

# **ImmTrac2** Texas Immunization Registry

## ImmTrac2 Overview



Texas Department of State Health Services

# Welcome

05/02/2017



### **Webinar Details**

- 1. All attendees are muted.
- 2. Type your questions in the webinar panel at any time.
- 3.Q & A will conclude the presentation.



#### Resources

- DSHS website: <u>www.immunizetexas.com</u>
  - Click ImmTrac Registry & go to ImmTrac2 webpage
- Health Service Regions & Local Health Depts.
  - Staff received initial training to provide support
- ImmTrac Customer Support
  - Email: ImmTrac2@dshs.texas.gov
  - Phone: 1-800-348-9158



### System Requirements (1 of 2)

Reliable Internet access:High-speed connection preferredMinimum hardware requirements:

- Pentium 1GHz CPU
- 512 MB RAM / 500 MB free disk space
- Screen display of 1024 x 768 resolution and 256 colors

NOTE: Confirm your IT network and security settings allow secure access to:

https://Immtrac.dshs.texas.gov



### System Requirements (2 of 2)

Minimum software requirements:

- Microsoft<sup>®</sup> Internet Explorer, version 11.0 or higher
- Windows<sup>®</sup> 7, 8, or 10
- Acrobat Reader<sup>®</sup> 6.0 or higher



### Texas Immunization Information System (1 of 2)

- Confidential web-based information system
- Provides consolidated immunization information for children & adults
- Specific to the state of Texas



### Texas Immunization Information System (2 of 2)

Allows health care providers to:

- View and add immunizations
- Maintain and forecast vaccines due
- Produce recall and reminder notices
- Run reports
- Reset passwords



#### **Help Resources**





#### Purpose

This presentation provides a thorough introduction to the new system, including:

- Understanding user roles
- Logging in
- Resetting passwords
- Navigating all functional areas



## **User Roles (1 of 4)**

Five user access levels in ImmTrac2:

- View Only Non-Providers
- Full Access Providers
- Provider Supervisor
- Modified Access Sub-state
- Full Access State



## **User Roles (2 of 4)**

Role	Tasks	Types of Users
View Only Non- Providers	<ul> <li>Search &amp; view clients</li> <li>View &amp; print immunization records</li> <li>Create student lists &amp; print student reports</li> <li>Manage own user account &amp; reset password</li> </ul>	Administrative staff at schools and child care facilities.
Full Access Providers	<ul> <li>Same as View Only Non-Providers, plus:</li> <li>Add &amp; edit client information</li> <li>Add, edit &amp; delete immunizations</li> <li>Generate specific reports</li> </ul>	Texas health care providers licensed to administer vaccines, and their staff.
Provider Supervisor	Same as Full Access Providers, plus: • Manage users at their organization	A designated individual in the organization. (training required)



## **User Roles (3 of 4)**

Role	Tasks	Types of Users
Modified Access Sub-State	<ul> <li>Same as Provider Supervisor, plus:</li> <li>Access to reports and organization information for their responsible area</li> </ul>	Designated users at Texas Health Service Regions and Local Health Departments.
Full Access State	<ul> <li>Highest user role to:</li> <li>Access clients, immunizations, organizations, clinicians, reports, registrations, renewals &amp; vaccine program enrollment</li> <li>Add, modify &amp; delete information across the system.</li> </ul>	Texas Department of State Health Services (DSHS) central office staff.



## **User Roles (4 of 4)**

Five user access levels in ImmTrac2:

- View Only Non-Providers
- Full Access Providers
- Provider Supervisor
- Modified Access Sub-state
- Full Access State



## Logging In (1 of 3)

- Users are assigned ONE user account.
- The user account can access one or many provider locations, or Organizations.
- Users must have three codes to log in:
  - Org Code
  - Username
  - Password



### Logging In (2 of 3)





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## Logging In (3 of 3)

- The Confidentiality Statement displays.
- Click the "I Agree" button to access ImmTrac2.

Department of State Health Services	Confidentiality Statement
ng Region	-
elcome CoTrainer	I understand and agree that information entered into and contained in ImmTrac2 is confidential. I agree that I will use the information in ImmTrac2 only for the purpose for which it is intended. I acknowledge that the unauthorized disclosure of personal, identifiable information is strictly prohibited.
	Immunization records may only be released to:
	<ul> <li>the individual or the individual's legally authorized representative</li> <li>a public health district</li> <li>a local health department</li> <li>a physician to the individual</li> <li>a school or child care facility in which the individual is enrolled</li> <li>a state agency having legal custody of the individual</li> </ul>
	I verify that I am an authorized ImmTrac2 user.
	I agree not to share any information that is accessible through ImmTrac2 without proper authorization.
	I acknowledge that unauthorized discussion or release of the information from ImmTrac2 will expose me to civil and criminal liability under the provisions of Texas Government Code §552.352, Texas Health and Safety Code §591.022; Title 5, United States Code §552a(1); and Title 42, code of Federal Regulations, Part 2.
	I agree at the end of each ImmTrac2 session, I will log out of the ImmTrac2 application and close my Internet browser.
	By agreeing, I certify I have read, understood and agreed to the above statements.
	I Do Not Agree
	Copyright © 1999 - 2017 State of Wisconsin. All rights reserved.

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### Log In Issues (1 of 4)

Incorrect information prompts a validation error message to display.

FORM VALIDATION ERROR(S)

#### Validation Errors

The Org Code, Username and Password combination is invalid.

Ok



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### Log In Issues (2 of 4)

After three unsuccessful attempts, users are redirected to the password recall screen.

DO NOT ATTEMPT TO LOG ON UNLESS YOU ARE AN AUTHORIZED USER.	Login attempt was unsuccessful. If you remember your Org Code, Username, and Password associated with your user account and wish to continue to attempt to login to ImmTrac2, re-enter the required account information and characters displayed, then click Submit. Otherwise, click the Forgot Password button to reset your password.
Forgot Password?	Org Code:
	* Password*Enter the characters exactly as displayed
CAL	TCHA age * Required field Submit



### Log In Issues (3 of 4)

Users have three more opportunities to log in with the CAPTCHA image.

DO NOT ATTEMPT TO LOG ON UNLESS YOU ARE AN AUTHORIZED USER.	Login attempt was unsuccessful. If you remember your Org Code, Username, and Password associated with your user account and wish to continue to attempt to login to ImmTrac2, re-enter the required account information and characters displayed, then click Submit. Otherwise, click the Forgot Password button to reset your password.
Forgot Password?	Org Code:
	Username:
	* Password
	*Enter the characters exactly as displayed
CAP	* Required field

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### Log In Issues (4 of 4)

After three more unsuccessful attempts, the user is directed to the Forgot Password screen.

	HOME	FO	RMS	REGISTRATION	RELATED	LINKS		
Org Code:	User Information							
Password: Login To reset your password, please enter your Org Code, Username, and Email a associated with your ImmTrac2 account and click Submit.								
DO NOT ATTEMPT TO LOG ON UNLESS YOU	*	Org Code:	e: TRAI1110					
ARE AN AUTHORIZED USER.	*(	Jsername:	DE8974CO					
	* Ema	il address:	DeliaCoTrain	er@TheTrainingClinic.co	n			
Forgot Password?			* Required fie Submit	ld				



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### **Reset Password (1 of 5)**

# Enter your Org code, username, and the email address on file for your user account.

		HOME	FC	DRMS REGISTRATION RELATE			DLINKS		
Org Code:									
Username:		User Information	on						
Password:									
	Login	To reset your password, please enter your Org Code, Username, and Email address associated with your ImmTrac2 account and click Submit.							
DO NOT AT LOG ON UN	ITEMPT TO		* Org Code:	TRAI1110					
ARE AN AUTHORIZED USER.			* Username:	DE8974CO					
			* Email address:	DeliaCoTrain	er@TheTrainingClinic.cor	n			
Forgot Pas	sword?			* Required fie	Id				
				Submit					



### **Reset Password (2 of 5)**

Click the "Submit" button to receive a password reset email that is valid for 24 hours.

	HOME	FC	ORMS	REGISTRATION	RELATE	D LINKS	
Org Code:	User Information						
Password:	g Code, Username, and ck Submit.	l Email addre	ess				
DO NOT ATTEMPT TO	*	Org Code:	TRAI1110				
ARE AN AUTHORIZED USER.	*(	* Username: DE8974CO					
	* Ema	il address:	DeliaCoTrain	er@TheTrainingClinic.cor	n		
Forgot Password?			* Required fie	ld			
			Submit				



### **Reset Password (3 of 5)**

Users can enter their temporary password to log in, but must immediately create a new one.



### **Reset Password (4 of 5)**

# Users can also click the Forgot Password button at any time.

**** De Sta	EXAS spartment of ite Health Services		Texas Imm	nunizatio
Traininę	g Region	HOME	FORMS	REGISTRAT
Org Code:		Hot Topics		
Username:		ImmTrac2 Launches on	April 3, 2017!	
Password:		The much-anticipated arr April 3, 2017. For the late	ival of the new Texas immest information, go to: http://	nunization informat //www.dshs.texas.
DO NOT A LOG ON UI ARE AN AU US	Login TTEMPT TO NLESS YOU JTHORIZED ER.	About ImmTrac ImmTrac is a L About the Texa Meaningful Us Vaccine Educa	<u>c</u> ifetime Registry as Vaccines for Childrer e Information ation Online	<u>n Program</u>
Forgot Pas	sword?		Copyright © 1999	- 2017 State of Wisc

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## **Reset Password (5 of 5)**

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- Enter the password twice to save.
- Follow the password requirements.

gion	HOME	FORMS	REGISTRA	TION	RELATED LINKS			
ie ainer	organization	Fraining Clinic • user	Delia CoTrain	er • role	Full Access Provid	ers no/DE		
	Change Password							
zations								
ccount Account assword					-	Sav	/e	
	User	Delia CoTrainer				Cano	cel	
	Username	de8974co	F					
	Org Code	TRAI1031		Password Requirements: Must be between 8 and 16 characters Must have at least one of each of the following: Upper case letter Lower case letter				
	* New Password							
	* Confirm New Password			Numeric va Special cha At least 4 of	t from previous			
		* Required field		password No dictionary words including slang Cannot reuse last 6 passwords				

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### **Application View**

#### After Login:

• Users assigned to only ONE organization will land on the Application home page.





### **Manage Access Portal View**

- Users assigned to more than one organization will land on the Portal view.
- Select the ImmTrac2 button to navigate to the Application view.

TEXAS Department of State Health Services	Texas Immunization Registry									
Training Region	HOME	FORMS	REGISTRATION	RELATED LINKS						
Welcome Delilah CoTrainer	organization	Training • user Del	ilah CoTrainer • role	Full Access Provider	s no/DE					
Logout	ImmTrac2 Manage Access Texas DSHS									
Applications Switch Organizations	ImmTr 2 Manage Acce	ss Training ss Training Clinic								
Manage My Account Edit My User Account Change My Password		Copyright © 1999 - 2017 State of Wisconsin. All rights reserved.								



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### **Application View (1 of 2)**

# To navigate back to the Portal, click the manage access/account tab in the menu bar.





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**Application View (2 of 2)** 

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#### **Functions for All Users (1 of 3)**

#### Schools

- <u>manage list</u> create & manage lists of students, or clients
- <u>find student</u> search & add individuals to one or more lists
- <u>check school report</u> review reports that you've generated



#### **Functions for All Users (2 of 3)**

#### Admin Support

 Five information tables that display vaccine, trade name, and manufacturer data used in the system.



#### **Functions for All Users (3 of 3)**

#### Manage My Account

- <u>edit my user account</u> change your name, email, or phone number
- <u>change my password</u> change your password at any time



## ImmTrac2 Overview

### **View Only Non-Providers**



### **Menu Panel Options**





#### **Client Search**

- Perform a Client Search using one of the following:
  - Quick Search
  - Basic Search
  - Smart Search
- If an exact match is found, the client's immunization record will display.
- If multiple matches are found, select from the client list.



#### **Client Immunizations (1 of 3)**

The screen has three sections:

- Client Information
- Immunization Record
- Vaccines Recommended by Selected Tracking Schedule



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#### **Client Immunizations (2 of 3)**

	Client Informatio		Official	Immunizatio	on Record	Rep	oorts	Cancel		
ероп	Client Name (First -	MI - Last)		DOB	Gender	Tracking S	chedule	(	Client ID	
	DEB ORANGE			01/01/2014	F	ACI	P	TraiCli	nic-DOra	2014
ort	Provider (PCP)	Not on file								
	School	Not on file								
ing g	Comments 03/01/2	014 ~ Allergy f	to egg inge	estion (anaphy	lactic)					
ting	Current Age: 3 yea	ars, 2 months	, 19 days							
hips	Immunization Reco	ord								
ount										
word	Vaccine Group	Date Admin	Series	Vaccine [1	rade Nan	ne] Dose	Owned?	Reactio	n Hist?	Disaster
	DTP/aP	03/01/2014	1 of 5	DTaP-HepB-I	IPV [Pediar	ix	No			
		06/01/2014	2 of 5	DTaP-HepB-I	IPV [Pediar	ix ®] Full	No			
	нерв	01/01/2014	1 of 4	НерВ, NC	оз [нерв ®		NO		Yes	
		03/01/2014	2 of 4	DTaP-HepB-	IPV [Pediar	IX®] Full	NO			
	Della	06/01/2014	3 01 4	DTaP-нерв-	IPV [Pediar	ix®j Full ⊡r®l ⊑ull	NO			
	Pollo	06/01/2014	1 01 4	DTaP-HepB-I	IPV (Pediari IPV (Pediari	ix®] Full ix®] Full	No			
	Vaccines Becomm	onded by Cel		king Cabadu			110			
	vaccines Recomm	ended by Ser	ected frac	cking schedu						
	Vaccine Grou	սp V։	iccine	Earliest	Date	Recomm	ended Da	ite	Past Du	ie Date
	DTP/aP	DTa	P, NOS	06/29/20	)14	08/0	01/2014		09/01	/2014
	<u>HepA</u>	Hep	A, NOS	01/01/20	015	01/0	01/2015		08/01	/2015
	<u>HepB</u>	Hep	B, NOS	07/27/20	014	07/2	27/2014		08/01	/2015
	Hib		b, NOS	04/01/20	)15	04/0	01/2015		04/01	/2015
	Influenza-seas	<u>nl</u> Fl	u NOS			Conti	raindicated	1		
	MMR		MMR	01/01/20	)15	01/0	01/2015		05/01	/2015
	PneumoConjug	l <u>ate</u> P	CV13	02/12/20	)14	03/0	01/2014		04/01	/2014
	Polio	Pol	io, NOS	06/29/20	)14	08/0	01/2014		08/01	/2015
	Varicella	Vá	aricella	01/01/20	)15	01/0	01/2015		05/01	/2015

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#### **Client Immunizations (3 of 3)**

#### Click buttons to access:

- Official Immunization Record
- Reports
- Cancel (returns to previous screen)

Client Information			Official	Immunization Record	Reports Cancel			
Client Name (First - MI - Last)		DOB	Gender	Tracking Schedule	Client ID			
DEB ORANGE		01/01/2014	F	ACIP	TraiClinic-DOra2014			
Provider (PCP)	Not on file							
School Not on file								
Comments 03/01/20	014 ~ Allergy to egg ing	estion (anaphylad	:tic)					
Current Age: 3 yea	ars, 2 months, 19 days							



## ImmTrac2 Overview

### **Full Access Providers**



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### **Menu Panel Options**



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### **Client Search**

- Perform a Client Search using one of the following:
  - Quick Search
  - Basic Search
  - Smart Search
- If an exact match is found, the client's record will display.
- If multiple matches are found, select from the client list.



#### **Client Demographics (1 of 2)**

Contains demographic tabs for:

- Personal information
- Consent information
- Names also known as (AKA)
- Organization information
- Address information
- Responsible persons
- Client comments
- Client notes



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### **Client Demographics (2 of 2)**

Personal Informa	ation			Save History/Recommend
* Last Name	ORANGE	* Gender	FEMALE V	Edit Consent
* First Name	DEB	SSN		Reports
Middle Name		Medicaid ID		Cancel
Suffix	~	Birth Order	(for multiple births)	
* Birth Date	01/01/2014	Birth Country	UNITED STATES	]
* Mother's Maiden Last	(On File)	Birth State	~	
* Mother's First Name	MARY	Birth County	~	]
Client Type	IC - ImmTrac Child 🗸 🗸	Client Identifier		
ImmTrac2 Client	Yes	ImmTrac2 ID Disaster Client	208110668 No	
Last Updated by Tra	ining on 03/22/2017 by de	9257co		History Table
Created by WCCHD	GEORGETOWN on 02/15/2	2017 by de9257cd	þ	
Consent Informat	ion 🔻			
Client AKA (0) 🔻				
Organization Info	rmation 🔻			
Client Information	ı ▼			
Address Informat	ion 🔻			
Responsible Pers	sons (0) 🔻			
Client Comments	(1) 🔻			
Client Notes (1)	•			

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#### **Client Immunizations (1 of 3)**

The screen has four sections:

- Client Information
- Client Notes & Navigation Bar
- Immunization Record
- Vaccines Recommended by Selected Tracking Schedule



**Client Immunizations (2 of 3)** 

	Client Inform	mation							lmmT	irac2	ID 20811(	0668
it Formation	Client Name (	First - MI - Last)		DO	B Gend	ler T	Fracking	g Schedule		Clier	nt ID	
ormation	DEB ORANGE			01/01/2	2014 F		A	CIP				_
nizations	Address/Phone	e		1	23 JJ PICKLE	, AU	STIN, T	X 78758				_
	Comments 03/01/2014 ~ Allergy to egg ingestion (anaphylactic)											
	Current Age	: 3 years, 2 months	, 20 day	/5								
eport t	Client Notes (0) view or update notes											
ort	Add New I	mms Add His	storical I	mms	Edit Client	F	Reports	Print	Official Imm	unizat	ion Record	
ans Is	Immunization	Record										
t sting	Vaccine Gr	oup Date Admin	Series	Vaccine	[Trade Nan	ne]	Dose	Owned?	Reaction	Hist?	Disaster	Edit
ing listing	DTP/aP	03/01/2014	1 of 5	DTaP-Hep	B-IPV [Pediar	ix ®]	Full					1
achine		06/01/2014	2 of 5	DTaP-Hep	B-IPV [Pediar	ix ®]	Full	No				1
count	НерВ	01/01/2014	1 of 4	HepB,	NOS [HepB ®	]		No		Yes		1
count		03/01/2014	2 of 4	DTaP-Hep	B-IPV [Pediar	ix ®]	Full					1
sword		<u>06/01/2014</u>	3 of 4	DTaP-Hep	B-IPV [Pediar	ix ®]	Full	<u>No</u>				1
	Polio	03/01/2014	1 of 4	DTaP-Hep	B-IPV [Pediar	ix ®]	Full					14
		06/01/2014	2 of 4	DTaP-Hep	B-IPV [Pediar	ix ®]	Full	No				1
	Vaccines Rec	commended by Sele	ected Ti	racking Sc	hedule							
	Select	Vaccine Group	V	accine	Earliest D	ate	Re	commen	ded Date	Pa	ast Due Da	ate
	Select	DTP/aP	D	FaP, NOS	06/29/201	14		08/01/2	014		09/01/2014	L I
	Select	<u>HepA</u>	He	epA, NOS	01/01/201	15		01/01/2	015		08/01/2015	5
	Select	HepB	He	epB, NOS	07/27/20	14		07/27/2	014		08/01/2015	5

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#### **Client Immunizations (3 of 3)**

#### Click buttons to:

- Add new or historical shot records
- Access the client demographic record
- Access client reports
- Print Official Immunization Record

Current Age: 3 years, 2 months, 21 days
Client Notes (1) view or update notes
Add New Imms Add Historical Imms Edit Client Reports Print Official Immunization Record
Vaccine Date



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# System Demo



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