

Coming soon to a computer near you:



Jenne McKibben

Oregon Immunization Program

Objectives

- At the conclusion of this session, participants will be able to:
 - Identify benefits of Immunization Information Systems (IIS)
 - Describe the differences between Oregon Immunization ALERT and ALERT IIS
 - Recognize the need for training on the ALERT IIS

A stage with a red curtain and a sunset background. The curtain is pulled back on the left side, revealing a sunset scene with a gradient from dark red to bright yellow. The text is centered on the stage.

The Immunization Schedule

How hard could it be?

1983

Adolescents
Td only

TABLE 1. Recommended schedule for active immunization of normal infants and children (See individual ACIP recommendations for details.)

Recommended age*	Vaccine(s)†	Comments
2 mo.	DTP-1,§ OPV-1¶	Can be given earlier in areas of high endemicity
4 mo.	DTP-2, OPV-2	6-wks-2-mo. interval desired between OPV doses to avoid interference
6 mo.	DTP-3	An additional dose of OPV at this time is optional for use in areas with a high risk of polio exposure
15 mo.**	MMR††	11 doses
18 mo.**	DTP-4, OPV-3	
4-6 yr. §§	DTP-5, OPV-4	Preferably at or before school entry
14-16 yr	Td¶¶	Repeat every 10 years throughout life

7 visits

11 doses

*These recommended ages should not be construed as absolute, i.e. 2 mos. can be 6-10 weeks, etc.

†For all products used, consult manufacturer's package enclosure for instructions for storage, handling, and administration. Immunobiologics prepared by different manufacturers may vary, and those of the same manufacturer may change from time to time. The package insert should be followed for a specific product.

§DTP—Diphtheria and tetanus toxoids and pertussis vaccine.

¶OPV—Oral, attenuated poliovirus vaccine contains poliovirus types 1, 2, and 3.

**Simultaneous administration of MMR, DTP, and OPV is appropriate for patients whose compliance with medical care recommendations cannot be assured.

††MMR—Live measles, mumps, and rubella viruses in a combined vaccine (see text for discussion of single vaccines versus combination).

§§Up to the seventh birthday.

¶¶Td—Adult tetanus toxoid and diphtheria toxoid in combination, which contains the same dose of tetanus toxoid as DTP or DT and a reduced dose of diphtheria toxoid.

1983 childhood immunization schedule

FIGURE 1. Recommended childhood vaccination schedule* — United States, January–June 1996

8 or 9 visits

Vaccine	Age										
	Birth	1 Mo.	2 Mos.	4 Mos.	6 Mos.	12 Mos.	15 Mos.	18 Mos.	4-6 Yrs.	11-12 Yrs.	14-16 Yrs.
Hepatitis B †	Hep. B-1		Hep. B-2		Hep. B-3			Hep. B ⁰			
Diphtheria and tetanus toxoids and pertussis vaccine †			DTP	DTP	DTP	DTP (DTaP at ≥18 mo.)		DTP or DTaP		Td	
<i>Haemophilus influenzae</i> type b ††			Hib	Hib	Hib	Hib					
Poliovirus ††			OPV	OPV	OPV			OPV			
Measles-mumps-rubella ††						MMR		MMR or MMR			
Varicella zoster virus †										Var	

20 doses

Adolescents
Hep B, Td, MMR and Varicella

▤ Range of Acceptable Ages for Vaccination
 ▥ 'Catch-Up' Vaccination † † † †

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB			HepB						
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	<i>see footnote³</i>	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴		Hib				
Pneumococcal ⁵				PCV	PCV	PCV		PCV			PPSV	
Inactivated Poliovirus ⁶				IPV	IPV			IPV				IPV
Influenza ⁷								Influenza (Yearly)				
Measles, Mumps, Rubella ⁸							MMR		<i>see footnote⁸</i>			MMR
Varicella ⁹							Varicella		<i>see footnote⁹</i>			Varicella
Hepatitis A ¹⁰								HepA (2 doses)			HepA Series	
Meningococcal ¹¹											MCV	

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

2010 - 8 or more visits, plus annual influenza
29 doses, plus influenza

And this doesn't include adolescents and adults!

Current Adolescent Schedule

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2010
 For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis ¹			Tdap	Tdap
Human Papillomavirus ²		<i>see footnote 2</i>	HPV (3 doses)	HPV series
Meningococcal ³		MCV	MCV	MCV
Influenza ⁴		Influenza (Yearly)		
Pneumococcal ⁵		PPSV		
Hepatitis A ⁶		HepA Series		
Hepatitis B ⁷		Hep B Series		
Inactivated Poliovirus ⁸		IPV Series		
Measles, Mumps, Rubella ⁹		MMR Series		
Varicella ¹⁰		Varicella Series		



Range of recommended ages for all children except certain high-risk groups
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups

A stage curtain with a sunset background. The curtain is dark red with gold tassels. The background shows a bright sun setting over a horizon, with colors ranging from yellow to deep red. The text is centered on the curtain.

Immunization Information Systems

Why do you need them?

There were 47,006 Oregon births* in 2009

21% of children are over-immunized**

2.1 million children are under-immunized and are at risk for disease**

Few providers send reminder/recall postcards, a proven strategy to ensure their patients receive timely immunizations

Parents and providers overestimate immunization rates

22% of American children see two immunization providers in their first 2 years of life, making it difficult to track records**

*Center for Population Studies, PSU

**Every Child by Two

Oregon Immunization ALERT

- Re

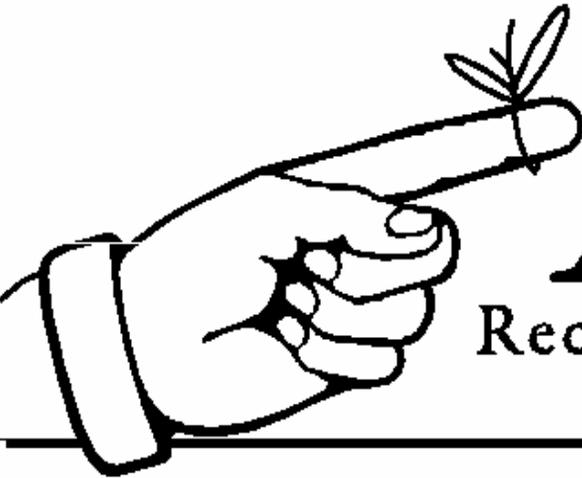
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Oregon
Immunization



A L E R T

Records and Reminders

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OREGON IMMUNIZATION ALERT

[AMANDA'S MENU](#)[ABOUT ALERT](#)[CONFIDENTIALITY](#)[PROVIDERS](#)[PARENTS](#)[LOGOUT](#)

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Name: **Sam**
 DOB: 8/21/2006
 Age: 43 mos (3yrs & 7mos)

[Print this page](#) [Go Back](#)
[CIS Form](#)

Immunization History:

Vaccine Series	Vaccine Name	Date	Notations	Forecasts	FAOs
D/T Series	DTaP-HepB-IPV[Pediarix]	10/23/2006		Shots Past Due Per ACIP as of 4/12/2010 No shots Past Due	
	DTaP-HepB-IPV[Pediarix]	1/5/2007			
	DTaP-HepB-IPV[Pediarix]	3/2/2007			
	DTP/DTaP	3/20/2008			
Polio	IPV-DTaP-HepB[Pediarix]	10/23/2006		ALERT uses the Advisory Committee on Immunization Practices (ACIP) recommendations for immunization forecasts. See details on immunization algorithms for more information. School law requirements will differ from ACIP recommendations. See details on School law for more information.	
	IPV-DTaP-HepB[Pediarix]	1/5/2007			
	IPV-DTaP-HepB[Pediarix]	3/2/2007			
Varicella	MMRV	9/18/2007			
	MMRV	9/18/2007			
MMR/ME	MMR	10/7/2008			
	Hep B	8/23/2006			
Hep B	HepB-IPV-DTaP[Pediarix]	10/23/2006			
	HepB-IPV-DTaP[Pediarix]	1/5/2007			
	- Dose given at too young of an age				
	HepB-IPV-DTaP[Pediarix]	3/2/2007			
Hib	Hib (PRP-T)	10/23/2006			
	Hib (PRP-T)	1/5/2007			
	Hib (PRP-T)	3/2/2007			
	Hib (PRP-T)	9/18/2007			
Pneumococcal	PCV7	10/23/2006			
	PCV7	1/5/2007			
	PCV7	3/2/2007			
	PCV7	9/18/2007			
Hep A	Hep A. ped/adol, 2 dose	9/18/2007			
	Hep A. ped/adol, 2 dose	3/20/2008			
Rotavirus	Rotavirus	10/23/2006			
	Rotavirus	1/5/2007			
	Rotavirus	3/2/2007			
Flu-Seasonal	Seasonal FLU - Injectable	10/30/2007			
	Seasonal FLU - NASAL	10/3/2009			
Flu-H1N1	H1N1-NASAL	11/5/2009			
	H1N1-NASAL	12/3/2009			

[New Search](#)

Child record



OREGON IMMUNIZATION ALERT

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This is a secure encrypted page.

[Larger Font](#)

Print this page

[Go Back](#)
[CIS Form](#)

Name:

DOB:

Age: 151 mos (12yrs & 7mos)

Varicella: Had Disease

Immunization History:

Vaccine Series	Vaccine Name	Date	Notations	Forecasts	FAQs
D/T Series	DTP/DTaP	11/17/1997		Shots Past Due Per ACIP as of 4/26/2010 No shots Past Due	
	DTP/DTaP	1/19/1998			
	DTP/DTaP	3/20/1998			
	DTP/DTaP	9/18/1998			
	DTP/DTaP	11/12/2001			
	TDaP	7/11/2008			
Polio	Polio	11/17/1997		Shots Due Now Not past due, but may be given at this time. » Meningococcal » H1N1	
	Polio	1/19/1998			
	Polio	3/20/1998			
	Polio	11/12/2001			
Varicella	Varicella	9/18/1998		ALERT uses the Advisory Committee on Immunization Practices (ACIP) recommendations for immunization forecasts. See details on immunization algorithms for more information. School law requirements will differ from ACIP recommendations. See details on School law for more information. We strongly encourage the use of combination vaccines when medically appropriate.	
MMR/ME	MMR	9/18/1998			
	MMR	11/12/2001			
Hep B	Hep B	9/15/1997			
	Hep B	11/17/1997			
	Hep B	3/20/1998			
Hib	Hib, NOS*	11/17/1997			
	Hib, NOS*	1/19/1998			
	Hib, NOS*	3/20/1998			
	Hib, NOS*	9/18/1998			
Hep A	Hep A, ped/adol, 2 dose	3/24/2005			
	Hep A, ped/adol, 2 dose	7/11/2008			
Flu-Seasonal	Seasonal FLU - Injectable	10/21/2003			
	Seasonal FLU - Injectable	11/25/2003			
	Seasonal FLU - Injectable	10/12/2004			
	Seasonal FLU - Injectable	11/22/2005			
	Seasonal FLU - Injectable	11/12/2006			
	Seasonal FLU - Injectable	10/30/2007			
	Seasonal FLU - NASAL	11/11/2008			
	Seasonal FLU - NASAL	10/25/2009			

[New Search](#)

The immunizations listed are reported to ALERT from health care providers, unless "Secondary Source" appears under notation. Secondary sources include

Adolescent
record

ALERT IIS



ALERT

IMMUNIZATION INFORMATION SYSTEM

Patients

- enter new patient
- merge patients
- manage patient

Immunizations

- manage immunizations

Reports

- reminder / recall
- check reminder status
- request callback
- cocasa extract
- check request status
- vfc report
- group patients
- check group status
- parental notification
- check parental status
- assessment report
- check assessment
- benchmark report
- check benchmark
- manage custom letters
- ad hoc list report
- ad hoc count report
- ad hoc report status

home manage access/account forms related links logout help desk

organization IR Physicians • user Amanda Timmons • role NYSIIS System Administrator

Patient Information VFC Eligible: Yes

Patient Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID
SAMUEL TIMMONS	08/21/2006	M	SMITH	ACIP	Test 123

Address 9806 NE SKIDMORE STREET, PORTLAND, OR 97220 (503) 252-1499

Comments

Patient Notes (0) [view or update notes](#)

History [Add Immunization](#) [Edit Patient](#) [Reports](#) [Print](#) [Print Confidential](#)

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	10/23/2006	1 of 5	Pediarix ®				Yes	
	01/05/2007	2 of 5	Pediarix ®				Yes	
	03/02/2007	3 of 5	Pediarix ®				Yes	
	03/20/2008	4 of 5	Tripedia ®				Yes	
HepA	09/18/2007	NOT VALID	VAQTA-Peds 2 Dose ®				Yes	
	03/20/2008	NOT VALID	VAQTA-Peds 2 Dose ®				Yes	
HepB	10/23/2006	1 of 3	Pediarix ®				Yes	
	01/05/2007	2 of 3	Pediarix ®				Yes	
	03/02/2007	3 of 3	Pediarix ®				Yes	
Hib	10/23/2006	1 of 4	ActHib ®				Yes	
	01/05/2007	2 of 4	ActHib ®				Yes	
	03/02/2007	3 of 4	ActHib ®				Yes	
	09/18/2007	4 of 4	ActHib ®				Yes	
Influenza	10/30/2007		Fluzone Pres-Free ®				Yes	
	10/03/2009		Flu-Mist ®				Yes	
MMR	09/18/2007	1 of 2	Proquad ®				Yes	
	10/07/2008	2 of 2	MMR II ®				Yes	
Pneumococcal	10/23/2006	1 of 4	Pprevnar ®				Yes	
	01/05/2007	2 of 4	Pprevnar ®				Yes	
	03/02/2007	3 of 4	Pprevnar ®				Yes	

Vaccine Recommendations

Vaccines Recommended by Selected Tracking Schedule

Select	Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
	DTP/aP	DT		Complete	
<input type="checkbox"/>	HepB	HepB	12/02/2004	12/02/2004	03/02/2005
<input type="checkbox"/>	Hib	Hib	01/13/2005	02/02/2005	03/02/2005
<input type="checkbox"/>	Influenza-seasnl	Influenza	12/02/2023	12/02/2023	12/02/2023
<input type="checkbox"/>	Meningo	MCV	12/30/2008	12/30/2008	12/02/2009
<input type="checkbox"/>	MMR	MMR	12/02/2005	12/02/2005	04/02/2006
<input type="checkbox"/>	PneumoPoly 23	PCV	01/13/2005	02/02/2005	03/02/2005
<input type="checkbox"/>	Polio	IPV	09/09/2009	09/09/2009	11/12/2009
	Rotavirus	Rotavirus		Maximum Age Exceeded	
<input type="checkbox"/>	Varicella	Varicella	12/02/2005	12/02/2005	04/02/2006

Add Selected

Timeline*

- May – June 2010
 - Extensive system testing
 - System configuration
 - Data migration
- June – July 2010
 - Pilot clinics
- Late July
 - Local Health Department training and roll-out
- August
 - Roll-out to private clinics begins

*Subject to change

Three part login

DHS Region
* * * * *

Org Code:

Username:

Password:

DO NOT ATTEMPT TO
LOG ON UNLESS YOU
ARE AN AUTHORIZED
USER.

Org Code is your
clinic's AL number

User name will be assigned
by your super user

Password will be reset by
the user at first login

Patient Search

Patient Search Criteria

Search by Patient

Minimum search criteria includes exact birth date and one additional field.

Last Name

Mother's First Name

First Name

Phone - -

Middle Name

* Birth Date 

Find

Clear

Search by Patient ID

*Patient ID

Patient Information VFC Eligible: No

Patient Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID
MASS IMMUNIZATION	01/01/2000	U	IMMUNIZATION	ACIP	

Address: 5305 GLACIER HILL DRIVE, MADISON, NY 53704

Comments:

Edit Historical Immunization

Vaccine Group: BCG

Vaccine Display Name: BCG-BC

Trade Name: BCG-Cancer

Vaccine Lot Number:

Subpotent Dose:

Date Provided: 01/01/2002

Provider Org Name:

Source of Immunization: Source Unspecified

Disregard Primary Series: N

VIS Date for BCG: Unknown

Entered by Site: AA Site

Input Source of Record: Created through User Interface

Reactions to Immunization

<input checked="" type="checkbox"/>	Anaphylaxis within 24 hours
<input type="checkbox"/>	Hypotonic-hyporesponsive collapse within 48 hours
<input type="checkbox"/>	Persistent crying lasting >= 3 hours within 48 hours
<input type="checkbox"/>	Pertussis contraindication and precautions
<input type="checkbox"/>	Required emergency room/doctor visit
<input type="checkbox"/>	Seizure occurring within 3 days
<input type="checkbox"/>	Temperature >= 105 (40.5C) within 48 hours
<input type="checkbox"/>	Tetanus contraindication - allergic reaction

Real time
data
correction.

Track
adverse
events

Track more
immunization
details

Patient Information

Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Patient ID
ERIC T. SCHUH	12/02/2004	M	EricTest	51515
Address	151 TEST ST, 515 OTHER AVE, P.O. Box 5151, MADISON, WI 51515 (151) 151-1515 x 151515			
Comments				

Current Age: 4 years, 8 months, 11 days

Patient Notes (1) [view or update notes](#)

Immunization Record

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	02/02/2005	1 of 5	DTaP [Acel-Imune ®]				Yes	
	04/02/2005	SUBPOTENT	DTaP [Acel-Imune ®]				Yes	
	06/02/2005	NOT VALID	Tdap [Boostrix ®]				Yes	

Enter Historical Immunizations

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP/aP	<input type="text"/>				
HepA	<input type="text"/>				
HepB	<input type="text"/>				
Hib	<input type="text"/>				
HPV	<input type="text"/>				
Influenza-seasnl	<input type="text"/>				
Influenza-H1N1	<input type="text"/>				
Meningo	<input type="text"/>				
MMR	<input type="text"/>				
PneumoConjugate7	<input type="text"/>				
PneumoPoly 23	<input type="text"/>				
Polio	<input type="text"/>				
Rotavirus	<input type="text"/>				
Td/Tdap	<input type="text"/>				
Varicella	<input type="text"/>				
Zoster	<input type="text"/>				

(Select additional types of immunizations.)

Add Details

Save

Cancel

Enter Vaccine History

Add History Details

Enter Historical Immunization Details

Immunization	* Date Admin	Trade Name	Lot Number	Provider Org	Source of Imm
DTP/aP	02/15/2005	<input type="text"/>	<input type="text"/>	<input type="text"/>	Source Unspecified
DTP/aP	04/04/2005	<input type="text"/>	<input type="text"/>	<input type="text"/>	Source Unspecified
DTP/aP	06/10/2005	<input type="text"/>	<input type="text"/>	<input type="text"/>	Source Unspecified
DTP/aP	04/04/2005	<input type="text"/>	<input type="text"/>	<input type="text"/>	Source Unspecified
DTP/aP	12/10/2009	<input type="text"/>	<input type="text"/>	<input type="text"/>	Source Unspecified

(*required field)

Save Cancel

Enter New Immunizations

Enter New Immunizations

From ALERT IIS Inventory * Date Administered

Administered By

Remove	Immunization	* Trade Name-Lot #-Exp Date	* Vaccine Eligibility	Administered By			
<input type="checkbox"/>	<input type="text"/>	Pentacel-lot123-12/31/2009	C - Insured, Co-pay Unaffordable	<input type="text"/>			
	Body Site	RG - right gluteous medius	Route	SC - subcutaneous	Dose	Full	Quantity on Hand: 132
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	C - Insured, Co-pay Unaffordable	<input type="text"/>			
	Body Site	RG - right gluteous medius	Route	SC - subcutaneous	Dose	Full	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	C - Insured, Co-pay Unaffordable	<input type="text"/>			
	Body Site	RG - right gluteous medius	Route	SC - subcutaneous	Dose	Full	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	C - Insured, Co-pay Unaffordable	<input type="text"/>			
	Body Site	RG - right gluteous medius	Route	SC - subcutaneous	Dose	Full	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	C - Insured, Co-pay Unaffordable	<input type="text"/>			
	Body Site	RG - right gluteous medius	Route	SC - subcutaneous	Dose	Full	

Data Submission

- ALERT

- Data exchange
 - Electronic health records
 - 3rd party payers
 - DMAP
- Bar code submission
- Other hard copy submission

- ALERT IIS

- Data exchange
 - Continues for current users
 - Expands to some local health departments
- User interface
 - Gradually migrate bar code users to user interface

Benefits - Clinics

- User interface that allows real time entering and editing of information.
 - Demographic information
 - Immunization information
 - Vaccine history
- Real time forecast
- Custom letters

Reports

reminder / recall

check reminder status

request callback

cocasa extract

check request status

vfc report

group patients

check group status

parental notification

check parental status

assessment report

check assessment

benchmark report

check benchmark

manage custom letters

ad hoc list report

ad hoc count report

ad hoc report status

Reminder/Recall Request

Select Patient Population ...

- Patients Associated with IR Physicians
- Patients Residing in the City of Any Town
- Patients Associated with IR Physicians or Residing in City of Any Town
- Patients Residing in Albany County
- Patients Associated with IR Physicians or Residing in Albany County

Indicate the Tracking Schedule ...

- Use Tracking Schedule Associated with Each Patient
- Use Tracking Schedule Selected for All Patients

Select the Vaccine Group(s) ...

- Use All Vaccine Groups
- Use Vaccine Groups Selected

Adeno	↑	Add >	↓
Anthrax	☰		
BCG	↓		
		< Remove	

Select the School & Primary Care Provider ...

School	<input type="text" value=""/>	Provider (PCP)	<input type="text" value=""/>
--------	-------------------------------	----------------	-------------------------------

Enter Additional Demographic Criteria ...

City	<input type="text" value=""/>	Zip Code	<input type="text" value=""/>	County	<input type="text" value=""/>
------	-------------------------------	----------	-------------------------------	--------	-------------------------------

Enter the Date Criteria ...

Target Date Range	From	<input type="text" value=""/>	<input type="text" value=""/>	To	<input type="text" value=""/>	<input type="text" value=""/>
-------------------	------	-------------------------------	-------------------------------	----	-------------------------------	-------------------------------

Create a Customized List Report

What patient population would you like to use?

- Patients associated with IR Physicians
 Patients residing in Albany county
 Patients associated with IR Physicians OR patients residing in Albany county

What items would you like to display on the report?

Patient

- Birth County
- Birth date
- Consent Indicator
- County of Residence
- First name
- Insurer
- Language preference
- Last name

Add >

< Remove

< Remove All

How would you like the report to be sorted?

Item to sort on (not sorted) Order First-to-Last Last-to-First

A report takes longer to run if you want it to be sorted.

How would you like to filter the data?

Item to filter on (no filters) Active Indicator

Comparison

Value to compare to

and

Add/Save Edit

Selected Filters

Edit

Remove

Reports

reminder / recall
check reminder status
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assessment report
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benchmark report
check benchmark
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ad hoc report status

Top Margin
Number of blank lines at the top of the letter: 3

Patient Address
 Include patient address

Salutation
Enter a salutation for the letter: Dear
Include a name at the end of the salutation: Responsible person

Paragraph 1
First Part
According to our records, your child is due for immunizations. We will be holding a special Saturday immunization clinic to help patients catch up on their shots before school starts. Below, you will find a copy of your child's shot history and recommendations for vaccines that should be given soon. If you would like to take advantage of our special clinic, please contact us at 503-555-1212 for an appointment.
Include a name between the first and second parts of this paragraph: (no name)
Second Part

Immunization History
 Include immunization history

Paragraph 2

Immunization Recommendations
 Include immunization recommendations

Reports

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- check parental status
- assessment report
- check assessment
- benchmark report
- check benchmark
- manage custom letters
- ad hoc list report
- ad hoc count report
- ad hoc report status

Output of Custom Letter

DDDDRESS
ALBANY, NY 12204

Dear Parent/Guardian of Test Address,

According to our records, your child is due for immunizations. We will be holding a special Saturday immunization clinic to help patients catch up on their shots before school starts. Below, you will find a copy of your child's shot history and recommendations for vaccines that should be given soon. If you would like to take advantage of our special clinic, please contact us at 503-555-1212 for an appointment.

Immunization History		
Immunization	Date Administered	Series
No immunizations recorded.		

Vaccines Recommended by Selected Tracking Schedule	
Vaccine	Date Needed
DTP/aP	04/29/2008
HepB	02/29/2008
Hib	04/29/2008
Influenza	02/28/2007
MMR	02/28/2009
Pneumo-Poly	02/28/2003
Pneumococcal	04/29/2008
Polio	04/29/2008
Varicella	02/28/2009

We hope to see you soon.

IR Physicians
(518) 555-1212

Benefits - Patients

- Real time forecast
 - Lower chance of administration errors
- Reminder/Recall
 - System generated reminders and recalls at strategic ages
 - Clinics can set up additional reminders and recalls at their option
- Automated de-duplication of patients and immunizations
 - Results in the best possible record

Benefits - Communities

- Reminder/recall leads to well immunized communities
- System can send and receive data from Electronic Health Records
- Schools and child care centers can access records for students
- In the event of a public health emergency

School/Child Care Access

[home](#)[manage access/account](#)[forms](#)[related links](#)[logout](#)[help desk](#)

organization IR Physicians • user Tina Skinner • role IR Developer

Student Information

Student Name (First - MI - Last)

DOB

Gender

Tracking Schedule

TEST CLIENT

01/01/2007

U

First Grade

Comments

{1 of 3} .. 06/01/2008 ~ PRIOR doses OF DTAP caused anaphylactic reaction

Reports

[Add this Student to a Report List](#)

Please Pick a Report List

History

Vaccine Group	Date Administered	Series	Trade Name	Dose	Reaction
Adeno	06/10/2008		Adeno T4 ®	Full	
DTP/aP	08/11/2007	1 of 5	Acel-Imune ®	Full	
	03/19/2008	2 of 5	Acel-Imune ®	Full	
	08/19/2008	3 of 5	Kinrix ®	Full	
HepA	06/10/2008	NOT VALID	Havrix-Peds 2 Dose ®	Full	

5 Ways to Prepare

- Communicate
- Choose a Super User
- Re-New User Agreement
- Get Training
- Explore

Communicate



- All staff that use ALERT need to know about this change.
- All users will need their own log-in.

Choose a Super-User

- Super users will have access to:
 - Add new users for your clinic
 - Assign basic security
 - Manage inventory
 - Order state-supplied vaccines



Re-New User Agreement

- All users of ALERT need to re-new their clinic user agreement
 - Revised confidentiality agreement
 - Clinic enrollment form
 - Super-User agreement

Training

- Many options to learn the system
 - Webinars, from your own desktop
 - Online tutorials
 - Comprehensive user manual
 - Hands-on training system



Training

- Contextual Help
 - Easy to use help screens within the system
- Help Desk
 - Same friendly people
 - Available Monday – Friday; 8am – 5pm
 - 1-800-980-9431

Explore

- ALERT IIS has many new features
 - Enter patients through the user interface
 - Look at the vaccine forecasts for patients of all ages
 - Explore inventory and vaccine ordering
 - Run some reports, see what you get



Learning More

- Training information
 - Available on the ALERT website, www.immalert.org, beginning in early June.
- Bulletins and newsletters
- Mailings to currently participating clinics
- ORShots email listserv

For more information. . .

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