



COVID-19 imMTrax Direct Data Entry Guide



Note: This document was created as a tool to assist facilities as they prepare for COVID-19 vaccination data reporting. As part of the CDC COVID-19 Vaccination Program Provider Agreement, participating facilities are required to report information within 24 hours of administering a dose of COVID-19 vaccine.

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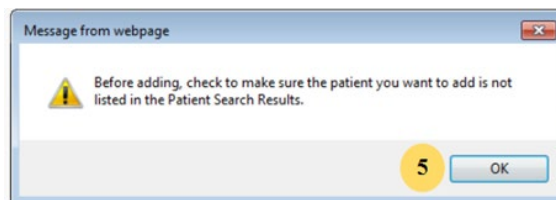
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Steps to Follow to Add a New Patient:

1. Click **Search/Add**, located under the **Patient** menu.
2. Enter the patient's First Name, Last Name, and DOB then click the **Search** button. If after searching for a patient and no matching records are found, check the box that says "Check here if adding a new patient."
 - **Search tip:** The percent % symbol functions as a wildcard that will allow you to search for a patient if you do not know the exact spelling of the patient's name. The percent symbol must be typed in both name fields to utilize this fuzzy matching search tool.
3. Enter all of the **required** patient information (**highlighted in red**).
 - For patients 18 years of age or younger, Mother's Maiden Name is highlighted in red but is **not required**.
4. Click the **Search** button.

The screenshot shows the imMTRax Patient Search interface. The top navigation bar includes the logo, login information (MASS VAX), and the date (October 23, 2020). The main header displays the organization and facility: "Organization (IRMS)/Facility: ABCD (18505) / KIDS CLUB". A left-hand menu lists various system functions, with "Patient Search/Add" highlighted and marked with a red circle and the number 1. The main form area is titled "Patient Search" and contains several input fields: "First Name or Initial:" (containing "CODY"), "Last Name or Initial:" (containing "COVID"), "Birth Date:" (containing "09/20/1983"), "ID:", "SIIS Patient ID / Bar Code:", and "Chart Number:". Below these is the "Family and Address Information:" section, which includes fields for "Guardian First Name:", "Mother's Maiden Name:", "Street:" (containing "2020 COVID Street"), "City:" (containing "HELENA"), "State:" (containing "MT"), "Zip Code:" (containing "59601"), and "Country:" (containing "United States"). A note below the form explains the use of wildcards (% and _). A checkbox labeled "Check here if adding a new patient" is checked and marked with a red circle and the number 2. The "Search" button is marked with a red circle and the number 4.

5. After clicking the Search button, a message appears with one of the following messages. Click the **OK** button.
 - *Before adding, make sure the patient you want to add is not listed in the Patient Search Results.*
 - *This record already exists in the database. An exact match has been found.*



- If a match is found, select the patient. If the system finds a match, you cannot add a new patient record.

OR

If no record match is found, click the **Add Patient** button.

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- Enter the patient information in the appropriate fields and click the **Save** button.
 - All fields marked with **red text** are system required fields.
 - i. For patients 18 years of age and younger, at least one Guardian First Name is required. **You must select the Add button before clicking Save to include Guardian First Name in the record.**
 - All fields marked below with a star are the CDC standard data elements: **patient first name, patient last name, DOB, Sex, Race, Ethnicity, Address (street address, city, state, zip code)**
 - All fields marked with a checkmark are additional recommended fields. The comments field can be used to enter the patient's medical record number (MRN) or Medical Identification Number for Canada (MINC)

Symbol Legend



System required



CDC standard data fields



Recommend fields

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Steps to Follow to Edit Patient Demographics:

1. Click **Search/Add**, located under the Patient menu.
2. Search for the patient using the appropriate search fields and select the **Search** button at the bottom of the screen.
3. Click the patient name to open the demographics section.
 - a. If the patient search result displays in red, the patient has either consent denied or undetermined status. Consent must be obtained and documented for vaccine information to be added to the patient record.

Patient Search

First Name or Initial: ron% ID: [Click here to use the 'advanced' search](#)

Last Name or Initial: weas% SIIS Patient ID / Bar Code:

Birth Date: mm/dd/yyyy Chart Number:

Family and Address Information:

Guardian First Name: Mother's Maiden Name:

Street:

City: State: Select...

Zip Code: Phone Number:

Country: United States

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character

Check here if adding a new patient.

Clear Search

Patient Search Results

Records Found = 1 Search Criteria: First Name / Last Name (Like)

Show 100 entries Search:

3	First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
	RONALD		WEASLEY	03/01/2010	1386312	MOLLY	WEASLEY

Showing 1 to 1 of 1 entries

4. Select the **Edit** button at the bottom of the patient demographics screen.

Patient Demographic Master View

Record Info

SIIS Patient ID: 1677370
 Organization Owner: 1400 - ABCD HEALTHCARE
 Facility Owner: 27041 - IMMTRAX TRAINING CLINIC
 Entry Date: 11/23/2022 03:21:06 PM Last Update: 11/23/2022 12:00:00 AM
 Entered By: MASS IZ TEST USER Last Updated By: MASS IZ TEST USER

Patient Status

State Level: Active Organization Level: Active
 County Level: Active (Lewis And Clark)

Patient

First Name: CODY Race:
 Middle Name: Ethnicity:
 Last Name: COVID-19 Language:
 Suffix:
 Birth Date: 09/20/1983 Medicaid #:
 Birth File #: Multi Birth Indicator: N
 Age: 39 yrs Birth Order:
 Reminder/Recall: Military Attempts: 0
 Publicity Code:
 Sex: MALE Nationality:
 Mother Maiden Nm: Unknown Passport #:
 VFC status: Unknown Visa #:
 Vaccine Supply: PRIVATE

Consented: Yes

Primary Address

Address 1: 2020 COVID-19 STREET Address 2:
 City: HELENA State: MT
 Zip Code: 59601
 Email:
 Country: United States County/Parish: LEWIS AND CLARK

Phone Number(s)

Phone Number	Extension	Phone Use Code	Equipment Type	Primary
(406)444-1234		Primary residence number	Cellular phone	Y

Family & Contact

Guardian 1 First:
 Guardian 1 Middle:
 Guardian 1 Last:
 Guardian 2 First:
 Guardian 2 Last:

Phone Number: Phone Use Code: Equipment Type:

Alias

Secondary Patient Demographics

School

Birth & Death

Patient Specific Reports

Back Edit

5. Edit or update information.

- Note: Double-check to ensure all CDC standard data elements have been entered into the patient's record.



CDC Standard Data Elements:

- Patient First Name
- Patient Last Name
- Patient DOB
- Patient Sex
- Patient Race
- Patient Ethnicity
- Patient Address (including city, state, and zip code)

Note: Certain demographic fields impact other parts of the system if a certain value is selected.

- **Consented:** If patient consent status is “undetermined” or “no”, patients may not appear in various Reminder/Recall output, Patient Lists, and Reports.
- **Patient Phone Number:** One listed phone number must be designated “Primary” to be an available contact method for Reminder/Recall outputs. **It's best practice to capture the patient's phone number.**
- **Organizational Level:** If the patient status is set to Inactive, the patient will not be automatically included in Reminder/Recall outputs or Reports run by ownership.
- **Reminder/Recall Publicity Code:** To include patients in reminder/recall output, select “Reminder/Recall- any method” or leave as “—select—”. If other values are selected for the R/R Publicity Code field, the patient will not be included in the Reminder/Recall outputs.

6. Select the **Save** button.

The screenshot shows the 'Patient Demographics Edit' form. Key fields include:

- Patient Status:** Active
- Organization Level:** Active
- Patient Name:** First Name: CODY, Last Name: COVID-19
- Birth Date:** 09/20/1983
- Sex:** MALE
- Address:** 2020 COVID-19 STREET, HELENA, MT 59601
- Phone Number(s):** (406)444-1234, Primary residence number, Cellular phone

 The 'Save' button is highlighted with a red box at the bottom right of the form.

Symbol Legend

Affect other areas of *imMTrax*



CDC standard data fields



Add Administered COVID-19 Vaccine Steps to Follow:

1. Click **Search/Add**, located under the **Patient** menu.
2. Select a patient record.

Patient Search Click here to use the 'advanced' search

First Name or Initial: ron% ID: _____
 Last Name or Initial: weas% SIS Patient ID / Bar Code: _____
 Birth Date: mm/dd/yyyy Chart Number: _____

Family and Address Information:

Guardian First Name: _____ Mother's Maiden Name: _____
 Street: _____
 City: _____ State: Select...
 Zip Code: _____ Phone Number: _____
 Country: United States x

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.
 Check here if adding a new patient.

Clear Search

Patient Search Results
 Records Found = 1 Search Criteria: First Name / Last Name (Like)

Show 100 entries Search: _____

First Name	Middle Name	Last Name	Birth Date	SIS Patient ID	Grd First Name	Grd Last Name
RONALD		WEASLEY	03/01/2010	1386312	MOLLY	WEASLEY

Showing 1 to 1 of 1 entries

3. Click **View/Add**, located under the **Vaccinations** menu.
4. Enter the date the vaccine was given in the date column in the row for the correct vaccine (direct enter or select using the calendar tool).

Vaccinations Patient Specific Reports

View/Add Print Page View Print Page
 Forecast
 Summary
 Add Anonymous

Vaccination View/Add
 (* - Historicals, # - Adverse Reaction, ! - Warning, \$ - Warning, & - Warning, + - Unverified Historicals, ^ - Compromised Vaccination)
 Documented By: IMMTRAX COMMUNITY HEALTH CENTER
 Double-click in any date field below to enter the default date: 12/07/2020

Vaccine	1	2	3	4	5	6
COVID-19, mRNA, LNP-S, PF, 100 mcg/ 0.5 mL dose	11/20/2020	12/07/2020				
HPV9	10/07/2020					
Hep B, adolescent or pediatric	09/09/2002					
Influ Inact 48+ mos pres free	09/10/2020					
Influenza, high dose seasonal	09/22/2020					
Influenza, injectable, quadrivalent, preservative free, pediatric	07/27/2020					
MMR	09/22/2020					
DTaP (Infanrix)						
DTaP, 5 pertussis antigens (Daptacel)						
DTaP-Hib-IPV (Pentacel)						
DTaP-Hep B-IPV (Pediarix)						
DTaP-IPV (Kinrix/Quadacel)						
Hep A, adult						
Hep A, ped/adol, 2 dose						
Hep A-Hep B						
Hep B, adult						
Hib (PRP-OMP) (PedvaxHib)						
Hib (PRP-T) (ActHib/Hiberix)						
influenza, injectable, quadrivalent, preservative free						
IPV						
meningococcal B, OMV (Bexsero)						
meningococcal B, recombinant (Trumenba)						
Meningococcal MCV40 (Menveo)						
meningococcal MCV4P (Menactra)						
MMRV (ProQuad)						
Pneumococcal conjugate PCV 13						
pneumococcal polysaccharide PPV23						
rotavirus, monovalent (Rotarix)						
rotavirus, pentavalent (Rotateq)						
Tdap						
varicella						
zoster recombinant (Shingrix)						

--select--

Do not take ownership when adding vaccinations.
 Add Administered Clear Add Historicals

5. Select the **Add Administered** button at the bottom of the screen.
6. Verify VFC Eligibility (for patients 18 years of age or younger).
7. Click the **Continue** button.

VFC Eligibility Update
 Current VFC Status: Not VFC Eligible
 Update VFC Eligibility 6 Not VFC Eligible 7
Cancel **Continue**

8. Enter in the required vaccine-specific details (**text in red**).
9. Click the **Save** button at the bottom of the screen.

Patient
 Name: DUSTIN STRANGER THINGS
 Date of Birth: 09/08/2002
 Guardian:
 SIIS Patient ID: 1386271
 Age: 18 yrs
 Organization Level Status: Inactive

Vaccination Detail Add
Vaccine 1: COVID-19, mRNA, LNP-S, PF, 100 mcg/ 0.5 mL dose
Date Administered: 12/07/2020
Historical: YES NO 8
 Manufacturer: [Click to select](#)
Lot Number:
 Lot Facility:
 Funding Source:
 Facility: IMMTRAX COMMUNITY HEALTH CENTER
Vaccinator: VACCINATOR, MONTANA NURSE A x
Anatomical Site: Left Arm x
Anatomical Route: Intramuscular x
 Dose Size: Full
 Volume (CC):
 VFC Status: Not VFC Eligible
 'VFC Status' will be ignored if lot number is not VFC eligible.
 District/Region:
 VIS Publications Dates: 1. 2. 3. 4.
 Date VIS Form Given: 12/07/2020
 Ordering Provider: Sel...
 Comments:

imMTrax-Select Lot Number - Google Chrome
 immtraxtest.org/iweb/selectLotNumber.do?siis_vaccine_code=208...
Select Lot Number

Select	Manufacturer	Lot Number	Facility	Funding Source	Expiration Date	Doses Available
<input checked="" type="checkbox"/>	MODERNA US, INC.	COVID19M122020	IMMTRAX COMMUNITY HEALTH	PAN	12/01/2021	93.0

Cancel **Save** 9