

Florida SHOTS™

HEPATITIS A OUTBREAK RESPONSE TRAINING GUIDE FOR COUNTY HEALTH DEPARTMENTS

Contact Information

www.flshots.com

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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. A blue arrow points to the search results table.

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

Buttons: Search for Patient, Reset Search Fields, Add New Patient, Extend Search.

****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 overlay. A blue arrow points to the OK button on the pop-up.

Message from webpage

*** Important information regarding this patient ***

This patient is Due Now or Overdue for the following antigens:

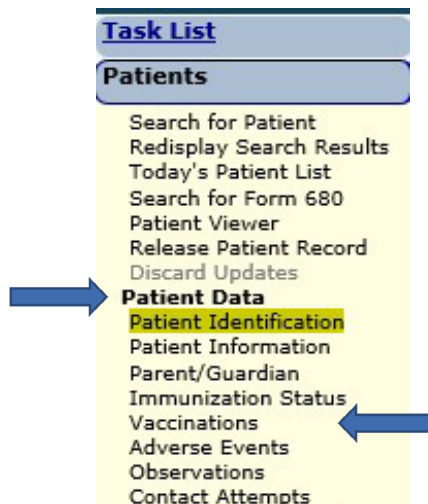
- DIPHTHERIA: Overdue
- TETANUS: Overdue
- PERTUSSIS: Overdue
- MEASLES: Overdue
- MUMPS: Overdue
- RUBELLA: Overdue
- HEP B: Overdue
- HPV: Overdue
- VZV: Overdue

Buttons: OK

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).

The screenshot shows the 'Vaccination List' page. At the top, there is a 'Sort by:' section with three radio buttons: 'Antigen' (selected), 'Vaccine', and 'Date Given'. Below this is a table with the following columns: 'Antigen', 'Vaccine Type', 'Date Given', 'Dose/Interval', 'Age Yr-Mo/ in Days', 'Total Mos/ Adv Event?', 'Provider/Person', 'Source', and 'Delete?'. The table contains three rows of data:

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	

Below the table, there are two buttons: 'Add a Vaccination Record' and 'Add Historical Vaccination Records'. A blue arrow points to the 'Add a Vaccination Record' button. At the bottom, there is a note: '* 0 * indicates that the vaccination was not counted as a valid dose according to the recommendations of the Advisory Committee on Immunization Practices.' and a 'Next' button.

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).

The screenshot shows the 'Add Vaccination Record' form. It has a title bar 'Add Vaccination Record' and a sub-header 'T05 : Emulating BREVARDCHD'. The form contains several fields and sections:

- Vaccine Type:** A dropdown menu with 'Select'.
- Injection Site:** A dropdown menu with 'Select'.
- Provider Org ID:** A dropdown menu with 'BREVARD CHD'.
- Item Service Site:** A dropdown menu with 'Select'.
- Program Component:** A dropdown menu with 'Select'.
- Manufacturer:** A dropdown menu with 'Select'.
- Lot Number:** A text input field.
- NDC:** A dropdown menu with 'Select'.
- Date Given:** A dropdown menu with 'Select'.
- Injection Route:** A dropdown menu with 'Select'.
- Provider Person ID:** A dropdown menu with 'Select'.
- Expiration Date:** A text input field.
- Special Conditions:** A section with a '0' and a 'Special Conditions' link.
- Footer:** A section with a 'Next' button, a 'Return to Vaccination List' button, and a 'Cancel' button.

DOCUMENTING VACCINES

STEP 8

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

Add Vaccination Record

Barcode Scan: Do not trigger the reader unless the cursor is in this field.

Vaccine Type: * HEP A ADULT [CVX 52] Vaccine Type Information

Injection Site: * RA-RIGHT ARM

Provider Org ID: * BREVARD CHD

Imm Service Site: * BREVARD CHD MELBOURNE

Program Component: * 17.02 - Hep A Outbreak

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 – Hep A Outbreak 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 Program Component	Mfg/Lot# Expiration Date NDC	Qty On Hand	
BREVARD CHD MELBOURNE 17.02 - Hep A Outbreak	SKB G99R4 05/20/2022 58160-0826-52	2	<div>Select</div> <div>Hide</div>

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).

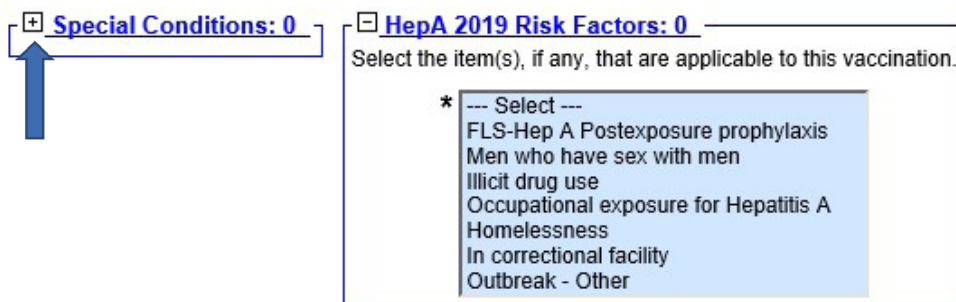


Form fields for vaccine documentation:

- ☐ 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.

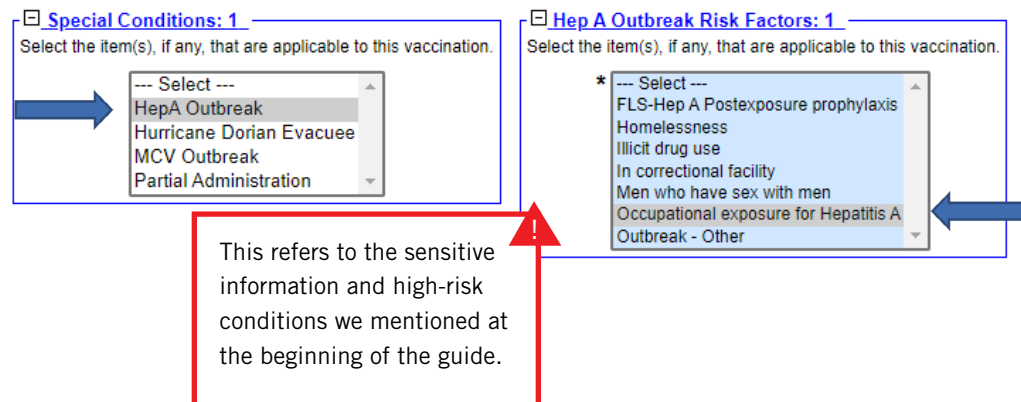


Expanded Special Conditions and HepA 2019 Risk Factors:

- 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.




Expanded Special Conditions and HepA Outbreak Risk Factors:

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

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/vic/current-vis.html

Vaccine Information Statements (VISs)

Search

Search

Vaccines site

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Vaccine Information Statements (VISs)

Home

VIS Home

Current VISs

What's New with VISs

About VISs

Dates of Current and Past VISs

VIS Barcodes

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



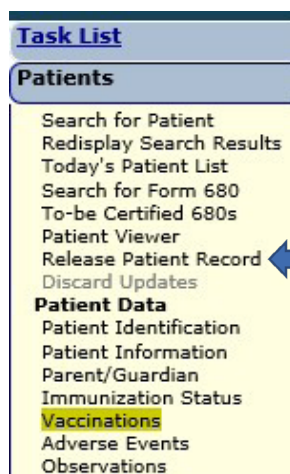
FloridaShots™ keeping shots in check

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

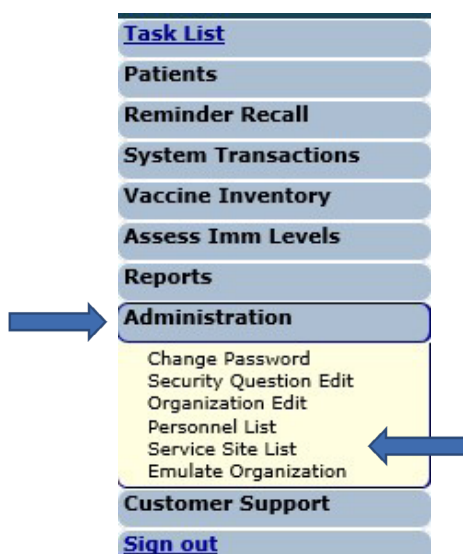
We have added the ability to add clinics to existing sites. This feature will assist providers in accounting for vaccines administered at a different location, such as an outbreak response that has taken place outside of your primary location.

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	Category
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ADDING CLINICS TO A SERVICE SITE

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.

**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