

Massachusetts Immunization Information System (MIIS): A Lifespan Registry

Presented by:

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MIIS

18th Annual Massachusetts Adult Immunization Conference

Disclosures

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- The speaker has no financial interest or conflict with the manufacturer of any product named in this presentation.

Agenda

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- Benefits
- MHS Legislation
- Usage Update
- Current Functionality
- Next Version (soon to be released)
 - Immunization Registry Module Demonstration
 - Vaccine Management Module Overview
- Process for Coming on Board
- Resources

Benefits of the MIIIS

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- Secure, confidential, web-based system
- Lifespan registry that supports a complete set of immunization-related functions
 - Helps identify pockets of unimmunized and under-immunized children and adults
 - Assists providers with clinical decision making
- Provides infrastructure for tracking essential information during public health emergencies
- Will track approximately 3.2 million doses of vaccine distributed by MDPH annually

A Lifespan Registry...

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MIIS Legislation

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- Legislation passed in June 2010, charging MDPH to establish an immunization registry (M.G.L. c. 111, s.24M)
 - Mandatory reporting of all immunizations administered in the state
 - Access given to healthcare professionals that administer immunizations, schools, LBOH, WIC, and other state agencies' programs
- **Provider's Duty to Inform** *patients about the MIIS
- ***Patient's Right to Object to Data Sharing** across providers

*Parents/Guardians if patient is under 18 years of age

MIIS Usage as of May 15, 2013

Total Sites: 240 | Total Patients: 1,174,358 | Total Shots: 4,854,028



Adult Immunization Sites & MIIIS

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- MDPH prioritizing roll-out of MIIIS to
 - Community Health Centers
 - Local Boards of Health
 - Pharmacies
 - Community Vaccinators
- Key Partners
 - Massachusetts League of Community Health Centers (MLCHC)
 - Massachusetts Association of Public Health Nurses (MAPHN)
 - Massachusetts Pharmacists Association

MIIS Current Functionality

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- Access immunization histories
- Search for new patients
- Look up immunization forecasts
- Print Immunization Certificates for school, camp and/or employment requirements
- Run Reminder/Recall Reports
- Uni-directional data exchange, i.e. EHR → MIIS



Vaccine Management Module

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- New module within MHS, coming this summer
- Works independently of the registry module
- Integrated to automatically decrement inventory when shot reported to registry
- Transitioning to online:
 - Annual Enrollment
 - Vaccine Ordering
 - Inventory Tracking and Management
 - Vaccine Usage Reporting

MIS User Core Functions


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- Search for immunizations given by another provider
- Add/Edit Immunizations (paper record practices)
- Add Clinical Comments
- Look up immunization forecasts
- Change a patient's data sharing status
- Run Reminder/Recall Reports
- Vaccine Management
 - Practices who receive vaccine from MDPH


MIIS accessed through the Virtual Gateway – www.gateway.hhs.state.ma.us

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Executive Office of Health and Human Services - Virtual Gateway



Virtual Gateway



Welcome to the Virtual Gateway

Login

Username

Password (Case sensitive)

Login

Forgot Password

Virtual Gateway Customer Service

Monday through Friday
8:30 am to 5:00 pm
800-421-0938 (Voice)
617-847-6578 (TTY for the deaf and hard of hearing)



Important Messages

Login Assistance:
If you need additional help logging in or changing your password, please visit
<http://www.mass.gov/vg/loginassistance>.


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Opening Menu


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Massachusetts Immunization Information System

Logged in as: Demo User5 at Test Provider 5[Signout](#) [Home](#)

**Immunization Registry**

**Vaccine Management**


**Resources**

Welcome to the Massachusetts Immunization Information System.

Immunization registries are part of a national and statewide effort to increase childhood immunization rates. Immunization registries, which collect and consolidate records of vaccinations from multiple health care providers, are required by the Centers for Disease Control and Prevention(CDC) to:

- assist providers with ensuring that patients are up to-date with their immunizations;
- identify unimmunized and under immunized children; and
- provide the infrastructure needed for tracking essential information during natural disasters, influenza pandemics, bioterrorist events and other infectious disease emergencies.

[Known Issues](#)

 **Alerts**
Test: Test

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Patient Search Screen

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Massachusetts Immunization Information System

EOHHS

Mass.gov

Logged in as: Ccoppola at Metro MdpH Regional Office

[Signout](#)

[Home](#)

Manage Patients

Search

New Patient

Duplicate Patient Queue

Duplicate Shot Queue

Patient Reports

Reminder Recall

Search

Search Criteria

MIIIS ID:

*Last Name: First Name: Mother's Maiden Name:

City: Street Address:

Date of Birth:

Exact Date Only [Within a Range](#)

Medical Record Number:

Search Options

*Sort: Last Name

Sort Order: Ascending

Include Deceased Patients:

Search Clear Create New Patient

Search Results

4 record(s) found for the entered search criteria.

| Patient | Date of Birth | Street Address | Address Line 2 | City | State | Zip Code | Data Sharing Status | Provider |
|---------------------------------------|---------------|----------------|----------------|---------|-------|----------|---------------------|----------------------------|
| Test, Patient | 03/01/2012 | | | | | | Yes | Test Provider 3 |
| Test, Test | 01/01/2000 | | | | | | Yes | Provider Westford |
| Test, Caregiver Issue | 03/08/2000 | 22 MAIN ST | | NORWOOD | MA | 02062 | No | Metro MdpH Regional Office |
| Test, MmrV | 04/02/2000 | | | | | | Yes | Demo Provider 1 |

Create A Patient

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Massachusetts Immunization Information System



Mass.gov

Logged in as: Test User 3 at Test Provider 3

[Signout](#)

[Home](#)

Please note that if a patient has selected to have their Data Sharing status as NO, then providers will only have access to the shots entered into the MIIIS by members for their practice or organization even though there may be additional immunization records for this patient in the system. MIIIS will forecast for such a patient based only on the immunizations entered/visible to the logged in provider. Only the shots that the provider has entered will display on the immunization certificate.

Manage Patients

- Search
- **New Patient**
- Duplicate Patient Queue
- Duplicate Shot Queue

Patient Reports

- Reminder Recall

Create Patient

Save Cancel

Patient Demographics

Data Sharing Addresses Caregivers Provider Information Birth Information

Patient Demographics

*Last Name:

*First Name:

Middle Name:

Suffix:

Alias:

*Date of Birth:

Gender:

Ethnicity:

Race:

 Select as many as apply by holding Control key while you select.

Home Phone:

Work Phone:

Mobile Phone:

Email:

*VFC Eligibility:

VFC Status:

Insurer:

Contact Method:

Patient Demo

Patient Record

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Birth Date: 02/22/2007 Age: 6 yr 1 mo Gender: Female MRN: N/A MII\$ ID: 110 [Resolve Duplicate Patient](#)

Three Demo Address: 3050 South Street Jamaica Plain MA 02130 Phone: N/A

VFC Status: VFC-Not Eligible Insurance: N/A Data Sharing Status: Yes

Save Cancel

Patient Demographics Data Sharing Addresses Caregivers Provider Information Birth Information Immunizations Clinical Comments

Patient Demographics

*Last Name: Demo

*First Name: Three

Middle Name:

Suffix:

Alias:

*Date of Birth: 02/22/2007

Gender: Female

Date of Death:

Ethnicity: Select Ethnicity

Race: American Indian or Alaska Native
Asian
Black or African-American

Select as many as apply by holding Control key while you select.

Home Phone:

Work Phone:

Mobile Phone:

Email:

*VFC Eligibility: Insured(covers all recommended childhood and adolescent vaccines)

VFC Status: VFC-Not Eligible

Insurer: Select Insurance

Contact Method: Select Contact Type

Data Sharing Tab

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Birth Date: 03/01/2012 Age: 1 yr 1 mo Gender: N/A MRN: N/A MIIS ID: 143

Patient Test Address: N/A Phone: N/A

VFC Status: VFC-Not Eligible Insurance: N/A Data Sharing Status: Yes

Save Cancel

Patient Demographics **Data Sharing** Addresses Caregivers Provider Information Birth Information Immunizations Clinical Comments

Data Sharing

Declaration:

All data in the MIIS is available to the Massachusetts Department of Public Health for disease prevention and control.

A "Yes" status indicates that this client's immunization record may be shared with Massachusetts health care providers, schools, and other agencies as described in [M.G.L. c. 111, s.24M](#)

A "No" status limits access of the client's immunization information to only the health care provider site that entered the information into the system.

An "Unknown" status is reserved for historical immunization information where the MIIS has not yet been discussed with the client.

By changing a client's data sharing status, a MIIS user acknowledges that he/she has provided the MIIS Fact Sheet to the person receiving the vaccinations, or their parent/guardian, and has received a signed form indicating a desire to change their or their child's data sharing status in the MIIS. The MIIS Fact Sheet and form for changing one's data-sharing status can be downloaded at [MIIS Information for Parents and Patients](#).

Data Sharing Allowed:

☒ Yes

☐ No

☐ Unknown

Effective Date

03/14/2013 1:02 PM

Addresses Tab

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Birth Date: 03/01/2012 Age: 1 yr 1 mo Gender: N/A MRN: N/A MIIS ID: 143

Patient Test Address: 1234 Mulberry Lane Boston MA 02130 Phone: N/A

VFC Status: VFC-Not Eligible Insurance: N/A Data Sharing Status: Yes

Save Cancel

Patient Demographics Data Sharing **Addresses** Caregivers Provider Information Birth Information Immunizations Clinical Comments

Addresses

| Address Type | Street Address | City | State | Start Date | Action |
|-----------------------------|---------------------|-------------------|-------|------------|----------------------|
| Home | 1234 Mulberry Lane | Boston | MA | 04/24/2013 | Edit |
| <div>«««« «« « » »»»»</div> | | | | | |
| Add Permanent Address | Add Other Addresses | Show/Hide History | | | |

Addresses Tab (Cont'd)

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Addresses-Secondary [Close](#)

*Address Type:

Company

Company

Work (Secondary)

Mailing

Guardian

Other

Work

Vacation Home

*Street Address

Address Line 2:

*City:

*State:

*Zip Code:

Start Date:

04/24/2013

End Date:

☒

Receive Reminder/Recall

Save

Cancel

Caregivers Tab

20

Birth Date: 03/01/2012 Age: 1 yr 1 mo Gender: N/A MRN: N/A MIIS ID: 143

Patient Test Address: 1234 Mulberry Lane Boston MA 02130 Phone: N/A

VFC Status: VFC-Not Eligible Insurance: N/A Data Sharing Status: Yes

Save Cancel

Patient Demographics Data Sharing Addresses **Caregivers** Provider Information Birth Information Immunizations Clinical Comments

Caregivers

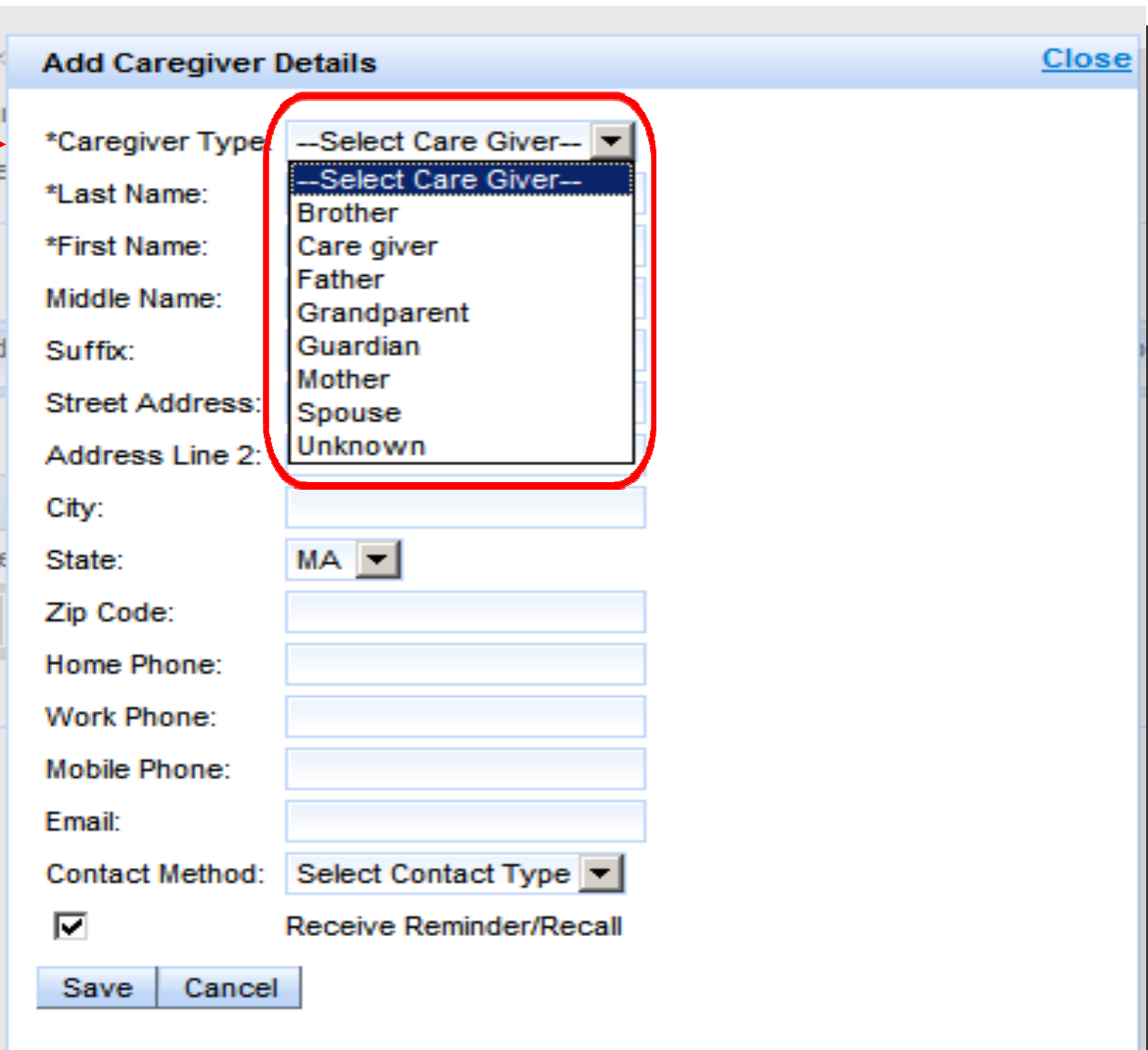
| Caregiver | Type | Street Address | City | State | Zip Code | Action |
|--------------|--------|--------------------|--------|-------|----------|---|
| Mother, Test | Mother | 1234 Mulberry Lane | Boston | MA | 02130 | Delete Edit |

Navigation buttons: <<<< << < > >> >>>>

Add Caregiver

Caregivers Tab (Cont'd)

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The screenshot shows a web form titled "Add Caregiver Details" with a "Close" link in the top right corner. A red arrow points to the "*Caregiver Type:" field, which has a dropdown menu open. The dropdown menu is highlighted with a red rectangle and contains the following options: "--Select Care Giver--", "Brother", "Care giver", "Father", "Grandparent", "Guardian", "Mother", "Spouse", and "Unknown". The form includes several other fields: "*Last Name:", "*First Name:", "Middle Name:", "Suffix:", "Street Address:", "Address Line 2:", "City:", "State:" (with a dropdown menu showing "MA"), "Zip Code:", "Home Phone:", "Work Phone:", "Mobile Phone:", "Email:", "Contact Method:" (with a dropdown menu showing "Select Contact Type"), and a checkbox labeled "Receive Reminder/Recall" which is checked. At the bottom of the form are "Save" and "Cancel" buttons.

Add Caregiver Details [Close](#)

*Caregiver Type: --Select Care Giver--
--Select Care Giver--
Brother
Care giver
Father
Grandparent
Guardian
Mother
Spouse
Unknown

*Last Name:
*First Name:
Middle Name:
Suffix:
Street Address:
Address Line 2:
City:
State: MA
Zip Code:
Home Phone:
Work Phone:
Mobile Phone:
Email:
Contact Method: Select Contact Type
☒ Receive Reminder/Recall
Save Cancel

Provider Information Tab

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Birth Date: 03/01/2012 Age: 1 yr 1 mo Gender: N/A MRN: N/A MIIS ID: 143

Patient Test Address: 1234 Mulberry Lane Boston MA 02130 Phone: N/A

VFC Status: VFC-Not Eligible Insurance: N/A Data Sharing Status: Yes

Save Cancel

Patient Demographics Data Sharing Addresses Caregivers **Provider Information** Birth Information Immunizations Clinical Comments

Provider Information

Providers: METRO MDPH REGIONAL OFFICE

Provider Name: METRO MDPH REGIONAL OFFICE

Medical Record Number:

Status at provider: Active

☐ Primary Care Facility

PCP Name:

Provider Practice Type: Other (Private)

Birth Information Tab

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Birth Date: 03/01/2012 Age: 1 yr 1 mo Gender: N/A MRN: N/A MIIS ID: 143
Patient Test Address: 1234 Mulberry Lane Boston MA 02130 Phone: N/A
VFC Status: VFC-Not Eligible Insurance: N/A Data Sharing Status: Yes

Save Cancel

Patient Demographics Data Sharing Addresses Caregivers Provider Information **Birth Information** Immunizations Clinical Comments

Birth Information

Birth Record from eVitals

| | | | |
|-----------------------------|--------------------------|--------------------------|----------------------|
| Birth Certificate Number: | <input type="text"/> | Birth Facility: | <input type="text"/> |
| Multiple Birth | <input type="checkbox"/> | Birth Order | <input type="text"/> |
| Birth City: | <input type="text"/> | Birth State: | <input type="text"/> |
| Birth County: | <input type="text"/> | Birth Country: | <input type="text"/> |
| Birth Mother Last Name: | <input type="text"/> | Birth Mother First Name: | <input type="text"/> |
| Birth Mother Middle Name: | <input type="text"/> | Birth Mother Suffix: | <input type="text"/> |
| Birth Mother Maiden Name: | <input type="text"/> | Birth Mother Home Phone: | <input type="text"/> |
| Birth Mother Date of Birth: | <input type="text"/> | | |

Historical Birth Information

| | | | |
|---------------------------|--------------------------|---------------------------|----------------------|
| Birth Certificate Number: | <input type="text"/> | Birth Facility: | <input type="text"/> |
| Multiple Birth | <input type="checkbox"/> | Birth Order | <input type="text"/> |
| Birth City: | <input type="text"/> | Birth State: | Select State ▼ |
| Birth County: | <input type="text"/> | Birth Country: | <input type="text"/> |
| Birth Mother Last Name: | <input type="text"/> | Birth Mother First Name: | <input type="text"/> |
| Birth Mother Middle Name: | <input type="text"/> | Birth Mother Maiden Name: | <input type="text"/> |
| Birth Mother Home Phone: | <input type="text"/> | | |

Immunizations Tab

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Birth Date: 02/22/2007 Age: 6 yr 1 mo Gender: Female MRN: N/A Mill ID: 110 [Resolve Duplicate Patient](#)

Three Demo Address: 3050 South Street Jamaica Plain MA 02130 Phone: N/A

VFC Status: VFC-Not Eligible Insurance: N/A Data Sharing Status: Yes

Save Cancel

Patient Demographics Data Sharing Addresses Caregivers Provider Information Birth Information **Immunizations** Clinical Comments

Immunizations

[Add Immunization](#)

Recommended Groups

Due

Overdue

~~MMR~~

Immunizations

| | | | |
|-----------|----------------------------|---------------------------------|--|
| DTPaP | 02/07/2012 | 03/05/2013 | History |
| HepA | 02/04/2013 | History | |
| HepB | 02/07/2012 | 02/10/2012 (NV) | 03/05/2013 History |
| Hib | 02/07/2012 | History | |
| Influenza | 02/10/2013 | 03/05/2013 (NV) | History |
| Polio | 03/05/2013 | History | |

Contraindications

allergy (anaphylactic) to previous dose of DTP;

Reports

[Immunization Forecast](#)

[Adult Certificate Of Immunization](#)

[Pediatric Certificate Of Immunization](#)

[Vaccine Administration Record PDF](#)

Support Materials

[0-18 yrs Schedule](#) [Adult Schedule](#) [Catch-up Schedule](#) [Simplified Schedule](#)

Add Immunizations Screen


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Immunizations [Close](#)

☐ Historical ☐ Enter from Inventory Type of Vaccine Group Adminstered: ☒ Routine ☐ Non-Routine ☐ See all groups

*Vaccine Group:
Select Vaccine Group ▼

*Vaccine:
Select Vaccine ▼

*Date(s) Given:
03/18/2013 

Trade Name:
Select Trade Name ▼

*Lot Number:

*Manufacturer:
Select Mfg ▼

☐ Incomplete Dosage

*Dosage:
Select Vaccine Dose ▼


Dosage Other:

*Route:
Select Vaccine Admin Route ▼


Site:
Select Vaccine Admin Site ▼

☐ State Supplied

*Admin By:
Test User 3

*VIS Given:
03/18/2013 

*VIS Publication Date:
Select VIS Publication Date ▼

*Date Reported:
03/18/2013 

VFC Status:
VFC-Not Eligible ▼

Dosage Validity:

Change Dosage Validity:

☐ Affected by Recall

☐ Expired Lot Administered

Add Another Immunization

Reset

Save

Cancel

Immunizations Tab – Reports

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Birth Date: 02/22/2007 Age: 6 yr 1 mo Gender: Female MRN: N/A MII\$ ID: 110 [Resolve Duplicate Patient](#)

Three Demo Address: 3050 South Street Jamaica Plain MA 02130 Phone: N/A

VFC Status: VFC-Not Eligible Insurance: N/A Data Sharing Status: Yes

Save Cancel

Patient Demographics Data Sharing Addresses Caregivers Provider Information Birth Information **Immunizations** Clinical Comments

Immunizations

[Add Immunization](#)

Recommended Groups

Due

Overdue

[MMR](#)

Immunizations

| | | | |
|-----------|------------|-------------------------|------------------------------------|
| DTP/aP | 02/07/2012 | 03/05/2013 | History |
| HepA | 02/04/2013 | History | |
| HepB | 02/07/2012 | 02/10/2012 (NV) | 03/05/2013 History |
| Hib | 02/07/2012 | History | |
| Influenza | 02/10/2013 | 03/05/2013 (NV) | History |
| Polio | 03/05/2013 | History | |

Contraindications

allergy (anaphylactic) to previous dose of DTP;

Reports

- [Immunization Forecast](#)
- [Adult Certificate Of Immunization](#)
- [Pediatric Certificate Of Immunization](#)
- [Vaccine Administration Record PDF](#)

Support Materials

[0-18 yrs Schedule](#) [Adult Schedule](#) [Catch-up Schedule](#) [Simplified Schedule](#)

Reports

[Immunization Forecast](#)

[Adult Certificate Of Immunization](#)

[Pediatric Certificate Of Immunization](#)

[Vaccine Administration Record PDF](#)

Clinical Comments Tab

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| | | | | | | | |
|----------------------|--------------|-----------|------------|----------------------|-------------------|---------------|--------------------------|
| Patient Demographics | Data Sharing | Addresses | Caregivers | Provider Information | Birth Information | Immunizations | Clinical Comments |
|----------------------|--------------|-----------|------------|----------------------|-------------------|---------------|--------------------------|

Clinical Comments

| Category | Clinical Comment | Date Given | Effective Date | End Date | Forecast Impact | Status | Action |
|---|---|------------|----------------|----------|---|--------|----------------------|
| Contraindications - Allergy Previous Dose | allergy (anaphylactic) to previous dose of DTaP | 05/01/2012 | 05/01/2012 | | Do not forecast: Diphtheria containing vaccines, Tetanus containing vaccines, Pertussis containing vaccines | Active | Edit |

Navigation: <<< << < > >> >>>

[Add](#)

Clinical Comments Tab (cont'd)

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Add Clinical Comment

*Clinical Comment Category:

--Select Category--

--Select Category--

Contraindications - Allergy Previous Dose

Contraindications - Allergy Vaccine Component

Contraindications - Risk Factor

Contraindications - Unspecified

Immunities

Precautions

Refusals

Religious exemptions

Special Indications

Save Cancel

Reminder Recall Report – Input

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Logged in as: Ccoppola at Board Of Health 123

Manage Patients

• Search

• New Patient

• Duplicate Patient Queue

• Duplicate Shot Queue

Patient Reports

• Reminder Recall

Reminder Recall Report Input Parameters

MIIS Immunization Management Reports

Reminder Recall Report

This report provides users with recommended vaccines, a history and summary of vaccines received and a reminder of the date timeframe and either Age or Birth date range.

Provider Selection Options

Choose a specific Provider and associated PIN(s)

Provider Site Name: Board Of Health 123

Available Vaccine PINs:

Selected Vaccine PINs:

= Add all

→ Add

← Remove

= Remove all

OR Choose a PIN range:

Vaccine PIN (FROM):

Vaccine PIN (TO):

OR Choose a Practice Type:

Practice Type: -- Select Practice Type --

Choose Selection Criteria:

*Age Range (FROM): Months *(TO): Months

*Age as of Date:

Reminder Recall Report – Output

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Manage Patients

Search

New Patient

Duplicate Patient Queue

Duplicate Shot Queue

Patient Reports

Reminder Recall

Reminder Recall Report

Recall Postcards

Recall Letters

Recall Labels

Note: Letters and postcards will only be printed for patients who have an address that is designated to Receive Reminder/Recall in the addresses or caregivers tab.

Massachusetts Immunization Information System(MIIS)

Massachusetts Department of Public Health(MDPH)

Reminder Recall Report

Selected Vaccine PINs:

All Board of Health/Health Dept Practice PINs

Age Range:

0 Months - 261 Months

Age as of:

04/25/2013

Birth Date Range:

N/A

Immunization Due Date Timeframe:

Due Now

Text Language:

English

VFC Eligibility Status:

N/A

Vaccine Group:

All Vaccines

Special Indications:

N/A

Patient Status:

Active

Insurance Providers:

N/A

Primary Care Provider:

N/A

Exclude Patients Overdue by More Than:

N/A

Report run by :

Carly Coppola

Organization:

MDPH

Report run date:

04/25/2013 8:40 AM

Patient listing

| Select to Print | Patient Name | Birth Date | Age | Gender | VFC Eligibility | Insurance | Address | Address Line 2 | City | State | Zip | Overdue Groups | Due Groups | Additional Details |
|-------------------------------------|--------------|------------|------------|--------|------------------|-----------|-------------|----------------|--------|-------|-------|---|------------|--------------------------------------|
| <input checked="" type="checkbox"/> | TOM BRADY | 10/15/1992 | 20 yr 6 mo | Male | VFC-Not Eligible | | 92 JETS AVE | | QUINCY | MA | 01288 | [Measles Mumps Rubella, Human Papilloma Virus, Varicella] | | Immunization Summary |

Reminder Recall Sample Letter

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04/25/2013



Dear Parent/Caregiver of TED BEAN,

Our records show that TED BEAN is or was due for one or more immunization(s) on or shortly after 12/15/2008. The immunization history that we have on record appears below. If TED has received immunizations from another health care provider that are not listed below, please call our office at null so that we can update TED's record. Otherwise, please schedule an appointment for TED to receive them.

Immunization History and Recommendations for TED BEAN

| Immunization | Date(s) Given | Recommendation(s) |
|--------------|---------------|------------------------------------|
| HepB | 04/08/2013 | Next Due:05/08/2013 |
| Rotavirus | | Aged out/Completed/Not Recommended |
| DTP/aP | | Aged out/Completed/Not Recommended |
| Hib | | Aged out/Completed/Not Recommended |
| PCV | | Aged out/Completed/Not Recommended |
| Polio | | Overdue |
| Influenza | 04/05/2013 | Next Due:08/01/2013 |
| MMR | | Overdue |
| Varicella | | Overdue |
| HepA | | Overdue |
| MCV | | Overdue |
| HPV | | Overdue |
| MPSV | | Aged out/Completed/Not Recommended |
| PPSV | | Next Due:12/15/2008 |
| Tdap | 04/05/2013 | Aged out/Completed/Not Recommended |
| Td | | Next Due:05/03/2013 |

Opening Menu

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Massachusetts Immunization Information System



Mass.gov

Logged in as: Demo User5 at Test Provider 5

[Signout](#)

[Home](#)



Immunization Registry



Vaccine Management



Resources

Welcome to the Massachusetts Immunization Information System.

Immunization registries are part of a national and statewide effort to increase childhood immunization rates. Immunization registries, which collect and consolidate records of vaccinations from multiple health care providers, are required by the Centers for Disease Control and Prevention(CDC) to:

- assist providers with ensuring that patients are up to-date with their immunizations;
- identify unimmunized and under immunized children; and
- provide the infrastructure needed for tracking essential information during natural disasters, influenza pandemics, bioterrorist events and other infectious disease emergencies.

[Known Issues](#)



Alerts

Test: Test



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[Helpdesk](#)

Vaccine Management Module

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Massachusetts Immunization Information System

Logged in as: Demo User5 at Test Provider 5

Vaccine Management

- Provider Enrollment
- New Order
- Orders Worklist
- Inventory
- Transfer Vaccines

Reports

- Daily Orders
- Inventory By Provider
- Vaccine Accountability

[Signout](#)

[Home](#)

Vaccine Management
Functions & Tools for
providers who receive
vaccine from MDPH

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[Helpdesk](#)

Provider Enrollment

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Logged in as: Demo User5 at Test Provider 5

[Signout](#)

[Home](#)

Vaccine Management

- Provider Enrollment**
- New Order
- Orders Worklist
- Inventory
- Transfer Vaccines

Reports

- Daily Orders
- Inventory By Provider
- Vaccine Accountability

Enrollment

Save Cancel Submit Enrollment

Provider Site Enrollment Data Addresses Shipping Information Practice Profile Practice Provider List Agreement to Comply

Provider Site Enrollment Data

*Provider Site Vaccine PIN: 55555

*Name of Facility or Practice: Test Provider 5

*Practice Type: Pediatric Practice

*Enrollment Status: **Enrolled**

*Telephone: (817) 983-8800

*Fax: (817) 983-8868

*Primary Contact Last Name: Smith

Primary Contact First Name: Joe

Primary Contact Middle Name:

*Primary Contact's Email: smith@email.com

Secondary Email:

*Medical Director's Last Name: Smith

*Medical Director's First Name: Jane

Medical Director's Middle Name:

*Medical Director's License No: 12345

*Medical Director's Email: smithmd@email.com

Order Vaccine

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Logged in as: Ccoppola at Test Provider 5

Vaccine Management

- Provider Enrollment
- New Order**
- Orders Worklist
- Inventory
- Transfer Vaccines

Reports

- Daily Orders
- Inventory By Provider
- Vaccine Accountability

New Order - Enter Doses Requested

Order # 55555130003 **Provider:** Test Provider 5 **PIN:** 55555

| Vaccine | Packaging | NDC | Refrigerator Count | Doses Administered | Doses Requested |
|------------------------|----------------------------|---------------|--------------------|--------------------|-----------------|
| DTaP-Hib-IPV | 5 pack - 1 dose vials | 49281-0510-05 | 10 | 0 | 50 |
| HepB-Peds | 10 pack - 1 dose vials | 00006-4981-00 | 90 | 0 | 20 |
| HPV, quadrivalent | 10 pack - 1 dose vials | 00006-4045-41 | 60 | 0 | 60 |
| IPV | 10 dose vial | 49281-0860-10 | 60 | 0 | 60 |
| MCV4-Menactra | 5 pack - 1 dose vials | 49281-0589-05 | 30 | 0 | 30 |
| MMR | 10 pack - 1 dose vials | 00006-4681-00 | 5 | 0 | 10 |
| MMRV | 10 pack - 1 dose vials | 00006-4999-00 | 0 | 0 | 10 |
| PCV13 | 10 pack - 1 dose vials | 00005-1971-02 | 0 | 0 | 10 |
| Rotavirus, pentavalent | 25 pack - 1 dose 2mL tubes | 00006-4047-20 | 0 | 0 | 50 |
| Varicella | 10 pack - 1 dose vials | 00006-4827-00 | 25 | 0 | 25 |

[Add Vaccine from Formulary](#)

Note to Vaccine Unit:

☐ Check if Temperature Logs have been faxed to the Vaccine Unit.

Note: Temperature logs must be submitted (Fax # 617-983-6924) before orders may be processed.

[Back](#) [Save as Pending](#) [Next](#)

Inventory Screen

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Massachusetts Immunization Information System



Mass.gov

Logged in as: Demo User5 at Test Provider 5

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Vaccine Management

- Provider Enrollment
- New Order
- Orders Worklist
- Inventory**
- Transfer Vaccines

Reports

- Daily Orders
- Inventory By Provider
- Vaccine Accountability

Inventory

Provider Name: 55555 - Test Provider 5

There are vaccines that will expire in 60 days or less. If your practice is unable to use this vaccine before expiration, please contact the Vaccine Unit or consider transferring this vaccine to another practice.

| Vaccine | Trade Name | Inventory Type | NDC | Lot # | Expiration Date | Expiration Status | Current Doses |
|------------------------|--------------------|----------------|---------------|-------|-----------------|-------------------|---------------|
| DTaP-Hib-IPV | Pentacel | State | 49281-0510-05 | 1111 | 04/11/2013 | < 30 days | 10 |
| Rotavirus, pentavalent | Rotateq | State | 00006-4047-20 | 54566 | 04/26/2013 | < 60 days | 5 |
| HPV, quadrivalent | Gardasil | State | 00006-4045-41 | 2222 | 05/09/2013 | < 60 days | 10 |
| MMR | M-M-R II | State | 00006-4661-00 | 1122 | 06/07/2013 | | 20 |
| Varicella | Varivax | State | 00006-4827-00 | 3454 | 06/14/2013 | | 20 |
| IPV | IPOL | State | 49281-0860-10 | 4444 | 03/07/2014 | | 80 |
| MMRV | ProQuad | State | 00006-4999-00 | 2233 | 03/07/2014 | | 25 |
| HPV, quadrivalent | Gardasil | State | 00006-4045-41 | 3333 | 03/21/2014 | | 55 |
| MCV4-Menactra | Menactra | State | 49281-0589-05 | 56789 | 04/04/2014 | | 30 |
| HepB-Peds | Recombivax HB-Peds | State | 00006-4961-00 | 1223 | 03/06/2015 | | 100 |

1 2 3 4 5

Edit Cancel

Integration of Immunization Registry and Vaccine Management Modules

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Immunizations [Close](#)

☐ Historical ☒ Enter from Inventory Type of Vaccine Group Administered: ☒ Routine ☐ Non-Routine ☐ See all groups

*Vaccine Group: Select Vaccine Group ▼ *Vaccine: Select Vaccine ▼ *Date(s) Given: 03/14/2013

Trade Name: Select Trade Name ▼ *Lot Number: Dosage Other: *Manufacturer: Select Mfg ▼ ☐ Incomplete Dosage

*Dosage: Select Vaccine Dose ▼ *Route: Select Vaccine Admin Route ▼ Site: Select Vaccine Admin Site ▼

☐ State Supplied *Admin By: Timohammed *VIS Given: 03/14/2013 *VIS Publication Date: Select VIS Publication Date ▼

*Date Reported: 03/14/2013 VFC Status: VFC-Not Eligible ▼ Dosage Validity: Change Dosage Validity:

☐ Affected by Recall ☐ Expired Lot Administered

Add Another Immunization Reset

Save Cancel

Automatic vaccine decrementing from inventory in the Vaccine Management Module when reporting immunizations to the Immunization Registry Module.

Coming On Board MIIIS

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- **EHR Integration**

- HL7 2.5.1 message creation, testing and transport to MIIIS

- **Clinical Integration**

- Identify Clinical Champion(s) for coordination
- Complete Registration – site and identified user(s)
- Develop plan for informing patients & changing data sharing
- Train users

- **“Go-live” with the MIIIS**

- Conduct data quality checks (EHR sites)
- Implement clinical workflows
- Receive ongoing support from MIIIS Help Desk team

Registration

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- Registration completed through the ContactMIIS Resource Center – www.contactmiis.info
- Provider Registration – completed by representative at each site, known as Access Administrator
- Additional User Registration
 - Must first be identified by Access Administrator
- MIIS and VG teams process paperwork



Legal Responsibilities

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- Provider's Duty to Inform:
 - *“Licensed health care providers administering vaccinations shall **discuss the reporting procedures of the immunization registry** with the persons receiving vaccinations and their parents or guardians, when appropriate, and advise them of their **right to object to the disclosure of such information..**”*
- Patient's Right to Object to Data Sharing across providers, i.e.
not ‘opt in/opt out’

Materials to Facilitate Legal Compliance

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- **Each patient* receiving an immunization must be informed about the MIIS**
 - MIIS Fact Sheet for Parents and Patients
 - MIIS Poster (English and Spanish)
- **Each patient* has the right to limit data sharing**
 - MIIS Objection (or Withdrawal of Objection) Form
- **Available on the ContactMIIS Resource Center**
www.contactmiis.info (click on Clinical Integration tab)

A form titled "MIIS" with the subtitle "SHARING YOUR IMMUNIZATION INFORMATION" and "Objection (or Withdrawal of Objection) Form". It contains sections for "Name of Patient", "Date of Birth", "Address", and "City". It also includes checkboxes for "I object to the sharing of my child's immunization information" and "I withdraw my previous objection". The form is designed for parents to fill out and return to the state health department.


*Parents/Guardians if patient is under 18 year of age

Training

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- Regional In-Person trainings
- Online Webinars
- Video Trainings
- Quick Reference Guides
- User Manual
- Available on ContactMIIS Resource Center's Training Library –

www.contactmiis.info (click on Training Library tab)



The screenshot shows the ContactMIIS Resource Center website. The main content area is titled "Training Library" and contains introductory text about the training resources. On the right side, there is a table of contents with the following items:

| # | Training | View |
|----|---|---------------|
| 1. | Integrating the MIS into Your Clinical Practice | View Training |
| 2. | MIS Training and Resources Guide | View Training |
| 3. | User Manual | View Training |
| 4. | Online Help | View Training |
| 5. | Webinar | View Training |
| 6. | Video Module 1 – Introduction | View Training |
| 7. | Video Module 2 – Login and Navigation | View Training |
| 8. | Video Module 3 – Data Sharing | View Training |
| 9. | Video Module 4 – Search/Add Client | View Training |

Next Steps

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1. Register now!
2. EHR Sites: Contact your EHR vendor about system compatibility with HL7 2.5.1 data exchange
3. Notify Help Desk when you are ready to on board with the MHS
4. Complete Clinical Integration
 - EHR Sites: Complete EHR Integration
5. Choose a “Go-Live” Date
 - Report all administered shots after go-live date
 - Implement clinical workflows for informing patients and changing data sharing

Resources

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- **MIIS Help Desk**
- Phone: 617-983-4335
- Fax: 617-983-4301
- Email: miishelpdesk@state.ma.us
- Websites: www.contactmiis.info | www.mass.gov/dph/miis