## Indian Health Service RPMS Immunization Updates 2024

CAPT SURYAM PALANKI OFFICE OF INFORMATION TECHNOLOGY DIVISION OF INFORMATION TECHNOLOGY PHARMACY INFORMATICS CONSULTANT AUGUST 14, 2024



## Learning Objectives

After attending this session, you should be able to:

- 1. List and explain key changes in the Immunization Interface Management package.
- 2. Demonstrate the new capabilities in the Immunization Tracking package.
- 3. Apply the latest changes to your patients using the Immunization Calculation Engine (ICE) Forecaster package.
- 4. Describe planned enhancements for the RPMS system, including their expected impacts and implementation timeline.

## BI (Immunization Tracking) Updates

#### **Contraindications Expansion**

Expanded list	Previous list
1. Allergy to proteins of rodent or neural origin - Rabies vaccine	Anaphylactic Egg Allergy
2. Allergy to 2-phenoxyethanol - DTaP (Daptacel, Pentacel, Quadracel), Tdap (Adacel)	Anaphylaxis
3. Allergy to baker's yeast - HPV, MenACWY, Hep B, Twinrix, Pediarix	Carrier
<ol> <li>Gelatin allergy – LAIV, MMR, MMRV, Rabies, Typhoid, Varicella, Yellow Fever</li> </ol>	Convulsion
5. Streptomycin allergy – IPV	Egg Allergy
6. Allergy to thimerosal – Influenza	Fever>104F
<ol> <li>Allergy to aluminum – Pneumococcal, DTaP, Hib, Hep A, Hep B, Twinrix, Pediarix, Pentacel, HPV,</li> </ol>	GBS
Japanese Encephalitis, MenB, Td, Tdap	Hx of Chicken Pox
8. Latex Allergy – MenB	Immune
9. Polymixin B allergy – Influenza, IPV, Kinrix, Pentacel, Quadracel, Pediarix	Immune deficiency
10. Previous history of Intussusception – Rotavirus	Lethargy/Hypotonic episode
11. Encephalopathy within 7 days of previous dose of DTaP	Neomycin allergy
12. Patient currently pregnant	Other Allergy

#### **Revising Form letters**

- Edit Patient Errors ERR CMG Add/Edit Case Manager
- CMT
- Transfer a Case Manager's Patients Scan For Patients SCN
- \_\_\_\_\_
- ESP Site Parameters Edit
- PKG Package Setup Information
- Form Letters Add/Edit LET
- Lot Number Add/Edit LOT
- VAC Vaccine Table Edit
- ELI Eligibility Table Edit
- Restandardize Vaccine Table RES
- EXP Export Immunizations

ADD A NEW FORM LETTER \*

You have chosen to add a new Form Letter. In order to save you time, this program will load a Sample Form Letter, which you may then edit to suit the purpose of your new Form Letter.

There are three Sample Form Letters to choose from:

- 1) Standard Due Letter
- 2) Official Immunization Record
- Standard Due Letter--Forecast First

Or you may choose to copy an existing customized Form Letter and then make changes to it under the new Form Letter you are creating.

Please enter "1" to select the Standard Due Letter, "2" to select the Official Immunization Record, "3" to select the Standard Due Letter (with the Forecast listed first and the History following). or enter "C" to copy an existing Form Letter.

Enter 1, 2, 3, or C:

#### **Revising Form letters**

#### Standard DUE letter

Jimmy's Immies Clinic 7 Your Street Your City, ST 77777

15-Aug-2023

Date of Birth: 07-Dec-2017 (5 yrs) Chart#: 122345

Parent/Guardian of PATIENT DEMO 100 MAIN STREET ALBUQUERQUE, No State No Zip

Dear Parent or Guardian:

Your child, PATIENT, is due for immunizations.

PATIENT will be due for the immunizations listed below:

DTAP POLIO HEP B MMR VARICELLA HEP A FLU COV

If you feel our records are not correct, please notify us so that we may make the corrections to update our records. Otherwise, please bring the your child to the clinic at the date and location given below:

Current Next Appt: None

Sincerely,

Jack's Vax, LPN Drive-thru Immunization Program "You always get great service ... at the Sign of the Syringe!"

phone: 777-7777 printed: 15-Aug-2023 @13:34 Case Manager: Unknown Official Immunization Record 19-Jul-2024

MISTER MAX Date of Birth: 10-Aug-1963 (60 yrs) 113 PALO VERDE DR. Chart#: 102551 Albuquerque, NM 87119

Our records show that MISTER has received the following immunizations:

10/27/93: FLU,NOS 02/25/21: FLU-HIGH4 09/12/3: RSV 09/01/23: VARICELLA 09/25/23: VARICELLA 11/13/23: FLU-IIV4 12/21/23: COV,1vPfrA 03/20/24: COV,1vPfrA IPV (DTaPPVHHb), HEP B PED (DTaPPVHHb), IPV (DTaPPVHHb), PEDVAXHIB (DTaPPVHHb)

MISTER will be due for the immunizations listed below:

Title

Td HEP B FLU ZOS-Shgrx

If you feel our records are not correct, please notify us so that we may make the corrections to update our records.

Sincerely,

Name

phone: (000)777-7777

#### Standard DUE Letter – Forecast first

Jimmy's Immies Clinic 7 Your Street Your City, ST 77777

19-Jul-2024

Date of Birth: 01-Aug-2022 (23 mths) Chart#: No 789101

Parent/Guardian of TALUM SAMWISE 100 MAIN STREET HOBBITSVILLE, ME 00714

Dear Parent or Guardian:

Your child, TALUM, is due for the immunizations listed below:

POLIO HIB HEP B VARICELLA HEP A FLU PNEUMO

If you feel our records are not correct, please notify us so that we may make the corrections to update our records. Otherwise, please bring the your child to the clinic at the date and location given below:

Current Next Appt: None

Sincerely,

Jack's Vax, LPN Drive-thru Immunization Program "You always get great service ... at the Sign of the Syringe!"

phone: 777-7777

## Nirsevimab Documentation

#### **Background**

In some high risk situations, a higher dose of Nirsevimab (**Beyfortus**) for pediatric patients is recommended.

The higher dose (Nirsevimab 200mg/2mL) is required to be injected into two (2) different anatomical locations as 2 separate 100mg doses on the same day.

Previously, documentation of this "double" dose was not possible in the RPMS and EHR.

#### Nirsevimab documentation

#### Dose 1

Admin Date:	Category: Ambulatory Lot#: LTG2398 Remaining: Not tracked Exp Date: 12/31/25	Patient: PATIENT,DEMO Chart#: 334455	DOB: 03-Mar-2023 (16 mths) Active Female M HBsAg: UNK
Inj Site: Left Thigh IM Vol: 1 Location Type: IHS Location: 2021 DEMO N Provider: PALANKI,SURYAM Order VIS Date: SEP 25,2023 Presented: APR 26,2024	m] H <b>OSPITAL (INST)</b> ing Provider: FLOOD,WILLIAM	# Immunization History	Immunizations DUE on 04/26/2024
	Override:	1 04/26/24 RSV-mAbN1	2021
Dose 2		2 04/26/24 RSV-mAbN1	2021
<u>Visit Date</u> : <b>APR 26,2024</b> Admin Date:	<u>Category</u> : Ambulatory		
	Lot#: LTG2398 Remaining: Not tracked Exp Date: 12/31/25		
<u>Inj Site</u> : <b>Right Thigh IM</b> <u>Vol</u> : 1 <u>Location Type</u> : IHS Location: 2021 DEM Provider: PALANKI,SURYAM Ord VIS Date: SEP 25,2023 Presented: APR 26,20 <u>Vac Elig</u> : VO4 – Do	m] MO HOSPITAL (INST) dering Provider: FLOOD,WILLIAM		

### Split Dose Vaccine Add/Remove

Immunization History										
	Vaccine 🍸	Visit Date 🏼 🍸	Age@Visit 🍸	Location 🏼 🏹	Inj. Site 🏾 🍸	Volume 🍸	Lot 🍸	VIS Date 🏹	Administered By 🏹	VIS Presented 🍸
	RSV-mAbN1	04/26/2024	13 mths	2021 DEMO HOSP	Left Thigh IM	1	LTG2398	09/25/2023	PALANKI, SURYAM	04/26/2024
	RSV-mAbN1	04/26/2024	13 mths	2021 DEMO HOSP	Right Thigh IM	1	LTG2398	09/25/2023	PALANKI, SURYAM	04/26/2024
	0710	A 14710000 0	NOT DODU						501 0000 00000000	

# Nirsevimab Documentation with BIp28 and EHRp35/36

Attempting to enter via EHR – user will get an error

			Due O Contraindications		
	Ad	d Vaccine		$\times$	
	Vaccin	ne Respir	atory syncytial virus monoclonal antibody, $\lg G1k$ , Q	ОК	
				Cancel	
	Ord	dered By	AUSTIN,LATONA		
.oca				Ourrent	и
201	Adminis	tered By	JOHNSON,KATIE	<ul> <li>Historical</li> </ul>	
201				<ul> <li>Not Done</li> </ul>	:
01 01		Error say	ving vaccine info	×	ł
201	la la la				ľ
01	Injec		An error has occurred.		
01		$\bigcirc$	Respiratory syncytial virus monoclonal antibody, IgG	11.	М
01 01			nirsevimab-alip, 1.0mL already recorded for this visit.		
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01	vac n				E
01	VIS P		OK		
201 San					h
NOT	Vac. 8	Eligibility	Not Eligible Y		

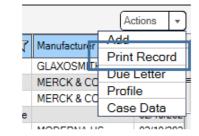
# Nirsevimab Documentation with Blp28 and EHRp35/36 continued (2)

This happens when you are connected to one or more State Immunization Exchange(s) and the interface is on...

When the immunization record is present at both immunization exchange and in EHR, then one dose of Nirsevimab is **hidden in EHR Immunization component** 

Staff can view the accurate immunization record within RPMS or via the EHR "Print Record"

Patient: PATIENT,DEMO	DOB: 03-Mar-2023 (16 mths)
Chart#: 334455	Active Female M HBsAg: UNK
# Immunization History	Immunizations DUE on 04/26/2024
1 04/26/24 RSV-mAbN1	2021
2 04/26/24 RSV-mAbN1	2021



# Nirsevimab Documentation with BIp28 and EHRp35/36 continued (3)

This is a PROBLEM because...

This could result in additional doses given to a fully vaccinated patient due to the clinical staff not seeing the second dose.

### Bottom Line on Nirsevimab Documentation

Do not install BI v8.5 p28 until you can also install EHR v1.1 p37 to ensure all scenarios of Nirsevimab documentation can be accurately displayed.

If BI v8.5p28 is already installed on an EHRp35 or p36 system:

Educate staff on potential issue

Delay documentation of 200mg/2m Nirsevimab doses until EHRp37 is installed

#### Split Dose Vaccine Add/Remove

Current SPLIT DOSE vaccines for which duplicate entry allowed:

- IEN CVX Short name
- 242 207 -----
- 343 307 RSV-mAbN1

Select one of the following:

1	ADD additiona	1 SDV
2	REMOVE existi	ng SDV

Add or Remove SDV:

## BYIM (Immunization Interface Management) Updates

## Age Value Fix

Vaccine	Visit Date	Age@Visit
ACTHIB (PENTACEL)	05/20/2013	1
DTaP (KINRIX)	07/01/2016	1
DTaP (PEDIARIX)	07/05/2012	1
DTaP (PEDIARIX)	08/23/2012	1
DT aP (PEDIARIX)	11/16/2012	1
DTaP (PENTACEL)	05/20/2013	1
HEP B PED (PEDIARIX)	07/05/2012	1
HEP B PED (PEDIARIX)	08/23/2012	1
HEP B PED (PEDIARIX)	11/16/2012	1
IPV (KINRIX)	07/01/2016	1
IPV (PEDIARIX)	07/05/2012	1

Vaccine 🏾 🍸	Visit Date 🍸	Age@Visit 🍸
DTaP (DTaPPVHHb)	05/21/2022	2 mths
DTaP (DTaPPVHHb)	07/21/2022	4 mths
DTaP (DTaPPVHHb)	09/21/2022	6 mths
DTaP (DTaPPVHHb)	03/21/2023	12 mths
IPV (DTaPPVHHb)	05/21/2022	2 mths
IPV (DTaPPVHHb)	07/21/2022	4 mths
IPV (DTaPPVHHb)	09/21/2022	6 mths
IPV (DTaPPVHHb)	03/21/2023	12 mths
PEDVAXHIB (DTaPPVHHb)	05/21/2022	2 mths
PEDVAXHIB (DTaPPVHHb)	07/21/2022	4 mths

#### **Eligibility Codes Expanded**

#### EDIT ELIGIBILITY CODE TABLE

#	Code	Label	of Code	Status	Local Text	Report Tx
1	999	Unkno	wn	Active		Unknown
2						
3	MIA06	MICHI	GAN-06	Active	.COVID	MI
4	V01	Not E	ligible	Active		NotElig
5	v02	Medic	aid	Active		Medicaid
6	v03	Unins	ured	Active		Uninsured.
7	v04	Am In	dian/AK Nativ	eActive		AmIn/AKNa.
8	v05	Under	insured Fed Q	ualActive		Under / Fed.
9	V06	State	-specific Eli	gActive		State
10	V07	Local	-specific Eli	gActive		Local
11	VIA01	VIRGI	N ISLANDS-01.	Active		
12	AKA02	ALASK	A-02	Inactive.		
13	AKA03	ALASK	A-03	Inactive.		
	SC	roll dow	n to view mor	e. Type ?? for	more actions	>>>
E	dit Elig	Code	н нер			

Select Action:Quit//

RXA|0|1|20230418120000|20230418120000|162^Trumenba^CVX|.5|mL^MilliLiters^UCUM||00^NEW IMMUNIZATION RECORD^NIP001||^^^SIISCLIENT80883|||||||||CP|A|20230418072359

RXR |

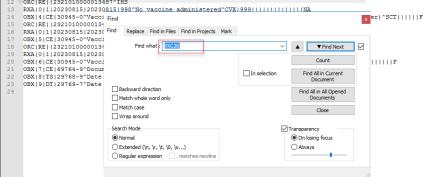
OBX|11|CE|30963-3^Vaccine Funding Source^LN|1|PHC70^Private funds^CDCPHINVS||||||F||| 20230418

OBX|12|CE|64994-7^Vaccine Funding Program Eligibility^LN|1 ZZZZZ^AKA01^HL70064||||||F||| 20230418|||VXC40^per immunization^CDCPHINVS

#### Contraindications

🔚 izdata\_232101\_20230816\_120639\_test.dat 🗵

- MSH|^~\&|REMS^REMS^|63027|ASIIS|ASIIS|20230816120639-0700||VXU^V04^VXU\_V04|IHS-8079333|F|2.5.1||ER|AL|USA|||222^CDCI FID|1||232101334455^^2021 DEMO HOSPITAL (^MR||SILOPANNA^KATE^ONE^^^^L^^^ONE^^^A
- DD1||||||||02^REMINDER/RECALL ANY METHOP/HJ70215||||A]20221212/20221212 ORC|RE[283477-232101^HS]2321010420283477^HS||F||||||AHAHAWAY^KATHIJ0^^PHYSICIAN^^^L/A/IATHAWAY^KATHIJ0^^PHYSI
- RXA|0|1|20230815130300|20230815130300|48^ActHIB^CVX|0.5|mL^MilliLiters^UCUM||00^NEW IMMUNIZATION RECORD^NIF001|^HATHAV
- RXR|C28161^Intramuscular^NCIT|RT^Right Thigh^HL70163
- OBX|1|CE|30963-3^YAccine Funding Source^LN|1|YXC51^Public VFC^CDCPHINVS|||||F||20230815 OBX|2|CE|64994-7^Vaccine Funding Program Eligibility^LN|1|V04^VFC ELIGIBLE AI/AN^HL70064|||||F||20230815|||VXC40^per
- ORC|RE||2321010000013486^IHS
- RX1
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- RXA|0|1|20230815|20230815|998^No vaccine administered^CVX|999|||||||||||||NA
- OBX|3|CE|30945-0^Vaccination contraindication/precaution^LN|1|VXC26^Convulsion^SCT||||||F
- ORC|RE||2321010000013487^IHS
- RXAIOI1

000100100000000000000000000000000000000						
RV&10111202308151202308151998^No_vaccine_administered^CVV199911111111	11111	2				
OBX 4 CE 30945-0^Vaccination contraindication/precaution^LN 1 300916003	^Late	<pre>x allergy (disorder)^SCT      </pre>	F			
ORC RE  2321010000013488^IHS						
RXA 0 1 20230815 20230815 998^No vaccine administered^CVX 999	Find					
OBX 5 CE 30945-0^Vaccination contraindication/precaution^LN 1 VXC26^Con	·					
ORC RE  2321010000013490^TH5	Find	Replace Find in Files Find in Projects Mark				
RXA 0 1 20230815 20230815 998^No vaccine administered^CVX 999						
OBX 6 CE 30945-0^Vaccination contraindication/precaution^LN 1 161423008		Find what : 300916003	V		▼Find Next	V
OBX 7 CE 69764-9^Document Type^LN 2 998^NO VACCINE^CVX           F				-		f
OBX 8 TS 29768-9^Date VIS Published^IN 2           F					Count	
OBX 9 DT 29769-7^Date VIS Presented^LN 2      F				_		
			In selection	Fi	nd All in Current Document	
	_				Document	
	B	Backward direction		Fin	d All in All Opened	
	M	Aatch whole word only			Documents	
		Match case				i.
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	Or	Regular expression 🔄 , matches newline				

#### Funding Source codes

RXA|0|1|20230815130300|20230815130300|48^ActHIB^CVX|0.5|mL^MilliLiters^UCUM||00^NEW IMMUNIZATION RECORD^NIP001|^HATHAW

RXR C28161^Intramuscular^NCIT RT^Right Thigh^HL70163

OBX|1|CE|30963-3^Vaccine Funding Source^LN|1|VXC51^Public VFC^CDCPHINVS||||||F|||20230815

OBX/2/CE/64994-7^Vaccine Funding Program Eligibility^LN/1/V04^VFC ELIGIBLE AI/AN^HL70064/////////////////////// OBX|3|CE|69764-9^Document Type^LN|2|253088698300006611210806^Haemophilus Influenzae type b (Hib) Vaccine VIS^cdcgs1vis

- OBX|4|TS|29768-9^Date VIS Published^LN|2|20210806||||||F||20230815
- OBX 5 DT 29769-7^Date VIS Presented^LN 2 20230815 || || F || 20230815

ORC|RE|283480-232101^IHS|2321011790283480^IHS||IP||||^^HATHAWAY^KATHIJO^^^PHYSICIAN^^^L\_^^|\_AHTHAWAY^KATHIJO^^^PHYSI RXA|0|1|20230818110900|20230818110900|48^ActHIB^CVX|0.5|mL^MilliLiters^UCUM||00^NEW IMMUNIZATION RECORD^NIP001|^HATHAW

RXR|C28161^Intramuscular^NCIT|RD^Right Deltoid^HL70163

OBX 6 CE 30963-3^Vaccine Funding Source^LN 1 VXC51 Public VFC^CDCPHINVS | | | | | F | 20230818

OBX/7/CE/64994-7^Vaccine Funding Program Eligibility^LN/1/Unable to obtain^Unknown^HL70064//////F///20230818///VXC40^r

ORC|RE||2321010000013486^IHS

v	VFC
n	NON-VFC
0	Other State
i	IHS/Tribal
	Eederal tunds

BYIM VERSION: 3.0 P 6 OUTPUT CONTROLLER: RUNNING FORMAT CONTROLLER: RUNNING

 
 BYIM VERSION: 3.0 P 6
 NEXT AUTO EXPORT: AUG 15@13:00

 HL7 VERSION: 2.5.1 R1.5 2016+
 NEXT AUTO IMPORT: AUG 15@12:43:45
 NEXT AUTO QUERY .: AUG 15012:47 NEXT AUTO PURGE .: AUG 16@01:00

IZDE Start Immunization Data Export IZCE Check Immunization Data Export Status IZFS File Statistics Report IZSI Show Immunizations Exported for a Patient IZTE Create TEST Export File IZQR Immunization Queries SET SETUP Options ...

You have PENDING ALERTS Enter "VA to jump to VIEW ALERTS option



You can select another date range for the export.

Export Immunizations given since JUN 27,2024: JUN 27,2024// (JUN 27, 2024) Exclude Immunizations given after JUL 2,2024: JUL 2,2024//

Which immunizations should be included:

Select one of the following:

1 NEW or EDITED Immunizations in the date range 2 ALL Immunizations for patients with VISIT in the date range Send NEW or ALL Immunizations: NEW or EDITED Immunizations// in the date range Include HISTORIC Immunizations added to RPMS in the date range? NO//

Export file can be sent to selected states instead of to all states Select which state(s) or press <ENTER> to send to all states

- NEW MEXICO 1 2 3 4 5 OKLAHOMA
- WISCONSIN
- UTAH
  - (Primary State) ARIZONA

Which State(s) should export file be sent to:

Select State(s) to send export file: (1-5):

Exports will be created in the following folders:

NEW MEXICO OKLAHOMA WISCONSIN UTAH ARIZONA g:\export\byim\smm\nmsiis\sent\
g:\export\byim\smm\osiis\sent\
g:\export\byim\smm\wir\sent\
g:\export\byim\smm\usiis\request\
g:\export\byim\smm\asiis\request\

Evaluation of immunizations for export to the State Immunization registry may take several minutes.

Do you want to proceed? NO//

SET SET UP Immunization Data Exchange Parameters IZIS Add/Edit IIS Assigned Vaccine Inventory Codes FLCV Flag COVID Immunizations for Export IZER Display ERRORS from State Response IZRW Add/Review RWT Reports

- IZDE Start Immunization Data Export
- IZCE Check Immunization Data Export Status
- IZFS File Statistics Report
- IZSI Show Immunizations Exported for a Patient
- IZTE Create TEST Export File
- IZQR Immunization Queries

SET SETUP Options ...

SET	SET UP Immunization Data Exchange Parameters
IZAD	Define Additional Data Exchange States
IZIS	Add/Edit IIS Assigned Vaccine Inventory Codes
IZER	Display ERRORS from State Response
IZRW	Add/Review RWT Reports

Select Message ID or Pat Name: ??

choose from: izdata\_232101\_20230907\_142936.hl7 20 IHS-2031446 ARIZONA izdata\_232101\_20230907\_142936.hl7 :15:20 IHS-2031448 ARIZONA izdata\_232101\_20230907\_142936.h17 IHS-2031450 20 ARIZONA izdata\_232101\_20230907\_142936.hl7 0 IHS-2031452 ARIZONA

Sep 7,2023@14:15: Sep 7,2023@14 Sep 7,2023@14:15: Sep 7,2023@14:15:2

	IZDE	Start Immunization Data Export
	IZCE	Check Immunization Data Export Status
	IZFS	File Statistics Report
	IZSI	Show Immunizations Exported for a Patient
	IZTE	Create TEST Export File
	IZEP	Export Selected Patients
1	IZQR	Immunization Queries
	SET	SETUR Options

SET SETUP Options ...

#### Select one of the following:

Request Patient Imm History and Forecast Send Patient Immunizations	
Send Factence Innumizacions	
Review Query or VXU Response	
Review Query or VXU Sent	
Send Scheduled Appt Queries	

Which action:

NAME: JALAPENO,JOLLY DOB : 03/04/1950 HRN : 125369 (2021 DEMO HOSPITAL (INST))

ARIZONA reports a WARNING in Message IHS-8131014 in the 'PID' Segment, PID-13.1 'Phone Number-Home' WARNING: Patient phone of usecode WPN is invalid

HL7 Sent: PID|1||232101125369^^2021 DEMO HOSPITAL (^MR||JALAPENO^JOLLY^^^^^^^^^ ^^||19500304|F||1002-5^AMERICAN INDIAN OR ALASKA NATIVE^CDCREC|159 SPICY BLVD^^A LBUQUERQUE^NM^87125^USA^P^^||^PRN^PH^^^505^1239874|^WPN^PH^^^505^1233698|||||||| 2186-5^NOT HISPANIC OR LATINO^CDCREC||N|||||N

RSP R'cd: ERR||PID^1^13^1|102^Data type error^HL70357|W||||Patient phone of usec ode WPN is invalid|

NAME: JALAPENO, JOLLY DOB : 03/04/1950 HRN : 125369 (2021 DEMO HOSPITAL (INST))

ARIZONA reports a WARNING in Message IHS-8131014 in the 1st 'RXA' Segment, RXA-15.1 'Substance Lot Number' WARNING: vaccination lot is missing

RSP R'cd: ERR||RXA^1^15^1|101^Required field missing^HL70357|W||||vaccination lo t is missing|

#### Add Parameter to make QPD-11 conditional on QPD-10

- IZDE
- Start Immunization Data Export Check Immunization Data Export Status IZCE
- IZEE Check Immunization Data Export Status IZES File Statistics Report IZSI Show Immunizations Exported for a Patient IZEE Create TEST Export File IZEP Export Selected Patients IZOR Immunization Queries

- SETUP Options ... SET

SET	SET UP Immunization Data Exchange Parameters
IZAD	Define Additional Data Exchange States
IZIS	Add/Edit IIS Assigned Vaccine Inventory Codes
IZER	Display ERRORS from State Response
IZRW	Add/Review RWT Reports

# Add Parameter to make QPD-11 conditional on QPD-10

Select one of the following:

Edit parameters for ARIZONA Add specific FACILITY(IES) for ARIZONA export Add ARIZONA specific IIS code(s)

Path for OUTBOUND Messages....: g:\pub\byim\smm\precert\request\ Replace ^BIRTH

# Add Parameter to make QPD-11 conditional on QPD-10

Birth Order Control PID-25..: SEND BIRTH ORDER// ?? Choose from: 0 SEND BIRTH ORDER 1 DO NOT SEND BIRTH ORDER Birth Order Control PID-25..: SEND BIRTH ORDER//

## ICE (Immunization Calculation Engine) Forecaster Updates

#### Pneumococcal updates

• Use PCV-20 in place of PCV-13 at 2mths, 4mths, 6mths and 12mths Patient: DOB: 21-Mar-2022 (0 days)

HLN ICE Forecaster v1.41.1 for:

-- IMM HISTORY EVALUATION -----

Date	CVX	Vaccine (combo)	Status – Rea:
05/21/2022			VALID
07/21/2022			VALID
09/21/2022			VALID
03/21/2023	216	PCV-20	VALID

DUE:							
V	accine	Status	Earliest	Recommended	Overdue		
-							
P	NEUMO,NOS	Due now	06/18/2022	07/21/2022	09/17/2022		
FUTU	RE:						
V	accine	Status	Earliest	Recommended	Overdue		
-							

#### Live Vaccine Interval

IMM HISTORY EVALUATION							
Date	CVX	Vaccine (combo)	Status				
11/04/2023 111 FLU-LAIV3 VALID 11/28/2023 151 FLU-NasNOS VALID			VALID VALID	IMM HISTORY EVALUATION			
			1 1	Date	CVX	Vaccine (combo)	Status ·
IMM HISTORY EVALUATION				11/04/2023 11/28/2023	21 21	VARICELLA VARICELLA	VALID VALID
Date	CVX	Vaccine (combo)	Status				
11/04/2023 11/28/2023	03 03	MMR MMR	VALID VALID				

## COVID – Booster dose

### • Vaccinated patient of previous COVID doses

### Adult patient

IMM HIST	ORY E	VALUATION ·			
Date	cvx	Vaccine	(combo)	Status - Reason	
12/01/2020 01/17/2021 12/01/2022 DUE:	208		A	VALID VALID VALID	
Vaccine		Status	Earliest	Recommended	Overdue
COV,NOS COMPLETE:		Due now	09/12/202	3 09/12/2023	NO DATE
Vaccine None		Status 			

### Child patient

IMM HIST	ORY	EVALUATION				
Date	cvx	Vaccine	(combo)	Sta	atus - Reason	
05/01/2023 05/29/2023				VAL: VAL:		
DUE:   Vaccine 		Status	Earlies	t 	Recommended	Overdue
COV,NOS COMPLETE:		Due now	09/12/2	023	09/12/2023	NO DATE
Vaccine     None		Status 				

## COVID – Pfizer update

### • CVX code 308 Dose Validation and Forecasting for 6 months to 4 years

Date CVX Vaccine (combo)	Status - Reason	IMM HISTO	RY E	VALUATION			
09/12/2023 308 COV,1vPfrT	VALID	Date	cvx	Vaccine (combo	o)	Status - Reason	
DUE:   Vaccine Status Earliest 			308	COV,1vPfrT COV,1vPfrT		VALID VALID VALID VALID	
COV,NOS Due now 10/03/202	3 10/03/2023 11/06/2023			,		VALID	
IMM HISTORY EVALUATION Date CVX Vaccine (combo)	Status - Reason	DUE:   Vaccine 		Status	Earliest	Recommended	overdu
09/12/2023 308 COV,1vPfrT 10/03/2023 308 COV,1vPfrT	VALID VALID	COMPLETE:   Vaccine	2	Status			
FORECAST		COV,NOS	5	Complete			
DUE:   Vaccine Status Earlies:							
	2023 11/28/2023 NO DATE						

## COVID – Pfizer update

• CVX code 309 – dose 1 as primary series for 12 years and older

IMM HISTORY EVALUATION						
Date	CVX	Vaccine (combo)	Statu	s - Reason		
09/12/2023		COV,1vPfrA	VALID			
DUE: Vaccine		Status	Earliest	Recommended	Overdue	
COMPLETE:   Vaccine     COV,NOS		Status  Complete				

## COVID – Pfizer update

• CVX code 310 – dose 1 as primary series for 5 to 11 years

IMM HIST	ORY E	VALUATION				
Date	CVX	Vaccine	(combo)	Stat	us - Reason	
09/12/2023 FORECAS		COV,1vPf	rP	VALI	D	
DUE:   Vaccine 		Status		Earliest	Recommended	Overdue
Vaccine		Status Complete				

## COVID – Moderna update

### • CVX code 311 – 2-dose, primary series for 6 months to 4 years

Date	CVX	Vaccine (comb	) S	tatus - Reason						
		COV,1∨ModP		ALID						
DUE:   Vaccine     COV,NOS		Status  Due now	Earliest 	Recommended 10/10/2023			VALUATION Vaccine (combo)		us - Reason	
,,				,,		311	COV,1vModP COV,1vModP	VAL 1 VAL 1	[D	
					DUE:   Vaccine   COMPLETE:   Vaccine     COV,NOS		Status  Status Complete	Earliest	Recommended	overdue

## COVID – Moderna update

• CVX code 311 – dose 1, primary series for 5 to 11 years

IMM HIST	ORY E	EVALUATION			
Date	CVX	Vaccine (co	mbo) Stat	us - Reason	
01/05/2024	311	COV,1vModP	VALI	D	
FORECAS	т				
DUE:					
Vaccine		Status	Earliest	Recommended	Overdue
COMPLETE:					
Vaccine		Status			
COV,NOS		Complete			

## COVID – Moderna update

• CVX code 312 – dose 1, primary series for 12 years and older

IMM HISTORY EVALUATION							
Date	cvx	Vaccine (combo)	Statu	s - Reason			
01/05/2024 FORECAST		COV,1∨ModA	VALID				
DUE:   Vaccine		Status	Earliest	Recommended	Overdue		
COMPLETE: Vaccine COV,NOS		Status  Complete					

## COVID – Novavax update

• CVX code 313 – 2-dose, primary series for 12 years and older

IMM HISTORY EVALUATION						
Date	CVX Vaccine (com	bo) 51	tatus - Reason			
01/05/2024	313 COV,NV-aP5	VA	LID			
DUE:	515 001,117 0.5					
Vaccine	Status	Earliest	Recommended	Overdue		
COV,NO5	Due now	01/26/2024	01/26/2024	02/29/2024		

IMM HISTORY EVALUATION						
Date CV>	X Vaccine (combo)	Stat	us - Reason			
01/05/2024 01/26/2024 FORECAST	313 COV,Nv-aPS 313 COV,Nv-aPS	5	VALID VALID			
DUE: Vaccine	Status	Earliest	Recommended	overdue		
COMPLETE:						
Vaccine	Status					
COV,NOS	Complete					

## COVID – Novavax update

• CVX code 313 – 2-dose primary series for 5 to 12 years

#### -- IMM HISTORY EVALUATION -----

Date	CVX	Vaccine (com	ibo) S	tatus - Reason	
01/05/2024	313	COV,NV-aPS	VA	LID	
DUE:					
Vaccine		Status	Earliest	Recommended	Overdue
		Duo pow	03/01/2024	03/01/2024	03/01/2024
COV,NOS		Due now	05/01/2024	05/01/2024	05/01/2024

IMM HISTORY EVALUATION						
Date	CVX	Vaccine (	(combo)	Status - Reason		
01/05/2024 03/01/2024 FORECAST	313	COV,Nv-aPS COV,Nv-aPS	5	VALID VALID		
DUE:   Vaccine   COMPLETE:   Vaccine     COV,NOS	s	Status tatus omplete	Earliest	Recommended	overdue	

## Td/Tdap issue

- Before ICE Forecaster implementation, workgroup assigned to review what was in it.
- Found that adult patients who didn't have a child record on file were required to complete a 3-dose Tdap series
- The workgroup recommended to suppress the 3-dose requirement

HLN ICE Forecaster v1.36.1 for: 11/10/2022 (run: 11/10/2022 @ 09:3						
IMM HIST	ORY E	EVALUATION				
		Vaccine (comb				
04/14/2022				LID		
11/09/2022	205	FLU-V4ajv	VA	LID		
FORECAST		PNEUMO-PS				
		Status				
FUTURE:						
		Status				
		*Tdap assumed				

## Td/Tdap issue

### After ICE v1.41.1

#### 19 yr old patient

IMM HISTORY EVALUATION						
Date	cvx	Vaccine	(combo)	Status	- Reason	
09/24/2005 11/24/2005 01/24/2006 10/24/2006 10/24/2009	20 20 20	DTaP DTaP DTaP		VALID VALID VALID VALID VALID VALID		-
07/24/2016 FORECAST				VALID		
DUE: Vaccine		Status	Earliest	Reco	ommended	Overdue
FUTURE:   Vaccine     Td,NOS			Earliest  ure 07/24/20		ommended 24/2026	Overdue 

### Recreating the routine

60 yrold IMM HIS	STORY EV	ALUATION		
Date	CVX	Vaccine	(combo)	Status - Reason

Date	CVA	Vaccine (combo)	Status - Keason
12/08/2008	115	Tdap	VALID
12/08/2018	115	Tdap	VALID

-- FORECAST -----

#### DUE:

Vaccine	Status	Earliest	Recommended	Overdue
Td,NOS	*Tdap assumed (	completed	12/08/2028	

### •HPV vaccine – forecasting early at age 9

\* SELECT MINIMUM VS RECOMMENDED AGE \*

The Minimum vs Recommended Age parameter allows you to direct the Forecasting program to forecast Immunizations due at either the Minimum Acceptable Patient Age or at the Recommended Age.

Please select either MINIMUM or RECOMMENDED: Minimum// ??

Enter a code from the list.

Select one of the following:

- M Minimum
- R Recommended

Please select either MINIMUM or RECOMMENDED: Minimum//

• HPV vaccine – forecasting early at age 9

### • Displaying High Risk flags

	izab	State Immunization Profile
orecast 🕢	*HR* denotes High Risk	
Men4,NOS		Past Due 🔕
COV,NOS	*HR*	Due 🔘
FLU,NOS		Due 🔘
Men-B,NOS	*HR*	Due 🕥

#	Immunizat	ion History		Immunizations DUE on 09/22/2023
123	07/27/05 10/04/05 01/05/06	DTAP (PEDIARIX) DTAP DTAP (PEDIARIX)	2017 2017 2017	FLU,NOS due Men4,NOS past due HPV,NOS past due
45	07/26/06 05/27/09	DTaP (DTAP-HIB) DTaP (CPT-Coded visit)	2017 2017	COV,NOS due *HR* Men-B,NOS due
6	06/06/16	тдар	2017	Last Letter: 08-Aug-2016
78	07/27/05 10/04/05	IPV (PEDIARIX) IPV	2017 2017	* CONTRAINDICATIONS/REFUSALS *

### Force validation of Shingrix 2<sup>nd</sup> dose for ages 19 to 49

Patient:		DOB: 12-Jul	-1984 (40 yrs)
HLN ICE For	ecast	er v1.42.1.4 for: 07/2	15/2024 (run: 07/15,
IMM HIST	ORY E	VALUATION	
Date	CVX	Vaccine (combo)	Status - Reason
05/15/2024 07/10/2024	187 187	ZOS-Shgrx ZOS-Shgrx	VALID INVALID: This patient was below the minimum age for this dose.

Category: Ambulatory <u>Visit Date</u>: JUL 10,2024 Admin Date: Vaccine: **ZOSTER RECOMBINANT** Lot#: DV2335 Remaining: Not tracked (ZOS-Shgrx) Exp Date: 12/31/25 Inj Site: Right Deltoid SQ Vol: 0.5 ml Location Type: IHS Location: 2020 DEMO CLINIC-1 (INST) Ordering Provider: FLOOD, WILLIAM Provider: PALANKI, SURYAM PHARMD VIS Date: FEB 4,2022 Presented: JUL 10,2024 Reaction: Dose Override: Vac Elig: **VO1** \_

If this dose should be considered invalid, select one of the "INVALID" reasons below. If this dose is INVALID by the forecaster, but you wish wish to FORCE it to be considered valid, select "VALID-FORCE." If you do not wish to override this dose, leave it blank or select 0 (zero).

Choose from:

- 0
- 1 INVALID-BAD STORAGE
- 23 INVALID-DEFECTIVE
- INVALID-EXPIRED
- 4 INVALID-ADMIN ERROR
- 9 FORCE VALID

#### IMMUNIZATION RECORD

Patient: Chart#:	DOB:	<mark>l2-Jul-1984</mark> Active Fem	(40 nale	M HBSAg: UNK	
<u>+ # Immunization History</u> 27 05/15/24 ZOS-Shgrx 28 07/10/24 *ZOS-Shgrx -FORCED VALID-	2020 2020	Immuniz	<u>atio</u>	ns DUE on 07/15/2024	
		REPORT TEXT/F	PROFI	LE	
		Patient:		DOB: 12-Jul	-1984 (40 yrs)
		HLN ICE Forecaster v1.42.1.4 for: 07/15/2024 (run: 0		15/2024 (run: 07/15/	
		IMM HIST	ORY I	EVALUATION	
		Date	CVX	Vaccine (combo)	Status - Reason
				ZOS-Shgrx ZOS-Shgrx	VALID VALID
		COMPLETE:   Vaccine     ZOS,NOS		Status  Complete	

