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# Pennsylvania Statewide Immunization Information System

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Production Website: <https://siis.health.state.pa.us/siis>

PA-SIIS Support Site: [www.health.state.pa.us/pasiis](http://www.health.state.pa.us/pasiis)

Phone Numbers: (717) 783-2548 or (877) 774-4748

## PA-SIIS Instruction Manual



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# **SECTION A:**

## **Screen Shots within PA-SIIS**

## Log In Screen

PHIS Public Health Information System Immunization Module

LOG IN

USER NAME

PASSWORD

SUBMIT RESET

## Avanza Systems Screen

PHIS Public Health Information System Immunization Module

SEARCH PATIENTS  
PRINT REPORTS  
INVENTORY  
MY SETTINGS  
TUTORIAL  
LOG OUT

**AVANZA  
SYSTEMS**

Welcome to Pennsylvania Department of Health's Statewide Immunization Information System (PA SIIS).

PA SIIS is a statewide immunization tracking system that serves the public health goal of preventing the spread of vaccine preventable diseases in Pennsylvania. It was developed to achieve complete and timely immunization for all people, particularly in the age group most at risk, birth through two years.

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## Search Patients Screen

PHIS Public Health Information System Immunization Module

SEARCH PATIENTS  
PRINT REPORTS  
INVENTORY  
MY SETTINGS  
TUTORIAL  
LOG OUT

**SEARCH PATIENTS**

You can search based on a combination of any criteria below

LAST NAME: Pat  
FIRST NAME: Tes  
DOB:

SYSTEM ID:

CHART #:

SSN:  -  -

RELATIONSHIP: MOTHER

MAIDEN NAME:

PARENT/GUARDIAN LAST NAME:

PARENT/GUARDIAN SSN:

SUBMIT RESET

## Search Results Screen

**PHIS** Public Health Information System Immunization Module

### SEARCH RESULTS

YOUR QUERY RESULTED IN 3 PATIENT RECORDS.

	NAME	DOB	MOTHER MAIDEN NAME	MOTHER LAST NAME
1.	PATIENT, TEST	1/1/2001		PATIENT
2.	PATTERSON, TESS	12/10/2002	SNYDER	SNYDER-PATTERSON
3.	PATTERSON, TESSA	9/26/2000	BARKER	PATTERSON

SEARCH AGAIN    ADD NEW PATIENT

SEARCH PATIENTS  
PRINT REPORTS  
INVENTORY  
MY SETTINGS  
TUTORIAL  
LOG OUT

## Add A New Patient Screen

**PHIS** Public Health Information System Immunization Module

### ADD A NEW PATIENT

**PATIENT INFORMATION**

\* LAST NAME :

\* FIRST NAME :

\* DATE OF BIRTH :  (mm/dd/yyyy)

SUBMIT    CANCEL

\* Required

SEARCH PATIENTS  
PRINT REPORTS  
INVENTORY  
MY SETTINGS  
TUTORIAL  
LOG OUT

## Add A New Patient Screen (Confirmation Message)

**PHIS** Public Health Information System Immunization Module

### ADD A NEW PATIENT

PATIENT WAS ADDED SUCCESSFULLY

[EDIT PATIENT RECORD](#)

SEARCH PATIENTS  
PRINT REPORTS  
INVENTORY  
MY SETTINGS  
TUTORIAL  
LOG OUT

## Summary Page Screen

PHIS Public Health Information System Immunization Module

### PATIENT SUMMARY

USER NAME: Test User
CLINIC: PA State DOH

SEARCH PATIENTS  
 PRINT REPORTS  
 INVENTORY  
 MY SETTINGS  
 TUTORIAL  
 LOG OUT

PATIENT INFORMATION	
PATIENT ID:	137-00001-9000066
NAME:	Test Patient
ALIAS:	
DOB:	3/1/1973
GENDER:	
HEALTH PLAN:	
VFC:	
STATUS:	Active
CHART#:	
<input type="button" value="EDIT"/>	

  

CONTACT INFORMATION	
PARENT:	
ADDRESS:	
PRIMARY#:	
PCP:	
REMINDER:	
<input type="button" value="EDIT"/>	

  

CONTRAINDICATIONS	
NO CONTRAINDICATIONS ADDED.	
<input type="button" value="EDIT"/>	

  

VACCINE HISTORY			
VACCINE	#	DATE	ADV ENT
NO VACCINES HAVE BEEN ADDED.			
<input type="button" value="ADD HISTORY"/>		<input type="button" value="GIVE VACCINE"/>	
<input type="button" value="EDIT HISTORY"/>			
All Series			
<input type="button" value="RECOMMEND"/>			

  

PATIENT NOTES		
PRIORITY	DATE	NOTES
There are no notes.		
<input type="button" value="ADD NEW NOTE"/>		

  

QUALIFYING INTERVIEW	
There are no qualifying interviews.	

## Edit Patient Information Screen

PHIS Public Health Information System Immunization Module

### EDIT PATIENT INFORMATION

Test Patient  
DOB: 3/1/1973

SEARCH PATIENTS  
 PRINT REPORTS  
 INVENTORY  
 MY SETTINGS  
 MAINTENANCE  
 TUTORIAL  
 LOG OUT

RECORD INFORMATION	
SYSTEM IDENTIFIER	: 137-00002-0885384
DATE OF ENTRY	: 7/16/2004 2:11:50 PM
LAST CLINIC	: PA State DOH

  

PATIENT INFORMATION	
* LAST NAME :	<input type="text" value="Patient"/>
MIDDLE NAME :	<input type="text"/>
ALIAS (NICKNAME) :	<input type="text"/>
BIRTH STATE/COUNTRY :	<input type="text"/>
RACE :	<input type="text" value="EDIT"/>
LANGUAGE :	<input type="text"/>
OTHER PROGRAMS :	<input type="text" value="EDIT"/>
SCHOOL DISTRICT :	<input type="text" value="SELECT"/>
OCCUPATION :	<input type="text" value="SELECT"/>
CHART # :	<input type="text"/>
* FIRST NAME :	<input type="text" value="Test"/>
SUFFIX :	<input type="text"/>
* DATE OF BIRTH :	<input type="text" value="3/1/1973"/> (mm/dd/yyyy)
GENDER :	<input type="text" value="SELECT"/>
HISPANIC ORIGIN :	<input type="text"/>
VFC ELIGIBILITY :	<input type="text"/>
SOCIAL SECURITY # :	<input type="text"/>
Confirm SSN :	<input type="text"/>
PATIENT STATUS :	<input type="text" value="Active"/>
HEALTH PLAN :	<input type="text" value="EDIT"/>

\* Required

## Edit Race Screen

**PHIS** Public Health Information System Immunization Module

**EDIT RACE**

PATIENT NAME : Test Patient

- Aleut
- Arabian
- Asian Indian
- Black
- Cambodian
- Chinese
- Eskimo
- Filipino
- Guamian
- Hawaiian
- Indian
- Japanese
- Korean
- Laotian
- Other Asian or Pacific Islande
- Refused
- Samoan
- Thailander
- Unknown
- Vietnamese
- White
- Other

## Edit Programs Screen

**PHIS** Public Health Information System Immunization Module

**EDIT PROGRAMS**

PATIENT NAME : Test Patient

- EPSDT
- Head Start
- Healthy Start
- Unknown
- Well Child
- WIC
- Other

## Edit Contact & General Information Screen

PHIS

Public Health Information System Immunization Module

SEARCH PATIENTS

PRINT REPORTS

INVENTORY

MY SETTINGS

TUTORIAL

LOG OUT

### EDIT CONTACT & GENERAL INFORMATION

Test Patient  
DOB: 3/1/1973

**PARENT AND GUARDIAN INFORMATION**

MOTHER LAST NAME : <input type="text"/>	MOTHER FIRST NAME : <input type="text"/>
MOTHER MIDDLE NAME : <input type="text"/>	MOTHER MAIDEN NAME : <input type="text"/>
MOTHER SSN : <input type="text"/>	Confirm SSN : <input type="text"/>
FATHER LAST NAME : <input type="text"/>	FATHER FIRST NAME : <input type="text"/>
FATHER MIDDLE NAME : <input type="text"/>	FATHER SSN : <input type="text"/>
	Confirm SSN : <input type="text"/>
GUARDIAN LAST NAME : <input type="text"/>	GUARDIAN FIRST NAME : <input type="text"/>
GUARDIAN MIDDLE NAME : <input type="text"/>	GUARDIAN SSN : <input type="text"/>
	Confirm SSN : <input type="text"/>

**PATIENT ADDRESS**

PATIENT ADDRESS :  [EDIT](#)

COUNTY :

**PHONE NUMBERS**

PRIMARY PHONE # :     SECONDARY PHONE # :     EXT.

**REMINDER ACTIVITY**

DATE REMINDER SENT :     REMINDER STATUS :

NEXT APPOINTMENT :

**EXPANSION FIELDS**

EXP. FIELD - INTEGER :     EXP. FIELD - DATE :

EXP. FIELD - STRING :     LOCKING :

**PRIMARY CARE PHYSICIAN NAME**

LAST NAME :     FIRST NAME :

MIDDLE NAME :     TITLE :

**PRIMARY CARE PHYSICIAN ADDRESS**

ADDRESS :  [EDIT](#)

**PRIMARY CARE PHYSICIAN PHONE NUMBER**

PHONE # :     EXT.

UPDATE

CANCEL

## Edit Patient Address Screen

**PHIS** Public Health Information System Immunization Module

**EDIT PATIENT ADDRESS**

Test Patient  
DOB: 3/1/1973

**PATIENT ADDRESS**

ADDRESS LINE 1  SUITE   
ADDRESS LINE 2  ZIP CODE  **SUBMIT**

STATE  COUNTY  CITY

**UPDATE** **CANCEL**

SEARCH PATIENTS  
PRINT REPORTS  
INVENTORY  
MY SETTINGS  
TUTORIAL  
LOG OUT

## Edit Physician Address Screen

**PHIS** Public Health Information System Immunization Module

**EDIT PHYSICIAN ADDRESS**

Test Patient  
DOB: 3/1/1973

**PHYSICIAN ADDRESS**

ADDRESS LINE 1  SUITE   
ADDRESS LINE 2  ZIP CODE  **SUBMIT**

STATE  COUNTY  CITY

**UPDATE** **CANCEL**

SEARCH PATIENTS  
PRINT REPORTS  
INVENTORY  
MY SETTINGS  
TUTORIAL  
LOG OUT

## Edit Contraindications Screen

## Add Patient Note Screen

## Summary Page Screen (Partial View)



# Edit Vaccination Screen

**PHIS** Public Health Information System Immunization Module

**EDIT VACCINATION**

Test Patient  
DOB: 3/1/1973

**Hep B - Adult**  
Dose # 2

* Vaccination Date	Signature Date	Form & Date	Clinic
12/24/2003			Cumberland County SHC
Lot #	Manufacturer	Injection Site	Outreach Facility
	SELECT	SELECT	SELECT
Provider Name	Provider Title	Billable Health Plan	Dosage Volume
SELECT	SELECT	SELECT	
Notes	Adverse Reaction		
	SELECT		

\* Required

UPDATE    VAERS    DELETE    CANCEL

# Edit History Screen

**PHIS** Public Health Information System Immunization Module

**EDIT HISTORY**

Test Patient  
DOB: 3/1/1973

**Hep B - Adult**  
Dose # 2

* Vaccination Date	Signature Date	Form & Date	Clinic
12/24/2003			Cumberland County SHC
Lot #	Manufacturer	Injection Site	Outreach Facility
	SELECT	SELECT	SELECT
Provider Name	Provider Title	Billable Health Plan	Dosage Volume
SELECT	SELECT	SELECT	
Adverse Reaction	SELECT		

**Hep B - Adult**  
Dose # 1

* Vaccination Date	Signature Date	Form & Date	Clinic
11/24/2003			Lancaster County SHC
Lot #	Manufacturer	Injection Site	Outreach Facility
	SELECT	SELECT	SELECT
Provider Name	Provider Title	Billable Health Plan	Dosage Volume
SELECT	SELECT	SELECT	
Adverse Reaction	SELECT		

**Td**  
Dose # 1

* Vaccination Date	Signature Date	Form & Date	Clinic
11/24/2003			Lancaster County SHC
Lot #	Manufacturer	Injection Site	Outreach Facility
	SELECT	SELECT	SELECT
Provider Name	Provider Title	Billable Health Plan	Dosage Volume
SELECT	SELECT	SELECT	
Adverse Reaction	SELECT		

\* Required

UPDATE    CANCEL

## Give Vaccine Screen

**PHIS** Public Health Information System Immunization Module

**GIVE VACCINE**

Test Patient  
DOB: 3/1/1973

SELECT	VACCINE	FUNDING SOURCE	LOT NUMBER	EXPIRATION DATE	CURRENT VOLUME
<input type="checkbox"/>	DTaP	DOH	C1697AA	7/31/2005	4
<input type="checkbox"/>	DTaP-IPV-HepB	DOH	21883B2	3/11/2004	15
<input type="checkbox"/>	Hep A - Child	DOH	VHA724A9	9/25/2004	12
<input type="checkbox"/>	Hep B - Adult	DOH	0940M	8/14/2005	21
<input checked="" type="checkbox"/>	Hep B - Adult	DOH	0453M	2/24/2005	8
<input type="checkbox"/>	Hep B - Child	DOH	ENG5557A9	6/12/2005	42
<input type="checkbox"/>	Hib	DOH	UE173AA	2/2/2006	39
<input type="checkbox"/>	IPV - Child	DOH	X0772-2	7/2/2006	70
<input type="checkbox"/>	MMR	DOH	0956N	8/27/2005	11
<input type="checkbox"/>	PNU - Child	DOH	495-222	10/31/2005	40
<input type="checkbox"/>	Td	DOH	U1019AA	10/6/2005	28
<input type="checkbox"/>	Varicella	DOH	0072P	1/9/2006	19

NEXT CANCEL

## Give Vaccine Details Screen

**PHIS** Public Health Information System Immunization Module

**GIVE VACCINE DETAILS**

Test Patient  
DOB: 3/1/1973

**HEP B - ADULT**

Vaccination Date 2/25/2004	Signature Date 2/25/2004	Form & Date Hep B - Adult - 7/01	Clinic Cumberland County SHC
Lot # 0453M	Manufacturer Merck	Injection Site SELECT	Outreach Facility SELECT
Provider Name Schellhorn, Barbara	Provider Title RN	Billable Health Plan SELECT	Dosage Volume 1

Notes

\* Required

UPDATE CANCEL

## Summary Page Screen (Partial View)

VACCINE HISTORY				
VACCINE	#	DATE	ADV	ENT
Hep B - Adult	1	11/24/2003	N	A
Hep B - Adult	2	12/24/2003	N	A
Hep B - Adult	3	2/25/2004	N	G
Td	1	11/24/2003	N	A

ADD HISTORY GIVE VACCINE EDIT HISTORY

All Series

RECOMMEND

PATIENT NOTES		
PRIORITY	DATE	NOTES
High	2/25/2004	Refused Influenza vaccination. Test Nurse, RN

ADD NEW NOTE

**QUALIFYING INTERVIEW**

There are no qualifying interviews.

DELETE PATIENT DONE

## Qualifying Interview Screen

PHIS

Public Health Information System Immunization Module

### ADD QUALIFYING INTERVIEW

Test Patient  
DOB: 3/1/1973

<b>ENCOUNTER DATE:</b> 10/6/2004	<b>FORM COMPLETED BY:</b> <input type="text" value="SELECT"/>	<b>DOB VERIFIED:</b> <input type="text" value="SELECT"/>	<b>DISPOSITION:</b> <input type="text" value="SELECT"/>
-------------------------------------	--	---	--

**Reaction to previous immunization?**  
 If yes, explain:

**Well Today?**  
 If no, explain:

**Allergies?**  
 If yes, explain:

**Maternal Hep B Status?**  
 If yes, explain:

**Past illness / CNS problems / hospitalizations / family history of seizures?**  
 If yes, explain:

**Currently on medication?**  
 If yes, explain:

**Immunodeficiency / close contacts?**  
 If yes, explain:

**Immunizations within past 4 weeks / blood or blood products or IG within past year?**  
 If yes, explain:

**Pregnant?**  
 If yes, explain:

**Instructed on vaccine side effects per protocol?**  
 If no, explain:

**Influenza-Specific Questions**

**Allergy to eggs?**  
 If yes, explain:

**Reaction to previous flu vaccine?**  
 If yes, explain:

**History of guillain-barre syndrome?**  
 If yes, explain:

**If pregnant, less than three months pregnant in November?**  
 If yes, explain:

## Recommended Vaccines Screen (Default Selections)

PHIS Public Health Information System Immunization Module

**SEARCH PATIENTS**

**PRINT REPORTS**

**INVENTORY**

**MY SETTINGS**

**TUTORIAL**

**LOG OUT**

### RECOMMENDED VACCINES

Patient Name : Test Patient    DOB : 03/01/1973  
 Select the vaccine(s) to be administered from the list below

RECOMMENDED VACCINES					
Hep A - Adult	Hep B - Hib	IPV - Child	MMR	PNU - Child	Td (Adult)
Varicella					

**The following vaccine(s) are not in the current vaccine map and therefore ignored :**  
Td

RECOMMENDED INVENTORY					
VACCINE	FUNDING SOURCE	LOT NUMBER(S)	EXPIRATION DATE(S)	CURRENT VOLUME	SELECT
Hep A - Adult	VFC	0011M	1/1/2005	10	<input checked="" type="checkbox"/>
Hep B - Hib	VFC	TEST345	1/1/2005	11	<input checked="" type="checkbox"/>
IPV - Child	VFC	W0460-2	4/23/2005	35	<input checked="" type="checkbox"/>
MMR	HIV	123M	1/4/2005	30	<input checked="" type="checkbox"/>
PNU - Child	VFC	TEST123	1/1/2005	50	<input checked="" type="checkbox"/>
Varicella	VFC	0192N	2/19/2005	9	<input checked="" type="checkbox"/>
DT	VFC	DTPa574A2	4/11/2004	25	<input checked="" type="checkbox"/>

OTHER INVENTORY					
VACCINE	FUNDING SOURCE	LOT NUMBER(S)	EXPIRATION DATE(S)	CURRENT VOLUME	SELECT
DT	VFC	1049M	9/5/2005	28	<input type="checkbox"/>
DTaP	VFC	2000M	1/1/2004	15	<input type="checkbox"/>
DTaP	VFC	DTPA3838	12/31/2005	10	<input type="checkbox"/>
DTaP-IPV-HepB	VFC	21883B2	3/11/2004	50	<input type="checkbox"/>
Hep B - Adult	VFC	0453M	2/24/2005	8	<input type="checkbox"/>
Hep B - Child	VFC	ENG5370A2	3/26/2004	55	<input type="checkbox"/>
Hib	Private	UA777AA	10/4/2004	4	<input type="checkbox"/>

NEXT
CANCEL

## Recommended Vaccines Screen (Modifying Default Selections)

**PHIS** Public Health Information System Immunization Module

**SEARCH PATIENTS**

**PRINT REPORTS**

**INVENTORY**

**MY SETTINGS**

**TUTORIAL**

**LOG OUT**

### RECOMMENDED VACCINES

Patient Name : Test Patient    DOB : 03/01/1973

Select the vaccine(s) to be administered from the list below

RECOMMENDED VACCINES					
Hep A - Adult	Hep B - Hib	IPV - Child	MMR	PNU - Child	Td (Adult)
Varicella					

The following vaccine(s) are not in the current vaccine map and therefore ignored :

Td

RECOMMENDED INVENTORY					
VACCINE	FUNDING SOURCE	LOT NUMBER(S)	EXPIRATION DATE(S)	CURRENT VOLUME	SELECT
Hep A - Adult	VFC	0011M	1/1/2005	10	<input type="checkbox"/>
Hep B - Hib	VFC	TEST345	1/1/2005	11	<input type="checkbox"/>
IPV - Child	VFC	WD460-2	4/23/2005	35	<input type="checkbox"/>
MMR	HIV	123M	1/4/2005	30	<input type="checkbox"/>
PNU - Child	VFC	TEST123	1/1/2005	50	<input type="checkbox"/>
Varicella	VFC	0192N	2/19/2005	9	<input type="checkbox"/>
DT	VFC	DTPa574A2	4/11/2004	25	<input type="checkbox"/>

OTHER INVENTORY					
VACCINE	FUNDING SOURCE	LOT NUMBER(S)	EXPIRATION DATE(S)	CURRENT VOLUME	SELECT
DT	VFC	1049M	9/5/2005	28	<input type="checkbox"/>
DTaP	VFC	2000M	1/1/2004	15	<input type="checkbox"/>
DTaP	VFC	DTPA3838	12/31/2005	10	<input type="checkbox"/>
DTaP-IPV-HepB	VFC	21883B2	3/11/2004	50	<input type="checkbox"/>
Hep B - Adult	VFC	0453M	2/24/2005	8	<input checked="" type="checkbox"/>
Hep B - Child	VFC	ENG5370A2	3/26/2004	55	<input type="checkbox"/>
Hib	Private	UA777AA	10/4/2004	4	<input type="checkbox"/>

**NEXT**

**CANCEL**

## Select Report Screen

**SELECT REPORT**

<p><b>PATIENT-SPECIFIC</b></p> <p>Patient Long Form <input type="radio"/></p> <p>Patient Short Form <input checked="" type="radio"/></p> <p>Routing Slip <input type="radio"/></p> <p>Reminder Notice <input checked="" type="radio"/></p>	<p><b>INVENTORY</b></p> <p>Clinic Inventory <input type="radio"/></p> <p>Doses Administered <input checked="" type="radio"/></p> <p>Vaccine Accountability <input type="radio"/></p>
<p><b>REMINDER / RECALL</b></p> <p>Missing Immunizations <input type="radio"/></p> <p>Upcoming Immunizations <input checked="" type="radio"/></p> <p>Lack of Activity <input type="radio"/></p>	<p><b>STATISTICAL</b></p> <p>Immunization Coverage <input type="radio"/></p> <p>Encounter Summary <input checked="" type="radio"/></p> <p>Patient List <input type="radio"/></p> <p>Patient Detail <input checked="" type="radio"/></p> <p>Data Verification <input type="radio"/></p> <p>Roster Billing Report <input checked="" type="radio"/></p>

Patient-Specific (must have patient record open before selecting "Print Reports")

**Patient Long Form:** Official immunization record that could be given to other clinical providers. **P**

**Patient Short Form:** Vaccine history report that could be given to parents, schools, or daycares. **P**

**Routing Slip:** Lists vaccine history, what the PA-SIIS is recommending, and current inventory. **P**

**Reminder Notice:** Lists vaccines that are needed and when (in letter format). **P**

Reminder/Recall

**Missing Immunizations:** Lists patients that are overdue for shots (select age range & as of date). **L**

**Upcoming Immunizations:** Lists patients that will be due for shots (select timeframe, age range, & as of date). **L**

**Lack of Activity:** Lists patients that have not received recent immunization services (select inactive date). **L**

Inventory

**Clinic Inventory:** Lists current active inventory. Used before or after clinics to perform reconciliation. **L**

**Doses Administered:** Breakdown of shots that were administered by age group & vaccine (select timeframe). **L**

**Vaccine Accountability:** Lists all reconciliation notes for active & inactive inventory. **L**

Statistical

**Immunization Coverage:** Lists shot(s) and current assessment rate (select age range, as of date, & active status). **P**

**Encounter Summary:** Total number of encounters, by Provider, that were administered, by age and by clinic. **L**

**Patient List:** Lists patients with address and phone numbers (select age range, as of date, & active status). **L**

**Patient List:** Lists patients with upcoming appointments (select date ranges for appts, do not need age ranges). **L**

**Patient Detail:** Lists patients with shots they received (select timeframe). **P**

**Data Verification:** Lists records missing required data items (select timeframe). **L**

**Roster Billing:** Lists patients based on date ranges, vaccines, health plans, and outreach clinics (if any). **L**

\*P= Portrait    \*L= Landscape

# **SECTION B:**

## **PA-SIIS Procedures**

**Procedure:** **Required Data Entry Fields**

**Purpose:** Ensure Data Integrity for PA-SIIS Data Entry

**Responsibility:** All PA-SIIS Users

**General Information:** ♥ Required fields for patients 0 through 18 years of age  
 \* Required fields for patients 19 year of age or older

**Entry Requirements:** If any of the “Required Fields” are unknown, or are not applicable, please leave the field(s) blank (or use the applicable selection(s). Example: “Unknown”).

If the patient, or patient’s parent or guardian prefers not to share information for any of the “Required Fields”, please leave the field(s) blank (or use the applicable selection(s). Example: “Refused”).

If any of the “Not Required Fields” contain information, please verify the information with the applicable individual. In most cases, information should NOT be deleted from PA-SIIS records.

Immunization data should be entered into PA-SIIS within **two business days** of all patient encounters so that data integrity can be assured.

**EDIT PATIENT INFORMATION FIELDS**

Field Name	Field Type	Guiding Information
<b>PATIENT INFORMATION</b>		
<b>First Name</b>	<b>Required ♥*</b>	Patient’s first name.
<b>Last Name</b>	<b>Required ♥*</b>	Patient’s last name.
<b>Middle Name</b>	<b>Required ♥*</b>	Patient’s middle name.
Suffix	Not Required	If applicable. Patient’s suffix. Examples: “Jr.” or “Sr.”
Alias (nickname)	Not Required	If applicable. Patient’s nickname.
<b>Date of Birth</b>	<b>Required ♥*</b>	Date patient was born.
<b>Birth State/Country</b>	<b>Required ♥*</b>	State or country patient was born.
<b>Gender</b>	<b>Required ♥*</b>	Gender of the patient.
<b>Race</b>	<b>Required ♥*</b>	Please refer to, “Race Field Coding Guidelines.”
<b>Hispanic Origin</b>	<b>Required ♥*</b>	Please refer to, “Hispanic Origin Field Coding Guidelines.”
<b>Language</b>	<b>Required ♥*</b>	Language patient speaks and reads most often.
<b>VFC Eligibility</b>	<b>Required ♥</b>	Please refer to, “VFC Eligibility Field Coding Guidelines.”
Other Programs	Not Required	Patient’s eligibility for health programs other than VFC.
<b>Social Security #</b>	<b>Required ♥*</b>	Patient’s social security number.
School District	Not Required	Patient’s School district.
Occupation	Not Required	Patient’s occupation.
<b>Health Plan</b>	<b>Required ♥*</b>	Type of health insurance the patient is enrolled in.
Chart #	Not Required	If applicable. Patient’s medical record chart number.
<b>Patient Status</b>	<b>Required ♥*</b>	Please refer to, “Patient Status Field Coding Guidelines.”

### EDIT CONTACT INFORMATION FIELDS

Field Name	Field Type	Guiding Information
<b>PARENT AND GUARDIAN INFORMATION</b>		
		Only enter information relative to the individual bringing the patient (if not 18) in for vaccines. If any of the “Not Required Fields” contain information, please verify the information. Information should NOT be deleted from PA-SIIS records (unless requested or known to be incorrect).  EXAMPLE: Patient is under the age of 18, and mother brings patient in for vaccines. Mother’s information is completed. Father and guardian information is left blank.
<b>Mother First Name</b>	<b>Required ♥</b>	If applicable. First name of the patient’s mother.
<b>Mother Last Name</b>	<b>Required ♥</b>	If applicable. Last name of the patient’s mother.
<b>Mother Middle Name</b>	<b>Required ♥</b>	If applicable. Middle name of the patient’s mother.
<b>Mother SSN</b>	<b>Required ♥</b>	If applicable. SSN of the patient’s mother.
<b>Mother Maiden Name</b>	<b>Required ♥</b>	If applicable. Maiden name of the patient’s mother.
<b>Father First Name</b>	<b>Required ♥</b>	If applicable. First name of the patient’s father.
<b>Father Last Name</b>	<b>Required ♥</b>	If applicable. Last name of the patient’s father.
<b>Father Middle Name</b>	<b>Required ♥</b>	If applicable. Middle name of the patient’s father.
<b>Father SSN</b>	<b>Required ♥</b>	If applicable. SSN of the patient’s father.
<b>Guardian First Name</b>	<b>Required ♥</b>	If applicable. First name of the patient’s guardian.
<b>Guardian Last Name</b>	<b>Required ♥</b>	If applicable. Last name of the patient’s guardian.
<b>Guardian Middle Name</b>	<b>Required ♥</b>	If applicable. Middle name of the patient’s guardian.
<b>Guardian SSN</b>	<b>Required ♥</b>	If applicable. SSN of the patient’s guardian.
<b>PATIENT ADDRESS</b>		
<b>Address Line 1</b>	<b>Required ♥*</b>	Patient’s primary address.
<b>Suite</b>	<b>Required ♥*</b>	Patient’s suite or apartment number.
Address Line 2	Not Required	Blank field
<b>Zip Code</b>	<b>Required ♥*</b>	Zip code in which the patient resides.
<b>State</b>	<b>Required ♥*</b>	State in which the patient resides.
<b>County</b>	<b>Required ♥*</b>	County in which the patient resides.
<b>City</b>	<b>Required ♥*</b>	City in which the patient resides.
<b>PHONE NUMBERS</b>		
<b>Primary Phone</b>	<b>Required ♥*</b>	Patient’s primary phone number.
<b>Secondary Phone</b>	Not Required	Patient’s secondary phone number.
<b>REMINDER ACTIVITY</b>		
<b>Date Reminder Sent</b>	Not Required	Blank field
<b>Reminder Status</b>	Not Required	Blank field
<b>EXPANSION FIELDS</b>		
<b>Exp. Field - Integer</b>	Not Required	Blank Field
<b>Exp. Field - Date</b>	Not Required	Blank Field
<b>Exp. Field - String</b>	Not Required	Blank Field

### EDIT CONTACT INFORMATION FIELDS

Field Name	Field Type	Guiding Information
<b>PCP INFORMATION</b>		PCP = Primary Care Physician
First Name	Not Required	First name of the patient's PCP.
Last Name	Not Required	Last name of the patient's PCP.
Middle Name	Not Required	Middle name of the patient's PCP.
Title	Not Required	Title of the patient's PCP.
Address Line 1	Not Required	Address of the PCP.
Suite	Not Required	If applicable. PCP's suite or office number.
Address Line 2	Not Required	Blank Field
Zip	Not Required	Zip code in which the PCP practices.
State	Not Required	State in which the PCP practices.
City	Not Required	City in which the PCP practices.
Phone #	Not Required	Primary phone number of the PCP.

### EDIT CONTRAINDICATIONS

Field Name	Field Type	Guiding Information
<b>Contraindications</b>	<b>Required ♥*</b>	If applicable. Check all appropriate selections from the list of contraindications provided.

### PATIENT NOTES

Field Name	Field Type	Guiding Information
<b>ADD NEW NOTE</b>		
<b>Priority</b>	<b>Required ♥*</b>	If applicable. Priority of the note.
<b>Date</b>	<b>Required ♥*</b>	If applicable. Defaults to current date. Modify if necessary.
<b>Notes</b>	<b>Required ♥*</b>	If applicable. Format: Patient Note and Author. Examples: First reminder card sent, refused Varicella, etc.

### VACCINE HISTORY

Field Name	Field Type	Guiding Information
<b>ADD HISTORY</b>		
<b>Add History – Select Vaccine(s)</b>	<b>Required ♥*</b>	Check all of the vaccines that were given to the patient.
<b>Dates of Past Vaccinations</b>	<b>Required ♥*</b>	Enter dates of every vaccination the patient has had. If a vaccine has more than five dates to be entered, select update and re-select Add History.
<b>ADD HISTORY DETAILS</b>		When shot dates are entered through Add History, completing the fields within Add History Details is not required. However, if additional information is known (such as the clinic(s) where shot(s) was given), entry is recommended and encouraged.
<b>GIVE VACCINE</b>		
<b>Give Vaccine - Select Vaccine(s)</b>	<b>Required ♥*</b>	Check all of the vaccines that were given to the patient.
<b>GIVE VACCINE DETAILS</b>		
<b>Vaccination Date</b>	<b>Required ♥*</b>	Defaults to current date. Modify if necessary.
Lot #	Default	Lot number of the vaccine given.
Manufacturer	Default	Manufacturer of the vaccine given.
<b>Injection Site</b>	<b>Required ♥*</b>	Injection Site of the vaccine given.
Form & Date	Default	Defaults to the current Vaccine Information Statement (VIS) and version date corresponding to the vaccine given.
<b>Signature Date</b>	<b>Required ♥*</b>	Defaults to current date. Modify if necessary.
<b>Provider Name</b>	<b>Required ♥*</b>	Name of provider that administered the vaccine.
<b>Provider Title</b>	<b>Required ♥*</b>	Title of provider that administered the vaccine.
Dosage Volume	Default	Should always be "1."
Clinic	Default	Clinic where the vaccine was administered.
Notes	Not Required	If applicable. Format: Entry Date, Note, and Author.

**Procedure:** **Race Field Coding Guidelines**

**Purpose:** Ensure Data Integrity for PA-SIIS, and to provide users with a structured definition for coding patient race.

**Responsibility:** All PA-SIIS Users

**General Information:** This field is a “Required Data Entry Field” for all patients. The choices that exist in PA-SIIS are listed under the “SELECTION(S)” column. If the patient’s race is not listed as a choice, refer to the “Detailed Coding Structure for Race” table for further guidance. Document all races that patient specifies.

<b>Choose all race selections that apply.</b> It is easier to select multiple races in the Edit Patient Information screen.		
<b>RACE SELECTION(S)</b>	<b>CODE</b>	<b>GUIDELINES</b>
Aleut	(3)	
Arabian	(H)	
Asian Indian	(A)	
Black	(2)	Includes “African American”
Cambodian	(J)	
Chinese	(4)	
Eskimo	(K)	
Filipino	(7)	
Guamian	(E)	
Hawaiian	(6)	
Indian	(G)	Includes “North American”, “Central American”, and “South American.”
Japanese	(5)	
Korean	(B)	
Laotian	(L)	
Other	(0)	Includes all of the “0” selections from the “Detailed Coding Structure for Race” table.
Other Asian or Pacific Islander	(8)	
Refused		Select, “Refused” when the patient, the patient’s parent, or the guardian prefers not to share race information.
Samoaan	(C)	
Thailander	(N)	
Unknown		Select, “Unknown” when the race of patient is not known. Avoid this selection if possible.
Vietnamese	(D)	
White	(1)	Includes “Mexican”, “Puerto Rican”, and “other Caucasian.”

<b>A</b>		COSMOPOLITAN	0	Iraqi	1	Nepalese	8	SOANISH	0
Afghanistan	1	Costa Rican	1	Irish	1	NICARAGUAN	0	South American	1
African	2	Creole	1	Islamic	1	Nigerian	2	Spanish	1
Aleut	3	Crucian	1	Israelite	1	Nipponese	5	Sri Lanka	8
Algerian	1	Cuban	1	Italian	1	Nordic	1	Sudanese	2
ALOCONA	0	Czechoslovakian	1	<b>J</b>		Norwegian	1	Sunni	1
Ameriasian	8	<b>D</b>		JACKSON	0	Nubian	2	Swedish	1
American	1	Dominican	2	Jamaican	2	<b>O</b>		Syrian	1
Amish	1	Dutch East Indian	8	Japanese	5	Occidental	1	<b>T</b>	
Anglo-Saxon	1	<b>E</b>		Java	8	Octaroon	2	Tahitian	8
Arabian	H	East Indian (Indies)	8	Jew	1	Okinawan	5	Taimskin	G
Argentinian	1	Ebian	1	Jordanian	1	<b>P</b>		Taiwanese	4
Armenian	1	Ecuadorian	1	<b>K</b>		Pakistani	8	Tamil-Ceylonese	8
Aryan	1	Egyptian	1	Kenyan	2	Palauan	T	Tamil-Malayan	8
Asian Indian	A	English	1	Korean	B	Palestinian	T	Tanzanian	2
Asiatic	8	English-French	1	Kuwaitian	1	PANAMANIAN	T	Teutonic	1
Assyrian	1	English-Irish	1	<b>L</b>		Parsi	1	Thai	N
Athabaskan	G	Eritrean	2	Ladina (Ladino)	1	Persian	T	Tibetan	8
Australian	1	Eskimoan	K	Laotian	L	Peruvian	T	Tongan	8
Austrian	1	Ethiopia(n)	2	Latin American	1	PHOENICIAN	T	TRIGUENO	0
Azores	1	Eurasian	8	Latvian	1	Polish	T	Trinidadian	2
<b>B</b>		European	1	Lebanese	1	Polynesian	8	Trukese	8
BAHAMIAN	0	<b>F</b>		Liberian	2	Ponapean	8	Tunisian	1
Bangladeshi	8	Fijian	8	Libyan	1	Portuguese	1	Turk	1
Basque	1	Filipino	7	Lithuanian	1	Puerto Rican	1	<b>U</b>	
Bavarian	1	Finnish	1	<b>M</b>		Punjabi	A	Ubontilian	8
BEGRI	0	French (Canadian)	1	MALADA	0	<b>Q</b>		Ugandan	2
BELIZIAN	0	French Indian	3	Malawian	2	Quadroon	2	Ukranian	1
Bilalian	2	<b>G</b>		Malayan	8	<b>R</b>		ULITHIAN	0
BIRACIAL	0	Georgian	1	Maltese	1	Red	G	Ute	G
Blanc	1	German	1	Maori	8	Romanian	1	<b>V</b>	
BOHEMIAN	0	Ghanaian	2	Marshallese	8	Rotanese	8	Venezuela (n)	1
Bolivian	1	Gilbertese	8	Marshenese	1	Russian	1	Vietnam(ese)	D
Bosnian	1	Greek	1	Mauritian	1	Ryukyuan	5	<b>W</b>	
Brava (Bravo)	1	Guam(ian)(ese)	E	Mediterranean	1	<b>S</b>		Welsh	1
Brazilian	1	GUATEMALAN	0	Melanesian	8	Saipanese	W	West Indies (Indian)	2
BRITISH HONDURAN	0	GUYANESE	0	MESTIZO	0	SALVADORIAN	W	Wiam	1
Burmese	8	Gypsy	1	MESTIZO-INCA	0	Samoa(n)	C	<b>X</b>	
<b>C</b>		<b>H</b>		Mexican	1	Santo-Domingo	2	<b>Y</b>	
Cajun	1	Haitian	2	Mexican Indian	G	Saudi Arabia(n)	1	Yapanes	8
Cambodian	J	Hamitic	2	Micronesian	8	Saxon(y)	1	Yemenite	1
Canadian	1	Hawaiian	6	MIXED	0	Scandinavian	1	Yugoslavian	1
Cape Verde	2	Hebrew	1	Mohammedan	1	Scotch	1	<b>Z</b>	
CARIB	0	Hindu	8	Moldavian	1	Selawik	G	Zoroastrian	1
Caucasian	1	Hispanic	1	MOOR	0	Semitic	1		
Ceylonese	8	Hmong	8	Moroccan	1	Serbian	1		
Chamorrow	8	HONDURAN	0	Moslem	1	Servian	1		
CHAMOSSO	0	Hungarian	1	MOSOTHO	0	Seychelloise	2		
Chicano	1	<b>I</b>		Mugandan	2	Siamese	8		
Chilian	1	Icelandic	1	Mulatto	2	SIAMSH AM	0		
Chinese	4	India	A	MULTI-RACIAL	0	Sicilian	1		
Chuukese	8	Indian (N) (C) (SA)	G	Muslim	1	Sikh	A		
COLESTRAN	0	Indo-Aryan	A	<b>N</b>		Singhalese	8		
Colombian	1	Indonesian	8	Nassau	2	Sino Burman	4		
COSMOPOLITAN	0	Iran (ian)	1	Native American	G	Slovakian	1		

Procedure: **Hispanic Origin Field Coding Guidelines**  
 Purpose: Ensure Data Integrity for PA-SIIS.  
 Responsibility: All PA-SIIS Users  
 General Information: This field is a “Required Data Entry Field” for all patients. The selections used most are in bold print.

Is the patient Hispanic or Non-Hispanic? If the patient is Hispanic, what is their origin of decent?	
<b>HISPANIC ORIGIANSELECTION(S)</b>	<b>GUIDELINES</b>
<b>Cuban</b>	Origin of decent is Cuba (Cuban or Cubano).
<b>Mexican</b>	Origin of decent is Mexico (Mexican, Chicano, or Mexican American).
<b>Non-Hispanic</b>	A patient who is Non-Hispanic.
Other	Select “Other” when the patient is known to be Hispanic, but the origin of decent is not listed. Spanish speaking countries only (Balearic Islands, Basque, Canary Islands, Dominican Republic, Majorca, Portugal, or Spain).
<b>Puerto Rican</b>	Origin of decent is Puerto Rico or Boricua (Puerto Rican or Borinqueno).
Refused	Select, “Refused” when the patient, the patient’s parent, or guardian prefers not to disclose the origin of decent.
<b>South or Central American</b>	Origin of decent is Argentina, Beliz, Bolivia, Brazil, Chile, Columbia, Costa Rica, Ecuador, El Salvador, Falkland Islands, French Guiana, Galapagos Islands, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, or Venezuela.
Unknown	Select, “Unknown” when the patient is not known to be Non-Hispanic or Hispanic. Avoid this selection if possible.
Unknown Hispanic	Select, “Unknown Hispanic” when the patient is Hispanic and the origin of decent is not known.

Procedure: **VFC Eligibility Field** Coding Guidelines  
 Purpose: Ensure Data Integrity for PA-SIIS Data Entry  
 Responsibility: All PA-SIIS Users  
 General Information: This field is a “Required Data Entry Field” for all patients. The selections used most often are in bold print.

Vaccines For Children (VFC) Eligibility Guidelines	
VFC ELIGIBILITY SELECTION(S)	GUIDELINES
Alaskan Native	An Alaskan Native 0-18 years of age.
American Indian	An American Indian patient 0-18 years of age.
<b>Ineligible</b>	<p>A patient 19 years of age or older</p> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• A child enrolled in CHIP or Blue CHIP is privately insured, and is <b>not</b> VFC eligible.</li> <li>• A child with a deductible or copayment is insured, and is <b>not</b> VFC eligible.</li> </ul>
<b>Medicaid</b>	A Medicaid eligible or enrolled patient 0-18 years of age.
<b>No Insurance</b>	An uninsured patient of 0-18 years of age
<b>Underinsured *</b>	<p>A patient 0-18 years of age seen at a Federally Qualified Health Center (<b>FQHC</b>) or Rural Health Clinic (<b>RHC</b>), and whose health insurance does <b>not</b> cover vaccinations.</p> <p><b>* The Centers for Disease Control and Prevention (CDC) states, “Underinsured children are eligible for VFC only at Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs), <u>not</u> at State Health Centers (SHCs).”</b></p> <p>Underinsured children are also ineligible for VFC when vaccinations are received at a County or Municipal Health Department.</p>

**If patient is 18 years of age or younger...**

INSURANCE	PA-SIIS Fields (Acceptable combinations of codes)	
	VFC ELIGIBILITY	HEALTH PLAN
Aetna	Ineligible	Private Insurance
Alaskan native	Alaskan Native	Could be any of the selections
American Indian	American Indian	Could be any of the selections
Blue CHIP	Ineligible	CHIP
Blue Cross	Ineligible	Private Insurance
Blue Shield	Ineligible	Private Insurance
CHIP	Ineligible	CHIP
Copayment	Ineligible	Private Insurance
Deductible	Ineligible	Private Insurance
HMO	Ineligible	Private Insurance
Medicaid	Medicaid	Medicaid
Medicare	Ineligible	Medicare
No insurance	No Insurance	No Insurance

**If patient is 19 years of age or older...**

INSURANCE	PA-SIIS Fields (Acceptable combinations of codes)	
	VFC ELIGIBILITY	HEALTH PLAN
Aetna	Ineligible	Private Insurance
Alaskan native	Ineligible	Could be any of the selections
American Indian	Ineligible	Could be any of the selections
Blue CHIP	Ineligible	CHIP
Blue Cross	Ineligible	Private Insurance
Blue Shield	Ineligible	Private Insurance
CHIP	Ineligible	CHIP
Copayment	Ineligible	Private Insurance
Deductible	Ineligible	Private Insurance
HMO	Ineligible	Private Insurance
Medicaid	Ineligible	Medicaid
Medicare	Ineligible	Medicare
No insurance	Ineligible	No Insurance

Please avoid using the **Other** and **Unknown** selections!

Procedure: **Patient Status Field Coding Guidelines**  
 Purpose: Ensure Data Integrity for PA-SIIS Data Entry  
 Responsibility: All PA-SIIS Users  
 General Information: This field is a “Required Data Entry Field” for all patients.

This field reflects the patient’s current clinic status. The available selections are defined below.	
PATIENT STATUS SELECTION(S)	GUIDELINES
Active	A patient who received immunizations (shots) at “your” clinic. The patient status should remain “Active” when a patient has “completed the immunization schedule.”
Deceased	A patient who has been confirmed deceased.
MOGE	Moved Or Gone Elsewhere. <b>When MOGE is selected an explanation must be documented into the patient’s medical record.</b> MOGE is selected when a patient meets one of the three criteria listed below: <ul style="list-style-type: none"> <li>• Patient is known to be moved or moving.</li> <li>• Patient is known to be going elsewhere for shots.</li> <li>• Reminder – Recall protocol completed (see below).</li> </ul>

**Reminder – Recall Protocol**

The following protocol for reminder – recall actions has been approved by the Division of Immunizations in collaboration with the Bureau of Community Health System’s for State Health Centers, County and Municipal Health Departments, and other public clinic sites. In order to comply with the Centers for Disease Control and Prevention (CDC) recommendations, these actions must be completed before a child can be considered Moved Or Gone Elsewhere (MOGE). When all actions in this protocol are completed or exhausted, the Patient Status field within the patient’s record should be changed from “Active” to “MOGE.”

**STEP ACTION**

1. A patient has missed an appointment or is overdue for immunizations.
2. Contact the patient, or the responsible adult within two working days by:
  - Phone
  - Post Card (includes letters or email)
  - Home Visit
3. In PA-SIIS, document the date of the most recent contact in the “**Patient Notes**” field.
4. If no response within 30 days, repeat steps 2-3.
5. If no response within 30 more days (60 days from the initial contact), repeat steps 2-3.
6. If no response within 30 more days (90 days from the initial contact), consider the patient MOGE.
7. In PA-SIIS, document the result in the “**Patient Notes**” field.
8. Change the “**Patient Status**” field from “Active” to “MOGE.”

**Procedure:** **Creating and Maintaining Inventory within PA-SIIS**

**Purpose:** Ensure Data Integrity for PA-SIIS Data Entry

**Responsibility:** All PA-SIIS Users

**General Information:** A clinic’s current inventory listing is found by selecting the “Inventory” button on the left-hand side of the screen. (Clinic should default to your clinic).

All vaccines can be entered into inventory (e.g., influenza, PPD, etc.) regardless of source/vendor and funding source.

PA-SIIS staff recommends reconciling the actual number of available vaccine with the number of vaccine listed in Inventory before and after each immunization clinic.

The inventory listing is sorted in alphabetical order and then by the expiration date of each vaccine.

If the expiration date states only month and year, use the last day in the applicable month. **Example: 4/09 = 4/30/09**

**PART 1: ADDING NEW INVENTORY MANUALLY (NEW LOT NUMBER)**

**STEP ACTION**

1. Select the **Inventory** button on the left-hand side of the screen. (The Edit Inventory screen will appear).
2. Maximize the Edit Inventory screen by clicking on the box “□” beside the “x” in the top right hand corner of the screen (if it is not already maximized).
3. Verify that “your” clinic name is in the **Choose Clinic** field.
4. Click on the **Add Inventory** button at the bottom of that screen. (Add New Inventory screen will appear).

**ADD NEW INVENTORY**

<b>CLINIC :</b> PA State DOH	<b>*VACCINE :</b> SELECT	<b>*SOURCE/VENDOR :</b> SELECT	<b>FUNDING SOURCE :</b> SELECT
<b>*CURRENT VOLUME :</b> <input type="text"/>	<b>*DOSAGE VOLUME :</b> <input type="text" value="1"/>	<b>*MINIMUM VOLUME :</b> <input type="text" value="0"/>	
<input checked="" type="checkbox"/> <b>ACTIVE</b>	<b>NOTES :</b>		
<input checked="" type="checkbox"/> <b>RECOMMEND</b>	<input type="text"/>		

\* Required

NEXT      CANCEL

5. Your clinic name will automatically default in the Clinic field. Select the **Vaccine** that you are adding from the drop-down selections.
6. Select the **Source/Vendor** from the list of drop-down selections.
7. Select the **Funding Source** from the list of drop-down selections.
8. Type the total number of doses that you are adding to inventory in the Current Volume field.
9. Verify that the **Dosage Volume** is “1” and that the **Minimum Volume** is “0.”
10. Click on the Next button at the bottom of the screen. (The Select Lots screen will appear).

### SELECT LOTS

MANUFACTURER: ALL MANUFACTURERS

SELECT	LOT NUMBER(S)	EXPIRATION DATE(S)	MANUFACTURER
<input type="checkbox"/>	000000	1/10/2008	Berna
<input type="checkbox"/>	000066	7/7/2008	Merck
<input type="checkbox"/>	0001234AA	10/31/2010	Merck
<input type="checkbox"/>	0001F	3/15/2008	Merck
<input type="checkbox"/>	0001U	11/30/2009	Merck
<input type="checkbox"/>	0002F	3/15/2008	Merck
<input type="checkbox"/>	0002U	6/13/2009	Merck
<input type="checkbox"/>	0003U	9/27/2009	Merck
<input type="checkbox"/>	0005F	6/29/2008	Merck
<input type="checkbox"/>	0005U	5/8/2009	Merck
<input type="checkbox"/>	0006-4627	9/6/2008	Merck
<input type="checkbox"/>	0006F	7/7/2008	Merck
<input type="checkbox"/>	0006u	5/9/2009	Merck
<input type="checkbox"/>	0007U	6/7/2009	Merck
<input type="checkbox"/>	0010f	11/21/2008	Merck
<input type="checkbox"/>	0010U	10/19/2009	Merck
<input type="checkbox"/>	0011F	9/6/2008	Merck
<input type="checkbox"/>	0011u	3/21/2009	Merck
<input type="checkbox"/>	0012F	11/22/2008	Merck
<input type="checkbox"/>	0012S	11/22/2008	Merck
<input type="checkbox"/>	0012U	6/13/2009	Merck
<input type="checkbox"/>	0013F	11/23/2008	Merck

  

<input type="checkbox"/>	Z0567	6/14/2008	Sanofi Pasteur
<input type="checkbox"/>	Z0572	6/14/2008	Aventis Pasteur
<input type="checkbox"/>	Z0627-2	6/9/2008	Aventis Pasteur
<input type="checkbox"/>	Z0664	7/19/2008	Aventis Pasteur
<input type="checkbox"/>	Z0669-1	3/10/2008	Aventis Pasteur
<input type="checkbox"/>	Z0872	9/21/2008	Aventis Pasteur
<input type="checkbox"/>	Z0872-2	9/21/2008	Aventis Pasteur
<input type="checkbox"/>	Z0873	9/22/2008	Aventis Pasteur
<input type="checkbox"/>	Z0873-2	9/22/2008	Sanofi Pasteur
<input type="checkbox"/>	Z0877	3/10/2008	Aventis Pasteur
<input type="checkbox"/>	Z0905	3/10/2008	Aventis Pasteur
<input type="checkbox"/>	Z0923	9/29/2008	Sanofi Pasteur
<input type="checkbox"/>	Z0923-2	9/29/2008	Aventis Pasteur
<input type="checkbox"/>	Z0924-2	9/30/2008	Aventis Pasteur
<input type="checkbox"/>	z0943	3/10/2008	Aventis Pasteur
<input type="checkbox"/>	Z0960	9/15/2008	Sanofi Pasteur
<input type="checkbox"/>	Z0963-4	9/6/2008	Sanofi Pasteur
<input type="checkbox"/>	Z1009-2	10/20/2008	Sanofi Pasteur
<input type="checkbox"/>	Z10092	10/20/2008	Aventis Pasteur
<input type="checkbox"/>	Z1069	11/14/2008	Sanofi Pasteur
<input type="checkbox"/>	Z1069-2	11/14/2008	Aventis Pasteur
<input type="checkbox"/>	Z1102	11/14/2008	Sanofi Pasteur
<input type="checkbox"/>	z1111	1/31/2008	Merck
<input type="checkbox"/>	z12345	1/1/2009	Aventis Pasteur

Active

ADD NEW LOT
ASSOCIATE LOT(S)
CANCEL

All of the lot numbers that exist in all participating clinics' active inventory will appear. Check to see if the lot number of the new inventory appears in that list. Lot numbers can be filtered based on manufacturer. Lot numbers are listed in numerical order then alpha-numerical order in the list:

- Select the manufacturer from the drop-down list. If the manufacturer is unknown select “All Manufactures” (the default option).
- **If the lot number is present, click the box beside that Lot number to select it on the Select Lots screen.** Then click on the Associate Lot(s) button at the bottom of the screen. (The Edit Inventory Item screen will appear). Verify the information. Click on the **Update** button to save the transaction.

### EDIT INVENTORY ITEM

CLINIC : PA State DOH	VACCINE : <span style="border: 1px solid black; padding: 2px;">MMR</span>	SOURCE/VENDOR : <span style="border: 1px solid black; padding: 2px;">State</span>	FUNDING SOURCE : <span style="border: 1px solid black; padding: 2px;">Catch-up</span>
CURRENT VOLUME : 5	ADMIN VOLUME : 0	DOSAGE VOLUME : <span style="border: 1px solid black; padding: 2px;">1</span>	MINIMUM VOLUME : <span style="border: 1px solid black; padding: 2px;">0</span>
<input checked="" type="checkbox"/> ACTIVE	NOTES : <div style="border: 1px solid black; height: 15px;"></div>		
<input checked="" type="checkbox"/> RECOMMEND			
LOT INFORMATION			
LOT NUMBER	EXPIRATION DATE	MANUFACTURER	
0192N	2/19/2005	Merck	
RECONCILIATION INFORMATION			
DATE	TYPE	VOLUME	NOTES
9/29/2003	Received	5	Initial Volume

UPDATE
SELECT LOT(S)
RECONCILE
CANCEL

- If the lot number is not present, click on the **Add New Lot** button at the bottom of the **Select Lots** screen. (The Add New Lot screen will appear).

**ADD NEW LOT**

\* Required

Complete the following three fields: **Lot Number**, **Manufacturer**, and **Expiration Date**. (If expiration date states only month and year, use the last day in the applicable month). Click the **Next** button. (The **Select Lots** screen will appear with the new inventory appearing above the line- **see below**). The box beside the new lot number should default to being checked. Click on the Associate Lot(s) button at the bottom of the screen. The Edit Inventory Item screen will appear (see Page B-12). Verify that all information is correct. Click on the **Update** button to save the transaction.

**SELECT LOTS**

MANUFACTURER : ALL MANUFACTURERS

SELECT	LOT NUMBER(S)	EXPIRATION DATE(S)	MANUFACTURER
<input checked="" type="checkbox"/>	XY0123	1/30/2010	Merck
<input type="checkbox"/>	000000	1/10/2008	Berna
<input type="checkbox"/>	000066	7/7/2008	Merck
<input type="checkbox"/>	0001234AA	10/31/2010	Merck
<input type="checkbox"/>	0001F	3/15/2008	Merck
<input type="checkbox"/>	0001U	11/30/2009	Merck
<input type="checkbox"/>	0002F	3/15/2008	Merck
<input type="checkbox"/>	0002U	6/13/2009	Merck
<input type="checkbox"/>	0003U	9/27/2009	Merck
<input type="checkbox"/>	0004GH	10/31/2010	Merck
<input type="checkbox"/>	0005F	6/29/2008	Merck
<input type="checkbox"/>	0005U	5/8/2009	Merck
<input type="checkbox"/>	0006-4827	9/6/2008	Merck
<input type="checkbox"/>	0006F	7/7/2008	Merck
<input type="checkbox"/>	0006u	5/9/2009	Merck
<input type="checkbox"/>	0007U	6/7/2009	Merck
<input type="checkbox"/>	0010f	11/21/2008	Merck
<input type="checkbox"/>	0010U	10/19/2009	Merck
<input type="checkbox"/>	00111A	5/10/2010	Bayer
<input type="checkbox"/>	0011F	9/6/2008	Merck
<input type="checkbox"/>	0011u	3/21/2009	Merck

Active

ADD NEW LOT    ASSOCIATE LOT(S)    CANCEL

**PART 2: MAINTAINING INVENTORY MANUALLY**

**(1) ADDING TO EXISTING INVENTORY (RECONCILE BUTTON)**

**STEP ACTION**

1. Select the **Inventory** button on the left-hand side of the screen.
2. Maximize the Edit Inventory screen by clicking on the box “□” beside the “x” in the top right-hand corner of the screen (if it isn’t already maximized).
3. Verify that “your” clinic name is in the **Choose Clinic** field.
4. Select the applicable inventory item by clicking directly on the vaccine (**blue hyperlink**). (The Edit Inventory Item screen will appear).
5. Click on the **Reconcile** button at the bottom of the Edit Inventory Item screen. (The Add New Reconciliation Note screen will appear).

**ADD NEW RECONCILIATION NOTE**

\* Required

UPDATE CANCEL

6. The **date** field will default to today’s date. This date can be modified if necessary.
7. In the **Type** field, select “Received (+).”
8. Enter the number of doses that you are adding (received) in the **Volume** field.
9. Click on the **Update** button to save the transaction. (The Edit Inventory Item screen will appear). **Please Note: Inventory reconciliation notes are non-editable, but visible and clickable.**
10. Verify that all information is correct and select **Update** to save the transaction.

**PART 3: ELECTRONIC SHIPMENTS**

**(1) RECEIVING AN ELECTRONIC SHIPMENT OF VACCINE**

**STEP ACTION**

1. Select the **Inventory** button on the left-hand side of the screen.
2. Maximize the Edit Inventory screen by clicking on the box “□” beside the “x” in the top right-hand corner of the screen (if it isn’t already maximized).
3. Verify that “your” clinic name is in the **Choose Clinic** field. The new inventory item will appear on your list of current active inventory, but the current volume will be “0” (if you don’t already have that lot number in your inventory).
4. Select the **Shipments** button. (The Edit Shipments screen will appear).

**EDIT SHIPMENTS**

CHOOSE CLINIC      STATUS  
Carbon County SHC      Not Closed

CURRENT INVENTORY					RECEIVING							
VACCINE	FUNDING SOURCE	LOT #	EXPIRATION DATE(S)	CURRENT VOLUME	#	DATE	FROM	VACCINE	LOT #	EXP DATE	SHIP VOL	RCVD VOL
DT	VFC	DTPa574A2	4/11/2004	5	75	1/13/2004	PA State DOH	DT	DTPa574A2	4/11/2004	10	10
DTap-IPV-HepB	VFC	01235	11/11/2005	10	77	1/15/2004	PA State DOH	MMR	0192N	2/19/2005	5	5
MMR	Catch-up	0192N	2/19/2005	10	78	1/15/2004	PA State DOH	DTap-IPV-HepB	01235	11/11/2005	10	

  

SENDING						
#	DATE	TO	VACCINE	LOT #	EXP DATE	SHIP VOL
76	1/13/2004	Montour County SHC	DT	DTPa574A2	4/11/2004	5

    

5. Under the **Receiving** section, select the blue hyperlink of the transaction line for the shipment that you are picking up in the PA-SIIS (e.g., [75](#)). (The Edit Shipment screen will appear).

**EDIT SHIPMENT**

SHIPPED FROM : SHIPPED TO :      SHIPMENT DATE :      STATUS :  
 PA State DOH      Mercer County SHC      2/24/2004      Open

Notes :

VACCINE :	FUNDING SOURCE :	LOT NUMBER :	EXPIRATION DATE :	VOL SHIPPED :	VOL RECEIVED :
Hib	DOH	0020N	11/15/2005	10	
PNU - Child	DOH	494-754	8/31/2005	100	

          

6. Click on the **Receive Shipment** button. (The Receive Shipment screen will appear).

**RECEIVE SHIPMENT**

TOTAL VOL RECEIVED :	VACCINE :	FUNDING SOURCE :	LOT NUMBER :	EXPIRATION DATE :	VOL SHIPPED :
<input style="width: 50px;" type="text"/>	Hib	DOH	0020N	11/15/2005	10
<input style="width: 50px;" type="text"/>	PNU - Child	DOH	494-754	8/31/2005	100

Is this shipment complete ?

7. Type the volume that you received in the **“Total Vol Received”** column. Then answer the question, **“Is this shipment complete?”** and click on **Update**. (The Edit Shipment screen will appear).
8. Verify that all information is correct and select **Update**. (The Edit Shipments screen will appear).
9. The transaction should have disappeared from the Receiving section of that screen if **Yes** was selected. Click on **Cancel** and the Edit Inventory screen should appear (with the new volumes added to your current inventory).

**(2) SENDING/TRANSFERRING AN ELECTRONIC SHIPMENT OF VACCINE**

**STEP ACTION**

1. Select the **Inventory** button on the left-hand side of the screen.
2. Maximize the Edit Inventory screen by clicking on the box **“□”** beside the **“x”** in the top right-hand corner of the screen (if isn’t already maximized).
3. Verify that **“your”** clinic name is in the **Choose Clinic** field.
4. Select the **Shipments** button. (The Edit Shipments screen will appear).

**EDIT SHIPMENTS**

CHOOSE CLINIC:       STATUS:

CURRENT INVENTORY					RECEIVING							
VACCINE	FUNDING SOURCE	LOT #	EXPIRATION DATE(S)	CURRENT VOLUME	#	DATE	FROM	VACCINE	LOT #	EXP DATE	SHIP VOL	RCVD VOL
DT	VFC	DTPa574A2	4/11/2004	5	75	1/13/2004	PA State DOH	DT	DTPa574A2	4/11/2004	10	10
DTaP-IPV-HepB	VFC	01235	11/11/2005	10	77	1/15/2004	PA State DOH	MMR	0192N	2/19/2005	5	5
MMR	Catch-up	0192N	2/19/2005	10	78	1/15/2004	PA State DOH	DTaP-IPV-HepB	01235	11/11/2005	10	

  

SENDING							
#	DATE	TO	VACCINE	LOT #	EXP DATE	SHIP VOL	RCVD VOL
76	1/13/2004	Montour County SHC	DT	DTPa574A2	4/11/2004	5	

    

5. Click on the **Add Shipment** button. (The Add New Shipment screen will appear).

**ADD NEW SHIPMENT**

SHIPPED FROM : Carbon County SHC     
 \* SHIPPED TO :      
 \* SHIPMENT DATE :      
 \* STATUS :

Notes :

- Select the site to which you are shipping vaccine in the **“Shipped To”** drop-down box. Note: Site names ending in **“BT”** are for smallpox shipments only. Click on Next. (The Select Inventory screen will appear).

**SELECT INVENTORY**

VOLUME SHIPPED	VACCINE	FUNDING SOURCE	LOT NUMBER	EXPIRATION DATE	CURRENT VOLUME
<input type="checkbox"/>	DTap	DOH	C1697AA	7/31/2005	4
<input type="checkbox"/>	DTaP-IPV-HepB	DOH	21936A2	7/10/2005	1760
<input type="checkbox"/>	DTaP-IPV-HepB	DOH	21883B2	3/11/2004	15
<input type="checkbox"/>	Hep A - Child	DOH	VH472A9	9/25/2004	12
<input type="checkbox"/>	Hep B - Adult	DOH	0940M	8/14/2005	21
<input type="checkbox"/>	Hep B - Adult	DOH	0453M	2/04/2005	8
<input type="checkbox"/>	Hep B - Child	DOH	ENG5557A9	6/12/2005	42
<input type="checkbox"/>	Hep B - Hb	Private	W0196-2	2/14/2005	0
<input type="checkbox"/>	Hb	DOH	0020N	11/15/2005	0
<input type="checkbox"/>	Hb	DOH	UE173AA	2/2/2006	39
<input type="checkbox"/>	IPV - Child	DOH	X0772-2	7/2/2006	70
<input type="checkbox"/>	MMR	DOH	0956N	8/27/2005	11
<input type="checkbox"/>	PNJ - Child	DOH	495-222	10/31/2005	40
<input type="checkbox"/>	PNJ - Child	DOH	494-754	8/31/2005	0
<input type="checkbox"/>	Td	DOH	U1019AA	10/6/2005	28
<input type="checkbox"/>	Vaccella	DOH	0072P	1/9/2006	19

Active ▾

- Type the volume that you are sending in the **“Volume Shipped”** box beside the applicable inventory item. Click on the Associate Inventory button. (The Edit Shipment screen will appear).
- Verify that all information is correct and select **Update**. (The Edit Shipments screen will appear).
- The transaction should have been added under the Sending section of that screen. Click on **Cancel** and the Edit Inventory screen should appear (with the volumes subtracted from your current inventory).

**PART 4: RECONCILIATION**

**(1) DOCUMENTING WASTED or EXPIRED VACCINE**

**STEP ACTION**

- Select the **Inventory** button on the left-hand side of the screen.
- Maximize the Edit Inventory screen by clicking on the box **“□”** beside the **“x”** in the top right hand corner of the screen (if it is not already maximized).
- Verify that **“your”** clinic name is in the **Choose Clinic** field.
- Select the applicable inventory item by clicking directly on the vaccine (**blue hyperlink**). (The Edit Inventory Item screen will appear).
- Click on the **Reconcile** button at the bottom of the Edit Inventory Item screen. (The Add New Reconciliation Note screen will appear).

**ADD NEW RECONCILIATION NOTE**

* DATE :	* TYPE :	* VOLUME :
8/13/2003	Wasted (-)	2
Notes :		
<input type="text"/>		

\* Required

6. The **date** field will default to today's date. This date can be modified if necessary.
7. In the **Type** field, select "**Wasted (-)**" or "**Spoiled (-)**."
8. Enter the number of doses that were wasted/spoiled in the **Volume** field.
9. Click on the **Update** button to save the transaction. (The Edit Inventory Item screen will appear).
10. Verify that all information is correct and select **Update** to save the transaction.

**(2) MODIFYING MULTI-DOSE VIAL VACCINE**

When more or less doses of vaccine than expected are drawn (or not drawn) from a multi-dose vial:

**STEP ACTION**

1. Refer to steps 1 through 5 of "Documenting Wasted or Expired Vaccine." After following these steps, you should be at the **Add New Reconciliation Note** screen.

**ADD NEW RECONCILIATION NOTE**

\* **DATE :**       \* **TYPE :**       \* **VOLUME :**

**Notes :**

\* Required

    

2. The **date** field will default to today's date. This date can be modified if necessary.
3. In the **Type** field, select the appropriate selection [e.g., Bonus Doses (+) or Wasted (-)].
4. Enter the number of bonus or wasted doses in the **Volume** field.
5. In the **Notes** section, document "Multi-dose vial."

- Click on the **Update** button to save the transaction (The Edit Inventory Item screen will appear).

**EDIT INVENTORY ITEM**

CLINIC : PA State DOH	VACCINE : Varicella	SOURCE/VENDOR : State	FUNDING SOURCE : Private
CURRENT VOLUME : 16	ADMIN VOLUME : 0	DOSAGE VOLUME : 1	MINIMUM VOLUME : 0
<input checked="" type="checkbox"/> ACTIVE	NOTES : <input type="text"/>		
<input checked="" type="checkbox"/> RECOMMEND			
LOT INFORMATION			
LOT NUMBER	EXPIRATION DATE	MANUFACTURER	
1313test	12/8/2004	Merck	
RECONCILIATION INFORMATION			
DATE	TYPE	VOLUME	NOTES
9/29/2003	Received (+)	15	Initial Volume
9/29/2003	Bonus Doses (+)	1	Multi-dose vial

- Verify that all information is correct and click on **Update** to complete this transaction.

**(3) TRANSFERRING VACCINE (RECONCILE BUTTON)**

**STEP ACTION**

- Select the **Inventory** button on the left-hand side of the screen.
- Maximize the Edit Inventory screen by clicking on the box "□" beside the "x" in the top right hand corner of the screen (if it is not already maximized).
- Verify that "your" clinic name is in the **Choose Clinic** field.
- Select the applicable inventory item by clicking directly on the vaccine (**blue hyperlink**). The Edit Inventory Item screen will appear.
- Click on the **Reconcile** button at the bottom of the Edit Inventory Item screen. (The Add New Reconciliation Note screen will appear).

**ADD NEW RECONCILIATION NOTE**

* DATE : 8/11/2003	* TYPE : Shipped (-)	* VOLUME : 25
Notes : Transferred to York Cty SHC		

\* Required

6. The **date** field will default to today's date. This date can be modified if necessary.
7. In the **Type** field, select "**Shipped (-)**."
8. Enter the number of doses that were transferred in the **Volume** field.
9. In the **Notes** field, document where the vaccine is being shipped/transferred.
10. Click on the **Update** button to save the transaction. (The Edit Inventory Item screen will appear).
11. Verify that all information is correct and select **Update** to save the transaction.

**PART 5: INACTIVATING VACCINE**

When a vaccine in inventory reaches zero (0):

**STEP ACTION**

1. Select the **Inventory** button on the left-hand side of the screen.
2. Maximize the Edit Inventory screen by clicking on the box "□" beside the "x" in the top right hand corner of the screen (if it is not already maximized).
3. Verify that "your" clinic name is in the **Choose Clinic** field.
4. Select the applicable inventory item by clicking directly on the vaccine (**blue hyperlink**). (The Edit Inventory Item screen will appear).

**EDIT INVENTORY ITEM**

CLINIC : PA State DOH	VACCINE : DTaP	SOURCE/VENDOR : State	FUNDING SOURCE : Private
CURRENT VOLUME : 98	ADMIN VOLUME : 2	DOSAGE VOLUME : 1	MINIMUM VOLUME : 0
<input type="checkbox"/> ACTIVE	NOTES : <input style="width: 100%;" type="text"/>		
<input checked="" type="checkbox"/> RECOMMEND			
LOT INFORMATION			
LOT NUMBER	EXPIRATION DATE	MANUFACTURER	
TEST9090	1/1/2005	AMVAX	
RECONCILIATION INFORMATION			
DATE	TYPE	VOLUME	NOTES
9/22/2003	Received (+)	100	Initial Volume

5. Uncheck the "**Active**" box (as appears above) and select **Update** to save.

# **SECTION C:**

## **Frequently Asked Questions**

**FREQUENTLY ASKED QUESTIONS:**

- Q1: When can the patient status field be changed from Active to MOGE?**  
**A1:** When you know a patient is moving, or there has been no response to the reminder/recall notices. Please refer to PA-SIIS Policy entitled, "Patient Status Field Coding Guidelines" (page B-10).
- Q2: Do parent information fields need to be completed for individuals who have reached 18 years of age?**  
**A2:** No. Please refer to PA-SIIS Policy entitled, "Required Data Entry Fields" (page B-1).
- Q3: What manufacturer is abbreviated as MSD?**  
**A3:** Merck
- Q4: Can the menu bar be "hidden" to expand the screen so that injection site, etc., are viewable without having to scroll to the right?**  
**A4:** No, the application was set up for use with a pixel setting of **1024 x 768**, not 800 x 600. Using the 1024 x 768 setting is recommended. If this setting is used, all fields are viewable without the need to scroll. If you choose not to use this setting, there is greater potential for missing "required" fields (e.g., injection site). Please refer to PA-SIIS System Settings, "Screen Display" (on the left side of the folder).
- Q5: Can a prompt message be given when the injection site is inadvertently missed?**  
**A5:** There is no prompt message built into the Give Vaccine Details screen. Missed fields can be identified by generating the Data Verification Report.
- Q6: Why is the recommend function showing inaccurate information for adults?**  
**A6:** The recommend function is only intended for use with children and adolescents (ACIP Schedule).
- Q7: How should lot numbers be entered when box and vial do not match exactly?**  
**A7:** Always check/enter the number on the vial.
- Q8: Can the inventory at the other clinics be viewed/accessed?**  
**A8:** No, other clinic inventory should not be accessible. Central registry staff can generate clinic listings for you.
- Q9: Does the School District field need to be completed for patients 18 years of age or older?**  
**A9:** No.
- Q10: What happens to the expired lot numbers listed within the Select Lots screen?**  
**A10:** Central Registry staff will be responsible for making periodic updates to this screen. We will remove the expired lot numbers from the screen by making them "Inactive."
- Q11: What fields need to be completed for patients receiving flu and pneumonia vaccine?**  
**A11:** The procedure is the same as for entering all other immunizations. All clients should complete the worksheet and all information obtained should be entered into PA-SIIS.

**FREQUENTLY ASKED QUESTIONS:**

- Q12: When entering flu and pneumonia shots for clients into PA-SIIS, particularly the children, and we have no other shot records available, should we change the status to MOGE so they don't show on the MIR?**
- A12:** If clients are presenting only for flu and/or pneumonia, they are probably being seen by a private medical doctor for other immunizations. Therefore, "MOGE" status would apply. If these clients are not known to be seeing a private medical doctor, the "Active" status would apply.
- Q13: When I find a duplicate record in the PA-SIIS can I delete the one that is incomplete?**
- A13:** No, please contact your field consultant to resolve the duplicate records.
- Q14: When a child receives a half dose of an adult vaccine, or when an adult receives two doses of a child vaccine, how would it be entered into the PA-SIIS?**
- A14:** You will need to change the "1" within the Dosage Volume field of the Give Vaccine Details screen to either ".5" or "2" in these situations.
- Q15: Is it possible to filter the provider drop-down list so that I can only see the providers in my district/office (instead of seeing all providers in the state)?**
- A15:** Central registry staff is working with the system developer to implement this filter.
- Q16: Can the timeout session time be increased to more than 15 minutes of inactivity?**
- A16:** The timeout session was recently changed to 30 minutes.
- Q17: How can I tell if I have an electronic shipment waiting to be picked up in PA-SIIS?**
- A17:** Click on the Inventory button in PA-SIIS. Then click on "Shipments." If there is a pending shipment, you will see a transaction line under the Receiving column on the right-hand side of your screen.
- Q18: How do I know when to use the Reconcile button vs. the Shipments button to add a shipment (transfer inventory) in the PA-SIIS?**
- A18:** First, you will need to take into consideration where the shipment is going. If the receiving site participates with the PA-SIIS, you should use the Shipments button (Add Shipment) to transfer inventory. If the receiving site does not participate with the PA-SIIS, you should use the Reconcile button (Type: Shipped -).
- Q19: How do I know when to use the Reconcile button vs. the Shipments button to add inventory (receive inventory) in the PA-SIIS?**
- A19:** First, you will need to determine if the sending facility used the electronic shipments button in the PA-SIIS (refer to Q18). If there is no transaction line for that inventory shipment, you should use the Add Inventory button to add the new lot number (if the lot number already exists in your inventory, use the Reconcile button to add the inventory).
- Q20: Should STD inventory be entered and tracked in the PA-SIIS?**
- A20:** Yes, as of January 1, 2004, all STD inventory should be entered and tracked in the PA-SIIS. This inventory should have a funding source of "STD" rather than "VFC."
- Q21: Do we still need to submit our monthly vaccine usage to the Division of Immunizations/District Office?**
- A21:** No, Central Registry staff will provide the Division of Immunizations/District Office with the monthly usage report at the beginning of each month for the previous month. We will also provide a listing of your current inventory twice a month to your Division of Immunizations/District Office. Note: Timely entry into the PA-SIIS is extremely important to ensure the accuracy of these reports.