

## **Transcript for TIR Disaster Reporting**

December 22, 2020

>>The broadcast is now starting. All attendees are in listen-only mode.

>> Larson: Hi, everyone. My name is Eric Larson. I will be the main presenter today. I am an Outreach Specialist for the COVID Team with the Texas Immunization Registry. Joining us today for the question and answer portion after our main presentation is Christopher Johnson, Data Analyst III with the COVID/Flu Team, Jonathan Patterson, and Paul Spock. If you have questions you'd like to ask during this presentation, you will see an option for submitting questions at the bottom of your screen. Please submit your questions there and we will try to answer as many as can at the end of this presentation.

In this presentation we will discuss:

- The Legal Statutes Related to Disasters,
- An introduction to ImmTrac and the Consent types,
- How to Log into ImmTrac,
- Searching for a Client,
- Entering a Client,
- Adding Immunizations to a client,
- The Data Exchange method of reporting,
- Discuss the different resources available to providers, and
- End with a Q and A session.

In this section I will discuss the legal statutes relating to Disaster Reporting. The statute relating to the disaster reporting is Title 25 Part 1, Chap. 100, RULE §100.7. I will discuss key points of this Statute. To read the full statute you can visit the Texas Register's site. This Statute States that a health care provider who administers an antiviral, immunization, or other medication used for the management or treatment of a publicly declared disaster will report this to ImmTrac within 30 days.

From here on out I will be referring to the Antivirals, Immunizations, or Other Medications as "AIMs." The COVID-19 Vaccine, while considered a Disaster Related AIM, follows different mandates. It will have to be reported within 24 hours of administration. The Statute also states the department shall track, in the immunization registry, adverse reactions to an AIM. A

health care provider who administers such AIM may provide data related to adverse reactions to the department for inclusion in the immunization registry.

Department tracking will be based on the reports it receives under this subsection. In this section, I will give an overview of ImmTrac2 (The Texas Immunization Registry) and the type of consents that are required for a client to participate in the Registry. ImmTrac is secure and confidential. It safely consolidates and stores immunization records from multiple sources in one centralized system. Organizations that are authorized for ImmTrac include health care providers, schools, and public health departments.

Texas is an "Opt-In" state. A provider must have ImmTrac2 consent on file for individuals, signed by themselves or their legal guardian. This consent will allow for non-disaster immunizations to be entered and stored into the registry. Keep in mind that individuals receiving the COVID vaccine will be subject to Disaster consent rules, which I will discuss further in the presentation.

Listed below are the different types of consent in ImmTrac. The two letters to the left are the Abbreviations in ImmTrac. I will be going into more detail about these consent types in upcoming slides. The ImmTrac Child consent or IC is for clients under 18. For consent to be given, a minor consent form is signed by the parent or guardian. This consent will be in effect until the child turns 18, or the consent is withdrawn.

When an IC turns 18 they become a Pending Adult or PA. A new adult consent form must be signed before the age of 26 to keep the childhood immunizations in the registry. If not signed by age 26, the client records are deleted. When consent is filed they become an ImmTrac Adult. The ImmTrac adult or IA is for patients over 18 who sign an adult consent form. Information is retained until the consent is withdrawn or they pass.

During a declared disaster there are different options for consent. Disaster Unconsented (DU) is for clients who did NOT sign a disaster consent. These patients will still be reported per the Statute, but their records will be deleted after 5 years from the declared end of the disaster. Disaster Consented or DC clients requires a Disaster Information Retention Consent Form signed by the individual or their legal guardian. Disaster AIMS for these clients will remain in ImmTrac until consent is withdrawn or they pass. Both disaster type clients will only report disaster related AIMS in ImmTrac.

Standard consent is used for reporting non-disaster AIMs. Client records for standard consent can only hold disaster AIMs such as: Seasonal Influenza, Hep-A, Hep-B, and DTaP vaccinations. Disaster consent is used for reporting disaster related AIMs. Client records for Disaster consent can only hold Disaster Related AIMs such as Remdesivir, Bamlanivimab, and the COVID 19 vaccines. A client can have any combination of the two types of consent above.

For example: a client has standard consent and doesn't provide disaster related consent upon receiving the COVID-19 vaccination. This client's standard immunization history will stay with the client until they withdraw consent, but their record of the COVID-19 vaccination will be removed from ImmTrac after 5 years from the declared end of the disaster.

To view the consent forms, visit the ImmTrac2 Public Website and go to forms and documents. This can be reached through <https://www.dshs.texas.gov/immunize/immtrac/forms.shtm>. In this section I will cover how to log into ImmTrac2. Once approved by the registry ImmTrac will generate a username and password for the new provider. This account is able to be associated with multiple Organizations but will only be associated with the one user.

To log in, a user will need to provide the Org Code for their associated organization, their ImmTrac generated username, and their password. Upon successful entry of these three components you will be prompted with this statement, which you must agree to before using ImmTrac. Upon pressing agree, you confirm your understanding that all information entered in ImmTrac is confidential, that any unauthorized disclosure of Personal Identifiable Information is strictly prohibited, and that Immunization records may only be released to certain entities.

In this section, I will discuss the different methods to search for clients in ImmTrac. Clients that are entered into ImmTrac are available to all providers, and their records are available state wide. There are 3 search options that I will discuss. Quick Search, Basic Search, and Smart Search. For Quick Search we can search with 4 different, unique identifiers. These are the client's ImmTrac2 ID, Client ID, a combination of Social Security Number and Birth Date, and for the fourth option, Medicaid ID.

The Basic Search requires the least specific information. It requires First Name, Last Name, and Birth Date. All other fields are optional. The data can be partial with a minimum of two characters BUT must be accurate. For

the birthday, a wildcard of all question marks can be used.

Smart Search requires the most specific information to narrow results. The required fields are First Name, Last Name, Birth Date, Gender, and Street Address. The birthday must be exact, no wildcarding. All other fields are optional.

Now we are going to cover how to enter a client into ImmTrac. Clients will only be entered if they have signed consent or if they received disaster related AIMs. To enter a client, you will click the "Enter New Client" link on the left navigation bar. Upon clicking this link, you will see this screen. The fields in blue with an asterisk next to them are required fields. We strongly encourage that the other fields are entered, but they are not mandatory. When you have the information entered press the "Find" button.

ImmTrac searches to see if the client already exists in the system. If they do not exist, you will see the prompt below that states "No Clients were found..." When you scroll down past the client information, you will find the Consents list. This section must be filled out before proceeding. Standard Consent is on the top, Disaster Related Consent is on the bottom. These are the same Standard Consent options we saw last screen, just a closer look.

These are the standard ImmTrac consents, which must be filled for a Non-Disaster related patient to be stored in ImmTrac. And here are the Disaster Related consents, again just a closer look from the past slide. This disclaimer in red states that all clients who receive disaster related AIMs will participate in the registry. We can add clients with a Signed Disaster Consent. These signed patients will have their disaster related AIMs stored past 5 years. The clients who do not have a consent will be entered into ImmTrac but will have their records cleared after 5 years from the declared end of the disaster.

Again, to clarify, the State Statute declares during a disaster or emergency event, all residents in the affected area who receive disaster-related AIMs will participate in ImmTrac2 regardless of age or consent status. In this case, the disaster is COVID-19. If a client does not consent, they will be filed as Without Signed Disaster Related consent, otherwise known as Disaster Unconsented. We will select the bottom option before pressing the "submit" button. This is the primary way most online users will add COVID related patients.

ImmTrac2 users using online reporting will report and add COVID patients this way as the disaster registry consent forms are NOT required.

Upon submission of a Disaster Related Client this warning will appear. It states that you cannot enter non-disaster AIMS to a disaster patient. If you do not enter a disaster related AIM for a Disaster Unconsented client within 24 hours, they will be deleted from the system. A client who has a Disaster Consent on file and no AIM reported will remain in the system.

After consent is added you will have to add the Mother's First Name, City, County, and Zip Code fields. If you don't know the mother's first name, use the client's first name in their place. All other fields are strongly recommended, but not mandatory. You will see additional tabs that can be expanded upon clicking them. When they are expanded, you will be able to see additional fields that can be entered. For example, you can see and enter Ethnicity and Race fields. We strongly recommend you enter these fields. When you are finished adding the additional information, click "Continue Add".

You will be brought to the client summary section, where you will review the information you entered. If the information looks accurate, you will click continue and reach the Consent Affirmation Page. If you need to make changes to the client, click the "Edit Client Info" Button. On this page you will be asked to Affirm that the consent filed for the client is correct. If the consent is correct, press the "affirm" button. If it's not correct, check the box associated with the correct consent before pressing "Affirm".

The Consent Confirmation screen will show when the consent has been affirmed. You will see the client's information. Please note the system has generated the client a Unique Identifier -- the client ID code.

This section will cover how to add Immunization in ImmTrac. From the confirm affirmation confirmation screen you click the "go to client" button. This will bring you to the client information screen. From here we can click the "Immunizations" button located towards the upper right to navigate to the client's vaccine information page.

On this page, we can see the patient's Immunization Record, and the Suggested Vaccine Tracking schedule. To add an AIM, click the "Add New Imms" button. On this screen, you add the immunizations. In the CRA event, you will see an event description for the COVID disaster related event. Under this section, we can select a priority group for Disaster Related Clients from the drop-down menu. You must enter the date the AIM was administered, the trade name, lot number and the manufacturer.

As you can see in this example, we administered Hep-B on 05/20/2020 from lot number A1254, which was manufactured by MSD-Merck & Co. Inc. If we were to add a non-disaster related AIM to a disaster related patient, we would receive this message: "This immunization cannot be entered unless consent is added to the client. Click OK to add consent if it's available, or click cancel to stop the addition of this AIM".

For disaster-related clients, pick a priority group. Then enter the fields that are mandatory for the Disaster Related AIM they received. These fields are date, trade name, lot number, and manufacturer. The lot number will be entered as indicated on the medicine or vaccine product. When the medication has been entered, scroll down and press the "save" button to add this AIM to the client.

When you click to add the disaster AIM, you will see this pop-up box. You will click "OK" if you received consent for this client and want to enter it. If they are unconsented and you wish to continue with the addition of this Disaster Related AIM you will click "cancel." If your addition was successful, you will see it under the immunization record. Another method for reporting besides the manual entry of records into ImmTrac is through Data Exchange.

If your organization is registered and is exchanging data, you will need to utilize your existing method of reporting data to the registry to report Disaster Related AIMs. Resolve any existing data quality errors preventing your data from being accepted. Speak to your Electronic Health Records vendor, or EHR, as AIM information must be entered into your EHR system to report to the registry.

If your organization is registered and is not exchanging data, you must submit a Registration of Intent, or ROI. The ROI informs the registry of your readiness to begin data exchange. It gives us key information about your organization and EHR vendor. This allows us to set up a data exchange account for your organization. The data exchange account is used to report AIMs electronically.

To report the COVID-19 Vaccines through Data Exchange use approved CVX or NDC codes provided by the CDC. You can find these codes at <https://www.cdc.gov/vaccines/programs/iis/code-sets.html>. You will have to work with your EHR vendor to ensure information is entered correctly. For Data Exchange, COVID vaccines administrations are reported via existing data exchange methods. When reporting the COVID-19 vaccine, you must enter the lot number exactly as listed on the medication. This is important

for proper vaccine inventory decrementation.

Do not enter additional text or information in the lot number fields. To comply with the CDC's 24-hour reporting mandates, COVID-19 data must be submitted daily. Your organization's non-COVID data should be submitted weekly. The registry strongly encourages that these changes be made if possible, to split the submission types and frequency. If an organization can submit only the COVID-19 data daily, we are encouraging that the file name contain the word "COVID" at the end of the naming convention.

And for an example, ABCDOC20301.COVID.hl7. 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.

The RXA-5.1 Segment contains the name of the AIM. This value is determined by the registry. The RXA-5.2 Segment contains a description of the antiviral or other medication. The RXA-5.3 contains the tradename indicator, which is "WVTN." This value must be used. WVTN indicates the data reported is the tradename instead of the CVX or NDC Codes. The RXA-17 segment contains the manufacturer code. This value is also determined by the registry. When formatted correctly, our system produces an informational error, IEE-103.

Here are examples of RXA-5/17 segments used to report other medications. In this case you can see the Remdesivir and Bamlanivimab RXA segments. All other HL7 specifications for immunization reporting are required. Contact the registry's Interoperability Team at [ImmTracMU@dshs.texas.gov](mailto: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.

I will now mention a few resources that may be beneficial to providers. Resources for COVID-19 reporting are being developed. These resources will include how to report AIMs to ImmTrac2, including data exchange specifications and will website. The Electronic Data Exchange Resource Guide can be found on the DSHS website at <https://www.dshs.texas.gov/immunize/immtrac/forms.shtm>. This 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.

The CDC has created an application designed for patients after

receiving a COVID-19 Vaccine. This app will help with side effect tracking and second shot reminders. To learn more, go to [cdc.gov/vsafe](https://cdc.gov/vsafe). If you have questions about data exchange, contact [ImmTracMU@dshs.texas.gov](mailto:ImmTracMU@dshs.texas.gov).

To wrap things up I will cover a few key points of this presentation. Obtaining an individual's Disaster registry consent is not required for COVID-19 or any other disaster, as the information is automatically stored when reported by providers, either online or via data exchange.

If capturing disaster consent, the registry consent form must be retained by the provider and not sent to the registry. The provider's staff must add the individual and their disaster related AIMs to ImmTrac2. If a disaster AIM is not added at the time of entering or reporting a disaster unconsented patient, the ImmTrac2 record will not be saved as both the disaster unconsented patient and disaster AIM are required. For online reporting and adding a disaster client into ImmTrac2, you must remember to enter the patient's first name, last name, birthday, gender, mother's maiden name.

Remember, if the mother's maiden name is not known, you will enter in the patient's first name. You must also enter the patient's street address, zip code, city name, county name, race, and ethnicity. Another important reminder. When reporting the COVID 19 vaccine, you must enter the lot number exactly as listed on the medication. This is important for proper vaccine inventory decrementation. Do not enter additional text or information in the lot number fields.

For data exchange reporting, here are some key things to remember. COVID-19 data must be submitted daily. The non-COVID data should be submitted weekly as it normally is. If COVID data can be split from non-COVID data, the COVID daily file should contain the word "COVID" at the end of the file naming convention. An example of this would be ABCDOC20301.COVID.hl7, where the normal naming convention is used and COVID is added at the end before the .hl7.

For providers currently sending affirmation of registry consent files to report signed registry consent forms, doing this is not required for disaster related patients. You can continue to report affirmations of registry of consent for the non-disaster related patients. This concludes our presentation. Thank you, from the Texas Immunization Registry. I will now open the floor for the Question and Answer session.



>> Johnson: Thank you, Eric. First question. Will we be able to get a copy of these slides and the information from this presentation?

>> Larson: Yes. This presentation will be uploaded at the end of this month. We have one more of these webinars to do. And after we do all of them we will pick the best one and upload that online for you. And that will be found on our DSHS ImmTrac site.

>> Johnson: Next question. Once you've entered and saved a vaccine immunization information, can you go back and edit that vaccination if you find out the lot number or some other field was incorrect?

>> Larson: Yes. If you go into the ImmTrac2 system, you will be able to edit the information. When you see the vaccine listed underneath the vaccine category report, there is a thing off to the right that you can click. It's a little pencil writing on a sheet of paper. You click on that, and that will give you the option to edit that vaccine that you entered.

>> Johnson: Next question. Technically, there is no required consent that needs to be signed in to administer a COVID-19 vaccine. Is that correct?

>> Larson: Yes, that is correct. You do not need consent. If they do not file the consent form, they will be considered disaster unconsented patients.

>> And just to clarify, the registry consent is separate from the consent to administer.

>> Johnson: Thanks, Jonathan. Next question. Is sex listed as legal sex or what is -- [clearing throat] -- excuse me. Related in the electronic medical records?

>> Larson: So, when you are entering this into ImmTrac, you will have the option to choose between male, female, or unknown. And you enter that based upon the client's request. And how would you enter that for data exchange, Jonathan?

>> Patterson: In data exchange it's just one of the PID fields. I don't remember the exact number off the top of my head, but it would just be the M or F flag.

>> Johnson: Thank you. Next question. It looks like this is about consent again. Do we still need to enter a DU consent in ImmTrac in we have -- [clearing throat] -- excuse me, unidirectional data exchange, FTP, but we do not participate in affirmations of consent files?

>> Larson: No. When submitting the files to the FTP, the client will automatically declare those clients or patients as disaster unconsented.

>> Patterson: Yeah. With data exchange files, it will check to see if that patient already exists in the system. And if it doesn't, it will automatically create a disaster one.

>> Johnson: Thanks. Is mother's maiden name a required field for a patient over the age of 18?

>> Larson: Yes, it is a required field at ImmTrac. And we do this so that we can distinguish between the different clients in case multiple people share the same first and last name.

>> Johnson: Next question. So, we have to do this and report through NHSN? Thought NHSN was going to be the only way to make it easier.

>> Larson: So, that is an acronym that I have never heard of. If they are your electronic health records vendor, they will need it to submit the information over to us. The statute does state that you will need to get all this information to ImmTrac.

>> Johnson: Next question. Is priority group mandatory?

>> Larson: It is not mandatory in the fact that it will stop you from entering the immunization, but you will need to enter it for the disaster-related patients.

>> Patterson: Go ahead.

>> Johnson: I was just going to add one more thing on that, regarding priority groups. It it's the type of AIM that is like in Remdesivir, which is applied after a person has become ill, it's not a preventive. For that type of vaccination, there is no priority group. You don't have to do that. But if it's a preventive immunization such as the ones that are coming out with Moderna and Pfizer, for that you would need to go ahead and enter priority group. And what were you going to say, Jonathan?

>> Patterson: I was going to clarify that currently there is no way to report the priority group using the HL7 data exchange. It's a gap that has been identified. The national immunization registry association is working on developing standards for that.

>> Thank you.

>> Johnson: Next question. Are we able to submit data manually, even if we are signed up for the data exchange? Our EHR can't submit daily.

>> Larson: Yes. You still will be able to enter into ImmTrac manually. Jonathan, do you have anything you want to add to that?

>> Patterson: No. If you're not able to send daily records, then the only option would be online entry.

>> Larson: Thank you.

>> Johnson: And I'm seeing lots of questions about the slides, so.

>> Larson: Is that about the slides being uploaded?

>> Johnson: People asking where they're going to be available. I guess we should just remind them again that this will be made available.

>> Larson: On our ImmTrac site, and the forms and documents section. If one of you could link that URL into the chat box so that they can reference that for later, that would be excellent.

>> Johnson: And I'm looking for some questions that I feel like are new questions. Okay. Next question. Regarding the 24 hours turnaround on reporting, we have ensured our electronic health records vendor is sending reports daily as required, but how long are those files going to take to process?

>> Larson: Jonathan, do you have an answer for this one?

>> Patterson: Yeah, we've been expediting the processing so they should be turning around in two to three days. If you notice that your files aren't processing, the records aren't showing up, then definitely contact us.

>> Johnson: Next question. If a young child already has an immunization record on file, must we obtain a separate disaster-related consent?

>> Larson: Yes. You will need a different kind of consent if the infant is going to be receiving any of those disaster-related AIMS. Just to clarify, you have your standard ImmTrac consents for everyday immunizations like

Hepatitis, the flu shot, DTaP. And that is your standard consents. Your disaster-related consents, which are entirely separate, are going to be directly related to those disaster-related AIMs.

>> Johnson: Next question. Is the data exchange account required?

>> Patterson: So, it depends on what you're asking. If you're asking about is the account required in order to actually send records through the data exchange, yes. You'll have to submit a registration of intent and get your account created to start doing data exchange. If you're not interested in doing data exchange, you're just wanting to enter online, then the data exchange account is not required. You just need an individual account and your organization needs to be registered with ImmTrac.

>> Larson: Thanks, Jonathan.

>> Johnson: Next question. Are demographics of a person being immunized - do they have to be entered if they do not sign a consent?

>> Larson: No. If they do not sign the consent, you will not be entering the additional information, just their name and the mandatory fields will be required.

>> Johnson: Thanks, Eric. Next question. If we are entering multiple clients, are we able to enter the information through an uploading client file roster?

>> Larson: Paul or Jonathan, do you have an answer to this one?

>> Spock: Could you repeat that question again, please?

>> Johnson: If they're entering multiple clients, are they going to be able to enter the information through an uploading of a client roster, or do they have to enter each client individually as shown?

>> Spock: We do have that feature in ImmTrac2, but I don't think it is activated. So I think they have to enter them one at a time right now, is what I believe is the case. You know, unless you have something that you're doing with your EHR system, but as far as ImmTrac2, I believe you would still have to enter it one at a time. A long time ago, there was a feature for doing mass uploads, but I don't think we've ever actually used that.

>> Larson: Thank you.

>> Johnson: Okay. I'm looking through here. Bear with me here.

>> Larson: No problem.

>> Johnson: Okay. I've got the next question. Please clarify something Jonathan just mentioned. We currently share immunizations with ImmTrac via unidirectional data exchange, and currently have to input the patient demographic information into ImmTrac ourselves manually before our EHR vendor can send . . . I'm trying to find the question, sorry. We will not -- are you saying we will not need to enter the demographic information manually into ImmTrac2?

>> Patterson: Yeah. So if you don't have a method of what we call electronic affirmation, where you're sending the consents through data exchange, a lot of organizations have to add the consent manually by creating a patient account online in ImmTrac. But with the disaster-related situation, unless you're collecting those signed disaster consent forms, you don't have to create a disaster account for them. In fact, it will automatically do that when you send the Remdesivir, etc., records through the data exchange.

>> Johnson: Next question. You did say that no consent is needed for COVID-19 immunizations, right?

>> Larson: Yes, that is correct. So, if someone shows up to your office to get the vaccine and they don't want to sign the disaster-related consent form associated with that disaster vaccine, then you will file them as a disaster undeclared patient, which means they have no consent on file, but due to the state statute, those records will still need to be held. And that, again, is the five years from the end of the disaster is how long those records will be maintained.

>> Johnson: Thanks, Eric. Next question. Since the COVID vaccines have to be reported within 24 hours, how can we get faster response from support when we email questions/issues? I have tried and have not received a response.

>> Larson: That is a very good question. So, at the moment, due to all the COVID-19 craziness, we are trying our best to get to the emails as fast as we can. And if you have an urgent matter, please put so in the subject line, urgent or some kind of indicator that lets us know that it is a time-sensitive issue and we will try our best to get to that.

>> Spock: And you might try also just to talk to your local health department. If it seems like we're impossible to reach. We just have a huge influx of registrations going on right now.

>> Johnson: Next question. If a client already has an ImmTrac account, how do we add a disaster consent?

>> Larson: Okay. So if a client already has an ImmTrac account, meaning that they already have the standard consent, there is a way to go into that client's records. And when you're in those records, you can edit the client and there will be a dropdown that lets you choose and edit the consent types. And I'm pretty sure that also if you are entering a disaster-related AIM into that patient, it will then prompt you to give some form of consent, disaster-related as well.

>> Johnson: Next question. [Clearing throat] Excuse me. Can you review the county information again? County where administered, or county of client home address?

>> Larson: Yes. So, that information is related to the client. So it will be where the client lives -- what county they're in.

>> Johnson: Can someone -- next question. Can someone request to have their disaster-related information removed before the end of five years?

>> Larson: No, you cannot. If you request -- so if you have disaster consent on file and then you request to remove that consent, that will be determined to be the disaster unconsented, which will expire five years from the end of the disaster. So there is no way to get rid of these disaster-related AIMs before five years.

>> Johnson: Next question, Eric. And this is a little vague. When do we contact Syntropi?

>> Larson: So, as most of you are probably aware, because you are COVID providers or trying to be the COVID providers, Syntropi is the registration process that you will follow to become a pandemic provider and receive the vaccines. So, currently we are going through the backlog of organizations and we are doing a lot of registrations and approvals for Syntropi. So, depending on what your answer is, if you're trying to get your site activated or find out your approval site, you would need to go ahead and reach out to our vaccine enrollment team, and they can update you with the status of where your organization is through the Syntropi registration process. And if someone could put that COVID vaccine email in the chat, that would be excellent.

>> Johnson: Next question. If we currently submit through FTP, do we need to complete another ROI to submit bidirectional?

>> Patterson: Yes, to participate in the bidirectional data exchange, you will need to submit an ROI. That registration is not available online. You need to email us at the ImmTracMU email address and just request the registration of intent. We do have a checklist available online, on our forms page, that you can review just to make sure you meet all the requirements ahead of time. We may ask you to confirm that you meet those requirements. But once you email us and request the ROI, that gets you in line.

>> Johnson: Thanks, Jonathan. Next question. Are all these questions and answers going to be available after the session?

>> Larson: Not directly after this session, but after the end of the three sessions, we will be using this question and answer session to add to our existing COVID Q&A sheet. And that will be either sent out through an email, or we will work to get that posted online.

>> Spock: Eric, this is Paul. I wanted to add just one more thing. Somebody had asked earlier about if the mother's maiden name is required for clients over 18. And that used to be the case, but we did make a change. So, for the mother's maiden last name, if it's an adult, we don't require that. If they're over 18, for the mother's maiden last name. So, that was a change at some point in time that we had made, just as an update.

>> Larson: I'm sorry. Once again, to clarify, the mother's first name will need to be added. Mother's maiden name will not need to be added. Thank you, Paul.

>> Johnson: Thanks, Paul. Next question. This is kind of an interesting one. If incarcerated, what county should we enter as the home location?

>> Larson: I personally don't have an answer to that question. If anyone on the team knows it, speak up. If not, we will research that question and we will get back to you. If you could put your email in the chat so that we can reach out to you with an answer, that would be excellent.

>> Patterson: In that situation, we've been asking, if you have the patient's previous home address, where they were living previous to being incarcerated, to include that address. Otherwise, most locations I'm aware of are using the address and county of the prison itself. And they're adding a unique identifier on there such as the inmate's ID number as part of the

address, so that they're unique.

>> Johnson: Thanks, Jonathan. Next question. If we are unable to separate COVID-19 vaccines and other vaccines, can we submit both daily?

>> Larson: This is a data exchange question, I would assume. Jonathan?

>> Patterson: If you're not able to separate them out, then just go ahead and report everything daily.

>> Johnson: Okay. Next question. Regarding the mother's maiden name, if it's not available, what do we put down?

>> Larson: So, I misspoke earlier. So the mother's maiden name is not necessary. Now, the mother's first name is going to be a necessary field. And if you don't have the mother's first name, you will put the patient's first name in their place. And we are reaching the top of the hour, so we have time for one or two more questions before we wrap things up.

>> Johnson: That's another question about mother's maiden name, which I think we just kind of covered. Not really COVID-related, but it's an easy question to answer, Eric. Is reporting influenza vaccine needed to be reported in ImmTrac?

>> Larson: No. The influenza vaccine is not considered a disaster-related AIM, so there are no reporting requirements for that. However, if the patient is consented to ImmTrac2 and they want that entered, you will have to put it in for them.

>> Johnson: Next question. If we already have a username and password, and they send us a new one, can we still use our old one?

>> If this is for your ImmTrac2 account, you can use both. Paul, do you have an answer on how to actually merge an account so there are not two people?

>> Spock: Call customer service and tell them we've got a duplicate to deal with. [Chuckling] I don't know how that would happen, but a person shouldn't have two usernames. If they do, I would say contact customer service. Email them. And just put both your usernames down there. You can probably use either one. But I would say you should only have one. So please, email customer service and tell them what your usernames are and let us know so we can correct that issue.



>> Larson: And what email address is the customer service one for that, so we can get that posted into the chat?

>> Spock: I believe, Jonathan, correct me if I'm wrong. I think that's ImmTrac2@dshs.texas.gov.

>>Patterson: Yeah.

>> Larson: Thank you. This will be our final question. Let me know what it is, Chris.

>> Johnson: Let me see if I can find one that we haven't already asked. Is the ImmTrac hotline available? It's been mentioned in several other webinars.

>> Larson: No, unfortunately, at the time we do not have full staff in the office, so our phone lines currently do not get answered. And if I'm not mistaken, we don't even check those voicemails. The best way to get ahold of us will be through the ImmTrac2 email or the ImmTracMU email. All right. So, it looks like we have reached the top of the hour and our time is up. Any questions that weren't answered will be addressed via email correspondence. Thanks for attending the webinar and have a wonderful Tuesday. Bye.

[End of Session, 2:59 p.m. CT]