



IMMUNIZATION ENTRY

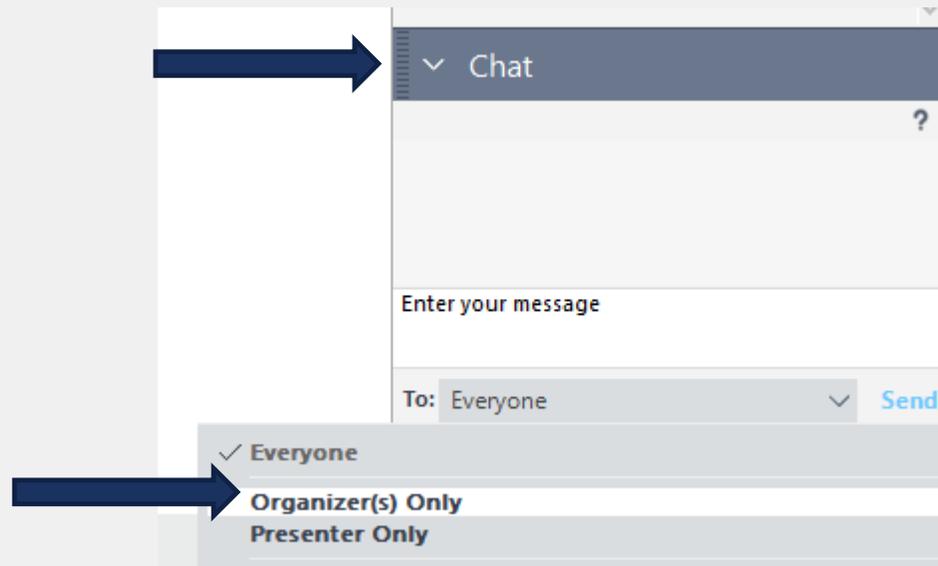
IMMTRAX USER ROLE TRAINING
MONTANA IMMUNIZATION PROGRAM
LAST REVISED: 2/2019

HOUSEKEEPING

All participants are muted upon entering the presentation. **DO NOT PUT YOUR PHONE ON HOLD!!!**

To ask a question:

I. Send the host a message through the “Chat” function.



LOGIN

1. Enter Username (C# or P#)
and password
 1. First time logging in
2. Forgot password?
 1. Valid email address
 2. Link expires in 5 minutes
3. Log in → search/add screen

Enter your username and we will send you instructions on how to create a new password.

[« Back to Login](#)

Didn't get anything? Call our main line (406) 444-5580 or our imMTrax Help Desk Line.

IMMTRAX AND CLIENT CONSENT

The State of Montana requires consent be obtained and documented in imMTrax in order for a patient record to be made accessible by an authorized party (i.e. healthcare provider, public health, etc.). Consent may be withdrawn at any time and should be updated in imMTrax accordingly.

When obtaining consent from a client, DPHHS recommends using the language in the IIS consent form available on the Immunization Program's *imMTrax* website: <http://dphhs.mt.gov/publichealth/imMTrax/imMTraxForms>.

FACILITY OWNERSHIP

Facility Ownership: 1:1 facility connection to patient.

- Conditions to change ownership.
 1. IF a non-owning facility records an administered immunization.
 2. IF an administered immunization message is sent electronically by a non-owning facility.
 3. IF a non-owning facility user manually changes patient status from “inactive” to “active”.
 4. IF a non-owning facility user manually updates consent from undetermined or no, to yes.

Patient Demographic Master View			
Record Info			
SIIS Patient ID:	16127		
Organization (IRMS) Owner:	18507 - DEB'S DISNEYWORLD		
Facility Owner:	24027 - TINKERBELLS' TOTS		
Entry Date:	12/04/2018 02:10:51 PM	Last Update:	01/11/2019 08:58:40 AM
Entered By:	STAFF TRAINING1	Last Updated By:	

PATIENT STATUS

Patient Status: Patient status at facility.

- Patient status information.
 1. Patient status can be manually changed.
 2. Patient status is either “active” or “inactive” per facility.
 3. “Active” patient status is 1:1 with the owning facility.
 4. The owning facility can change patient status from “active” to “inactive”, but will retain ownership.
 5. Patient status for a non-owning facility will always be “inactive”.

Patient Demographic Master View	
Record Info	
SIIS Patient ID:	16127
Organization (IRMS) Owner:	18507 - DEB'S DISNEYWORLD
Facility Owner:	24027 - TINKERBELLS' TOTS
Entry Date:	12/04/2018 02:10:51 PM
Entered By:	STAFF TRAINING1
Status	
Patient Status:	Active 

Patient Demographic Master View	
Record Info	
SIIS Patient ID:	161443
Organization (IRMS) Owner:	18505 - ABCD
Facility Owner:	24362 - LION KING CLINIC
Entry Date:	01/08/2019 09:10:31 AM
Entered By:	TEST 3
Status	
Patient Status:	Inactive 

VACCINATION SUMMARY

1. Search and select patient record.
2. Select Vaccinations panel.
3. Click Summary.

Vaccination Summary page displays all recorded immunizations, invalid vaccinations, special considerations and forecasted immunizations.

* The summary page will NOT display warning information on recorded immunizations (i.e. dose administered off label). This information will display on View/Add page.

Patient							
Name:	SUNNY SKIES	SIIS Patient ID:	15354				
Date of Birth:	01/01/2001	Age:	17 yrs				
Guardian:	HAZEL	Status:	Active				

Vaccination Summary								
Vaccinations outside the ACIP schedule are marked with an 'X'.								
Vaccine	1	2	3	4	5	6	7	8
DTaP/DTP/Td	03/05/2001 9 weeks	05/20/2001 4 months	08/20/2001 7 months	X 12/05/2001 11 months				
Tdap	01/01/2008 7 years							
OPV/IPV	03/05/2001 9 weeks	05/20/2001 4 months	08/20/2001 7 months	12/05/2001 11 months	01/01/2005 4 years			
MMR	01/01/2002 12 months							
Hep A	01/01/2002 12 months	07/05/2002 18 months						
Hep B - 3 Dose	03/05/2001 9 weeks	05/20/2001 4 months	08/20/2001 7 months	12/05/2001 11 months				
Varicella	01/01/2002 12 months							
Rotavirus	X 07/07/2002 18 months							
Influenza	09/10/2017 16 years							
Meningococcal	12/04/2018 17 years							
HPV	08/20/2013 12 years	02/20/2014 13 years						

Invalid Vaccinations		
Invalid Vaccinations	Date	Reason
DTaP/DT/Td	12/05/2001	Minimum age for this dose not met.
ROTAVIRUS	07/07/2002	Patient age outside of recommended schedule.

Vaccine Deferrals		
Vaccine	Dose	Date

Vaccine Contraindications / Exemptions / Precautions					
Contraindications					
Vaccine	Special Consideration	Facility Where Documented	Date Documented	Permanent	Disease Date
varicella	A special consideration has been reported for this vaccine. Please contact Organization (IRMS):DEB'S DISNEYWORLD for more information.	TINKERBELLS' TOTS	12/17/2018	Y	10/15/2005
Hib (PRP-D)	History of HIB Infection	KIDS CLUB	12/17/2018	N	Delete

Vaccination Forecast					
The forecast automatically switches to the catch-up schedule when a patient is behind schedule.					
Vaccine Family	Forecasted Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
MMR	2	Past Due	01/29/2002	01/01/2008	Past Due
MENINGOCOCCAL B, RECOMBINANT	1	Past Due	01/01/2011	01/31/2017	Past Due
DTaP/DT/Td	B	01/01/2018	01/01/2013	02/01/2018	Past Due
FLU	B	10/01/2018	07/01/2018	10/31/2018	Past Due

PRINT PATIENT REPORT

1. Search and select patient record.
2. Select Vaccinations panel.
3. Click Patient Record.

The Montana Immunization Program recommends sites use All Recorded Vaccinations (Option 2).

Print Patient Record

Patient Information To Include

Do Not Include Confidential Information
 Include Confidential Information

Vaccination Record Choices

Immunization Record (summary)
 All Recorded Vaccinations
 All Recorded Vaccinations (option 2)
 Forecast

Printable Version (enable table borders)

MANAGE INVENTORY IN IMMTRAX?

Does your facility manage inventory in imMTrax??

- If a site manages inventory directly in imMTrax by client/dose/VFC eligibility → enter immunization given manually into imMTrax as “administered”. [Integrated Site]
- If a site manages inventory by aggregate count, may be part of electronic exchange, or does not manage inventory in imMTrax (Non-VFC provider) → enter immunizations into imMTrax as “historical”. [Aggregate Site]

ADD ADMINISTERED IZ

NOTE: imMTrax users from aggregate sites should NOT enter immunizations using the “Add Administered” entry button.

1. Select Vaccinations panel.
2. Click View/Add.
3. Enter administration date for vaccine (can enter multiple at once).
4. Click Add Administered.

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

Vaccine	1	2	3	4	5	6
DTaP	06/16/2004 *	10/13/2004 *	07/22/2005 *	<input type="text"/>	<input type="text"/>	<input type="text"/>
HPV9	04/06/2016 *	<input type="text" value="09/21/2018"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hep A, ped/adol, 2 dose	04/06/2016 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hep B, adolescent or pediatric	04/14/2004 *	06/16/2004 *	10/13/2004 *	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hib (HbOC)	06/16/2004 *	10/13/2004 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal MCV4, unspecified	04/16/2016 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal conjugate PCV 13	06/16/2004 *	10/13/2004 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
influenza, unspecified formulation	11/19/2009 *	12/16/2009 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do not take ownership when adding vaccinations.

• If a combination vaccine is marked with a 'X', please verify which components of the vaccine are outside the ACIP schedule by viewing the Vaccination Summary .



ADD ADMINISTERED IZ

3. Verify VFC Eligibility (if is 18 years of age or yo
4. Click Continue.
5. Enter vaccine specific information.
6. Click Save.

Vaccination Detail Add

Vaccine 1: HPV9
Date Administered: 09/21/2018
Historical: YES NO
Manufacturer: GLAXOSMITHKLINE [Click to select](#)
Lot Number: 5555
Lot Facility: KIDS
Funding Source: VFC
Facility: KIDS
Vaccinator: FL
Anatomical Site: Let
Anatomical Route: Int
Dose Size: Full
Volume (CC):
VFC Status: VFC eligible- Medicaid
District/Region:
VIS Publications Dates: 1. 12/02/2016 2. 3. 4.
Date VIS Form Given: 09/21/2018
Ordering Provider: Sel...
Comments:

[Cancel](#) [Save](#)

imMTrax-Select Lot Number - Internet Explorer
https://immtraxtest.org/web/selectLotNumber.do?sis_vaccine_code=2033&vaccDate=09/21/2018

Select Lot Number

Select	Manufacturer	Lot Number	Facility	Funding Source	Expiration Date	Doses Available	Dose Volume
<input type="checkbox"/>	GLAXOSMITHKLINE	444444	KIDS CLUB	PRVT	11/10/2018	20.0	
<input checked="" type="checkbox"/>	GLAXOSMITHKLINE	555555	KIDS CLUB	VFC	05/04/2019	20.0	

[Cancel](#) [Clear](#)

EDIT ADMINISTERED IZ

Did the user make a mistake with entry?

Vaccine	1	2	3	4	5	6
DTaP	06/16/2004 *	10/13/2004 *	07/22/2005 *	<input type="text"/>	<input type="text"/>	<input type="text"/>
HPV9	04/06/2016 *	09/21/2018	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hep A, ped/adol, 2 dose	04/06/2016 *	<input type="text"/>				
Hep B, adolescent or pediatric	04/14/2004 *	06/16/2004 *	10/13/2004 *	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hib (HbOC)	06/16/2004 *	10/13/2004 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal MCV4, unspecified	04/16/2016 *	<input type="text"/>				
Pneumococcal conjugate PCV 13	06/16/2004 *	10/13/2004 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
influenza, unspecified formulation	11/19/2009 *	12/16/2009 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



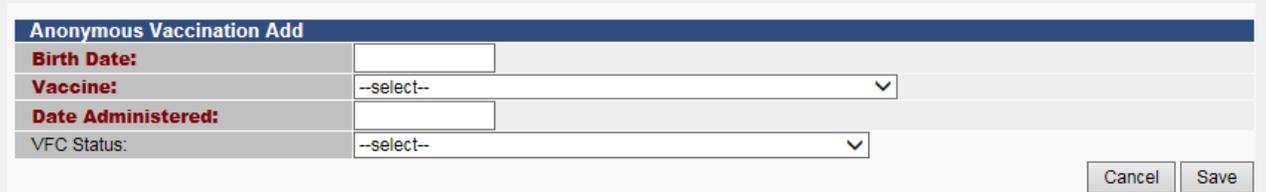
Vaccination/Medicine Detail	
Vaccine:	HPV9
Date Administered:	09/21/2018
Historical:	No
Manufacturer:	GLAXOSMITHKLINE
Lot Number:	555555
Lot Facility:	KIDS CLUB
Funding Source:	VFC
Vaccinator:	DEERS, MO
Organization (IRMS):	18505 - ABCD
Facility:	KIDS CLUB
Anatomical Site:	Left Arm
Anatomical Route:	Intradermal
Dose Size:	Full
Volume (CC):	
VFC Status:	VFC eligible- Medicaid
Revaccination Reason:	
Adverse Reaction:	
District/Region:	
Dates of VIS Publications:	12/02/2016
Date VIS Form Given:	09/21/2018
Ordering Provider:	
Comments:	
Entered By:	MADDIE BARBER
Entry Date:	09/21/2018 10:22:25 AM
Last Updated By:	MADDIE BARBER
Last Update:	09/21/2018 10:28:01 AM

Cancel Edit Record Delete Record
Add/Edit Adverse Reactions

ADD ANONYMOUS IZ

NOTE: Add an anonymous administered immunization for consent denied patients who received an immunization that needs to be deducted from inventory.

1. Click **Vaccinations** panel.
2. Click **Add Anonymous**.
3. Enter Birth Date, Vaccine, Date Administered and VFC Status.
4. Click **Save**.
5. Enter vaccine specific information.
6. Click **Save**.



The screenshot shows a web form titled "Anonymous Vaccination Add". It contains four input fields: "Birth Date" (a text box), "Vaccine" (a dropdown menu with "--select--" and a downward arrow), "Date Administered" (a text box), and "VFC Status" (a dropdown menu with "--select--" and a downward arrow). At the bottom right of the form are two buttons: "Cancel" and "Save".

ADD HISTORICAL IZ

Entering immunizations given by your facility or an outside facility that should be represented in a client record in imMTrax.

- Paper-based shot-cards
- Immunization history presented from a medical record
- Immunizations given by your facility that is either aggregate or does not manage inventory
- Updates or corrections from facilities sending information electronically (aggregate sites)

Immunizations should not be directly entered as historical into imMTrax if they are an *administered vaccine*, and should be deducted from your imMTrax-based inventory (INTEGRATED SITES)

ADD HISTORICAL IZ

1. Select Vaccinations panel.
2. Select View/Add.
3. Enter administrative vaccine (can enter r once).
4. Click Add Historicals

Vaccine	1	2	3	4	5	6
DTaP	06/16/2004 *	10/13/2004 *	07/22/2005 *	<input type="text"/>	<input type="text"/>	<input type="text"/>
HPV9	04/06/2016 *	09/21/2018	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hep A, ped/adol, 2 dose	04/06/2016 *	<input type="text"/>				
Hep B, adolescent or pediatric	04/14/2004 *	06/16/2004 *	10/13/2004 *	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hib (HbOC)	06/16/2004 *	10/13/2004 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal MCV4, unspecified	04/16/2016 *	<input type="text"/>				
Pneumococcal conjugate PCV 13	06/16/2004 *	10/13/2004 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
influenza, unspecified formulation	11/19/2009 *	12/16/2009 *	10/11/2010	<input type="text"/>	<input type="text"/>	<input type="text"/>

EDIT HISTORICAL IZ

After clicking save, user returns to View/Add page. Did the user make a mistake with entry or want to add shot information?

Vaccination View/Add				
(* - Historicals , # - Adverse Reaction , ! - Warning , \$ - Warning , & - Warning , + - Unverified Historicals , ^ - Compr				
Documented By: KIDS CLUB				
Double-click in any date field below to enter the default date: 09/21/2018				
Vaccine	1	2	3	4
DTaP	06/16/2004 *	10/13/2004 *	07/22/2005 *	
HPV9	04/06/2016 *	09/21/2018		
Hep A, ped/adol, 2 dose	04/06/2016 *			
Hep B, adolescent or pediatric	04/14/2004 *	06/16/2004 *	10/13/2004 *	
Hib (HbOC)	06/16/2004 *	10/13/2004 *		
Meningococcal MCV4, unspecified	04/16/2016 *			
Pneumococcal conjugate PCV 13	06/16/2004 *	10/13/2004 *		
influenza, unspecified formulation	11/19/2009 *	12/16/2009 *	10/11/2010 *	



Vaccination/Medicine Detail	
Vaccine:	influenza, unspecified formulation
Date Administered:	10/11/2010
Historical:	Yes
Provider Noted on Record:	
Lot Noted on Record:	
Manufacturer Noted on Record:	
Manufacturer:	
Lot Number:	
Lot Facility:	
Funding Source:	
Vaccinator:	
Organization (IRMS):	18505 - ABCD
Facility:	KIDS CLUB
Anatomical Site:	
Anatomical Route:	
Dose Size:	Full
Volume (CC):	
VFC Status:	VFC eligible- Medicaid
Revaccination Reason:	
Adverse Reaction:	
District/Region:	
Dates of VIS Publications:	
Date VIS Form Given:	
Ordering Provider:	
Comments:	
Entered By:	MADDIE BARBER
Entry Date:	09/21/2018 02:15:40 PM
Last Updated By:	MADDIE BARBER
Last Update:	09/21/2018 02:15:40 PM

Cancel Edit Record Delete Record
Add/Edit Adverse Reactions

SPECIAL CONSIDERATIONS

1. Select Vaccinations panel.
2. Click View/Add.
3. Click Special Considerations.
4. Select type of Special Consideration and Vaccine.
5. Optional: Permanent? And Month/Year/Age.

The screenshot shows a web form titled "Add Special Consideration". At the top, there are three expandable sections: "Contraindications", "Exemptions", and "Precautions", each with a downward arrow icon. Below these is the "Add Special Consideration" section, which includes the following fields:

- Facility Where Documented: KIDS CLUB
- Date Documented: 09/21/2018
- Radio buttons for "Contraindication" (selected), "Exemption", and "Precautions".
- "Vaccine:" dropdown menu with "--select--".
- "Contraindication:" dropdown menu with "--select--".
- "Permanent:" checkbox, which is unchecked.

Below this is the "Additional Disease Information" section, which includes two rows of checkboxes and text input fields:

- Row 1: Unchecked checkbox, "Month/Year:", and an empty text input field.
- Row 2: Unchecked checkbox, "Age:", and an empty text input field.

At the bottom right of the form, there are two buttons: "Back" and "Save".

NOTE: Special Considerations include Contraindications, Exemptions (Refusals), and Precautions. Vaccine refusals should be recorded as Vaccine Deferrals.

TAKE AWAY MESSAGE

Use the resources available!

Refer to the imMTrax Training page and the Document Center for on-demand resources



THANK YOU FOR ATTENDING!

MADDIE BARBER
MBARBER@MT.GOV
406-444-9539