North Carolina Immunization Registry (NCIR)

Reminder Recall

User Guide

Last Updated: October 2022





NCDHHS COVID-19 Response

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!



Request Reminder



Reminder

Request Reminder

- Used to generate reports, letters, address labels, or a client listing for clients "active" in the organization.
- Unlike the Assessment report, the Request Reminder reports will show client specific information.

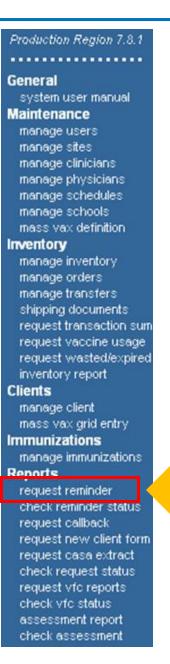
Reminder Recall Report will help to...

- Determine which clients are not up to date with their immunizations.
- Provide a fast way to run a report with all the contact information for those clients that need to come back in.
- Improve immunization rates because you will be able to keep your clients up to date.





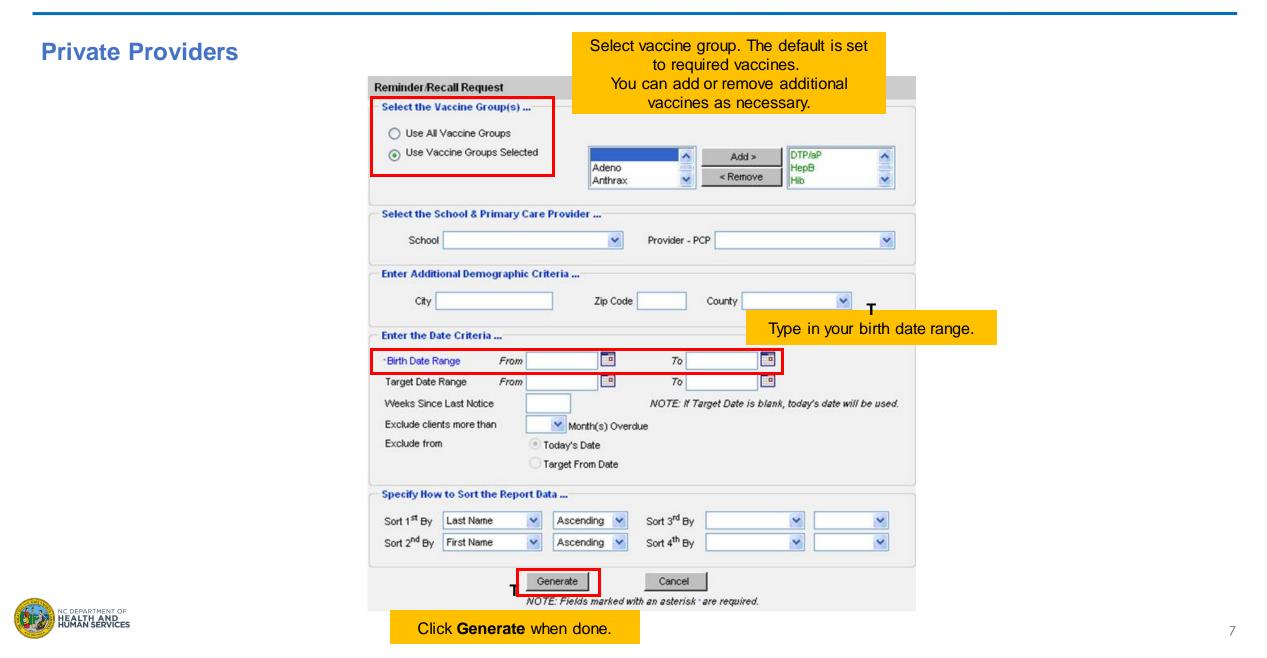
How to Run the Request Reminder Report



Click on the <u>request</u> <u>reminder</u> link under the <u>Reports</u> section.



How to Run the Request Reminder Report



Local Health Department

eminder/Recall Request		Step 1. Select the	
Select Client Population		Client Population.	
Clients Associated with ALAMANCE CO CONTRACTOR OF CONTRACTOR OF CONTA			
Clients Residing in Selected Counties be			
 Clients within ALAMANCE COUNTY HEA Available Counties 	ALTH DEPARTMENT or Residing in Selected Counties		
Tuinoic countes	Add > Alamance	Step 2. Selec	t vaccine group.
	< Remove Hyde		o required vacci
NOTE			or remove additi
Select the Vaccine Group(s)	ields marked with an asterisk -are required.		as necessary.
O Use All Vaccine Groups		Vaccines	6 as necessary.
Use Vaccine Groups Selected		IMB (A)	
•	Adeno P	Polio	
	Anthrax < Remove	/aricella	
Select the School & Primary Care Pro	vider		
Select the School & Primary Care Pro			
Select the School & Primary Care Pro	Provider - PCP	~	
School	Provider - PCP	~	
School	Provider - PCP		
School	Provider - PCP		
School	Provider - PCP		
School	Provider - PCP		irth
School Enter Additional Demographic Criteria City Enter the Date Criteria • Birth Date Range From	Provider - PCP	Step 3. Type in your b	irth
School Enter Additional Demographic Criteria City Enter the Date Criteria Birth Date Range From Target Date Range From	Provider - PCP	Step 3. Type in your b date range.	irth
School Enter Additional Demographic Criteria City Enter the Date Criteria Birth Date Range From Target Date Range From Weeks Since Last Notice	Provider - PCP Zip Code County To NOTE: If Target Date is blank, to	Step 3. Type in your b date range.	irth
School Enter Additional Demographic Criteria City Enter the Date Criteria Birth Date Range From Target Date Range From Weeks Since Last Notice Exclude clients more than	Provider - PCP	Step 3. Type in your b date range.	irth
School Enter Additional Demographic Criteria City Enter the Date Criteria Birth Date Range From Target Date Range From Weeks Since Last Notice Exclude clients more than Exclude from Toda	Provider - PCP	Step 3. Type in your b date range.	irth
School Enter Additional Demographic Criteria City Enter the Date Criteria Birth Date Range From Target Date Range From Weeks Since Last Notice Exclude clients more than Exclude from Toda	Provider - PCP	Step 3. Type in your b date range.	irth
School Enter Additional Demographic Criteria City Enter the Date Criteria Birth Date Range From Target Date Range From Weeks Since Last Notice Exclude clients more than Exclude from Toda	Provider - PCP	Step 3. Type in your b date range.	irth
School Enter Additional Demographic Criteria City Enter the Date Criteria Birth Date Range From Target Date Range From Weeks Since Last Notice Exclude clients more than Exclude from Toda Target Specify How to Sort the Report Data	Provider - PCP	Step 3. Type in your b date range.	irth
School Enter Additional Demographic Criteria City Enter the Date Criteria Birth Date Range From Target Date Range From Weeks Since Last Notice Exclude clients more than Exclude from Target Specify How to Sort the Report Data Sort 1 st By Last Name A	Provider - PCP	Step 3. Type in your b date range.	irth



How to Run the Request Reminder Report

Status Report



Reminder Request Status								
Started	Completed	Statu	s Clients	Eligible	Birth From	Birth To	Cancel	
11/19/2007 12:33 PM		10 9	5		10/01/2005	10/01/2007		
Reminder Output Status								: Loadin
No Reminder Outputs Logged								

Reminder Request S	Refresh						
Started	Completed	Status	Clients	Eligible	Birth From	Birth To	Cancel
07/27/2009 04:32 PM	07/27/2009 04:33 PM	100 %	4	2	01/02/2006	01/01/2007	
Reminder Output Sta	Stage 3: Completed.						



Request Reminder Process Summary

Reminde	er Request Process Summary	
Step	Criteria Evaluated at this Step	Clients
1	Clients that are active or inactive for SIX FORKS DEPOT.	36
2	Clients that are active for SIX FORKS DEPOT.	32
3	Clients from Step 2 that are born between 01/02/2006 and 01/01/2007.	8
4	Clients from Step 3 that meet the following criteria: • County is not specified; • School is not specified; • Provider is not specified; • Weeks Since Last Notice is not specified.	8
5	 Clients from Step 4 that meet the following criteria regarding vaccination status: Clients that are Recommended or Overdue for one or more vaccinations as of 07/27/2009; Use the following vaccine groups: DTP/aP, HepB, Hib, MMR and Polio; Use for all clients. Exclude Overdue Reminders is not specified 	4
6	Clients from Step 5 that meet the following criteria. Have one or more responsible persons; At least one responsible person receives notices; City is not specified Zip Code is not specified 	2
	Total Number of Clients Eligible for Reminder	2
7	Clients from Step 5 that are omitted from Step 6: Omitted Clients	(2)



Request Reminder Process Summary: Part 1

Step		Criteri		Clients					
1	Clients that an	e active or inactive for S		36					
2	Clients that are	e active for SIX FORKS I	DEPOT.					32	
3	Clients from S	tep 2 that are born betw	een 01/02	/2006 and	01/01/200	7.		8	
4	 County is School is Provider i 		-					8	
5	 Clients that Use the fol Use for all 	tep 4 that meet the followi are Recommended or lowing vaccine groups: clients. verdue Reminders is n	Overdue DTP/aP, H	for one or lepB, Hib,	more vaco	inations as of	07/27/2009;	4	
6	 Have one of At least on City is not 	tep 5 that meet the followi or more responsible per e responsible person rec specified is not specified	sons;					2	
			Tot	ai Numbe	r of Clien	ts Eligible for	Reminder	Click	on Omitted
7	Clients from S	tep 5 that are omitted from	Step 6:			Omitte	ed Clients		Clients.
Remine	der Request S	tatus						Refresh	Then, Clic Refresh
5	Started	Completed	Status	Clients	Eligible	Birth From	Birth To	Cancel	
	009 04:32 PM	07/27/2009 04:33 PM	100 %	4	2	01/02/2006	01/01/2007		◀

Reminder Output Status								
Name	Туре	Requested	Started	Completed	Status			
Omitted Clients	Omitted Clients	07/27/2009 04:49 PM	07/27/2009 04:49 PM	07/27/2009 04:49 PM	Ready			

When your report is ready click on the '**Omitted Clients**' link.



How do I fix the Omitted Clients?

Take the omitted list and the client query list and "clean up" those records as much as possible.

- 1. Print the omitted client list
- 2. Go back to Manage Client
- 3. Add the responsible person information

Rep	ort run on: 24 July 2009	Reminder / Recall - Incomplete Adda Omitted Clients SIX FORKS DEPOT	ress	Page 1 of 1
	Client Name (L, F M)	Birth Date:	Chart Number	:
	TEST, ANEW	12/31/2006		
	TEST, TEST TEST	01/21/2006	5	Notice this client has a chart number.
	ZEROFOURSEVEN, CRONE	05/04/2007		

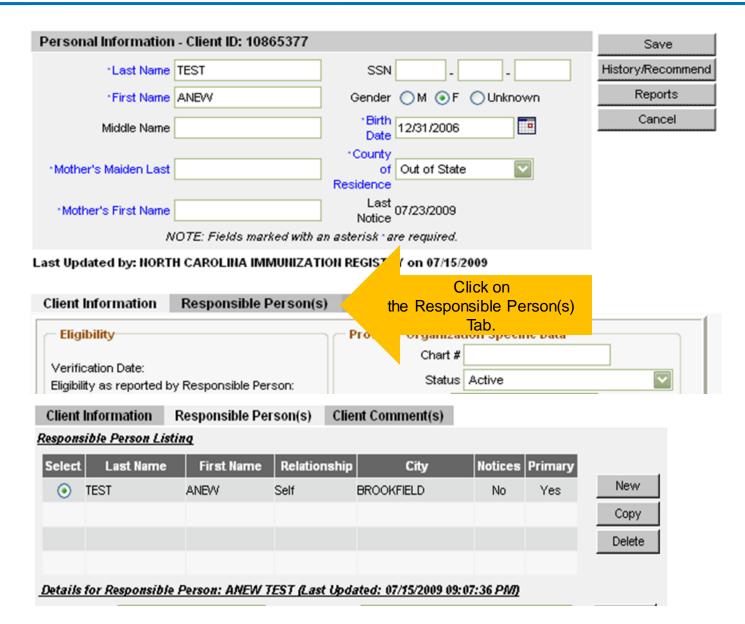


Request Reminder Report: Omitted Clients

	home change password logout help desk 🍑	
min	organization SIX FORKS DEPOT • user Leah Quinn • role Administrator	
manage schedules Chart	Client Gender M F Unknown Mother's Maiden Last Mother's First Name Chart Number t Number Mother's Birth Date iden Last Client's Birth Date	
request transaction sum request vaccine usage request wasted/expired inventory report	NOTE: Fields marked with an asterisk • are required.	
	Report run on: 24 July 2009 Reminder / Recall - Incomplete Address Omitted Clients	Page 1 of 1
Go back to "Manage Client".	SIX FORKS DEPOT	
Take the first client on your "Omitted Clients" list and enter	Client Name (L, F M) Birth Date: Chart Number:	
the info into the Client search	TEST, ANEW 12/31/2006	
screen.	TEST, TEST TEST 01/21/2006 5	
	ZEROFOURSEVEN, CRONE 05/04/2007	

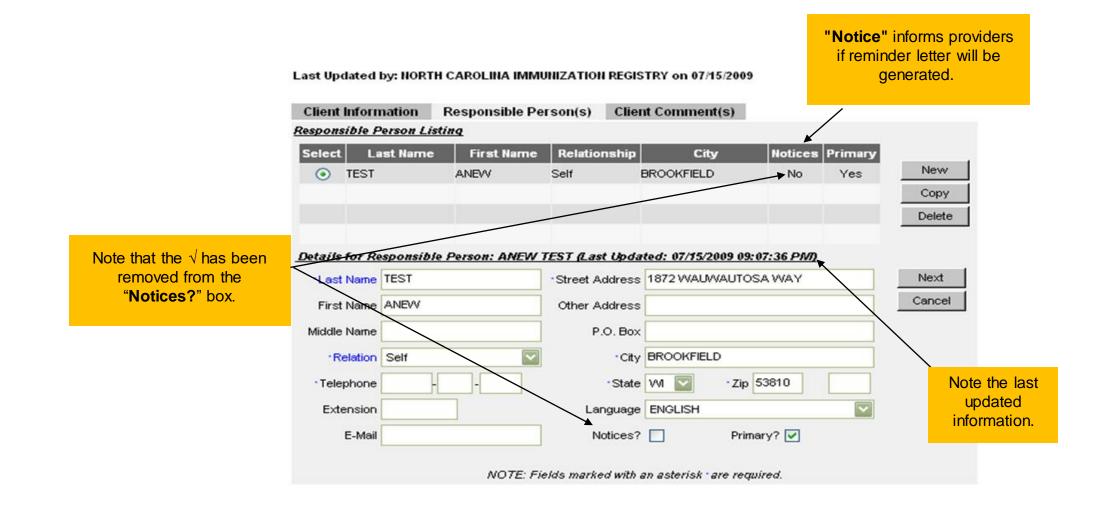


Request Reminder Report: Omitted Clients





Request Reminder Report: Responsible Person Information





	Reminder Requ	iest St	atus							Refres
	Started	Completed Statu		Status	Clients	Eligible	Birth From	Birth To	Cance	
	07/27/2009 04:32 PM		07/27/2009 04:33 PM		100 %	4	2	01/02/2006	01/01/2007	
Click the report I	link which is underlin blue.	ed in								
		Remind	er Request (Output Options					Type in the	name
	Output Description						Add	itional Input	of the re	port.
	<u>Client Que</u>		ery Listing	A list of clients eligit based on the report format). Excludes or	criteria (in .pdf	Report Nam	e			
		Reminder	Letter	Standard Reminder	Letter.					
						Free Te>	t Please make insurance in visit	e sure to bring any iformation on your ne	ext 🗸	
						Phone	# 919-707-55	50		
		Reminder	Card	Standard Reminder	Card (4×5).	Report Nam	e			
						Free Te>	t Please make insurance in visit	e sure to bring any iformation on your ne	ext	
						Phone	# 919-707-55	50		
		Mailing La	bels	Avery Mailing Labels	s.	Report Nam	e			
		Client Extr	ract	A .txt file of clients e reminder based on t criteria. Includes om	he report	Report Nam	e			
NC DEPARTMENT OF				NOTE: F	ields marked wi	th an asterisk	are required			



Request Reminder Report

Custom Manitarian	Reminder Request S	Reminder Request Status								
System Monitoring check report status	Started	Completed	Status	Clients	Fligible	Birth From	n Birth To	Cancel		
General system user manual		-		ononico						
System user manual Drganizations switch organizations manage organizations	07/27/2009 04:32 PM	07/27/2009 04:33 PM	100 %	4	2	01/02/2006	01/01/2007			
manage org groups switch org & role aintenance	Reminder Output	Status								
manage users manage schools manage physicians	Name	Туре	Re	equeste	d St	tarted	Completed	Status		
manage sites manage clinicians awstats manage schedules mass vax definition	24-35 mos	Client List	-	7 <i>1</i> 27 <i>1</i> 2009 05:14 PM		/27/2009 5:14 PM	07/27/2009 05:14 PM	Ready		
mass vax visibility rventory manage inventory manage orders manage transfers shipping documents request transaction sum request vaccine usage request vaccine usage request vaccine usage request vaccine usage request vaccine usage manual orders inventory report vaccine accountability mmunizations manage immunizations lients manage client merge clients mass vax grid entry leports request reminder check reminder status request callback		Report Link								



Request Reminder Report

raport run on:	07/20/2009 03:3	SO FM	Client Query I	listing	Page 1 of 4
Client Name (F)	(IL)	Chart Number	Phone Number	Address	City/State/ZIP
MARIA BOCK - 06	29/2006	661		425 LAKE MIST CT	CHARLOITE, NC 28277
Vaccine	Recard Day	Immunization Dates			
DTF/aP	09/29/2007	1) 09/05/2006 2) 10/31/2006	3) 01/23/2007		
HepA	04/13/2008	1) 10/13/2007			
HepB	Complete	1) 06/29/2006 2) 09/05/2006	3) 01/23/2007		
Hib	07/23/2007	1) 09/05/2006 2) 10/31/2006	3) 01/23/2007		
Influenza	02/14/2008	1) 12/29/2006 2) 02/14/2007			
MMR	05/29/2007				
Mmingo	05/29/2017				
PneumoConjugate	05/29/2007	1) 09/05/2006 2) 10/31/2006	3) 01/23/2007		
Poão	06/29/2010	1) 09/05/2006 2) 10/31/2006	3) 01/23/2007		
Varicella	06/29/2007				
MARIA BOCK - 06	29/2006	662		425 LAKE MIST CT	CHARLOTTE, NC 28277
Vaccine	Recard Day	Immunization Dates			
DTP/aP	05/06/2009	1) 10/31/2006 2) 01/23/2007	3) 12/06/2008		
HepA	Complete	1) 10/13/2007 2) 07/23/2008			
HepB	02/23/2007	1) 01/23/2007			
Hib	Complete	1) 10/31/2006 2) 01/23/2007	3) 12/05/2008		
Influenza	02/14/2008	1) 12/29/2006 2) 02/14/2007	1		
MMR	06/29/2010	1) 07/06/2007			
Mmingo	06/29/2017				
PneumoConjugate	Complete	1) 1031/2006 2) 01/23/2007	3) 12/06/2008		
Poão	05/29/2010	1) 10/31/2006 2) 01/23/2007	3) 12/05/2008		
Varicella	05/29/2010	1) 07/06/2007			
MINDY HALL - 07	14-14-14	657		123 ANNA LANE	CHARLOTTE. NC 28273
Vaccine	Recund Day	Immunization Date:		123 00000 10005	COMPOSITE, NO 2013
DIPaP	06/10/2009		3) 07/31/2007 4) 12/10/2008 (N	N)	
BepA	Complete	1) 07/31/2007 2) 07/10/2009		,	
BepB	Complete	1)07/30/2006 2) 05/11/2007			
Hib	Complete	1)11/30/2006 2) 05/11/2007			
Influenza	01/30/2007	Contraction approximation			
MMR	07/30/2010	1) 07/31/2007			
Meningo	07/30/2010	174/30201			
	Complete	1) 05/11/2007 2) 07/31/2007	3) 07/10/2009		
PneumoConjugate Polio	07/30/2010		3) 07/31/2007 4) 12/10/2008 (N	70	
	0100.000	111030/0000 2100/11/2001	3) VII 31 2001 4) 1210 2008 (N		

Questions to Consider:

•Are there any active duplicate clients under my organization?

•Have all doses administered been keyed into NCIR?

•Have keyed doses been entered correctly?

•Are there clients that need to be made inactive?



Request Reminder Report: Client Query Listing



PEGGY PERSON	- 08/15/1992	RPXX2	117 BULL RUN	ITHACA, WI 53810
			117 BULL RUN	ITHACA, WI 53810
Vaccine	Recmd Day	Immunization Dates		
HepA	08/15/1993			
HepB	08/15/1992			
Influenza	Contraindicated		Look for "blank" records.	
MMR	Contraindicated			
Meningo	08/15/2003			
Polio	03/01/1995	1) 01/01/1995		
Td	02/01/2008	1) 01/01/2002 (NV) 2) 01/01/2008	Look for not valid (NV) shots.	
Tdap/Pertussis	Complete	1) 01/01/2008		
Varicella	Contraindicated			



Request Reminder Report: Client Query Listing

Report run on:	07/27/2009 05:1	14 PM	Client Query I	Listing	Page 1 of 1	Look for
Client Name (F	M L)	Chart Number	Phone Number	Address	City/State/ZIP	duplicate
TEST ME - 07/01/2	2008	9	(919) 707-5580 (919) 707-5580	5601 six forks road 5601 six forks road	RALEIGH, NC 27609 RALEIGH, NC 27609 NC NC	addresses.
Vaccine	Recmd Day	Immunization Dates				
DTP/aP	10/01/2009	1) 09/09/2008 2) 11/19/2008	3) 01/09/2009			
HepA	01/06/2010	1) 07/06/2009				
HepB	Contraindicated	1) 09/22/2008				
Hib	08/03/2009	1) 09/09/2008 2) 11/19/2008	3) 02/03/2009			
Influenza	04/03/2010	1) 02/03/2009 2) 04/03/2009				
MMR	07/01/2009					
Meningo	07/01/2019					
PneumoConjugate	09/01/2008					
PneumoConjugate Polio	09/01/2008 07/01/2012	1) 09/09/2008 2) 11/19/2008	3) 02/03/2009			
		1) 09/09/2008 2) 11/19/2008	3) 02/03/2009			
Polio	07/01/2012 07/01/2009	1) 09/09/2008 2) 11/19/2008	3) 02/03/2009 (919) 707-5580	5601 six forks road	RALEIGH, NC 27609	
Polio Varicella	07/01/2012 07/01/2009	1) 09/09/2008 2) 11/19/2008 Immunization Dates		5601 six forks road	RALEIGH, NC 27609	
Polio Varicella TESTER TESTDE	07/01/2012 07/01/2009 LETE - 01/10/2006			5601 six forks road	RALEIGH, NC 27609	
Polio Varicella TESTER TESTDE Vaccine	07/01/2012 07/01/2009 LETE - 01/10/2006 Recmd Day			5601 six forks road	RALEIGH, NC 27609	
Polio Varicella TESTER TESTDE Vaccine DTP/aP HepA	07/01/2012 07/01/2009 LETE - 01/10/2006 Recmd Day 03/10/2006			5601 six forks road	RALEIGH, NC 27609	
Polio Varicella TESTER TESTDE Vaccine DTP/aP	07/01/2012 07/01/2009 LETE - 01/10/2006 Recmd Day 03/10/2006 01/10/2007			5601 six forks road	RALEIGH, NC 27609	
Polio Varicella TESTER TESTDE Vaccine DTP/aP HepA HepB	07/01/2012 07/01/2009 LETE - 01/10/2006 Recmd Day 03/10/2006 01/10/2007 01/10/2006		(919) 707-5580	5601 six forks road	RALEIGH, NC 27609	
Polio Varicella TESTER TESTDE Vaccine DTP/aP HepA HepB Hib	07/01/2012 07/01/2009 LETE - 01/10/2006 Recmd Day 03/10/2006 01/10/2006 03/10/2006 03/10/2006	Immunization Dates	(919) 707-5580	5601 six forks road	RALEIGH, NC 27609	
Polio Varicella TESTER TESTDE Vaccine DTP/aP HepA HepB Hib Influenza	07/01/2012 07/01/2009 LETE - 01/10/2006 03/10/2006 01/10/2006 03/10/2006 03/10/2006 11/10/2009	Immunization Dates	(919) 707-5580	5601 six forks road	RALEIGH, NC 27609	
Polio Varicella TESTER TESTDE Vaccine DTP/aP HepA HepB Hib Influenza MMR	07/01/2012 07/01/2009 LETE - 01/10/2006 03/10/2006 01/10/2007 01/10/2006 03/10/2006 11/10/2009 01/10/2007	Immunization Dates	(919) 707-5580 3) 11/10/2008	5601 six forks road	RALEIGH, NC 27609	
Polio Varicella TESTER TESTDE Vaccine DTP/aP HepA HepB Hib Influenza MMR Meningo	07/01/2012 07/01/2009 LETE - 01/10/2006 03/10/2006 01/10/2006 03/10/2006 03/10/2006 11/10/2009 01/10/2007 01/10/2007	Immunization Dates	(919) 707-5580 3) 11/10/2008	5601 six forks road	RALEIGH, NC 27609	



Don't forget to report duplicates to the NCIR Help Desk!

HRISTOPHE MI	STOPHE MICHAELS - 04/06/2006		111 CYPRESS ST	CHARLOTTE, NC 28227
Vaccine	Recmd Day	Immunization Dates		
DTP/aP	06/06/2006			
HepA	04/06/2007			
HepB	04/06/2006			
Hib	06/06/2006			
Influenza	10/06/2006			
MMR	04/06/2007			
Meningo	04/06/2017			
neumoConjugate	06/06/2006			
Polio	06/06/2006			
Varicella	04/06/2007			

CHRISTOPHER M 04/06/2006	IICHAELS -		111 CYPRESS ST	CHARLOTTE, NC 28227
Vaccine	Recmd Day	Immunization Dates		
DTP/aP	06/06/2006			
HepA	04/06/2007			
HepB	04/06/2006			
Hib	06/06/2006			
Influenza	10/06/2006			
MMR	04/06/2007			
Meningo	04/06/2017			
PneumoConjugate	06/06/2006			
Polio	06/06/2006			
Varicella	04/06/2007			



Client Evaluation:

- Responsible Persons: NC address and TX address
- No doses entered since 2006
- Received confirmation from parent that patient now lives in Texas
- Moved or Gone Elsewhere (MOGE)

BRITTANYA O'O	CAMPO - 09/16/2006	660	((()))))))))))))))	89680 CAMPUS AVE	CHARLOTTE, NC 28214	
			(651) 125-1252	8756 YELLOW ROSE LANE	DALLAS, TX 77714	
Vaccine	Recmd Day	Immunization Dates	_			
DTP/aP	02/04/2007	1) 12/04/2006				
HepA	09/16/2007					
HepB	03/16/2007	1) 09/20/2006 2) 12/04/2006				
Hib	02/04/2007	1) 12/04/2006				
Influenza	03/16/2007					
MMR	09/16/2007					
Meningo	09/16/2017					
PneumoConjugate	02/04/2007	1) 12/04/2006				
Polio	02/04/2007	1) 12/04/2006				
Rotavirus	Max Age Exceeded	1) 12/04/2006				
Varicella	09/16/2007					



Request Reminder Report: Client Query Listing

Personal Information - Client ID: 5999660		Save	
Last Name O'CAMPO	SSN (On File)	History/Recommend	
First Name BRITTANYA	Gender OM OF OUnknown	Reports	
Middle Name	Birth 09/16/2006	Cancel	
Mother's Maiden Last O'CAMPO	County of Mecklenburg		
Mother's First Name MAMA	Last 07/21/2009 Notice		
NOTE: Fields marked with a			
Last Updated by: NORTH CAROLINA IMMUNIZAT	ION REGISTRY on 07/21/2009		
Client Information Responsible Person(s	s) Client Comment(s)		
Eligibility	┐┌Provider Organization Specific Data —		
Verification Date: Eligibility as reported by Responsible Person:	Chart # Status Active		Change status to " Inactive " to inactivate client.



Inactivate client when the below three are met:

- 1. The client has not been seen by your office in the last 12 months
- 2. All available telephone numbers are no longer valid (disconnected or family no longer associated with number)
- 3. A postcard and/or letter has been returned as undeliverable and no other address information is known

Run Request Reminder!

Any time you edit client information (i.e. demographics, shot info.) the Request Reminder report must be run again in order to reflect the changes you have made.

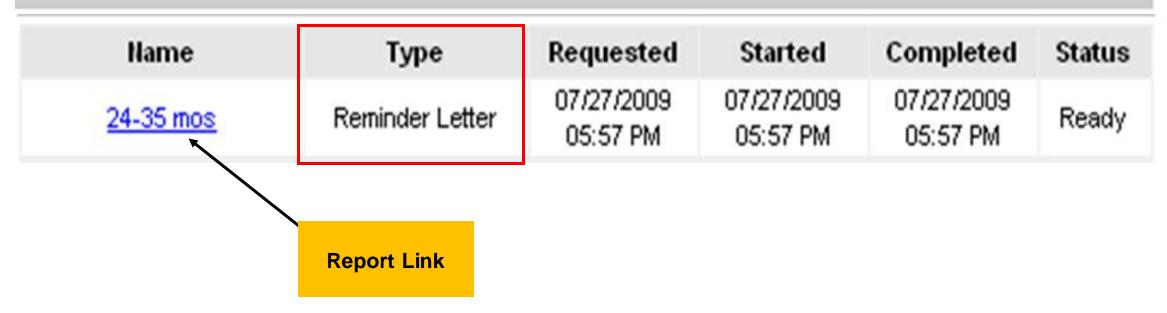


Request Reminder Report - How To Generate Reminder Letters

Reminder Requ	iest status						Refresh
er manual Started	Completed	Status	Clients	Eligible	Birth From	Birth To	Cancel
e 07/27/2009 04:3	2 PM 07/27/2009 04:33 PM	100 %	4	2	01/02/2006	01/01/200	07
es							
nicians Nysicians							
iedules iools	Output Outlines						
etinition Reminder Request	t Output Options						
entory Output	Description		Ad	ditional Inpu	nt		
Client Query Listing	A list of clients eligible for reminder based on the report criteria (in .pdf	Report Name	,				
nents action sum	format). Excludes omitted clients.					_	
e usage Reminder Letter	Standard Reminder Letter.	Report Name					
d/expired t		Free Text	Please mak	e sure to brin	ngany 🔼	F	Free text will be added
			insurance i	nformation or	n your next 🛛 🗔		and will appear at
			visit		~		
entry		Phone #	919-707-55	50			bottom of the lette
ations Reminder Card	Standard Reminder Card (4x5).	Report Name					
		Free Text	Diagon mak	e sure to brin			
tus			insurance i	nformation or	n vour next 📃		
			visit		~		
form ct		Phone #	919-707-55	50			
s Mailing Labels	Avery Mailing Labels.	Report Name	•				
Client Extract	A .txt file of clients eligible for	Report Name					
	reminder based on the report						

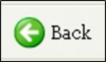


Reminder Output Status





Request Reminder Report - Sample Reminder Letter



Dear Beth Quinn,

Our records indicate that Tester Testdelete, has received the following immunizations:

Immunizations History							
Immunization Date Administered Series							
Influenza	11/12/2007	1 of 2					
Influenza	12/17/2007	2 of 2					
Influenza	11/10/2008	Booster					

Our records also show that Tester may be due for the following immunizations. If Tester received these or other immunizations from another health care provider, please call our office so that we can update Tester's record. Otherwise please take Tester to a health care provider to receive them.

Vaccines Recommended by Selected Tracking Schedule				
Vaccine	Date Needed			
HepB	01/10/2006			
DTP/aP	03/10/2006			
PneumoConjugate 7	03/10/2006			
Polio	03/10/2006			
Hib	03/10/2006			
HepA	01/10/2007			
MMR	01/10/2007			
Varicella	01/10/2007			
Influenza	11/10/2009			
Meningo	01/10/2017			

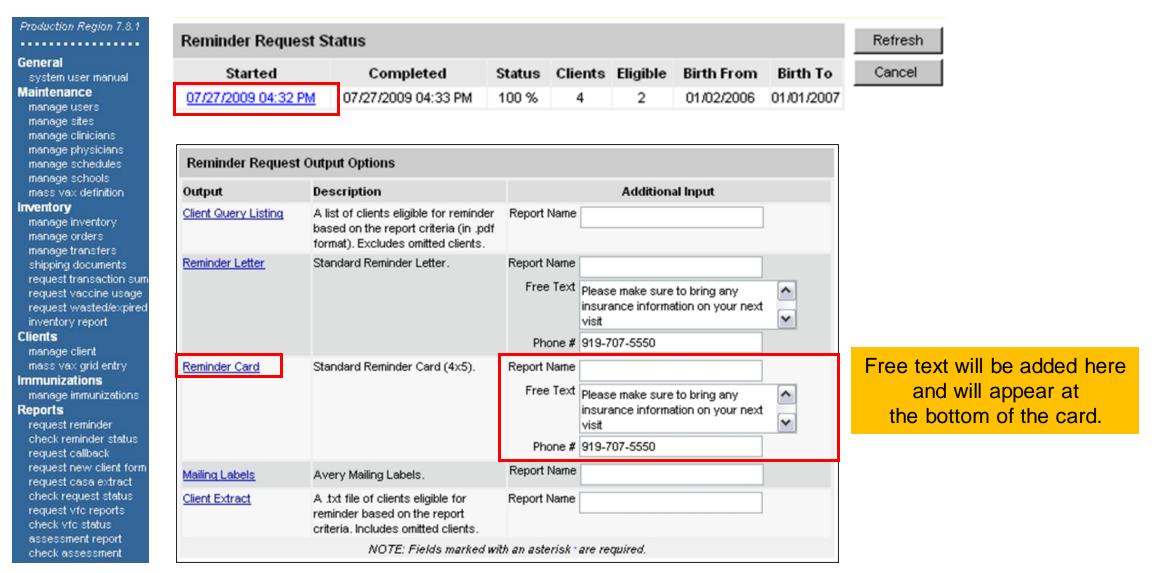
The number for our office is: 919-707-5550

Please make sure to bring any insurance information on your next visit

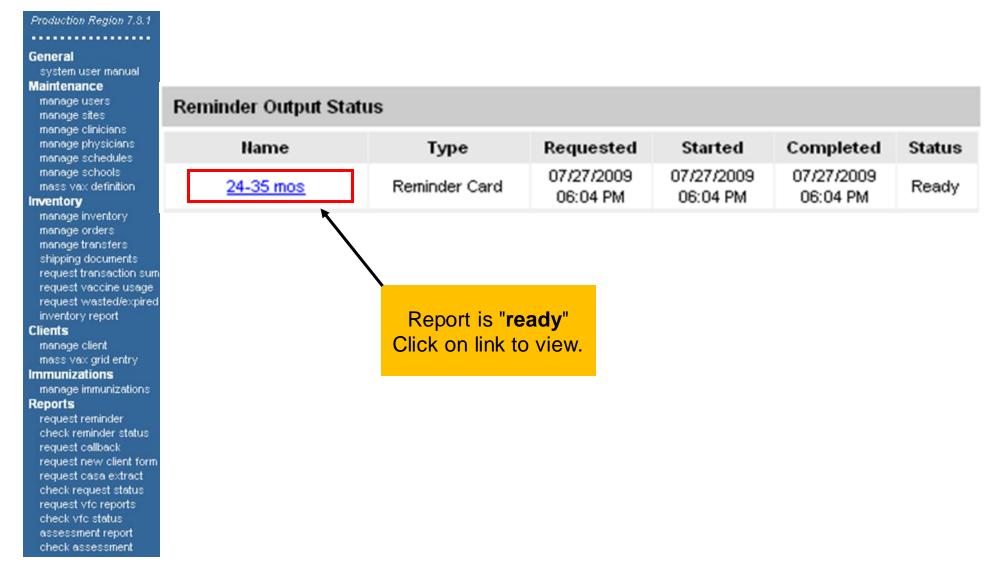
Free text added



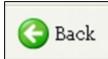
Request Reminder Report











Dear Beth Quinn,

Our records show that Tester Testdelete may be due for the following immunizations. If Tester received these or other immunizations from another health care provider, please call our office so that we can update Tester's record. Otherwise please schedule an appointment for Tester to receive them.

Vaccine Group	Date Needed
HepB	01/10/2006
DTP/aP	03/10/2006
PneumoConjugate 7	03/10/2006
Polio	03/10/2006
Hib	03/10/2006
HepA	01/10/2007
MMR	01/10/2007
Varicella	01/10/2007
Influenza	11/10/2009
Meningo	01/10/2017

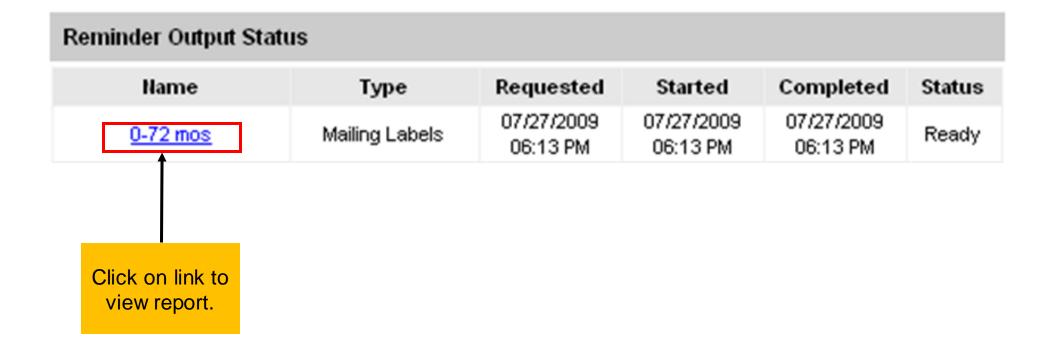
Reminder card should be placed in an envelope to be HIPPA Compliant.



Request Reminder Report Status – Mailing Labels

Production Region 7.8.1													
••••••	Reminder Request	Status						Refresh	1				
General system user manual	Started	Completed	Status	Clients	Eligible	Birth From	Birth To	Cancel	i				
Maintenance	07/27/2009 06:10 PM		100 %	12	10	12/02/2002	01/01/2009		· _				
manage users manage sites manage clinicians manage physicians									_	ç	lailing L generat andard:	ed usir	ng th
manage schedules manage schools	Reminder Request	Output Options								0	anuaru	Avery	lane
mass vax definition Inventory	Output	Description				Additiona	l Input						
manage inventory manage orders manage transfers	Client Query Listing	A list of clients eligible for re based on the report criteria format). Excludes omitted cl	(in .pdf	Report N	lame								
shipping documents request transaction sum request vaccine usage request wasted/expired inventory report Clients	Reminder Letter	Standard Reminder Letter.		Report N Free	Text Plea	ise make sure f irance informat		ext 🗸					
manage client mass vax grid entry						-707-5550							
Immunizations manage immunizations Reports request reminder check reminder status request callback	Reminder Card	Standard Reminder Card (4)	x5).		Text Plea insu visit	ise make sure f irance informat		ext 🗸					
request new client form request casa extract	Mailing Labels	Avery Mailing Labels.		Report N	lame								
check request status request vfc reports check vfc status	Client Extract	A .txt file of clients eligible for reminder based on the repo criteria. Includes omitted clie	rt	Report N	lame								
assessment report check assessment		NOTE: Fields mi	arked wit	th an aste	risk • are i	required.							

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES





Mailing Labels

Back ← QUINN NANCY M FIRSTNAMETEST 5601 SIX FORKS ROAD RALEIGH NC 27609 QUINN TEST ME RALEIGH NC 27609 Mailing Labels QUINN TEST ME correspond 5601 SIX FORKS ROAD with reminder RALEIGH NC 27609 cards and letters ADAM NCIR generated.

5601 SIX FORKS ROAD

ADAM NCIR ROAD RALEIGH NC 27609

REMIND TEST REMIND TEST 5 RALEIGH NC 27609

PERSON TEST REMIND TEST 5601 SIX FORKS ROAD RALEIGH NC 27609

BETH QUINN ROTAVIRUS TEST 5601 SIX FORKS ROAD RALEIGH NC 27609

QUINN ROTAVIRUS TEST 5601 SIX FORKS ROAD RALEIGH NC 27609

MOMMA QUINN TESTCF TETSCL 5601 SIX FORKS ROAD RALEIGH NC 27609

BETH QUINN TEST THREE 5601 SIX FORKS RALEIGH NC 27699

BETH QUINN TEST1 VFC 5601 SIX FORKS ROAD RALEIGH NC 27609



How to get the Most From Reminder Recall

- Enter all children into the NCIR
- Enter historical immunizations (properly and completely)
- Check the '*Notices*' box for at least one responsible person



Strategies for Improving Immunization Rates

- Prioritize vaccinations in terms of staff responsibilities and communication among <u>ALL</u> staff members
- Check immunization status at every visit
- Give all needed vaccinations at each visit
- Educate parents



Strategies for Improving Immunization Rates Continued..

- Document any adverse reactions or contraindications to vaccines
- Consolidate immunization records
- Document attempted communication in patient record
- Inactivate clients that are no longer seen at your office or MOGE (moved or gone elsewhere)
- Schedule next visit before client leaves office
- Use Reminder/Recall



Where to Go for More Help?





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 For help desk hours or to submit a ticket, please click the link below: 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

