

# **Vaccines Due Report IMR User Guide**

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# **Introduction and Contact Information**

This guide is intended for state of Vermont employees and partners that use the Vaccines Due by Practice report in the Vermont Immunization Registry (IMR). Access to this report is determined by the role and associated permission of the user. If you do not have but would like to request access to this report, please contact the Registry team.

Access to the registry is mandated by Vermont State Law and the information contained therein must remain confidential and privileged (18 V.S.A. § 1129).

To gain access to the IMR, users must submit the proper confidentiality agreement to the state, upon which the request will be reviewed, and permission provided. To learn more about the process to gain access to the IMR, <u>please visit our website</u>.

If you have any questions, please contact us:

Vermont Immunization Registry (Website) Email: IMR@Vermont.Gov Phone: (888) 688-4667

- Option 2 password resets
- Option 3 general support





### **Getting Started**

Pract	ice Reports
Patien	t List by DOB
Practic Covera	e View: Vaccine age
Vaccin	es due by Practice
Not up	to Date Report
Genera Notice	ate Labels for Recall s
Invalid	Doses
Object Contra Practic	ions and iindications for æ
Numbo Vaccin	er of Children ated
Patient	t List by Month
Patien	t Count by Practice
Immu Overvi	nizations Given iew
Immu Impro	nization Quality vement Report
Rando	m Selection

As of fall 2024, the Vaccines Due by Practice (Vaccines Due) report in the Vermont Immunization Registry (IMR) is upgraded to improve functionality and accessibility for users.

This guide is intended for use by IMR users who are already comfortable performing basic functions in the Registry, including a patient search and running practice-level reports. Users who have issues logging in or need assistance with these functions are encouraged to review pages 1 – 8 of our current user guide, or contact us for a more in depth training.

The steps to open the Vaccines Due report remain unchanged: after performing a patient search and navigating into the Immunization Registry page containing the patient's immunization grid, click on the button for the Vaccines Due by Practice Report near the top of the lefthand blue toolbar.





# **Parameters**

	Vaccines d	lue by Practice	_
Practice:	IMR. Test 2	<b>•</b>	
PIN:	00001004	· ·	

First, enter the Practice name or associated PIN (for VDH users).



The **Age section** determines the date of birth range for the patients pulled by the report. Select multiple age bands to cover a broader age range, if necessary.

Choose a more narrow	date range for best results. If there are	too many patients in a selected age range, the report may time out.	
Start Date:	8/28/2024		E.
End Date:	8/28/2024		U.

The **Date Range section** defaults to the current date but can be adjusted for a future date or date range to provide vaccines that patients will be due for in the future.



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## **Parameters, continued**



The **Vaccine section** includes expected vaccines for five different age groups. At least one vaccine must be selected from the age group corresponding to the choice from the <u>Age Section</u>.

Create Report O Sort Labels By Last Name Create Labels O Sort Labels
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Users will have the option to click "**Create Report**", to list patients as well as vaccine details, or "**Create Labels**" to create mailing labels for patients within the same list.





# Navigating the report

#### The Top Toolbar



#### Export options





### **Vaccines Due by Practice Report**

"Create Report" results in a list of patients within the selected age range who are not up to date (or who will not be up to date if the selected date range is in the future) for any vaccine selected.

Practice: test Address: 123	summertime	ave		PIN: Phor	43434 ne: (434	) 343-434	Ag 1	je: All						Due o Due o	late beg late end	in 8/28/ : 8/28/	2024 2024
NOTE: Vaccine	s due are bas	sed on A	CIP guide	elines for	the pers	on's age	Va as of the	accines: e report d	All late. Rep	ort data (	does <i>not</i> ex	clude ind	ividuals v	with med	lical cont	traindica	tions.
Name	DOB	Age	COVID	DTP	Flu	Нер А	Hep B	Hib	HPV	IPV	MenACWY	MMR	PCV	RSV	RV	RZV	Varicella
st, person 1	1/4/60	64 Yr		08/28/24	07/01/24							01/04/61					
st, person 2	1/4/74	50 Yr	09/12/23	05/01/23	07/01/24	04/01/14	08/03/24					01/04/75					
st, person 3	1/4/08	16 Yr	09/12/23		07/01/24	09/06/09	07/29/08				01/04/24						
st, person 4	1/4/22	31 Mo	09/12/23	04/04/23	07/01/24	07/04/23		04/23/23		07/29/22			01/04/24				
est, person 5	1/4/50	74 Yr	09/12/23		07/01/24												
est, person 6	1/4/96	28 Yr	09/12/23	08/28/24	07/01/24		01/04/15					01/04/97					01/04/97
est, person 7	1/10/15	9 Yr	09/12/23	01/10/22	07/01/24	01/10/16	05/10/15			05/10/15		01/10/16					01/10/16
est, person 8	1/12/13	11 Yr	09/12/23	08/20/20	07/01/24		08/10/13		01/12/24	05/08/17	01/12/24	11/03/21					11/03/21
8/28/2024					www.hea	lthvermo	nt.gov/st	tats/regis	tries/Imm	unizatio	<u>n-registry</u>					Page	1 of 1

"Create Labels" results in printable mailing labels for the same list of patients as above.

TO THE PARENT/GUARDIAN OF: PERSON 4 TEST HELLO MILTON VT 05468

TO THE PARENT/GUARDIAN OF: PERSON 3 TEST HELLO MILTON VT 05468 TO THE PARENT/GUARDIAN OF: PERSON 7 TEST HELLO MILTON VT 05468

PERSON 6 TEST HELLO MILTON VT 05468 TO THE PARENT/GUARDIAN OF: PERSON 8 TEST HELLO SHELBURNE VT 05482

PERSON 2 TEST HELLO MILTON VT 05468