

Searching for a Client

There are three **Client Search** options:

- **Name**
- **Chart**
- **Phone**

Client Search

Name Chart Phone

Last Name First Name Middle Name Date of Birth

TEST DENISE 08/10/2001

Record Type Chart # Last Name First Name Middle Name Suffix

Client Search

Name Chart Phone

Last Name First Name Middle Name Date of Birth

TEST DENISE 08/10/2001

Last Name Soundex
 FuzzyDOB

Record Type Chart # Last Name First Name Middle Name Suffix DOB

Search by Name: Using Last Name, First Name and Date of Birth

- Do not search using Middle Name as it may cause the search to fail
- If no match is found searching with full First Name, search again using Last Name, First Initial and Date of Birth

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Search by Chart: Using MCI Number, if known, or Primary Care Provider (PCP) Number, if entered by provider

After entering search criteria, click **Search**.

Client Search

Name Chart Phone

Chart #

Record Type Chart # Last Name First Name Middle Name Suffix DOB

Searching by Phone: Using client's telephone number, if previously entered in registry.

After entering search criteria, click **Search**.

Client Search

Name Chart Phone

Phone

Record Type Chart # Last Name First Name Middle Name Suffix DOB

All records fitting the search criteria (i.e., name, chart or telephone) will appear in the results grid depending on the Client Search option. The colored rows indicate separate records. Colors grouped together indicate only one immunization record. In the search results, Davida Test and Diva Test are the same color and represent one client's record.

If the client is found, highlight the client and click **OK**.

If the client is not found after thorough searching, click Add to activate the "Add New Client" screen.

Client Search

Name Chart Phone

Last Name First Name Middle Name Date of Birth

TEST D 08/10/2001

Last Name Soundex
 FuzzyDOB

Record Type	Chart #	Last Name	First Name	Middle Name	Suffix	DOB
MCI	4440021927	TEST	DIANE			08/10/2001
MCI	4440021928	TEST	DAVID			08/10/2001
MCI	4440021929	TEST	DAVIDA			08/10/2001
MCI	4440021929	TEST	DIVA			08/10/2001

Remember to click **RESET** prior to new searches.

Reset Search OK Cancel **Add**

Adding New Client

All yellow fields must be completed. First Name must be completed now if search was by first initial.

Select: Sex, Race and Ethnicity

Review for correctness!

Add New Client

Record Type Record Number

PCP

Name Prefix Last Name First Name Middle Name Name Suffix

Prefix TEST Denise

Date of Birth Sex Race Ethnicity

01/01/2013 Sex Race Ethnicity

Ok Close

Before clicking OK, enter Provider's Chart Number in the Record Number field for future Client Search option.

Review for correctness!

Click **OK**.

Add New Client

Record Type Record Number

PCP

Name Prefix Last Name First Name Middle Name Name Suffix

Prefix TEST Denise

Date of Birth Sex Race Ethnicity

01/01/2013 Sex Race Ethnicity

Ok Close

Demographic Tab

Client's MCI, Full Name, Date of Birth and Age will be located at the top as user maneuvers through tabs.

Demographics Tab contains:

- Client's Name
- General Demographics
- Birth Information
- Mother's Name

NOTE: If user has "read only" rights, user is unable to edit data on this tab.

Name Type

The Name Type section of the Demographics Tab contains the client's Primary Name (the client's legal name). Additional name types (i.e., Alias, Nickname and Maiden) may be added by user to facilitate better search results.

Click **Add Name**, to add an Alias, Nickname or Maiden.

Select Name Type of:

- Alias
- Nickname
- Maiden

Enter First Name and Last Name.

Click **Add**.

User may edit a name by first highlighting the name in the grid and selecting **Edit Name**.

The screenshot shows the SCi Registry interface for client DENISE TEST. The 'Edit Name' button in the top navigation bar is circled in red. Below the name grid, the 'General' section contains fields for Date of Birth, Sex, Race, and Ethnicity. The 'Birth Information' section includes Country, Birth State, Birth County, and Birth Order.

The 'Edit Client Name' dialog box is open, showing fields for Name Type (PRIMARY), Prefix, First Name (DENIECE), Middle Name, Last Name (TEST), and Suffix. The 'Update' button at the bottom right is circled in red.

An edit of the Primary Name can only be made on the day the client's record is created.

Once edits have been made, click **Update**.

General

The General section contains:

- Date of Birth
- Sex
- Race
- Ethnicity

The information in these fields is populated upon adding a new client. These fields may be edited at anytime provided the client's record was created by your practice.

The screenshot shows the SCi Registry interface for client DENISE TEST. The 'General' section, including Date of Birth, Sex, Race, and Ethnicity, is highlighted with a red box. The 'Birth Information' section is also visible below.

Birth Information

The Birth Information section contains:

- Birth Country
- Birth State
- Birth County
- Birth Order, which is only needed in the event of multiple live births

The information in these fields is used as identifiers to reduce the creation of duplicate client records. Completion of these fields is optional.

MCI: 4440021930 Full Name: DENISE TEST Date of Birth: 8/10/2001 Age: 12 years, 2 months, 15 days

NAME TYPE	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
PRIMARY		DENISE		TEST	
NICKNAME		PRINCESS		TEST	

General: Date of Birth: 08/10/2001 Sex: FEMALE Race: BLACK OR AFRICAN AMERICAN Ethnicity: NOT HISPANIC OR LATINO

Birth Information: Country: UNITED STATES Birth County: Richland Birth State: South Carolina Birth Order: 1 (in event of multiple live births)

Mother's Name: Current First: * * * * * Current Middle: * * * * * Current Last: * * * * *
 Maiden First: * * * * * Maiden Middle: * * * * * Maiden Last: * * * * *

Save Cancel

Mother's Name

The Mother's Name section includes:

- Mother's Current Name
- Mother's Maiden Name

The information in these fields is used as identifiers to reduce the creation of duplicate client records. Completion of these fields is optional.

Click **Save** once all information has been entered.

MCI: 4440021930 Full Name: DENISE TEST Date of Birth: 8/10/2001 Age: 12 years, 2 months, 15 days

NAME TYPE	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
PRIMARY		DENISE		TEST	
NICKNAME		PRINCESS		TEST	

General: Date of Birth: 08/10/2001 Sex: FEMALE Race: BLACK OR AFRICAN AMERICAN Ethnicity: NOT HISPANIC OR LATINO

Birth Information: Country: UNITED STATES Birth County: Richland Birth State: South Carolina Birth Order: 1 (in event of multiple live births)

Mother's Name: Current First: Mary Current Middle: Jane Current Last: Test
 Maiden First: Mary Maiden Middle: Jane Maiden Last: Doe

Save Cancel

General: Date of Birth: 08/10/2001 Sex: FEMALE Race: BLACK OR AFRICAN AMERICAN Ethnicity: NOT HISPANIC OR LATINO

Birth Information: Country: * * * * * Birth County: * * * * * Birth State: * * * * * Birth Order: * * * * * (in event of multiple live births)

Mother's Name: Current First: * * * * * Current Middle: * * * * * Current Last: * * * * *
 Maiden First: * * * * * Maiden Middle: * * * * * Maiden Last: * * * * *

Save Cancel

Saved information will appear as asterisks with blue background. The information retained in these sections is kept confidential.

Address Tab

The Address Tab is optional. Partial information is allowed. Entries can be changed or deleted at anytime by any provider.

For assistance with Street Level address entry, click **Show Sample** to reveal the detailed fields noted below.

Enter the client's phone number for future Client Search option. Searching by a phone number will result in an exact match.

Click **Save**.

NOTE: If user has "read only" rights, user is unable to edit data on this tab.

House Number	Suffix(1/2, B)	Predirectional	Street Name/PO Box	Type	Postdirectional	Unit Type	Number
925	B	NORTHEAST	GREEN	STREET	WEST	BLDG	12

Forecast Tab

The Forecast Tab contains the results of the SCI Registry forecast wizard and displays recommended vaccines that are due or late based on the client's current age and immunization history known to the registry.

The Forecast Tab is view only for all users.

The immunization forecast is a resource tool. It does not replace your clinical assessment of the client's immunizations.

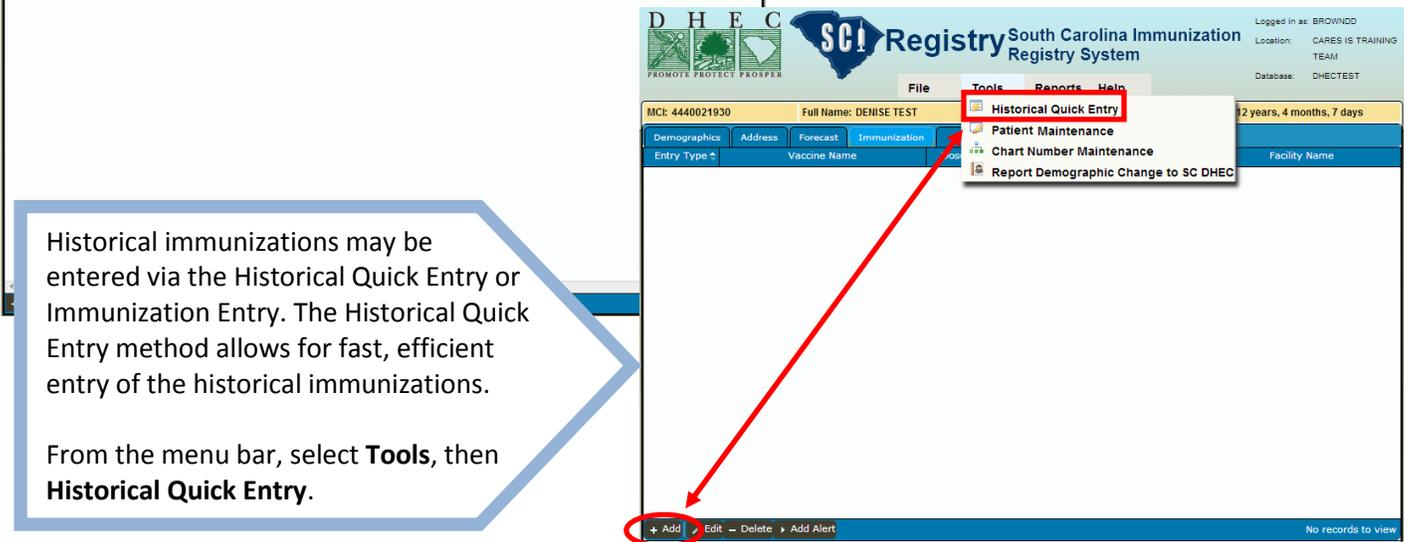
Series Name	Dose #	Dose Status	From Date	To Date	Comment
HEP B	1	LATE	08/10/2001	09/10/2001	
IPV	1	LATE	10/10/2001	11/10/2001	
MNR	1	LATE	08/10/2002	12/10/2002	
VAR	1	LATE	08/10/2002	03/10/2003	
TD	1	LATE	08/10/2008	09/10/2008	
MCV4	1	DUE	08/10/2012	08/10/2014	
HPV	1	DUE	08/10/2012	08/08/2014	

This immunization forecast is a resource and tool for medical practitioners based on information provided to the Immunization Registry by immunization providers and on published recommendations of the Advisory Committee on Immunization Practices (ACIP). The forecast is based upon the routine schedule of immunizations for healthy individuals. It is provided without any guarantee or warranty of any kind as to the accuracy or completeness of the patient's immunization history or the validity of the forecast. Professional medical judgment should always be used in determining the appropriate immunizations needed for your patient.

Immunization Tab



The Immunizations Tab displays all of the client's immunization that have been entered into the Registry. Therefore, new clients will have no immunization history.



Historical immunizations may be entered via the Historical Quick Entry or Immunization Entry. The Historical Quick Entry method allows for fast, efficient entry of the historical immunizations.

From the menu bar, select **Tools**, then **Historical Quick Entry**.

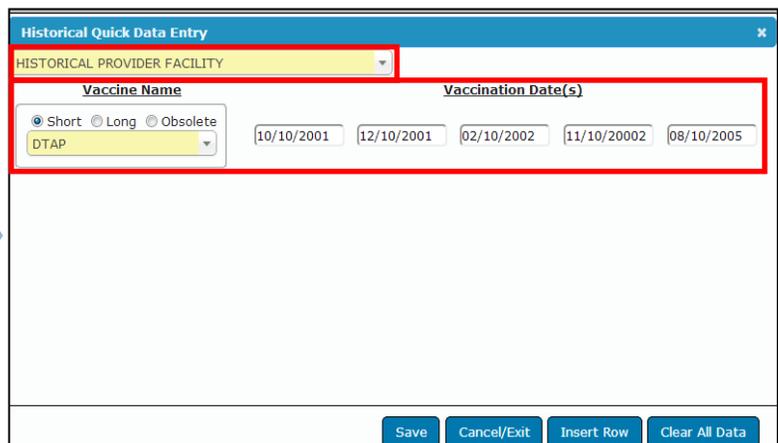
NOTE: If user has "read only" rights, user is unable to add or edit immunization data.

Historical Quick Data Entry

The **Historical Quick Data Entry** screen allows the user to add a client's immunization history into the registry.

Select Facility (Historical Provider Facility is an acceptable selection if not provided by your practice).

From either the Short, Long or Obsolete lists, **Select Vaccine**. Enter vaccination dates to the right of the vaccine.



Historical Quick Data Entry

DTAP-HEPB-IPV (PEDIA...)	08/10/2001	10/10/2001	02/10/2002		
HIB (PRP-OMP) (PEDVA...)	10/10/2001	12/10/2001	11/10/2002		
MMR	08/10/2001	08/10/2005			
Tdap	08/10/2012				
MCV4 (MENINGOCOCCA...)	08/10/2012				
HPV (GARDASIL)	08/10/2012	09/10/2012	02/10/2013		

Buttons: Save, Cancel/Exit, Insert Row, Clear All Data

Tool functions:

- **Scroll Bar:** Navigates data within the screen
- **Minus:** Deletes an entire row
- **Clear All Data:** Removes all data on screen and screen remains open
- **Insert Row:** Inserts another row for immunization data entry
- **Cancel/Exit:** Closes screen
- **Save:** Closes screen and all entered data is saved and can be viewed on the Immunization Tab.

Immunization Entry

SCI Registry South Carolina Immunization Registry System

Logged in as: BROWND Location: SCI REGISTRY TRAINING TEAM Database: DHECTEST

File Tools Reports Help

MCI: 4440021930 Full Name: DENISE TEST Date of Birth: 8/10/2001 Age: 12 years, 5 months, 14 days

Entry Type	Vaccine Name	Dose Number	Vaccination Date	Series Name	Facility Name
Historical	HEP B, ADOLESCENT OR PEDIATRIC	1	08/10/2001	HEP B	HISTO
Historical	HEP B, ADOLESCENT OR PEDIATRIC	2	09/10/2001	HEP B	HISTO
Historical	HEP B, ADOLESCENT OR PEDIATRIC	3	01/30/2002	HEP B	HISTO
Historical	DTAP	1	10/10/2001	DTAP	HISTO
Historical	DTAP	2	12/10/2001	DTAP	HISTO
Historical	DTAP	3	02/10/2002	DTAP	HISTO
Historical	DTAP	4	11/10/2002	DTAP	HISTO
Historical	DTAP	5			
Historical	OPV	1			
Historical	OPV	2			
Historical	OPV	3	11/10/2002	OPV	HISTO
Historical	OPV	4	08/10/2002	OPV	HISTO
Historical	MMR	NOT COUNTED	08/10/2001		
Historical	MMR	1	08/10/2005	MMR	HISTO
Historical	MMR	2	11/30/2012	MMR	HISTO
Historical	VARICELLA	1	11/30/2013	VAR	HISTO
Historical	FLU, IIV4, 3 YRS+, PFREE	1	10/30/2012	FLU	HISTO

Buttons: + Add, Edit, Delete, Add Alert

Administered immunizations can only be added via the Immunization Entry screen. To open the screen, click on the **Add** button located on the bottom left of the Immunization Tab.

Historical immunizations can also be entered via the Immunization Entry screen. However, users will find the Historical Quick Entry option more user friendly.

A Forecast Snapshot is located on the lower left side of the Immunization Entry screen. The snapshot is a smaller view of the forecast tab.

Immunization Entry

MCI: 4440021930 Full Name: DENISE TEST Date of Birth: 8/10/2001 Age: 12 years, 5 months, 20 days

Entry Type: ADMINISTERED Administration Site: LEFT ARM

Vaccine Name: HPV (GARDASIL) Administration Route: INTRAMUSCULAR

Vaccination Date: 10/02/2013 Manufacturer: MERCK & CO., INC.

Provider's Facility: SCI REGISTRY TRAINING TEAM Lot Number: u1000aa

Vaccine Type: PEDIATRIC VFC > MEDICAID Administered By: ON DUTY, PROVIDER [SC DHEC]

WARNING: Please verify this entry's information before proceeding. *Certain information cannot be changed.*

Antigen VIS Date: HPV 2/2/2007

Series Name	Dose #	Dose Status
TD	1	DUE
MCV4	1	DUE
HPV	1	DUE

Vaccine Name	Vac Date
HEP B, ADOLESCENT OR PEDIATRIC	08/10/2001
HEP B, ADOLESCENT OR PEDIATRIC	09/10/2001
HEP B, ADOLESCENT OR PEDIATRIC	01/30/2002
DTAP	10/10/2001
DTAP	12/10/2001
DTAP	02/10/2002
DTAP	11/10/2002
DTAP	08/10/2005

Buttons: Save, Insert, Cancel/Exit

An Immunization Snapshot is located on the lower right side of the Immunization Entry screen. The snapshot is a smaller view of the Immunization tab.

All yellow fields are required:

- **Entry Type:** Defaults to Administered. User must select Historical
- **Vaccine Name:** Select from Long or Obsolete Lists if not found on Short List.
- **Vaccination Date:** Defaults to current date. If Vaccination Date is not current date, user must change.
- **Provider's Facility:** Defaults to user's selected login location.
- **Vaccine Type:** Required for patients less than 19 years of age with Entry Type of Administered.

The screenshot shows the 'Immunization Entry' form for patient DENISE TEST. The following fields are highlighted in yellow to indicate they are required: Entry Type (ADMINISTERED), Vaccine Name (HPV (GARDASIL)), Vaccination Date (10/02/2013), Provider's Facility (SCI REGISTRY TRAINING TEAM), and Vaccine Type (PEDIATRIC VFC > MEDICAID). Other fields include MCI (4440021930), Date of Birth (8/10/2001), Age (12 years, 5 months, 20 days), Administration Site (LEFT ARM), Administration Route (INTRAMUSCULAR), Manufacturer (MERCK & CO., INC.), Lot Number (u1000aa), and Administered By (ON DUTY, PROVIDER [SC DHEC]). A 'WARNING' message is displayed below the form: 'Please verify this entry's information before proceeding. *Certain information cannot be changed.*' Below the form are two tables: 'Forecast Snapshot' and 'Immunizations Snapshot'. At the bottom right are buttons for 'Save', 'Insert', and 'Cancel/Exit'.

The fields on the right side of the screen are not required registry fields. However, federal law requires that administered immunizations must be fully documented in the patient's permanent medical record. If provider desires to utilize the registry's **Immunization Information Sheet** for the patient's medical record, the form must be printed and signed by the person administering the immunizations.

The VIS Date automatically populates for administered immunizations and it reflects the most current available VIS statement.

This screenshot is similar to the previous one but highlights non-required fields with a red box. These fields include Administration Site (LEFT ARM), Administration Route (INTRAMUSCULAR), Manufacturer (MERCK & CO., INC.), Lot Number (u1000aa), and Administered By (ON DUTY, PROVIDER [SC DHEC]). The 'Antigen' and 'VIS Date' fields (HPV, 2/2/2007) are also highlighted in yellow. The 'WARNING' message and the 'Forecast Snapshot' and 'Immunizations Snapshot' tables are also visible. The 'Save', 'Insert', and 'Cancel/Exit' buttons are at the bottom right.

- **Cancel/Exit:** Closes without saving entered data.
- **Insert:** Stores entered data and resets fields for another entry.
- **Save:** Stores entered data and returns user to Immunization Tab.

Editing an Immunization Entry

Historical	DTAP	3	11/10/2002	DTAP	HISTORICAL PROVIDER FACILITY
Historical	DTAP	4	08/10/2005	DTAP	HISTORICAL PROVIDER FACILITY
Historical	OPV	1	10/10/2001	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	2	12/10/2001	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	3	11/10/2002	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	4	08/10/2005	IPV	HISTORICAL PROVIDER FACILITY
Historical	MMR	1	08/10/2002	MMR	HISTORICAL PROVIDER FACILITY
Historical	MMR	2	08/10/2005	MMR	HISTORICAL PROVIDER FACILITY
Historical	VARICELLA	1	11/30/2012	VAR	HISTORICAL PROVIDER FACILITY
Historical	FLU, IIV4, 3 YRS+, PFREE	1	11/30/2012	FLU	HISTORICAL PROVIDER FACILITY
Administered	HPV (GARDASIL)	1	10/02/2013	HPV	CARES IS TRAINING TEAM

After saving the immunizations, an incorrect entry is discovered. Highlight the incorrect entry and click **Edit**.

Note that two fields (Vaccine Name and Provider's Facility) cannot be edited. All other fields may be edited.

 Make the necessary edit and click **Save**.

Immunization Entry

MCI: 4440021930 Full Name: DENISE TEST Date of Birth: 8/10/2001 Age: 12 years, 5 months, 20 days

Entry Type: ADMINISTERED
 Vaccine Name: HPV (GARDASIL)
 Vaccination Date: 10/02/2013
 Provider's Facility: SCI REGISTRY TRAINING TEAM
 Vaccine Type: PEDIATRIC VFC > MEDICAID

Administration Site: LEFT ARM
 Administration Route: INTRAMUSCULAR
 Manufacturer: MERCK & CO., INC.
 Lot Number: u1000aa
 Administered By: ON DUTY, PROVIDER [SC DHEC]

WARNING: Please verify this entry's information before proceeding. *Certain information cannot be changed.*

Antigen: HPV VIS Date: 02/02/2007

Series Name	Dose #	Dose Status
TD	1	DUE
MCV4	1	DUE
HPV	2	DUE

Vaccine Name	Vac Date
HEP B, ADOLESCENT OR PEDIATRIC	08/10/2001
HEP B, ADOLESCENT OR PEDIATRIC	09/10/2001
HEP B, ADOLESCENT OR PEDIATRIC	01/30/2002
DTAP	10/10/2001
DTAP	12/10/2001
DTAP	02/10/2002
DTAP	11/10/2002
DTAP	08/10/2005

Save Cancel/Exit

Deleting an Immunization Entry

An administered immunization should never be deleted. Deletions should only occur when immunizations are documented under the wrong patient's record or the incorrect vaccine name was selected.

To delete an immunization, click on the entry to highlight and select **Delete**.

Entry Type	Vaccine Name	Dose Number	Vaccination Date	Series Name	Facility Name
Historical	HEP B, ADOLESCENT OR PEDIATRIC	1	08/10/2001	HEP B	HISTORICAL PROVIDER FACILITY
Historical	HEP B, ADOLESCENT OR PEDIATRIC	2	09/10/2001	HEP B	HISTORICAL PROVIDER FACILITY
Historical	HEP B, ADOLESCENT OR PEDIATRIC	3	01/30/2002	HEP B	HISTORICAL PROVIDER FACILITY
Historical	DTAP	1	10/10/2001	DTAP	HISTORICAL PROVIDER FACILITY
Historical	DTAP	2	12/10/2001	DTAP	HISTORICAL PROVIDER FACILITY
Historical	DTAP	3	02/10/2002	DTAP	HISTORICAL PROVIDER FACILITY
Historical	DTAP	4	11/10/2002	DTAP	HISTORICAL PROVIDER FACILITY
Historical	DTAP	5	08/10/2005	DTAP	HISTORICAL PROVIDER FACILITY
Historical	OPV	1	10/10/2001	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	2	12/10/2001	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	3	11/10/2002	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	4	08/10/2005	IPV	HISTORICAL PROVIDER FACILITY
Historical	MMR	NOT COUNTED	08/10/2001	MMR	HISTORICAL PROVIDER FACILITY
Historical	MMR	1	08/10/2005	MMR	HISTORICAL PROVIDER FACILITY
Historical	MMR	2	11/30/2012	MMR	HISTORICAL PROVIDER FACILITY
Historical	VARICELLA	1	11/30/2013	VAR	HISTORICAL PROVIDER FACILITY
Historical	FLU, IIV4, 3 YRS+, PFREE	1	10/30/2012	FLU	HISTORICAL PROVIDER FACILITY

When the confirm window displays, click **Yes** to delete the selected immunization. Click **No** to cancel the request to delete the selected immunization.

The screenshot shows the SCI Registry interface with a list of immunizations for patient DENISE TEST. A 'Confirm' dialog box is overlaid on the table, asking 'Are you sure you want to delete this record?' with 'Yes' and 'No' buttons. The table includes columns for Entry Type, Vaccine Name, Dose Number, Vaccination Date, Series Name, and Facility Name.

Entry Type	Vaccine Name	Dose Number	Vaccination Date	Series Name	Facility Name
Historical	HEP B, ADOLESCENT OR PEDIATRIC	1	08/10/2001	HEP B	HISTORICAL PROVIDER FACILITY
Historical	HEP B, ADOLESCENT OR PEDIATRIC	2	09/10/2001	HEP B	HISTORICAL PROVIDER FACILITY
Historical	HEP B, ADOLESCENT OR PEDIATRIC	3	01/30/2002	HEP B	HISTORICAL PROVIDER FACILITY
Historical	DTAP	1	10/10/2001	DTAP	HISTORICAL PROVIDER FACILITY
Historical	DTAP	2	12/10/2001	DTAP	HISTORICAL PROVIDER FACILITY
Historical	DTAP	3	11/10/2002	DTAP	HISTORICAL PROVIDER FACILITY
Historical	DTAP	4	08/10/2005	DTAP	HISTORICAL PROVIDER FACILITY
Historical	OPV	1	10/10/2001	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	2	12/10/2001	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	3	11/10/2002	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	4	08/10/2005	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	1	10/10/2001	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	2	12/10/2001	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	3	11/10/2002	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	4	08/10/2005	IPV	HISTORICAL PROVIDER FACILITY
Administered	FLU, IIV4, 3 YRS+, PFREE				HISTORICAL PROVIDER FACILITY
Administered	HPV (GARDASIL)	1	10/02/2013	HPV	CARES IS TRAINING TEAM

If the user attempts to delete an immunization which user/facility did not enter, the following "Not Authorized" message will be displayed.

The screenshot shows the SCI Registry interface with a 'Not Authorized' dialog box overlaid on the immunization list. The message reads: 'You are not authorized to delete this record.' with an 'OK' button. The immunization list is partially visible, showing various vaccine entries.

Validating/Invalidating an Immunization Entry

The Registry assesses the validity of immunizations based on the patient's current age and immunization history known to the registry in accordance with ACIP recommended schedule and catch-up schedule. The Forecast wizard **does not** factor in exceptions when assessing the validity of an immunization.

Shots administered in the standard **4-Day Grace Period** are not recognized by the forecast wizard. A valid dose given in the 4-Day Grace Period will appear as **Not Counted**. Vaccine doses administered up to **4 Days** before the minimum interval or age may be counted as **Valid**.

The screenshot shows the SCI Registry interface with a table of immunizations. One entry is highlighted in yellow and labeled 'NOT COUNTED'. The 'Validate Dose' button is circled in red in the bottom toolbar.

Historical	OPV	1	10/10/2001	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	2	12/10/2001	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	3	11/10/2002	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	4	08/10/2005	IPV	HISTORICAL PROVIDER FACILITY
Historical	MMR	1	08/10/2005	MMR	HISTORICAL PROVIDER FACILITY
Historical	MMR	2	08/10/2005	MMR	HISTORICAL PROVIDER FACILITY
Administered	MMR	3	01/13/2014	MMR	SCI REGISTRY TRAINING TEAM
Administered	FLU, IIV4, 3 YRS+, PFREE	1	11/30/2012	FLU	HISTORICAL PROVIDER FACILITY
Historical	HPV (GARDASIL)	1	10/02/2013	HPV	HISTORICAL PROVIDER FACILITY
Administered	HPV (GARDASIL)	NOT COUNTED	10/28/2013	HPV	SCI REGISTRY TRAINING TEAM

To Validate a Not Counted vaccine, click on the vaccine to highlight and select the **Validate Dose** button. If you incorrectly Validated a dose, click on the vaccine and select **Invalidate Dose** to correct the entry.

Alerts Tab

Alerts tab allows all users to view immunization alert information entered by any provider.

Immunization alerts levels are:

- **Contraindication** is a condition in a patient that generally increases the chance of a serious adverse reaction. This is considered a High alert and is coded Red.
- **Precaution** is a condition in a patient that might increase the chance or severity of a serious adverse reaction. This is a Medium alert and is coded Yellow.
- **History of Chicken Pox Disease** is a Low alert and is coded Green.

A colored circle appears on the alerts tab to notify you that an alert has been entered. If more than one level of an alert has been documented, the colored dot on the tab will represent the highest level.

Status	Alert Start Date	Forecast	Immunization	Alerts	Message	Alert End Date
HIGH	12/31/2012		Anaphylactic allergy to a vaccine component or following a prior dose of a vaccine			12/31/2999
MEDIUM	01/24/2014		HPV- Fever of 106			12/31/2999
LOW	12/13/2013		HISTORY OF CHICKENPOX DISEASE			12/31/2999

To enter an alert, click **Add Alert** and select:

- **Add Contraindication**
- **Add Precaution**
- **Add History of Chicken Pox Disease**

There are only four contraindications. Those are:

- Anaphylactic allergy to a vaccine component or following a prior dose of a vaccine.
- Encephalopathy within 7 days of pertussis vaccination
- Hematopoietic stem cell transplantation <24 months post transplant contraindicates Varicella and MMR vaccines
- No live vaccines

After selecting from the drop down table, click **Save**.

NOTE: If user has “read only” rights, user is unable to add or edit Alerts.

Alerts

Precaution: HPV - fever of 106

Begin Date: 2/7/2014

End Date: 12/31/2999

Save **Cancel**

Precaution allows user to type in a free-form field. User should keep entry concise.

After entering the Precaution, click **Save**.

After selecting **Add History of Chicken Pox Disease**, click **Save** as the alert is autopopulates.

Alerts

Alert: HISTORY OF CHICKENPOX DISEASE

Begin Date: 2/7/2014

End Date: 12/31/2999

Chickenpox disease must be diagnosed by a health care provider or history of chickenpox (or herpes zoster) must be verified by a health care provider. Parental history is not considered sufficient evidence of immunity

Save **Cancel**

Reports Menu

Under the **Reports** menu, three reports or forms may be retrieved and printed:

- **SC Certificate of Immunization**
- **Immunization Information Sheet**
- **Personal Immunization Record**

NOTE: Users with "read only" rights can print reports.

File Tools **Reports** Help

SC Certificate of Immunization (months, 20 days)

Immunization Information Sheet

Personal Immunization Record

Entry Type	Vaccine Name	Dose Number	Date	Facility
Historical	HEP B, ADOLESCENT OR PEDIATRIC	1	08/10/2001	HEP B HISTORICAL PROVIDER FACILITY
Historical	HEP B, ADOLESCENT OR PEDIATRIC	2	09/10/2001	HEP B HISTORICAL PROVIDER FACILITY
Historical	HEP B, ADOLESCENT OR PEDIATRIC	3	01/30/2002	HEP B HISTORICAL PROVIDER FACILITY
Historical	DTAP	1	10/10/2001	DTAP HISTORICAL PROVIDER FACILITY
Historical	DTAP	2	12/10/2001	DTAP HISTORICAL PROVIDER FACILITY
Administered	DTAP	3	02/10/2002	DTAP SCI REGISTRY TRAINING TEAM
Historical	DTAP	4	11/10/2002	DTAP HISTORICAL PROVIDER FACILITY
Historical	DTAP	5	08/10/2005	DTAP HISTORICAL PROVIDER FACILITY
Historical	OPV	1	10/10/2001	IPV HISTORICAL PROVIDER FACILITY
Historical	OPV	2	12/10/2001	IPV HISTORICAL PROVIDER FACILITY
Historical	OPV	3	11/10/2002	IPV HISTORICAL PROVIDER FACILITY
Historical	OPV	4	08/10/2005	IPV HISTORICAL PROVIDER FACILITY
Historical	MMR	1	08/10/2005	MMR HISTORICAL PROVIDER FACILITY
Historical	MMR	2	08/10/2005	MMR HISTORICAL PROVIDER FACILITY
Administered	MMR	3	01/13/2014	MMR SCI REGISTRY TRAINING TEAM
Historical	VARICELLA	1	11/30/2012	VAR HISTORICAL PROVIDER FACILITY
Administered	FLU, IV4, 3 YRS+, PFREE	1	11/30/2012	FLU HISTORICAL PROVIDER FACILITY
Historical	HPV (GARDASIL)	1	10/02/2013	HPV HISTORICAL PROVIDER FACILITY
Administered	HPV (GARDASIL)	2	10/28/2013	HPV SCI REGISTRY TRAINING TEAM

Immunization Information Sheet

Immunization Information Sheet:

This form is used as a vaccine administration record by providers who use hard copy medical records. It contains all data elements required for legal documentation of vaccine administration when signed by the vaccinator. Use of the form is optional. If printed, there may be multiple pages. Each page is automatically dated and time-stamped so you can verify that you have the latest record and all of the pages were generated at the same time.

To print, select the form from the **Report** menu. Select the client's name. The form will be displayed for printing.

D H E C Immunization Information
 Vaccine Information Statements (VIS) must be given to the patient/guardian prior to administering immunizations. Give patient/guardian opportunity to ask questions.
 Client Name: DENISE TEST MCI: 44-40021930
 DOB: 8/10/2001 Patient Age: 12 Years, 4 Months, 30 Days PCP ID: 2222

SERIES Given	D O S E	VACCINE NAME	DATE Given	Site	Route	Vaccine Manuf	LOT or Control #	VIS DATE	PROVIDER FACILITY	Administered By (Entered By)
HEP B, ADOLESCENT OR PEDIATRIC	1	HEP B	8/10/2001	RIGHT THIGH	INTRAMUSCULAR	GLAXOSMITHKLINE FORMERLY BEECHAM includes GLAXO WELLCOME	bc12487o	12/30/1899	CARES IS TRAINING TEAM	ON DUTY, PROVIDER
HEP B, ADOLESCENT OR PEDIATRIC	2	HEP B	9/10/2001	RIGHT ARM	INTRAMUSCULAR	GLAXOSMITHKLINE FORMERLY BEECHAM includes GLAXO WELLCOME	10096ica	12/30/1899	CARES IS TRAINING TEAM	ON DUTY, PROVIDER
HEP B, ADOLESCENT OR PEDIATRIC	3	HEP B	1/30/2002	LEFT THIGH	INTRAMUSCULAR	GLAXOSMITHKLINE FORMERLY BEECHAM includes GLAXO WELLCOME	0987u	12/30/1899	CARES IS TRAINING TEAM	ON DUTY, PROVIDER
DTAP	1	DTAP	10/10/2001	LEFT THIGH	INTRAMUSCULAR	GLAXOSMITHKLINE FORMERLY BEECHAM includes GLAXO WELLCOME	bc4510o1	12/30/1899	CARES IS TRAINING TEAM	ON DUTY, PROVIDER
DTAP	2	DTAP	12/10/2001	RIGHT THIGH	INTRAMUSCULAR	GLAXOSMITHKLINE FORMERLY BEECHAM includes GLAXO WELLCOME	n32750ic	12/30/1899	CARES IS TRAINING TEAM	ON DUTY, PROVIDER
DTAP	3	DTAP	11/10/2002	LEFT THIGH	INTRAMUSCULAR	GLAXOSMITHKLINE FORMERLY BEECHAM includes GLAXO WELLCOME	3469736l	12/30/1899	CARES IS TRAINING TEAM	ON DUTY, PROVIDER
DTAP	4	DTAP	8/10/2005	LEFT THIGH	INTRAMUSCULAR	GLAXOSMITHKLINE FORMERLY BEECHAM includes GLAXO WELLCOME	456878aa	12/30/1899	CARES IS TRAINING TEAM	ON DUTY, PROVIDER

This form should not be accepted as documentary evidence of citizenship or nationality. 1/9/2014 10:38:25 AM
 CARES DHEC-1103 (09/2011) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 1 of 2

Personal Immunization Record

Personal Immunization Record
 Not valid for use as Immunization Certificate for Attendance at a Child Day Care Facility or School.

Client Name: DENISE TEST DOB: 8/10/2001 Care ID: 1000678291 PCP ID: 2222

Vaccine Name	Series	Dose	Date Given	Provider Facility
DTAP	DTAP	1	10/10/2001	HISTORICAL PROVIDER FACILITY
DTAP	DTAP	2	12/10/2001	HISTORICAL PROVIDER FACILITY
DTAP	DTAP	3	11/10/2002	HISTORICAL PROVIDER FACILITY
DTAP	DTAP	4	8/10/2005	HISTORICAL PROVIDER FACILITY
OPV	IPV	1	10/10/2001	HISTORICAL PROVIDER FACILITY
OPV	IPV	2	12/10/2001	HISTORICAL PROVIDER FACILITY
OPV	IPV	3	11/10/2002	HISTORICAL PROVIDER FACILITY
OPV	IPV	4	8/10/2005	HISTORICAL PROVIDER FACILITY
MMR	MMR	1	8/10/2002	HISTORICAL PROVIDER FACILITY
MMR	MMR	2	8/10/2005	HISTORICAL PROVIDER FACILITY
VARICELLA	VAR	1	11/30/2012	HISTORICAL PROVIDER FACILITY
FLU, IIV4, 3 YRS+, PFREE	FLU	1	11/30/2012	HISTORICAL PROVIDER FACILITY
HPV (GARDASIL)	HPV	1	10/2/2013	CARES IS TRAINING TEAM
HPV (GARDASIL)	HPV	*	10/28/2013	CARES IS TRAINING TEAM

Check this box [] for a reliable history of chickenpox, or serologic immunity to chickenpox**
 Next immunizations are due: 8/10/2001 Issue Date: 11/13/2013

Issuing Facility Name: ABBEVILLE COUNTY HEALTH DEPT.
 Issuing Facility Address: 305 W GREENWOOD ST ABBEVILLE SC 29620
 Issuing Facility Phone Number: 864 3662131

* Invalid Dose
 ** A reliable history of chickenpox is defined as: 1) interpretation by qualified health care professional of parent/guardian description of chickenpox; 2) diagnosis by qualified health care professional of chickenpox; 3) serologic proof of immunity.

11/13/2013 2:49:38 PM This form should not be accepted as documentary evidence of citizenship or nationality.
 Page 1 of 1 This form is a public health record of immunizations.

Personal Immunization Record: This form is used to provide the parent or guardian with the complete immunization history to serve as a permanent record of immunization. This form is not meet the school and day care requirements for immunization documentation.

To print, select the form from the **Report** menu. Select the client's name. The form will be displayed for printing.

SC Certificate of Immunization

To complete the certificate of Immunization for School and Day Care, select **Reports** from the menu bar and click on **SC Certificate of Immunization**.

From the Name Selection screen, select the appropriate name and click **OK**.

A careful assessment is important. The school nurse must be knowledgeable of the current schedule, intervals and school requirements. Only valid immunizations will appear in the **Vaccinations** grid. Invalid (not counted) doses do not print on the immunization certificate.

User must select the appropriate **Certification Status** button.

User will complete **Facility Phone #** and **Facility Address**.

Click **Run Report**.

Review 2740 Report

MCI: 4440021930 Full Name: DENISE TEST Date of Birth: 8/10/2001
 Age: 12 years, 5 months, 20 days

Series Name	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
HEP B	8/10/2001	9/10/2001	1/30/2002		
IPV	10/10/2001	12/10/2001	11/10/2002	8/10/2005	
DTAP	10/10/2001	12/10/2001	2/10/2002	11/10/2002	8/10/2005
MMR	8/10/2005	8/10/2005	1/13/2014		
VAR	11/30/2012				
HPV	10/2/2013	10/28/2013			

PHYSICIAN/FACILITY INFORMATION:
 Physician's Name: Dr. Doctor
 Facility Phone#: (866) 439-4082
 Facility Name: SCI REGISTRY TRAINING TEAM
 Facility Address: 1751 CALHOUN ST COLUMBIA SC 29201

CERTIFICATION STATUS:

- May attend day care or school for no more than one month from this date. Certification Expires: _____
- Meets Day Care Requirements
- Meets Day Care AND School requirements for 5K-6th Grade.
- Meets School Requirements for 5K-6th Grade.
- Meets School Requirements for 7th-12th Grade.
- Certification for 7th Grade TDAP Requirements Only (Supplement to Approved Certificate ONLY)
- Medical Exemption

Run Report Close Show Future Info

Review 2740 Report

MCI: 4440021930 Full Name: DENISE TEST Date of Birth: 8/10/2001
 Age: 12 years, 5 months, 20 days

Series Name	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
HEP B	8/10/2001	9/10/2001	1/30/2002		
IPV	10/10/2001	12/10/2001	11/10/2002	8/10/2005	
DTAP	10/10/2001	12/10/2001	2/10/2002	11/10/2002	8/10/2005
MMR	8/10/2005	8/10/2005	1/13/2014		
VAR	11/30/2012				
HPV	10/2/2013	10/28/2013			

PHYSICIAN/FACILITY INFORMATION:
 Physician's Name: Dr. Doctor
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- Meets Day Care Requirements
- Meets Day Care AND School requirements for 5K-6th Grade.
- Meets School Requirements for 5K-6th Grade.
- Meets School Requirements for 7th-12th Grade.
- Certification for 7th Grade TDAP Requirements Only (Supplement to Approved Certificate ONLY)
- Medical Exemption**
 - Temporarily Exempted:
 - HEP B
 - HIB
 - HEP A
 - IPV/OPV
 Clear All Temporary
 - Permanently Exempted:
 - HEP B
 - HIB
 - HEP A
 - IPV/OPV
 Clear All Permanent

May attend day care or school for no more than one month from this date.
 Certificate Expires: _____

Run Report Close Show Future Info

If a child has a **Permanent** or **Temporary** medical reason for exclusion, select **Medical Exemption** and select the appropriate vaccine(s) from the list. If temporary, enter an expiration date and select the appropriate vaccine(s). Click the **Run Report**.

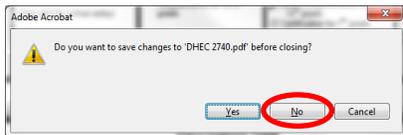
Do you want to open or save DHEC 2740.pdf from webdev?

Open Save Cancel

At the bottom of the screen, select **Open** to download the DHEC 2740 file. This is the SC Certificate of Immunization.

Once the certificate opens, select the **Printer Icon**, or the **Print** option located in the File menu in the top left corner of this screen.

A message box will provide you with the option to **Save** changes before closing the form. Select **No**. If Yes is selected, user may select file location and enter file name. This is not recommended since it contains personal identifying information. A valid certificate must be printed and signed.



Vaccination Date				
Hep-B	8/10/2001	9/10/2001	1/30/2002	
IPV + OPV	10/10/2001	12/10/2001	11/10/2002	8/10/2005
DTaP + DT	10/10/2001	12/10/2001	11/10/2002	8/10/2005

Select **Close** from the **Review 2740 Report** to return to the main screen.

Tools Menu

Under the **Tools** menu, there are several registry functions:

- Historical Quick Entry (see page 7)
- Patient Maintenance
- Chart Number Maintenance
- Report Demographic Change to SC DHEC

NOTE: If user has "read only" rights, user is unable to use Tool menu functions.

Patient Maintenance

The **Patient Maintenance** tool is used to remove a patient from the login location. **Moved or Going Elsewhere (MOGE)** status options are:

- Transfer Out of SC
- Deceased
- Moved or Gone Elsewhere

Select appropriate status and click **Save**.

Patient Maintenance

MCI: 4440021930 Full Name: DENISE TEST

Old Location: SCI

New Location: SCI REGISTRY TRAINING TEAM

Audit Information
 Created By: BROWNDD Updated By: BROWNDD
 Created On: 10/25/2013 Updated On: 1/30/2014

Moved or Going Elsewhere (MOGE)
 MOGE Status: MOGE Status

Reason:

Save Close

Chart Number Maintenance

The use of the **Chart Number Maintenance** tool is highly encouraged. Enter primary care provider's (PCP) unique Chart Number or Patient ID number. This feature is extremely useful because searching by this number will yield an exact match.

The **Add New Chart Number** field can contain any combination of letters or numbers up to ten characters.

Select **Add** after the number is entered. When the number appears in the grid above, it has been added into the registry and is associated with the MCI number.

Select **Close** to return to the main screen.

Chart # Maintenance

MCI: 4440021930 Full Name: DENISE TEST Date of Birth: 8/10/2001

Client Charts for you location

Record Type	Record #	Created By	Created On	Updated By	Updated On
MCI	4440021930	BROWNDD	10/24/2013 1:12:33		
PCP	22222	BROWNDD	10/28/2013 11:11:45		

View 1 - 2 of 2

Add New Charts # for Client
 22222 PCP Add

Close

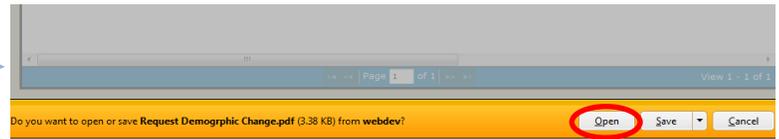
Report Demographic Change to SC DHEC

If the primary name needs to be updated, submit a Report Demographic Change to SC DHEC form as edits or changes may only be completed by DHEC. To request a name change, click on **Report Demographic Change to SC DHEC**.

Enter **Provider's Telephone** and **Provider's Fax**. The current demographic data is shown in the upper Primary Name fields. Enter the correct information in the blank, lower Primary Name fields.

Select **Print**.

At the bottom of the screen, select **Open** to download the Request Demographic Change file.



Select **Print** and submit the demographic request form as a coversheet along with the supporting legal documents through mail or by fax.

Select **Close** to return to main menu.

- Under **File**, select:
- **Search** to begin a new search
 - **Refresh** to update data just entered in the client's record
 - **Location** to select authorized locations
 - **Logout** to exit SCI Registry

Under **Help**, select:

- Immunization Action Coalition link to Vaccine Information Statements (VIS)
- SCI Registry Access for Registry Users Quick Reference Guide, (this document).