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Texas Immunization Registry Disaster Reporting

Texas Immunization Registry

Agenda

- Legal Statutes Related to Disasters
- Intro and Consents
- Logging Into ImmTrac2
- Client Searches
- Entering a Client
- Adding Immunizations (Standard & Disaster)
- Data Exchange
- Resources
- Questions



Legal Statute Related to Disaster



Texas Administrative code

- Title 25 –Health Services, Chap. 100 –Immunization Registry
- [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=100&rl=7](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=100&rl=7)



Providers Must Report AIM's

- A health care provider who administers an antiviral, immunization, or other medication (AIM) during a publicly declared disaster shall provide the data to DSHS within 30 days.
- COVID-19 vaccine must be reported within 24 hours of administration



Adverse Reactions

- The Registry shall track adverse reactions to an AIM administered during the disaster.



Intro and Consents



The Texas Immunization Registry (ImmTrac2)

- The registry is secure and confidential, and safely consolidates and stores immunization records from multiple sources in one centralized system.
- Authorized organizations (org) include health care providers, schools, and public health departments.



**9.1 million Texans' immunization records.
33,000 organizations store them in 1 place.**



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Texas – An “Opt-In” State

- Since Texas is an “Opt-In” state, you must have [ImmTrac2 consent](#) for individuals (or their legal guardian) for non-disaster immunizations to be entered and stored into the registry.



Client Types

- IC = ImmTrac Child, under age 18
- PA = Pending adult, over age 18 until consent
- IA = ImmTrac Adult, age 18 and over
 - FR = First Responder, age 18 and over
 - FM = Adult Family Member of a First Responder, age 18 and over
- DC = Disaster Consented, any age
- DU = Disaster Unconsented, any age



ImmTrac Child (IC) Consents

- Requires use of [Immunization Registry \(ImmTrac2\) - Minor Consent Form \(C-7\)](#)
- Signed by the parent or guardian of the child
- In effect until the child turns 18 or the consent is withdrawn
- Apply to non-disaster immunizations.



ImmTrac Pending Adult (PA) Consents

For ICs who are 18:

- Signed after the child reaches 18
- Must be signed before the age of 26 to keep the childhood immunizations in the registry
- If not signed by age 26 the childhood immunizations and the client record are deleted.
- For individuals 18 or older

Are signed by any individual that wants their information stored as adult



ImmTrac Adult (IA) Consents

- Requires use of [Immunization Registry \(ImmTrac2\) - Adult Consent Form](#) (EF11-13366)
- Information is retained until the consent is withdrawn



Two Types of Disaster Clients

Disaster Unconsented (DU) clients:

- Did NOT sign a disaster consent
- Disaster Antiviral Immunization and Other Medication deleted five years after end of disaster

Disaster Consented (DC) clients:

- Requires use of [Immunization Registry \(ImmTrac2\) Disaster Information Retention Consent Form \(F11-12956\)](#)
- Signed disaster consent by the individual or their legal guardian
- Disaster AIMs remain in registry longer than five years after the disaster or until withdrawn



Difference Between Consents?

- Standard Consent
 - Used for reporting Non Disaster AIMS. Clients records only contain non disaster related AIMS.
- Disaster Consent
 - Used for reporting Disaster AIMS. Client records only contain disaster Related AIMS.
- A client can have any combination of the 2 above types.



Consent Forms

- **Disaster Information Retention (DIR) Consent**: Allows disaster related information to be retained after the initial 5 years.
- **Withdrawal of Consent and Confirmation**: Required if client wishes to be removed from registry.
- Related links:
 - [ImmTrac2 Public Website](#)
 - <https://www.dshs.texas.gov/immunize/immtrac/forms.shtm>



Logging Into ImmTrac2



Logging In

Once access has been approved by the registry:

- Users are assigned 1 user account.
- The user account can access one or many organization locations.
- Users must have 3 codes to log in:
 1. Org Code
 2. Username
 3. Password



Confidentiality Statement

Confidentiality Statement

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:

- the individual or the individual's legally authorized representative
- a public health district
- a local health department
- a physician to the individual
- a school or child care facility in which the individual is enrolled
- a state agency having legal custody of the individual

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 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.



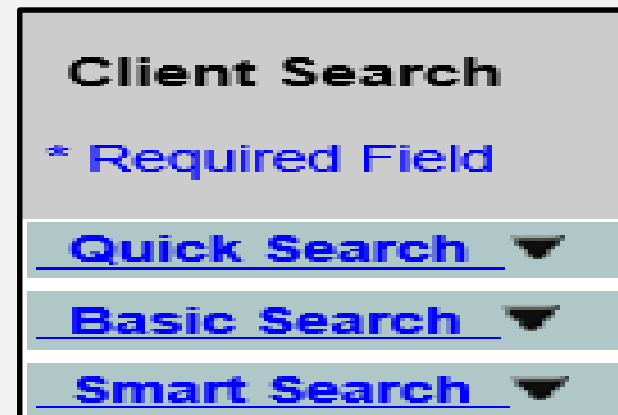
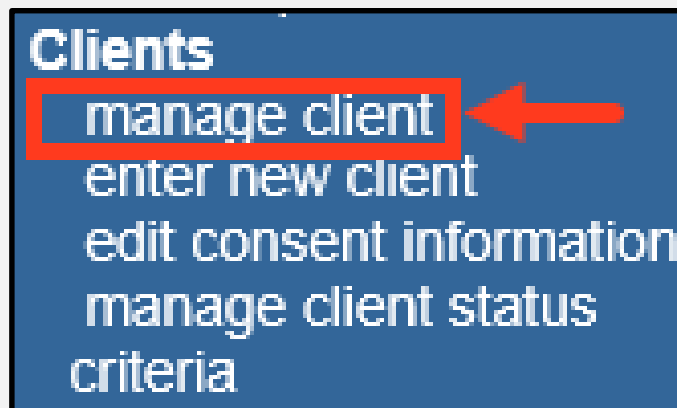
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Client Searches



Client Search Options

- Client records are available to all users.
- Client searches are statewide.
- There are 3 available client search options:
 1. Quick Search
 2. Basic Search
 3. Smart Search



Quick Search

- It's quick and allows users to search one of four ways:
 1. ImmTrac2 ID
 2. Client ID
 3. Social Security Number and Birth Date
 4. Medicaid ID
- Information must be exact: no “wild carding”.

The screenshot shows a web interface titled "Quick Search" with a dropdown arrow. It contains four search sections:

- Search by ImmTrac2 ID**: A text input field labeled "* ImmTrac2 ID" and buttons for "Find" and "Clear".
- Search by Client Identifier**: A text input field labeled "* Client ID". A red box highlights the text "Client ID is organization specific." with a red arrow pointing to the input field.
- Search by SSN# and DOB**: Two input fields labeled "* SSN#" and "* Birth Date" with a calendar icon next to the birth date field.
- Search by Medicaid ID**: A text input field labeled "* Medicaid ID".



Basic Search


- Requires the least specific information.
 - First Name, Last Name, and Birth Date
 - All other fields are optional
- Data can be partial with a minimum of two characters BUT must be accurate.
- Allows for a “Wild Card” (??/??/????) for the date.

Basic Search ▲

* First Name

* Last Name

Gender

* Birth Date 

Children Only

Find

Clear



Smart Search

- Requires the most specific information to narrow results:
 - First Name, Last Name, Birth Date (must be exact, no wild carding), Gender, and Street Address are required.
 - All other fields are optional.

The screenshot shows a web form titled "Smart Search" with the following fields and controls:

- ImmTrac2 ID
- * First Name (highlighted in red)
- * Last Name (highlighted in red)
- Middle Name
- * Birth Date (highlighted in red)
- * Gender (highlighted in red)
- Mother's First Name
- Mother's Maiden Name
- Phone - -
- * Street Address (highlighted in red)
- Other Address
- PO Box
- Zip -
- City
- State

Buttons: and



Entering a Client



Entering a New Client

Training 4.14

Mass Vaccination
client quick entry
manage client roster
upload client roster
check upload status

Clients
manage client
enter new client
edit consent information

Immunizations
manage immunizations

Schools
manage list
find student
check school report

Reports
generate report
scheduled report

Maintenance
manage clinicians
manage schools

Admin Support
manufacturer listing
trade name listing

Client Search

* Required Field

Smart Search ▼

ImmTrac2 ID

* First Name Mother's First Name

* Last Name Mother's Maiden Name

Middle Name Phone - -

* Birth Date * Street Address

* Gender

Other Address

PO Box

Zip -

City

State



Search Results: Client Not Found

Client Search

* Required Field

Smart Search ▼

ImmTrac2 ID

* First Name Mother's First Name

* Last Name Mother's Maiden Name

Middle Name Phone - -

* Birth Date * Street Address

* Gender Other Address

PO Box

Zip -

City

State

Click on the ImmTrac2 Id to access the client file. Possible Matches: 0

ImmTrac2 ID	Client Type	Client's Last Name	Client's First Name	Client's Middle Name	Client's Suffix	Sex	Client's Birth Date	Mother's First Name	Mother's Maiden Name	Client's Street Address	Client's City	Client's County	Client's SSN	Client's Medicaid ID
No clients were found for the requested search criteria.														



Standard Consent versus Disaster-Related Consent

If your client does not appear on your search result Client List. Add the client by responding to the consent-related question below.

Do you have one of the following signed consent forms for your client?

Yes Add a client

No Request a Consent Form

For Standard Consent

* If you have also obtained consent to retain disaster-related information beyond the minimum retention period, you will have the opportunity to affirm this consent at the same time you affirm consent for ImmTrac2 participation.

DISASTER-RELATED INFORMATION

During a disaster or emergency event, all residents in the affected area who receive disaster-related vaccinations, antivirals, and/or medications will participate in ImmTrac2 regardless of age or consent status. **If you are ONLY adding a disaster-related client, ADD the client by selecting one of the options below:**

ADD CLIENT WITH Signed Disaster-Related Consent

WITHOUT Signed Disaster-Related Consent

For Only Disaster-Related Consent

Submit



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Do You Have a Standard Consent?

Do you have one of the following signed consent forms for your client?

Yes Add a client

No Request a consent form

* If you have also obtained consent to retain disaster-related information beyond the minimum retention period, you will have the opportunity to affirm this consent at the same time you affirm consent for ImmTrac2 participation.



Do You Have a Disaster Consent?

DISASTER-RELATED INFORMATION

During a disaster or emergency event, all residents in the affected area who receive disaster-related vaccinations, antivirals, and/or medications will participate in ImmTrac2 regardless of age or consent status. **If you are ONLY adding a disaster-related client, ADD the client by selecting one of the options below:**

ADD CLIENT: WITH Signed Disaster-Related Consent

WITHOUT Signed Disaster-Related Consent



Note That All Who Receive an “AIM” Participate in ImmTrac2

During a disaster or emergency event, all residents in the affected area who receive disaster-related vaccinations, antivirals, and/or medications will participate in ImmTrac2 regardless of age or consent status.



Adding a Disaster Unconsented Client

DISASTER-RELATED INFORMATION

During a disaster or emergency event, all residents in the affected area who receive disaster-related vaccinations, antivirals, and/or medications will participate in ImmTrac2 regardless of age or consent status. **If you are ONLY adding a disaster-related client, ADD the client by selecting one of the options below:**

- ADD CLIENT: WITH Signed Disaster-Related Consent
 WITHOUT Signed Disaster-Related Consent

Submit



If No “AIM”, No Disaster Unconsented Client!

- Message from webpage



IMPORTANT! A disaster-related client MAY NOT be added to ImmTrac2 if the client HAS NOT received a disaster-related antiviral, immunization or medication (AIM). DO NOT continue with the client add process if the client has not received a disaster-related antiviral, immunization, or medication (AIM).

OK

Cancel



Continue Add

Personal Information

Continue Add
Cancel

* First Name CHRIS * Gender MALE ▾
* Last Name ABRACADABRA SSN [] - [] - []
Middle Name [] Medicaid ID []
Suffix [] ▾ Birth Order [] (for multiple births)
* Birth Date 05/01/2000 [] Birth Country UNITED STATES ▾
Mother's Maiden Last [] Birth State [] ▾
* Mother's First Name Mary Birth County [] ▾
Client Type [] ▾ Client Identifier []
ImmTrac2 Client ImmTrac2 ID []
Disaster Client No

Consent Information ▾
Client AKA (0) ▾

Consent Information ▾
Client AKA (0) ▾
Organization Information ▾
Client Information ▾
Address Information ▲

[\[back to top\]](#)
[View Client Address History](#)

No Viable Address

* Street Address [] Phone Number [] - [] - []
Other Address [] Extension []
P.O. BOX [] E-Mail []
* Zip [] +4 []
* City [] State TX ▾ Country UNITED STATES ▾
* County [] ▾

Responsible Persons (0) ▾
Client Comments (0) ▾
Client Notes (0) ▾



Ethnicity and Race

Consent Information ▼

Client AKA (0) ▼

Organization Information ▼

Client Information ▲

[\[back to top\]](#)

Race (select all that apply)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African-American
- White
- Other Race

Most Recent
Provider

Most Recent
Provider Date

Birth Facility

School

Occupation

Language Spoken

ENGLISH

Ethnicity



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Address Information ▲

Client Summary and Continue

Client Summary

Please review the following information for accuracy. If anything is incorrect, use the Edit button to make necessary changes. Otherwise, if all information is correct, select the Continue button to proceed with addition of this client's information.

Add Client Summary		Edit Client Info
Last Name	ABRACADABRA	Continue
First Name	CHRIS	
Middle Name		Cancel
Suffix		
Date of Birth	05/01/2000	
Sex	M	
Race		
Client Address Information		
Address	1000 Buddy Holly Lane	
City	Austin	
State	TX	
Zip	78704	



Affirm the Type of Consent

Consent Affirmation

Affirm Consent For:

ImmTrac2 Adult (age 18 and older) *(Signed Adult Consent form on file)*

- First Responder (age 18 and older)
- Adult Family Member of a First Responder (age 18 and older)
- With consent to retain disaster information beyond minimum time ***(Signed Disaster Information Retention Consent form on file)***

OR *During a disaster or emergency event, all residents in the affected area who receive disaster-related vaccinations, antivirals, and/or medications will participate in ImmTrac2 regardless of age or consent status. If you are ONLY adding a disaster-related client, ADD the client by selecting one of the options below:*

Affirm Disaster-Only Client:

- With consent to retain disaster information beyond minimum retention period *(Signed Disaster Information Retention Consent form on file)*
- Without consent to retain disaster information beyond minimum retention period *(No consent forms on file)*

Affirm

Cancel



Consent is Affirmed!

Consent Affirmation Confirmation

ImmTrac2 Customer Support

(800) 348-9158

A record for the following client has been successfully added:

Client ID: 219214200
Name: CHRIS ABRACADABRA
DOB: 05/01/2000

Go To Client

Add Next

Cancel

The following ImmTrac2 user has affirmed consent for ImmTrac2 participation on 05/19/2020 12:00 AM:PA6427SP

Org Name: Texas DSHS
Org Address: 1100 W 49TH ST STE T301, AUSTIN, 78756
Org Phone: (800)348-9158
User ID: 136432
TXIIS ID: 10

Provider site should retain the signed consent form(s) in the client's medical record. Please DO NOT fax consent form(s) to ImmTrac2.



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Adding Immunizations (Standard & Disaster)



Go to Immunizations

Personal Information

* First Name	CHRIS	* Gender	MALE
* Last Name	ABRACADABRA	SSN	- -
Middle Name		Medicaid ID	
Suffix		Birth Order	(for multiple births)
* Birth Date	05/01/2000	Birth Country	UNITED STATES
Mother's Maiden Last	PURPLE	Birth State	
* Mother's First Name	MARY	Birth County	
Client Type	DU - Disaster Un-con	Client Identifier	7205650
ImmTrac2 Client	No	ImmTrac2 ID	7205650
		Disaster Client	No

Last Updated by Texas DSHS on 05/20/2020 by pa5474sp
Created by Texas DSHS on 05/20/2020 by pa5474sp

Consent Information

Save

Immunizations

Edit Consent

Reports

Cancel

Delete Client

History Table



Add a New Immunization

Client Information ImmTrac2 ID 219214200

Client Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Client ID
CHRIS ABRACADABRA	05/01/2000	M	ACIP	219214200
Address/Phone 1000 BUDDY HOLLY LANE, AUSTIN, TX 78704				
Comments				

Current Age: 20 years, 18 days

Client Notes (0) [view or update notes](#)

Last Immunization Date: None Reported

Immunization Record Tracking Schedule ACIP

Vaccine Group	Date Admin	Age At Immunization	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Disaster	Edit
This client record has no immunizations associated with it.										

Vaccines Recommended by Selected Tracking Schedule

Select	Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
Select <input type="checkbox"/>	HPV	HPV, NOS	05/01/2009	05/01/2011	05/01/2013
Select <input type="checkbox"/>	Influenza-seasn!	Flu NOS	05/01/2009	07/01/2019	05/01/2009
Select <input type="checkbox"/>	Meningo	MCV4, NOS	05/01/2016	05/01/2016	05/01/2019
Select <input type="checkbox"/>	Td/Tdap	Tdap	05/01/2007	05/01/2007	05/01/2007



Adding a New Immunization


CRA Event Information (1)

Event Description	Begin Date	End Date
TESTCOVID-19 EVENT	03/01/2020	03/01/2022

Priority Group:
Pick a Priority Group ▼

Age Group: Age will be calculated at the time of Vaccination and included in aggregate reporting.

Enter New Immunization

* Date Administered 05/20/2020 

Prescribed By ▼

Remove	Immunization	* Trade Name	* Lot #	Vaccine Eligibility	Prescribed By
<input type="checkbox"/>	HepB ▼	HepB ▼	A1254	▼	▼

* Manufacturer MSD-Merck & Co., Inc. ▼

Body Site ▼

Route ▼

Dose Full ▼



You Cannot Add a Non-AIM Imm Without a Standard Adult or Parental Consent

Message from webpage



You are attempting to add non-disaster related immunizations to a Disaster-only Client which is prohibited.

In order to store any non-disaster related immunizations for this client in the registry you must:

- obtain signed consent for the client
- affirm their consent online

If you wish to proceed and have a signed consent form by the client or you need to request a consent form, press the OK button.

If you wish to cancel the adding of non-disaster related immunizations and return to the immunization profile, press the Cancel button.

OK

Cancel



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Adding a Disaster Immunization to a Disaster-only Client Works

CRA Event Information (1)

Event Description	Begin Date	End Date
CORONA VIRUS EVENT	04/01/2010	04/01/2022

Priority Group:

GPT3 ▼ GPT3 - Children 3 - 18 years without high risk conditions.

Age Group: Age will be calculated at the time of Vaccination and included in aggregate reporting.

Enter New Immunization

* Date Administered **11/18/2020** 

Prescribed By

Remove	Immunization	* Trade Name	* Lot #	Vaccine Eligibility	Prescribed By
<input type="checkbox"/>	COVID-19 Vaccine ▼	COVID-19 Vaccine ▼	ABC123	<input type="text"/>	<input type="text"/>
	* Manufacturer Manufacturer ▼	Body Site <input type="text"/>	Route <input type="text"/>	Dose Full ▼	



Last Warning for Consent or No Consent

Message from webpage



This client currently does not have a Disaster Information Retention (DIR) Consent Form on file. Click "OK" if the client has provided a signed DIR consent form, or click "Cancel" to save the immunization without a DIR consent form.

OK

Cancel



Disaster Immunization Added

Immunization Record
Tracking Schedule

Vaccine Group	Date Admin	Age At Immunization	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Disaster	Edit
COVID-19	08/10/2020	20Y 7M		COVID-19 Vaccine	2				Yes	

Vaccines Recommended by Selected Tracking Schedule

Select	Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
Select <input type="checkbox"/>	HPV	HPV, NOS	01/01/2009	01/01/2011	01/01/2013
Select <input type="checkbox"/>	Influenza-seasn	Flu NOS	01/01/2009	07/01/2020	01/01/2009
Select <input type="checkbox"/>	Meningo	MCV4, NOS	01/01/2016	01/01/2016	01/01/2019
Select <input type="checkbox"/>	Td/Tdap	Tdap	01/01/2007	01/01/2007	01/01/2007



Data Exchange



Registered – Exchanging Data

If your organization is registered and is exchanging data:

- Utilize your existing method of reporting data to the registry.
- Resolve any existing data quality errors preventing your data from being accepted.
- AIM information must be entered into your electronic health records (EHR) system to report to the registry.



Registered – Not Exchanging Data

If your organization is registered and is not exchanging data, you must submit a Registration of Intent (ROI):

- ROI informs the registry of your readiness to begin data exchange(DX).
- Captures key information about your organization and EHR vendor.
- Allows us to setup a data exchange account for your organization.
- The data exchange account is used to report AIMs electronically.



Reporting COVID-19 Immunizations

- Use approved CVX or NDC codes provided by the CDC
 - <https://www.cdc.gov/vaccines/programs/iis/code-sets.html>
- Work with your EHR vendor to ensure information is entered in correctly
- Report administrations via existing data exchange methods
- Report vaccine lot number accurately
- Daily submissions required for COVID data
- Identify and resolve any data quality issues timely



Reporting COVID-19 Other Medications (1 of 3)

- Reporting of disaster related antivirals or other medications via data exchange require EHR changes to HL7 specifications, specifically RXA-5.
- RXA-5 must be confirmed as indicated to be accepted.
- RXA-5.1 - Name of the antiviral or other medication
 - This value is determined by the registry.
- RXA-5.2 – Description of the antiviral or other medication.



Reporting COVID-19 Other Medications (2 of 3)

- RXA-5.3 – Tradename Indicator = WVTN
 - This value must be used.
 - WVTN indicates the data reported is the tradename instead of CVX or NDC Codes.
- RXA-17 – Manufacturer Code
 - This value is determined by the registry.
- When formatted correctly, our system produces an informational error, *IEE-103::Informational error. If supplied, RXA-5-3 should match constraint listed in spec, that may be ignored.*



Reporting COVID-19 Other Medications (3 of 3)

- Examples of RXA-5/17 used to report other medications:

RXA|||||Remdesivir^COVID19 Antiviral^WVTN|||||||GIL|

RXA|||||Bamlanivimab^COVID19
Antiviral^WVTN|||||||LIL|

- All other HL7 specifications for immunization reporting are required.
- Contact the registry's Interoperability Team at ImmTracMU@dshs.texas.gov for further assistance.
- If you are planning to pre-book COVID-19 Vaccines, you need to register through Syntropi as a COVID-19 provider.



Resources



Resources for COVID-19 Reporting

Resources for COVID19 reporting are being developed:

- How to report vaccines or antiviral medications to ImmTrac2, including data exchange specifications
- Soon available on our DSHS website:
<https://www.dshs.texas.gov/immunize/immtrac>



Resources for Electronic DX

Electronic Data Exchange Resource Guide:

- Provides steps on submitting the ROI, addressing data quality errors and other steps required to establish and maintain a data exchange connection with the registry
- Available on DSHS website:
<https://www.dshs.texas.gov/immunize/immtrac/forms.shtm>



Other Recourses

- V-safe smartphone App



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*Get vaccinated.
Get your smartphone.
Get started with v-safe.*

v-safe™
after vaccination
health checker

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.

When you get your COVID-19 vaccination, ask your healthcare provider about getting started with **v-safe**

Learn more about **v-safe**
www.cdc.gov/vsafe

12/01/20

The advertisement features a hand holding a smartphone displaying the v-safe app interface. Above the phone is a banner with three icons: a bandage, a smartphone, and a thumbs up. To the right of the phone is a text box explaining the app's purpose. At the bottom left is the CDC logo and the date 12/01/20.

Interoperability Team Contact Info

Registry's Interoperability Team:

- Provides support on data exchange and promoting interoperability topics
- Email: ImmTracMU@dshs.texas.gov



Recap on Disaster Reporting (1 of 2)

- Disaster registry consent is not required for COVID-19.
- If capturing disaster registry consent, consent is retained by the provider, added along with the COVID-19 administration information.
- For online reporting, remember to enter:
 - Mother's First Name
 - County Name
 - Race and ethnicity
 - Lot number as listed on medication



Recap on Disaster Reporting (2 of 2)

For data exchange reporting, remember:

- COVID data must be submitted daily,
 - Preferably with a file name including "COVID" -
Example: ABCDOC20301.**COVID**.hl7,
 - Non-COVID data should be submitted weekly,
- Affirmation of registry consent files or registry consent is not required for disaster related patients.





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Thank You!

From the Texas Immunization Registry

Q & A

ImmTrac2@dshs.texas.gov

Access, site registrations or renewals, etc.

ImmTracMU@dshs.texas.gov

Data exchange and promoting interoperability