

ImmTrac Reporting Processes for 2009 H1N1 Vaccine

What is ImmTrac?

- ImmTrac is the Texas immunization registry
- Serves as the tracking and reporting tool for Texas community preparedness effort
- Free service from the Texas Department of State Health Services (DSHS)
- Repository of immunization histories for
 - Texas children
 - Texas first responders
 - First responder family members 18 years of age and older
 - Disaster-related information

State Law Requirements

Texas Administrative Code, Title 25 Part 1 Chapter 100 Rule § 100.7 & § 100.8

- Allows for the inclusion of information about persons who receive antivirals, immunizations or other medications (**AIMs**) in preparation for, or in response to, a potential or declared disaster or public health emergency into ImmTrac

State Law Requirements

- As the reporting and tracking tool, ImmTrac will include information on all individuals who receive an antiviral, immunization or medication (AIM) in response to, or in preparation for, a public health emergency or disaster event (*providers should notify each client receiving the vaccine of this information*)
- Healthcare providers administering AIMs must report such information to ImmTrac

State Law Requirements

- ImmTrac will retain impacted individuals' records for the mandated retention period of 5 years after the event has been declared over
- Opportunity to grant consent to remain an ImmTrac participant may be requested anytime prior to the end of the mandated retention period for any disaster/emergency (*see Disaster Information Retention Form section*)

Reporting the Administration of the H1N1 Vaccine to ImmTrac

How to Report the Administration of the H1N1 Vaccine to ImmTrac

There are two (2) ways to report the administration of the H1N1 vaccine to ImmTrac*

1. Direct ImmTrac Online Application Entry
2. Electronic Reporting Interface
 - Standard Import Data File Process
 - Delimited File Format
 - Excel Spreadsheet Template

Providers who are unable to report to ImmTrac using any of the methods listed above may contact ImmTrac via email at ImmTrac@dshs.state.tx.us (please type **Reporting to ImmTrac in the subject line) or you may contact us via telephone at 1-800-348-9158.*

Direct ImmTrac Online Application Entry

Logging Into ImmTrac

- Click the **Click here** link to bookmark ImmTrac's home page
- Click the **Logon** button



Welcome to ImmTrac! To logon to ImmTrac, please click on the "Logon" button. If you encounter problems with registration, logon, or functionality please contact ImmTrac Customer Support at 1-800-348-9158 or via **email by clicking here**.

To access a copy of the *ImmTrac Instruction Manual*, **click here**.

To access ImmTrac's **NEW** online consent affirmation process training session, **click here**


To access ImmTrac's online training modules at *Texas Vaccine Education Online*, **click here**.



Submit an Import File/Retrieve Consent Status Notification Files. Registered Import users, click the button to the left to upload data for import into ImmTrac or to retrieve consent status notification files.

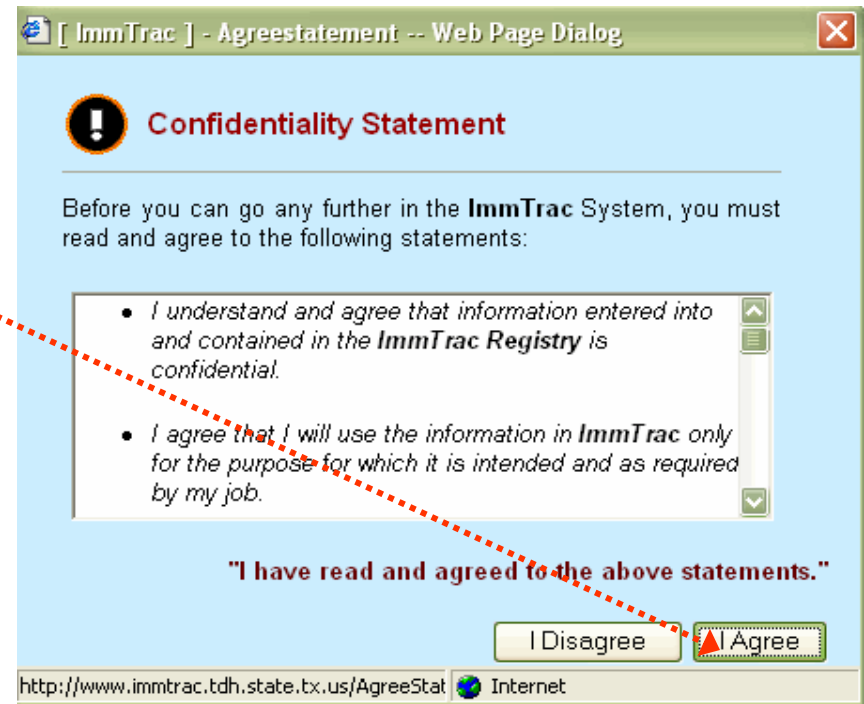


Sign-up with ImmTrac. If you are not currently a registered user, please click the button to the left to sign-up for access. If you are unsure what ImmTrac is, you may learn about ImmTrac by **clicking here**.

 To bookmark our site, please **click here**.

Logging Into ImmTrac

- Read the *Confidentiality Statement*
- Click the **I Agree** button on the *Confidentiality Statement*



Logging Into ImmTrac

The First Time

ImmTrac
Texas Immunization Registry

Protect Texas Children

● Home ● About ImmTrac ● Contact Us ● Sign-up ● Current Immunization Schedule

This is your activation code. Please enter the characters that appear in the red box. If you cannot read this code, press F5 to generate a new code.

Activation Code
bavuuapa

BAVUUAPA

Enter your User ID and Password below.

User ID: nlsheppar

Password: ●●●●●●

Logon

After you have entered your activation code and your User ID and Password (your password IS case sensitive), click on 'Logon' to access ImmTrac.

If you see the activation code box, it means that this is your first time to access the Registry, your ImmTrac activation cookie file has been deleted, or the cookie file has expired.

To initiate or restore your access to ImmTrac, please enter the code that appears in the red box above. The code appears on a graphic background to reduce the potential for unauthorized login attempts by automated systems. If no image appears above, please make sure your browser is set to display images and try again. If you have a problem, please call ImmTrac Customer Support at (800) 348-9158 or use one of the other methods on our [Contact Page](#).

Once the code is accepted, you should not need another one for a year, unless your cookie files are deleted or you change computers. If you access ImmTrac from more than one workstation, you will need to enter a valid code in each one.

- When logging in for the first time
 - Type in the Activation Code from the red box
 - Enter your assigned User ID
 - Enter the temporary password
 - Click “Logon”

Logging Into ImmTrac

The First Time

ImmTrac
Texas Immunization Registry

Protect Texas Children

● Home ● About ImmTrac ● Contact Us ● Sign-up ● Current Immunization Schedule

Account Warning - You are using a temporary password that must be changed now!

Change ImmTrac Password

Your new password will be effective immediately

Password Rules:

1. Can only include letters and numbers.
2. It *is* case-sensitive.
3. Must include at least 2 numbers and 1 letter.
4. Length must be from 8-20 characters.
5. Password cannot be the same as your user id.
6. Password cannot be the temporary password.
7. Password must be **typed**, not copied, into the 'Confirm New Password' text box.

Password Examples:

1. aDm1R3xy
2. tR33ToPu7w
3. L1v3Lyqp
4. Rac3CAr4W

Old Password: [.....]

New Password: [.....]

Confirm New Password: [.....]

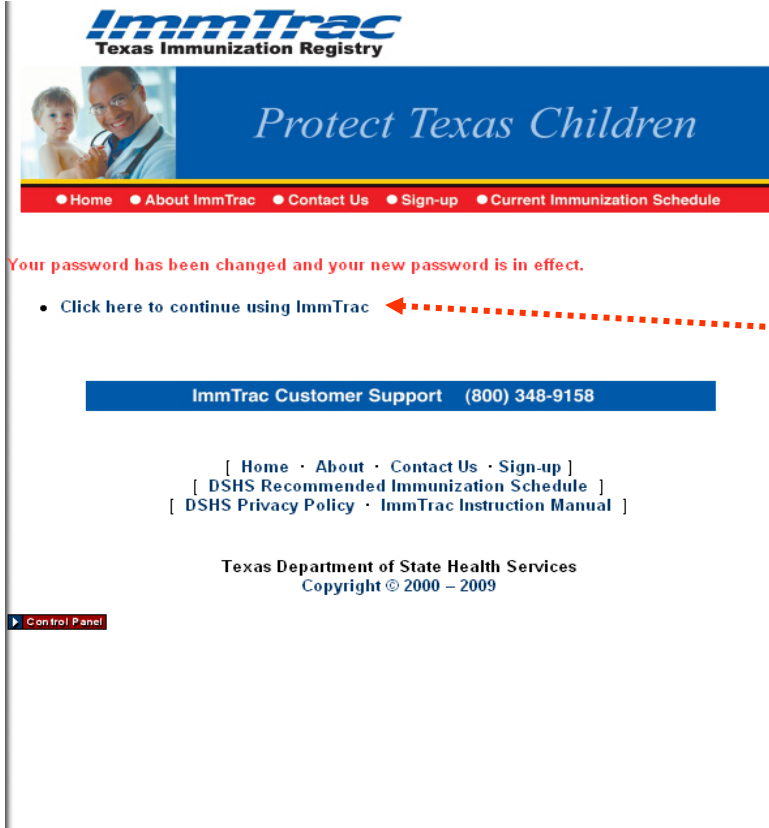
OK Cancel

ImmTrac Customer Support (800) 348-9158

- You will now be asked to change your password
 - Read through the Password Rules
 - Enter the temporary (or old) password
 - Enter the new password
 - Confirm the new password
 - Click “OK”

Logging Into ImmTrac

The First Time



ImmTrac
Texas Immunization Registry

Protect Texas Children

● Home ● About ImmTrac ● Contact Us ● Sign-up ● Current Immunization Schedule

Your password has been changed and your new password is in effect.

- Click here to continue using ImmTrac

ImmTrac Customer Support (800) 348-9158

[Home · About · Contact Us · Sign-up]
[DSHS Recommended Immunization Schedule]
[DSHS Privacy Policy · ImmTrac Instruction Manual]

Texas Department of State Health Services
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Control Panel

- The password change will be confirmed
- Click the link to continue to use ImmTrac

Logging Into ImmTrac

- Enter **User ID**
- Enter **Password**
- Click the **Logon** button

Enter your User ID and Password below.

User ID

Password



ImmTrac Regular Mode

- The ImmTrac home page appears in **Regular ImmTrac Mode** as the default mode



If this is your first time using ImmTrac, notice the **Blue Menu Bar** above. These menu items will take you to the various functions of ImmTrac including [<< Lookup a Client >>](#).

Do not use the browser's back buttons to go to the previous page. ImmTrac is designed for you to use its specific navigation buttons.

Should you need assistance, our Customer Support number is displayed on the bottom of every screen.

Please select an operating mode:

- Disaster Mode
- First Responder Mode
- Regular ImmTrac Mode

ImmTrac Disaster Mode

- To expedite the entry of H1N1 vaccine administration, **Disaster Mode** should be selected
- To switch to Disaster Mode, click **Disaster Mode**
- The screen will automatically change to ImmTrac's Disaster Mode

The screenshot shows the ImmTrac Texas Immunization Registry homepage. At the top, there is a red navigation bar with links for Home, Logout, Options, Help, What's New?, and Preparedness. Below the navigation bar, the text "Welcome to ImmTrac!" is displayed. A red dotted arrow points from the "Disaster Mode" text in the list to the "Disaster Mode" radio button in the screenshot. The "Disaster Mode" radio button is selected and circled in red. Below the radio buttons, there are two buttons: "Add a Disaster Client" and "Search for a Client", separated by "OR".

ImmTrac
Texas Immunization Registry

Home Logout Options Help What's New? Preparedness

Welcome to ImmTrac!

Do not use the browser's back buttons to go to the previous page. ImmTrac is designed for you to use its specific navigation buttons.

Should you need assistance, our Customer Support number is displayed on the bottom of every screen.

Disaster: No Disaster

Add a Disaster Client OR Search for a Client

Please select an operating mode:

- Disaster Mode
- First Responder Mode
- Regular ImmTrac Mode

Searching for Clients

- To search for a client, first select the **Disaster** the client is involved in from the drop-down menu
- Click **Search for a Client**

The screenshot displays the ImmTrac Texas Immunization Registry homepage. At the top, there is a navigation bar with links for Home, Logout, Options, Help, What's New?, and Preparedness. Below the navigation bar, a welcome message reads "Welcome to ImmTrac!". A note advises users not to use the browser's back buttons. A "Disaster:" dropdown menu is set to "H1N1 Influenza 2009". Below this, there are two buttons: "Add a Disaster Client" and "Search for a Client", separated by "OR". At the bottom, there is a section for selecting an operating mode, with "Disaster Mode" selected.

ImmTrac
Texas Immunization Registry

Home Logout Options Help What's New? Preparedness

Welcome to ImmTrac!

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Should you need assistance, our Customer Support number is displayed on the bottom of every screen.

Disaster: H1N1 Influenza 2009

Add a Disaster Client OR Search for a Client

Please select an operating mode:

- Disaster Mode
- First Responder Mode
- Regular ImmTrac Mode

Searching for Clients

- ImmTrac offers three (3) search options:
 - *Quick Search*
 - *Basic Search*
 - *Smart Search*

Searching for Clients

■ *Quick Search*

- Is the default search type
- Expedites client searches while reducing keystrokes
- Allows retrieval of a client's ImmTrac record by entering the ImmTrac ID number or the Social Security number (SSN) and date of birth or the Medicaid number
- If the client's SSN or Medicaid numbers have not been provided to ImmTrac, the client's record will not be found using this criteria even though the child may already participate in ImmTrac

Searching for Clients

- **Quick Search**
 - Enter the client's **ImmTrac ID** or
 - **SSN** and **Date of Birth** or
 - **Medicaid Number**
 - Click **Perform Quick Search**

Quick Search Criteria			
ImmTrac ID	<input type="text"/>		
SSN	<input type="text"/>	/	<input type="text"/>
Date of Birth	<input type="text"/>	/	<input type="text"/>
Medicaid Number	<input type="text"/>		

Searching for Clients

- *Basic Search*
 - Allows a broader search for a record using the client's name, date of birth and sex

Searching for Clients

■ *Basic Search*

- Enter the client's **Last Name**
- Enter the **First Name**
- Enter the **Date of Birth**
- Select **Male** or **Female**
- Click **Perform Basic Search**

Basic Search Criteria

Last Name

First Name

Date of Birth / /

Sex Male Female

Searching for Clients

- *Smart Search*
 - Allows a user to enter additional client demographic information and utilize an intelligent matching algorithm to provide a greater chance of finding an existing ImmTrac client
 - If *Quick* and *Basic* searches do not find the client in ImmTrac, you can perform a more advanced search by using the *Smart Search* feature by entering additional client specific information.
 - Should always be used if a client is not found by a *Quick* or *Basic Search*

Searching for Clients

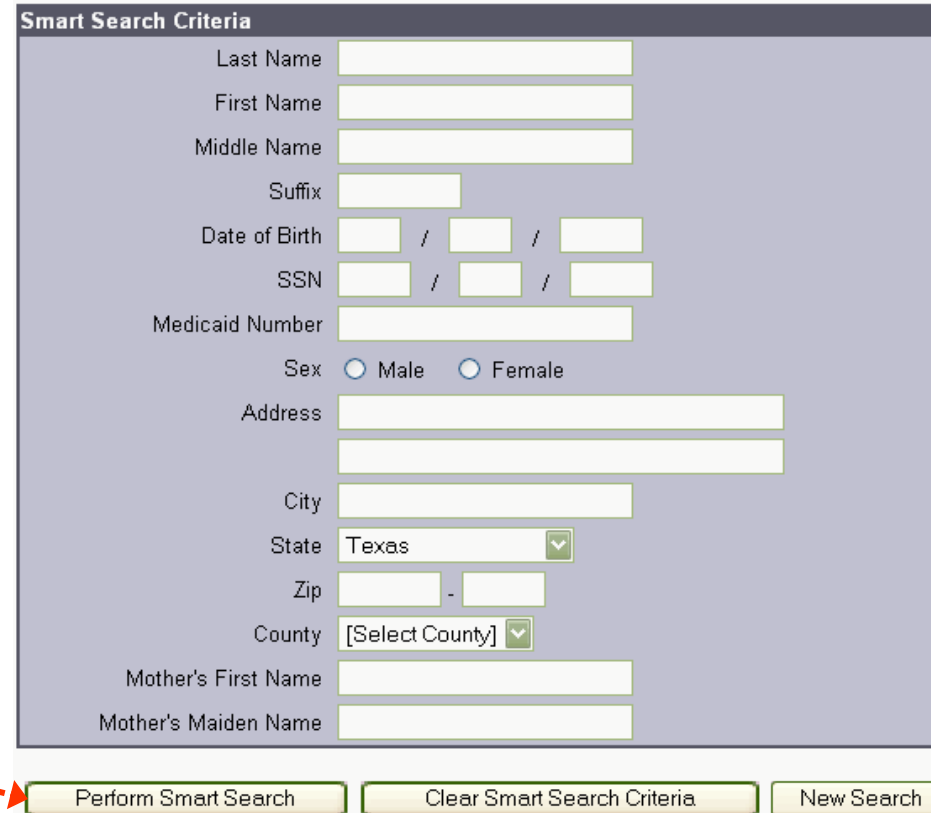
■ *Smart Search*

- Enter all known information

- Required:

- Last Name
- First Name
- Date of Birth
- Sex
- Address
- City
- State
- Zip
- County

- Click **Perform Smart Search**



The image shows a screenshot of a web form titled "Smart Search Criteria". The form contains several input fields for user information: Last Name, First Name, Middle Name, Suffix, Date of Birth (with slashes for month and year), SSN (with slashes for each part), Medicaid Number, Sex (radio buttons for Male and Female), Address (two lines), City, State (a dropdown menu currently showing "Texas"), Zip (with a hyphen for the middle digit), County (a dropdown menu currently showing "[Select County]"), Mother's First Name, and Mother's Maiden Name. At the bottom of the form, there are three buttons: "Perform Smart Search", "Clear Smart Search Criteria", and "New Search". A red dotted arrow points from the text "Click Perform Smart Search" in the list to the "Perform Smart Search" button.

Searching for Clients

- ImmTrac will list any clients that matched your *Quick, Basic* or *Smart Search* criteria
- Select the correct client by verifying the name, birth date, mother's first and maiden names, address, etc.
- Click on the client ID number in the **Choose Client** column to open the record

Only 1 client matched your **Basic Search** criteria.

Select the client to view or edit by clicking on the ImmTrac ID in the 'Choose Client' column. *Hint: If this is not the client you want, try a broader Basic Search or a Smart Search.*

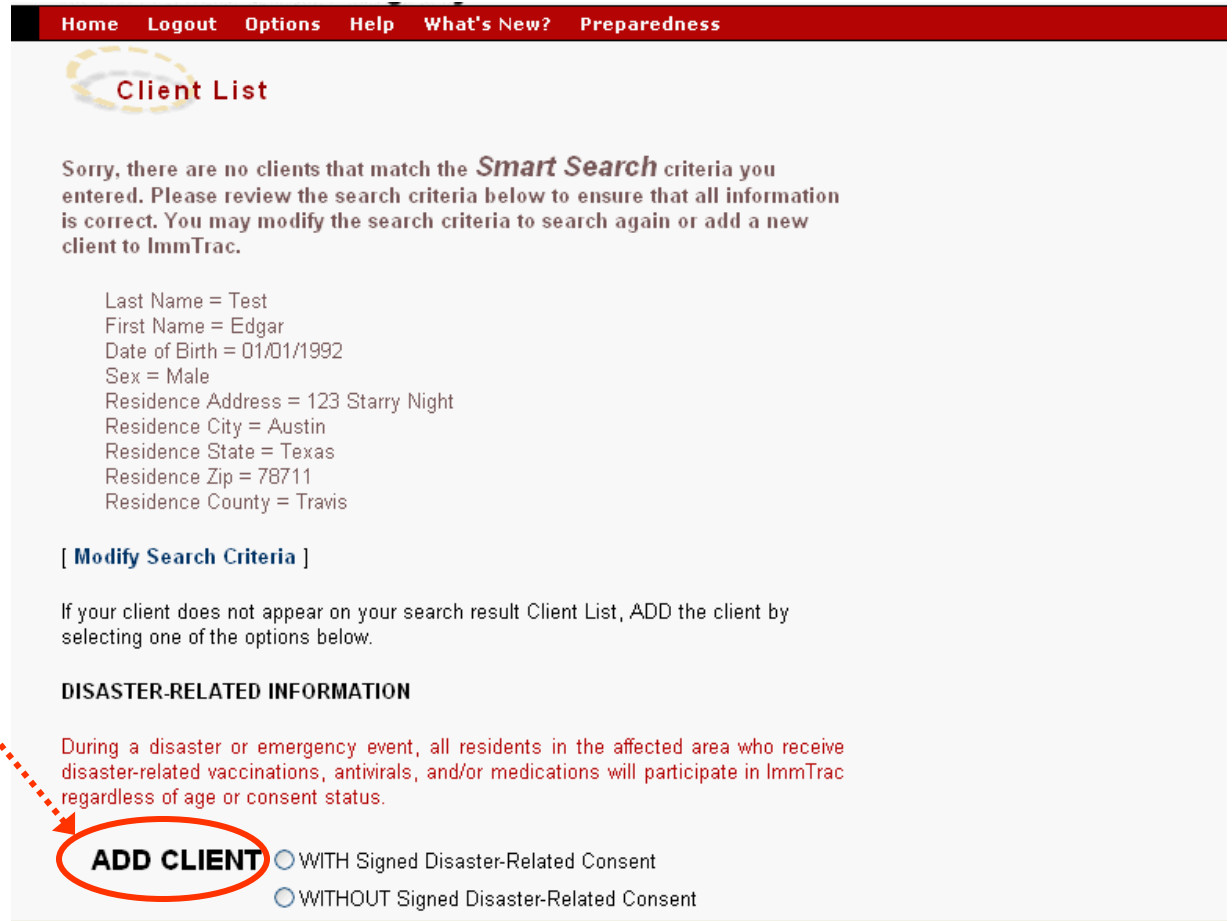
[[Modify Search Criteria](#)] [[Filter by Your Site's County](#)]

Choose Client	Client's Last Name	Client's First Name	Client's Middle Name	Suffix	Sex	Birth Date	Mother's First Name	Mother's Maiden Name	Address	City	County	Client's SSN	Client's Medicaid
320100844	SAMPLE	DEMO			F	03/14/2006			1515 PECAN ST	ARLINGTON	Tarrant		
End of Results													

[[Modify Search Criteria](#)] [[Filter by Your Site's County](#)]

Searching for Clients

- If the client is not found you may add the client **With or Without Disaster-Related Consent**



Home Logout Options Help What's New? Preparedness

Client List

Sorry, there are no clients that match the *Smart Search* criteria you entered. Please review the search criteria below to ensure that all information is correct. You may modify the search criteria to search again or add a new client to ImmTrac.

Last Name = Test
First Name = Edgar
Date of Birth = 01/01/1992
Sex = Male
Residence Address = 123 Starry Night
Residence City = Austin
Residence State = Texas
Residence Zip = 78711
Residence County = Travis

[[Modify Search Criteria](#)]

If your client does not appear on your search result Client List, ADD the client by selecting one of the options below.

DISASTER-RELATED INFORMATION

During a disaster or emergency event, all residents in the affected area who receive disaster-related vaccinations, antivirals, and/or medications will participate in ImmTrac regardless of age or consent status.

ADD CLIENT WITH Signed Disaster-Related Consent
 WITHOUT Signed Disaster-Related Consent

Adding Disaster Clients

- To add a client, first select the **Disaster** the client is associated with from the drop-down menu
- Click **Add a Disaster Client**

The screenshot shows the ImmTrac Texas Immunization Registry interface. At the top, there is a navigation bar with links for Home, Logout, Options, Help, What's New?, and Preparedness. Below the navigation bar, there is a welcome message: "Welcome to ImmTrac!". A note states: "Do not use the browser's back buttons to go to the previous page. ImmTrac is designed for you to use its specific navigation buttons." Another note says: "Should you need assistance, our Customer Support number is displayed on the bottom of every screen." Below these notes, there is a dropdown menu labeled "Disaster:" with "H1N1 Influenza 2009" selected. Below the dropdown menu, there are two buttons: "Add a Disaster Client" and "Search for a Client", separated by "OR". At the bottom, there is a section titled "Please select an operating mode:" with three radio button options: "Disaster Mode" (selected), "First Responder Mode", and "Regular ImmTrac Mode".

Adding Disaster Clients

- Enter required information on the Client Information screen
- Fields with a red checkmark are required
- Click **NEXT**

Required Additional Info Verification

✓ Required **CLIENT INFORMATION**

✓ Last Name: DEMO

✓ First Name: CLIENT

Middle Name:

Suffix:

✓ Date of Birth: 12 / 01 / 2000

✓ Sex: Male Female

SSN: / /

Medicaid #:

✓ Address: 987 CENTER ST

✓ City: AUSTIN

✓ State: Texas

✓ Zip: 78787 -

✓ County: Travis

✓ Country: UNITED STATES

[CLEAR](#) [NEXT](#)


Adding Disaster Clients

- Enter **Guardian Information, Mother's Information and Father's Information**, if applicable
- Click **NEXT**

Required	Additional Info	Verification
GUARDIAN INFORMATION		
Last Name:	<input type="text" value="DEMO"/>	
First Name:	<input type="text" value="MOTHER"/>	
Middle Name:	<input type="text"/>	
Suffix:	<input type="text"/>	
Relationship:	<input type="text" value="Mother"/> <input type="button" value="v"/>	
Phone Number:	<input type="text" value="(512)"/> <input type="text" value="555"/> - <input type="text" value="1234"/>	
<hr/>		
MOTHER'S INFORMATION		
Last Name:	<input type="text" value="DEMO"/>	
First Name:	<input type="text" value="MOTHER"/>	
Middle Name:	<input type="text"/>	
Maiden Name:	<input type="text" value="SAMPLE"/>	
Date of Birth:	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="1970"/>	
<hr/>		
FATHER'S INFORMATION		
Last Name:	<input type="text" value="DEMO"/>	
First Name:	<input type="text" value="FATHER"/>	
Middle Name:	<input type="text"/>	
<hr/>		
CLEAR	PREVIOUS <input type="button" value="▶"/> NEXT	

Adding Disaster Clients

- Review information for accuracy
- Click **Edit** to correct any errors or add additional information
- When all information is entered and accurate, click **Continue**

Required	Additional Info	Verification
REVIEW CLIENT INFORMATION EDIT		
Name:	CLIENT DEMO	
Date of Birth:	12/01/2000	
Sex:	Male	
SSN: --	Medicaid #	
Address:	987 CENTER ST	
City,State,Zip:	AUSTIN, TX, 78787	
County:	Travis	
Country:	UNITED STATES	
<hr/>		
REVIEW GUARDIAN INFORMATION EDIT		
Name:	MOTHER DEMO	
Relationship:	Mother	
Phone Number:	(512) 555 - 1234	
<hr/>		
REVIEW MOTHER'S INFORMATION EDIT		
Name:	MOTHER DEMO	
Maiden Name:	SAMPLE	
Date of Birth:	06/01/1970	
<hr/>		
REVIEW FATHER'S INFORMATION EDIT		
Name:	FATHER DEMO	
PREVIOUS  CONTINUE		

Adding Disaster Clients

- If there are any **potential matches** in the system, the Potential Match List screen will show a list of clients that could potentially match the client you are adding

Potential Match List

1 additional match has been found.

The system has determined that the client record you are adding may already exist in ImmTrac. The Potential Match List below shows only clients not previously displayed on the Client List screen, including clients currently pending consent verification (PV). Select "[View Details](#)" to view the client's information. If you select the ImmTrac ID for a client below you will either leave the Client Add process to work with a current ImmTrac client record OR be allowed to "[affirm](#)" consent for a client that is currently pending consent verification. If you find a match, select the ImmTrac ID and the information previously entered will be cancelled.

	ImmTrac ID	Client Type	Client's Last Name	Client's First Name	Client's Middle Name	Suffix	Sex	Birth Date	Mother's Maiden Name	Address	City	County	Guardian Last Name	Guardian First Name	Client's Race	Client's SSN	Client's Medicaid
View Details	320115784	DC	DEMO	CLIENT			M	12/01/2000	SAMPLE	987 CENTER ST	AUSTIN	Travis	DEMO	MOTHER			
End of Results																	

If you determine that the potential match clients listed above do not match the client for whom you are searching, proceed by clicking the "[Add New Client](#)" button below. The "[Cancel](#)" button will return you to the previous screen.

[Add New Client](#) [Cancel](#) [Help](#)

Adding Disaster Clients

- To verify that a potential match* is the same person as the client you are adding, click **View Details**

**It is important to carefully review any potential matches that appear to avoid duplication of client records*

	ImmTrac ID	Client Type	Client's Last Name	Client's First Name	Client's Middle Name	Suffix	Sex	Birth Date	Mother's Maiden Name	Address	City	County	Guardian Last Name	Guardian First Name
View Details	20115784	DC	DEMO	CLIENT			M	12/01/2000	SAMPLE	987 CENTER ST	AUSTIN	Travis	DEMO	MOTHER
End of Results														

If you determine that the potential match clients listed above do not match the client for whom you are searching, proceed by clicking the "Add New Client" button below. The "Cancel" button will return you to the previous screen.

Add New Client

Cancel

Help

Adding Disaster Clients

- A pop-up box displays the client details including name, date of birth, address, guardian information, and confidential information
- Use this information to verify that a potential match is the same person you are adding
- Click **Return to Potential Match List** when finished

Potential Match List

1 additional match has been found.

The system has determined that the client information below shows only clients pending consent verification (PV). See the ID for a client below you will either be allowed to "affirm" consent for a client or be allowed to "deny" consent for a client. The ImmTrac ID and the information p...

	ImmTrac ID	Client Type	Client's Last Name
View Details	320115784	DC	DEMO

End of Results

If you determine that the potential match is not the same person, you may proceed by clicking the "Add New Client" button.

Add New Client

Return to Potential Match List

Client Information

Name	DEMO, CLIENT	Age	8 years 8 months
DOB	12/01/2000	Race	
Sex	M	OM Status	N
ImmTrac ID	320115784	Disaster Consent	Y
Client Type	Disaster Consented (DC)		

Preparedness

Responder Status	Not associated
Disaster	H1N1 Influenza 2009

Address

Address	987 CENTER ST
City	AUSTIN
State	TX
Zip	78787
County	Travis
Country	US

Guardian Last Name	Guardian First Name
MO	MOTHER

Adding Disaster Clients

- If you determine the potential match *is* the same person you are adding, click the client ID number in the **ImmTrac ID** column to open the record
- If the potential match *is not* the same person and you wish to add the new client, click **Add New Client**

	ImmTrac ID	Client Type	Client's Last Name	Client's First Name	Client's Middle Name	Suffix	Sex	Birth Date	Mother's Maiden Name	Address	City	County	Guardian Last Name	Guardian First Name
View Details	320115784	DC	DEMO	CLIENT			M	12/01/2000	SAMPLE	987 CENTER ST	AUSTIN	Travis	DEMO	MOTHER
End of Results														

If you determine that the potential match clients listed above do not match the client for whom you are searching, proceed by clicking the "Add New Client" button below. The "Cancel" button will return you to the previous screen.

Adding Disaster Clients

- The Consent Affirmation screen is the last step for adding a new client
- If the client has granted consent to retain the information beyond the mandated five year retention period, select the top option to add the disaster-related client **with** consent
- Click **Affirm**

Consent Affirmation

Affirm Inclusion of Disaster-Related Client:

Add disaster-related client **with** consent to retain disaster information beyond the minimum retention period

Add disaster-related client **without** consent to retain disaster information beyond the minimum retention period

Associate Client With A Disaster:

H1N1 Influenza 2009

Affirm **Cancel** **Help**

Adding Disaster Clients

- If the client has not granted consent to retain the information beyond the mandated five year retention period, select the bottom option to add the disaster-related client **without** consent
- Click **Affirm**

Consent Affirmation

Affirm Inclusion of Disaster-Related Client:

Add disaster-related client **with** consent to retain disaster information beyond the minimum retention period

Add disaster-related client **without** consent to retain disaster information beyond the minimum retention period

Associate Client With A Disaster:

H1N1 Influenza 2009

Affirm **Cancel** **Help**

Adding Disaster Clients

- Screen displays the new client's and user site information
- If consent to retain disaster-related information was granted:
 - DO NOT fax or mail consent forms to ImmTrac
 - DSHS recommends filing the signed consent form with the client's medical record
- Click **Add Disaster Client** to begin adding another client

Consent Affirmation Confirmation

[Add Disaster Client](#) [View This Disaster Client](#)

A record for the following "disaster-related" client has been successfully **added**:

Immtrac Record ID: 320115784
Name: DEMO, CLIENT
DOB: 12/01/2000
Associated Disaster: H1N1 Influenza 2009

The following Immtrac user has **affirmed** "Disaster-Only" consent for ImmTrac participation on 8/26/2009 5:24:12 PM:

Site Name: Austin-Travis Cnty Clinic
Site Address: 15 Waller St. Austin 78702
Site Phone: (512) 444-5555
User ID: LLEBRUN
PFS Number: 1100190007

Provider site should retain the signed consent form(s) in the client's medical record. Please **DO NOT** fax consent form(s) to ImmTrac.

Adding Disaster Clients

- When adding multiple clients, the **Add A Client** screen allows users reporting electronically to rapidly add clients to ImmTrac

ADD A CLIENT

Required **Additional Info** **Verification**

CLIENT INFORMATION

Required

Does this client have the same address as the client previously added?

Last Name:

First Name:

Middle Name:

Suffix:

Date of Birth: / /

Sex: Male Female

SSN: / /

Medicaid #:

Address:

City:

State: Texas

Zip: -

County: [Select County]

Country: UNITED STATES

[CLEAR](#) [NEXT](#)

Adding Disaster Clients

- Check the box at the top left of the screen to pre-fill the last address entered into current client's information
 - Make sure clients reside at the same address before checking box
 - Enter additional information for the client (last name, first name, date of birth ...)
 - Click **NEXT**

ADD A CLIENT

Required Additional Info Verification

Required CLIENT INFORMATION

Does this client have the same address as the client previously added?

✓ Last Name:

✓ First Name:

Middle Name:

Suffix:

✓ Date of Birth: / /

✓ Sex: Male Female

SSN: / /

Medicaid #:

✓ Address:

✓ City:

✓ State:

✓ Zip: -

✓ County:

✓ Country:

[CLEAR](#) [NEXT](#)

Adding Disaster Clients

- Click **View This Disaster Client** to go to the Client Detail screen to add antivirals, immunizations or medications (AIMs)
 - Select this link to view the Client Detail screen

Consent Affirmation Confirmation

A record for the following "disaster-related" client has been successfully **added**:

Immtrac Record ID: 320115784
Name: DEMO, CLIENT
DOB: 12/01/2000
Associated Disaster: H1N1 Influenza 2009

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Provider site should retain the signed consent form(s) in the client's medical record. Please **DO NOT** fax consent form(s) to ImmTrac.

Reporting AIMs

- The Client Detail screen allows you to, view and add AIMs by clicking on the AIMs link located in the menu bar on the left side of the page

ImmTrac
Client Detail

Name TEST, ELAINE
DOB 01/01/1991 **Age** 18 years 8 months
Sex F **Race**
ImmTrac ID 320117783 **OM Status** N
Client Type Disaster Unconsented (DU)
Disaster Consent Granted? N

Monday, September 14, 2009 [Client List](#) · [Modify Search Criteria](#) · [Edit Above Info](#) · [Help](#)

[Logout](#)
[Home](#)
[Client Info](#)
[Preparedness](#)
[Address](#)
[Guardian](#)
[Comments](#)
[Confidential](#)
[Immunizations](#)
[Imm Schedule](#)
[AIMs](#)

You may "Affirm" OR "Print and Affirm" other necessary consent for this client's ImmTrac participation by clicking one of the two buttons below.

Preparedness Information
Responder Status Not associated
Disaster H1N1 Influenza 2

[Associate Client with a Disaster](#)

Address
Address 123 STARRY NIGHT
City AUSTIN
State TX
Zip 78711
County Travis
Country US
Phone
OK to Contact? Not Specified
Num of Recall Attempts 0

Reporting AIMs

The AIM block is located at the bottom of the Client Detail screen below the Immunization Schedule

ImmTrac
Client Detail

Name TEST, ELAINE
DOB 01/01/1991 **Age** 18 years 8 months ⓘ
Sex F **Race**
ImmTrac ID 320117783 **QM Status** N
Client Type Disaster Unconsented (DU)
Disaster Consent Granted? N

Monday, September 14, 2009 [Client List](#) · [Modify Search Criteria](#) · [Edit Above Info](#) · [Help](#)

- ▶ Logout
- ▶ Home
- ▶ Client Info
 - Preparedness
 - Address
 - Guardian
 - Comments
 - Confidential
 - Immunizations
 - Imm Schedule
 - AIMs

Anti-virals, Immunizations & Medications (AIMs) (Click [here](#) to view the AIM table)

H1N1 Influenza 2 ▶ [Show More](#)

Edit AIM	AIM Description	Date Administered	Age at Administration	Dose Form	PFS
----------	-----------------	-------------------	-----------------------	-----------	-----

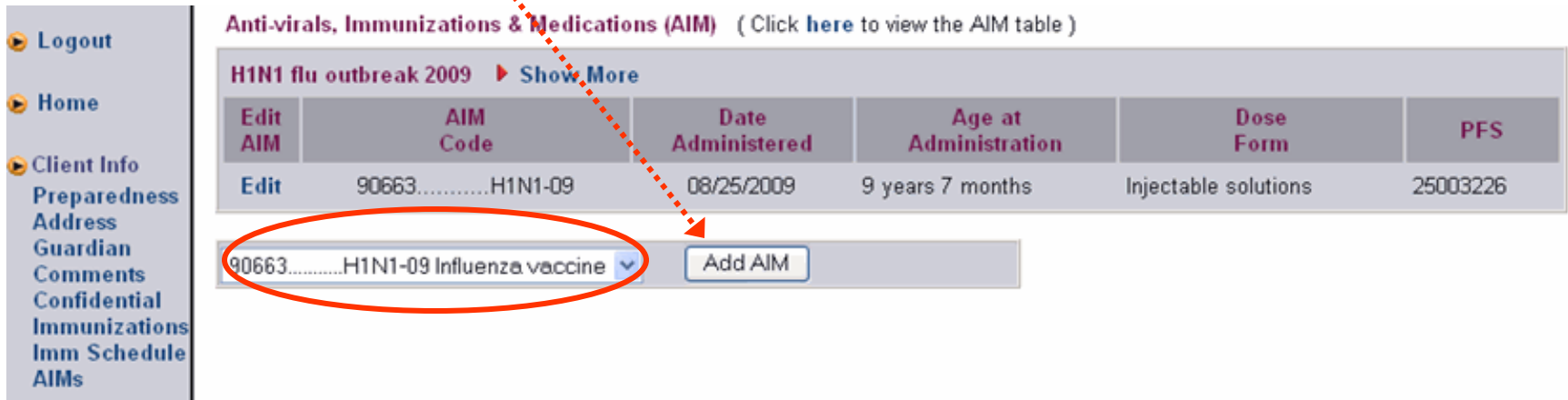
Helen's second test AIM ▼

ImmTrac Customer Support (800) 348-9158

Texas Department of State Health Services
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Reporting AIMs

- To add an AIM, select the appropriate AIM from the drop-down menu
- Click **Add AIM**



Anti-virals, Immunizations & Medications (AIM) (Click [here](#) to view the AIM table)

H1N1 flu outbreak 2009 [Show More](#)

Edit AIM	AIM Code	Date Administered	Age at Administration	Dose Form	PFS
Edit	90663.....H1N1-09	08/25/2009	9 years 7 months	Injectable solutions	25003226

90663.....H1N1-09 Influenza vaccine

Reporting AIMs

- Indicate **Yes** or **No** for **Current Dose?**
- Enter the **Date Administration**
- Select the **Manufacturer**, **Lot Number**, and **Tier Group** from the drop-down menus
- Enter the **Point of Dispensing**
- Select the **Dose Form** and **Administration Route** from the drop-down menus
- Click **Save and Exit**

Add Client AIMs

Disaster	H1N1 flu outbreak 2009
AIM Code	90663.....H1N1-09 Influenza vaccine
Current Dose? ✓	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date Administered ✓	09 / 01 / 2009 (MM/DD/YYYY)
Manufacturer ✓✓	[Select a Manufacturer]
Lot Number ✓✓	[Select a Lot Number]
PFS Number ✓✓	0000040002
Tier Group	[Select Tier Group]
Point of Dispensing	ABC
Dose Form	[Select Dose Form]
Administration Route	[Select Admin Route]
Save Save and Exit Clear Cancel	

Reporting AIMs

- Return to the AIM section of the Client Detail screen
- Add additional AIM information if applicable

- ▶ Client Info
 - Preparedness
 - Address
 - Guardian
 - Comments
 - Immunizations
 - Imm Schedule
 - AIMs**
- ▶ Immunization
 - History Record
 - Clinician
 - Parent

Anti-virals, Immunizations & Medications (AIMs) (Click [here](#) to view the AIM table)

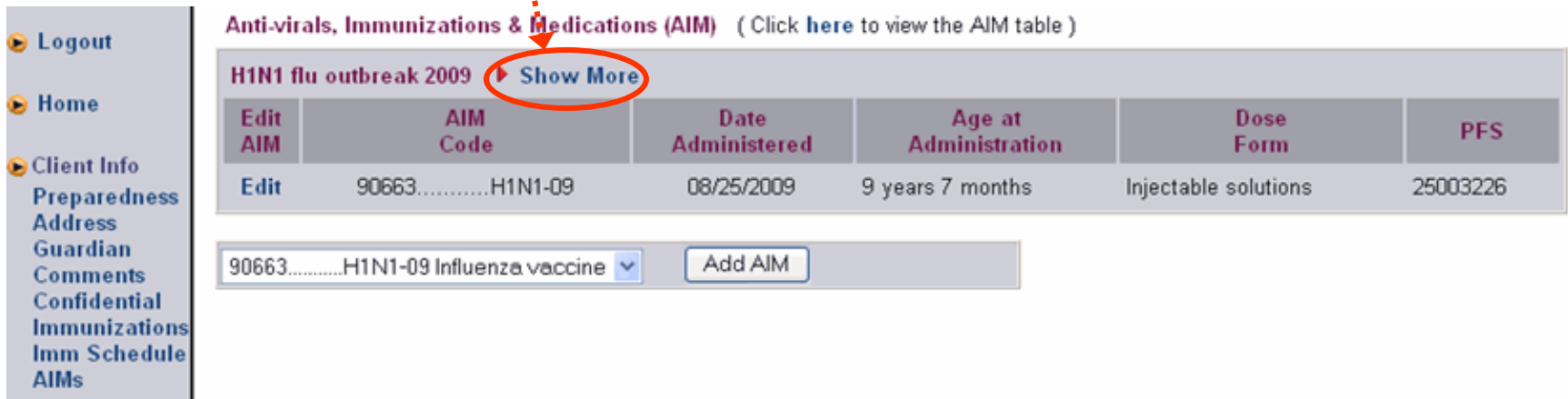
H1N1 flu outbreak 2009 ▶ Show More

Edit AIM	AIM Code	Date Administered	Age at Administration	Dose Form	PFS
Edit	90663	09/03/2009	58 years 11 months	Injectable solutions	1100190007
Edit	TAMIF	09/03/2009	58 years 11 months	Tablets	1100190007

AMENT.....Amentadine

Reporting AIMs

- Click **Show More** to view more details on existing AIMs



Anti-virals, Immunizations & Medications (AIM) (Click [here](#) to view the AIM table)

Edit AIM	AIM Code	Date Administered	Age at Administration	Dose Form	PFS
Edit	90663.....H1N1-09	08/25/2009	9 years 7 months	Injectable solutions	25003226

90663.....H1N1-09 Influenza vaccine

Reporting AIMs

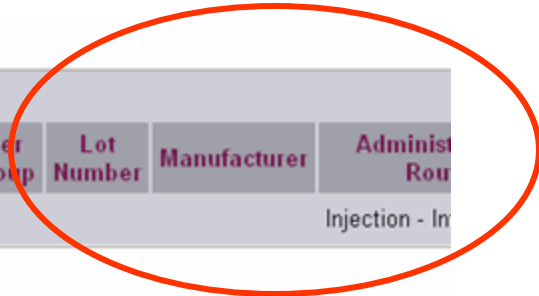
- More details appear on the right side

Anti-virals, Immunizations & Medications (AIM) (Click [here](#) to view the AIM table)

H1N1 flu outbreak 2009 (Show Less)

Edit AIM	AIM Code	Date Administered	Age at Administration	Dose Form	PFS	Tier Group	Lot Number	Manufacturer	Administration Route
Edit	90663.....H1N1-09	08/25/2009	9 years 7 months	Injectable solutions	25003226				Injection - In

90663.....H1N1-09 Influenza vaccine (dropdown)



- Scroll to the right to view this information

s, Immunizations & Medications (AIM) (Click [here](#) to view the AIM table)

outbreak 2009 (Show Less)

AIM Code	Date Administered	Age at Administration	Dose Form	PFS	Tier Group	Lot Number	Manufacturer	Administration Route
63.....H1N1-09	08/25/2009	9 years 7 months	Injectable solutions	25003226				Injection - Intracardiac

.....H1N1-09 Influenza vaccine (dropdown)

Reporting AIMs

- To enter another Disaster Client
 - Click **Home** on the left menu

The screenshot shows the ImmTrac Client Detail page for Elaine Test. The page includes a navigation menu on the left, a header with client information, a consent section, preparedness information, and address details.

ImmTrac Client Detail	Name TEST, ELAINE	Age 18 years 8 months
	DOB 01/01/1991	Race
	Sex F	OM Status N
	ImmTrac ID 320132461	Client Type Disaster Unconsented (DU)
	Disaster Consent Granted? N	
	Thursday, September 03, 2009 Client List · Modify Search Criteria · Edit Above Info · Help	

You may "Affirm" OR "Print and Affirm" other necessary consent for this client's ImmTrac participation by clicking one of the two buttons below.

Preparedness Information

Responder Status Not associated
Disaster H1N1 flu outbreak 2009

[Associate Client with a Disaster](#)

Address

Address 123 STARRY NIGHT
City AUSTIN
State TX
Zip 78711
County Travis
Country US
Phone
OK to Contact? Not Specified
Num of Recall Attempts 0

[Edit Address Information](#)

Electronic Reporting Interface

Electronic Reporting Interface

Creating Electronic Reporting Interface Files

Electronic Reporting Interface Files can be created in one of three ways:

- Standard Import Data File Process
- Delimited File Format
- Excel Spreadsheet Template

Electronic Reporting Interface

Standard Import Data File Process

Providers *Currently* Reporting to ImmTrac

- Use current data fields to create import files. The correct entry for the H1N1 vaccine CPT code is 90663 and the CVX code is 128 (*this code is used for all formulations of the H1N1-09 vaccine*)

Electronic Reporting Interface

Standard Import Data File Process

New Providers Reporting to ImmTrac for the first time

- Some clinical software will support generation of a data extract file that can be imported to ImmTrac. To obtain the *ImmTrac Electronic Transfer Standards for Providers*, please ask your software vendor or IT staff to contact ImmTrac Customer Support via email at ImmTrac@dshs.state.tx.us (please type *ImmTrac Electronic Standards for Providers* in the subject line) or via telephone at 1-800-348-9158

Electronic Reporting Interface

Delimited File Format Process

- If you are a new provider not currently reporting to ImmTrac, the ImmTrac Group recommends the use of the Delimited File Format Process
- The Delimited File Format Process requires the extraction of data from your clinical software

Electronic Reporting Interface

Delimited File Format Process

AIMs DELIMITED FILE FORMAT SPECIFICATIONS

If you choose to submit using the delimited file format -- following are the fields we request, in the order that our system requires for importation. Required fields are grayed out. The optional fields are requested because they can be instrumental in our matching algorithm, so it is optimal if you can include them.

LAST NAME	Required field	Up to 20 characters. Hyphens and apostrophes are ok, no other punctuation please.
FIRST NAME	Required field	Up to 20 characters. Hyphens and apostrophes are ok, no other punctuation please.
MIDDLE NAME		If your software captures this information, please include it – up to 20 characters. Hyphens and apostrophes are ok, no other punctuation please.
SSN		If your software captures this information, please include it – 9 digits, no dashes.
GENDER	Required field	Only one character, M or F
MEDICAID NUMBER		If your software captures this information, please include it – 9 digits, no dashes.
DATE OF BIRTH	Required field	Acceptable formats: MMDDYYYY or YYYYMMDD
ADDRESS LINE 1	Required field	Up to 32 characters.
ADDRESS LINE 2		If applicable and if your software captures this information, please include it. Example: Apt 1
CITY	Required field	Up to 20 characters, no abbreviations please.
ZIP CODE	Required field	5 digit only please, no –0000 extensions.
DRUG/VACC CODE	Required field	This is the usual field utilized for reporting the CPT or CVX code. See footnote A for the codes for the H1N1 immunization. Due to the fact that there are no CPT or CVX codes for antivirals, we have created alpha codes to be used for each of the four antivirals as noted in footnote B.
DATE DISPENSED	Required field	Date the drug or vaccine was given. Acceptable formats: MMDDYYYY or YYYYMMDD. (This is the date the drug or immunization is actually given to someone, not the date a prescription is written.)
IMMTRAC PROVIDER NUMBER	Required field	Your site must be registered with ImmTrac and have a Provider Facility Site (PFS) 10-digit ID number.

Required fields are highlighted in gray

Electronic Reporting Interface

Delimited File Format Process

IMMTRAC PROVIDER NUMBER	Required field	Your site must be registered with ImmTrac and have a Provider Facility Site (PFS) 10-digit ID number.
DRUG LOT NUMBER	Required field	Up to 10 characters
MANUFACTURER CODE	Required field	This is the code the CDC uses for drug manufacturers, link: http://www.cdc.gov/vaccines/programs/iis/stds/downloads/h17-mvx.pdf .
DATA RETENTION BEYOND 5 YRS	Required Field	Did the patient, or patient's representative, consent to retain their data beyond the mandated five years by signing the DISASTER INFORMATION RETENTION CONSENT FORM ? Y or N (Above referenced form is kept by the Provider.)

A. Following are the CPT and CVX codes designated for the H1N1 vaccine by the CDC:

Active (NEW JULY 30, 2009)	90663 (NEW JULY 30, 2009)	Influenza virus vaccine, pandemic formulation (NEW JULY 30, 2009)	128* (125,126,127) (NEW JULY 30, 2009)	Novel Influenza-H1N1-09, All formulations (NEW JULY 30, 2009)
-------------------------------	------------------------------	--	--	--

*CVX code 128 is used for all formulations of Influenza, H1N1-09 vaccine. There are 3 other CVX codes for this vaccine (125- live nasal, 126-injectable-preservative free and 127-injectable). These also map to this CPT code. In practice, CPT 90663 shall be mapped to CVX 128. If the vaccine is stored in the registry as one of the other vaccines (CVX 125,126 or 127) and the registry must send a CPT code to another system, then use CPT code 90663.

Source: CDC website at -- <http://www.cdc.gov/vaccines/programs/iis/stds/cpt.htm>

B. Following are the 5-character alpha codes that ImmTrac has assigned to the 4 antivirals:

Name	Alpha Code
TAMIFLU_CAP	TAMIF
TAMIFLU_SUS	TAMIS
RELENZA	RELEN
AMENTADINE	AMENT

Electronic Reporting Interface

Delimited File Format Process

- To obtain additional information on reporting to ImmTrac using the *Delimited File Format Process* please ask your software vendor or IT staff to contact ImmTrac Customer Support via email at ImmTrac@dshs.state.tx.us (please type *Delimited File Format Process* in the subject line) or contact ImmTrac Customer Support via telephone at 1-800-348-9158

Electronic Reporting Interface

Excel Spreadsheet Template

The fields for the *Excel Spreadsheet Template* include:

- First Name
- Last Name
- Middle Name
- SSN
- Gender
- Medicaid Number
- Date of Birth
- Address
- City
- Zip Code
- Drug/Vacc Code
- Date Dispensed
- ImmTrac Provider Number
- Drug/Vacc Lot Number
- Manufacturer Code
- Disaster Retention Consent Form

Electronic Reporting Interface

Excel Spreadsheet Template

To Use the Spreadsheet

- Required fields are highlighted in gray
- Place the cursor in any box to show a brief message instructing what to put in the box. It also indicates if it is a required field or not.

Electronic Reporting Interface

Excel Spreadsheet Template

	A	B	C	D	E	F	G	H
1	LAST NAME	FIRST NAME	MIDDLE NAME	SSN	GENDER	MEDICAID NUMBER	DATE OF BIRTH	ADDRESS LINE 1
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								

Required:
Enter patient's last name up to 20 characters. Hyphens and apostrophes are ok, no other punctuation please.

Electronic Reporting Interface

Excel Spreadsheet Template

- To obtain additional information on reporting to ImmTrac using the *Excel Spreadsheet Template Process*, please ask your software vendor or IT staff to contact ImmTrac Customer Support via email at ImmTrac@dshs.state.tx.us (please type *Excel Spreadsheet Template Process* in the subject line) or contact ImmTrac Customer Support via telephone at 1-800-348-9158

Submitting Electronic Reporting Interface Files

Submitting Electronic Reporting Interface Files

HIPAA regulations require that ImmTrac accept electronic files through one of the two following methods

- Upload through secure FTP
- Import through the ImmTrac Application

Please DO NOT send any files via email

Disaster Information Retention Consent Form

Disaster Information Retention Consent Form

The Disaster Information Retention Consent form can be used for the following purposes:

- Provider administration information
- Collection of demographic information
- Notification that information regarding receipt of the vaccine will be reported to the state through ImmTrac
- Obtaining consent to retain disaster-related information in ImmTrac past the mandatory 5 year retention period

Disaster Information Retention Consent Form

Providers can record drug or antiviral dispensed



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
IMMUNIZATION REGISTRY (ImmTrac)
DISASTER INFORMATION RETENTION CONSENT FORM

FAX TO: (866) 624-0180

Drugs Dispensed	Dispensing Site	
<input type="checkbox"/> Amantadine		
<input type="checkbox"/> Tamiflu (suspension)		
<input type="checkbox"/> Tamiflu		
<input type="checkbox"/> Relenza	Date: _____	
<input type="checkbox"/> H1N1 Administered		(mm/dd/yy)

(For Clinic/Office Use)

(Please print clearly)

Client's Last Name											
Client's First Name						Client's Middle Name					
Client's Date of Birth				* A parent, legal guardian or managing conservator must sign this form if the client is less than 18 years of age.				Client's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Client's Address						Apartment #			Telephone		
City						State		Zip Code		County	
Mother's First Name (if client is less than 18 years of age)						Mother's Last Name (if client is less than 18 years of age)					

Demographic information can be obtained for each client

Disaster Information Retention Consent Form

Clients can be notified that individually identifiable information will be reported to the state and retained for 5 years upon receipt of the vaccine

ImmTrac, the Texas immunization registry, has been designated as the disaster-related reporting and tracking system for other medications administered to individuals in preparation for, or in response to, a disaster or public health emergency declared over. ImmTrac will retain disaster-related information received from health care providers for a period of 5 years. After the retention period, client-specific disaster-related information will be removed from the Registry unless consent is granted to retain information in ImmTrac beyond the 5 year retention period.

The Texas Department of State Health Services (DSHS) encourages your voluntary participation in the Texas immunization registry.

Consent for Retention of Disaster-Related Information and Release of Information to Authorized Entities

I understand that, by granting the consent below, I am authorizing retention of my (or my child's) disaster-related information by DSHS beyond the 5 year retention period. I understand that DSHS will include this information in the state's central immunization registry ("ImmTrac"). Once in

ImmTrac, this information may by law be accessed by:

• State health care providers coordinating communicable disease prevention and control efforts, and/or

• State health care providers authorized to administer immunizations, antivirals, and other medications, for treating the client

• State health care providers authorized to administer immunizations, antivirals, and other medications, for treating the client
• Information in the ImmTrac Registry beyond the 5 year retention period and my consent to release this information in communication to the Texas Department of State Health Services, ImmTrac Group - MC

Clients can consent for their disaster-related information to remain in ImmTrac beyond the 5 yr retention period

Signing here gives that consent

I consent to retain my disaster-related information in the Texas immunization registry beyond the 5 year retention period.

Client (or parent, legal guardian or managing conservator): _____

Printed Name

Date _____

Signature _____

Disaster Information Retention Consent Form

- Please **DO NOT** fax or mail consent forms to ImmTrac
- Regardless of the method a provider uses to report the administration of the H1N1 vaccine to ImmTrac, DSHS recommends that signed Disaster Information Retention Consent Forms be filed with the client's medical record information

Note: These forms only need to be signed if clients want their disaster-related information retained in ImmTrac beyond the mandatory 5 year retention period

Addendum to 2009 H1N1 Vaccine Information Statement (VIS)

Addendum to 2009 H1N1 Vaccine Information Statement (VIS)

- The Texas Department of State Health Services Addendum to the 2009 H1N1 Inactivated Influenza Statement (VIS) can be used to obtain demographic information, a signature for receipt of the vaccine and to obtain consent for the retention of disaster-related information in ImmTrac beyond the 5 year mandatory retention period
- Each addendum is specific to the VIS it's attached to and is available in both English and Spanish

Addendum to 2009 H1N1 Vaccine



Texas Department of State Health Services Addendum to 2009 H1N1 Inactivated Influenza Vaccine Information Statement

1. I agree that the person named below will get the vaccine checked below.
2. I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine listed above.

I understand the risks of the disease this vaccine prevents.
I understand the benefits and risks of the vaccine.

I understand that to ask questions about the disease the vaccine prevents, the vaccine, and how the vaccine is given, the person named below will have the vaccine put in his/her body to prevent the disease this vaccine prevents. I legally consent for the person named below to get the vaccine. I freely and voluntarily give my consent for this vaccine.

I request the release of any medical or other information necessary to process the claim. I also request payment of any benefits to the party who accepts assignment.

Medicare Health Insurance Claim No.: _____

Information about person to receive vaccine (Please print)

First	Middle Initial	Birthdate (mm/dd/yy)	Sex (circle one) M F	
Mother's First Name (if client is less than 18 years of age)		Mother's Maiden Name (if client is less than 18 years of age)		
Address: Street	City	County	State TX	Zip
Age Group Category: (Check only one please)				
<input type="checkbox"/> 6-23 months	<input type="checkbox"/> 24-49 months	<input type="checkbox"/> 5-18 years		
<input type="checkbox"/> 19-24 years	<input type="checkbox"/> 25-49 years	<input type="checkbox"/> 50-64 years	<input type="checkbox"/> 65+ years	
Signature of person to receive vaccine or person authorized to make the request (parent or guardian)				Date: _____ (mm/dd/yy)
Witness				Date: _____ (mm/dd/yy)

For Clinic/Office Use Clinic/Office Address:
Date Vaccine Administered:
Vaccine Manufacturer:
Vaccine Lot Number:
Site of Injection:
Signature of Vaccine Administrator:
Title of Vaccine Administrator:
Dose Number: (Please check one) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Unknown

Demographic information and consent to receive the vaccine can be obtained

This area is for clinicians

Addendum to 2009 H1N1 Vaccine Information Statement (VIS)

Clients can consent for their disaster-related information to remain in ImmTrac beyond the 5 yr retention period

Consent for Retention of Disaster-Related Information and Release of Information
I understand that, by granting the consent below, I am authorizing retention of my (or my child's) disaster-related information by DSHS beyond the 5 year retention period. I further understand that DSHS maintains a central immunization registry ("ImmTrac"). Once in ImmTrac, my (or my child's) disaster-related information will be available to:
• a state agency, for the purpose of aiding and coordinating communicable disease prevention and control;
• a physician or other health care provider legally authorized to administer immunizations, antivirals, and other medical services to me (or my child) as a patient;
I understand that I may withdraw this consent to retain information in the ImmTrac Registry beyond the 5 years retention period at any time by written communication to the Texas Department of State Health Services, Immunization Branch - MC 1946, P.O. Box 149347, Austin, Texas 78714-9347.

By my signature below, I GRANT consent to retain my disaster-related information (or my child's information if under age 18) in the Texas immunization registry beyond the 5 year retention period.
Client (or parent, legal guardian or managing conservator): _____
Printed Name
Date (mm/dd/yy) _____ Signature _____

PRIVACY NOTIFICATION - With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Privacy Notice: I acknowledge that I have received a copy of my immunization provider's HIPAA Privacy Notice.
Notice: Alterations or changes to this publication is prohibited without the express written consent of the Texas Department of State Health Services, Immunization Branch.

Instructions: File this consent statement in the patient's chart.

Texas Department of State Health Services
C-93 (08/09)

CDC Pre-Licensure VIS Revision 08/26/09



Contact Information

- Non ImmTrac H1N1 questions –
Please dial **2-1-1**
- ImmTrac Customer Support – ImmTrac email ImmTrac@dshs.state.tx.us. Please indicate in subject line the nature of the question/problem or call 1-800-348-9158
 - Due to very heavy call volume email is the most reliable way to ensure your question(s) are received