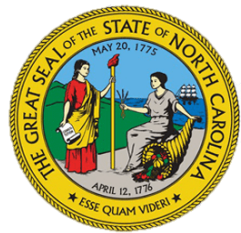


North Carolina Immunization Registry (NCIR)

Using the NCIR as a Clinical Tool User Guide

Last Updated: March 22, 2022



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Overview

Overview

What is the North Carolina Immunization Registry (NCIR)?

The **North Carolina Immunization Registry (NCIR)** is a secure, web-based clinical tool which is the official source for North Carolina immunization information. Immunization providers may access all recorded immunizations administered in North Carolina, regardless of where the immunizations were given.

The purpose of NCIR is:

- To give patients, parents, health care providers, schools and child care facilities timely access to complete, accurate and relevant immunization data;
- To assist in the evaluation of a child's immunization status and identify children who need (or are past due for) immunizations;
- To assist communities in assessing their immunization coverage and identifying areas of under-immunization.

Now, let's get started!

NCIR Functions

Vaccine History

Vaccine Type, Number in Series, and Trade Name all appear on patient Vaccine History/ Recommend Screen.

Client Information - Client ID: 5999144

| | | | | | |
|---------------------------------|--|--------|-----------------|-------------------|---------|
| Client Name (First - MI - Last) | DOB | Gender | Mother's Maiden | Tracking Schedule | Chart # |
| WILLIE WONKA | 05/01/2006 | M | WONKA | ACIP | |
| Address | 123 Smith Lane, RALEIGH, NC 27609 (999) 999-9999 | | | | |
| Comments | | | | | |

History

| Vaccine Group | Date Administered | Series | Trade Name | Dose | Owned? | Reaction | Hist? | Edit |
|---------------|----------------------------|--------|----------------------|------|--------------------|----------|-------|------|
| DTP/aP | 01/12/2010 | 1 of 5 | Tripedia ® | Full | No | | | |
| | 07/28/2010 | 2 of 5 | DT ® | Full | No | | | |
| | 05/05/2011 | 3 of 5 | Tripedia ® | Full | No | | | |
| Flu H1N1-09 | 01/20/2010 | 1 of 2 | H1N1 CSL P-Free .5 ® | Full | No | | | |
| HepA | 06/19/2007 | 1 of 2 | | | No | | Yes | |
| | 03/10/2010 | 2 of 2 | Havrix-Peds 2 Dose ® | Full | No | | | |

*Vaccination details on this screen will determine recommendations for future vaccines.

Vaccine Recommendations

Columns indicate acceptable time frame for vaccination. **Recommended Date** should be used for determining date of vaccination. However, provider may choose to administer at **Earliest Date**. Vaccines can be administered past the **Overdue Date** but, cannot exceed the **Latest Date**.

| Current Age: 5 years, 7 months, 29 days | | | | | |
|--|---------------------------------|----------------------|------------------|--------------|--------------|
| Vaccines Recommended by Selected Tracking Schedule | | | | | Add Selected |
| Select | Vaccine Group | Earliest Date | Recommended Date | Overdue Date | Latest Date |
| <input checked="" type="checkbox"/> | DTP/aP | 11/05/2011 | 11/05/2011 | 12/05/2011 | 04/30/2013 |
| <input checked="" type="checkbox"/> | Flu H1N1-09 | 02/14/2010 | 02/17/2010 | 03/31/2010 | |
| | HepA | Complete | | | |
| <input type="checkbox"/> | HepB | 02/14/2012 | 02/14/2012 | 03/20/2012 | |
| | Hib | Complete | | | |
| <input checked="" type="checkbox"/> | Influenza | 05/30/2010 | 05/02/2011 | 11/02/2011 | |
| <input checked="" type="checkbox"/> | MMR | 05/06/2010 | 05/06/2010 | 05/01/2012 | |
| | PneumoConjugate | Maximum Age Exceeded | | | |
| <input checked="" type="checkbox"/> | Polio | 06/12/2006 | 07/01/2006 | 08/01/2006 | |
| <input checked="" type="checkbox"/> | Varicella | 07/08/2010 | 07/08/2010 | 05/01/2012 | |

* once vaccines are entered the recommendations will update

Client Comments

Client Comments can be added on the **Edit Client** screen. To add a comment, select the appropriate comment, add **Applies To Date** and click **Save**.

Personal Information - Client ID: 5999144

Save

History/Recommend

Reports

Cancel

- Last Name

- First Name

Middle Name

Gender M F Unknown

- Birth Date

- Mother's Maiden Last

- County of Residence

- Mother's First Name

Last Notice 05/26/2011

NOTE: Fields marked with an asterisk - are required.

Last Updated by: TEST ORGANIZATION on 12/20/2011

Client Information Responsible Person(s) Client Comment(s)

Client Comment Listing

| Select | Date | |
|--------|------|---|
| | | Allergy to baker's yeast (anaphylactic) |
| | | Allergy to egg ingestion (anaphylactic) |
| | | Allergy to gelatin (anaphylactic) |
| | | Allergy to neomycin (anaphylactic) |
| | | Allergy to previous dose of this vaccine or to any of its unlisted vacc |
| | | Allergy to Streptomycin (anaphylactic) |
| | | Allergy to Thimerosal - refer to package insert (anaphylactic) |
| | | Anaphylactic (life-threatening) reaction of previous dose of this vaci |
| | | Chronic illness |
| | | Client has been exposed to rabies |
| | | Clinician has decided to repeat the DTaP series |
| | | Clinician has decided to repeat the HepA series |
| | | Clinician has decided to repeat the HepB series |
| | | Clinician has decided to repeat the Hib series |
| | | Clinician has decided to repeat the HPV series |
| | | Clinician has decided to repeat the Influenza series |
| | | Clinician has decided to repeat the Meningo Series |
| | | Clinician has decided to repeat the MMR series |
| | | Clinician has decided to repeat the Pneumococcal series |
| | | Clinician has decided to repeat the Polio series |
| | | Clinician has decided to repeat the Rotavirus series |
| | | Clinician has decided to repeat the Varicella series |
| | | Clinician has decided to repeat the Zoster series |
| | | Collapse or shock like State within 48 hours of previous dose of DTP |
| | | Convulsions (fits, seizures) within 3 days of previous dose of DTP/C |
| | | Current acute illness, moderate to severe (with or without fever) |
| | | Current diarrhea, moderate to severe |
| | | Current fever with moderate-to-severe illness |
| | | Encephalopathy within 7 days of previous dose of DTP or DTaP |

New

Delete

Next

Cancel

Enter New Client Comment ...

- Client Comment

Applies-To Date

* No free-text, only comments in the drop down can be selected.

Multiple comments can be entered.

Recording Reactions

A reaction after a vaccine administration can be documented by clicking the **edit icon** on the patient record for the corresponding vaccine and marking the appropriate box.

| Vaccine Group | Date Administered | Series | Trade Name | Dose | Owned? | Reaction | Hist? | Edit |
|-----------------|----------------------------|---------|----------------------|------|--------|----------|-------|------|
| DTP/aP | 01/12/2010 | 1 of 5 | Tripedia ® | Full | No | | | |
| | 07/28/2010 | 2 of 5 | DT ® | Full | No | | | |
| | 05/05/2011 | 3 of 5 | Tripedia ® | Full | | | | |
| Flu H1N1-09 | 01/20/2010 | 1 of 2 | H1N1 CSL P-Free .5 ® | Full | No | | | |
| HepA | 04/19/2007 | | | | No | | Yes | |
| | 03/10/2010 | 1 of 2 | Havrix-Peds 2 Dose ® | Full | No | | | |
| HepB | 12/20/2011 | 2 of 2 | Twinrix ® | Full | | | Yes | |
| | 05/05/2011 | 1 of 3 | | | | | Yes | |
| Hib | 12/20/2011 | 2 of 3 | Twinrix ® | Full | | | Yes | |
| | 11/02/2006 | 1 of 3 | | | No | | Yes | |
| | 05/01/2007 | 2 of 3 | | | No | | Yes | |
| Influenza | 07/01/2007 | 3 of 3 | | | No | | Yes | |
| | 04/28/2010 | | ActHib ® | Full | No | | Yes | |
| | 05/02/2010 | | ActHib ® | | No | | Yes | |
| | 05/01/2007 | 1 of 2 | | | No | | Yes | |
| | 07/01/2007 | 2 of 2 | | | No | | Yes | |
| MMR | 05/15/2009 | Booster | | | No | | Yes | |
| | 05/27/2009 | | Fluzone ® | Half | No | | Yes | |
| | 05/02/2010 | Booster | | | No | | Yes | |
| PneumoConjugate | 02/02/2010 | 1 of 2 | MMR II ® | Full | No | | Yes | |
| | 05/01/2007 | 1 of 3 | | | No | | Yes | |
| Varicella | 07/01/2007 | 2 of 3 | | | No | | Yes | |
| | 04/08/2010 | 1 of 2 | Varivax ® | Full | No | | | |

Edit Immunization

Vaccine Group: DTP/aP

Vaccine Display Name: DTaP

Trade Name: Tripedia

Vaccine Lot Number: U1459AA / state

Dose Size: .5 mL

Dosage From Inventory: Full

Inadequate Dose:

- Date Provided: 05/05/2011

- Eligibility as reported by Responsible Person: Medicaid

Date VIS Presented:

- Ordering Authority: Suchon, Jason

- Administered By: Tester2, Tom

- Body Site: left deltoid

Administered Route: intra-dermal

Disregard Primary Series: N

VIS Date: Unknown

Entered by Site: TEST ORGANIZATION

Source of Record: Created through User Interface

Violation Indicator: No

NOTE: Fields marked with an asterisk are required.

Reactions TO IMMUNIZATION

General for all vaccines

Allergic reaction to this vaccine or to any of its unlisted vaccine components (anaphylactic)

DTaP, DTP, or any pertussis-containing vaccine

Persistent inconsolable crying lasting 3 hours or more within 48 hours

Fever $\geq 40.5^\circ$ (105° F) within 48 hours

Collapse or shock-like State within 48 hours

Encephalopathy within 7 days

Convulsions (fits, seizures) within 72 hours

DT or Td, DtaP, or any tetanus-containing vaccine

Guillain-Barré syndrome within 6 weeks

View Reactions

The documented reaction will be indicated under the reaction column and can be viewed by clicking "Yes".

Client Information - Client ID: 5999144

| Client Name (First - MI - Last) | DOB | Gender | Mother's Maiden | Tracking Schedule | Chart # |
|---|------------|--------|-----------------|-------------------|---------|
| WILLIE WONKA | 05/01/2006 | M | WONKA | ACIP | |
| Address: 123 Smith Lane, RALEIGH, NC 27609 (999) 999-9999 | | | | | |
| Comments | | | | | |

History New Immunization Entry Historical Immunization Edit Client Reports Print Print Confidential

| Vaccine Group | Date Administered | Series | Trade Name | Dose | Owned? | Reaction | Hist? | Edit |
|---------------|----------------------------|--------|----------------------|------|--------------------|------------|-------|------|
| DTP/aP | 01/12/2010 | 1 of 5 | Tripedia ® | Full | No | | | |
| | 07/28/2010 | 2 of 5 | DT ® | Full | No | Yes | | |
| | 05/05/2011 | 3 of 5 | Tripedia ® | Full | No | | | |
| Flu H1N1-09 | 01/20/2010 | 1 of 2 | H1N1 CSL P-Free .5 ® | Full | No | | | |
| HepA | 05/01/2007 | 1 of 2 | | | No | | Yes | |

Edit Non-Owned Immunization (Owner information shown below...)

Vaccine Group: DTP/aP Save

Vaccine Display Name: DT-Peds Cancel

Trade Name: DT

Vaccine Lot Number: 100 / state

Dose Size: .25 mL

Dosage From Inventory: Full

Inadequate Dose: N

Date Provided: 07/28/2010

Date VIS Presented: 07/28/2010

Ordering Authority: Head Doctor

Administered By: Head Doctor

Body Site: LEFT ARM

Administered Route: INTRAMUSCULAR

Disregard Primary Series: N

VIS Publication Date for DTP/aP: 05/17/2007

Entered by Site: Joy's Test Org

Input Source of Record: Created through User Interface

Reactions TO IMMUNIZATION

General for all vaccines

- Allergic reaction to this vaccine or to any of its unlisted vaccine components (anaphylactic)

DTaP, DTP, or any pertussis-containing vaccine

- Persistent inconsolable crying lasting 3 hours or more within 48 hours
- Fever >=40.5° (105° F) within 48 hours**
- Collapse or shock-like State within 48 hours
- Encephalopathy within 7 days
- Convulsions (fits, seizures) within 72 hours

DT or Td, DtaP, or any tetanus-containing vaccine

- Guillain-Barré syndrome within 6 weeks

Organization that owns this Vaccination

Org Name: Joy's Test Org

Address 1:

Address 2:

Phone Number:

Contact Name:

Not Valid Dose

What if I get a “Not Valid” message?

A “**Not Valid**” message may display because the client was not old enough to receive the vaccine or not enough time has passed between doses.

| Client Information - Client ID: 5999144 | | | | | | | | |
|---|--|--------|-----------------|-------------------|---------|--|--|--|
| Client Name (First - MI - Last) | DOB | Gender | Mother's Maiden | Tracking Schedule | Chart # | | | |
| WILLIE WONKA | 05/01/2006 | M | WONKA | ACIP | | | | |
| Address | 123 Smith Lane, RALEIGH, NC 27609 (999) 999-9999 | | | | | | | |
| Comments | | | | | | | | |

| History | | | | | | | | |
|--|----------------------------|------------------|----------------------|------|--------------------|----------|-------|------|
| New Immunization Entry Historical Immunization Edit Client Reports Print Print Confidential | | | | | | | | |
| Vaccine Group | Date Administered | Series | Trade Name | Dose | Owned? | Reaction | Hist? | Edit |
| DTP/aP | 01/12/2010 | 1 of 5 | Tripedia ® | Full | No | | | |
| | 07/28/2010 | 2 of 5 | DT ® | Full | No | | | |
| | 05/05/2011 | 3 of 5 | Tripedia ® | Full | No | | | |
| Flu H1N1-09 | 01/20/2010 | 1 of 2 | H1N1 CSL P-Free .5 ® | Full | No | | | |
| HepA | 04/19/2007 | NOT VALID | | | | | Yes | |
| | 03/10/2010 | 1 of 2 | Havrix-Peds 2 Dose ® | Full | No | | | |

The words “**Not Valid**” will NOT appear on the client’s copy of the immunization record. If the immunization was given, DO NOT delete from client record.

Explanation - To View Reason for Not Valid Dose

Click on the **Date Administered** to pull up the explanation of the status.

Client Information - Client ID: 5999144

| | | | | | |
|--|------------|--------|-----------------|-------------------|---------|
| Client Name (First - MI - Last) | DOB | Gender | Mother's Maiden | Tracking Schedule | Chart # |
| WILLIE WONKA | 05/01/2006 | M | WONKA | ACIP | |
| Address 123 Smith Lane, RALEIGH, NC 27609 (999) 999-9999 | | | | | |
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History

| Vaccine Group | Date Administered | Series | Trade Name | Dose | Owned? | Reaction | Hist? | Edit |
|---------------|----------------------------|-----------|----------------------|------|--------|----------|-------|------|
| DTP/aP | 01/12/2010 | 1 of 5 | Tripedia © | Full | No | | | |
| | 07/28/2010 | 2 of 5 | DT © | Full | No | | | |
| | 05/05/2011 | 3 of 5 | Tripedia © | Full | No | | | |
| Flu H1N1-09 | 01/20/2010 | 1 of 2 | H1N1 CSL P-Free .5 © | Full | No | | | |
| HepA | 04/19/2007 | NOT VALID | | | | | Yes | |
| | 03/10/2010 | 1 of 2 | Havrix-Peds 2 Dose © | Full | No | | | |



Explanation of Status

Dose was given before the earliest acceptable date.

Series: Hep A {Vaccine Group: HepA}

| Dose | Min Age | Min Rec Age | Min Overdue Age | Min Valid Interval | Min Interval Between | Rec Interval Between | Overdue Interval Between | Max Age |
|------|---------|-------------|-----------------|--------------------|----------------------|----------------------|--------------------------|---------|
| 1 | 1 Y | 1 Y | 2 Y | | 28 D | | | |
| 2 | 18 M | 18 M | 2 Y | | 6 M | 6 M | 7 M | |

Remember!

NCIR is a great clinical tool, however in certain situations it does not have the capability to analyze certain information. Remember to always use good clinical judgment.

Contact the Immunization Branch with clinical questions.



Where to Go for More Help?



Questions?

Contact your Regional Immunization Program Consultant (RIC)

The RIC Coverage Map with contact information is located on the Immunization Branch website:

<https://www.immunize.nc.gov/contacts.htm>

NC Vaccines Help Desk

1-877-873-6247

(Monday – Friday 7:00 AM – 7:00 PM ET and Saturday 8:00 AM – 4:00 PM ET)

https://ncgov.servicenowservices.com/csm_vaccine

Appendix

NCIR Roles

| NCIR Role | Role Definition | Corollary Role in CVMS |
|--------------------------|--|------------------------|
| Reports Only | This person in NCIR is only able to search for clients and view/print client specific records. | N/A |
| Typical User | Person who can manage, including add and edit, clients in NCIR, as well as manage inventory and ordering. This role also has all of the functionality of the Reports Only role. | Healthcare Provider |
| Inventory Control | Person who can manage inventory and ordering, as well as all of the functionality of the Typical user and Reports Only roles. | N/A |
| Administrator | Person who can manage organization users, sites, and clinicians in NCIR. They run practice-level reports, including reminder/recall. This role also has all of the functionality of the Reports Only, Typical User, and Inventory Control roles. | Location Manager |