

**MONKEYPOX 2022 VACCINE TOOLKIT:**

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Monkeypox Medical Countermeasures - Jynneos Request Process –Adults 18+ years old		
Request Stage	Action Tracker	Notes
Prior to identified need for vaccine	All providers (including LHDs) anticipating administering JYNNEOS must complete the <a href="#">Enrollment/Capacity Survey</a> . Sites not already enrolled in NCIR will be contacted by the Immunization Branch to complete the necessary NCIR paperwork and training.	Purpose of Enrollment: <ul style="list-style-type: none"> <li>• Ensure providers have proper storage capabilities</li> <li>• Ensure providers have NCIR access</li> <li>• Collect necessary information to create HPOP account</li> </ul>
Need for MCMs	Agency identifies need for Monkeypox vaccine: <ul style="list-style-type: none"> <li>• People who have been in close physical contact with someone diagnosed with monkeypox in the last 14 days (PEP)</li> <li>• Men who have sex with men, or transgender women, who report any of the following in the last 90 days: <ul style="list-style-type: none"> <li>• Having multiple or anonymous sex partners</li> <li>• Being diagnosed with a sexually transmitted infection</li> <li>• Receiving HIV pre-exposure prophylaxis (PrEP)</li> </ul> </li> <li>• Certain Health care workers and public health response team members designated by public health</li> </ul>	Time-sensitive or clinical support needs after-hours need to use the Epi On-Call number at 919-733-3419
Vaccine Access	Provider can refer patient(s) directly to LHD/Clinic with current vaccine inventory.  If not inventory nearby for patient access, complete <a href="#">Monkeypox MCM Request Form</a>	
Review Process	Monkeypox Response Team vets the request and makes 1 of 2 decisions: <ul style="list-style-type: none"> <li>• Approved- forward request to vaccine hub for fulfillment</li> <li>• Denied- requesting agency will be provided with a justification for denial of fulfillment (vaccine supply will be limited in certain hub locations based on facility need)</li> </ul>	<ul style="list-style-type: none"> <li>• Available quantities to transfer will be dependent upon doses available for transfer as determined by vaccine hub needs/appointments scheduled.</li> </ul>
State fulfillment thru Hub locations	<ul style="list-style-type: none"> <li>• Monkeypox Response Team will identify the closest vaccine hub in North Carolina.</li> <li>• Monkeypox Response Team will email the requestor and vaccine hub location point of contact to connect the two locations</li> <li>• Logistics should be coordinated between the two locations</li> </ul>	<ul style="list-style-type: none"> <li>• Vaccine hub counties: Buncombe, Cumberland, Guilford, Mecklenburg, Pitt, Forsyth, Durham, Wake and New Hanover.</li> <li>• Available quantities to transfer will be dependent upon the hub need to fulfill vaccine appointments scheduled.</li> </ul>

		<ul style="list-style-type: none"> <li>Alternative Transport plans can be arranged if the receiving site doesn't have the resources to physically pick up vaccine from vaccine hub location.</li> </ul>
Agency/partner interested in receiving vaccine when supplies are more readily available	<ul style="list-style-type: none"> <li>Complete the <a href="#">Enrollment/Capacity Survey</a>. When vaccine becomes more readily available and criteria includes pre-exposure prophylaxis, individuals will be contacted.</li> </ul>	

Monkeypox Medical Countermeasures Request Process – JYNNEOS for Individuals < 18 years old		
Request Stage	Action Tracker	Notes
Need for MCMs	<p>Agency identifies need for Monkeypox vaccine in individual less than 18:</p> <ul style="list-style-type: none"> <li>People who have been in close physical contact with someone diagnosed with monkeypox in the last 14 days (PEP)</li> <li>Men who have sex with men, or transgender women, who report any of the following in the last 90 days: <ul style="list-style-type: none"> <li>Having multiple or anonymous sex partners</li> <li>Being diagnosed with a sexually transmitted infection</li> <li>Receiving HIV pre-exposure prophylaxis (PrEP)</li> </ul> </li> </ul>	
Submit Request	<p>Local agency contacts <a href="mailto:PHPR.SNS@dhhs.nc.gov">PHPR.SNS@dhhs.nc.gov</a> with details</p> <p>NC DHHS will submit request to CDC clinical team for review</p>	<p>Time-sensitive or clinical support needs after-hours need to use the Epi On-Call number at 919-733-3419</p> <p>Information Required for request:</p> <ul style="list-style-type: none"> <li>Provider willing to administer vaccine and participate in IND protocol</li> <li>Justification for why individual needs vaccine</li> </ul>
Next Steps	<ul style="list-style-type: none"> <li>CDC provides EA-IND form</li> <li>Provider completes EA-IND paperwork, FDA form 1572 and provides required information.</li> <li>FDA reviews and provides response within 24 hours</li> <li>Provider administers JYNNEOS following approval from FDA</li> </ul>	<ul style="list-style-type: none"> <li>One IND protocol completed per patient</li> <li>One Form 1572 completed per facility</li> <li><a href="#">CDC Guidance for Obtaining and Using TPOXX</a></li> </ul>

Name	Indication	Request Criteria/ Considerations for Vaccination /Treatment	Availability	Packaging/ Storage and Handling	Resources
<b><u>Jynneos</u></b> Vaccine	FDA Approved for prevention of smallpox & monkeypox in <b>Adults 18+</b>  <b>Individuals &lt;18 can be treated under expanded access IND.</b>	<ul style="list-style-type: none"> <li>Post exposure prophylaxis (PEP) for individuals between 4-14 days after exposure</li> <li>Expanded post exposure prophylaxis (PEP++) for individuals with certain risk factors who are more likely to have been recently exposed to monkeypox</li> <li>Pre-exposure prophylaxis (PrEP) for individuals at high risk of exposure to monkeypox</li> </ul>	SNS request  <b>- OR -</b>  Push product within NC county jurisdictions  Ancillary supplies not included	20 – Single dose vials of 0.5ml dose  <b>Keep frozen</b> at -25°C to -15°C (-13°F to +5°F).  Once thawed, the vaccine may be kept at +2°C to +8°C (+36°F to +46°F) for 8 weeks ( <a href="#">Updated Storage Info</a> )	<a href="#">CDC Monkeypox Vaccine Guidance</a>  <a href="#">Jynneos Vaccine Information Sheet</a>  <a href="#">Jynneos Package Insert</a>
<b><u>ACAM2000</u></b> Vaccine	FDA Approved for Smallpox prevention in adults and peds > 1 yo  <b>Expanded access IND for monkeypox</b>	<ul style="list-style-type: none"> <li>PEP, PEP++ or PrEP when Jynneos is contraindicated or unavailable. Risk-benefit discussions and review of current medical conditions that could increase risk for serious adverse events should be completed prior to administration. Use should be determined between patient and provider while considering medical history, individual/household profiles and ability to manage vaccine site lesion to prevent further transmission.</li> </ul>	SNS Request Only  Ancillary supplies included in shipment from SNS	3 ml MDV requiring reconstitution  Prior to reconstitution, <b>store frozen</b> at -15°C to -25°C (5°F to -13°F); may also be stored refrigerated at 2°C to 8°C (36°F to 46°F) for up to 18 months.  Diluent stored at room temperature of 15°C to 30°C (59°F to 86°F).	<a href="#">ACAM2000 Medication Guide – CDC</a>  <a href="#">ACAM2000 Package Insert</a>
<b><u>Tecovirimat</u></b> <b><u>(Tpoxx)</u></b> Antiviral medication	FDA approved for treatment of smallpox in adults and pediatric patients weighing at least 3 kg  <b>Expanded access IND for monkeypox</b>	<ul style="list-style-type: none"> <li>Individuals with severe disease (i.e. hemorrhagic disease, sepsis, encephalitis or others requiring hospitalization)</li> <li>High risk of severe disease:               <ul style="list-style-type: none"> <li>immunocompromising conditions such as HIV/AIDs</li> <li>pediatrics &lt;8 years old,</li> <li>pregnant/breastfeeding women</li> <li>history of atopic dermatitis</li> <li>≥1 complication of active infection</li> </ul> </li> <li>Aberrant infections involving anatomic areas of monkeypox virus infection that may create hazard (i.e. eyes, mouth, genitals, anus)</li> </ul>	SNS Request only	200mg capsules in bottles of 42 capsules; stored at room temperature  IV – requires refrigeration (shipping & storage)	<a href="#">CDC Guidance for Tecovirimat Use</a>  <a href="#">Tecovirimat Package Insert</a>  <a href="#">Tpoxx Fact Sheet</a>

**NC Standing Order Template**  
**JYNNEOS Smallpox Vaccine Administration for 18 years and Older**  
**July xx, 2022**

**Purpose:** To reduce morbidity and mortality from Orthopoxvirus (Monkeypox, Smallpox) by vaccinating individuals with JYNNEOS vaccine who are at high risk for exposure or as part of pre and post-exposure prophylaxis who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

**Policy:** Policy note published June 3, 2022. Use of JYNNEOS for Vaccination of Persons at Risk of infection with Orthopoxvirus based on ACIP Recommendations. Under these standing orders, eligible nurses and other health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Condition or Situation	
Condition or Situation in Which the SO Will Be Used	<p>JYNNEOS is a vaccine indicated for prevention of smallpox and monkeypox disease in high-risk adults 18 years of age and older. JYNNEOS is recommended to be administered within 4 days from date of exposure to Monkeypox in order to prevent the onset of disease. If given between 4-14 days post exposure, symptoms may be reduced, but disease may not be prevented. JYNNEOS can be administered at the same time as other vaccines.</p> <p>Patients who present requesting vaccination with Jynneos will receive:</p> <p><b>Primary Series</b> 2 subcutaneous injections separated by 4 weeks. People who receive JYNNEOS are considered to reach maximum immunity 14 days after their second dose (~ 6 weeks from first dose). They should continue to take precautions against monkeypox during this time.</p>
Pre and Post-Exposure Prophylaxis	<p>Administer Jynneos to persons 18 years of age and older who present requesting vaccination and self-attest to being in a high-risk category based on CDC's <a href="#">Exposure risk assessment</a>.</p> <p><b>Post-Exposure Prophylaxis (PEP)</b></p> <ol style="list-style-type: none"><li>PEP is recommended for:<ol style="list-style-type: none"><li>Known contacts who are identified by public health via case investigation, contact tracing, and risk exposure assessments</li><li>Know that a sexual partner in the past 14 days was diagnosed with monkeypox</li><li>People who have been in close physical contact with someone diagnosed with monkeypox in the last 14 days (PEP)</li><li>Men who have sex with men, or transgender individuals, who report any of the following in the last 90 days:<ol style="list-style-type: none"><li>Having multiple or anonymous sex partners</li><li>Being diagnosed with a sexually transmitted infection</li><li>Receiving HIV pre-exposure prophylaxis (PrEP)</li></ol></li><li>People who are at risk for severe adverse events with ACAM2000 or severe disease from monkeypox (such as people with HIV or other immunocompromising conditions).</li><li>Health care workers who were in the same room with or within 6 feet of a patient during any procedures that may create aerosols from oral secretions, skin lesions, or resuspension of dried exudates (e.g., shaking of soiled linens), without wearing an N95 or equivalent respirator (or higher) and eye protection.</li><li>Persons exposed to monkeypox virus who have not received the smallpox vaccine within the last 3 years should consider getting vaccinated.</li></ol></li><li>Vaccine should be given within 4 days from the date of exposure to prevent onset</li></ol>

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	<p>of the disease. If given between 4–14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease.</p> <p><b>Pre-Exposure Prophylaxis (PrEP)</b>  *At this time, most clinicians in the United States and laboratorians not performing the orthopox virus generic test to diagnose orthopox viruses, including monkeypox virus, are not advised to receive monkeypox vaccine PrEP. However, the Federal Department of Health and Human Services is considering a broader PrEP strategy as supply allows and based on evolving need.</p> <ol style="list-style-type: none"> <li>1. Clinical laboratory personnel who perform testing to diagnose orthopox viruses, including those who use polymerase chain reaction (PCR) assays for diagnosis of orthopox viruses, including Monkeypox virus</li> <li>2. Research laboratory workers who directly handle cultures or animals contaminated or infected with orthopox viruses that infect humans, including Monkeypox virus, replication-competent Vaccinia virus, or recombinant Vaccinia viruses derived from replication-competent Vaccinia virus strains</li> <li>3. Certain healthcare and public health response team members designated by public health authorities to be vaccinated for preparedness purposes</li> <li>4. People who can get PrEP if they want to receive it include healthcare personnel who administer ACAM2000 or anticipate caring for many patients with monkeypox.</li> </ol>
<b>Assessment</b>	
Assessment Criteria	<p>Assess patient's risk level using the <a href="#">CDC's Exposure risk assessment guidance</a>. Patients 18 years and older determined to be at high risk for exposure (criteria for Pre-exposure prophylaxis above) shall be vaccinated with JYNNEOS. Patients who have experienced a high-risk exposure or expanded PEP criteria above shall be vaccinated with JYNNEOS within 14 days of the date of exposure. Vaccination is most effective when given within 4 days of the date of the exposure. Vaccine given between 4–14 days after the date of exposure may reduce symptoms of disease but may not prevent the disease.</p>
<b>Subjective</b>	
	<ol style="list-style-type: none"> <li>1. Client 18 years and older presents requesting smallpox vaccine (JYNNEOS) and is at high risk for exposure (pre-exposure prophylaxis) or has experienced a high-risk exposure to monkeypox within the past 14 days (post-exposure prophylaxis).</li> <li>2. Client 18 years and older presents requesting 2<sup>nd</sup> dose of Jynneos <ol style="list-style-type: none"> <li>a) People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting any dose of JYNNEOS™.</li> <li>b) Persons recommended to receive JYNNEOS™ due to an exposure to monkeypox virus should be vaccinated regardless of concurrent illnesses, pregnancy, breastfeeding, or weakened immune system.</li> </ol> </li> </ol>
<b>Objective</b>	
	<p>JYNNEOS is not licensed for persons for persons under 18 years of age</p> <ol style="list-style-type: none"> <li>1. Immunization record reveals client has not previously completed a smallpox vaccine series with either ACAM2000 (smallpox) or JYNNEOS vaccine within the last two years for pre-exposure prophylaxis or within the last three years for post-exposure prophylaxis.</li> <li>2. Immunization record indicates receipt of 1 dose of Jynneos at least 4 weeks ago, and patient is presenting for second dose of the primary series.</li> </ol>

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<b>Nursing Plan of Care</b>	
Contraindications and Precautions	<p>Screen all adults 18 years and older for contraindications and precautions to JYNNEOS vaccine. Note that <b>pregnancy and breastfeeding are not contraindications</b>. Because JYNNEOS is non-replicating, it can be administered regardless of timing to previous live virus vaccine administration (e.g., MMR, Varicella). JYNNEOS is also safe for administration to people with HIV and atopic dermatitis</p> <p>Consult with medical staff if the following contraindications or precautions are present:</p> <p><b>Contraindications:</b></p> <ul style="list-style-type: none"> <li>• People with a severe allergy to any component of the vaccine (gentamicin, ciprofloxacin, egg protein) should not receive this vaccine. (Note: JYNNEOS is formulated without preservatives. The vial stoppers are not made with natural rubber latex). More information on Jynneos cell line <a href="#">here</a>.</li> <li>• Patient is currently taking Deflazacort (Calcort)</li> </ul> <p><b>Precautions:</b></p> <ul style="list-style-type: none"> <li>• Moderate to severe acute illness with or without fever.</li> <li>• Patient is currently taking one of the following medications: <ul style="list-style-type: none"> <li>▪ SAPHNELO™ (Anifrolumab-fnia)</li> <li>▪ ILARIS® (Canakinumab)</li> <li>▪ DUPIXENT® (Dupilumab)</li> <li>▪ GILENYA® (Fingolimod)</li> <li>▪ TALTZ® (Ixekizumab)</li> <li>▪ ZEPOSIA® (Ozanimod)</li> <li>▪ PONVORY™ (Ponesimod)</li> <li>▪ COSENTYX® (Secukinumab)</li> <li>▪ MAYZENT® (Siponimod)</li> <li>▪ ADBRY™ (Tralokinumab-ldrm)</li> <li>▪ LUPKYNIS™ (Voclosporin)</li> </ul> </li> </ul>
Nursing Actions	<p>Implement the following vaccine regimen if above criteria are met and no precautions or contraindications are identified:</p> <ol style="list-style-type: none"> <li>1. Provide patient with a copy of the most current federal Vaccine Information Statement (VIS) for Smallpox/Monkeypox. The VIS can be found at <a href="https://www.cdc.gov/vaccines/hcp/vis/vis-statements/smallpox-monkeypox.html">https://www.cdc.gov/vaccines/hcp/vis/vis-statements/smallpox-monkeypox.html</a>. You must document in the patient's medical record or office log, the publication date of the VIS and date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at <a href="https://www.immunize.org/vis/vis_smallpox_monkeypox.asp">https://www.immunize.org/vis/vis_smallpox_monkeypox.asp</a>.</li> <li>2. Written consent is not required under federal or state law for JYNNEOS administration. However, administering agencies may obtain consent following internal guidelines/policies.</li> <li>3. Inform patient/caregiver of possible side effects and reactions. Persons with a history of immunocompromising conditions should be counseled on the possibility of a reduced response to the vaccine.</li> <li>4. Counsel patients that we do not know if JYNNEOS will fully protect against</li> </ol>



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	<p>monkeypox virus infection in this outbreak. Individuals wanting to minimize their risk of infection should take additional preventive measures and immediately self-isolate should symptoms occur, such as a rash.</p> <ol style="list-style-type: none"> <li>5. Specific Groups: <ol style="list-style-type: none"> <li>a. Pregnancy and breast feeding are not contraindications to vaccination.</li> <li>b. Pediatric and Geriatric populations: there have not been adequate studies to determine safety and efficacy in those under 18* or over the age of 65. (*JYNNEOS is not licensed for administration to individuals under the age of 18). Due to an unknown risk for myocarditis after JYNNEOS, persons might consider waiting 4 weeks after receipt of vaccination before receiving an mRNA COVID-19 vaccine. If post-exposure prophylaxis is recommended, vaccination with JYNNEOS should not be delayed because of recent receipt of an mRNA COVID-19 vaccine.</li> </ol> </li> <li>6. Health care personnel should follow routine infection control procedures when administering vaccines. Follow strict aseptic medication preparation practices. Perform hand hygiene before preparing vaccines. Use a designated, clean medication area that is not adjacent to areas where potentially contaminated items are placed. Avoid distractions. Some facilities have a no-interruption zone, where health care professionals can prepare medications without interruptions. Prepare medications for one patient at a time. Always follow the vaccine manufacturer's directions, located in the package inserts.</li> <li>7. Allow the vaccine to thaw and reach room temperature before use.</li> <li>8. Swirl the vial gently before use for at least 30 seconds. Withdraw a dose of 0.5 mL into a sterile syringe for injection.</li> <li>9. Administer 0.5ml JYNNEOS via <b>subcutaneous injection</b> in the fatty tissue over triceps in adults. Use a 23-25g, 5/8" needle. Inject at a 45° angle.</li> <li>10. Document each patient's vaccine administration information and follow up in the following locations: Electronic medical record/North Carolina Immunization Registry (NCIR)- record the date the vaccine was administered, manufacturer and lot number, the vaccination site and route, the name and title of the person administering the vaccine. Race and ethnicity are now required fields in NCIR and should be reviewed and updated to ensure accurate documentation for the JYNNEOS recipient. For tracking purposes, ensure doses are documented from live inventory in NCIR (do not enter historically).</li> <li>11. If the vaccine was not administered, record reason (s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).</li> <li>12. Inform patient/caregiver to go to the Emergency Department of the nearest hospital if an adverse reaction occurs.</li> <li>13. Advise vaccine recipient to report any adverse events to their healthcare provider or to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 and <a href="https://www.vaers.hhs.gov">www.vaers.hhs.gov</a>.</li> <li>14. Instruct patient to call clinic, or their health care provider with any questions and/or problems.</li> <li>15. Inform vaccine recipient of the importance of completing the two dose vaccination series (at least 28 days apart) for first time vaccine recipients.</li> </ol>
Follow-up	<p><b>VAERS Reporting:</b> Healthcare providers are required to report to VAERS adverse events found in the Reportable Events Table (RET) at <a href="https://vaers.hhs.gov/resources/VAERS%20Table%20of%20Reportable%20Events%20Following%20Vaccination.pdf">https://vaers.hhs.gov/resources/VAERS Table of Reportable Events Following Vaccination.pdf</a>. For events not included in the RET, healthcare providers are encouraged to report any additional clinically significant adverse events after vaccination to VAERS even if it is uncertain whether the vaccine caused the event.</p>



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	<p><b>Anaphylaxis Management:</b> Be prepared to manage medical emergencies by following your emergency response policies, procedures, and standing orders for any vaccine reaction, which must include appropriate equipment and medications (e.g., epinephrine, diphenhydramine) where vaccines are provided to respond to <a href="#">severe allergic reactions and anaphylaxis</a>.</p> <p><b>Syncope:</b> Be prepared to manage syncope as it may occur in association with administration of injectable vaccines, particularly in adolescents. Procedures should be in place to avoid injury from fainting.</p>
	<b>Criteria for Notifying the physician/APP</b>
Criteria for Notifying the physician/APP	<ol style="list-style-type: none"><li>1. Allergic reaction: Call 911, implement medical protocols and immediately notify the medical provider providing clinical supervision of the vaccination site/service.</li><li>2. Consult with physician/ advanced practice provider if the patient reports any contraindications or precautions to the vaccine prior to administration.</li></ol>

**Approved by:** \_\_\_\_\_ **Date approved** (or last reviewed): \_\_\_\_\_  
(Signature of physician/APP)

## North Carolina Immunization Program Transportation Guidance for Vaccines

Transportation of vaccines should be rare and expected length of transport should be less than 30 minutes. If conducting an off-site clinic, the total time for transport and workday should be a maximum of 8 hours. A digital data logger with a current and valid certificate of calibration must be used for temperature monitoring during transport. For accountability tracking purposes, transfers must be documented via the North Carolina Immunization Registry (NCIR) when vaccine is transferred from one provider to another. If portable units purpose-built for vaccine transport are not available, the following methods can be used as an acceptable alternative.

# Transporting Frozen Vaccines

## Guidelines for vaccine transport in emergency situations

### Assemble packing supplies and documents

1. **Hard-sided cooler**
2. **Frozen cold packs** Keep enough frozen cold packs in your freezer to make 2 layers in the transport cooler. NEVER USE DRY ICE.
3. **Digital Data Logger (pre-conditioned to frozen temperatures)**
4. **Packing Materials (bubble wrap, packing foam, or Styrofoam™)** to prevent contents from shifting during transport.
5. **Temperature Log** Record the time and temperature of the vaccine in the cooler before departure, each time the cooler is opened, and upon arrival to the destination. Sample Transport Log:  
<https://www.cdc.gov/vaccines/covid-19/downloads/transport-temperature-log.pdf>

## Pack vaccines and prepare for transport

### Prepare for Transport

- Verify that the destination site has enough room for your vaccine and that someone will be there when the vaccine arrives.
- Verify that you have all the packing supplies on the above list.

### Pack Vaccines



Spread a layer of frozen ice packs to cover the bottom of the cooler.



Spread another layer of frozen ice packs to cover the vaccine.



Stack layers of vaccine boxes directly on top of the frozen ice packs.



Fill the cooler to the top with insulation material (bubble wrap).



Place the digital data logger probe with the top layer of the vaccine.



Close the cooler lid and place the digital data logger's display on top of the lid with a temperature log. Transport the vaccine.

# Transporting Refrigerated Vaccines

## Packing Vaccines for Transport during Emergencies

### Be ready BEFORE the emergency

Equipment failures, power outages, natural disasters—these and other emergency situations can compromise vaccine storage conditions and damage your vaccine supply. **It's critical to have an up-to-date emergency plan with steps you should take to protect your vaccine.** In any emergency event, activate your emergency plan immediately, and if you can do so safely, follow the emergency packing procedures for refrigerated vaccines.

## 1 Gather the Supplies



### Hard-sided coolers or Styrofoam™ vaccine shipping containers

- Coolers should be large enough for your location's typical supply of refrigerated vaccines.
- Can use original shipping boxes from manufacturers if available.
- Do NOT use soft-sided collapsible coolers.



### Conditioned frozen water bottles

- Use 16.9 oz. bottles for medium/large coolers or 8 oz. bottles for small coolers (enough for 2 layers inside cooler).
- Do NOT reuse coolant packs from original vaccine shipping container, as they increase risk of freezing vaccines.
- Freeze water bottles (can help regulate the temperature in your freezer).
- Before use, you must condition the frozen water bottles. Put them in a sink filled with several inches of cool or lukewarm water until you see a layer of water forming near the surface of bottle. The bottle is properly conditioned if ice block inside spins freely when rotated in your hand.



### Insulating material — You will need two of each layer

- **Insulating cushioning material** - Bubble wrap, packing foam, or Styrofoam™ for a layer above and below the vaccines, at least 1 in thick. Make sure it covers the cardboard completely. Do NOT use packing peanuts or other loose material that might shift during transport.
- **Corrugated cardboard** - Two pieces cut to fit interior dimensions of cooler(s) to be placed between insulating cushioning material and conditioned frozen water bottles.



**Temperature monitoring device** - Digital data logger (DDL) with buffered probe. Accuracy of  $\pm 1^{\circ}\text{F}$  ( $\pm 0.5^{\circ}\text{C}$ ) with a current and valid certificate of calibration testing. Pre-chill buffered probe for at least 5 hours in refrigerator. Temperature monitoring device currently stored in refrigerator can be used, as long as there is a device to measure temperatures for any remaining vaccines.

### Why do you need cardboard, bubble wrap, and conditioned frozen water bottles?

Conditioned frozen water bottles and corrugated cardboard used along with one inch of insulating material such as bubble wrap keeps refrigerated vaccines at the right temperature and prevents them from freezing. **Reusing vaccine coolant packs from original vaccine shipping containers can freeze and damage refrigerated vaccines.**



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for more information, or your state  
health department.

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# Packing Vaccines for Transport during Emergencies

## 2 Pack for Transport

### Conditioning frozen water bottles

- Put frozen water bottles in sink filled with several inches of cool or lukewarm water or under running tap water until you see a layer of water forming near surface of bottle.
- The bottle is properly conditioned if ice block inside spins freely when rotated in your hand.
- If ice "sticks," put bottle back in water for another minute.
- Dry each bottle.
- Line the bottom and top of cooler with a single layer of conditioned water bottles.
- Do NOT reuse coolant packs from original vaccine shipping container.



### NOTE:

This packout can maintain appropriate temperatures for up to 8 hours, but the container should not be opened or closed repeatedly.

**Close lid** – Close the lid and attach DDL display and temperature log to the top of the lid.

**Conditioned frozen water bottles** – Fill the remaining space in the cooler with an additional layer of conditioned frozen water bottles.

**Insulating material** – Another sheet of cardboard may be needed to support top layer of water bottles.

**Insulating material** – Cover vaccines with another 1 in. layer of bubble wrap, packing foam, or Styrofoam™

**Vaccines** – Add remaining vaccines and diluents to cooler, covering DDL probe.

**Temperature monitoring device** – When cooler is halfway full, place DDL buffered probe in center of vaccines, but keep DDL display outside cooler until finished loading.

**Vaccines** – Stack boxes of vaccines and diluents on top of insulating material.

**Insulating material** – Place a layer of bubble wrap, packing foam, or Styrofoam™ on top (layer must be at least 1 in. thick and must cover cardboard completely).

**Insulating material** – Place 1 sheet of corrugated cardboard over water bottles to cover them completely.

**Conditioned frozen water bottles** – Line bottom of the cooler with a single layer of conditioned water bottles.

## 3 Arrive at Destination

**Before opening cooler** – Record date, time, temperature, and your initials on vaccine temperature log.

**Storage** – Transfer boxes of vaccines quickly to storage refrigerator.

**Troubleshooting** – If there has been a temperature excursion, contact vaccine manufacturer(s) and/or your immunization program before using vaccines. Label vaccines "Do Not Use" and store at appropriate temperatures until a determination can be made.

# JYNNEOS Storage and Handling Guidance

## Key Points

- JYNNEOS is shipped at -20°C and can be used through the labeled expiration date when stored between -15°C and -25°C
- The NDC printed on the carton will differ than the NDC printed on the vial
- Expiration dates are printed on the carton, but not the vial
- Expiration dates, along with the corresponding lot and NDC numbers can be found at: <https://aspr.hhs.gov/SNS/Pages/Monkeypox.aspx>
- When stored at refrigerated temperatures (2°C to 8°C), unopened vials can be used for up to 8 weeks (this differs from the package insert)
- Store the vaccine in the original package to protect from light
- Do not re-freeze a vial once it has been thawed

## Temperatures During Transport

- If temperatures **reach above -15°C** during transport (but not warmer than 8°C), place unopened vaccine in a refrigerated unit to be used for up to 8 weeks
- If temperatures are **maintained between -15°C and -25°C**, place unopened vials in a frozen storage unit to be used up to the printed expiration date
- If temperatures **reach above 8°C**, mark the carton “DO NOT USE”, place the unopened vaccine in a refrigerated unit and contact the vaccine manufacturer, Bavarian Nordic Medical Services at 844-422-8274, for a viability assessment. **DO NOT USE vaccine that has been exposed to out-of-range temperatures.**

Document actions taken. Sample Troubleshooting Log:

<https://www.immunize.org/catg.d/p3041.pdf>



# Coding & Billing Guidance for Monkeypox for Local Health Departments

The following has been identified to use when providing specimen collection and vaccination for Monkeypox. As more information is provided from the Centers for Disease Control (CDC) and American Medical Association (AMA) this guidance will be updated.

*May not be reimbursed by third party payors, at this time. Can be used in your electronic health record for reporting purposes and billing once payment methods have been established.*

## **Monkeypox**

A viral disease infecting primates and rodents. Its clinical presentation in humans is similar to smallpox including fever; headache; cough; and a painful rash. It is caused by monkeypox virus and is usually transmitted to humans through bites or via contact with an animal's blood. Interhuman transmission is relatively low (significantly less than smallpox).

## **Specimen Collection:**

**ICD-10: B04- Monkeypox**

**CPT: 99211** (Specimen collection **OR** E/M code as appropriate if seen by provider)

## **Testing:**

**ICD-10: B04- Monkeypox**

**CPT: 87593** (Reference Laboratory Test)

Infectious agent detection by nucleic acid (DNA or RNA); orthopox virus (e.g.: monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each

## **Vaccination with Orthopox approved vaccine**

**ICD 10: Z23-** Immunization encounter

**CPT: 90471** Vaccine administration

**CPT: 90611** Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, nonreplicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous injection (**JYNNEOS**)

**CPT: 90622** Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use (**ACAM 2000**)

## **Immunization safety counseling**

**ICD-10: Z71.85** Encounter for immunization safety counseling

**CPT: 99401** Vaccine counseling

**Note:** *This is a live document and information may change based upon evolution of processes at AMA*

**Resources:** <https://www.ama-assn.org/press-center/press-releases/ama-announces-cpt-update-monkeypox-testing-and-vaccination>

# Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

**For patients:** The following questions will help us determine which vaccines you may be given today. If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a parent, brother, or sister with an immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a seizure or a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_

FORM REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

Did you bring your immunization record card with you? yes ☐ no ☐

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.



# Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines for Adults

*Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references in **Notes** below.*

**NOTE:** For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)

**NOTE:** For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)

## 1. Are you sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

## 2. Do you have allergies to medications, food, a vaccine component, or latex? [all vaccines]

An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see [www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf](http://www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf); for an extensive list of vaccine components, see [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).

People with egg allergy of any severity can receive any IIV, RIV, or LAIV that is otherwise appropriate for the patient's age and health status. With the exception of cclIV and RIV (which do not contain egg antigen), people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office; vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

## 3. Have you ever had a serious reaction after receiving a vaccination? [all vaccines]

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

## 4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long term aspirin therapy? [MMR, VAR, LAIV]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR vaccine. LAIV is not recommended for people with anatomic or functional asplenia, complement component deficiency, a cochlear implant, or CSF leak. Underlying health conditions of the heart, lung, kidney, or metabolic disease (e.g., diabetes) and asthma are considered precautions for the use of LAIV. Aspirin use is a precaution to VAR.

## 5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, VAR]

Live virus vaccines (e.g., LAIV, MMR, VAR) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and VAR vaccine may be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/ $\mu$ L. Immunosuppressed people should not receive LAIV.

## 6. Do you have a parent, brother, or sister with an immune system problem? [MMR, VAR]

MMR or VAR vaccines should not be administered to persons who have a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory.

## 7. In the past 3 months, have you taken medications that affect your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments? [LAIV, MMR, VAR]

Live virus vaccines (e.g., LAIV, MMR, VAR) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, see references in **Notes** above. Some immune mediator and immune modulator drugs (especially the anti-tumor necrosis factor agents adalimumab, infliximab, etanercept, golimumab, and certolizumab pegol) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at [wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers](http://wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers). The use of live virus vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see references in **Notes** above.

## 8. Have you had a seizure or a brain or other nervous system problem? [influenza, Td/Tdap]

Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-toxoid vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccination should generally be avoided unless the benefits outweigh the risks (for those at higher risk for complications from influenza).

## 9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? [MMR, LAIV, VAR]

Certain live virus vaccines (e.g., MMR, LAIV, VAR) may need to be deferred, depending on several variables. Consult General Best Practice Guidelines for Immunization (referenced in **Notes** above) for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

## 10. For women: Are you pregnant or is there a chance you could become pregnant during the next month? [HPV, IPV, MenB, MMR, LAIV, VAR]

Live virus vaccines (e.g., MMR, VAR, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to avoid pregnancy for one month following receipt of the vaccine. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IIV and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

## 11. Have you received any vaccinations in the past 4 weeks? [LAIV, MMR, VAR, yellow fever]

People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever). Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

### VACCINE ABBREVIATIONS

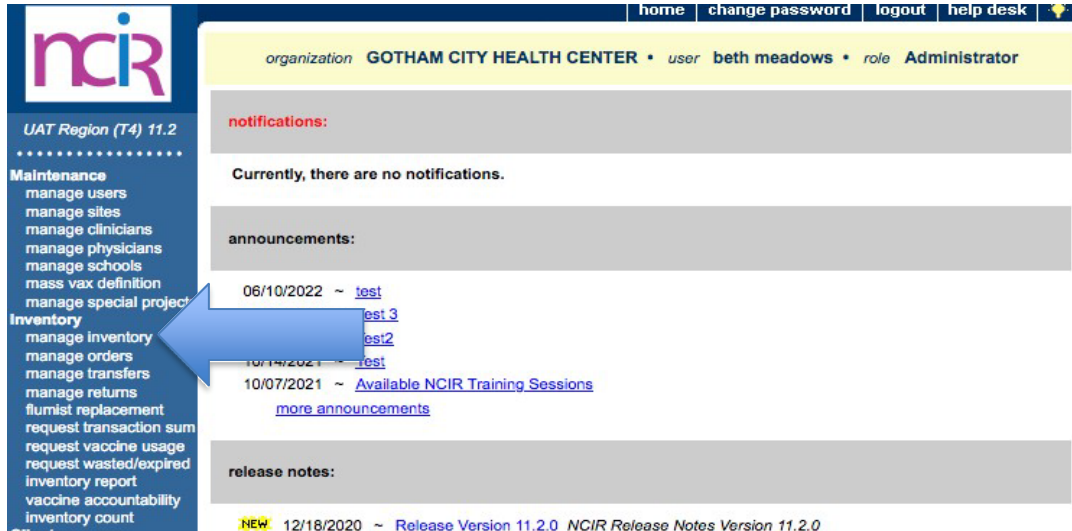
LAIV = Live attenuated influenza vaccine  
HPV = Human papillomavirus vaccine  
IIV = Inactivated influenza vaccine  
cclIV = Cell culture inactivated influenza vaccine  
IPV = Inactivated poliovirus vaccine

MMR = Measles, mumps, and rubella vaccine  
RIV = Recombinant influenza vaccine  
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine  
VAR = Varicella vaccine

# Entering JYNNEOS in NCIR

Inventory must currently be manually added as private (as opposed to accepting a vaccine transfer). Please follow the steps below to ensure inventory is added correctly prior to vaccine administration.

## 1. Click on Manage Inventory



The screenshot shows the NCIR home page for the organization GOTHAM CITY HEALTH CENTER, user beth meadows, role Administrator. The left sidebar contains a menu with categories: Maintenance, Inventory, and a list of links. The 'Inventory' category is expanded, and the 'manage inventory' link is highlighted with a blue arrow. The main content area shows notifications, announcements, and release notes.

organization GOTHAM CITY HEALTH CENTER • user beth meadows • role Administrator

notifications:

Currently, there are no notifications.

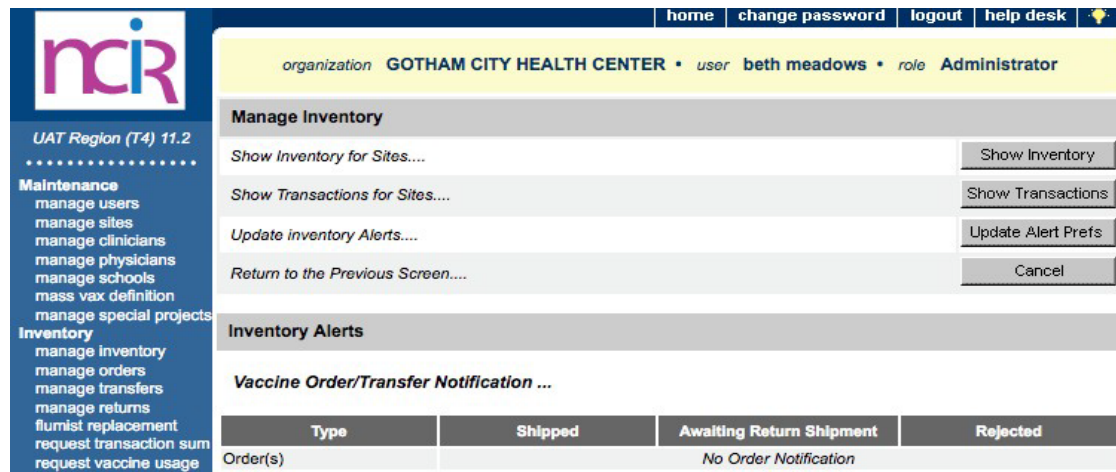
announcements:

06/10/2022 ~ [test](#)  
[test 3](#)  
[test2](#)  
10/14/2021 ~ [test](#)  
10/07/2021 ~ [Available NCIR Training Sessions](#)  
[more announcements](#)

release notes:

**NEW** 12/18/2020 ~ [Release Version 11.2.0](#) NCIR Release Notes Version 11.2.0

## 2. Click on Show Inventory



The screenshot shows the 'Manage Inventory' page. The left sidebar is the same as the previous screenshot. The main content area has a 'Manage Inventory' section with buttons: 'Show Inventory for Sites...', 'Show Transactions for Sites...', 'Update inventory Alerts...', and 'Return to the Previous Screen...'. The 'Show Inventory' button is highlighted with a blue arrow. Below this is an 'Inventory Alerts' section with a 'Vaccine Order/Transfer Notification ...' table.

organization GOTHAM CITY HEALTH CENTER • user beth meadows • role Administrator

**Manage Inventory**

Show Inventory for Sites.... [Show Inventory](#)

Show Transactions for Sites.... [Show Transactions](#)

Update inventory Alerts.... [Update Alert Prefs](#)

Return to the Previous Screen.... [Cancel](#)

**Inventory Alerts**

**Vaccine Order/Transfer Notification ...**

Type	Shipped	Awaiting Return Shipment	Rejected
Order(s)			No Order Notification

## 3. Click on Add Inventory



The screenshot shows the 'Add Inventory' page. The left sidebar is the same as the previous screenshots. The main content area has an 'Add Inventory' section with buttons: 'Add Inventory for Site (GOTHAM CITY HEALTH CENTER)...', 'Modify Quantity On Hand for Selected Sites...', 'Show Transactions for Sites...', and 'Return to the Previous Screen...'. The 'Add Inventory' button is highlighted with a blue arrow. Below this is a table with columns: Select, Trade Name, Lot Number, NDC, Inv On Hand, Active, State, Exp Date.

organization GOTHAM CITY HEALTH CENTER • user beth meadows • role Administrator

**Manage Inventory**

Add Inventory for Site (GOTHAM CITY HEALTH CENTER).... [Add Inventory](#)

Modify Quantity On Hand for Selected Sites.... [Modify Quantity](#)

Show Transactions for Sites.... [Show Transactions](#)

Return to the Previous Screen.... [Cancel](#)

Site: [GOTHAM CITY HEALTH CENTER](#) Show ☒ Active ☐ Inactive ☐ Non-Expired ☐ Expired  
☐ State ☐ Private ☒ All

Select	Trade Name	Lot Number	NDC	Inv On Hand	Active	State	Exp Date
<input type="checkbox"/>	<a href="#">AFLURIA IIV4 P-Free_Ped</a>	HH449	33332-0220-20	50	Y	N	06/30/2023
<input type="checkbox"/>	<a href="#">AFLURIA Pres-Free</a>	AfluriaPFStateTest1234	33332-0011-01	20	Y	Y	03/03/2030
<input type="checkbox"/>	<a href="#">ActHib</a>	JJ4B4M5	49281-0545-05	50	Y	N	12/31/2088

4. Locate and select the Trade Name JYNNEOS (the manufacturer will auto-populate). Select the NDC, add the correct lot number and expiration date from the vaccine box\*. Leave the funding program code as “private” and enter the number of doses received.

\*The NDC printed on the carton will differ than the NDC printed on the vial. Expiration dates are printed on the carton, but not the vial. Expiration dates, along with the corresponding lot and NDC numbers can be found at: <https://aspr.hhs.gov/SNS/Pages/Monkeypox.aspx>.

The screenshot shows the mCIR (Massachusetts Clinical Immunization Reporting) system interface. At the top, there is a navigation bar with links: home, change password, logout, help desk, and a lightbulb icon. Below this, a yellow header bar displays the user's organization as 'GOTHAM CITY HEALTH CENTER', the user as 'beth meadows', and the role as 'Administrator'. The main content area is titled 'Add Vaccine Inventory Information'. It features a form with the following fields: 'Site' (GOTHAM CITY HEALTH CENTER), 'Trade Name' (JYNNEOS), 'Manufacturer' (Bavarian Nordic A/S), 'NDC' (50632-0001-02;Single-dose Vials; 20-PACK; 0.5mL), 'Lot Number' (empty), 'Presentation' (Vial), 'Dose' (.5), 'Units' (mL), 'Expiration Date' (empty with a calendar icon), 'Funding Program' (Private), 'Lot Active' (Yes), 'Quantity on Hand' (empty), and 'Cost Per Dose (\$)' (empty). There are 'Save' and 'Cancel' buttons on the right. A note at the bottom states: 'NOTE: Fields marked with an asterisk \* are required.' The left sidebar contains a menu with categories: Maintenance (manage users, manage sites, manage clinicians, manage physicians, manage schools, mass vax definition, manage special projects), Inventory (manage inventory, manage orders, manage transfers, manage returns, flumist replacement, request transaction sum, request vaccine usage, request wasted/expired, inventory report, vaccine accountability, inventory count), Clients (manage client, mass vax grid entry), and Immunizations (manage immunizations).

5. Document the administered doses as usual.





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

Verify that this is the correct client

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

Click the last name to view the client record.

- 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.

Click here to add client.

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

## DUPLICATE CLIENT RECORDS

- If you locate a duplicate client record, contact the NC Vaccines Help Desk, at [https://ncgov.servicenow.com/csm\\_vaccine](https://ncgov.servicenow.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.

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

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 Recommended by Tracking Schedule.

The history section lists vaccines the client has already received.

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Mist?	Edit
DTP/aP	09/18/2006	1 of 5	Triptedia	Full	No			
	11/13/2006	2 of 5	Triptedia	Full	No	Yes		
	04/20/2007	3 of 5	Pediarix	Full	No			
	10/29/2007	4 of 5	Triptedia	Full	No			
	08/24/2010	5 of 5	Infanrix	Full	No			
Flu H1N1-09	10/30/2009	1 of 2	H1N1 Sanofi	Full	No		Yes	
	01/14/2010	2 of 2	H1N1 Sanofi	Full	No			
HepA	10/29/2007	1 of 2	Havrix-Peds 2 Dose	Full	No			
	07/29/2009	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	02/26/2020	02/25/2022	02/24/2026
<input checked="" type="checkbox"/>	MMR	03/28/2005	02/25/2008	02/25/2010	
<input checked="" type="checkbox"/>	Polio	02/25/2008	02/25/2008	02/25/2011	
	Rotavirus		Complete		
<input type="checkbox"/>	Td	02/26/2020	02/26/2020	04/26/2025	
<input checked="" type="checkbox"/>	Tdap/Perussia		Complete		
<input checked="" type="checkbox"/>	Vaccella	05/28/2005	02/25/2008	02/25/2010	
Category B* Recommendation					
Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
<input checked="" type="checkbox"/>	MeningB	02/25/2020	02/25/2020	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
DTPaP	City Pediatrics	01/23/2017	03/01/2017
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.

Historical Immunizations (1)				
Remove	Immunization	Trade Name	Lot Number	* Provider Org
<input type="checkbox"/>	DTPaP	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.

Vaccines Recommended by Selected Tracking Schedule					Add Selected
Select	Vaccine Group	Earliest Date	Recommend	Latest Date	
<input checked="" type="checkbox"/>	DTPaP	10/15/2013	01/15/2014	10/15/2014	
<input checked="" type="checkbox"/>	HepA	10/15/2013	10/15/2013	10/15/2014	

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

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

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

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

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

Defaults for new immunizations	
Organization Site	CLINIC A
Ordering Authority	KENT, CLARK
Administered By	LANE, LOIS
Date Administered	
Activate Expired	

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.

New Immunizations (1)	
* Date Provided	02/23/2018
* Ordering Authority	KENT, CLARK
Eligibility as reported by Responsible Person:	Medicaid
Immunization	* Trade Name-Lot
HPV	Gardasil 9 HPV, 9-valent
Volume	1.0
* Body Site	left arm
Route	Intramuscular
* Administered By	LANE, LOIS
VIS Publication Dates for New Immunizations	
(Serial: PILOT5045)	
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*

Edit Historical Immunization	
Vaccine Group	Flu H1N1-09
Vaccine Display Name	Novel Influenza H1N1-09
Trade Name	H1N1 Sanofi
Vaccine Lot Number	UPO15AA
Inadequate Dose	<input type="checkbox"/>
* Date Provided	10/30/2009
Date Estimated	<input type="checkbox"/>
* Provider Org Name	LOGG COUNTY HEALTH DEPARTMENT
Disregard Primary Series	N
Input Source of Record	Created prior to Version 5.0 (legacy value)
NOTE: Fields marked with an asterisk * are required.	
Reactions to IMMUNIZATION	
General for all vaccines	
<input type="checkbox"/> Adverse reaction to this vaccine or to any of its unlabeled vaccine components (anaphylaxis)	
DTaP, DTP, or any pertussis-containing vaccine	
<input type="checkbox"/> Fever >40.5° (105° F) within 48 hours	
<input type="checkbox"/> Persistent inconsolable crying lasting 3 hours or more within 48 hours	

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.

## 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.

## HOW TO PRINT A NEW CLIENT FORM

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

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

1. From the left hand menu bar, click on **Request New Client Form**, 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 NCIR 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 NCIR

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

\* 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: .5

\* Units: mL

\* Expiration Date: 02/05/2020

\* Funding Program: Private

\* Lot Active: Yes

\* Quantity on Hand: 30

Cost Per Dose (\$): 17.65

Save Cancel

- 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...

Show Transactions for Sites...

Return to the Previous Screen...

Site: Forks Primary Care

Trade Name: Adacel

Quantity on Hand: 92

Active: Y

State: Y

Exp Date: 02/19/2028

Trade Name: Bexsero

Quantity on Hand: 20

Active: Y

State: N

Exp Date: 04/28/2023

Trade Name: Bexsero

Quantity on Hand: 21

Active: Y

State: Y

Exp Date: 03/27/2055

Multiple Lot #s

Modify Quantity

- 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	Menigo	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

NCIR Inventory and Physical Inventory are easily compared.

- 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.

**Enter Physical Inventory Count**

Vaccine	Trade Name	Manufacturer	Package	NDC Number	Lot Number	Doses Given Since Last Count	NCIR Inventory Doses on Hand	Physical Count	Discrepancy Count
DTP	Infanrix	Glaxo	SKB	58160-0820-52	9E73E	0	1	1	0
DTP	Infanrix	Glaxo	SKB	58160-0820-52	9E73E	0	10	10	0
HepA-Ped 2 Dose	Harvix-Peds 2 Dose	Glaxo	SKB	58160-0820-52	9E73E	0	9	9	0
HepA-Ped 2 Dose	Harvix-Peds 2 Dose	Glaxo	SKB	58160-0820-52	9E73E	0	3	3	0
HepB-Peds	Engerix-B	Glaxo	SKB	58160-0820-52	9E73E	0	1	1	0

- 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	PackSize/ Minimum Quantity	Doses Req.
0	0	0	DTP-Peds	0		
			DT / Single Dose Vials; 1-PACK; 0.5 mL		1	
1	2	17	DTP	0		
			INFANRIX / Prefilled Syringes; 10-PACK; 0.5 mL		10	
			INFANRIX / Single Dose Vials; 10-PACK; 0.5 mL		10	
0	0	21	DTP/Polio/Hep B	0		
			PEDIARIX / Prefilled Syringes; 10-PACK; 0.5 mL		10	
0	0	0	DTP.5 pertussis antigens	0		
27					10	
					5	
5	9	9	DTP-IPV	2		
			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	

Suggested Order

- 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)

A screenshot of a web form with a yellow diagonal banner across it that reads "No Changes—Click Here". The form contains fields for "Address" (5601 Any Street), "City" (Any T), and "Ex" (9999 - 9999).

- 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:   
 \* Preventative 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](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.

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	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

User Name:   
 Transaction Type:   
 Site Name:   
 State/Private:   
 Eligibility:   
 Vaccine Groups:   
 Vaccine:   
 Trade Name:   
 Lot Number:   
 Display Last 200 Records

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

## HOW TO VIEW VACCINE USAGE

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

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	Infanrix	PRIVATE		1											1
DTPaP - Health	Pediaris	STATE	1												1
DTPaP - Health	Pediaris	PRIVATE	1												1
DTPaP - Public	KNIXIN	PRIVATE													1
DTPaP - Public	KNIXIN	STATE													1
Harsh	Harsh Peds 2 Dose	PRIVATE		1											1
Hib	Hibent	STATE	1												1
Hib	Hibent	PRIVATE		1											1
IPV	Quadex II	PRIVATE							1						1
Influenza	Fluenz IV4 P-Free P	PRIVATE	2	2											4
Influenza	Fluenz IV4 P-Free Free	STATE				2		1	2						5
Influenza	Fluenz IV4 P-Free Free	PRIVATE				3	1	3	2	5				1	15
Influenza	Fluenz IV4 P-Free P	STATE	1	1											2
MMR	MMR II	PRIVATE	1												1
MMR - Vaccinia	ProQuad	PRIVATE													1
MMR - Vaccinia	ProQuad	STATE													1
ProteinConjugate	Protein 13	PRIVATE	1	1											2
ProteinConjugate	Protein 13	STATE	1												1
Rotavirus	Rotarix	STATE	1												1
Td - Tdap Pertussis	Boostrix	STATE													1
Vaccine	Vaccine	PRIVATE		1											1
Totals:			9	9	1	9									27
Client Count:			3	3	1	5	1								11

Vaccine Totals

Client Totals

## HOW TO ADD NEW USERS TO THE NCIR

Before a user may be added to the NCIR, they must have completed NCID registration ([instructions on 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:	<input type="radio"/> Clinician	<input type="radio"/> Ordering Authority	<input checked="" type="radio"/> Ordering Authority / Clinician	Save
Prefix:	<input type="text"/>			Delete
* Last Name:	<input type="text"/>			Cancel
First Name:	<input type="text"/>			
Middle Name:	<input type="text"/>			
Suffix:	<input type="text"/>	* Credentials:	<input type="text"/>	
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

(continue to next page)



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 patients who are missing the requested vaccines.

### REVIEWING BENCHMARK RESULTS

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

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 now

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://surveymax.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.servicenowservices.com/csm\\_vaccine](https://ncgov.servicenowservices.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](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.

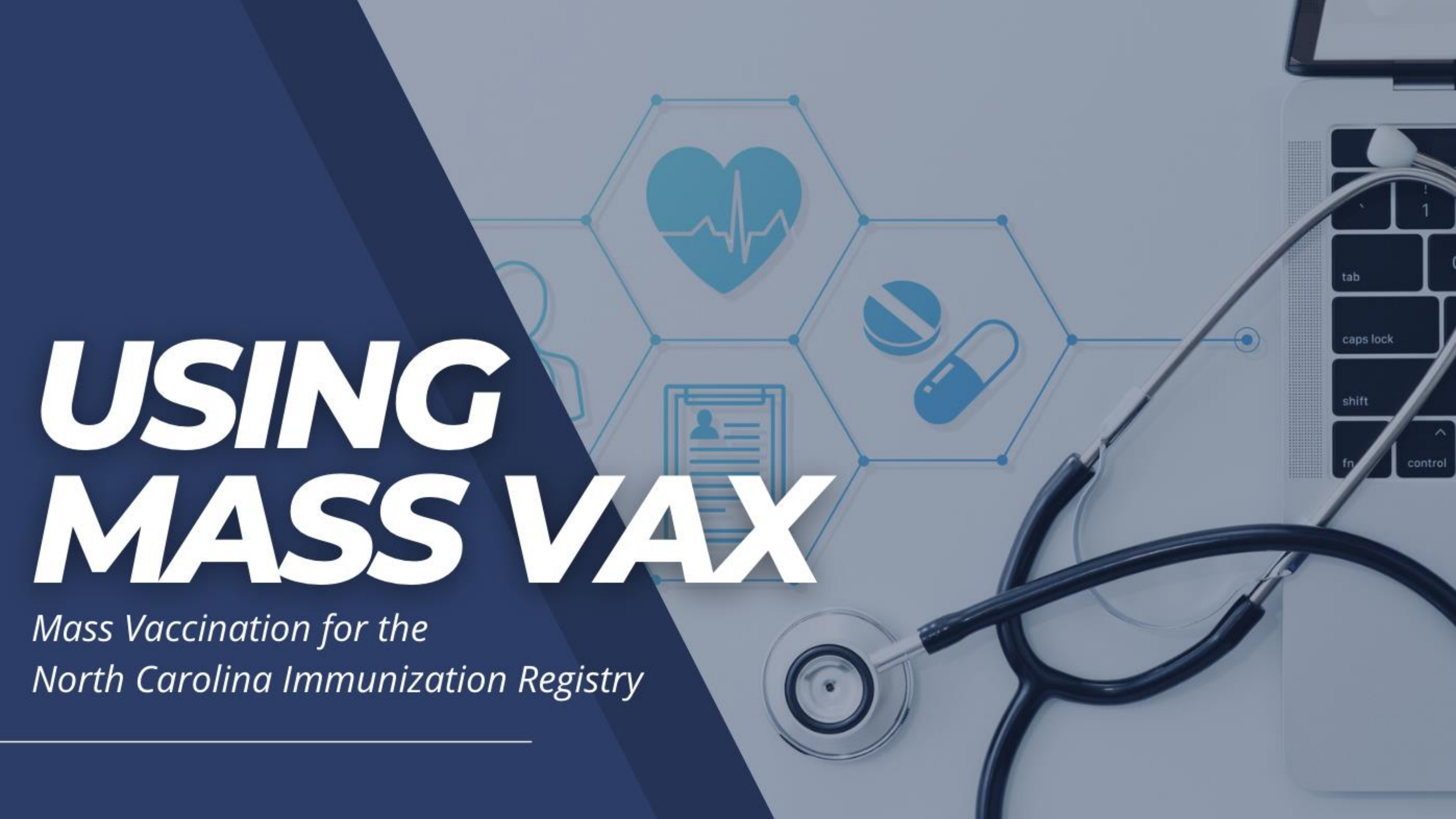
The following reasons may be recorded in the provided text box when using “Wasted Doses” in the Modify Quantity function to waste COVID-19 vaccine.

- 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.







# ***USING MASS VAX***

*Mass Vaccination for the  
North Carolina Immunization Registry*

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1

# SETTING UP MASS VAX DEFINITIONS

Maintenance

- manage users
- manage sites
- manage clinicians
- manage physicians
- manage schedules
- manage schools
- mass vax definition

Administrators are responsible for adding the Mass Vax Definitions. See the Tips Section for more.

Start by clicking mass vax definition

To add a new definition click Add Definition. This will allow you to enter the information you need for each definition

**IMPORTANT NOTE:** Race and ethnicity cannot be reviewed/updated using the Mass Vax entry form. Please ensure these fields are updated accordingly in NCIR for each vaccine recipient as this information is important for equity tracking purposes.

Manage Mass Vaccination Definitions

Add Definition

Select an existing mass vaccination definition to update information.

Site Name	Definition Name	Admin Date
GLENDAS ORG FOR SIMPLE TESTING	<a href="#">Updating Mass Vax</a>	09/28/2010

# 2

When adding definitions you can add as many as you need, but please remember when you run out of that lot number to delete the definition.

**Add Mass Vaccination Definition**

\* Definition Name

\* Date Administered

\* County Of Residence

\* Record Client Identifier ☒ Chart Number ☐ Secondary Chart Number

\* Site

You will need to name the **Definition**

Enter the **Date Administered**

Choose the **County of Residence**.

Choose the **Site**

Don't forget to save!

## Tips when naming a definition:

1. Remember that this definition will appear in the drop-down box on the entry screen.
2. You will be able to assign a maximum of 2 vaccines to each definition.
3. The example shown above indicates: name of vaccine, Lot Number, State (vs. private vaccine), dosage
4. You could also include who is going to administer the vaccine, body site of administration (right thigh, left arm...), the clinic "side" that it was administered (for example, if you give vaccine on the "blue side" of the office you can type that in the definition), etc.

3

Look for this message to verify the Definition was added correctly.

\*\*\* Mass Vaccination Definition Added \*\*\*

\* Definition Name

Fluzon

Click **Save** to complete

Save

Delete

Cancel

\* Date Administered

08/20/2010

\* C

Note: Only Trade Name and Lot Number are REQUIRED, however, the more drop-downs added on this screen, the more information that will pre-populate in the Mass Vax Grid

Add Vaccine

You can add 2 vaccines per Definition

\* Trade Name

Fluzone

Add

\* Lot Number

123456\state\5mL

Dosage

Full

Ordering Authority

Doctor, Ima

Administered By

Ratchett, Nurse

Body Site

LEFT ARM

Route

INTRAMUSCULAR

VIS Date

08/10/2010

The most recent **VIS Date** will automatically populate

Vaccines added to Mass Vaccination Definition

Trade Name	Lot Number	Dosage	Inv On Hand
No Vaccines Added			



**Edit Mass Vaccination Definition**

\* Definition Name  Save Delete Cancel

\* Date Administered

\* County Of Residence

\* Record Count

**Add Vaccine** \*\* Vaccine Added to Definition \*\*

\* Trade Name

\* Lot Number

Dosage

Inv On Hand

VIS Date

**Vaccines added to Mass Vaccination Definition**

Trade Name	Lot Number	Dosage	Inv On Hand	
Fluzone	123456	Full	92	

Note: Fields marked with an asterisk \* are required.

- > Once you have saved your definition, this is what will be used on the Mass Vax Grid Entry.
- > The Mass Vax Grid Entry will be available for Administrators, Inventory Control and Typical Users

# 1

## DOCUMENTING MASS VACCINATIONS



UAT Region 7.9.0

### Clients

manage client  
mass vax grid entry

### Immunizations

manage immunizations

### Reports

request new client form

### General

system user manual

Depending on your user role the location on the menu bar may have a different placement, but it will be located under **CLIENTS**

From the Mass Vax Grid Entry Screen, you must choose your **Site** and **Definition**. When you do the Mass Vax screen will appear- populated with the information set in the Definition.

*\*\*The Mass Vax Definitions available to choose from are set up by your Administrator.*

\* Site

Vaccination Definition

Note: FDD70027 test 2  
Updating Mass Vax  
Secondary Chart  
Fluzone\123456\state\5ml  
Fluzone\123456\state\5ml  
Fluzone\123456\state\5ml

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2

The screen will reset and you will see this message if the documentation was complete

When finished click **Immunize**

**Add Mass Vaccinations**

**\*\* Immunizations Complete \*\***

\* Site: GLENDAS ORG FOR SIMPLE TESTING

\* Mass Vaccination Definition: Fluzone\123456\state\5ml

#1 Fluzone/123456 92 Doses on Hand Expiration 06/30/2011

**There is a maximum of 5 clients that can be immunized on one screen**

**Patient 1**

\* Admin Date: 09/28/2010

Chart Number:

\* Last Name:

\* First Name:

Middle Name:

\* Birth Date:

Gender:

County of Res:

\* Phone Number:

\* Eligibility as Reported by Responsive Person:

\* Lot Number:

\* Dosage:

\* Ordering Authority:

\* Administered By:

\* Body Site:

\* Route:

\* VIS Date:

Remove:

#1 Fluzone\123456\state\5mL Full Doctor, Ima Ratchett, Nurse LEFT ARM INTRAMUSCULAR 08/10/2010

**Patient 2**

\* Admin Date: 09/28/2010

Chart Number:

\* Last Name:

\* First Name:

Middle Name:

\* Birth Date:

Gender:

County of Res:

\* Phone Number:

\* Eligibility as Reported by Responsive Person:

\* Lot Number:

\* Dosage:

\* Ordering Authority:

\* Administered By:

\* Body Site:

\* Route:

\* VIS Date:

Remove:

#1 Fluzone\123456\state\5mL Full Doctor, Ima Ratchett, Nurse LEFT ARM INTRAMUSCULAR 08/10/2010

**All the blue boxes show what is REQUIRED to be entered for each client.**

All the purple boxes denote information that was entered into the Definition previously. Every time you **Immunize** you will see the **Doses on Hand** (from inventory) at the top of the page adjust to the correct number on hand. Once you get below 10 doses it will appear in red.

# FREQUENTLY ASKED QUESTIONS



**Why isn't there a default on the grid entry screen for a particular field (i.e. "body site")**

It was not set up as part of the definition

**Why can't I see the Mass Vax Grid?**

The NCIR Administrator for your facility has not set up a definition to be displayed.

**What happens if the client information entered is not an exact match for an existing client?**

If the client information entered is not exact, it will create a new client with a responsible person equal to self and the corresponding phone number

**How many vaccines can be included per definition?**

2 vaccines per definition





***The Mass Vax screens should only be used for **mass vaccination** and not for entering everyday vaccination information.***

- When setting up your Definitions, we recommend using a standardized way to name your definitions.
  - For Example: Name of Vaccine / State or Private / Lot Number
- If you run out of a vaccine then you should delete the definition in order to prevent users from selecting the wrong definition.
- Remember – although you are using a Mass Vax definition to pre-populate fields on the mass vax grid entry screen, you will still be able to change the pre-selected drop downs (e.g. lot number, body site, administered by, etc.)
- The Dosage sizes available are half and full. The definition of what is half and what is full depends on how you have those doses set up in your inventory.
- When you have less than 10 doses on hand, the lot number definition will appear in red at the top of the mass vax grid entry screen.
- If you will be administering Seasonal Flu and an additional vaccine in the same clinic, you can set both of those vaccines to one definition. The system will document both vaccines at the same time.
  - For example: If you assign both the seasonal flu vaccine and pneumococcal vaccine to the same definition – as you can have 2 vaccines per definition - when you pull up the mass vax grid entry screen, it will display each client (although unnamed as of yet) as receiving both vaccines.



*If the NCIR stays inactive for an 30 minutes, it will time out and your unsaved information could be lost. When entering patient information, **please save after 5 clients are entered, or after each grouping of clients**, so that their information will not be lost.*

- You may click the **Immunize** button prior to entering 5 clients
- If you have 2 vaccines set up in a definition, but if a patient does not receive both, instead of having to enter separately, you may click the remove button beside the vaccine not administered
- If your organization has several clinicians administering vaccines, it may be better to leave the **Administered By** drop-down blank when completing the definition (so that field is not pre-populated).
- If your organization does not have many clinicians administering vaccines, it may be better to set up a separate definition for each clinician by their name
- When choosing the County of Residence to set the definition, use the county where the clinic you are administering from is located.
- If you have more than 1 definition set up then you can switch between those definitions without having to leave the mass vax grid entry screen.