

North Carolina Immunization Registry (NCIR)

Using the NCIR as a Clinical Tool User Guide

Last Updated: October 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	

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

- Last Name
 - First Name
Middle Name
 - Mother's Maiden Last
 - Mother's First Name

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

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	
	07/01/2007	3 of 3			No		Yes	
	04/28/2010		ActHib ©	Full	No			
Influenza	05/02/2010		ActHib ©		No		Yes	
	05/01/2007	1 of 2			No		Yes	
	07/01/2007	2 of 2			No		Yes	
	05/15/2009	Booster			No		Yes	
MMR	05/27/2009		Fluzone ©	Half	No			
	05/02/2010	Booster			No		Yes	
PneumoConjugate	02/02/2010	1 of 2	MMR II ©	Full	No			
	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:

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					
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	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

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