

**Florida SHOTS™**

# **HEPATITIS A OUTBREAK RESPONSE TRAINING GUIDE FOR COUNTY HEALTH DEPARTMENTS**

## **Contact Information**

**[www.flshots.com](http://www.flshots.com)**

**Free help desk:**

877-888-SHOT (7468)

Monday-Friday, 8 a.m. to 5 p.m. Eastern

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# DOCUMENTING VACCINES

## INTRODUCTION

This guide is for county health departments participating in the hepatitis A outbreak response. Throughout this guide, you will learn vital information for the hepatitis A effort that allows you to record vaccinations on behalf of another site. This will include recording sensitive information and high-risk conditions, as well as introduce a new feature that incorporates adding clinics under a service site.

## STEP 1

Log in to Florida SHOTS.

## STEP 2

Search for the patient in Florida SHOTS by clicking on the **Patients** tab on the menu, found on the left-hand side of the screen. Then, click on **Search for Patient**.



## STEP 3

Fill in the following fields with *last name*, *first name*, and *date of birth*. Click the grey **Search for Patient** box when you are ready to search for the record.

A screenshot of the Florida SHOTS search form. On the left is a sidebar menu with 'Task List' and 'Patients' tabs. The 'Patients' tab is selected, showing a list of options including 'Search for Patient', 'Redisplay Search Results', 'Today's Patient List', 'Search for Form 680', 'To-be Certified 680s', 'Patient Viewer', 'Release Patient Record', 'Discard Updates', 'Patient Data', 'Patient Identification', 'Patient Information', 'Parent/Guardian', 'Immunization Status', 'Vaccinations', 'Adverse Events', and 'Observations'. The main form area has three input fields: 'Last Name: ' with the value 'ANORVE', 'First Name: ' with the value 'ABEL', and 'Date of Birth: ' with the value '01/01/2000'. Below these fields are 'OR' labels. There is a 'State ID: ' input field. Below that are 'Patient Id: ' and 'Specify Org: ' input fields. At the bottom left is a 'Search for Patient' button with a blue arrow pointing to it. At the bottom right is a 'Reset Search Fields' button. A note at the bottom left states '\* Asterisk indicates a required field'.

# DOCUMENTING VACCINES

## STEP 4

Confirm the information matches the information you have for the patient.  
If it does, click on the name to go into the record.

The Patient Search form includes fields for Last Name (\*), First Name (\*), Date of Birth (\*), State ID, Patient Id, and Specify Org. Search buttons and a reset option are present. A table of results shows one entry for ANORVE, ABEL X, born 01/01/2000, male, with State ID 4100072875. A blue arrow points to the patient name in the results table.

Last Name, First Name	Date Of Birth	SSN	Sex	State ID
ANORVE, ABEL X	01/01/2000		M	4100072875

**\*\*Please note:** If the information on the screen does not match what you have, or your screen shows **No Matching Records Found** in red, you will need to create a new record for the patient. Do this by clicking **Add New Patient** and filling out all required fields inside.

## STEP 5

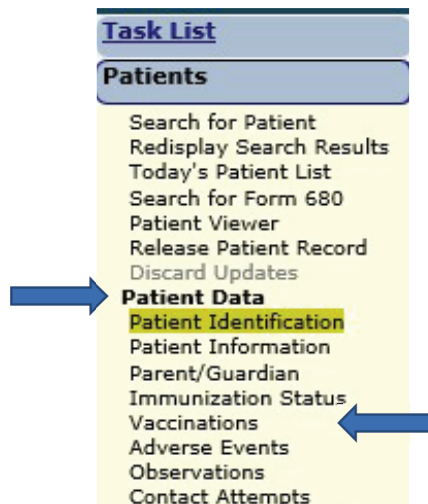
Upon entering the record, you might receive a pop-up message (as shown below). This is the system's way of notifying you the patient is overdue for vaccines. Click **OK** to continue.

The Patient Search form is shown with a pop-up message titled 'Message from webpage'. The message contains a warning icon and text stating: '\*\*\* Important information regarding this patient \*\*\* This patient is Due Now or Overdue for the following antigens: DIPHTHERIA: Overdue, TETANUS: Overdue, PERTUSSIS: Overdue, MEASLES: Overdue, MUMPS: Overdue, RUBELLA: Overdue, HEP B: Overdue, HPV: Overdue, VZV: Overdue'. An 'OK' button is at the bottom of the pop-up. A blue arrow points to the 'OK' button.

# DOCUMENTING VACCINES

## STEP 6

Refer to the **Patients** tab on the menu once more and look for the first subheading, **Patient Data**. Underneath it, click on **Vaccinations** (it is the fifth one down).




## STEP 7

You should now be on the **Vaccination List** page (shown below).

**Vaccination List**

Sort by: ☒ Antigen ☐ Vaccine ☐ Date Given

Antigen	Vaccine Type	Date Given	Dose/Interval	Age Yr-Mo/ in Days	Total Mos/ Adv Event?	Provider/Person	Source	Delete?
CHOLERA	CHOLERA	01/01/2001	0 * 0	1-0 366	12 Y	CITRUS CHD	CITRUS CHD	
FLU	FLU3Y+ PF	06/15/2014	1 0	14-5 5279	173 N		DADE	<input type="checkbox"/>
Other	LYME	04/04/2005	1 0	5-3 1920	63 Y	CITRUS CHD	CITRUS CHD	

 **Add a Vaccination Record** **Add Historical Vaccination Records**

0 \* indicates that the vaccination was not counted as a valid dose according to the recommendations of the Advisory Committee on Immunization Practices.

**Next**

Click on the grey box, **Add a Vaccination Record**. This takes you to the **Add Vaccination Record** screen, where you will begin recording the vaccine information (as shown below).

**Add Vaccination Record**

Vaccine Type: \*  Vaccine Type Information

Injection Site: \*

Provider Org ID: \*  BREVARD CHD

Imv Service Site: \*

Program Component: \*

Manufacturer: \*  ☐ Include inactive

Lot Number:

NDC:

Date Given: \*

Injection Route: \*

Provider Person ID: \*

Expiration Date:

☐ Special Conditions: 0

☒ Add another vaccination record after "Next" button is clicked

\* Asterisk indicates a required field

**Next** **Return to Vaccination List** **Cancel**

# DOCUMENTING VACCINES

## STEP 8

Enter the vaccine information that has been gathered for the hepatitis A outbreak response effort.

**Add Vaccination Record**

Vaccine Type: \* HEP A ADULT [Vaccine Type Information](#)

Injection Site: \* RA-RIGHT ARM

Provider Org ID: \* BREVARD CHD

Imm Service Site: \* BREV CENTRAL OFF

Program Component: \* 17.02 - HEPA2017

CPT: \* 90632

Patient Insurance: \* UNINSURED

If you are recording administrations on behalf of another site, select the **Clinic** from the drop-down menu.

**Training Environment : Emulating BREVARDCHD**

Date Given: \* 10/02/2019

Injection Route: \* IM-INTRAMUSCULAR

Provider Person ID: UNKNOWN

Clinic: BREVARD - TEST CLINIC 1

**\*\*Please note:** If you do not see the clinic listed, refer to the instructions at the end of this guide for adding clinics.

## STEP 9

Once the **Imm Service Site** and **Program Component** (17.02 – HepA2017 for this outbreak response) are selected, you can select the vaccine from the current inventory list displayed.

☒ Reduce inventory-on-hand count

Mfg/Lot: \* --- Select ---

**Current inventory records for HEP A ADULT**

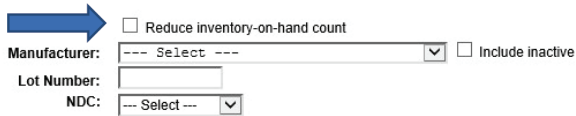
Click a "Select" button to indicate the inventory record to be reduced.  
Click a "Hide" button to remove its row from the display.

Service Site	Mfg/Lot#	Qty
Program Component	Expiration Date	On Hand
	NDC	
BREVARD CHD MELBOURNE	SKB Y29KL	10
17.02 - HEPA2017	02/21/2022	
	58160-0826-52	

Select Hide

## DOCUMENTING VACCINES

If you have selected a Clinic (as shown above), and the vaccine is not in your inventory because you adjusted it out for transfer purposes, you will uncheck the **Reduce Inventory** box and manually enter the vaccine information (see below).

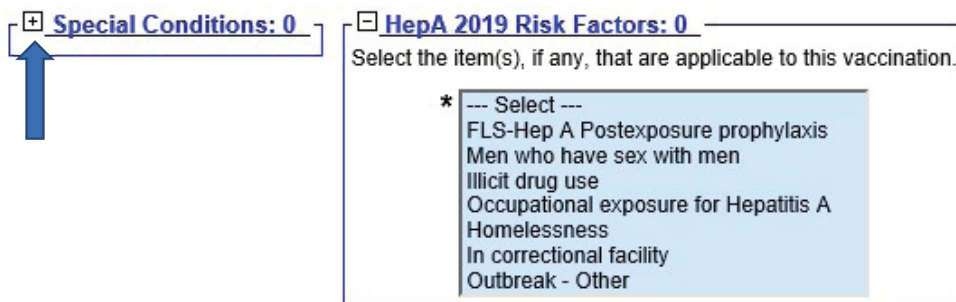


Form fields for vaccine documentation:

- ☐ Reduce inventory-on-hand count
- Manufacturer:  ☐ Include inactive
- Lot Number:
- NDC:

### STEP 10

Click on the **plus sign** icon beside **Special Conditions**, to expand selection criteria.

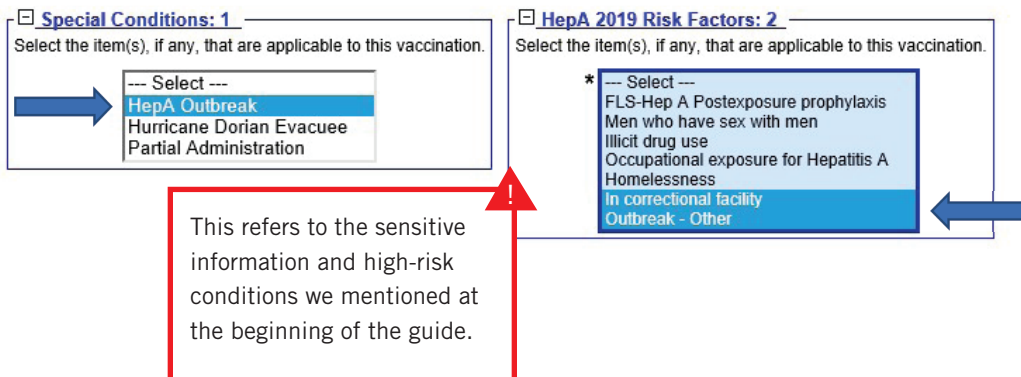


Expanded form showing selection criteria:

- Special Conditions: 0** (plus sign icon)
- HepA 2019 Risk Factors: 0** (minus sign icon)
- Select the item(s), if any, that are applicable to this vaccination.
- \* 
  - FLS-Hep A Postexposure prophylaxis
  - Men who have sex with men
  - Illicit drug use
  - Occupational exposure for Hepatitis A
  - Homelessness
  - In correctional facility
  - Outbreak - Other

### STEP 11

Select the Special Condition **HepA Outbreak** and any **Risk Factors** that may apply to the patient receiving this vaccine.




Form showing selected items:

- Special Conditions: 1** (minus sign icon)
- Select the item(s), if any, that are applicable to this vaccination.
  - HepA Outbreak
    - Hurricane Dorian Evacuee
    - Partial Administration
- HepA 2019 Risk Factors: 2** (minus sign icon)
- Select the item(s), if any, that are applicable to this vaccination.
  - \* 
    - FLS-Hep A Postexposure prophylaxis
    - Men who have sex with men
    - Illicit drug use
    - Occupational exposure for Hepatitis A
    - Homelessness
    - In correctional facility
    - Outbreak - Other

This refers to the sensitive information and high-risk conditions we mentioned at the beginning of the guide.

**\*\*Please note:** you can select more than one risk factor by holding down the Ctrl key on your keyboard and clicking on the factors as needed.

 Risk Factors (high-risk conditions, i.e. sensitive information) can only be seen by the user who entered the information, and by users who have the Sensitive Privilege permission. To obtain this permission, local org administrators should submit the request in writing (i.e. email) to the Florida SHOTS Helpdesk at [flshots@flhealth.gov](mailto:flshots@flhealth.gov).

# DOCUMENTING VACCINES

## STEP 12

Enter the **Vaccine Information Statements** for the client.

Make sure you enter the **VIS Date** in the box next to **HEPA \***, then select the **VIS Recipient** (who received the VIS paperwork), and select whether the recipient gave consent for the vaccine.

**Vaccine Information Statements**

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

Type: VIS Date:

HEPA \*

VIS Recipient:

\*

Consent for treatment given by VIS recipient

\*\*Once the VIS Recipient is selected, the field below it will become available. Click on the drop-down arrow next to **Consent for treatment given by VIS recipient** to select **Yes** or **No** for consent (shown below).

**Vaccine Information Statements**

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

Type: VIS Date:

HEPA \*

VIS Recipient:

\*

\*  Consent for treatment given by VIS recipient

If you are unaware of the VIS Date, click on the blue **CDC Vaccine Information Statements (VIS)** hyperlink to go to the CDC website. Once there, you can look up the current VISs for all vaccine types (as shown below).

https://www.cdc.gov/vaccines/hgp/vis/current-vis.html

Vaccine Information Statements (VISs)

Search

Vaccines site

**Current VISs**

Download all VISs [6.79 MB]

CDC maintains a current English language VIS for each vaccine. You and your patients can

- View and display the web page
- Download and print the PDF file
- Import the RTF (text) file into an electronic system

**What Do Dates & Interim Mean?**

- The date, in red, next to each VIS is the most recent version.
- The Interim version is to be used until the final version is available.

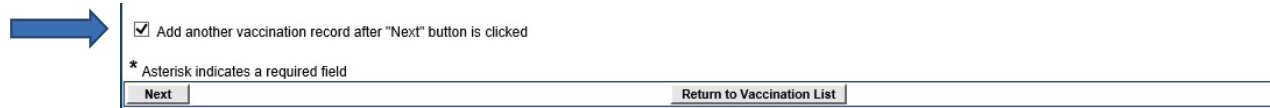
See [What's New](#) to learn when the final version should be



## DOCUMENTING VACCINES

### STEP 13

Upon completion, you have the option to add more vaccines (if applicable).  
If you *do not* have more vaccines to add, *uncheck* the box beside **Add another vaccination record after “Next” button is clicked.**



☒ Add another vaccination record after "Next" button is clicked

\* Asterisk indicates a required field

**Next** [Return to Vaccination List](#)

Click the grey **Next** box to continue submitting your entries.



☒ Add another vaccination record after "Next" button is clicked

\* Asterisk indicates a required field

**Next** [Return to Vaccination List](#)

You can finalize your entries by clicking **Submit** once it turns yellow, found in the top left-hand corner of the screen



**FloridaShots™**  
keeping shots in check

NAME: ACETEST, ADLE  
DOB: 01/01/2000 (19 y)  
CIP: DADE

**Submit** **Add Vaccination Record**

### STEP 14

Once you are done with the patient's record, be sure to properly exit by clicking **Release Patient Record** from the menu.



**Task List**

**Patients**

- Search for Patient
- Redisplay Search Results
- Today's Patient List
- Search for Form 680
- To-be Certified 680s
- Patient Viewer
- Release Patient Record**
- Discard Updates

**Patient Data**

- Patient Identification
- Patient Information
- Parent/Guardian
- Immunization Status
- Vaccinations**
- Adverse Events
- Observations

## ADDING CLINICS TO A SERVICE SITE

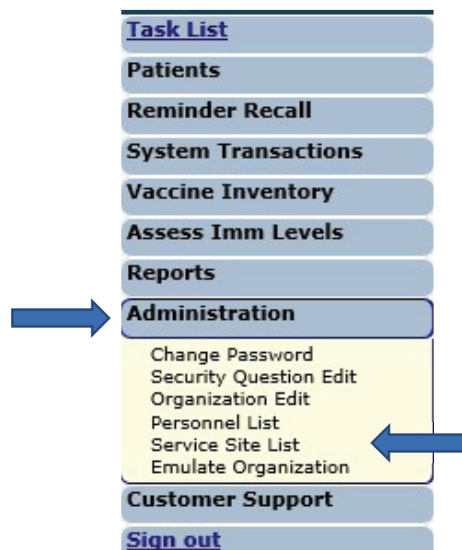
We have added the ability to add clinics to existing sites. This feature will assist providers in accounting for vaccines administered at a different location, such as an outbreak response that has taken place outside of your primary location.

### STEP 1

Log in to Florida SHOTS.

### STEP 2

Click on **Administration** from the menu, then select **Service Site List**.



### STEP 3

This brings you to the **Site List** page, which allows you to view all sites affiliated with your organization.

Site List					
Organization: TAMPA FAMILY HEALTH CENTERS					
Click on a row below to select an existing site.					
Show sites: <input checked="" type="radio"/> Active <input type="radio"/> Archived <input type="radio"/> All					
CIP/Service Site Name ▲	Provider Site Id	Default	In Use	Address	VFC PIN
FLORIDA HOSPITAL HC	16		Yes	3100 EAST FLETCHER AVENUE, SUITE 126, TAMPA	
NORTH TAMPA HEALTH CENTER	6	Yes	Yes	1502 E FOWLER AVE, TAMPA	291069 (VFC EID: 996)
OSBORNE CENTER	4		Yes	4620 N 22ND ST., TAMPA	291006 (VFC EID: 975)
SHELDON SOUTH	13		Yes	5611 SHELDON ROAD, TAMPA	700273 (VFC EID: 2264)
TAMPA FAM - FLETCHER	3		Yes	302 WEST FLETCHER, TAMPA	700384 (VFC EID: 2400)
TAMPA FAM NEBRASKA	11		Yes	8108 N NEBRASKA AVE., TAMPA	700031 (VFC EID: 1901)
TAMPA FAMILY - SLIGH	14		Yes	6216 EAST SLIGH AVENUE, TAMPA	700379 (VFC EID: 2399)
TAMPA FAMILY CAUSE	12		Yes	7608 CAUSEWAY BLVD, TAMPA	700181 (VFC EID: 2095)

\*\*To view a particular site's maintenance page, click on that site's name (shown above).

## ADDING CLINICS TO A SERVICE SITE

### STEP 4

This takes you to the **Site Maintenance** page. Under the service site's address and contact information, you will see **Clinics** in blue.

**Site Maintenance**

BREVARD CHD

Site Name: \* BREV CENTRAL OFF  
Provider Site ID:   
Administers Vaccs: ☒  
Site Type: \* COUNTY HEALTH DEPARTMENT

National Prov ID:   
Is Central Ordering Site: ☒  
Other (specify):

VFC PIN: 700050  
VFC EID: 52

**FLSHOTS Service Site Address**

Line 1: \* BREV CENTRAL PHARM  
Line 2:   
City: \* CAPE CANAVERAL  
State: \* FL Zip: \* 32920  
County: \* BREVARD

**VFC Shipping Address**



☒ Same as Service Site Address

**FLSHOTS Service Site Contact Info**

Phone: \* (850)889-0812  
Fax: \* (850)770-9701  
Email: Venkat.Moparthy@flhealth.gov  
Contact: MEDICAL LICENSE Change



**VFC Shipping Contact Info**

☒ Same as Service Site Contact Info  
Contact: MOPARTHY.NAG Change  
2nd Contact: MOPARTHY.VENKAT Change

 **Clinics** 


### STEP 5

Click on the icon next to Clinics (the **plus sign** will turn into a **minus sign**, as below).  
If there is a clinic linked to the service site, the drop-down will appear as such,

  **Clinics**

Name	External Id	Description
MV BREVARD CLINIC	01	TEST

However, if there are no Clinics linked to the service site, the drop-down will appear (as below), and you should proceed to the next step:

 **Clinics**

Name	External Id	Description	Categori
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## ADDING CLINICS TO A SERVICE SITE

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### Step 6 (if applicable)

If there are no clinics linked to the desired service site, contact the Florida SHOTS Helpdesk. A Local Org Administrator (LOA) can make the request for a clinic to be added under the service site. The request *needs to be in writing* (i.e. email) and sent to [flshots@flhealth.gov](mailto:flshots@flhealth.gov).

\*\*Please include the following information in the request (only applicable to LOAs):

- Your **organization's login ID** and the **name of the service site** (how it appears in Florida SHOTS on the Site List page).
- The **name of the clinic** – the name of the facility you transferred vaccines to and/or are recording vaccines on behalf of.
- The **external ID** – this is used for uploading purposes through your EHR/EMR.  
\*\*Please follow the link to verify which [implementation specialist](#) to contact for your ID (toward bottom of web page).
- A short **description** – briefly inform us of the provider you are recording vaccines on behalf of (i.e. include their org ID if they have a Florida SHOTS account).
- The **category** that best describes the type of facility this clinic represents – this field includes a drop-down box that allows one of the following categories to be selected (please only pick one):
  - Corrections clinic
  - Drug rehab facility
  - Business/work site
  - Community center
  - Homeless shelter
  - Hurricane/disaster shelter
  - Long-term care facility
  - School clinic