

Health & Human Services



North Dakota Immunization Information System

School User: Entering an Immunization

Getting Started

1.) To add an immunization to a student's records, click on **Patient** from the NDIIS **Main Menu,** then click **Management** from the drop-down. This will open the **Patient Search**.

⇒ The easiest way to search for a student is by using their birthdate and the first letter of their first name. Click **Search**.



2.) After entering and searching for your student, the Patient Search results will appear below the first module. The NDIIS will return up to 100 potential matches.

3.) Find your student's record on the list of search results. Click on it to highlight and click on **View Detail** to open the record.

⇒ If you cannot find your student, click on the Filters button to narrow down the results. You can filter by either the first, last, or middle name; date of birth; alias name; address; city; state.

If you still do not see your student in the search results, can change your search criteria by clicking **Refine Search**. If no matching record can be found in the NDIIS, you can create a new record for the student. This can be done by clicking **Add New Patient**. Please see the <u>Creating New Patient Records</u> tip sheet for instructions on how to create a new record in the NDIIS.

Patient Search Results							
VIEW D	ETAIL + ADD NEV	W PATIENT REFINE SEAR	сн				
	FIRST NAME	MIDDLE NAME	DAT				
Columns	Operator	Value					
× Last Name	e 🔺 contains	▼ Filter value					
+ Last Na	ime	REMO	VE ALL				
Bu First Na	ame il	Bruno					
Bu Date of	Name hambault	Gibby					
Ga Alias	bur	Melinde					
_{Gu} Addres	s yelita	Daffie					
City Hu	ino	Shaylah					
State / McAw	Annabell	Paula					

- 4.) The record will open to the student's **Core Demographics**.
 - ⇒ All required fields will be marked by an asterisk (*) and must be filled in before any new information can be saved.
 - \Rightarrow Be sure to verify the student demographics every time a record is accessed.

Possible Duplicate				
Last Name *		- First Name*	Middle Name	
NAME		NAME	NAME	
Alias Last Name		- Alias First Name	Alias Middle Na	me
NAME		NAME	N	
Race *		- Ethnicity *		
Other Race	~	Not Hispanic or Latino	Ŧ	
Primary Language				
Unknown	*			DEMOGRAPHIC
Birth Information				REMINDER
Date of Birth *				Data Quality greatly
02/24/2014		Birth State	v	improves when
		Biological Sex *		records are
Is Multiple Birth (twins, triplets, etc)		Male		updated regularly.
Is Multiple Birth (twins, triplets, etc) Contact Information		Male		updated regularly.
Is Multiple Birth (twins, triplets, etc) Contact Information		Male		updated regularly.
Is Multiple Birth (twins, triplets, etc) Contact Information Address		Male	ise VALIDATE	updated regularly.
Is Multiple Birth (twins, triplets, etc) Contact Information		Male	isë VALIDATE	updated regularly.
Is Multiple Birth (twins, triplets, etc) Contact Information Address Address 1*		Male	ise VALIDATE	updated regularly.
Is Multiple Birth (twins, triplets, etc) Contact Information Address Address Address 1* 23456 MAIN STREET Address 2		Male	isë VALIDATE	updated regularly.
Sontact Information Address Address Address 1* I23456 MAIN STREET Address 2 City*		Male Military Ba	ise VALIDATE	updated regularly.
Sontact Information Address Address Address 1* 123456 MAIN STREET Address 2 City* FARGO		Male Military Ba State/Province* North Dakota	ise VALIDATE	updated regularly.
S Multiple Birth (twins, triplets, etc) Contact Information Address Address Address 1* 123456 MAIN STREET Address 2 City* FARGO Postal Code*		Male Military Ba State/Province* North Dakota County*	ise VALIDATE	updated regularly.
S Multiple Birth (twins, triplets, etc) Contact Information Address Address Address Address 1* I23456 MAIN STREET Address 2 City* FARGO Postal Code* 58104		Male State/Province* North Dakota County* Cass	ise VALIDATE	updated regularly.
S Multiple Birth (twins, triplets, etc) Contact Information Address Address Address 1* 123456 MAIN STREET Address 2 City* FARGO Postal Code * 58104		Male State/Province* North Dakota County* Cass	ise VALIDATE	updated regularly.
S Multiple Birth (twins, triplets, etc) Contact Information Address Address Address 1* 123456 MAIN STREET Address 2 City* FARGO Postal Code* 58104 Primary Phone Number*		Male Military Ba State/Province* North Dakota County* Cass Phone Number Type*	se VALIDATE	updated regularly.
Is Multiple Birth (twins, triplets, etc) Contact Information Address Address 1* 123456 MAIN STREET Address 2 City* FARGO Postal Code* 58104 Primary Phone Number* (312) 324-6168		Male State/Province* State/Province* North Dakota County* Cass Phone Number Type* Home	se VALIDATE	updated regularly.
Is Multiple Birth (twins, triplets, etc) Contact Information Address Address 1*		Male Male Military Ba State/Province* North Dakota County* Cass Phone Number Type* Home	se VALIDATE	updated regularly.

5.) To access the student's immunization record, click on the **Immunizations** tab.

Patient Deta	ils		_		
Arie Bouchard Modified Date: 3/18/202 ← BACK TO SEARCH I	(2/24/2014) 1 RESULTS				
CORE DEMOGRAPHICS	OTHER DEMOGRAPHICS	STATUS	IMMUNIZATIONS	REC	COMMENTS

6.) Click the **Add** button to open the **Add New Immunization** module. This will open under the Immunization Summary.

+ ADD IMMUNIZATION			
dd New Immunization			
9999 - UNKNOWN		Dose Volume	
Dose Date *		Volume Unit	j
/accine Type *	•	Administration Route	•
.ot		Administration Site	*
Funding Source	*	Not Eligible (privately insured)	*
Expiration Date		Reaction*	•

7.) Add immunization event information for all required fields.

School users with Standard or Provider Admin level access are able to add historical immunizations to a student's record. Required data fields are marked by an asterisk (*). These include:

- ⇒ **Dose Date** Ensure that this field is correctly filled with the date of administration
- ⇒ Vaccine Type Select the type of immunization from the drop-down list

Add New Immunization			
SAVE SAVE			
Historical			
9999 - UNKNOWN		Dose Volume	
Dose Date *		Volume Unit	
Vaccine Type*	· · ·	Administration Route	
Lot		Administration Site	
Funding Source	+	Not Eligible (privately insured)	Ť
Expiration Date	1	None	-
Manufacturer		Invalid Dose	

All other immunization event data fields are either set to default for school users and cannot be changed or are considered optional and can be filled in if the school user has the dose details from the historical record. Fields with default values set include:

- ⇒ Historical this indicator flags the dose as historical, meaning it is being entered from an outside record
- Provider school user entered immunizations are entered under provider pin 9999
 UNKNOWN indicating the dose is historical from an outside record
- ⇒ Volume Unit Doses will be marked in ml
- ⇒ VFC school user entered immunizations will all be marked as 'Not Eligible' for VFC eligibility

SAVE	⊗ CANCEL	
O Histor	ical 🗲	
Provider*		

Administration Route	*
Administration Site	Ŧ

⇒ If information is available for the remaining optional data fields, the information should be entered to ensure the record is as complete as possible.

Lot - This field would be the lot number for the immunization that was administered. This is a free text field

Note. There is a limit of 20 characters for lot number

Funding Source - Administered immunizations can be from a provider's public or private supply.

Expiration Date - This date will be used by the forecaster to evaluate doses

given after the expiration date that need to be invalidated.

Manufacturer - Select the vaccine manufacturer from the drop-down list.

Administration Route - Select the route of administration from the drop-down list.

Administration Site: Select site of administration from the drop-down list.

Provider*		Dose Volume	
9999 - UNKNOWN	v	0.3	
Dose Date*		Volume Unit	
10/24/2024	Ö	mL	
Vaccine Type *		Administration Route	
INFL (IIV4 P/F) pediatric	*	Intramuscular	Ŧ
Lat		Administration Site	
FE3926		Left Deltoid	v
Funding Source		C VFC*	
Private	Ŧ	Not Eligible (privately insured)	×
Expiration Date		Reaction*	
06/30/2025	Ö	None	Ŧ
Manufacturer		·	
GlaxoSmithKline	*	Invalid Dose	

8.) After all immunization event information has been entered, click **Save** to finish adding the dose to the student's record.



9.) Review the immunization event information in the **Immunizations Summary** to ensure all information was entered correctly.

Immunizatio	on Summ	nary						
+ ADD IMMU	NIZATION							
FILTERS]					Q Se	arch	
DOSE DATE	PID	PROVIDER	LOT	REACTION	VFC	VACCINE TYPE	HISTORICAL	VALID
10/24/2024	9999	UNKNOWN	FE3926	None	Not Eligible (privately	INFL (IIV4 P/F) pediatric		0
9/20/2020	8242	WHITE DRUG - WEST FARGO		None	Not Eligible (privately	INFL (IIV4 P/F)		0