

Immunization Advisory Committee
Summary of Minutes
Michael A. Bilandic Building
160 N. LaSalle St. Room N505
Chicago, IL
July 16, 2008

Members Present:

Rashmi Chugh, M.D
Robert Daum, M.D
Robyn Gabel, M.S.P.H, M.J
Karen Grush, R.N, M.S
Stephen Laker, M.S

Julie Morita, M.D
Susanna Roberts, R.N. M.S.N.
Margaret Saunders , M.S
Lorraine Schoenstadt, M.S, R.N
Dennis Vickers, M.D, M.P.H

Others in Attendance:

Sandie Benen GSK
Roger Bickel Freeborn & Peters
Ann Chikahisa, GSK
Heather Densmore Merck Vaccine
Carol Gibson Finley, IDPH
Paula Jimenez, Sanofi Pasteur
Mike Kimak, Wyeth
Janet Larson, IDPH
Karyn Lyons, Lake County Health Dept.

Martin Matthews, Merck Vaccine
Barbara Alexander Mullarkey, IVAC
Teri Nicholson, IDPH
Christine Polivka, GSK
Roy Pura, GSK
Salaeha Shariff, ICAAP
Brenda Snyder,
Lynnae Veldhuizen, Sanofi Pasteur
Amanda Wilkins, ICAAP

1. Welcome and Introductions
 - Dr. Daum called the meeting to order and asked for introductions of the committee.
2. Old Business and approval of Minutes
 - Dr. Daum asked the committee if they accepted the minutes. Margaret Saunders made the motion to approve the minutes as they stand and Susanna Roberts seconded the motion.
3. New Business
 - A. Legislative & Rule Update

Janet Larson indicated that the meeting's packets included a copy of the provider letter and Declaration of Exemption as issued on July 1, 2008 in relation to Public 94-0614, the Mercury-Free Vaccine Act. Copies had also been distributed to all committee members via email prior to the meeting. The statewide exemption includes the following vaccines: Japanese Encephalitis: Tetanus and Diphtheria Toxoids Absorbed: tetanus toxoid: Diphtheria-Tetanus, Meningococcal Polysaccharide: DTaP/HepB/IPV and Influenza Vaccine 2008-2009 multi dose formulation. The memo and the declaration

are available on the Department's web site
www.idph.state.il.us/about/shots.htm

Janet Larson indicated that the packet also included a copy of PA 95-0422 that amended the School Code to change the timing of one of the physical examinations required for school entry from fifth grade to sixth grade. The act became effective on Aug 24, 2007. Since the 2007-08 school years had already begun at that time, there was no time to notify providers or parents of the change that would have required the current 5th graders to receive another exam in the following year. As a result, IDPH and the Illinois State Board of Education agreed for the 2008-2009 school year only, that any fifth grade entrance examination conducted from August 2006 through and including September 2007 would meet the requirements for the sixth grade entrance examination.

ACIP Update: presented by Dr. Julie Morita (please see attached power pt. presentation)

B. ICARE Update: presented by Teri Nicholson (please see attached power pt presentation)

Some of the topics of discussion included web access, time that it takes to enter the information, data exchange, school nurse access to ICARE and how other states such as Michigan have been successful with their registry.

C. Public clinic progress for Adult Viral Hepatitis Vaccination Services: presented by Carol Finley (please see attached power pt. presentation.)

D. Future topics for Advisory Committee meetings

Included the following: Goals for the registry and registry development, guidance for health care facilities and implementing enforcement of health care personnel immunization recommendations, neonatal prevention programs for HIV and HBV, and vaccine financing in the public and private sector.

Open meeting speaker- Barbara Mullarkey, President, Illinois Vaccine Awareness Coalition. Barbara had presented the following questions is the committee going to make known the VAERS results of HPV vaccine, is the committee going to make public the statement of Diane Harper on HPV research, is the committee going to compile state level data from the National Vaccine Injury Compensation Program in IL, wanted to know the status of the Mercury-Free Vaccine act, if there was a parent representative on the committee, and wanted information on the health record process described by Susanna Roberts and Julie Johnson.

4. Future date for 2008 meetings October 8, 2008

5. Adjourn

- Dr. Daum declared the meeting adjourned.

Illinois Statewide Immunization Registry

Illinois Department of Public Health



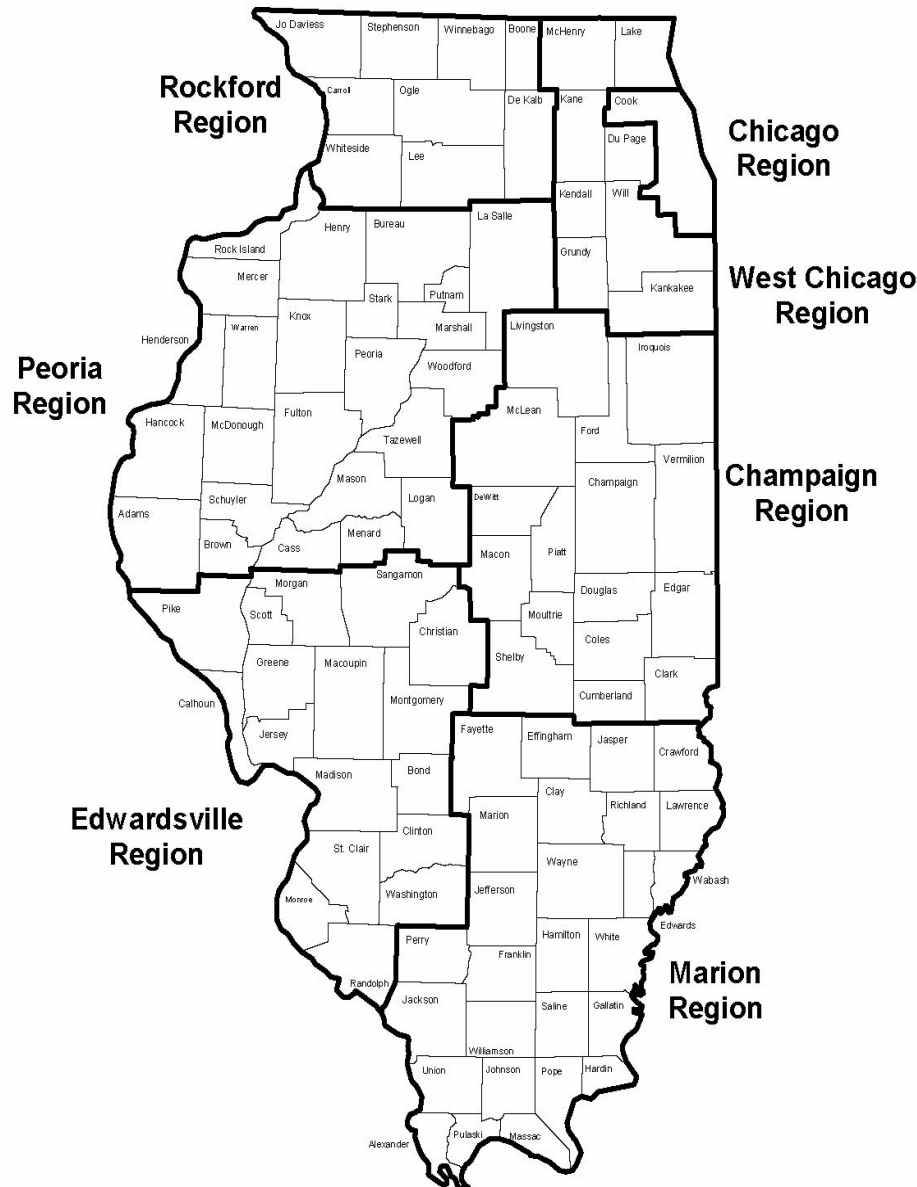
Illinois Comprehensive Automated Immunization Registry Exchange



Registry Program Staff

- Teri Nicholson, Registry Administrator
- Keith (Woody) Wood, Technical Advisor
- Cynthia Dawkins, Registry Specialist
- Robin Holding, IT Project Manager
- Assistance
 - 7 Regional Immunization Program Staff
 - West Chicago
 - Chicago/Cook County
 - Peoria
 - Champaign
 - Edwardsville
 - Marion
 - Rockford

ILLINOIS DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION SECTION REGIONAL REPRESENTATIVES



ROCKFORD REGION

JoEllen Lang
4302 N. Main Street
Room 101
Rockford, IL 61103
Phone: 815-987-7511
Fax: 815-987-7822
E-mail: joellen.lang@illinois.gov

CHICAGO REGION

Madhu Nappi
4212 W. St. Charles Road
Bellwood, IL 60104
Phone: 708-544-5300
Fax: 708-544-5830
E-mail: madhu.nappi@illinois.gov

PEORIA REGION

Mark Andreasen
5415 North University Street
Peoria, IL 61614
Phone: 309-693-5360
Fax: 309-691-2985
E-mail: mark.andreasen@illinois.gov

WEST CHICAGO REGION

Janet Daniels
245 W. Roosevelt Road, Bldg. #5
West Chicago, IL 60185
Phone: 630-293-6800
Fax: 630-293-6908
E-mail: janet.daniels@illinois.gov

EDWARDSVILLE REGION

Marla Jentsch
22 Kettle River Drive
Glen Carbon, IL 62034
Phone: 618-656-6680
Fax: 618-656-8970
E-mail: marla.jentsch@illinois.gov

CHAMPAIGN REGION

Debbie Rowe
2125 South First Street
Champaign, IL 61820
Phone: 217-278-5900
Fax: 217-278-5959
E-mail: debra.rowe@illinois.gov

MARION REGION

Kathy McFadden
2309 West Main Street
Marion, IL 62959
Phone: 618-993-7010
Fax: 618-993-7052
E-mail: kathy.mcfadden@illinois.gov

If you have any questions concerning immunizations,
please call 800-526-4372.

TTY (hearing impaired use only) 800-547-0466

Immunization information also available at www.idph.state.il.us

Immunization Registries



- Computerized information systems that collect vaccination histories and help ensure correct and timely immunizations, especially for children.
- States and local communities throughout the country are developing confidential registries with assistance from federal, state, and local partners. Registries are endorsed by many highly respected professional organizations, such as the American Academy of Pediatrics (AAP), the American Medical Association (AMA), and the National Medical Association (NMA).

Advantages and Features



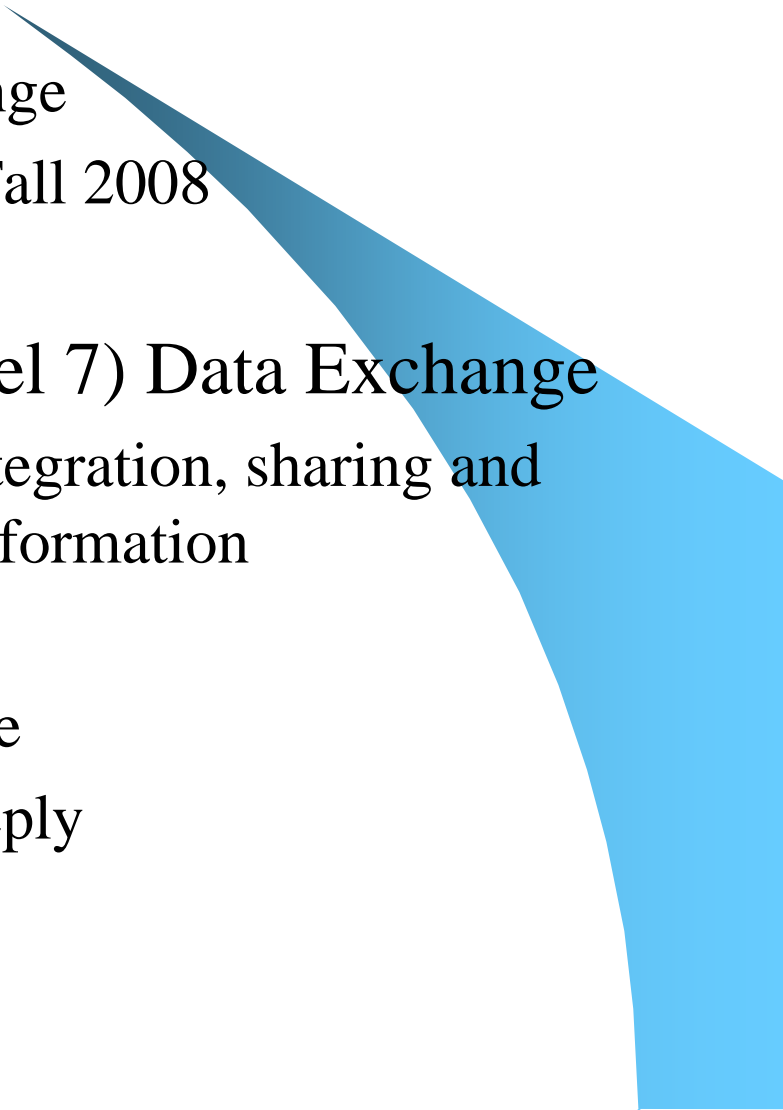
- Access through the Internet
- Real time view of immunization records
- User friendly screens
- Easy to upgrade and maintain
- Database free from local PC failure
- Error checking/preventing
- Vaccine inventory management
- Generates multiple reports:
 - Prints school physical
 - Detailed patient shot record
 - VFC profile
 - Reminder/recall letters and labels

I-CARE Development

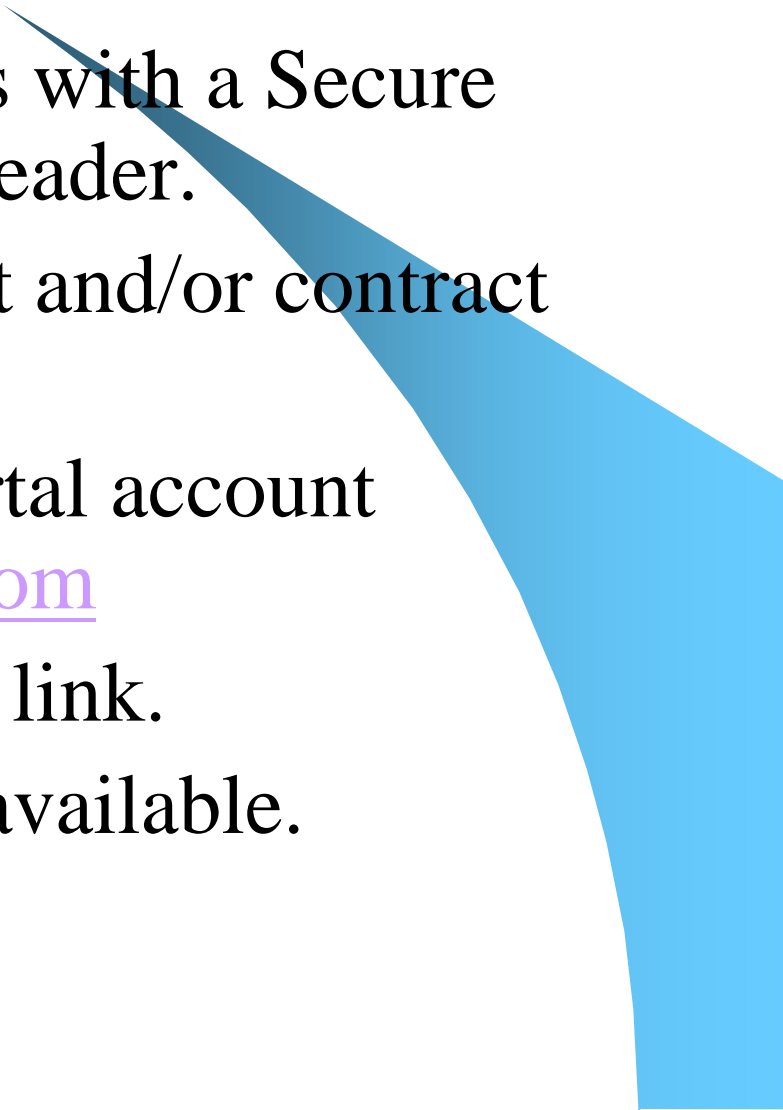


- Web-based Immunization Registry
- I-CARE Pilot phase began August 2007
- I-CARE Production phase began December 2007
 - Moving TOTS Providers over to I-CARE
 - Adding new I-CARE Providers
- Gathering Feedback from active Providers
- New Release of I-CARE for Late 2008

Exchanging Data with I-CARE

- Cornerstone Data Exchange
 - Currently it is a weekly exchange
 - It will be a daily exchange in Fall 2008
 - FUTURE - HL7 (Health Level 7) Data Exchange
 - Standards for the exchange, integration, sharing and retrieval of electronic health information
 - Vaccination record messages
 - One-way registry record update
 - Two-way registry query and reply
- 

How to Get Access to I-CARE

- Must have Internet access with a Secure Connection and Adobe Reader.
 - Obtain registration packet and/or contract from I-CARE staff.
 - Apply for IDPH Web Portal account online at www.idphnet.com
Click on Sign up now link.
 - Apply for training when available.
- 

Basic Features of I-CARE

- Ability to search for patients using patient name or identifier.
- Capability to create and edit patient data using (NVAC)-approved data fields.
- Ability to create contacts and siblings of patients.
- Provides a feature for patient consent.
- Checks for duplicate records.
- Capability to add and modify historical or current immunizations.
- Determines past due, due and future routine immunizations based upon the ACIP recommended immunization schedule.
- Ability to record adverse reactions, contraindications, immunities and religious exemptions.
- Capability to produce patient reminder/recalls and appointments.
- Ability to enter VIS (Vaccine Information Statement) information.
- Produces patient specific (including school physical), coverage level and ad-hoc reports.
- Includes a vaccine inventory management system.
- Tracks vaccine refrigerator and freezer temperatures.
- Ability for providers to create sub-clinics, define defaults and add employees.
- Provides Help Files and an automated Call Center.

Home Page

Home Patient VaccMgmt Reports Reminder Defaults Help CallCenter Logout
Clinic ICARE TRAINING SITE1 Provider HOLDING, ROBIN Gives Vaccine WOOD, FLORENCE

Illinois Department of Public Health



Illinois Comprehensive Automated Immunization Registry Exchange

Version: 1.0.18 | Compiled: 2/26/2008 6:00 PM | Database: ORATEST

WELCOME TO I-CARE!

The Illinois Department of Public Health developed the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE) to link the state's immunization registry to medical practices throughout Illinois.

[Read more...](#)

NEWS

ORATEST

Published 8 months ago

This is just a reminder that you are currently using **ORATEST** as your database.



- [Administration](#)
- [Patients](#)
- [Vaccine Management](#)
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- [Logout](#)

Contact Us

Illinois Department of Public Health
Immunization Program
525 W. Jefferson, 1st Floor
Springfield, IL 62761
(217) 785-1455
dph.icare@illinois.gov

IDPH Help Desk
(800) 366-8768
(217) 524-4784 (in Springfield)

Other Links

- [Allied Vaccine Group](#)
- [American Academy of Pediatrics \(AAP\)](#)

Home Page – Bottom Half

ORATEST

Published 8 months ago

This is just a reminder that you are currently using ORATEST as your database.



YOUR APPOINTMENTS

The following calendar shows this month's scheduled appointments for the current clinic/provider combination selected at the top of the page...

April 2008						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25 You have Appt(s)	26
27	28 You have Appt(s)	29 You have Appt(s)	30	1	2	3
4	5	6	7	8	9	10

Today's appointments...

Time	Patient	Phone	Provider
10:30 AM	SARA SNOW		HR BLOCK
11:15 AM	BOB JONES		HR BLOCK
02:00 PM	JO FLINSTONE		HR BLOCK
03:00 PM	ALLEN JORDAN	(618) 555-1234	HR BLOCK

Other Links

- [Allied Vaccine Group](#)
- [American Academy of Pediatrics \(AAP\)](#)
- [CDC - Immunization Information Systems \(IIS\)](#)
- [CDC - Vaccines and Immunizations](#)
- [CPT Reference Site](#)
- [Childhood Immunization Support Program \(CISP\)](#)
- [IDPH Portal](#)
- [Immunization Action Coalition](#)
- [National Network for Immunization Information \(NNII\)](#)
- [National Vaccine Program Office \(NVPO\)](#)
- [Report of the Committee on Infectious Diseases - \(Red Book\)](#)
- [Vaccine Adverse Event Reporting System \(VAERS\)](#)
- [Vaccine Education Center at Children's Hospital of Philadelphia \(CHOP\)](#)
- [Vaccine Information for the public and health professionals](#)



National Immunization Hotline

(800) CDC-INFO [232-4636]

Speak to a live person concerning:

- Location of immunization clinics
- Answers to commonly-asked questions
- Ordering single copies of immunization materials

Patient Search Results

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Clinic:
 Provider:
 Gives Vaccine:

PATIENT SEARCH

A list of patients previously saved to your clinic's queue/list is displayed by default. Enter search criteria in the form on the left to filter the displayed list, or to search for a patient not currently in the list. Click on the name of the desired patient to view details for that patient. Click the column headers to sort by that column. You must perform at least one patient search before adding a new patient.

Search In: Current Clinic Only
 All Patients/Statewide

Last Name:

First:

Middle:

Birth Date:

Phone:

SSN:

ID Num:

Zip:

City:

County:

[➤ Search For Patients](#)
[➤ Add New Patient](#)
[➤ Clear Search Form](#)
[➤ Return to Home Page](#)

Name	DOB ▲	City
JORDAN, ALAN	04/04/1964	PONTOON BEACH, IL
JORDON, ALLEN	04/04/1964	SOUTHERN VIEW, IL
JORDAN, ALLAN	06/30/2002	MOUNT CARMEL, IL
JORDEN, ALAN	06/30/2002	ALORTON, IL
JORDON, ALEN	06/30/2002	CENTREVILLE, IL
JORDAN, ALEN	07/10/2003	SOUTHERN VIEW, IL
JORDEN, ALLEN	07/10/2003	ALTON, IL
JORDIN, ALLEN	07/10/2003	BELLEVILLE, IL
JORDAN, ALLEN	11/30/2005	EAST ALTON, IL
JORDEN, ALEN	11/30/2005	CENTREVILLE, IL
JORDAN, ALAN	12/31/2005	BRADFORDTON, IL
JORDIN, ALAN	07/15/2006	EAST ST. LOUIS, IL
JORDON, ALAN	07/15/2006	SWANSEA, IL
JORDAN, ALLEN	02/02/2007	SPRINGFIELD, IL
JORDIN, ALEN	07/15/2007	BELLEVILLE, IL
JORDIN, ALLAN	07/15/2007	EAST ST. LOUIS, IL
JORDON, ALLAN	07/15/2007	EAST ST. LOUIS, IL


Filter: [A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#) | [All](#)

Record Count: 17 (filtered) of 356

Patient Record

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Clinic:
 Provider:
 Gives Vaccine:

 **PATIENT VIEW**

Review Patient data. Use the buttons at the bottom of the form to perform Patient operations.

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 5 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

[Patient](#)
[Contacts](#)
[ID Numbers](#)
[Insurance](#)
[School](#)
[Notes](#)
[Shot History >>](#)

Patient: ALLEN JORDAN <hr/> Date of Birth: 11/30/2005 Sex: Male SSN: n/a <hr/> Multiple Births: 1 of 1 Mother's Maiden: n/a <hr/> Nationality: UNITED STATES Race: FILIPINO Language: English <hr/> VFC Eligible: Medicaid-Y Consented: Yes Religious Exempt: No Deceased: No Status: Active <hr/> Provider: BLOCK, HR	Contact: Mother (Primary) Name: MARY JORDAN <hr/> Date of Birth: n/a SSN: n/a <hr/> Address: 45 QUICK DRAW EAST ALTON, IL 62024 County: MADISON <hr/> Phone Number: (618)555-1234 Work Number: n/a E-Mail: n/a
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[➤ Edit Patient](#)
[➤ Remove Patient from Clinic](#)
[➤ Add Appointment](#)
[➤ Return to Patient Search](#)

[➤ Add Shots](#)
[➤ Patient Reports](#)
[➤ PRINT School Physical...](#)
[➤ PRINT Patient Record...](#)



Contacts

Home Patient VaccMgmt Reports Reminder Defaults Help CallCenter Logout
Clinic ICARE TRAINING SITE1 Provider BLOCK, HR Gives Vaccine TRAIN3, ICARE

PATIENT VIEW - CONTACTS

Review Patient data. Use the buttons at the bottom of the form to perform Patient operations.

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 4 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

Patient Contacts ID Numbers Insurance School Notes Shot History >>

Contact Name	Relationship	DOB	SSN	Address
ALLEN JORDAN	Self	11/30/2005	n/a	45 QUICK DRAW EAST ALTON, IL 62024
MARY JORDAN	Mother (Primary)	n/a	n/a	45 QUICK DRAW EAST ALTON, IL 62024 H: (618)555-1234
ALICIA JORDAN	Sibling	06/24/2003	n/a	45 QUICK DRAW EAST ALTON, IL 62024

[+ Add New Contact](#)
[+ Add Sibling to Primary Contact](#)
[+ Return to Patient Search](#)

Record Count: 3



ID Numbers

Home Patient VaccMgmt Reports Reminder Defaults Help CallCenter Logout
Clinic ICARE TRAINING SITE1 Provider BLOCK, HR Gives Vaccine TRAIN3, ICARE

PATIENT VIEW - ID NUMBERS

Review Patient data. Use the buttons at the bottom of the form to perform Patient operations.

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 5 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

Patient Contacts ID Numbers Insurance School Notes Shot History >

ID Number

Chart ID: [JO113005](#)

[Add New ID Number](#) Record Count: 1
[Return to Patient Search](#)



Insurance

Home Patient VaccMgmt Reports Reminder Defaults Help CallCenter Logout

Clinic ICARE TRAINING SITE1 Provider BLOCK, HR Gives Vaccine TRAIN3, ICARE

PATIENT EDIT - INSURANCE



Edit Insurance Carrier for the current Patient.

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 5 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

Patient Contacts ID Numbers Insurance School Notes Shot History »

Insurance Carrier	HEALTHLINK HMO, INC.
Type of Insurance	Primary Ins
Date Coverage Begins	4/1/2008
Date Coverage Ends	6/30/2009

* Required

-  [Save Changes](#)
-  [Cancel and Return to Menu](#)



School

Home Patient VaccMgmt Reports Reminder Defaults Help CallCenter Logout

Clinic ICARE TRAINING SITE1 Provider BLOCK, HR Gives Vaccine TRAIN3, ICARE

PATIENT VIEW - SCHOOL

Review Patient data. Use the buttons at the bottom of the form to perform Patient operations.

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 4 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

Patient Contacts ID Numbers Insurance **School** Notes Shot History >>

District	School
SPRINGFIELD SCHOOL DISTRICT 186	ILES ELEM SCHOOL

[Edit District/School](#) [Return to Patient Search](#) Record Count: 1

Notes

Home	Patient	VaccMgmt	Reports	Reminder	Defaults	Help	CallCenter	Logout
Clinic	ICARE TRAINING SITE1	Provider	BLOCK, HR	Gives Vaccine	TRAIN3, ICARE			

PATIENT VIEW - NOTES

Review Patient data. Use the buttons at the bottom of the form to perform Patient operations.

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 4 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

Patient	Contacts	ID Numbers	Insurance	School	Notes	Shot History >>
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Notes	Provider
Patient requires wheel chair access.	BLOCK, HR

[Add New Patient Note](#) Record Count: 1
[Patient Note Report](#)
[Return to Patient Search](#)

Notes Report

Illinois Department of Public Health

04/28/2008



Patient Notes Report

Name:	ALLEN JORDAN	
Address:	45 QUICK DRAW, EAST ALTON, IL 62024	
Phone:	(618) 555-1234	
Birth Date:	11/30/2005	
<u>Patient Notes</u>		
Note	Date Added	Clinic
Patient requires wheel chair access.	04/28/2008	ICARE TRAINING SITE1



Shot History

Add Current Shots

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 5 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

Vaccine Group	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7
DTP	01/28/2008	03/03/2008					
HIB	01/31/2006						
HAV	11/30/2006						
HBV	11/30/2005						
HPV	01/28/2008						
FLU	04/23/2007	01/28/2008	09/01/2008				
MMR	11/30/2006						
MEN	11/30/2016						
PNE	01/28/2008						
POL	01/31/2006						
ROT	12/28/2007						
Td	04/23/2007	11/30/2012					
VAR	01/28/2008						

Show these Lots:

VFC
 Non-VFC
 All

Given	Date Given	Vaccine Group	Vaccine Due Date*	Vaccine Name	Body Site	Route	Lot #	Manufac	Exp Date	Gave Vaccine	Provider of Record
<input type="checkbox"/>	04/29/2008									TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	DTP		Acel-Immune			0123	N/A		TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	HIB	01/31/2006	Hib (PRP-D)			llk010160	N/A		TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	HAV	11/30/2006	HAV PED/ADOL 2 dose			HHH1234	N/A		TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	HBV								TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	HPV		GARDASIL			bsd0324	N/A		TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	FLU	09/01/2008	Flu >3 yes - split, Pfree, IM			62275y	N/A		TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	MMR	11/30/2006	Attenuvax			0764u	N/A		TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	MEN	11/30/2016	Menactra			ffww1218	N/A		TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	PNE		PNEUMOVAX 23			jrj31008	N/A		TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	POL	01/31/2006	IPOL			445lll12321	N/A		TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	ROT		ROTATEQ			1234maw12r	N/A		TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	Td	11/30/2012	ADACEL			c2758	N/A		TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	VAR		MMRV			20081220	N/A		TRAIN3, ICAR	BLOCK, HR
<input type="checkbox"/>	04/29/2008	Other		Adenovirus NOS			10	N/A		TRAIN3, ICAR	BLOCK, HR

NC is an abbreviation for "Does Not Count."

NC Invalid
Due Now
Future appointment

* The Immunization Status is evaluated based on the Consensus recommendations of the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and Immunization Practices Advisory Committee (ACIP).

Shot History

Add Historical Shots

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Clinic: ICARE TRAINING SITE1 | Provider: BLOCK, HR | Gives Vaccine: TRAIN3, ICARE

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 5 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

[« Patient](#)
[Shot History](#)
[Adverse Events \(1\)](#)
[Contraindications \(1\)](#)
[Immunities \(1\)](#)

Vaccine Group	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7
DTP	01/28/2008	03/03/2008					
HIB	01/31/2006						
HAV	11/30/2006						
HBV	11/30/2005						
HPV	01/28/2008						
FLU	04/23/2007	01/28/2008	09/01/2008				
MMR	11/30/2006						
MEN	11/30/2016						
PNE	01/28/2008						
POL	01/31/2006						
ROT	12/28/2007						
Td	04/23/2007	11/30/2012					
VAR	01/28/2008						

Hospital HBV

Date Given: 11/30/2005 | hbv: | hbig:

Vaccine Visit Dates

1st Visit Date		2nd Visit Date		3rd Visit Date		4th Visit Date		5th Visit Date	
04/29/2008	<input type="checkbox"/>	04/29/2008	<input type="checkbox"/>	04/29/2008	<input type="checkbox"/>	04/29/2008	<input type="checkbox"/>	04/29/2008	<input type="checkbox"/>
DTP	<input type="checkbox"/>	DTP	<input type="checkbox"/>	DTP	<input type="checkbox"/>	DTP	<input type="checkbox"/>	DTP	<input type="checkbox"/>
HIB	<input type="checkbox"/>	HIB	<input type="checkbox"/>	HIB	<input type="checkbox"/>	HIB	<input type="checkbox"/>	HIB	<input type="checkbox"/>
HAV	<input type="checkbox"/>	HAV	<input type="checkbox"/>	HAV	<input type="checkbox"/>	HAV	<input type="checkbox"/>	HAV	<input type="checkbox"/>
HBV	<input type="checkbox"/>	HBV	<input type="checkbox"/>	HBV	<input type="checkbox"/>	HBV	<input type="checkbox"/>	HBV	<input type="checkbox"/>
HPV	<input type="checkbox"/>	HPV	<input type="checkbox"/>	HPV	<input type="checkbox"/>	HPV	<input type="checkbox"/>	HPV	<input type="checkbox"/>
FLU	<input type="checkbox"/>	FLU	<input type="checkbox"/>	FLU	<input type="checkbox"/>	FLU	<input type="checkbox"/>	FLU	<input type="checkbox"/>
MMR	<input type="checkbox"/>	MMR	<input type="checkbox"/>	MMR	<input type="checkbox"/>	MMR	<input type="checkbox"/>	MMR	<input type="checkbox"/>
MEN	<input type="checkbox"/>	MEN	<input type="checkbox"/>	MEN	<input type="checkbox"/>	MEN	<input type="checkbox"/>	MEN	<input type="checkbox"/>
PNE	<input type="checkbox"/>	PNE	<input type="checkbox"/>	PNE	<input type="checkbox"/>	PNE	<input type="checkbox"/>	PNE	<input type="checkbox"/>
POL	<input type="checkbox"/>	POL	<input type="checkbox"/>	POL	<input type="checkbox"/>	POL	<input type="checkbox"/>	POL	<input type="checkbox"/>
ROT	<input type="checkbox"/>	ROT	<input type="checkbox"/>	ROT	<input type="checkbox"/>	ROT	<input type="checkbox"/>	ROT	<input type="checkbox"/>
Td	<input type="checkbox"/>	Td	<input type="checkbox"/>	Td	<input type="checkbox"/>	Td	<input type="checkbox"/>	Td	<input type="checkbox"/>
VAR	<input type="checkbox"/>	VAR	<input type="checkbox"/>	VAR	<input type="checkbox"/>	VAR	<input type="checkbox"/>	VAR	<input type="checkbox"/>

Given	Date Given	Vaccine Group	Vaccine Name	Body Site	Lot #	Manufac	Exp Date	Gave Vaccine	Provider of Record
<input type="checkbox"/>	04/29/2008				UNK	UNK	UNK	UNK	UNK
<input type="checkbox"/>	04/29/2008				UNK	UNK	UNK	UNK	UNK
<input type="checkbox"/>	04/29/2008				UNK	UNK	UNK	UNK	UNK
<input type="checkbox"/>	04/29/2008				UNK	UNK	UNK	UNK	UNK
<input type="checkbox"/>	04/29/2008				UNK	UNK	UNK	UNK	UNK

NC is an abbreviation for "Does Not Count."

 NC:Invalid
 Due Now
 Future appointment

* The Immunization Status is evaluated based on the Consensus recommendations of the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and Immunization Practices Advisory Committee (ACIP).

Shots – Detail View

PATIENT VIEW - IMMUNIZATION HISTORY

Review Patient Immunization data. Immunization status is evaluated based on the consensus recommendations of the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and Immunization Practices Advisory Committee (ACIP).

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 4 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

« Patient	Shot History	Adverse Events (1)	Contraindications (1)	Immunities (1)
---------------------------	---------------------	------------------------------------	---------------------------------------	--------------------------------

Detail
 Short
 Grid
 Deleted
 **** To view the invalid or due vaccinations use the Detail or Short view.**

FAMILY #	Vaccine Name	Date Given	Status*	Body Site	Lot No.	Gave Vaccine	Provider of Record	VIS Date	Edit	DELETE
DTP	1 Acel-Immune	01/28/2008		✓ Unknown	1235u	TRAIN3- ICARE	TRAIN1- ICARE		EDIT	<input type="checkbox"/>
	2 DTaP, 5	03/03/2008		✓ Right Thigh	TS 963 tg	SMITH, UNIQUE	CONWAY, LAMENTA	05/17/2007	EDIT	<input type="checkbox"/>
HIB	1	01/31/2006	DUE NOW	⚠						
HAV	1	11/30/2006	DUE NOW	⚠						
HBV	1	11/30/2005	DUE NOW	⚠						
HPV	1 GARDASIL	01/28/2008		✓ Right Arm	1554U	TRAIN3- ICARE	TRAIN1- ICARE	02/02/2007	EDIT	<input type="checkbox"/>
FLU	1 Influenza NOS	04/23/2007		✓ Unknown	UNK	UNKNOWN	UNKNOWN		EDIT	<input type="checkbox"/>
	2 Flu >3 yes - split, Pfree, IM	01/28/2008		✓ Unknown	987654ma	TRAIN3- ICARE	TRAIN1- ICARE	07/16/2007	EDIT	<input type="checkbox"/>
	3	09/01/2008	DUE LATER	📅						
MMR	1	11/30/2006	DUE NOW	⚠						
MEN	1	11/30/2016	DUE LATER	📅						
PNE	1 Pneumococcal PCV7	01/28/2008		✓ Unknown	UNK	UNKNOWN	UNKNOWN	09/30/2002	EDIT	<input type="checkbox"/>
POL	1	01/31/2006	DUE NOW	⚠						
ROT	1 ROTATEQ	12/28/2007		✓ Unknown	UNK	UNKNOWN	UNKNOWN		EDIT	<input type="checkbox"/>
Td	1 Td	04/23/2007	Invalid vaccine	✗ Unknown	UNK	UNKNOWN	UNKNOWN		EDIT	<input type="checkbox"/>
	2	11/30/2012	DUE LATER	📅						
VAR	1 Varicella	01/28/2008		✓ Unknown	UNK	UNKNOWN	UNKNOWN	01/10/2007	EDIT	<input type="checkbox"/>
Other										

- [➤ Add Current Shots](#)
- [➤ Add Historical Shots](#)
- [➤ Add Appointment](#)
- [➤ Print Shot History](#)
- [➤ Return to Patient View](#)

- [➤ Patient Reports](#)
- [➤ PRINT School Physical...](#)
- [➤ PRINT Patient Record...](#)

Shots - Short View

PATIENT VIEW - IMMUNIZATION HISTORY

Review Patient Immunization data. Immunization status is evaluated based on the consensus recommendations of the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and Immunization Practices Advisory Committee (ACIP).

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 4 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

« Patient	Shot History	Adverse Events (1)	Contraindications (1)	Immunities (1)
---------------------------	---------------------	------------------------------------	---------------------------------------	--------------------------------

Detail
 Short
 Grid
 Deleted
 **** To view the invalid or due vaccinations use the Detail or Short view.**

FAMILY	#	Vaccine Name	Date Given	Status*	
DTP	1	Acel-Immune	01/28/2008		✓
	2	DTaP, 5	03/03/2008		✓
HIB	1		01/31/2006	Due Now	⚠
HAV	1		11/30/2006	Due Now	⚠
HBV	1		11/30/2005	Due Now	⚠
HPV	1	GARDASIL	01/28/2008		✓
FLU	1	Influenza NOS	04/23/2007		✓
	2	Flu >3 yes - split, Pfree, IM	01/28/2008		✓
	3		09/01/2008	Due Later	📅
MMR	1		11/30/2006	Due Now	⚠
MEN	1		11/30/2016	Due Later	📅
PNE	1	Pneumococcal PCV7	01/28/2008		✓
POL	1		01/31/2006	Due Now	⚠
ROT	1	ROTATEQ	12/28/2007		✓
Td	1	Td	04/23/2007	Invalid vaccine	✗
	2		11/30/2012	Due Later	📅
VAR	1	Varicella	01/28/2008		✓
Other					

- [➤ Add Current Shots](#)
- [➤ Add Historical Shots](#)
- [➤ Add Appointment](#)
- [➤ Print Shot History](#)
- [➤ Return to Patient View](#)

- [➤ Patient Reports](#)
- [➤ PRINT School Physical...](#)
- [➤ PRINT Patient Record...](#)

Shots - Grid View

Home	Patient	VaccMgmt	Reports	Reminder	Defaults	Help	CallCenter	Logout
Clinic	ICARE TRAINING SITE1	Provider	BLOCK, HR	Gives Vaccine	TRAINS, ICARE			

PATIENT VIEW - IMMUNIZATION HISTORY

Review Patient Immunization data. Immunization status is evaluated based on the consensus recommendations of the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and Immunization Practices Advisory Committee (ACIP).

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 4 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

« Patient	Shot History	Adverse Events (1)	Contraindications (1)	Immunities (1)
---------------------------	------------------------------	------------------------------------	---------------------------------------	--------------------------------

Detail
 Short
 Grid
 Deleted
 **** To view the invalid or due vaccinations use the Detail or Short view.**

Family	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7
DTP	01/28/2008	03/03/2008					
HPV	01/28/2008						
FLU	04/23/2007	01/28/2008					
PNE	01/28/2008						
ROT	12/28/2007						
VAR	01/28/2008						

- [➤ Add Current Shots](#)
- [➤ Add Historical Shots](#)
- [➤ Add Appointment](#)
- [➤ Print Shot History](#)
- [➤ Return to Patient View](#)

- [➤ Patient Reports](#)
- [➤ PRINT School Physical...](#)
- [➤ PRINT Patient Record...](#)





STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CERTIFICATE OF CHILD HEALTH EXAMINATION

Please Print

Student's Name JORDAN ALLEN Last First Middle	Birth Date 11/03/2005 Month/Day/Year	Sex Male	School ILES ELEM SCHOOL	Grade Level/ID #
45 QUICK DRAW, EAST ALTON, 62224 Address Street Zip Code	Parent/ Guardian MARY JORDAN	Telephone # (618) 555-1234	Home	Work

IMMUNIZATIONS: To be completed by health care provider. Note the month/day for any dose administered. The day and month is required if you cannot determine if the vaccine was given after the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.

VACCINE/DOSE	1 MO / DA / YR	2 MO / DA / YR	3 MO / DA / YR	4 MO / DA / YR	5 MO / DA / YR	6 MO / DA / YR
Diphtheria, Tetanus and Pertussis (DTP or DTap)	01/28/2008	03/03/2008				
Diphtheria and Tetanus (Pediatric DT or Td)						
Inactivated Polio (IPV)						
Oral Polio (OPV)						
Haemophilus influenzae type b (Hib)						
Hepatitis B (HB)						
Varicella (Chickenpox)	01/28/2008				Comments	
Combined Measles, Mumps and Rubella (MMR)						
Measles (Rubella)						
Rubella (3-day measles)						
Mumps						
Pneumococcal (not required for school entry)	<input checked="" type="checkbox"/> PCV7 <input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23
Check specific type (PCV7, PPV23)	01/28/2008					
Other (Specify hepatitis A, meningococcal, etc.)						

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.

Signature	Title	Date
Signature	Title	Date

(If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

Signature	Title	Date
Signature	Title	Date

ALTERNATE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by Physician. *(All varicella cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubella) MO DA YR MUMPS MO DA YR VARICELLA MO DA DA 25 YR 2008 Physician's Signature

2. History of varicella (chickenpox) disease if verified by health care provider, school health professional or health official. Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease 04/25/2008 Signature Title Date

3. Laboratory Confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella

Lab Results DATE MO DA YR (Attach copy of lab report, if available.)

VISION AND HEARING SCREENING DATA

Pre-School - annually beginning at age 3; School age - during school year at required grade levels

Date	Age/Grade	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L

Code: P=Pass F=Fail U=Unable to test S=Screened G/C=Glaucoma/Contacts

School Physical

School Physical

Student's Name JORDAN ALLEN		Birth Date 11/02/2005	Sex Male	School ILES ELEM SCHOOL	Grade Level/ID #
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER					
ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis)		
Diagnosis of asthma? Child wheezes during the night coughing	Yes <input type="checkbox"/> No <input type="checkbox"/>	In Scale Severity	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Birth defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Hospitalizations? When? What for?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Developmental delay?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Surgery? (List all.) When? What for?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Blood disorders? Hemophilia, Sickle Cell, other? Explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>		Serious injury or illness?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>		TB skin test positive (past/present)?	Yes* <input type="checkbox"/> No <input type="checkbox"/>	*If yes, refer to local health department.
Head injury/concussion/faded out?	Yes <input type="checkbox"/> No <input type="checkbox"/>		TB disease (past or present)?	Yes* <input type="checkbox"/> No <input type="checkbox"/>	
Seizures? What are they like?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Tobacco use (type, frequency)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Heart problems/Shortness of breath?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Alcohol/Drug use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Heart murmur/high blood pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Family history of sudden death before age 50? (Cause?)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dizziness or chest pain with exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Other concerns?		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor, _____			Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other _____		
Other concerns? (crossed eyes, drooping lids, squinting, difficulty reading)					
Eating/feeding problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Information may be shared with appropriate personnel for health and educational purposes. Parent/Guardian Signature _____ Date _____		
Bone/Joint problems/injury/colitis?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Entire Section below to be completed by MD/DO/PA/NP/NA (INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)					
PHYSICAL EXAMINATION REQUIREMENTS		HEIGHT	WEIGHT	BMI	BP
DIABETES SCREENING	BMI > 85th age/sex Yes <input type="checkbox"/> No <input type="checkbox"/>	And any two of the following:		Family History Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/>
Signs of Insulin Resistance (Hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans)	Yes <input type="checkbox"/> No <input type="checkbox"/>			At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>	
LEAD RISK QUESTIONNAIRE * Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.					
Blood Test Indicated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Blood Test Date	Blood Test Result (Blood test required in Chicago and other high risk zip codes)		
TB SKIN TEST Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adult in high-risk categories. See CDC guidelines.					
LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES		Date	Results	Date	Results
Hemoglobin * or Hematocrit*					
Urinalysis			Other		
SYSTEM REVIEW	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs
Skin				Endocrine	
Ears				Gastrointestinal	
Eyes Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Objective Screening Yes <input type="checkbox"/> No <input type="checkbox"/> Result _____				Genito-Urinary	LMP
Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/> Referred to Ophthalmologist/Optometrist Yes <input type="checkbox"/> No <input type="checkbox"/>				Neurological	
Nose				Musculoskeletal	
Throat				Spinal Examination	
Mouth/Dental				Nutritional status	
Cardiovascular/HTN				Mental Health	
Respiratory					
NEEDS/MODIFICATIONS required in the school setting				DIETARY Needs/Restrictions	
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for ankyriasis, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup.					
MENTAL HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's health with school health personnel, check one: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal					
EMERGENCY ACTION needed while at school due to child's condition (e.g. seizures, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: _____					
On the basis of the examination on this day, I approve the child's participation in _____ (If No or Modified, please attach explanation)					
PHYSICAL EDUCATION Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>		INTERSCHOLASTIC SPORTS (for one year)		Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>	
Physician/Advanced Practice Nurse/Physician Assistant performing examination					
Print Name _____			Signature _____		Date _____
Address _____			Phone _____		
(Complete Both sides)					



Patient Immunization Report

Patient Imm. Report

Name: ALLEN JORDAN					
Address: 45 QUICK DRAW, EAST ALTON, IL 62024					
Phone: (618) 555-1234					
Birth Date: 11/30/2005	SEX: Male				
SSN: --					
Chart ID: JO113005					
Clinic: ICARE TRAINING SITE1					
<u>Patient Immunization History</u>					
Vaccine Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Pertussis and/or Tetanus	01/28/2008	03/03/2008			
Tetanus					
Influenza	04/23/2007	01/28/2008			
Hepatitis A					
Hepatitis B					
Haemophilus influenzae type b (Hib)					
Human Papilloma	01/28/2008				
Meningococcal					
Measles, Mumps, and/or Rubella					
Pneumococcal PCV 7	01/28/2008				
Polio					
Rotavirus	12/28/2007				
Varicella	01/28/2008				
<u>Patient Immunization Forecast</u>					
Vaccine Series	Due Date	Vaccine Series	Due Date	Vaccine Series	Due Date
DTP	11/30/2012	Hib	01/31/2006	Pneumococcal PCV 7	
Td		Human Papilloma		Polio	01/31/2006
Influenza	09/01/2008	Meningococcal	11/30/2016	ROT	
HepA	11/30/2006	MMR	11/30/2006	Varicella	
HepB	11/30/2006				
0 - Invalid shot					
<u>Patient Detailed History</u>					
Vaccine2	Date	Manufacturer	Lot Number	Expiry Date	
DTP(1)	01/28/2008	Wyeth-Ayerst (includes	1235u	10/25/2009	
DTaP, 5(2)	03/03/2008	Unknown manufacturer	TS 963 tg	11/01/2009	
FLU(0)	01/28/2008	Unknown manufacturer	987654ma	12/12/2009	
GARDASIL(0)	01/28/2008	Merck & Co., Inc.	1554U	05/05/2010	
Influenza NOS(1)	04/23/2007		UNK	05/05/2010	
Pneumococcal PCV7(1)	01/28/2008		UNK	05/05/2010	
ROTATEQ(0)	12/28/2007		UNK	05/05/2010	
Td(0)	04/23/2007		UNK	05/05/2010	
Varicella(1)	01/28/2008		UNK	05/05/2010	
*** The patient has an adverse reaction, a contraindication, or an immunity recorded. Please review the patient's information.					

Adverse Events

Home Patient VaccMgmt Reports Reminder Defaults Help CallCenter Logout
Clinic ICARE TRAINING SITE1 Provider BLOCK, HR Gives Vaccine TRAIN3, ICARE

PATIENT VIEW - ADVERSE EVENTS

Review Adverse Events for the current Patient. Click the "Add" button to create a new record. Only the original reporting Provider/Clinic will have edit/delete rights.

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 4 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

« Patient	Shot History	Adverse Events (1)	Contraindications (1)	Immunities (1)
---------------------------	------------------------------	------------------------------------	---------------------------------------	--------------------------------

Adverse Event	Shot Date	Date Added	Reporting Clinic/Provider
Required emergency room/doctor visit	01/28/2008	04/28/2008	ICARE TRAINING SITE1 -- HR BLOCK

[Add new Adverse Event](#) Record Count: 1
[Return to Immunization History](#)

The [Vaccine Adverse Event Reporting System \(VAERS\)](#) is a national program for vaccine safety, co-sponsored by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA).



Contraindications

Home Patient VaccMgmt Reports Reminder Defaults Help CallCenter Logout
Clinic ICARE TRAINING SITE1 Provider BLOCK, HR Gives Vaccine TRAIN3, ICARE

PATIENT VIEW - CONTRAINDICATIONS

Review Contraindications for the current Patient. Click the "Add" button to create a new record. Only the original reporting Provider/Clinic will have edit/delete rights.

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 4 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

« Patient	Shot History	Adverse Events (1)	Contraindications (1)	Immunities (1)
---------------------------	------------------------------	------------------------------------	---------------------------------------	--------------------------------

Contraindicator/Precaution	Immunization Affected	Date Added	Reporting Clinic/Provider
allergy to previous dose of this vaccine or to any of its unlisted vaccine components (anaphylactic) NOTE: allergic reaction to vaccination DTP/DTaP	contraindicates that vaccine	04/28/2008	ICARE TRAINING SITE1 -- HR BLOCK

[+ Add by Immunization Type](#) Record Count: 1
[+ Add by Medical Condition](#)
[+ Return to Shot History](#)



Immunities

Home Patient VaccMgmt Reports Reminder Defaults Help CallCenter Logout
Clinic ICARE TRAINING SITE1 Provider BLOCK, HR Gives Vaccine TRAIN3, ICARE

PATIENT VIEW - IMMUNITIES

Review Immunities for the current Patient. Click the "Add" button to create a new record. Only the original reporting Provider/Clinic will have edit/delete rights.

Last Name	First Name	Date of Birth	Age	VFC	App Date	Imm Status
JORDAN	ALLEN	Nov 30, 2005	2 yrs 5 months	Medicaid-Y	Apr 29, 2008 3:00 PM	PASTDUE:

[« Patient](#) [Shot History](#) [Adverse Events \(1\)](#) [Contraindications \(1\)](#) [Immunities \(1\)](#)

Immunity	Begin Date	Reported On	Reporting Clinic/Provider
varicella (chicken pox)	04/25/2008	04/28/2008	ICARE TRAINING SITE1 -- GEORGE CLOONEY

[Add new Immunity](#) Record Count: 1
[Return to Shot History](#)

Immunity to measles and rubella must be confirmed through laboratory evidence only.

Vaccine Inventory Management

Home	Patient	VaccMgmt	Reports	Reminder	Defaults	Help	CallCenter	Logout
Clinic	ICARE TRAINING SITE1	Provider	BLOCK, HR	Gives Vaccine	TRAIN3, ICARE			

Welcome to Your Vaccine Bank

Open New Lot# Account	Vaccine in Stock	Deposits and Withdrawals	
-----------------------	------------------	--------------------------	--

Practices not using Vaccine Inventory Accounting

Vaccine lot numbers for the drop down pick lists are added under "Open New Lot Number Account" and removed under "Vaccine In Stock." Ignore any options and fields (including balances) that clearly only apply to numeric inventory accounting.

Practices using Vaccine Inventory Accounting

Vaccine Inventory (or the Vaccine Lot Pick List) is managed like a financial bank. Practices must keep one consolidated Bank for all their Clinics and Physicians.

- Each Vaccine Lot must have a separate account in the bank. Open a New Account in the bank when a new lot arrives at the practice (aka Add Lot #). This account must exist before the lot appears in the pick lists when entering immunization histories.*, making Deposits (shipments, purchases and transfers in from other providers) and making Withdrawals (transfers out to other providers and expired or wasted amounts).
- Make the first deposit (enter the opening balance) on the new account.
- Entering doses with lot numbers on a patient's immunization record is the equivalent of automatic bill paying where a withdrawal slip is not needed.

[➔ Return to Home Page](#)



Add Lot Number

Home	Patient	VaccMgmt	Reports	Reminder	Defaults	Help	CallCenter	Logout
Clinic	ICARE TRAINING SITE1	Provider	BLOCK, HR	Gives Vaccine	TRAIN3, ICARE			

Open New Lot# Account	Vaccine in Stock	Deposits and Withdrawals
------------------------------	------------------	--------------------------

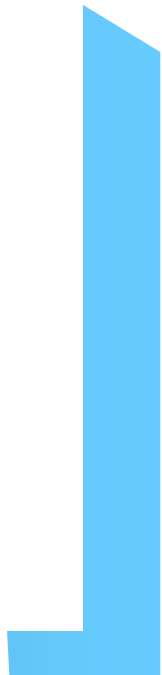
1. First, select the Vaccine Group.
2. Enter the Vaccine Name. (Only Vaccine Names for the selected Group appear.)
3. Enter the Lot Number **precisely as it appears on the vial**, including spaces, punctuation and the correct alphabetical case. (E.G., if the vile reads: "TS 935 xg", Do NOT enter: "TS935xg", "TS 935 XG", or "ts 935 xg".)
4. Enter the Expiration date.
5. Check mark if it is a VFC Lot, and check mark if it is to become the current default lot.

Open New Lot Number Account (Please read the instructions above)		
Vaccine Group*	Vaccine Name*	New Lot Number*
DTP	DAPTACEL	jhg-123
Expiration Date*	Manufacturer*	Mark as a VFC Lot?
02/02/2009	sanofi pasteur (form	<input checked="" type="checkbox"/>
Date Added*		Set as Default Lot?
04/29/2008		<input checked="" type="checkbox"/>

* Required fields

Save

Return



Vaccine In Stock

Home	Patient	VaccMgmt	Reports	Reminder	Defaults	Help	CallCenter	Logout
Clinic	ICARE TRAINING SITE1		Provider	BLOCK, HR		Gives Vaccine	TRAIN3, ICARE	

Open New Lot# Account	Vaccine in Stock	Deposits and Withdrawals
-----------------------	-------------------------	--------------------------

Vaccines that have a check mark next to them appear on the lot number pick lists. To close a lot so it no longer appears on the pick lists, remove the check mark and press Save. If a Lot Number is missing from this list, use Open New Lot# Account to add.

Display Vaccine Lots based on these Search Criteria (a blank field means "ALL")

Vaccine Name: Lot #:

Show Lots:

Save	View/Adj. Current Balances	View Inv. History	Print	Return
------	----------------------------	-------------------	-------	--------

In Stock	Vaccine Group	Vaccine Name	Lot #	VFC Lot?	Default?	
<input type="checkbox"/>	DTP	DAPTACEL	ffg545457bf	Y	N	<input type="button" value="EDIT"/>
<input type="checkbox"/>	DTP	DAPTACEL	g54544	Y	N	<input type="button" value="EDIT"/>
<input type="checkbox"/>	DTP	DAPTACEL	X55598	Y	N	<input type="button" value="EDIT"/>
<input type="checkbox"/>	DTP	DAPTACEL	mg2008	N	N	<input type="button" value="EDIT"/>
<input type="checkbox"/>	DTP	DAPTACEL	AHVA12365	Y	N	<input type="button" value="EDIT"/>
<input checked="" type="checkbox"/>	DTP	DAPTACEL	jhg-123	Y	Y	<input type="button" value="EDIT"/>
<input type="checkbox"/>	DTP	DAPTACEL	u2493AA	N	N	<input type="button" value="EDIT"/>
<input type="checkbox"/>	DTP	DAPTACEL	knw123	Y	N	<input type="button" value="EDIT"/>
<input type="checkbox"/>	DTP	DAPTACEL	AC2156H	N	N	<input type="button" value="EDIT"/>
<input type="checkbox"/>	DTP	DAPTACEL	C2657AAAA	Y	N	<input type="button" value="EDIT"/>
<input type="checkbox"/>	DTP	DAPTACEL	135879 CGF	Y	N	<input type="button" value="EDIT"/>
<input type="checkbox"/>	DTP	DAPTACEL	ca01292008	Y	N	<input type="button" value="EDIT"/>



Inventory History

Home	Patient	VaccMgmt	Reports	Reminder	Defaults	Help	CallCenter	Logout
Clinic	ICARE TRAINING SITE1		Provider	BLOCK, HR		Gives Vaccine	TRAIN3, ICARE	

Open New Lot# Account	Vaccine in Stock	Deposits and Withdrawals
-----------------------	-------------------------	--------------------------

Custom Vaccine Bank Statement (Inventory History)

Use the Search Options below to find specific vaccines, lots or Deposits/Withdrawals from current or previous time frames.

Display History based on these Search Criteria (a blank field means "ALL")

Vaccine Name	DAPTACEL	Lot #	jhg-123	Search Now
Begin Date	03/29/2008	End Date	04/29/2008	

Records Meeting Search Criteria				Deposits				Withdrawals				Reconcile Adj		
In Stock	Vaccine Name	Lot #	Beg Bal	In IDPH/Vfc	Purchased	In Others	In non-Health dept.	Administered	Out	Out non-Health dept.	Exp	Wasted	Difference Correction	End Bal
Y	DAPTACEL	jhg-123	0	50	40	22	0	-15	0	0	0	0	0	97

[Return to Home Page](#)

Reports

Home	Patient	VaccMgmt	Reports	Reminder	Defaults	Help	CallCenter	Logout
Clinic	ICARE TRAINING SITE1	Provider	BLOCK, HR	Gives Vaccine	TRAIN3, ICARE			

Reports Index

Immunization Activity Assessments

- [CASA](#)-Clinic Assessment Software Application
- [Coverage Level Report](#) - This IDPH report uses assessment criteria listed by currently used vaccine groups and by three age level milestones. Birth date range variables can be used to filter the search. Also, the zip code and insurance company can be used to further narrow the report search criteria. Results are displayed in assessment criteria grid form and by patient totals per age milestone group.

Vaccine Management

- [Vaccines for Children \(VFC\) Provider Profile](#) - This IDPH report creates the Annual Provider Profile required by Federal law for Physicians/Clinics/ Practices participating in the VFC program based on the patient data and doses submitted to I-CARE during the preceding year. The Annual Profile updates provider/practice demographic data, indicates the number of children in the practice by category of VFC eligibility and collects information to comply with the Illinois Board of Pharmacy requirements for vaccine distribution.

Patient Appointments

- [Patient Appointments Report](#)

Patient Lists

- [Patient Immunization By Birth Date](#) - This IDPH report lists all patient immunizations given to listed patients within the selected birth date range selected. Other patient demographics listed besides patient name include birth date and phone number. All Vaccine Series are listed and the date the shots were given are displayed beside each series.
- [Patient Immunization Details List](#) - This IDPH report lists all patients due for immunizations. Criteria is filtered by patient birth date range and by the time period. Other patient demographics listed besides patient name include patient phone number. All Vaccine Series that are due are listed and the date the shots were due are displayed beside each series. The report also lists the total number of patients needing immunizations and the total number of immunizations needed.
- [Patient Immunization Date Range](#) - This IDPH report lists all patient immunizations given within a specific selected date range. Other patient demographics listed besides Patient Name include Birth Date, Address, Parent's Name, Vaccine given, Date Given and Primary Provider. Search criteria are filtered by Clinic and Provider within each clinic. A numeric total of all immunizations displayed on the report is listed at the bottom.

Create Your Own Custom Report

- [Ad Hoc Querying](#)

VIS report

- [VIS report](#) - This report lists all VIS dates in use at a clinic, as well as the current date issued by the CDC.

[Download Adobe Reader](#)

[Return to Home Page](#)

Reminder/Recall

Home	Patient	VaccMgmt	Reports	Reminder	Defaults	Help	CallCenter	Logout
Clinic	ICARE TRAINING SITE1	Provider	BLOCK, HR	Gives Vaccine	TRAIN3, ICARE			

Reminder/Recall Notices and Reports

ICARE can automatically generate reminder notices for immunizations that are due or overdue for patients at your clinic. There are two types of remind/recall letters – Forecasted and Generic. You can generate letters, postcards, address labels and a patient list exported to a delimited text file that can be used to create your own letters from another program. You can also generate a detailed report that lists each patient’s immunizations that are due or overdue.

- [Generic Reminder/Recall](#) - This IDPH report is a flexible reporting tool that can be used to track and notify patients. It searches for patients by age range only. For example, you can search for your elderly patients, and generate letters to them announcing an upcoming flu shot clinic. Several different customized letters can be created and saved for continued use. These letters can be filtered by the clinic name or by each provider. The generated report lists each patient name, birth date, dates of last letter and last immunization. Letters can then be printed from this report.
- [Forecasted Reminder/Recall](#) - Specify a birth date range and immunization due date range, and I-CARE locates the patients who match the search criteria. Then create customized letters for the patients selected. This report can also be filtered by the clinic name or by each provider and immunization due details can be added to the search so patients are given this information in the letter.
- [Forecasted Postcards](#) - Specify a birth date range and immunization due date range, and I-CARE locates the patients who match the search criteria. Then create customized Avery 5389 postcards for the patients selected. This report can also be filtered by the clinic name or by each provider and immunization due details can be added to the search so patients are given this information on the postcard.
- [Address Labels](#) - Specify a birth date range and I-CARE locates the patients who match the search criteria. Then create customized Avery 5160 labels for the patients selected. This report can also be filtered by the clinic name or by each provider. In addition, the Address labels report is a convenient method for creating mass labels for other non I-CARE related mailings that use the same patient base.
- [Patient List Export](#)
- [Patient Immunization Details List](#)

[Download Adobe Reader](#)

[Return to Home Page](#)

Forecasted Reminder/Recall Letter

4/29/2008

LAKEVIEW CLINIC
2849 N CLARK
CHICAGO, IL 60657

ALLEN JORDAN
45 QUICK DRAW
EAST ALTON, IL 62024

To the parents or guardians of ALLEN JORDAN

There are shots due for this patient. Please call for an appointment.

Immunizations Due

Influenza

Due Date

9/1/2008

Sincerely, Dr. Johns Office

Appointments - Monthly

[Home](#)
[Patient](#)
[VaccMgmt](#)
[Reports](#)
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[Help](#)
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[Logout](#)

Clinic:
 Provider:
 Gives Vaccine:

My Monthly Appointment

Daily View
 Weekly View
 Monthly View

<< March		April 2008					May >>
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
30	31	1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25 You have Appt.(s)	26	
27	28 You have Appt.(s)	29 You have Appt.(s)	30	1	2	3	
4	5	6	7	8	9	10	

Print

Return



Appointments - Weekly

Home Patient VaccMgmt Reports Reminder Defaults Help CallCenter Logout
Clinic ICARE TRAINING SITE1 Provider BLOCK, HR Gives Vaccine TRAIN3, ICARE

My Weekly Appointments

Daily View

Weekly View

Monthly View

April 27 2008

Sunday, April 27, 2008 - Saturday, May 03, 2008

Sunday April 27, 2008	
Monday April 28, 2008	SARA SNOW BOB JONES JO FLINSTONE ALLEN JORDAN (618) 555-1234
Tuesday April 29, 2008	ALLEN JORDAN (618) 555-1234
Wednesday April 30, 2008	
Thursday May 01, 2008	
Friday May 02, 2008	
Saturday May 03, 2008	

Print

Return



Appointments - Daily

Home Patient VaccMgmt Reports Reminder Defaults Help CallCenter Logout

Clinic ICARE TRAINING SITE1 Provider BLOCK, HR Gives Vaccine TRAIN3, ICARE

My Daily Appointments

Daily View Weekly View Monthly View

April 28 2008

Monday, April 28, 2008

Time	:00	:15	:30	:45
07 AM				
08 AM				
09 AM				
10 AM			SARA SNOW	
11 AM		BOB JONES		
12 PM				
1 PM				
2 PM	JO FLINSTONE			
3 PM	ALLEN JORDAN (618) 555-1234			
4 PM				
5 PM				
6 PM				
7 PM				
8 PM				

Print

Return

Defaults – Your Defaults

Home Patient VaccMgmt Reports Reminder **Defaults** Help CallCenter Logout

Clinic ICARE TRAINING SITE1 Provider BLOCK, HR Gives Vaccine TRAIN3, ICARE

✔ Record saved.

YOUR DEFAULTS

Enter your default user setting into this form.

YOUR DEFAULTS VACCINE INFO STMT (VIS) CLINIC SITES EMPLOYEES

User Name:	ROBIN HOLDING
Login Name:	RHOLDING

Default Patient Shot History:	DETAIL_LIST
Your E-Mail Address:	robin.holding@illinois.gov

Default Subclinic:	ICARE TRAINING SITE1
Default Provider:	BLOCK, HR
Default Gives Vaccine:	TRAIN3, ICARE

Default Home Page Appointments:	By Provider

✔ Save Changes	
✔ Cancel and Return to I-CARE Home Page	



Defaults - VIS

VACCINE INFORMATION STATEMENTS (VIS)

The National Vaccine Injury Compensation Act requires all providers to give the relevant current VIS (created by CDC) to the patient, parent or legal guardian prior to each dose of vaccine administered. The revision date of the VIS provided must be recorded for each dose. Enter the revision dates of the VIS currently in use at your practice below (and update this page when new revisions are put into use). When doses are entered at this web site, I-CARE will automatically record the relevant revision date along with the dose information, saving you keystrokes.

Visit the CDC, National Immunization Program web site to see [Instructions for using VIS](#), and for links to get copies of the latest revisions and foreign language translations.

YOUR DEFAULTS	VACCINE INFO STMT (VIS)	CLINIC SITES	EMPLOYEES		
Vaccine Group	Vaccine Name	CDC VIS Date	Same?	Local VIS Date	Date Implemented
DTP	DTaP	05/17/2007	✓	05/17/2007	January 29, 2008
DTP	Td	06/10/1994	✓	06/10/1994	July 11, 2007
DTP	Tdap	07/12/2006	✓	07/12/2006	August 17, 2007
FLU	INF Inactivated	07/16/2007	✓	07/16/2007	December 12, 2007
FLU	INF Intranasal	10/04/2007	✓	10/04/2007	October 09, 2007
HAV	HAV	03/21/2006	✓	03/21/2006	August 17, 2007
HBV	HBV	07/18/2007	✓	07/18/2007	August 17, 2007
HIB	Hib	12/16/1998	✓	12/16/1998	August 17, 2007
HPV	HPV	02/02/2007	✓	02/02/2007	August 17, 2007
MEN	Mening	01/28/2008	✓	01/28/2008	March 03, 2008
MMR	MMR	03/13/2008	✗	01/15/2003	August 17, 2007
OTHER	Anthrax	04/24/2003	✓	04/24/2003	January 29, 2008
OTHER	JE	05/11/2006	✓	05/11/2006	January 29, 2008
OTHER	Rabies	01/12/2006	✓	01/12/2006	January 29, 2008
OTHER	Shingles	09/11/2006	✗	07/11/2006	March 05, 2008
OTHER	Typhoid	05/19/2004	✓	05/19/2004	March 03, 2008
OTHER	Vaccinia	11/15/2003	✓	11/15/2003	March 03, 2008
OTHER	Yellow Fever	11/09/2004	✓	11/09/2004	March 03, 2008
PNE	PCV7	09/30/2002	✓	09/30/2002	August 17, 2007
PNE	PPV23	07/29/1997	✓	07/29/1997	January 29, 2008
POL	Polio	01/01/2000	✓	01/01/2000	August 17, 2007
ROT	Rotavirus	04/12/2006	✓	04/12/2006	January 29, 2008

Defaults - Clinics

Home Patient VaccMgmt Reports Reminder Defaults Help CallCenter Logout
Clinic ICARE TRAINING SITE1 Provider BLOCK, HR Gives Vaccine TRAIN3, ICARE

CLINICS

Click the Clinic Name to open a data entry form that allows you to edit or delete the selected record. The Add button at the bottom of the list will open a blank data entry form that allows you to create a new record. Click the column headers to toggle sorting by that column.

YOUR DEFAULTS	VACCINE INFO STMT (VIS)	CLINIC SITES	EMPLOYEES
Clinic ▲			
ACCESS ARMITAGE FAMILY HEALTH CENTER	CHICAGO, IL	Active	
ACCESS ASHLAND	CHICAGO, IL	Active	
ACCESS AT JACKSON PARK	CHICAGO, IL	Active	
ACCESS AT PETERSON	CHICAGO, IL	Active	
ACCESS BLUE ISLAND	BLUE ISLAND, IL	Active	
ACCESS BOOKER	CHICAGO, IL	Active	
ACCESS BRANDON	CHICAGO, IL	Active	
ACCESS DESPLAINES VALLEY HEALTH CENTER	SUMMIT, IL	Active	
ACCESS DOCTORS MEDICAL CENTER	CHICAGO, IL	Active	
ACCESS KLING ADULT MEDICINE	CHICAGO, IL	Active	
ACCESS KLING PEDIATRICS	CHICAGO, IL	Active	
ACCESS NEAR WEST FAMILY HEALTH CENTER	CHICAGO, IL	Active	
ACCESS PILSEN FAMILY HEALTH CENTER	CHICAGO, IL	No Longer a Clinic	
Add New Clinic Record			Record Count: 88
Return to Home Page			

Add New Clinic

Home	Patient	VaccMgmt	Reports	Reminder	Defaults	Help	CallCenter	Logout
Clinic	ICARE TRAINING SITE1	Provider	BLOCK, HR	Gives Vaccine	TRAIN3, ICARE			

CLINIC ADD

Enter Clinic data into this form. If the Save button at the bottom of the form is disabled, this record is read-only. * indicates a required field.

YOUR DEFAULTS	VACCINE INFO STMT (VIS)	CLINIC SITES	EMPLOYEES
Main Clinic: ICARE TRAINING SITE1			

Clinic Name:*	<input type="text" value="ICARE TRAINING SUB-CLINIC"/>		
Address:*	<input type="text" value="500 East Monroe"/>		
Address 2:	<input type="text"/>		
Zip Code:*	<input type="text" value="62701"/>		
City:*	<input type="text" value="SPRINGFIELD, IL"/>		
County:*	<input type="text" value="SANGAMON"/>		

Phone Number:*	<input type="text" value="(217)555-5555"/> ext. <input type="text" value="111"/>		
Fax Number:	<input type="text" value="(217)555-6666"/>		
Contact Name:	<input type="text" value="Keith Wood"/>		
Contact E-Mail:	<input type="text" value="keith.wood@illinois.gov"/>		

Status:	<input type="text" value="Active"/>		

Save Changes Cancel and Return to Menu			



Defaults - Employees

[Home](#)
[Patient](#)
[VaccMgmt](#)
[Reports](#)
[Reminder](#)
[Defaults](#)
[Help](#)
[CallCenter](#)
[Logout](#)

Clinic
 Provider
 Gives Vaccine

EMPLOYEES

Click the Employee Name to open a data entry form that allows you to edit or delete the selected record. The Add button at the bottom of the list will open a blank data entry form that allows you to create a new record. Click the column headers to toggle sorting by that column.

YOUR DEFAULTS	VACCINE INFO STMT (VIS)	CLINIC SITES	EMPLOYEES	
<u>Name</u>	<u>Status</u> ▲	<u>Security Level</u>	<u>Type of Employee</u>	<u>Gives Vaccine?</u>
ABERLE, WANDA	Active	OFFLINE/HIST	NURSE	Yes
ABONCE, EVELYN	Active	OFFLINE/HIST	MEDICAL ASSISTANT	Yes
ABONCE, EVELYN	Active	OFFLINE/HIST	MEDICAL ASSISTANT	Yes
ALANNNDER, KIMBB	Active	OFFLINE/HIST	MEDICAL ASSISTANT	Yes
ALATTAR, MOHAMMED	Active	OFFLINE/HIST	PHYSICIAN	Yes
AL-DALLAL, NADA	Active	OFFLINE/HIST	PHYSICIAN	Yes
ALICIA, POTHIER	Active	OFFLINE/HIST	PHYSICIAN ASSISTANT	Yes
ALVARADO, ROXANA	Active	OFFLINE/HIST	MEDICAL ASSISTANT	Yes
ANSARI, NASREEN	Active	OFFLINE/HIST	PHYSICIAN	No
APPLE, CVANDY	Active	OFFLINE/HIST	OFFICE MANAGER	No
ARREGUIN, NANCY	Active	OFFLINE/HIST	MEDICAL ASSISTANT	Yes
ARUN, DEPA	Active	OFFLINE/HIST	PHYSICIAN	No
ASWAD, RAYSA	Active	OFFLINE/HIST	NURSE	Yes
AVILA, MARIA	Active	OFFLINE/HIST	MEDICAL ASSISTANT	Yes
➤ Add New Employee Record				Record Count: 227
➤ Return to Home Page				

Add New Employee

Home Patient VaccMgmt Reports Reminder **Defaults** Help CallCenter Logout
Clinic ICARE TRAINING SITE1 Provider BLOCK, HR Gives Vaccine TRAIN3, ICARE

EMPLOYEE EDIT - OFFLINE/HISTORICAL

Enter Offline/Historical Employee data into this form. Offline/Historical Employees are providers who will never login to the I-CARE system, but will be available for selection in immunization records.

YOUR DEFAULTS VACCINE INFO STMT (VIS) CLINIC SITES **EMPLOYEES**

Main Clinic: ICARE TRAINING SITE1

Last Name:

First Name:

I-CARE Role: Offline/Historical Provider

Work Status:

Type of Employee:

Gives Vaccine: Yes No

NOTE: The Following fields only have to be completed for a "Physician/Nurse Practitioner" of record.

Med/Prac License #:

Medicaid #:

[Save Changes](#)
[Upgrade this Employee](#)
[Delete this Employee](#)
[Cancel and Return to Menu](#)

Temperature Log

Home	Patient	VaccMgmt	Reports	Reminder	Defaults	Help	CallCenter	Logout
Clinic	ICARE TRAINING SITE1	Provider	BLOCK, HR	Gives Vaccine	TRAIN3, ICARE			

TEMPERATURE LOG

This screen lists Appliance temperatures for the past 7 days. Click the date link to open a data entry form that allows you to edit temperatures for that date. The Add/Edit Temperatures button will open a blank data entry form that allows you to create a record for a new date, or edit prior dates. Click the column headers to toggle sorting by that column. To add a new appliance click Appliance Menu.

Date	Appliance Name	Type	AM	PM
4/29/2008	3 RD FLOOR LAB	Refrigerator	3.0C	5.0C
	ATTIC	Freezer	2.0F	5.0F
	BABY ROOM REFRIGERATOR	Refrigerator	47.0F	45.0F
	BACK NURSING STATION1	Refrigerator	1.0C	7.0C
	BACK ROOM FRIDGE	Refrigerator	3.0C	3.0C
	BOTTOM REFRIGERATOR	Refrigerator	4.0C	4.0C
	CARLA	Refrigerator	35.0F	40.0F
	CHRISSEY	Freezer	5.0F	8.0F
	DOCTOR REFRIGERATOR	Refrigerator	9.0C	1.0C
	DOCTOR'S PERSONAL OFFICE	Refrigerator	2.0C	1.0C
	DR. OFFICE FREEZER	Freezer	10.0C	20.0C
	FILE ROOM FREEZER	Freezer	-5.0C	-8.0C
	FIRST FLOOR REF	Refrigerator	45.0F	40.0F
	FREEZER - LAB4	Freezer	30.0F	38.0F

[Add / Edit Temperatures](#) Record Count: 144
[Appliance Menu](#)
[Temperature Log Report](#)
[Return to Main Menu](#)

Temperatures shown in **blue** are too cold, **red** indicates too warm.
 Recommended Freezer Range: below 5F (-15C)
 Recommended Refrigerator Range: 35F - 46F (2C - 8C)

Correct any temperature outside the recommended ranges and contact IDPH at
 Immunization Promotional Center (IPC)
 2840 Via Verde
 Springfield, Illinois 62703

Help Files



I-CARE Reference Guide

Updated 11/15/2007



Call Center

I-CARE | Call Center - Microsoft Internet Explorer provided by Information Technology

CALL CENTER HELP REQUEST FORM

Your Contact Information

Last Name	<input type="text" value="WOOD"/>	First Name	<input type="text" value="KEITH (Woody)"/>
Telephone Number	<input type="text" value="(217)524-0968"/> ext. <input type="text"/>	Fax Number	<input type="text" value="(217)524-0967"/>
Email Address	<input type="text" value="KEITH.WOOD@ILLINOI"/>		
Clinic	<input type="text" value="IDPH - WOODY"/>	Medical License #	<input type="text" value="12345678"/>

Please describe the problem you are encountering

Title	<input type="text" value="Goes back to Home page in error"/>	Location	<input type="text" value="Patient Notes"/>	Issue Category	<input type="text" value="Navigation"/>
--------------	--	-----------------	--	-----------------------	---

Please describe the issue

Illinois Department of Public Health



Illinois Comprehensive Automated Immunization Registry Exchange

Projected Time Lines

New Development	Ongoing through Dec 2008
Phase out TOTS	By September 2008
Add HL7 Exchange Capability	Late 2008
Implement new I-CARE	January 2009
Marketing & Recruitment	Ongoing

Contact Us

By E-mail:

- dph.icare@illinois.gov
- Keith.Wood@illinois.gov
- Cynthia.Dawkins@illinois.gov
- Teri.Nicholson@illinois.gov

By Phone:

- Woody (Keith Wood) Program Advisor: (217) 524-0968
- Cynthia Dawkins Program Specialist: (217) 785-1196
- Teri Nicholson Program Administrator: (217) 782-5649
- Immunization Section: (217) 785-1455 or (800) 626-4372

By Mail:

- Illinois Department of Public Health
Immunization Registry/I-CARE Program
525 W. Jefferson St. 1st Floor
Springfield, IL 62761



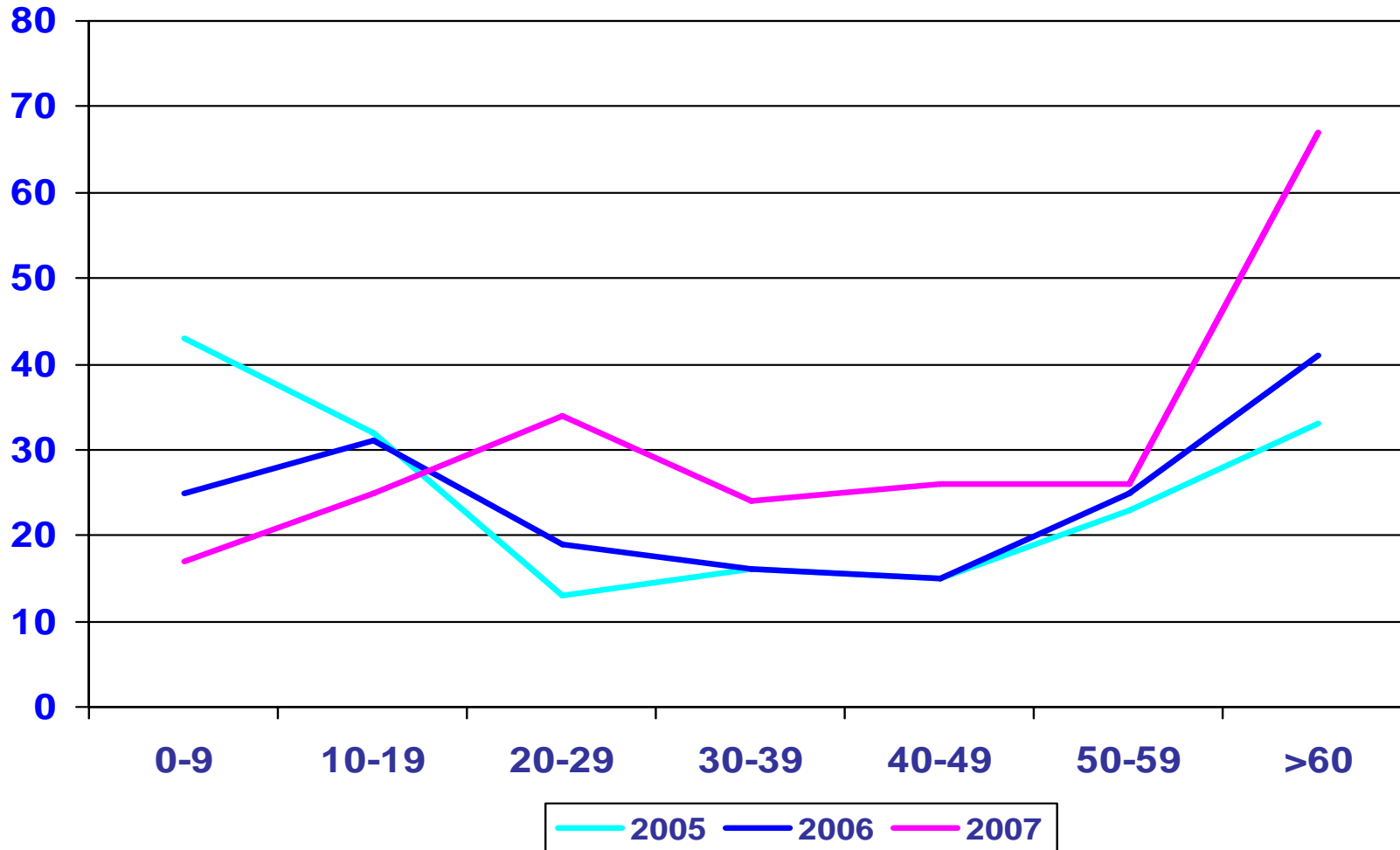
Adult Hepatitis Prevention Initiative in Downstate Illinois

**Carol Gibson Finley
Assistant Chief, Immunization Section
Adult Viral Hepatitis Prevention Coordinator
Illinois Department of Public Health**

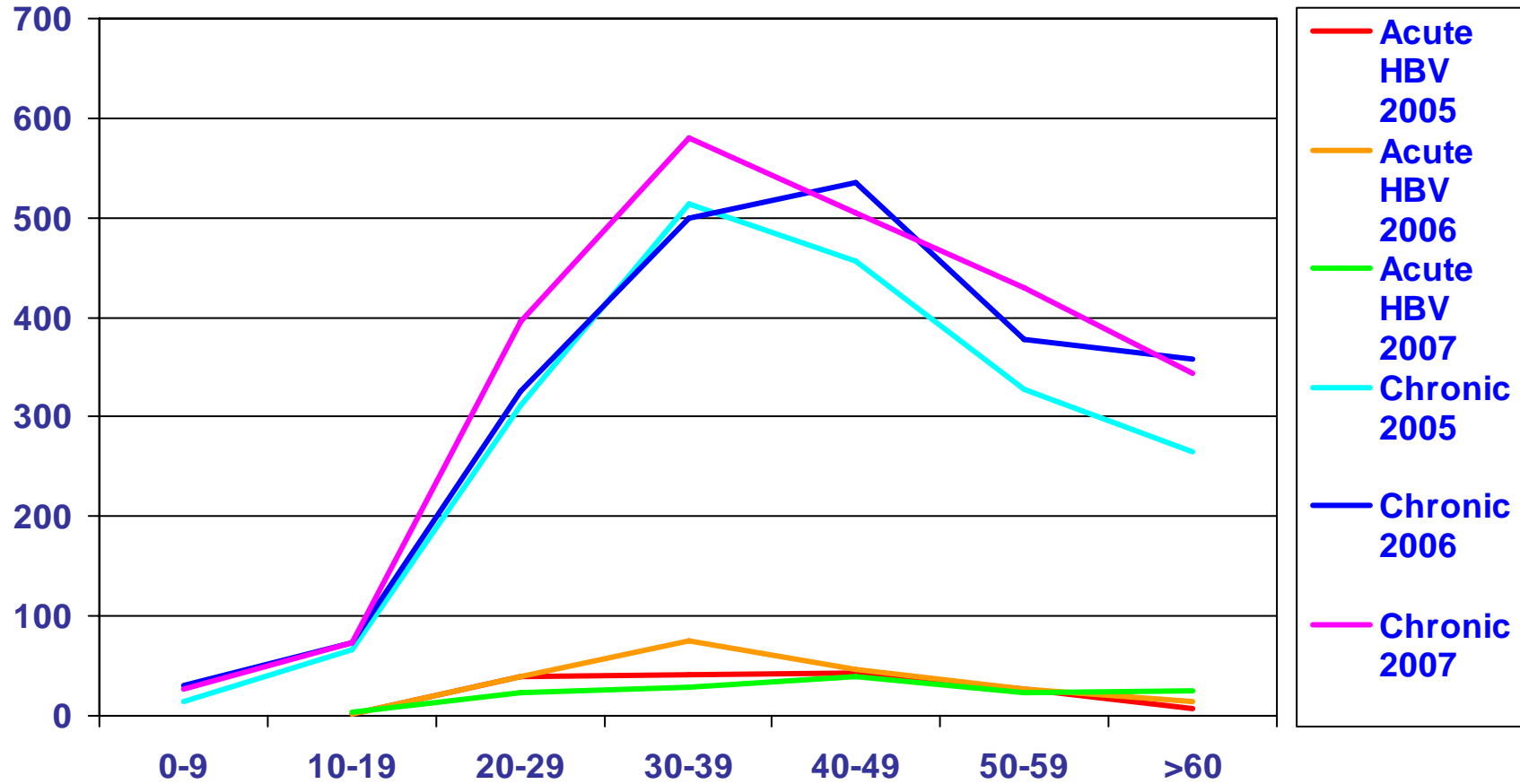
Ongoing Viral Hepatitis Prevention

- NIS Survey Results from 7/06-6/07 for infants:
90.8% vaccinated against Hepatitis B
- NIS Survey Results from Adults for 2007:
 - 12 Vaccinated against Hepatitis A
 - 23% Vaccinated against Hepatitis B
- School Entry Requirement:
 - 5th graders must be vaccinated against Hepatitis B
 - Most persons aged 20 or older are vaccinated against hepatitis B

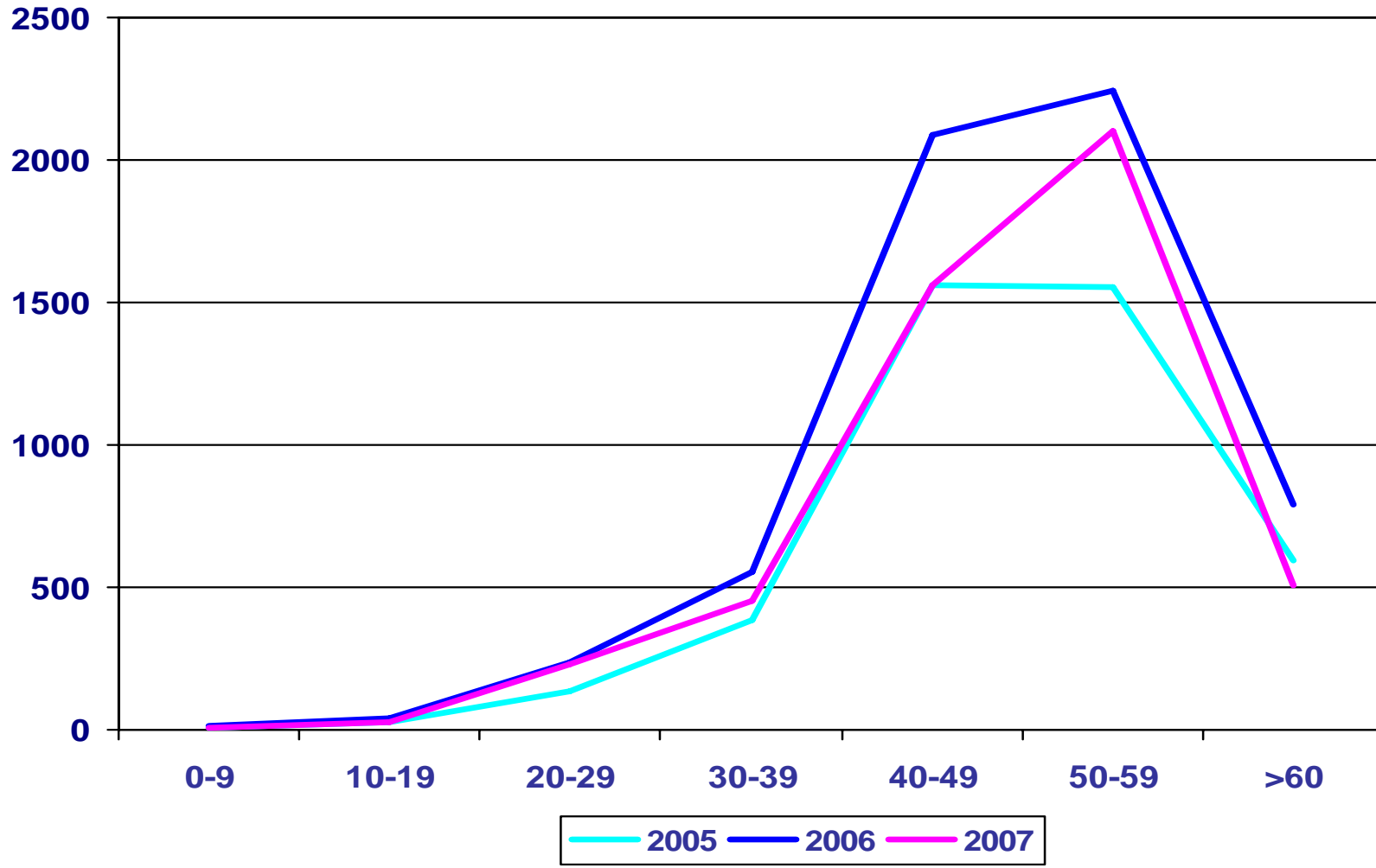
Age Distributions for Acute Hepatitis A Cases Reported Illinois - 2005 through 2007



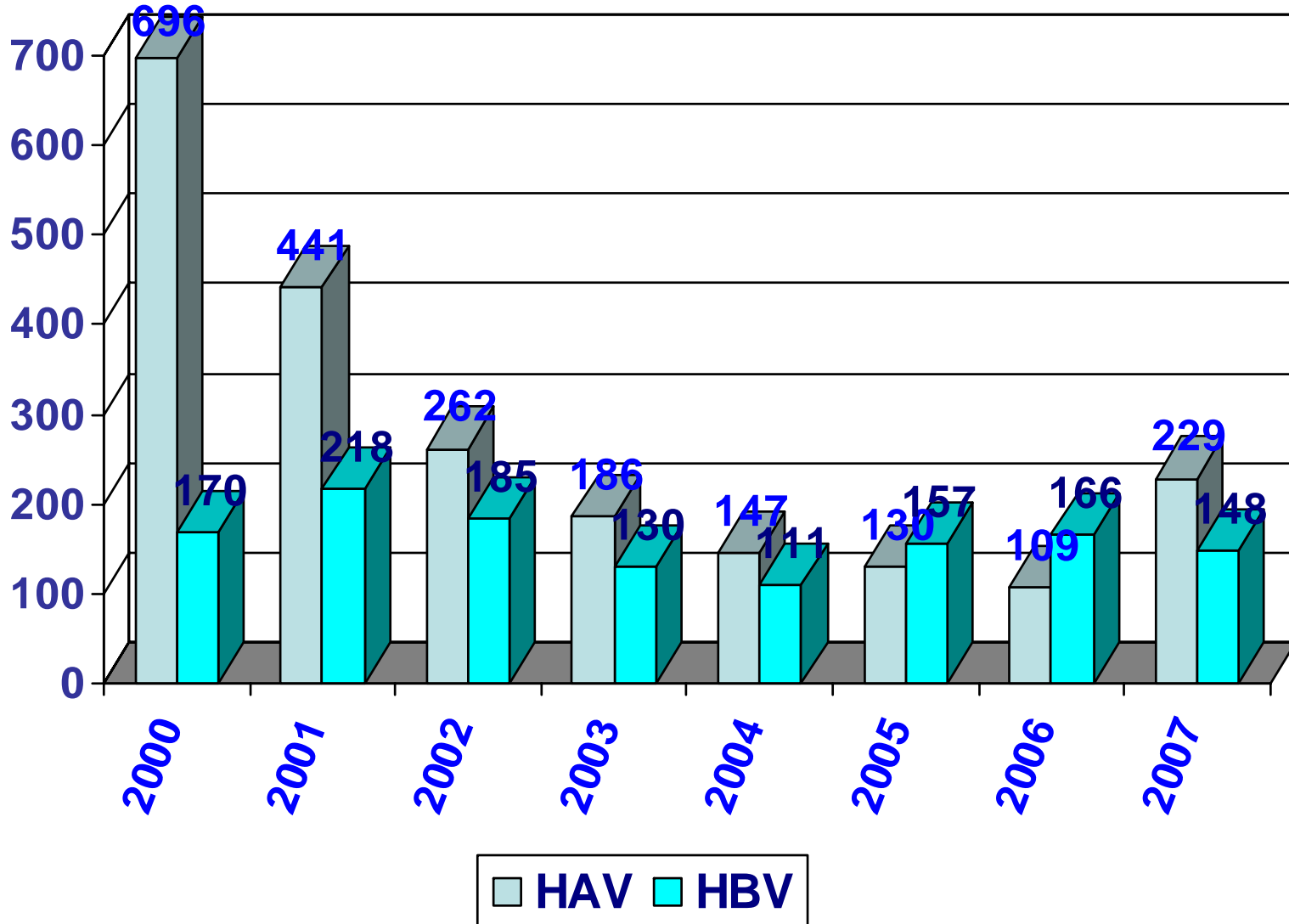
Age Distributions for Acute and Chronic Hepatitis B Cases Reported to CDC for Illinois - 2005 through 2007



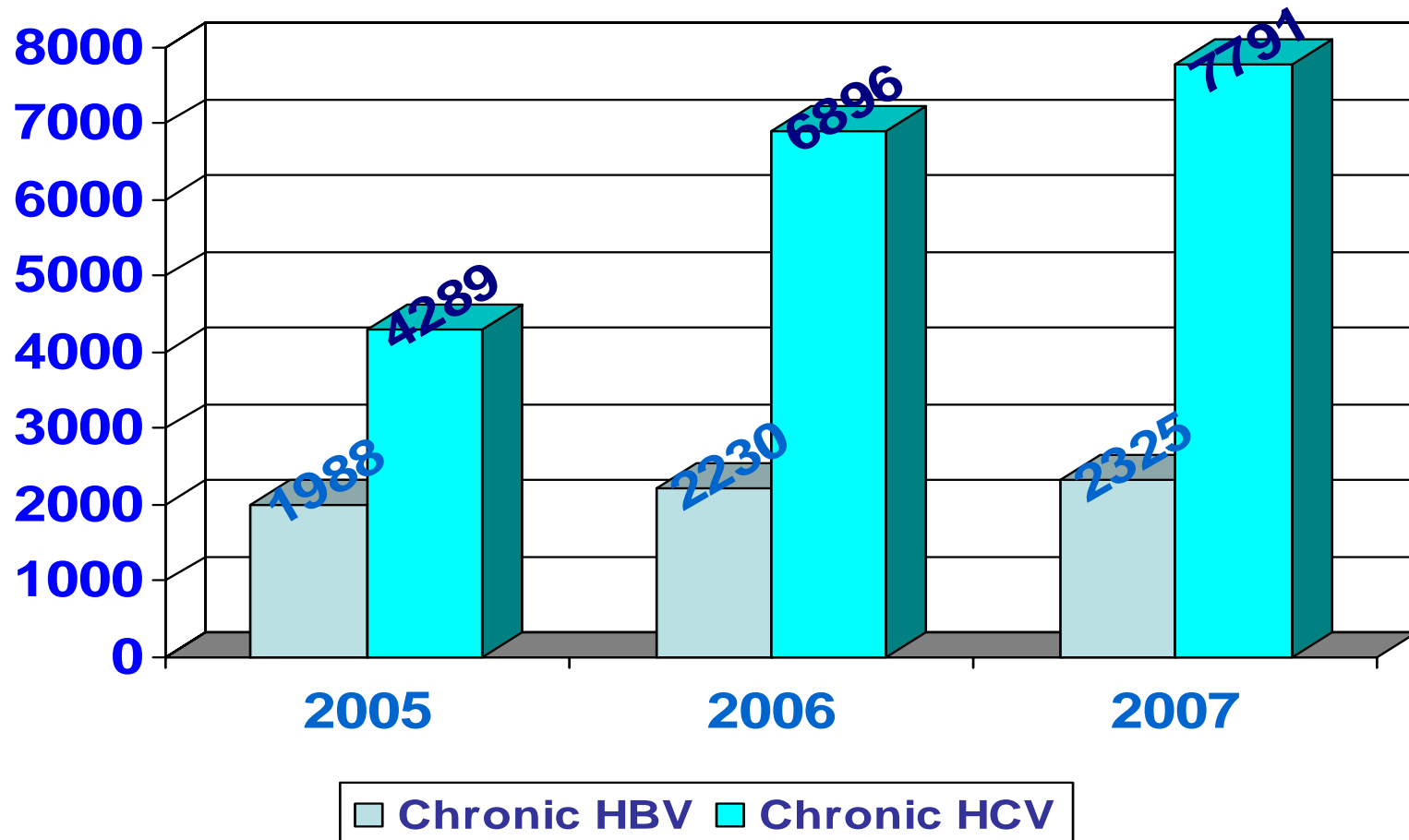
Age Distributions for Chronic Hepatitis C Cases Reported Illinois - 2005 through 2007



Incidence of Acute Hepatitis A and B Illinois – 2000 thru 2007



Incidence of Chronic Hepatitis B and C Illinois - 2005 thru 2007



Viral Hepatitis Prevention Initiatives

- Key Populations at risk of viral hepatitis
 - Injection drug users (IDUs)
 - Men who have sex with men (MSM)
 - Persons who have contact with blood of infected persons
 - Persons with HIV/AIDS
 - Heterosexuals with multiple partners

Viral Hepatitis Prevention Initiatives – Downstate Illinois

- 2000 - 5 STD Clinic Pilot Sites
 - Provided HBV vaccine
 - HCV Screening (116+ /1,113 tested) 10% +
 - Established data systems: behavioral risk data, hepatitis –related history
 - Identified opportunities and barriers to hepatitis B vaccination
- 2001- 7 STD/HIV Pilot Sites
 - Provided HBV and HAV Vaccine
 - HCV Screening for IDUs (144+ / 440 tested) 33% +

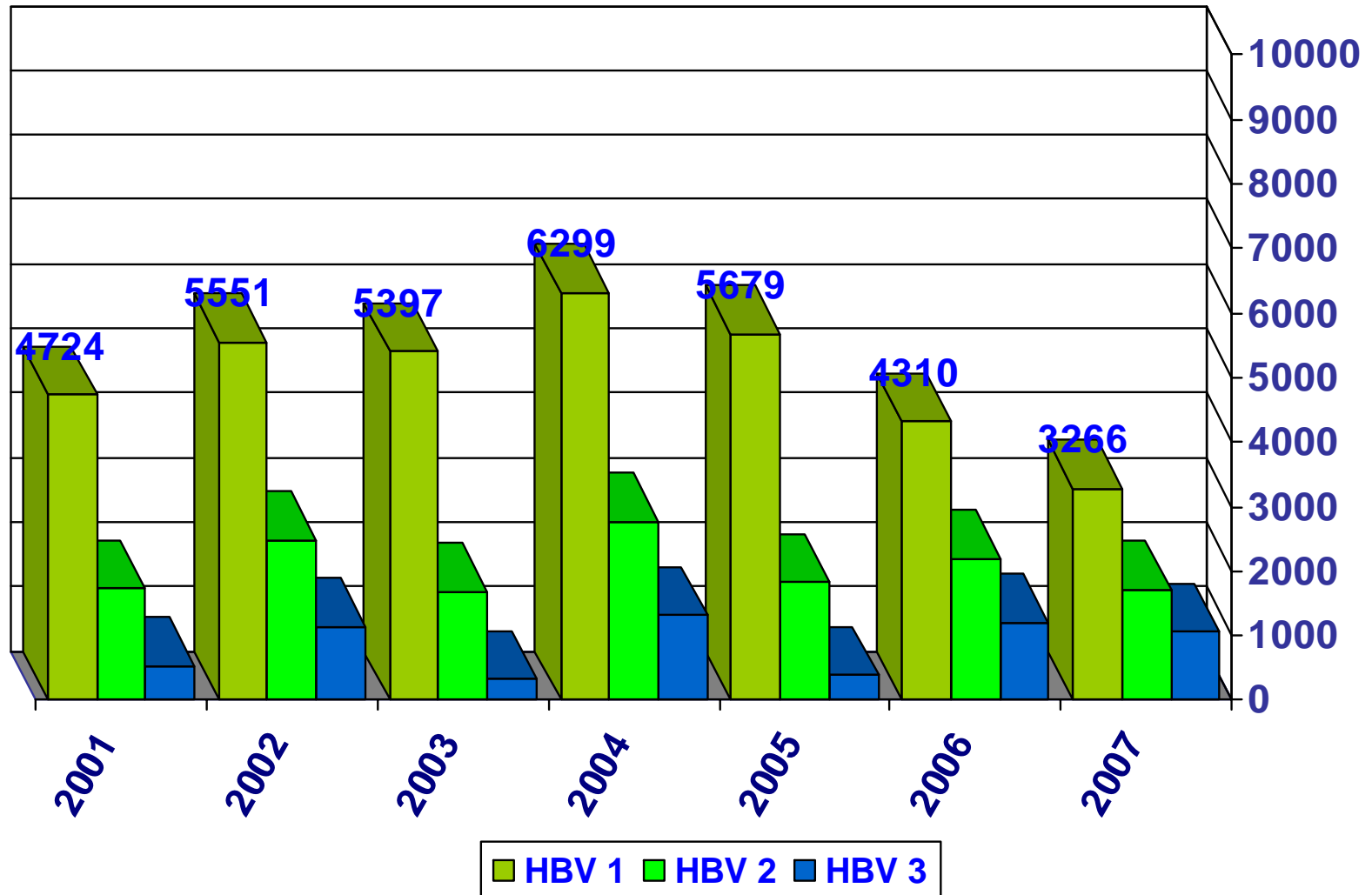
STD Clients Vaccinated, Downstate Illinois - 2000-2007

YEAR	# Eligible	# 1 HBV	%
2000	8,461	2,533	30%
2001	18,071	4,724	26%
2002	19,186	5,551	29%
2003	19,423	5,397	28%
2004	19,311	6,299	33%
2005	13,525 *	5,078	38%
2006	12,970 *	3,777	29%
2007	11,944 *	2,867	24%

Results From Screening IDUs for HCV

Year	Total Tests	HCV +	%
2002	381	116	30%
2003	440	144	33%
2004	444	124	28%
2005	660	142	22%
2006	613	114	19%
2007	336*	78*	23%

Eligible Population Vaccinated



Key Initiatives



Remove barriers for adults accessing viral hepatitis prevention services in public sites.

Integrate viral hepatitis prevention messaging into STD/HIV/MSM/IDUs forums.

Ensure discussion on harm reduction and the need to minimize damage to liver.

Vaccinate against hepatitis A and B (it's like car insurance), and promote barrier protection (you still have to buckle up).

Key Prevention Initiatives for 2008 Downstate Illinois

- Continue AVHP services at over 50 public STD/HIV/outreach clinics
- Continue to provide vaccine to LHDs for community members with HBV, HCV, HIV
- Promote a universal “opt-out” mode for adults on hepatitis vaccines
- Explore community-based options for HBV/HCV treatment referrals

For Information on Adult Hepatitis
Prevention Services in Chicago, contact:

Donna M. Feaster, RN, BSN

Hepatitis C Coordinator

Chicago Department of Public Health

Communicable Disease Program

West Side Center for Disease Program

2160 W. Ogden Avenue, Room 211

Phone: 312-746-6281

Email: feaster_donna@cdph.org



It's QUESTION TIME !!