | | |
| <input type="checkbox"/> Asiático | <input type="checkbox"/> Indio Americano o nativo de Alaska | <input type="checkbox"/> Blanco | <input type="checkbox"/> Desconocido |
| <input type="checkbox"/> Negro o Afro-Americano | <input type="checkbox"/> Nativo de Hawaii o de otras Islas del Pacifico | <input type="checkbox"/> Otra raza | |
| Nombre del padre/madre o tutor responsable por el paciente (apellido, primer nombre) | | Relación con el paciente | |
| Dirección | | Apdo. postal | |
| Ciudad | Condado | Estado | Código postal |
| Dirección de correo electrónico (si corresponde) | Número telefónico de la casa () | Número telefónico del trabajo () | Extensión |

Favor de contestar las preguntas siguientes:

1. ¿La persona a vacunarse está enferma hoy? Sí No
2. ¿La persona a vacunarse alguna vez ha tenido una reacción seria a la vacuna? Sí No
3. ¿La persona a ser vacunada tiene una alergia a un componente de la vacuna? Sí No
4. ¿La persona a vacunarse alguna vez tuvo síndrome de Guillain-Barré? Sí No
5. ¿ Estás embarazada actualmente? Sí No

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

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

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

FOR OFFICE USE ONLY:

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

| Vaccine | Trade Name | Lot # | VIS Pub. Date | Date VIS Presented | Body Route | Body Site* | mL. |
|-----------|------------|-------|---------------|--------------------|------------|-------------|-----|
| Influenza | | | | | IM | RV LV RD LD | |
| PPSV | | | | | IM SC | RV LV RD LD | |
| COVID-19 | | | | | | | |
| Other | | | | | | | |

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

| | |
|--|---------------------------|
| SIGNATURE AND TITLE – Person Administering Vaccine | Date Vaccine Administered |
|--|---------------------------|