

Florida SHOTS™
**ADDING VFC
VACCINES**

Contact Information

www.flshots.com

Free help desk:

877-888-SHOT (7468)

Monday — Friday, 8 A.M. to 5 P.M. Eastern



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1. ADDING A VFC VACCINATION RECORD

VFC eligibility screening must take place with each immunization visit to ensure the child's eligibility status has not changed. The VFC form can be downloaded from: <http://www.floridahealth.gov/programs-and-services/immunization/vaccines-for-children/provider-forms.html>. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

Once a patient is in the registry, you are ready to add vaccinations to his or her record. Click the **“Vaccinations”** link on the left menu. Choose **“Add a Vaccination Record”** to add shots.

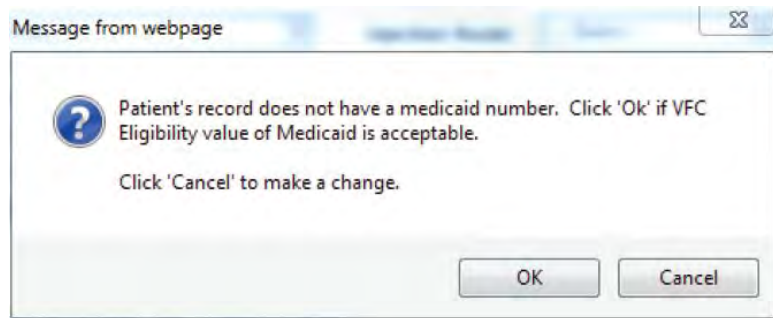
Antigen	Vaccine Type	Date Given	Dose/Interval	Age Yr-Mo/In Days	Total Mos/Adv Event?	Provider/Person	Source	Delete?
DIPHtheria	DTAP-IPV	09/03/2015	1 0	6-11 2547	83 N	TAMPA FAMILY HEALTH CENTERS JIMENEZJ	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
DIPHtheria	TDAP	09/12/2017	2 740	9-0 3287	108 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
DIPHtheria	TDAP	06/14/2018	3 275	9-9 3562	117 N	TAMPA FAMILY HEALTH CENTERS BAKERL	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
FLU	FLU-MIST	09/07/2016	1 0	7-11 2917	95 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
FLU	FLU TRI PF	09/01/2017	1 359	8-11 3276	107 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
FLU	FLU TRI P	08/01/2018	1 334	9-10 3610	118 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
HEP A	HEP A PED 2DOSE	04/20/2018	1 0	9-7 3507	115 N	TAMPA FAMILY HEALTH CENTERS ABELT	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
HEP B	HEP B PED	07/11/2018	1 0	9-9 3589	117 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
HEP B	HEP B PED	08/28/2018	2 48	9-11 3637	119 N	TAMPA FAMILY HEALTH CENTERS CHAVEZA	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
HIB	HIB PRPOMP	01/13/2009	1 0	0-4 123	4 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
HIB	HIB PRPOMP	11/13/2009	2 304	1-2 427	14 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
MEASLES	MMP	01/14/2018	1	9-4	112		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>

All VFC providers are required to record all VFC administered vaccines in Florida SHOTS. If you use **“Add Historical Vaccination Records”** you will not be able to record whether the dose is a VFC vaccine. However, filling in all of the information required on the **“Add a Vaccination Record”** screen meets VFC auditing requirements. Following this method to enter VFC information will allow you to track your shot records and manage your VFC inventory.

Select **“Add a Vaccination Record.”** The system will display the **“Add Vaccination Record”** screen that is equipped with pull-down lists that are kept up-to-date with new vaccines added at the central registry. To display the selections, simply click the down arrow next to each box.

1. ADDING A VFC VACCINATION RECORD (cont.)

NOTE: If you are adding a Medicaid-eligible VFC vaccine record, make sure you have included the patient's Medicaid number on the **"Patient ID Info;"** otherwise you will get a pop-up message:



- **Vaccine Type:** Enter the type of vaccine the patient received. A complete list of the vaccine type and their associated Florida SHOTS abbreviation can be found by clicking on the **"Vaccine Type Information"** hyperlink.
- **Date Given:** Enter the date, or if vaccine was given today, enter "T" and the current date will automatically populate.
- **Injection Site:** This field records the specific place on the body where an immunization is administered.
- **Injection Route:** This field records the method used to administer the immunization. When "Intranasal" or "Oral" is selected, an Injection Site is not required.
- **Provider Org ID:** The name of the practice administering the vaccination defaults to your practice. (If you are entering historical shots not administered at your practice, you must select OTHER from the drop-down menu.)
- **Provider Person ID:** Select the provider person ID of the staff administering the immunization.
 - If vaccination date given is less than 30 days ago (including today) and the user's organization is chosen as having administered the vaccination (Provider Org ID), the system requires you to select a **"Provider Person."**
 - If the vaccination date given is more than 30 days ago and the user's organization is selected as the **"Provider Org ID,"** choosing the **"Provider Person"** is optional.
 - The **"Provider Person"** field is not shown if **"Provider Org ID"** is selected as **"OTHER."**
- **Funding Program:** If your organization, or any of its sites, participates in one of the VFC ordering efforts, you will see the **"Funding Program"** menu. If you are administering vaccine from one of the listed Funding Programs, select that effort from the drop down menu. If you are using privately purchased vaccine, leave this box marked as "Select" and continue with recording your vaccine.
- **Imm Service Site:** If your organization has multiple service sites, you may indicate which site administered the vaccination. If the vaccination being recorded is the most recent, and the service site selected differs from the service site on the **"Patient Information"** page, users will be asked whether or not to update the patient's service site.

1. ADDING A VFC VACCINATION RECORD (cont.)

- **VFC Eligibility:** This field will only be visible if a VFC PIN and start date are recorded for your organization by Florida SHOTS and a VFC ordering effort is selected from the **“Funding Program”** menu. Specify the patient’s eligibility for receiving VFC vaccine as it applies to this vaccination.
- **VIS Recipient:** Select the person receiving the VIS statements for this patient. Mother, father, guardian and patient names will be available when present in the patient record. **“Other”** may be selected and you may enter the name of the person receiving the form as well as that person’s relationship to the patient. If the relationship is mother, father, or guardian and the name entered is different than what is already on record, you will be given the option to replace the current information with the new information. This information will be included on the Form DH687, Clinic Record Card along with whether or not this person also gave consent for treatment.
- **VIS Date:** Enter the date of the Vaccine Information Statement provided for this vaccination. To view current VIS information, please visit <http://www.cdc.gov/vaccines/hcp/vis/index.html>. Please refer to the next section in this document for tips for correctly entering VIS dates.
- **Consent for Treatment Given by VIS Recipient:** When VIS information is recorded, this field is enabled and required. Leave the default value at **“Yes”** if the person receiving the VIS gave consent for treatment. If the person giving consent is not the same as the person that received the statements, local policy on documentation of consent for treatment should be used. This information will be included on the Form DH687, Clinic Record Card along with the name of the VIS recipient.
- **Manufacturer, Lot Number & Expiration Date:** These are required when the vaccination is VFC eligible and the date given is within the last 30 days; otherwise, these fields are optional. If manufacturer is selected, lot number is required. The expiration date can only be entered once a manufacturer is selected.
- **Special Conditions:** If this vaccination was administered following special guidance from the state, such as in response to a natural disaster or a special vaccination campaign for which existing vaccine is to be used, please indicate the reason for the vaccination via the **‘Special Conditions’** selection box.

Once you’ve entered all vaccine information, remove the checkmark from the **“Add another vaccination record after “Next” button is clicked”** box if no other vaccines were administered, click **“Next”** and you will be returned to the **“Vaccination List”** screen where you must click **“Submit”** to save the vaccination record.

We suggest you run a **“Shots Recorded Report”** or **“Vaccine Utilization Report”** on a regular basis. These reports will assist you in calculating inventory by generating a list of all vaccines your office administered over a certain period of time.

For offices participating in data upload, you can also check your **“System Transactions”** to be sure that your EHR is uploading these vaccinations correctly and with all of the VFC eligibility criteria. You can view a recorded webinar on www.FLshotsUsers.com, or contact our Post-implementation Specialist to request training for your **“Upload Log Reports.”**

2. HOW TO CORRECTLY INPUT VIS DATES

Vaccine Information Statements

[CDC Vaccine Information Statements \(VIS\)](#)

VIS Recipient: * -- Select --

Type: MULTIPLE VACCINES * VIS Date: []

Consent for treatment given by VIS recipient

Other VIS Options

In the **“CDC Vaccine Information Statements (VIS)”** section, for most pediatric vaccines, the system defaults to **“Multiple Vaccines.”** The Multiple Vaccines VIS is the optional VIS that the CDC has published to cover all of the routine vaccinations given birth through 6 months. If individual VIS sheets are given instead of the **“Multiple Vaccines”** sheet, you will have to choose **“Other VIS Options”** to input the separate dates, such as with the following vaccines:

- DT
- DTAP
- Hepatitis B (todos los tipos)
- Hib (todos los tipos)
- IPV
- Kinrix
- PCV13
- Pediarix
- Pentacel
- Rotarix
- Rotateq

To quickly access the most recent VIS, click on the **“CDC Vaccine Information Statements (VIS)”** link and it will redirect you to the CDC’s VIS page.