



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**

# **Texas First Responder Immunization Toolkit**

**Texas Department of State Health Services**

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*Purpose: To consolidate information into a comprehensive document for first responder organizations to minimize risks posed by exposure to vaccine-preventable diseases when responding to emergency situations by ensuring each individual has all recommended vaccines.*

## **Introduction to the Texas First Responder Immunization Toolkit**

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### **I. First Responder Information**

The Texas Department of State Health Services (DSHS), Immunization Unit, has prepared the Texas First Responder Immunization Toolkit to consolidate information into a comprehensive document for first responder organizations to minimize risks posed by exposure to vaccine preventable-diseases when responding to emergency situations by ensuring each individual has all recommended vaccines.

Being up-to-date with all adult recommended immunizations prepares you for emergencies.

### **II. Vision and Mission of the DSHS Immunization Unit**

#### **Vision**

A Texas free of vaccine-preventable diseases

#### **Mission**

To provide leadership to increase vaccine coverage levels and reduce the burden of vaccine-preventable diseases for all Texans.

### **III. Goals of the Texas First Responder Immunization Toolkit**

- Promote the implementation of CDC Adult Immunization Standards across first responder facilities;
- Improve and sustain vaccine coverage levels for first responders;
- Maintain and improve public health preparedness; and
- Promote the use of the Texas Immunization Registry.

*In many instances, first responders do not receive recommended vaccines until preparing for deployment or when they arrive at the disaster site.*

## **SECTION ONE: Adult Immunizations**

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Every year there are thousands of adults in the U.S. that become seriously ill and are hospitalized because of diseases that are prevented by vaccines. These diseases may even cause death to some of those affected. By getting vaccinated, you not only help protect yourself from these preventable diseases, you also prepare yourself for the future.

### **Protect Yourself and Your Loved Ones**

It is critical to increase vaccinations among first responders prior to deployment to a disaster area. In preparation to respond to an emergency or a disaster area, it is important for first responders to be up-to-date with all of the Advisory Committee on Immunization Practice (ACIP) recommended adult immunizations.

In many instances, first responders do not receive recommended vaccines until preparing for deployment or when they arrive at the disaster site. Since vaccinations do not provide immediate protection, this delay puts first responders at risk of acquiring these infections and elevates the potential to spread vaccine-preventable diseases upon return to their home community, especially among their immediate family members.

Having complete immunization records in the Texas Immunization Registry of all vaccines that have been received helps in the

evaluation of needed vaccines and avoids the need for revaccination.

### **Adult Immunization Recommendations**

The ACIP Adult Immunization Schedule (figures 1 and 2) summarizes vaccine recommendations and includes a table of contraindications and precautions (figure 3). The schedule is used by health care personnel to implement the current ACIP recommendations for vaccinating adults.

The adult immunization schedule contains the following information:

- General immunization recommendations,
- A chart listing medical conditions with recommended vaccines for each condition,
- Footnotes that provide additional explanation in instances of spacing of vaccines,
- Contraindications and precautions, and
- Information to report adverse events

The complete Adult Immunization Schedule is available at the Centers for Disease Control and Prevention (CDC) [website](#).



**SECTION ONE: Adult Immunizations**

**Figure 1. Recommended immunization schedule for adults aged 19 years or older by age group, United States, 2018**  
 This figure should be reviewed with the accompanying footnotes. This figure and the footnotes describe indications for which vaccines, if not previously administered, should be administered unless noted otherwise.

Vaccine	19–24 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza <sup>1</sup>	1 dose annually				
Tdap <sup>2</sup> or Td <sup>2</sup>	1 dose Tdap, then Td booster every 10 yrs				
MMR <sup>3</sup>	1 or 2 doses depending on indication (if born in 1957 or later)				
VAR <sup>4</sup>	2 doses				
RZV <sup>5</sup> (preferred) or ZVL <sup>5</sup>	2 doses RZV (preferred) or 1 dose ZVL				
HPV–Female <sup>6</sup>	2 or 3 doses depending on age at series initiation				
HPV–Male <sup>6</sup>	2 or 3 doses depending on age at series initiation				
PCV13 <sup>7</sup>	1 dose				
PPSV23 <sup>7</sup>	1 or 2 doses depending on indication				
HepA <sup>8</sup>	2 or 3 doses depending on vaccine				
HepB <sup>9</sup>	3 doses				
MenACWY <sup>10</sup>	1 or 2 doses depending on indication, then booster every 5 yrs				
MenB <sup>10</sup>	2 or 3 doses depending on vaccine				
Hib <sup>11</sup>	1 or 3 doses depending on indication				

Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection  
 Recommended for adults with other indications  
 No recommendation

Figure 1. 2018 Adult Immunization Schedule

SECTION ONE: Adult Immunizations

**Figure 2. Recommended immunization schedule for adults aged 19 years or older by medical condition and other indications, United States, 2018**  
 This figure should be reviewed with the accompanying footnotes. This figure and the footnotes describe indications for which vaccines, if not previously administered, should be administered unless noted otherwise.

Vaccine	Pregnancy <sup>14</sup>	Immu- compromised (excluding influenza) <sup>15</sup>	HIV infection CD4+ count (cells/ $\mu$ L) <sup>17-19</sup>		Asplenia, complement deficiencies <sup>10,11</sup>	End-stage renal disease, on hemodialysis <sup>7,9</sup>	Heart or lung disease, alcoholism <sup>7</sup>	Chronic liver disease <sup>7,9</sup>	Diabetes <sup>7,9</sup>	Health care personnel <sup>3,4,9</sup>	Men who have sex with men <sup>6,4,9</sup>
			<200	$\geq$ 200							
Influenza <sup>1</sup>											
Tdap <sup>2</sup> or Td <sup>2</sup>	1 dose Tdap each pregnancy				1 dose annually						
MMR <sup>3</sup>		contraindicated			1 or 2 doses depending on indication						
VAR <sup>4</sup>		contraindicated			2 doses						
RZV <sup>5</sup> (preferred) or ZVL <sup>5</sup>		contraindicated			2 doses RZV at age $\geq$ 50 yrs (preferred) or 1 dose ZVL at age $\geq$ 60 yrs						
HPV-Female <sup>6</sup>			3 doses through age 26 yrs		1 or 3 doses through age 26 yrs						
HPV-Male <sup>6</sup>			3 doses through age 26 yrs		1 or 3 doses through age 21 yrs						2 or 3 doses through age 26 yrs
PCV13 <sup>7</sup>					1 dose						
PPSV23 <sup>7</sup>					1, 2, or 3 doses depending on indication						
HepA <sup>8</sup>					2 or 3 doses depending on vaccine						
HepB <sup>9</sup>					2 or 3 doses depending on vaccine						
MenACWY <sup>10</sup>			1 or 2 doses depending on indication, then booster every 5 yrs if risk remains								
MenB <sup>10</sup>			2 or 3 doses depending on vaccine								
Hib <sup>11</sup>		3 doses HSCT recipients only		1 dose							

Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection  
 Recommended for adults with other indications  
 Contraindicated  
 No recommendation

Figure 2. 2018 Adult Immunization Schedule, by Medical Condition

**Table. Contraindications and precautions for vaccines recommended for adults aged 19 years or older\***  
 The Advisory Committee on Immunization Practices (ACIP) recommendations and package inserts for vaccines provide information on contraindications and precautions related to vaccines. Contraindications are conditions that increase chances of a serious adverse reaction in vaccine recipients and the vaccine should not be administered when a contraindication is present. Precautions should be reviewed for potential risks and benefits for vaccine recipients.

Vaccine(s)	Contraindications	Precautions
All vaccines routinely recommended for adults	• Severe reaction, e.g., anaphylaxis, to a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
<b>Additional contraindications and precautions for the following vaccine(s)</b>	<b>Additional Contraindications</b>	<b>Additional Precautions</b>
IV <sup>†</sup>		
RIV <sup>†</sup> Tdap, Td	• For pertussis-containing vaccine: encephalopathy (any, e.g., coma, decreased level of consciousness, or prolonged seizures, not attributable to another identifiable cause within 7 days of administration of a previous dose of a vaccine containing tetanus or diphtheria toxin or acellular pertussis) • Severe immunodeficiency, e.g., hematologic and solid tumors, congenital immunodeficiency or long-term immunosuppressive therapy <sup>1</sup> , human immunodeficiency virus (HIV) infection with severe immunocompromise • Pregnancy	• History of Guillain-Barré syndrome within 6 weeks after previous influenza vaccination • Egg allergy other than hives, e.g., angioedema, respiratory distress, lightheadedness, or recurrent anaphylaxis; or required epinephrine or another emergency medical intervention (IV may be administered in an inpatient or outpatient medical setting and under the supervision of a health care provider who is able to recognize and manage severe allergic conditions) • History of Guillain-Barré syndrome within 6 weeks after a previous dose of tetanus toxoid-containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine. Defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine • For pertussis-containing vaccine, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy (until a treatment regimen has been established and the condition has stabilized) • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product) <sup>1</sup> • History of thrombocytopenia or thrombocytopenic purpura • Bleeding disorder (within 11 months) receipt of antibody-containing blood product (specific interval depends on product) <sup>1</sup> • Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination)
MMR <sup>2</sup>	• Severe immunodeficiency, e.g., hematologic and solid tumors, congenital immunodeficiency or long-term immunosuppressive therapy <sup>1</sup> , HIV infection with severe immunocompromise • Pregnancy	
VAR <sup>2</sup>	• Severe immunodeficiency, e.g., hematologic and solid tumors, congenital immunodeficiency or long-term immunosuppressive therapy <sup>1</sup> , HIV infection with severe immunocompromise • Pregnancy	
ZVL <sup>2</sup>	• Severe immunodeficiency, e.g., hematologic and solid tumors; chemotherapy; congenital immunodeficiency or long-term immunosuppressive therapy <sup>1</sup> ; HIV infection with severe immunocompromise • Pregnancy	
HPV vaccine		
PCV13	• Severe allergic reaction to any vaccine containing diphtheria toxoid	
1. For additional information on use of influenza vaccines among persons with egg allergy, see CDC. Prevention and control of seasonal influenza—United States, 2016–17 influenza season. MMWR. 2016;65(RR-5):1–54. Available at <a href="http://www.cdc.gov/mmwr/volumes/65/rr/r6505a1.htm">www.cdc.gov/mmwr/volumes/65/rr/r6505a1.htm</a> .		
2. MMR may be administered together with VAR or ZVL on the same day. If not administered on the same day, separate live vaccines by at least 28 days.		
3. Immunosuppressive steroid dose is considered to be daily receipt of 20 mg or more prednisone or equivalent for 2 or more weeks. Vaccination should be deferred for at least 1 month after discontinuation of immunosuppressive steroid therapy. Providers should consult ACIP recommendations for complete information on the use of specific live vaccines among persons on immune-suppressing medications or with immune suppression because of other reasons.		
4. Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered. See: Best practices for vaccine administration. <a href="http://www.cdc.gov/vaccines/imz/acip-ics/general-ics/index.html">www.cdc.gov/vaccines/imz/acip-ics/general-ics/index.html</a> .		
5. Measles vaccination may temporarily suppress tuberculin reactivity. Measles-containing vaccine may be administered on the same day as tuberculin testing, or shortly thereafter (at least 4 weeks after vaccination).		

\* Adapted from: CDC. Table 6. Contraindications and precautions to commonly used vaccines. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices. MMWR. 2011;60(No. RR-2):40–1 and from: Hamborsky J, Kroger A, Wolfe S, eds. Appendix A. Epidemiology and prevention of vaccine preventable diseases. 13th ed. Philadelphia, PA: Elsevier/Saunders; 2011. Available at [www.cdc.gov/vaccines/pubs/pinkbook/index.html](http://www.cdc.gov/vaccines/pubs/pinkbook/index.html).

**Abbreviations of vaccines**

IV	inactivated influenza vaccine	VAR	varicella vaccine	HepA	hepatitis A vaccine
RIV	recombinant influenza vaccine	RZV	recombinant zoster vaccine	HepA-HepB	hepatitis A and hepatitis B vaccines
Tdap	tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine	ZVL	zoster vaccine live	HepB	hepatitis B vaccine
Td	tetanus and diphtheria toxoids	HPV vaccine	human papillomavirus vaccine	Men-ACWY	serogroups A, C, W, and Y meningococcal vaccine
MMR	measles, mumps, and rubella vaccine	PCV13	13-valent pneumococcal conjugate vaccine	MenB	serogroup B meningococcal vaccine
		PPSV23	23-valent pneumococcal polysaccharide vaccine	Hib	<i>Haemophilus influenzae</i> type b vaccine

Figure 3. Adult Immunization Schedule, Table of Contraindications

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*Immunizations should be a priority for first responder facilities to ensure staff are protected before responding to an emergency.*

## **SECTION TWO: Prepare your People**

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The DSHS Immunization Unit works to implement the adult immunization standards, developed by the CDC to improve the immunization rates of adults.

Immunizations should be a priority for first responder facilities.

According to the [2012 Texas DSHS Feasibility Study of Providing Vaccines to First Responders](#):

- 93.27% of first responders in Texas were covered by health insurance. The percentage of first responders with health insurance ranged from 85.1% for the Texas State Guard to 98.7% for Public Health.
- Most first responders have health insurance, but do not know if their coverage includes vaccinations.
- The percentage of first responders protected with at least one dose of a tetanus-containing vaccine ranged from 79.3% for the Texas State Guard to 92.3% for Emergency Medical Services.
- The percentage of first responders protected with 3 doses of Hepatitis B vaccines ranged from 19.3% for the Texas State Guard to 40.4% for Emergency Medical Services and 43.5% for Public Health.

In addition, the CDC's Adult Immunization Standards suggest that:

*According to the CDC, only 44% of adults received a flu vaccine during the 2014-2015 flu season.*

- Adult vaccination rates are extremely low in the United States even though most private insurance plans cover the cost of vaccines.
- First responders are likely not aware that they need vaccines. Most adults believe vaccines are important but many don't know which are recommended throughout their lives.
- Facilities can play a critical role in ensuring first responders are fully immunized before responding to a disaster. DSHS is confident that facilities that implement a monitoring system of first responder vaccines will allow staff to be informed, vaccinated, and ready to respond.

The following are facts about U.S. adult vaccination rates in 2014.

- Only 20% of adults had received Tdap vaccine. More than 18,000 cases of whooping cough (pertussis) were reported in 2015. About five in 100 adults with pertussis were hospitalized. Adults can spread pertussis to infants, who are at most risk for severe illness and death from this disease.
- Only 28% of adults 60 years and older received the shingles vaccine. Nearly 1 million Americans experience the condition each year, and about half of all cases occur in adults 60 years and older. Older adults are most likely to experience severe pain from the disease. In 2018, the recommendation for the shingles vaccine was lowered to 50 years of age.

*Protection from vaccines received during childhood may have worn off and some require booster doses.*

- Only 20% of adults 19 to 64 at high risk had received the pneumococcal vaccine. Coverage of adults 65 years and older is much better. About 67 million adults at increased risk for pneumococcal disease remain unvaccinated. See the [adult immunization schedule](#) for the list of high risk conditions for the pneumococcal vaccine.
- Only 44% of adults received a flu vaccine during the 2014-2015 flu season (the latest information available). On average, more than 200,000 people are hospitalized each year from influenza-related complications.

Common questions about adult vaccinations include the following.

**Do I really need vaccines?**

- All adults need vaccines to help protect against serious diseases that could result in poor health, missed work, medical bills and not able to care for their families.
- Adults may not have received all vaccines during childhood. Some childhood vaccines do not offer protection into adulthood and a booster may be needed. Some vaccines are recommended based on age, job, lifestyle, or health condition.
- Getting vaccinated lowers the risk of getting sick and lowers the chance of spreading a serious disease to others including those that are most vulnerable to severe illness such as infants, older adults, and those with chronic health conditions or weakened immune systems.

**How well do adult vaccines work?**

- Vaccines work with the body's natural defenses to reduce the chances of getting certain diseases and suffering from complications.
- The amount of protection varies by vaccine and other factors such as age and health but immunizations are the best defense against many serious, sometimes deadly, diseases.
- The greatest risk of vaccine-preventable diseases occurs among those that are not vaccinated.

**Are adult vaccines safe?**

- Vaccines are one of the safest ways to protect health.
- Vaccines go through years of testing before they are licensed by the Food and Drug Administration (FDA). Once licensed, research is reviewed by experts to make recommendations on whom to vaccinate. Even after licensure, the CDC and FDA continue to monitor vaccine safety.
- Vaccines can be received even if individuals are taking prescription medicines. However, live vaccines including MMR and varicella vaccines may not be administered to those who have a suppressed immune system.



**What are the possible risks?**

- Side effects are usually minor, such as feeling sore where the vaccine was administered or a slight fever. These go away within a few days.
- Some individuals may have an allergic reaction to a vaccine but serious or long-term effects are rare.

**What if employees refuse vaccine?**

- The employee should have a discussion with their primary care physician regarding their concerns.
- As a facility, your policy should address what to do in this instance.
- DSHS recommends implementing a “declination” form when employees refuse vaccine. A declination form can be found at <http://www.immunize.org/catg.d/p4059.pdf> or <http://www.immunize.org/catg.d/p4068.pdf> (these forms may require changes for your facility).

## **SECTION THREE: Adult Immunization Standards**

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The Standards for Adult Immunization Practices are detailed in Sections Four, Five, Six, and Seven.

- **ASSESS**
- **RECOMMEND**
- **REFER**
- **DOCUMENT**

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*DSHS recommends the implementation of a system that collects information on current and new staff at first responder facilities to monitor immunization status.*

## **SECTION FOUR: Adult Standard 1. Assess**

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**ASSESS** immunization needs of first responders.

DSHS recommends the implementation of a system that collects information on current and new staff at first responder facilities to monitor immunization status. Stay informed about the latest CDC recommendations for immunizations for adults. Implement protocols to ensure the first responder vaccine needs are routinely reviewed and send reminders about needed vaccines. Implementing an immunization policy allows facilities to immediately know which employees are up-to-date and identify those that need additional vaccines. Since vaccine recommendations change, an annual review allows for identification of first responders who have had a lifestyle, health or occupational change that may prompt the need for additional vaccines.

[Figure 10 in Section Nine](#) is a comprehensive form to collect information about individuals and allows for assessment of recommended vaccines.

We believe that getting vaccinated is a critical step in protecting your staff's health. Vaccines can help prevent common diseases that can be serious and costly for your staff and their loved ones.

Each year, thousands of adults in America suffer serious health problems (and some even die) from diseases they could be vaccinated against like whooping cough, hepatitis A and B, flu and pneumococcal diseases, and shingles.

Together, let's take an active role in helping your staff stay healthy. To learn more about vaccines for adults, visit [www.cdc.gov/vaccines/adults](http://www.cdc.gov/vaccines/adults). You or your staff can take a quick vaccine quiz at [www.cdc.gov/vaccines/adultquiz](http://www.cdc.gov/vaccines/adultquiz).

Figure 4 is a list of vaccines that all adults should receive. Implementing an immunization policy in your facility should consist of the information listed in Figure 4. This chart shows immunizations of the hepatitis B series, 2 doses of MMR, Tdap/Td, and 2 doses of varicella.

Most first responder sites have already implemented a requirement of the hepatitis B series for their staff.

Measles is a highly contagious disease and there have been cases reported in the U.S. in recent years. It is important to ensure your staff are protected to stop the spread of the disease in the event they come in contact with someone who has measles. Measles is prevented by the MMR vaccine.

Tdap vaccine protects against tetanus (which is not communicable from person to person), diphtheria (there have been no cases in the

U.S. in many years), and pertussis (also known as whooping cough).

There have been cases of tetanus reported in the U.S. in recent years.

There have been many cases of pertussis in the U.S. in recent years. The most vulnerable to pertussis include infants that are too young to be vaccinated. Sometimes when adults have pertussis, they do not recognize that's what they have and they may not seek care. But adults, including parents, grandparents, daycare workers, other close relatives, may transmit the disease to an infant.

Of all the diseases, varicella (or chickenpox) is familiar to most people. With the introduction of the varicella vaccine, the number of chickenpox cases has declined dramatically. It is important to ensure your staff are protected to stop the spread of the disease in the event they come in contact with someone who has chickenpox.

Facilities can use Figure 4 as a guide when writing an employee immunization policy and can make changes as deemed necessary or appropriate.

<b>Facility Immunization Requirements and Recommendations</b>		
Vaccine	Employees	
	Required	Recommended
Hepatitis A		A complete series for all employees.
Hepatitis B	A complete series for those who perform tasks that may involve exposure to blood or body fluids and those that respond to disaster areas.	A complete series for all employees.
Human papillomavirus (HPV)		Series for female employees 26 years and younger or male employees 21 years and younger.
Influenza		Annually, for all employees.
MMR	Two doses for those who have exposure to patients and were born in 1957 or later without serologic evidence of immunity or proof of prior vaccination.	Two doses for all employees born in 1957 or later without serologic evidence of immunity or proof of prior vaccination.

Pneumococcal (PCV & PPSV)		One dose each of conjugate and polysaccharide for employees 19-64 years with high risk conditions or employees 65 years and older.
Tdap/Td	One dose of Tdap to all employees who have exposure to patients and those that respond to disaster areas. A Td booster should be received every 10 years thereafter.	One dose of Tdap for all employees. Pregnant employees should receive a dose of Tdap during each pregnancy. A Td booster should be received every 10 years thereafter.
Varicella (chickenpox)	Two doses for those who have exposure to patients and have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.	Two doses for all employees who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.
Zoster (shingles)		Two doses for all employees who are 50 years and older.

**Figure 4. Vaccines required/recommended in first responder facilities.**



*According to the CDC, there is no indication for the following vaccines when responding to disasters in the continental U.S.*

- *Hepatitis A*
- *Typhoid*
- *Cholera*
- *Meningococcal*
- *Rabies*

According to the CDC, the immunizations required for those that respond to disasters include the following.

- **Tetanus:** In accordance with the current CDC guidelines, responders should receive a tetanus booster if they have not been vaccinated for tetanus during the past 10 years. Td (tetanus/diphtheria) or Tdap (tetanus/diphtheria/pertussis) can be used; getting a Tdap for one tetanus booster during adulthood is recommended to maintain protection against pertussis. While documentation of vaccination is preferred, it should not be a prerequisite to work.
- **Hepatitis B:** Hepatitis B vaccine series for persons who will be performing direct patient care or otherwise expected to have contact with blood or bodily fluids.

There is no indication for the following vaccines when responding to disasters within the continental United States and therefore, DSHS does not recommend adding these vaccines as requirements for your staff.

- **Hepatitis A vaccine.** There is a low probability of exposure. Vaccine takes one to two weeks to provide substantial immunity.
- **Typhoid vaccine.** There is a low probability of exposure.
- **Cholera vaccine.** There is a low probability of exposure and there is no licensed cholera vaccine available in the U.S.
- **Meningococcal vaccine.** There is no expectation of increased risk of meningococcal disease among emergency responders.

- **Rabies vaccine.** The full series is required for protection. Persons who are exposed to potentially rabid animals should be evaluated and receive standard post-exposure prophylaxis, as clinically appropriate.

If your staff respond to a disaster outside of the continental United States, check [Traveler's Health](#) for current vaccine recommendations.

An employee immunization policy should be implemented for current and new staff. To implement an employee immunization policy in your facility, it is important to select a staff member who will be in charge of collecting and documenting the vaccines and who will communicate with staff regarding which vaccines are required or recommended. This staff member (Emergency Response Immunization Coordinator aka ERIC) will be responsible for providing reminders to staff when vaccines are due.

To begin the implementation of an immunization policy, it is important to communicate this new policy with all current staff. Allow a sufficient amount of time for each employee to gather a copy of their personal immunization record. At the appropriate time, request from each employee a copy of their record, and using the developed policy, review each. Using the Texas Immunization Registry, develop a roster of all employees and document all vaccines listed on the personal immunization

*Some health plans require employers to pay for required vaccines so it is important for employees to know which vaccines are required as part of their employment and which vaccines are recommended as part of routine adult immunizations.*

*When new staff are selected to fill a position at your facility, a request should be made to have the employee provide an up-to-date immunization record.*

record into the registry. Comparing each personal immunization record with the implemented policy, provide information to employees on which vaccines are not documented on their record and are required or recommended.

**NOTE:** Some health plans require employers to pay for required vaccines so it is important for employees to know which vaccines are required as part of their employment and which vaccines are recommended as part of routine adult immunizations.

When new staff are selected to fill a position at your facility, a request should be made to have the employee provide an up-to-date immunization record. Immunization records should be reviewed and suggestions made during onboarding activities at the same time when other human resource procedures are discussed with the new employee.

Given that most emergency responders are covered by health insurance, an important activity for each ERIC is to develop close relationships with adult immunizers in their community such as pharmacies. Identifying the closest immunizing pharmacy and meeting with the pharmacy staff can allow each ERIC to develop strong relationships that will be helpful when an individual is identified as needing one or more vaccines. These relationships will be critical for the implementation of your employee immunization policy.

*Immunization records should be reviewed and suggestions made during onboarding activities at the same time when other human resource procedures are discussed with the new employee.*

The Texas Immunization Registry also provides a reminder system in which notices can be printed and provided to staff members to remind them that it is time for another dose of vaccine.

Providing employees with immunization information is important in their decision-making process. Section Ten of this manual contains a list of websites that offer information on adult immunizations.

Employees may refuse to receive vaccines. The employee should have a discussion with their primary care physician regarding their concerns. As a facility, your policy should address what to do in this instance.

DSHS recommends implementing a “declination” form when employees refuse vaccine. A declination form can be found at <http://www.immunize.org/catg.d/p4059.pdf> or <http://www.immunize.org/catg.d/p4068.pdf> (these forms may require changes for your facility).

*People who receive reminders about needed vaccines are more likely to follow through.*

## **SECTION FIVE: Adult Standard 2. Recommend**

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**RECOMMEND** all vaccines to first responders by explaining the benefits of vaccines and potential costs of getting the disease they protect against.

Provide materials and highlight positive experiences with vaccination to reinforce the benefits and strengthen confidence in vaccinations. Implement strategies to send first responders reminders about missed vaccines or vaccines that are due soon.

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*Most private health insurance plans cover the cost of vaccines.*

## **SECTION SIX: Adult Standard 3. Refer**

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**REFER** first responders to community vaccinators or their medical home for immunization services.

Most private insurance plans cover the cost of vaccines. A referral to a local adult immunizer such as a pharmacy will minimize any out of pocket costs associated with vaccinations.

Facilities can eliminate common objections to vaccination (time and access) by coordinating with community vaccinators to offer onsite vaccination services. With onsite vaccination services, facility personnel do not have to travel to another location and take time away from work or home. Incorporating vaccination services into onboarding activities or regular meetings can help to increase immunization coverage levels among your first responders.

The DSHS Immunization Unit operates an Adult Safety Net (ASN) Program that provides vaccines for UNinsured adults through a network of support with Federally Qualified Health Centers, Rural Health Clinics, DSHS Public Health Region Clinics and Local Health Department Clinics. The ASN Program provides vaccine to enrolled sites to immunize UNinsured adults. For a list of sites that participate in the ASN Program, see [immunizetexas.com](https://immunizetexas.com).

Individuals with medical insurance (including Medicare or Medicaid) and those who are UNDERinsured (insurance that does not cover immunizations) are not eligible for the ASN Program.



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*The Texas Immunization Registry consolidates immunization records and offers a personal immunization record.*

## **SECTION SEVEN: Adult Standard 4. Document**

---

**DOCUMENT** immunization histories using the Texas Immunization Registry to help first responders, their employers' and their health care professional know which vaccines they have received.

A proven strategy to increase immunization rates is to use the roster portion of the Texas Immunization Registry that supports vaccination status assessment and reminder and recall interventions via notification when first responders are due for vaccines. The Texas Immunization Registry consolidates vaccination records, ensures first responders have completed necessary vaccine series, reduces chances for unnecessary doses of vaccines or missed opportunities, facilitates the use of a remind and recall notification, and makes calculating immunization coverage rates easier. The Texas Immunization Registry also provides a personal immunization record of vaccines received for first responders for their records.

### **The Texas Immunization Registry (ImmTrac2) User Instructions**

If you are not registered with the Texas Immunization Registry please visit [www.ImmTrac.com](http://www.ImmTrac.com) or call 1-800-348-9158.

Only registered Texas Immunization Registry users have access to ImmTrac2.

In the Texas Immunization Registry you will have the ability to add employees and run reports to determine what vaccines are needed and recommended.

Following are step-by-step instructions for accessing ImmTrac2, adding employees, creating a list, adding historical and new immunizations, and running selected reports.

**Request access**

Details for requesting access to ImmTrac2 can be found by visiting the Providers Page at [www.immtrac.com](http://www.immtrac.com).



***Register as an authorized organization and find resources to share with patients.***

Access requests for new users must be requested by the Organization's Point of Contact (POC). The POC serves as the main contact for the Texas Immunization Registry related matters and can contact the Texas Immunization Registry

Customer Support at (800) 348-9158 or email [ImmTrac2@dshs.texas.gov](mailto:ImmTrac2@dshs.texas.gov).

If you require assistance in identifying the POC, or designating a new POC, please contact the Texas Immunization Registry Customer Support.

**Login**

Go to [immunizetexas.com](http://immunizetexas.com), select ImmTrac2 Registry on the left menu. Enter your Org code, username, and password.

**Production**

Org Code:

Username:

Password:

Login

DO NOT ATTEMPT TO LOG ON UNLESS YOU ARE AN AUTHORIZED USER.

[Forgot Username?](#)

[Forgot Password?](#)

**TEXAS** Health and Human Services | Texas Department of State Health Services

**ImmTrac2** Texas Immunization Registry

HOME FORMS REGISTRATION RELATED LINKS

**Hot Topics** [HT-1](#) [HT-2](#) [HT-3](#) [HT-4](#) [HT-5](#)

**Can't Login? Try this!** *Posted on 08/07/2018*

If you are attempting to login and you are having difficulty, please try the following:

1. Click the "Forgot Username" button on the left hand side of the login screen. Enter your First Name, Last Name, and Email and then click "Submit".
2. Click the "Forgot Password" button on the left hand side of the login screen. Enter your Org Code, Username, and Email, and then click "Submit".
3. Using the recovered credentials, attempt to login to the system.
4. If you are still unable to login, please contact ImmTrac2 via email at [ImmTrac2@dshs.texas.gov](mailto:ImmTrac2@dshs.texas.gov). Include your username, org code, and specific issue in the email.

[About ImmTrac](#)  
[ImmTrac is a Lifetime Registry](#)  
[About the Texas Vaccines for Children Program](#)  
[Meaningful Use Information](#)  
[Vaccine Education Online](#)

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Registered users are sent two emails once the Texas Immunization Registry application is processed and approved. One email will contain the Org Code and User ID. The second email will contain a temporary password to use the first time you login to the Texas Immunization Registry. You will be prompted to change your password.

**IMPORTANT:** Username and Password must not be shared.

Change Password

**\*\* A new password is required at this time. \*\***

User Laurie Munoz Save

Username la4493mu

Org Code JERR1062

**\* New Password**

**\* Confirm New Password**

**\* Required field**

Password Requirements:  
Must be between 8 and 19 characters  
Must have at least one of each of the following:  
Upper case letter  
Lower case letter  
Numeric value  
Special character  
At least 4 characters must be different from previous password  
No dictionary words  
Cannot reuse last 6 passwords

If you have any questions regarding resetting your password, please contact ImmTrac2 Customer Support at 1-800-348-9158 or at [ImmTrac2@dshs.texas.gov](mailto:ImmTrac2@dshs.texas.gov).

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**System Notification**


**Validation Errors**

- Your password has expired. Please update before continuing.
- Please enter information in all required fields with an asterisk (\*)

Ok

After a new password has been set up, a new screen will appear.  
Read the confidentiality statement and select "I Agree" to proceed.

**Training**  
Welcome  
Laurie Munoz  
Logout

 **TEXAS**  
Health and Human  
Services | Texas Department of State  
Health Services

**ImmTrac2**  
Texas Immunization Registry

### 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 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.

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If you have access to more than one registered organization, all of them will appear on the screen as shown below.

Select "ImmTrac2" to access your organization.

The screenshot shows the ImmTrac2 interface. On the left is a blue sidebar with the following menu items: Training, Welcome Laurie Munoz, Logout, Applications Switch Organizations, Manage My Account, Edit My User Account, Change My Password. The top navigation bar includes the Texas Health and Human Services logo, the Texas Department of State Health Services logo, and the ImmTrac2 Texas Immunization Registry logo. Below the navigation bar are tabs for HOME, FORMS, REGISTRATION, and RELATED LINKS. A yellow banner displays the user's current session: organization Jerrys World • user Laurie Munoz • role Full Access Providers no/DE. Below the banner is a table of available organizations:

Organization	User	Role
ImmTrac2	Manage Access	DSHS HRS 7 TEMPLE (RE)
ImmTrac2	Manage Access	Jerrys World

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**The Texas Immunization Registry Consent Process**

All adults must complete a form to consent to be enrolled in the Texas Immunization Registry. An adult that was previously in the Texas Immunization Registry as a child must sign an adult consent form after they turn 18 years old in order to have the record maintained in the Texas Immunization Registry. In this instance, it is important that an adult consent be submitted prior to the 26<sup>th</sup> birthday as, according to legislative rules, ImmTrac2 must delete all records on the 26<sup>th</sup> birthday if a consent has not been received. Thousands of records are deleted from the Texas Immunization Registry annually due to non-receipt of a consent form after a person turns 18 years old to continue the record in the Texas Immunization Registry.



## The Texas Immunization Registry Consent Forms

To access a Texas Immunization Registry consent forms, select the Forms tab at the top menu.

The screenshot shows the ImmTrac2 Texas Immunization Registry interface. The top navigation bar includes tabs for 'home', 'registration/renewal', 'manage access/account', 'forms' (highlighted with a red box), 'related links', 'logout', and 'contact us'. Below the navigation bar, the user's session information is displayed: 'organization Jerry's World • user Laurie Munoz • role Full Access Providers no/DE'. The main content area is divided into sections: 'announcements' with a 'NEW' tag for '03/04/2014 ~ New Procedure Starting March 17', and 'release notes' with a 'NEW' tag for '08/08/2018 ~ Release Version 4.5.0 Release Version 4.5.0' and a link for 'more release notes'. A footer contains the copyright notice: 'Copyright © 1999 - 2018 State of Wisconsin. All rights reserved.' On the left side, there is a vertical menu with categories: 'ImmTrac2 Texas Immunization Registry', 'Training 4.6.1', '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, vaccine group listing, vaccine listing, vaccine relationships), and 'Manage My Account' (edit my user account, change my password).

Another new screen will open allowing you to choose the appropriate form in English or Spanish.

ImmTrac2  
Texas Immunization Registry

Training 4.6.1

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  
vaccine group listing  
vaccine listing  
vaccine relationships

Manage My Account  
edit my user account  
change my password

home registration/renewal manage access/account forms related links logout contact us

organization Jerrys World • user Laurie Munoz • role Full Access Providers no/DE

## Forms and Documents

 **ImmTrac2 reports are best viewed with Adobe Reader 6.0 or later.** Earlier versions of Adobe may work, but there may be formatting differences. If you do not have a qualifying version, click the Adobe image to the left to download the current version of Adobe Reader. In addition, you will find helpful guidelines at the Adobe Support Site for configuring Adobe Reader to work with your browser. Troubleshooting guidelines for popular browsers may be found by clicking [here](#).

### Consent Forms - English

- [ImmTrac2 Consent Form - Adult](#)
- [ImmTrac2 Consent Form - Minor](#)
- [ImmTrac2 Consent Form - Disaster Information Retention](#)
- [Withdrawal of Consent and Confirmation](#)
- [First Responder/Family Member Consent](#)

### Consent Forms - Spanish

- [ImmTrac2 Consent Form - Adult](#)
- [ImmTrac2 Consent Form - Minor](#)
- [ImmTrac2 Consent Form - Disaster Information Retention](#)
- [Withdrawal of Consent and Confirmation](#)
- [First Responder/Family Member Consent](#)

**IMPORTANT:** Only individuals that have signed a consent form are to be entered into the Texas Immunization Registry.

### **Entering A New Employee in ImmTrac2**

Once the employee has granted consent to participate in the registry and with consent form in hand, enter the information from the consent form in the Texas Immunization Registry.

**Important:** The Texas Immunization Registry Consent forms must be retained by your facility for the patient's lifespan (legislative rule).

Under the Clients section on the left menu, select Manage Client. Once the Client Search screen appears, select Smart Search and complete the required information to ensure the employee is not currently in ImmTrac2. All fields with an asterisk are required fields. Select Find.

ImmTrac2  
Texas Immunization Registry

home registration/renewal manage access/account forms related links logout contact us

organization Jerrys World • user Laurie Munoz • role Full Access Providers no/DE

Training 4.6.1

Client Search

\* Required Field

Quick Search ▼

Basic Search ▼

Smart Search ▼

ImmTrac2 ID

\* First Name ZEKE Mother's First Name

\* Last Name RUNNER Mother's Maiden Name

Middle Name  Phone  -  -

\* Birth Date 01/10/1979 \* Street Address 123 Cowboy Lane

\* Gender Male Other Address

PO Box

Zip  -

City

State TX ▼

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.														

If the Smart Search does not find a match, the employee can be entered.

To enter a new employee in the Texas Immunization Registry, select Enter New Client on the left bar. Using the consent form, enter the information. Select Find.

The screenshot displays the ImmTrac2 Texas Immunization Registry interface. At the top, there is a navigation bar with links for home, registration/renewal, manage access/account, forms, related links, logout, and contact us. Below this, a yellow banner shows the current user's organization (Jerrys World), user name (Laurie Munoz), and role (Full Access Providers no/DE).

The main content area is titled "Client Search" and includes a "Smart Search" dropdown menu. A red arrow points to the "enter new client" option in the left-hand navigation menu. The search form contains several fields:

- ImmTrac2 ID
- \* First Name: Zeke
- \* Last Name: Runner
- Middle Name:
- \* Birth Date: 01/10/1979
- \* Gender: Male
- Mother's First Name:
- Mother's Maiden Name:
- Phone:  -  -
- \* Street Address: 123 Cowboy Lane
- Other Address:
- PO Box:
- Zip:  -
- City:
- State: TX

Buttons for "Find" and "Clear" are located on the right side of the form. The "Find" button is highlighted with a red box.

If the employee's information does not appear as shown below, select Yes Add a Client and Submit.

ImmTrac2  
Texas Immunization Registry

**Training 4.6.1**

.....

**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  
vaccine group listing  
vaccine listing  
vaccine relationships

**Manage My Account**  
edit my user account  
change my password

home registration/renewal manage access/account forms related links logout contact us

organization Jerrys World • user Laurie Munoz • role Full Access Providers no/DE

**Client Search**

\* Required Field

Smart Search ▾

ImmTrac2 ID

\* First Name

\* Last Name

Middle Name

\* Birth Date

\* Gender  ▾

Mother's First Name

Mother's Maiden Name

Phone  -

\* Street Address

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.														

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

\* 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

Verify all required Personal Information is entered and correct in the required fields. In the Address Information section, complete the required fields. Once the required fields are complete and correct, click Continue Add.

ImmTrac2  
Texas Immunization Registry

home registration/renewal manage access/account forms related links logout contact us

organization Jerrys World • user Laurie Munoz • role Full Access Providers no/DE

**Training 4.6.1**

.....

**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  
vaccine group listing  
vaccine listing  
vaccine relationships

**Manage My Account**  
edit my user account  
change my password

**Add Client**

**Personal Information**

\* First Name ZEKE \* Gender MALE  
\* Last Name RUNNER SSN - -  
Middle Name Medicaid ID  
Suffix Birth Order (for multiple births)  
\* Birth Date 01/10/1979 Birth Country UNITED STATES  
\* Mother's Maiden Last Talent Birth State  
\* Mother's First Name Tami Birth County  
Client Type Client Identifier  
ImmTrac2 Client ImmTrac2 ID  
Disaster Client No

**Consent Information**

**Client AKA (0)**

**Organization Information**

**Client Information**

**Address Information**

[back to top]

[View Client Address History](#)

No Viable Address

\* Street Address 123 Cowboy Lane Phone Number 817 -867 -5309  
Other Address Extension  
P.O. BOX E-Mail  
\* Zip 75226 +4  
\* City Dallas State TX Country UNITED STATES  
\* County TARRANT

**Continue Add**  
Cancel

You must enter the address information or cannot proceed. Contact the Texas Immunization Registry at 1-800-348-9158 to discuss your role assigned for ImmTrac2.

Ensure demographic information is correct. You can Edit Client Info if changes are needed or select Continue to proceed.

ImmTrac2  
Texas Immunization Registry

home registration/renewal manage access/account forms related links logout contact us

organization Jerrys World • user Laurie Munoz • role Full Access Providers no/DE

### Training 4.6.1

.....

**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  
vaccine group listing  
vaccine listing  
vaccine relationships

**Manage My Account**  
edit my user account  
change my password

#### 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	
Last Name	RUNNER
First Name	ZEKE
Middle Name	
Suffix	
Date of Birth	01/10/1979
Sex	M
Race	

Client Address Information	
Address	123 Cowboy Lane
City	Dallas
State	TX
Zip	75226
County	TARRANT
Country	US
Phone	(817) 867 - 5309
OK to Contact	YES

Confidential Client Information	
SSN	
Medicaid Number	

Edit Client Info  
Continue  
Cancel

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Select the appropriate choice regarding the employee consent and select Affirm.

ImmTrac2  
Texas Immunization Registry

home registration/renewal manage access/account forms related links logout contact us

organization Jerrys World • user Laurie Munoz • role Full Access Providers no/DE

### Training 4.6.1

**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  
vaccine group listing  
vaccine listing  
vaccine relationships

**Manage My Account**  
edit my user account  
change my password

### Consent Affirmation

**Affirm Consent For:**

- ImmTrac2 Adult (age 18 and older) (Signed Adult Consent form on file)
- First Responder (age 18 and older) (Signed First Responder/Family Member Consent form on file)
- Adult Family Member of a First Responder (age 18 and older) (Signed First Responder/Family Member Consent form on file)

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)

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The ImmTrac2 Client ID number will display when you've successfully added the employee.

**Enter Immunization History**

Select Go To Client.

The screenshot shows the ImmTrac2 Texas Immunization Registry interface. At the top, there is a navigation bar with links for home, registration/renewal, manage access/account, forms, related links, logout, and contact us. Below this is a breadcrumb trail: organization Jerrys World • user Laurie Munoz • role Full Access Providers no/DE. The main content area is titled "Consent Affirmation Confirmation" and displays the following information:

- ImmTrac2 Customer Support (800) 348-9158
- A record for the following client has been successfully added:
- Client ID:** 208140488 (highlighted with a red box)
- Name:** ZEKE RUNNER
- DOB:** 01/10/1979

Below this, it states: "The following ImmTrac2 user has affirmed consent for ImmTrac2 participation on 09/13/2018 12:00 AM:ia4493mu".

Client details:

- Org Name:** Jerrys World
- Org Address:** 123 ONE TWO THREE, AUSTIN, 78756
- Org Phone:** (555)555-5555
- User ID:** 308293
- TXIS ID:** 1111050000

A note at the bottom states: "Provider site should retain the signed consent form(s) in the client's medical record. Please DO NOT fax consent form(s) to ImmTrac2."

On the right side of the client record, there are three buttons: "Go To Client" (highlighted with a red box), "Add Next", and "Cancel".

At the bottom left, there is a copyright notice: "Copyright © 1999 - 2018 State of Wisconsin. All rights reserved."

The left sidebar contains a navigation menu with the following categories and links:

- ImmTrac2**  
Texas Immunization Registry
- Training 4.6.1**
- 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
  - vaccine group listing
  - vaccine listing
  - vaccine relationships
- Manage My Account**
  - edit my user account
  - change my password

Go To Client will bring you to the screen shown below. Select Edit Client to access the employee's profile to enter changes.

**ImmTrac2**  
Texas Immunization Registry

organization **Jerrys World** • user **Laurie Munoz** • role **Full Access Providers no/DE**

**Training 4.6.1**

**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  
vaccine group listing  
vaccine listing  
vaccine relationships

**Manage My Account**  
edit my user account  
change my password

home registration/renewal manage access/account forms related links logout contact us

organization **Jerrys World** • user **Laurie Munoz** • role **Full Access Providers no/DE**

**View Client**

**Personal Information**

**Edit Client**  
Return to Search

\* First Name  \* Gender

\* Last Name  SSN  -  -

Middle Name

Suffix

Medicaid ID

\* Birth Date  Birth Order  (for multiple births)

\* Mother's Maiden Last (On File) Birth Country

\* Mother's First Name  Birth State

Client Type  Birth County

Client Identifier

ImmTrac2 ID 208140488

Disaster Client No

ImmTrac2 Client Yes

Last Updated by Jerrys World on 09/13/2018 by la4493mu  
Created by Jerrys World on 09/13/2018 by la4493mu

History Table

**Consent Information** ▼

**Client AKA (0)** ▼

**Organization Information** ▼

**Client Information** ▼

**Address Information** ▼

**Responsible Persons (0)** ▼

**Client Comments (0)** ▼

**Client Notes (0)** ▼

Select Immunizations to access the employee’s immunization records.

The screenshot shows the ImmTrac2 Texas Immunization Registry interface. At the top, there are navigation tabs: home, registration/renewal, manage access/account, forms, related links, logout, and contact us. Below these, the user is logged in as Laurie Munoz, a Full Access Provider for Jerrys World. The main content area is titled 'Update Client' and contains a 'Personal Information' form. The form fields include: First Name (ZEKE), Last Name (RUNNER), Birth Date (01/10/1979), Gender (MALE), SSN, Medicaid ID, Birth Order, Birth Country (UNITED STATES), Birth State, Birth County, Mother's Maiden Last (TAMI), and Client Type (IA - ImmTrac Adult). The form also shows the ImmTrac2 ID (208140488) and Disaster Client status (No). On the right side of the form, there are buttons for Save, Immunizations (highlighted with a red box), Edit Consent, Reports, and Cancel. Below the form, there is a 'History Table' button and a summary of updates: 'Last Updated by Jerrys World on 09/13/2018 by la4493mu' and 'Created by Jerrys World on 09/13/2018 by la4493mu'. At the bottom, there are several expandable sections: Consent Information, Client AKA (0), Organization Information, Client Information, Address Information, Responsible Persons (0), Client Comments (0), and Client Notes (0).

**IMPORTANT:** Only immunizations that are validated are to be entered in the Texas Immunization Registry. Validated records are those from pharmacists, other employers, public health clinics, primary care physicians, military, immunization registries, etc that contain the month, day and year that a vaccine was administered. A validated record contains a stamp or signature from the facility which administered the vaccine.

Select Add Historical Imms to add immunizations that were administered at other sites.

The screenshot shows the ImmTrac2 interface for a client named ZEKE RUNNER. The 'Add Historical Imms' button is highlighted with a red box. Below the client information, there is a table of recommended vaccines.

Select	Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
Select <input type="checkbox"/>	<a href="#">Influenza-seasn!</a>	Flu NOS	01/10/1988	07/01/2018	01/10/1988
Select <input type="checkbox"/>	<a href="#">Td/Tdap</a>	Tdap	01/10/1986	01/10/1986	01/10/1986

**Note:** Select Add New Imms to enter the immunization information that was administered at your facility (if applicable) in the required fields.

Enter validated historical vaccine information in the appropriate antigen field.

The screenshot shows the ImmTrac2 Texas Immunization Registry interface. At the top, there are navigation buttons: home, registration/renewal, manage access/account, forms, related links, logout, and contact us. Below these, the user's organization is listed as 'Jerrys World', the user as 'Laurie Munoz', and the role as 'Full Access Providers no/DE'. The client information section shows 'Client Name (First - MI - Last)' as 'ZEKE RUNNER', 'DOB' as '01/10/1979', 'Gender' as 'M', 'Tracking Schedule' as 'ACIP', and 'Client ID' as '208140488'. The address is '123 COWBOY LANE, DALLAS, TX 75226 (817) 867-5309'. The current age is '39 years, 8 months, 3 days'. There are no client notes. Below this is the 'Immunization Record' section, which states 'This client record has no immunizations associated with it.' The main section is 'Enter Historical Immunizations', which contains a table with columns for 'Immunization', 'Dose 1', 'Dose 2', 'Dose 3', 'Dose 4', and 'Dose 5'. The table lists various vaccines and their corresponding dates for each dose. The 'Save' button is highlighted with a red box.

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP/aP					
HepA					
HepB	02/02/2005	05/03/2005	09/01/2005		
Hib					
HPV					
Influenza-seasn1	12/03/2004	10/21/2005	11/09/2006	10/12/2007	09/23/2008
Influenza-H1N1	10/21/2009				
Meningo					
MMR	10/30/1973	04/06/2016	06/09/2016		
PneumoConjugate					
PneumoPoly 23	10/28/2009	10/04/2016			
Polio	03/10/1980	08/19/1980	09/22/1980		
Rotavirus					
Td/Tdap	10/25/1997	08/31/2004	09/25/2014		
Varicella	04/06/2016				
Zoster					

Once the historical vaccine information has been entered, select Save.

Vaccines entered will appear as shown below. You will have the option to select Add New Imms, Add Historical Imms, Edit Client, Reports or Print Official Immunization Record from this screen.

ImmTrac2  
Texas Immunization Registry

[home](#)
[registration/renewal](#)
[manage access/account](#)
[forms](#)
[related links](#)
[logout](#)
[contact us](#)

organization **Jerrys World** • user **Laurie Munoz** • role **Full Access Providers no/DE**

**Training 4.6.1**

.....

**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](#)  
[vaccine group listing](#)  
[vaccine listing](#)  
[vaccine relationships](#)  
**Manage My Account**  
[edit my user account](#)  
[change my password](#)

**ImmTrac2 ID 208140488**

**Client Information**

Client Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Client ID
ZEKE RUNNER	01/10/1979	M	ACIP	
Address/Phone: 123 COWBOY LANE, DALLAS, TX 75226 (817) 867-5309				
Comments				

**Current Age: 39 years, 8 months, 3 days**

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

Add New Imms
Add Historical Imms
Edit Client
Reports
Print Official Immunization Record

**Immunization Record** Tracking Schedule **ACIP**

Vaccine Group	Date Admin	Age At Immunization	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Disaster	Edit
HepB	<a href="#">02/02/2005</a>	26Y	1 of 3	HepB, NOS [HepB Ⓟ]				Yes		
	<a href="#">05/03/2005</a>	26Y 3M	2 of 3	HepB, NOS [HepB Ⓟ]				Yes		
	<a href="#">09/01/2005</a>	26Y 7M	3 of 3	HepB, NOS [HepB Ⓟ]				Yes		
Influenza-H1N1	<a href="#">10/21/2009</a>	30Y 9M		Influenza-H1N1-09, NOS				Yes		
	<a href="#">12/03/2004</a>	25Y 10M	Booster	Flu NOS				Yes		
Influenza-seasnl	<a href="#">10/21/2005</a>	26Y 9M	Booster	Flu NOS				Yes		
	<a href="#">11/09/2006</a>	27Y 9M	Booster	Flu NOS				Yes		
	<a href="#">10/12/2007</a>	28Y 9M	Booster	Flu NOS				Yes		
	<a href="#">09/23/2008</a>	29Y 8M	Booster	Flu NOS				Yes		
MMR	<a href="#">10/30/1981</a>	2Y 9M	1 of 2	MMR [MMR II Ⓟ]				Yes		
	<a href="#">04/06/2016</a>	37Y 2M	2 of 2	MMR [MMR II Ⓟ]				Yes		
	<a href="#">06/09/2016</a>	37Y 4M		MMR [MMR II Ⓟ]				Yes		
PneumoPoly 23	<a href="#">10/28/2009</a>	30Y 9M	1 of 2	Pneumococcal 23				Yes		
	<a href="#">10/04/2016</a>	37Y 8M	2 of 2	Pneumococcal 23				Yes		
Polio	<a href="#">03/10/1980</a>	14M	1 of 4	Polio, NOS				Yes		
	<a href="#">08/19/1980</a>	19M 9D	2 of 4	Polio, NOS				Yes		
	<a href="#">09/22/1980</a>	20M 12D	3 of 4	Polio, NOS				Yes		
Td/Tdap	<a href="#">10/25/1997</a>	18Y 9M	1 of 4	Td (adult), NOS				Yes		
	<a href="#">08/31/2004</a>	25Y 7M	2 of 4	Td (adult), NOS				Yes		
	<a href="#">09/25/2014</a>	35Y 8M	3 of 4	Td (adult), NOS				Yes		
Varicella	<a href="#">04/06/2016</a>	37Y 2M	1 of 2	Varicella [Varivax Ⓟ]				Yes		

Vaccines Recommended by Selected Tracking Schedule

### Entering New Vaccines

To enter a new vaccine administered by your facility use Quick Search, Basic Search or Smart Search.

The screenshot displays the ImmTrac2 Texas Immunization Registry interface. At the top, there is a navigation bar with buttons for home, registration/renewal, manage access/account, forms, related links, logout, and contact us. Below this, a yellow banner shows the user's organization as 'Jerrys World', the user as 'Laurie Munoz', and the role as 'Full Access Providers no/DE'. The main content area is titled 'Client Search' and includes a '\* Required Field' label. Three search options are listed: 'Quick Search', 'Basic Search', and 'Smart Search', each with a dropdown arrow. On the left side, a blue sidebar menu contains various navigation options, with the 'Clients' section highlighted by a red box. The 'Clients' section includes 'manage client', 'enter new client', and 'edit consent information'. Other sections in the sidebar include 'Immunizations', 'Schools', 'Reports', 'Maintenance', and 'Admin Support'.

In this example, a Quick Search was used to locate the employee with the ImmTrac2 ID number.

The screenshot displays the ImmTrac2 Texas Immunization Registry interface. At the top, there is a navigation bar with links for home, registration/renewal, manage access/account, forms, related links, logout, and contact us. Below this, a yellow banner shows the user's organization (Jerrys World), user name (Laurie Munoz), and role (Full Access Providers no/DE). The main content area is titled "Client Search" and includes a "\* Required Field" label. The "Quick Search" option is selected and highlighted with a red box. Below it, the "Search by ImmTrac2 ID" section has a text input field containing "208140508" and a "Find" button. Other search options include "Search by Client Identifier" (with a Client ID field), "Search by SSN# and DOB" (with SSN# and Birth Date fields), and "Search by Medicaid ID" (with a Medicaid ID field). At the bottom, there are links for "Basic Search" and "Smart Search".



Select Edit Client to open employee profile.

ImmTrac2  
Texas Immunization Registry

home registration/renewal manage access/account forms related links logout contact us

organization Jerrys World • user Laurie Munoz • role Full Access Providers no/DE

Training 4.6.1

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  
vaccine group listing  
vaccine listing  
vaccine relationships

Manage My Account  
edit my user account  
change my password

View Client

Personal Information

**Edit Client**  
Return to Search

\* First Name DEZ \* Gender MALE  
\* Last Name COTTIT SSN - -  
Middle Name Medicaid ID  
Suffix Birth Order (for multiple births)  
\* Birth Date 07/30/1986 Birth Country UNITED STATES  
\* Mother's Maiden Last (On File) Birth State  
\* Mother's First Name BETTY Birth County  
Client Type IA - ImmTrac Adult Client Identifier  
ImmTrac2 Client Yes ImmTrac2 ID 208140508  
Disaster Client No

Last Updated by Jerrys World on 10/04/2018 by la4493mu  
Created by Jerrys World on 09/13/2018 by la4493mu

History Table

Consent Information  
Client AKA (0)  
Organization Information  
Client Information  
Address Information  
Responsible Persons (0)  
Client Comments (0)  
Client Notes (0)

Select Immunizations to open the employee immunization record.

ImmTrac2  
Texas Immunization Registry

home registration/renewal manage access/account forms related links logout contact us

organization Jerrys World • user Laurie Munoz • role Full Access Providers no/DE

Training 4.6.1

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  
vaccine group listing  
vaccine listing  
vaccine relationships

Manage My Account  
edit my user account  
change my password

Update Client

Personal Information

\* First Name DEZ \* Gender MALE

\* Last Name COTTIT SSN

Middle Name Medicaid ID

Suffix Birth Order (for multiple births)

\* Birth Date 07/30/1986 Birth Country UNITED STATES

\* Mother's Maiden Last (On File) Birth State

\* Mother's First Name BETTY Birth County

Client Type IA - ImmTrac Adult Client Identifier

ImmTrac2 Client Yes ImmTrac2 ID 208140508  
Disaster Client No

Save  
Immunizations  
Edit Consent  
Reports  
Cancel

Last Updated by Jerrys World on 10/04/2018 by la4493mu  
Created by Jerrys World on 09/13/2018 by la4493mu

History Table

Consent Information  
Client AKA (0)  
Organization Information  
Client Information  
Address Information  
Responsible Persons (0)  
Client Comments (0)  
Client Notes (0)

Select Add New Imms to enter vaccines administered by your facility.

Client Information					ImmTrac2 ID 208140508					
Client Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Client ID						
DEZ COTTIT	07/30/1986	M	ACIP							
Address/Phone		36 GOLDEN AVE, DALLAS, TX 75226 (281) 330-8004								
Comments										
<b>Current Age: 32 years, 2 months, 4 days</b>										
Client Notes (0) <a href="#">view or update notes</a>										
<b>Add New Imms</b>		Add Historical Imms		Edit Client		Reports		Print Official Immunization Record		
Immunization Record				Tracking Schedule ACIP						
Vaccine Group	Date Admin	Age At Immunization	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Disaster	Edit
DTP/aP	<a href="#">10/07/1986</a>	2M 7D	1 of 5	DTaP, NOS [DTaP, NOS ®]				Yes		
	<a href="#">12/12/1986</a>	4M 12D	2 of 5	DTaP, NOS [DTaP, NOS ®]				Yes		
	<a href="#">02/06/1987</a>	6M 7D	3 of 5	DTaP, NOS [DTaP, NOS ®]				Yes		
	<a href="#">04/21/1988</a>	20M 22D	4 of 5	DTaP, NOS [DTaP, NOS ®]				Yes		
	<a href="#">08/09/1991</a>	5Y	5 of 5	DTaP, NOS [DTaP, NOS ®]				Yes		
HepB	<a href="#">07/29/1998</a>	11Y 11M	1 of 3	HepB, NOS [HepB ®]				Yes		
Hib	<a href="#">04/21/1988</a>	20M 22D	1 of 1	Hib, NOS				Yes		
Influenza-seasnl	<a href="#">10/11/2006</a>	20Y 2M	Booster	Flu NOS				Yes		
	<a href="#">12/04/2006</a>	20Y 4M	Booster	Flu NOS				Yes		
	<a href="#">12/14/2007</a>	21Y 4M	Booster	Flu NOS				Yes		
	<a href="#">09/22/2017</a>	31Y 1M	Booster	Flu NOS				Yes		
MMR	<a href="#">10/02/1987</a>	14M 2D	1 of 2	MMR [MMR II ®]				Yes		
Polio	<a href="#">10/07/1986</a>	2M 7D	1 of 5	Polio, NOS				Yes		
	<a href="#">12/12/1986</a>	4M 12D	2 of 5	Polio, NOS				Yes		
	<a href="#">02/06/1987</a>	6M 7D	3 of 5	Polio, NOS				Yes		
	<a href="#">04/21/1988</a>	20M 22D	4 of 5	Polio, NOS				Yes		
	<a href="#">08/09/1991</a>	5Y	5 of 5	Polio, NOS				Yes		

**Vaccines Recommended by Selected Tracking Schedule**

**SECTION SEVEN: Adult Standard 4. Document**

A new screen will appear. Scroll to Enter New Immunization to enter vaccines administered by your facility.

Client Information
ImmTrac2 ID 208140508

Client Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Client ID
DEZ COTTIT	07/30/1986	M	ACIP	
Address/Phone		36 GOLDEN AVE, DALLAS, TX 75226 (281) 330-8004		
Comments				

**Current Age: 32 years, 2 months, 4 days**

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

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?
DTP/aP	<a href="#">10/07/1986</a>	1 of 5	DTaP, NOS [DTaP, NOS ®]				Yes
	<a href="#">12/12/1986</a>	2 of 5	DTaP, NOS [DTaP, NOS ®]				Yes
	<a href="#">02/06/1987</a>	3 of 5	DTaP, NOS [DTaP, NOS ®]				Yes
	<a href="#">04/21/1988</a>	4 of 5	DTaP, NOS [DTaP, NOS ®]				Yes
	<a href="#">08/09/1991</a>	5 of 5	DTaP, NOS [DTaP, NOS ®]				Yes
HepB	<a href="#">07/29/1998</a>	1 of 3	HepB, NOS [HepB ®]				Yes
Hib	<a href="#">04/21/1988</a>	1 of 1	Hib, NOS				Yes
	<a href="#">10/11/2006</a>	Booster	Flu NOS				Yes
Influenza-seasnl	<a href="#">12/04/2006</a>	Booster	Flu NOS				Yes
	<a href="#">12/14/2007</a>	Booster	Flu NOS				Yes
	<a href="#">09/22/2017</a>	Booster	Flu NOS				Yes
	<a href="#">10/02/1987</a>	1 of 2	MMR [MMR II ®]				Yes
Polio	<a href="#">10/07/1986</a>	1 of 5	Polio, NOS				Yes
	<a href="#">12/12/1986</a>	2 of 5	Polio, NOS				Yes
	<a href="#">02/06/1987</a>	3 of 5	Polio, NOS				Yes
	<a href="#">04/21/1988</a>	4 of 5	Polio, NOS				Yes
	<a href="#">08/09/1991</a>	5 of 5	Polio, NOS				Yes

**Enter New Immunization**

\* Date Administered

Administered By

Remove	Immunization	* Trade Name	* Lot #	Vaccine Eligibility	Administered By
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	* Manufacturer <input type="text"/>	Body Site <input type="text"/>	Route <input type="text"/>	Dose <input type="text"/>	Full <input type="text"/>
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	* Manufacturer <input type="text"/>	Body Site <input type="text"/>	Route <input type="text"/>	Dose <input type="text"/>	Full <input type="text"/>
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	* Manufacturer <input type="text"/>	Body Site <input type="text"/>	Route <input type="text"/>	Dose <input type="text"/>	Full <input type="text"/>
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	* Manufacturer <input type="text"/>	Body Site <input type="text"/>	Route <input type="text"/>	Dose <input type="text"/>	Full <input type="text"/>

In the Enter New Immunization screen, enter the date the vaccine was administered, the Immunization administered, the Trade Name of the vaccine, the Lot Number, the Manufacturer, the Body Site, and the Route. Fields with asterisks are required. VIS dates will populate when vaccine is entered. Once information is entered, select Save.

The screenshot shows the 'Enter New Immunization' form. Red arrows point to the following fields: 'Date Administered' (10/03/2018), 'Immunization' (Td/Tdap), 'Trade Name' (Boostrix), 'Lot #' (123456), 'Manufacturer' (SKB-GlaxoSmithKline), 'Body Site' (LEFT DELTOID), and 'Route' (INTRAMUSCULAR). The 'Dose' is set to 'Full'. Below the form, there is a 'New Client Comments' section with a 'Save' button highlighted in a red box. At the bottom, the 'VIS Dates for New Immunizations' table is displayed.

Remove	Immunization	* Trade Name	* Lot #	Vaccine Eligibility	Administered By
<input type="checkbox"/>	Td/Tdap	Boostrix	123456		
	* Manufacturer	SKB-GlaxoSmithKline	Body Site	LEFT DELTOID	Route
				INTRAMUSCULAR	Dose
					Full
<input type="checkbox"/>	MMR	MMR II			
	* Manufacturer		Body Site	RIGHT DELTOID	Route
				SUBCUTANEOUS	Dose
					Full
<input checked="" type="checkbox"/>					
	* Manufacturer		Body Site		Route
					Dose
					Full
<input checked="" type="checkbox"/>					
	* Manufacturer		Body Site		Route
					Dose
					Full
<input checked="" type="checkbox"/>					
	* Manufacturer		Body Site		Route
					Dose
					Full

**New Client Comments**

Select	Date	Client Comment	Delete
			Delete

*Enter New Client Comment*

\* Client Comment

Applies-To Date

Add

**VIS Dates for New Immunizations**

Boostrix		
Boostrix	Td/Tdap	04/11/2017
MMR II		
MMR II	MMR	02/12/2018

### Printing and Releasing Immunization Record from the Texas Immunization Registry

An Authorization To Release Official Immunization History form must be obtained prior to releasing immunization records from ImmTrac2. This form is available at [www.immtrac.com](http://www.immtrac.com) under Forms and Literature. Follow the instructions to access an employee record. Once on the employee record page, select Print Official Immunization Record. A new window will appear, select Ok.

The screenshot shows the ImmTrac2 interface. At the top, there are navigation tabs: home, registration/renewal, manage access/account, forms, related links, logout, and contact us. Below this, the user is logged in as Laurie Munoz, with the role Full Access Providers no/DE. The main content area displays Client Information for ImmTrac2 ID 208140488. The client's name is ZEKE RUNNER, born 01/10/1979, male, with tracking schedule ACIP. The address is 123 COWBOY LANE, DALLAS, TX 75226 (817) 867-5309. The current age is 39 years, 8 months, and 3 days. A 'Print Official Immunization Record' button is highlighted with a red box. Below this is a table of immunizations with columns for Vaccine Group, Date Admin, Age At Immunization, Series, Vaccine (Trade Name), Dose, Owned?, Reaction, Hist?, and Disaster. A dialog box titled 'Message from webpage' is overlaid on the right, containing a warning icon and the text: 'By printing the immunization record, you acknowledge that you have consent from the individual, parent, or guardian to print the Official Immunization Record for this client.' An 'OK' button is highlighted with a red box in the dialog.

Vaccine Group	Date Admin	Age At Immunization	Series	Vaccine (Trade Name)	Dose	Owned?	Reaction	Hist?	Disaster	Edit
HepB	02/02/2005	26Y	1 of 3	HepB, NOS [HepB ®]					Yes	
	05/03/2005	26Y 3M	2 of 3	HepB, NOS [HepB ®]					Yes	
	09/01/2005	26Y 7M	3 of 3	HepB, NOS [HepB ®]					Yes	
Influenza-H1N1	10/21/2009	30Y 9M		Influenza-H1N1-09, NOS					Yes	
	12/03/2004	25Y 10M	Booster	Flu NOS					Yes	
Influenza-seasn1	10/21/2005	26Y 9M	Booster	Flu NOS					Yes	
	11/09/2006	27Y 9M	Booster	Flu NOS					Yes	
	10/12/2007	28Y 9M	Booster	Flu NOS					Yes	
	09/23/2008	29Y 8M	Booster	Flu NOS					Yes	
	10/30/1981	2Y 9M	1 of 2	MMR [MMR II ®]					Yes	
MMR	04/06/2016	37Y 2M	2 of 2	MMR [MMR II ®]					Yes	
	06/09/2016	37Y 4M		MMR [MMR II ®]					Yes	
PneumoPoly 23	10/28/2009	30Y 9M	1 of 2	Pneumococcal 23					Yes	
	10/04/2016	37Y 8M	2 of 2	Pneumococcal 23					Yes	
Polio	03/10/1980	14M	1 of 4	Polio, NOS					Yes	
	08/19/1980	19M 9D	2 of 4	Polio, NOS					Yes	
	09/22/1980	20M 12D	3 of 4	Polio, NOS					Yes	
Td/Tdap	10/25/1997	18Y 9M	1 of 4	Td (adult), NOS					Yes	
	08/31/2004	25Y 7M	2 of 4	Td (adult), NOS					Yes	
	09/25/2014	35Y 8M	3 of 4	Td (adult), NOS					Yes	
Variella	04/06/2016	37Y 2M	1 of 2	Variella [Varivax ®]					Yes	

**SECTION SEVEN: Adult Standard 4. Document**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
Official Immunization and Disaster-Related Information Record



TEXAS Health and Human Services | Texas Department of State Health Services

ImmTrac ID: 208140488 Gender: M  
 Client Name (L, F, M): RUNNER, ZEKE DOB: 01/10/1979  
 Client Type: ImmTrac Adult (IA) Client Age: 39 years, 8 months, 3 days  
 Schedule: ACIP Report Date: 09/13/2018

**NOTICE:** By Texas law, the Texas Immunization Registry holds children’s immunization records only for a limited time. After a child turns 18 years old, that person must sign an adult consent form to maintain his or her immunization history for a lifetime. If adult consent is not signed, the childhood history will be purged on the person’s 26th birthday. Learn more at [www.immtrac.com](http://www.immtrac.com)

Any combination vaccines (e.g. DTaP-HepB-IPV, HepB-Hib) administered are listed within each appropriate vaccine family.

IMMUNIZATION HISTORY

Vaccine Group	Date Admin	Series	Vaccine (Trade Name)	Manufacturer	Lot #
HepB	02/02/2005	1 of 3	HepB, NOS [HepB]		
	05/03/2005	2 of 3	HepB, NOS [HepB]		
	09/01/2005	3 of 3	HepB, NOS [HepB]		
Influenza-H1N1	10/21/2009		Influenza-H1N1-09, NOS		
Influenza-seasnl	12/03/2004	Booster	Flu NOS		
	10/21/2005	Booster	Flu NOS		
	11/09/2006	Booster	Flu NOS		
	10/12/2007	Booster	Flu NOS		
MMR	09/23/2008	Booster	Flu NOS		
	10/30/1981	1 of 2	MMR [MMR II]		
	04/06/2016	2 of 2	MMR [MMR II]		
PneumoPoly 23	06/09/2016		MMR [MMR II]		
	10/28/2009	1 of 2	Pneumococcal 23		
Polio	10/04/2016	2 of 2	Pneumococcal 23		
	03/10/1980	1 of 4	Polio, NOS		
	08/19/1980	2 of 4	Polio, NOS		
Td/Tdap	09/22/1980	3 of 4	Polio, NOS		
	10/25/1997	1 of 4	Td (adult), NOS		
	08/31/2004	2 of 4	Td (adult), NOS		
Varicella	09/25/2014	3 of 4	Td (adult), NOS		
	04/06/2016	1 of 2	Varicella [Varivax]		

Client Comments: No Records Found. Start Date: End Date:

Signature of Issuing Entity: \_\_\_\_\_ / TXIIS ID:1111050000 Date:09/13/2018

Clinician Record

Disclaimer: The registry may not contain complete immunization histories.

**Figure 4. Example of Official Immunization and Disaster-Related Information Record**

### Creating a Roster List of Employees

Create a name for your report and select Save.

The screenshot displays the ImmTrac2 web application interface. At the top, there is a navigation bar with buttons for 'home', 'registration/renewal', 'manage access/account', 'forms', 'related links', 'logout', and 'contact us'. Below this, a yellow banner shows the user's current session: 'organization Jerry's World • user Laurie Munoz • role Full Access Providers no/DE'. The main content area is divided into several sections. On the left is a blue sidebar menu with categories: 'Training 4.6.1', 'Clients', 'Immunizations', 'Schools', 'Reports', 'Maintenance', 'Admin Support', and 'Manage My Account'. The 'Manage List' section is highlighted with a red box. It contains a form with a label '\* New List Name' and a text input field containing 'Team Vaccines'. To the right of the input field is a 'Save' button, also highlighted with a red box. Below the 'Manage List' section is a 'Report List' section, which is currently empty. At the bottom of the 'Report List' section, there is a table header with columns: 'List Name', 'Last Updated Date', 'Student Count', 'Delete', and 'Edit'.



### Adding employees to your Client List

To add employees to your report, under the Schools section, select Find Student.

The screenshot displays the ImmTrac2 Texas Immunization Registry interface. On the left, a blue sidebar menu lists various functions: Clients, Immunizations, Schools, Reports, Maintenance, Admin Support, and Manage My Account. The 'Schools' section is highlighted with a red box, and a red arrow points to the 'find student' option. The main content area features a top navigation bar with links like 'home', 'registration/renewal', and 'logout'. Below this, a yellow bar shows the current user's organization as 'Jerrys World' and their role as 'Full Access Providers no/DE'. The main content area includes sections for 'announcements' and 'release notes', with a 'NEW' tag next to a 'New Procedure Starting March 17' announcement and a 'Release Version 4.5.0' note. A copyright notice at the bottom reads 'Copyright © 1990 - 2018 State of Wisconsin. All rights reserved.'

Enter the ImmTrac2 Client ID number or perform a Basic Search to find employees to add to your report. See examples below.

Quick Search: Enter ImmTrac2 ID number and select Find.

Student Search Criteria

\* Required Field

**Quick Search** ▼

Search by ImmTrac2 ID

\* ImmTrac2 ID

Search by Client Identifier

\* Client ID

Search by SSN# and DOB

\* SSN#  -  -  \* Birth Date

Search by Medicaid ID

\* Medicaid ID

**Basic Search** ▼

**Smart Search** ▼

Basic Search: Enter First Name, Last Name, Birthdate and Gender then select Find.

**Basic Search** ▲

\* First Name  Gender  Children Only

\* Last Name  \* Birth Date

Once the employee record has been located, select the report list name you created previously from drop down list as shown in the example below. Select Add this Student to a Report List. The employee is now tied to the report you created.

Note: The Tracking Schedule defaults to the ACIP recommended immunization schedule. Do not change this field.

<b>Student Information</b>		ImmTrac2 ID 208140508	Official Immunization Record	Cancel
Student Name (First - MI - Last)	DOB	Gender	Tracking Schedule	
DEZ COTTIT	07/30/1986	M	ACIP	
<b>Current Age: 32 years, 1 month, 25 days</b>				
<b>Reports</b>				
<a href="#">Add this Student to a Report List</a>		Team Vaccines		
<b>Current Report Lists</b>				
<b>Immunization Record</b>				

Once the employee has been added to the report, a new window will appear showing the immunization history. See example below.

Continue the previous steps to add the desired employees to your report. Once you have entered all employees your report can be run.

**Student Information**
ImmTrac2 ID 208140508
Official Immunization Record
Cancel

---

Student Name (First - MI - Last)
DOB
Gender
Tracking Schedule

DEZ COTTIT
07/30/1986
M
ACIP

---

**Current Age: 32 years, 1 month, 25 days**

---

**Reports**  
[Add this Student to a Report List](#)
Team Vaccines

---

**Current Report Lists**

---

**Immunization Record**

Vaccine Group	Date Admin	Age At Immunization	Series	Vaccine [Trade Name]	Dose	Reaction	Disaster
DTP/aP	<a href="#">10/07/1986</a>	2M 7D	1 of 5	DTaP, NOS [DTaP, NOS @]			
	<a href="#">12/12/1986</a>	4M 12D	2 of 5	DTaP, NOS [DTaP, NOS @]			
	<a href="#">02/06/1987</a>	6M 7D	3 of 5	DTaP, NOS [DTaP, NOS @]			
	<a href="#">04/21/1988</a>	20M 22D	4 of 5	DTaP, NOS [DTaP, NOS @]			
	<a href="#">08/09/1991</a>	5Y	5 of 5	DTaP, NOS [DTaP, NOS @]			
HepB	<a href="#">07/29/1998</a>	11Y 11M	1 of 3	HepB, NOS [HepB @]			
	<a href="#">08/26/1998</a>	12Y	2 of 3	HepB, NOS [HepB @]			
	<a href="#">01/26/1999</a>	12Y 5M	3 of 3	HepB, NOS [HepB @]			
Hib	<a href="#">04/21/1988</a>	20M 22D	1 of 1	Hib, NOS			
Influenza-seasnl	<a href="#">10/11/2006</a>	20Y 2M	Booster	Flu NOS			
	<a href="#">12/04/2006</a>	20Y 4M	Booster	Flu NOS			
	<a href="#">12/14/2007</a>	21Y 4M	Booster	Flu NOS			
MMR	<a href="#">09/22/2017</a>	31Y 1M	Booster	Flu NOS			
	<a href="#">10/02/1987</a>	14M 2D	1 of 2	MMR [MMR II @]			
	<a href="#">07/29/1998</a>	11Y 11M	2 of 2	MMR [MMR II @]			
Polio	<a href="#">10/07/1986</a>	2M 7D	1 of 5	Polio, NOS			
	<a href="#">12/12/1986</a>	4M 12D	2 of 5	Polio, NOS			
	<a href="#">02/06/1987</a>	6M 7D	3 of 5	Polio, NOS			
	<a href="#">04/21/1988</a>	20M 22D	4 of 5	Polio, NOS			
	<a href="#">08/09/1991</a>	5Y	5 of 5	Polio, NOS			
Td/Tdap	<a href="#">07/11/2002</a>	15Y 11M	1 of 1	Td (adult), NOS			
	<a href="#">02/10/2016</a>	29Y 6M	Booster	Td (adult), NOS			

---

**Vaccines Recommended by Selected Tracking Schedule**

Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
<a href="#">DTP/aP</a>	DTaP, NOS		Complete	
<a href="#">HepB</a>	HepB, NOS		Complete	
<a href="#">Hib</a>	Hib, NOS		Complete	
<a href="#">Influenza-seasnl</a>	Flu NOS	10/20/2017	07/01/2018	10/22/2018
<a href="#">MMR</a>	MMR		Complete	
<a href="#">Polio</a>	Polio, NOS		Complete	
<a href="#">Td/Tdap</a>	Tdap	02/10/2026	02/10/2026	02/10/2026

### Running an Immunization Due Report

Under the Schools section, select Check School Report then select Status on the Immunizations Due row.

ImmTrac2  
Texas Immunization Registry

home registration/renewal manage access/account forms related links logout contact us

organization Jerrys World • user Laurie Munoz • role Full Access Providers no/DE

### Training 4.6.1

Check School Report Status

Report Name	Description	Output
Official Immunization History List	Displays the official immunization history for each student on the list sorted alphabetically by last name.	<a href="#">Status</a>
Immunizations Due	Displays the name, date of birth and all immunization information for immunizations due for each student on the list sorted alphabetically by last name.	<a href="#">Status</a>

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**Schools**  
manage list  
find student  
check school report

The Report will initially show Queue in the status field. As the report is compiled, the percentage will show percentage progression until it reaches 100%. Selecting the Refresh button will refresh until report is at 100%.

The screenshot shows the ImmTrac2 Texas Immunization Registry interface. At the top, there are navigation tabs: home, registration/renewal, manage access/account, forms, related links, logout, and contact us. Below the tabs, the user information is displayed: organization: Jerrys World, user: Laurie Munoz, role: Full Access Providers no/DE. The main content area is titled "Reminder Request Status" and contains a table with the following data:

Started	Completed	Status	Clients	Target From	Target To
09/24/2018 01:54 PM		QUEUE		01/24/2018	09/21/2018

Below the table, there is a "Reminder Output Status" section with the text "No Reminder Outputs Logged". To the right of the table, there are two buttons: "Refresh" and "Cancel". The "Refresh" button is highlighted with a red box. On the left side of the interface, there is a sidebar menu with the following categories and sub-items:

- ImmTrac2 Texas Immunization Registry
- Training 4.6.1
- 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
  - vaccine group listing
  - vaccine listing
  - vaccine relationships
- Manage My Account
  - edit my user account
  - change my password

Once the Immunizations Due Report Job Status is 100%, your report will be listed below under School Report Status. Click on the hyperlink under Name to access the report. This will open up a new window displaying the employees and the immunizations recommended by the ACIP.

ImmTrac2  
Texas Immunization Registry
home registration/renewal manage access/account forms related links logout contact us

organization **Jerrys World** • user **Laurie Munoz** • role **Full Access Providers no/DE**

**Training 4.6.1**

.....

**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  
vaccine group listing  
vaccine listing  
vaccine relationships

**Manage My Account**  
edit my user account  
change my password

**Immunization Due Report Job Status** Refresh

Started	Completed	Status	Students	Target From	Target To
09/28/2018 11:56 AM	09/28/2018 11:56 AM	100 %	5	01/01/2017	09/27/2018

**School Report Status**

Name	Type	Requested	Started	Completed	Status
<a href="#">Due Report 09-28-2018 11:56:41</a>	Imm. Due	09/28/2018 11:56 AM	09/28/2018 11:56 AM	09/28/2018 11:56 AM	Ready

**Example of Student/Client Due List**

Report run on : 09/28/2018 **Student Immunization Due List**

Student Name (L, F, M):

KOHL BEASTLEY - 10/13/1995

Tracking Schedule: ACIP

Vaccine	Immunizations Due	Immunization Dates
DTP/aP	Complete	1) 11/30/1995 2) 01/30/1996 3)
HepA	11/01/2008	1) 05/01/2008
HepB	04/13/1996	1) 10/14/1995 2) 11/30/1995
Hib	Max Age Exceeded	1) 11/30/1995 2) 01/30/1996 3)
HPV	02/03/2016	1) 01/06/2016
Influenza-seasnl	07/01/2018	1) 11/10/2005 2) 09/17/2009 3)
Meningo	Complete	1) 06/11/2014
Polio	Complete	1) 11/30/1995 2) 01/30/1996 3)
Td/Tdap	10/13/2006	
Varicella	10/13/1999	1) 09/16/1998

DEZ COTTIT - 07/30/1986

Tracking Schedule: ACIP

Vaccine	Immunizations Due	Immunization Dates
DTP/aP	Complete	1) 10/07/1986 2) 12/12/1986 3)
HepB	08/26/1998	1) 07/29/1998
Hib	Complete	1) 04/21/1988
Influenza-seasnl	07/01/2018	1) 10/11/2006 2) 12/04/2006 3)
MMR	07/30/1990	1) 10/02/1987
Polio	Complete	1) 10/07/1986 2) 12/12/1986 3)
Td/Tdap	07/30/1997	

ZEKE EATES - 07/17/1987

Tracking Schedule: ACIP

Vaccine	Immunizations Due	Immunization Dates
HepB	06/28/2005	1) 02/02/2005 2) 05/03/2005
HPV	Max Age Exceeded	1) 11/06/2012
Influenza-seasnl	07/01/2018	1) 09/15/2009 2) 10/07/2010 3)
MMR	05/06/2016	1) 04/06/2016
PneumoPoly 23	07/17/2052	1) 10/29/2009
Polio	07/17/1991	1) 09/20/1987 2) 11/22/1987 3)
Td/Tdap	07/17/1994	



ImmTrac2 Immunization Forecaster will show:

- Maximum Age Exceeded – Age at which the vaccine is no longer recommended.
- Complete – Vaccine series was complete.
- Overdue – Vaccine is recommended.
- Recommended dates for vaccines – Minimum interval at which the vaccines can be recommended and administered.

### Managing List of Employees

To manage or delete employees from your list, select Manage List under Schools. Select your report under List Name.

The screenshot displays the ImmTrac2 interface. At the top, there are navigation tabs: home, registration/renewal, manage access/account, forms, related links, logout, and contact us. Below this, a yellow banner shows the user's organization as 'Jerrys World', user as 'Laurie Munoz', and role as 'Full Access Providers no/DE'. The main content area is divided into two sections: 'Manage List' and 'Report List'. The 'Manage List' section has a text input field for '\* New List Name' and a 'Save' button. The 'Report List' section contains a table with the following data:

List Name	Last Updated Date	Student Count	Delete	Edit
<a href="#">Team Vaccines</a>	09/24/2018	5	Delete	Edit

The 'Schools' menu item in the left sidebar is highlighted with a red box, and a red arrow points to it. Another red arrow points to the 'Team Vaccines' link in the 'Report List' table.

Selecting your report under List Name will display the employees currently on your list. Check the box of the employee to be removed, then select Delete to remove a employee from your report.

The screenshot shows the ImmTrac2 Texas Immunization Registry interface. At the top, there are navigation tabs: home, registration/renewal, manage access/account, forms, related links, logout, and contact us. Below these, the user information is displayed: organization Jerry's World, user Laurie Munoz, and role Full Access Providers no/DE. The main content area is titled 'Reports Available for: Team Vaccines' and contains a table with three reports: Student List, Official Immunization History List, and Immunizations Due. Below the table is a 'Select Tracking Schedule' section with a dropdown menu set to 'ACIP'. At the bottom, there is a 'Client List for: Team Vaccines' section with a 'Delete' button highlighted in red. The client list table has columns for Delete, Last Name, First Name, Middle Name, and Birth Date, with five rows of data.

Report Name	Description
<a href="#">Student List</a>	Displays the name and date of birth for each student on the list sorted alphabetically by last name.
<a href="#">Official Immunization History List</a>	Displays the official immunization history for each student on the list sorted alphabetically by last name.
<a href="#">Immunizations Due</a>	Displays the name, date of birth and all immunization information for immunizations due for each student on the list sorted alphabetically by last name.

Select Tracking Schedule

Tracking Schedule: ACIP

Client List for: Team Vaccines

Delete	Last Name	First Name	Middle Name	Birth Date
<input type="checkbox"/>	<a href="#">BEASTLEY</a>	KOHL		10/13/1995
<input type="checkbox"/>	<a href="#">COTTIT</a>	DEZ		07/30/1986
<input type="checkbox"/>	<a href="#">EATES</a>	ZEKE		07/17/1987
<input type="checkbox"/>	<a href="#">NOMO</a>	TONY		02/09/1998
<input type="checkbox"/>	<a href="#">QUITTEN</a>	JASON		05/18/1998

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## **SECTION EIGHT: Abbreviations**

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CDC: Centers for Disease Control and Prevention

DSHS: Texas Department of State Health Services

HPV: Human Papillomavirus

MMR: Measles, mumps, and rubella vaccine

PCV: Pneumococcal Conjugate vaccine

PPSV: Pneumococcal Polysaccharide vaccine

Td: Tetanus and diphtheria toxoid

Tdap: Tetanus, diphtheria and acellular pertussis

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## **SECTION NINE: Forms and Resources**

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- Texas DSHS website - [www.immunizetexas.com](http://www.immunizetexas.com)
- DSHS Immunization Literature & Forms -  
<https://secure.immunizetexasorderform.com/default.asp>
  - ImmTrac2 First Responder Brochure (11-13079)
  - ImmTrac2 First Responder Poster (11-13080P)
  - First Responders – Get Vaccinated Brochure (11-14106)
  - First Responders – Get Vaccinated Poster (11-14106P)
- Texas Immunization Registry Adult Consent Form -  
[www.dshs.texas.gov/immunize/immtrac/forms.shtm#For  
General Public](http://www.dshs.texas.gov/immunize/immtrac/forms.shtm#ForGeneralPublic)
- The Texas Immunization Registry online enrollment manual -  
[www.dshs.texas.gov/immunize/immtrac/forms.shtm#Providers  
and Organizations](http://www.dshs.texas.gov/immunize/immtrac/forms.shtm#ProvidersandOrganizations)
- Recommended Adult Immunization Schedule -  
[www.cdc.gov/vaccines/schedules/easy-to-  
read/adult.html#schedule](http://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html#schedule)
- Quiz to see which vaccines are needed -  
[www2.cdc.gov/nip/adultimmsched/default.asp](http://www2.cdc.gov/nip/adultimmsched/default.asp)

- Summary of recommendations for adult vaccines - [www.immunize.org/catg.d/p2011.pdf](http://www.immunize.org/catg.d/p2011.pdf)
- Immunizations after a natural disaster - [www.cdc.gov/disasters/immunizations.html](http://www.cdc.gov/disasters/immunizations.html)
- Immunization recommendations for disaster responders - [www.cdc.gov/disasters/disease/responderimmun.html](http://www.cdc.gov/disasters/disease/responderimmun.html)
- Vaccine information - [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
- Tetanus Prevention - [www.cdc.gov/vaccines/vpd/tetanus/index.html](http://www.cdc.gov/vaccines/vpd/tetanus/index.html)
- Guidance for Developing a Mandatory Influenza Vaccination Program - [http://immunize.org/honor-roll/cha\\_guidance\\_mandatory\\_influenza\\_policy\\_hcp.pdf](http://immunize.org/honor-roll/cha_guidance_mandatory_influenza_policy_hcp.pdf)
- Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities - <https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>
- Influenza Vaccination of the Health Care Workforce - <https://publichealth.gwu.edu/departments/healthpolicy/influenza/MODEL%20LAW%20REPORT.pdf>

- Health Care Personnel Immunization Policy -  
<http://www.lancastergeneralhealth.org/LGH/ECommerceSite/media/LGH-Media-Library/Documents/Flu/Immunization-Policy-Only.pdf>
- Sample Vaccine Policy Statement -  
<http://www.immunize.org/catg.d/p2067.pdf>







TEXAS DEPARTMENT OF STATE HEALTH SERVICES

**3 easy steps and you're done.  
We take care of the rest.**

1. Go online ([www.ImmTrac.com](http://www.ImmTrac.com)) to download a consent form or speak to your health-care provider about signing up.
2. Gather your family's official immunization records.
3. Deliver your consent forms and immunization records to a health-care provider authorized to access ImmTrac.

Once registered, your complete immunization history is available to you and your health-care provider anywhere in the state, when you need it.







**When there's no time to think about your vaccines — you won't have to.**

To register for ImmTrac now, contact your health-care provider or


**Call:**  
(800) 252-9152

**E-mail:**  
[ImmTrac@dshs.state.tx.us](mailto:ImmTrac@dshs.state.tx.us)



Contact ImmTrac:  
Texas Department of State Health Services  
ImmTrac Group — MCI 946  
P.O. Box 149347  
Austin, TX 78714-9347

[www.ImmTrac.com](http://www.ImmTrac.com)



**FIRST RESPONDERS**

Stock no. 11-13079 Rev. 1/09

Figure 5. ImmTrac2 First Responder Brochure (11-13079)

The poster features a central red banner with the text: "When there's no time to think about your vaccines — you won't have to." The background is a collage of four images: a Metro Police officer, a red helicopter, firefighters in gear, and a paramedic attending to a patient. The bottom of the poster contains three steps for using ImmTrac2, each with an icon and a brief instruction. The ImmTrac2 logo and "Texas Immunization Registry" are prominently displayed at the bottom.

**When there's no time to think about your vaccines — you won't have to.**

**Step 1** Go online ([www.immtrac.com](http://www.immtrac.com)) or call 1-800-688-7888 to create a profile and link your records to a verified provider.

**Step 2** Gather your family's official immunization records.

**Step 3** Deliver your consent forms and immunization records to a verified provider or authorized user to access ImmTrac.

**ImmTrac**  
Texas Immunization Registry

**FIRST RESPONDERS**

For more information: [www.immtrac.com](http://www.immtrac.com)

Figure 6. ImmTrac2 First Responder Poster (11-13080P)



**SAVING LIVES IS THE JOB OF A FIRST RESPONDER**

**Additional Resources:**  
**Adult Immunization Schedule**  
<http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf>

**For more information, please visit**  
[www.immunizeTexas.com](http://www.immunizeTexas.com)  
or call (800) 252-9152.

**TEXAS**  
Department of State Health Services  
Immunization Branch

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES**


Stock No. 11-14106 10/2013

**—FIRST RESPONDERS—  
GET VACCINATED**

Figure 7. First Responders – Get Vaccinated Brochure (11-14106)




**Figure 8. First Responders – Get Vaccinated Poster (11-14106P)**



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

*IMMUNIZATION REGISTRY (ImmTrac2)*  
**ADULT CONSENT FORM**



(Please print clearly)

<b>Last Name</b>	<b>Middle Name</b>
<b>First Name</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of Birth</b>	
<b>Address</b>	<b>Apartment # Telephone</b>
<b>City</b>	<b>State Zip Code County</b>
<b>Mother's First Name</b>	<b>Mother's Maiden Name</b>

ImmTrac2, the Texas immunization registry, is a free service of the Texas Department of State Health Services (DSHS). The immunization registry is a secure and confidential service that consolidates immunization records for public health purposes (e.g., giving all doctors treating a patient a central place to see that patient's immunization records). With your consent, your immunization information will be included in ImmTrac2. For a family member younger than 18 years of age, a parent, legal guardian, or managing conservator may grant consent for participation for that minor by completing the ImmTrac2 Minor Consent Form (# C-7). The ImmTrac2 Minor Consent Form (# C-7) can be downloaded by visiting [www.ImmTrac.com](http://www.ImmTrac.com).

**The Texas Department of State Health Services encourages your voluntary participation in the Texas immunization registry.**

**Consent for Registration and Release of Immunization Records to Authorized Persons / Entities**

I understand that, by granting the consent below, I am authorizing release of my immunization information to DSHS and I further understand that DSHS will include this information in the state's central immunization registry, ImmTrac2. Once in ImmTrac2, my immunization information may be accessed by:

- a Texas physician, or other health care provider legally authorized to administer vaccines, for treatment of the individual as a patient;
- a Texas school in which the individual is enrolled;
- a Texas public health district or local health department, for public health purposes within their areas of jurisdiction;
- a state agency having legal custody of the individual;
- a payor, currently authorized by the Texas Department of Insurance to operate in Texas for immunization records relating to the specific individual covered under the payor's policy.

**I understand that I may withdraw this consent at any time.**

**By my signature below, I GRANT consent for registration. I wish to INCLUDE my information in the Texas immunization registry.**

**Individual (or individual's legally authorized representative):** \_\_\_\_\_ **Printed Name**

\_\_\_\_\_ **Signature**

**Date** \_\_\_\_\_

**Privacy Notification:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

**Questions?** (800) 252-9152 • (512) 776-7284 • Fax: (866) 624-0180 • [www.ImmTrac.com](http://www.ImmTrac.com)

Texas Department of State Health Services • ImmTrac Group – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

**PROVIDERS REGISTERED WITH ImmTrac2:** Please enter client information in ImmTrac2 and affirm that consent has been granted. **DO NOT** fax to ImmTrac2. Retain this form in your client's record.

Stock No. F11-13366
Revised 09/2017

Figure 9. Texas Immunization Registry Adult Consent Form (F11-133366)

**Figure 10. Self-Assessment to Identify Needed Immunizations**

Employees may fill out the questionnaire below to help determine which vaccines may be recommended based on specific health status, age, and lifestyle. Please check all that apply as each individual category may not be inclusive of all needed vaccines.

<b>Check all that apply to you</b>	<b>Recommended vaccines</b>
<input type="radio"/> I am 19 years or older	<ul style="list-style-type: none"> <li>• Seasonal flu vaccine annually</li> <li>• Tetanus (Td) vaccine every 10 years</li> <li>• One-time dose of whooping cough (Tdap) vaccine for all adults who have never received Tdap vaccine</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           Pregnant women should get a Tdap vaccine during EACH pregnancy         </div>
<input type="radio"/> I am 50 years or older	<ul style="list-style-type: none"> <li>• Shingles (zoster) vaccine</li> </ul>
<input type="radio"/> I am 65 years or older	<ul style="list-style-type: none"> <li>• Both types of pneumococcal vaccines (one dose of conjugate first, then a dose of polysaccharide 6-12 months later)</li> </ul>
<input type="radio"/> I didn't receive the Human papillomavirus (HPV) vaccine series as a child	<ul style="list-style-type: none"> <li>• HPV vaccine series (2 or 3 doses)             <ul style="list-style-type: none"> <li>▪ Females age 26 or younger</li> <li>▪ Males age 21 or younger</li> <li>▪ Males age 22-26 who has sex with men, who have a weakened immune system, or who has HIV</li> </ul> </li> </ul>
<input type="radio"/> I was born in the US in 1957 or after and don't have immunity against measles, mumps and rubella	<ul style="list-style-type: none"> <li>• Measles, mumps, rubella (MMR) vaccine (two doses)*</li> </ul>

<input type="radio"/> I was born in the US in 1980 or after and don't have immunity against chickenpox	<ul style="list-style-type: none"> <li>• Varicella (chickenpox) vaccine*</li> </ul>
<input type="radio"/> I am a healthcare worker	<ul style="list-style-type: none"> <li>• Hepatitis B vaccine series</li> <li>• Measles, mumps, rubella (MMR) vaccine*</li> <li>• Varicella (chickenpox) vaccine*</li> </ul>
<input type="radio"/> I have heart disease, asthma or chronic lung disease	<ul style="list-style-type: none"> <li>• Pneumococcal polysaccharide vaccine</li> </ul>
<input type="radio"/> I have type 1 or type 2 diabetes	<ul style="list-style-type: none"> <li>• Hepatitis B vaccine series</li> <li>• Pneumococcal polysaccharide vaccine</li> </ul>
<input type="radio"/> I have a weakened immune system	<ul style="list-style-type: none"> <li>• Both types of pneumococcal vaccine (one dose of conjugate first, then one dose of polysaccharide <math>\geq 8</math> weeks later)</li> <li>• HPV vaccine series if 26 years of age or younger and not previously vaccinated</li> <li>• Hib vaccine (post-hematopoietic stem cell transplant only)</li> </ul>
<input type="radio"/> I have HIV	<ul style="list-style-type: none"> <li>• Hepatitis B vaccine series</li> <li>• Both types of pneumococcal vaccine (one dose of conjugate first, then one dose of polysaccharide <math>\geq 8</math> weeks later)</li> <li>• HPV vaccine series if 26 years of age or younger and not previously vaccinated</li> </ul>

<input type="radio"/> I have chronic liver disease	<ul style="list-style-type: none"> <li>• Hepatitis A vaccine series</li> <li>• Hepatitis B vaccine series</li> <li>• Pneumococcal polysaccharide vaccine</li> </ul>
<input type="radio"/> I do not have a spleen or my spleen does not work well	<ul style="list-style-type: none"> <li>• Hib vaccine</li> <li>• Meningococcal vaccine</li> <li>• Both types of pneumococcal vaccine (one dose of conjugate first, then one dose of polysaccharide <math>\geq 8</math> weeks later)</li> </ul>
<input type="radio"/> I am a man who has sex with men	<ul style="list-style-type: none"> <li>• Hepatitis A vaccine series</li> <li>• Hepatitis B vaccine series</li> <li>• HPV vaccine series if 26 years of age or younger and not previously vaccinated</li> </ul>
<input type="radio"/> I am a laboratory worker and may be routinely exposed to isolates of <i>Neisseria meningitidis</i> , or specimens potentially containing hepatitis A or hepatitis B virus	<ul style="list-style-type: none"> <li>• Hepatitis A vaccine series</li> <li>• Hepatitis B vaccine series</li> <li>• Meningococcal vaccine</li> </ul>
<input type="radio"/> I am a college freshman living in a residence hall	<ul style="list-style-type: none"> <li>• Meningococcal vaccine</li> <li>• Measles, mumps, rubella (MMR) vaccine*</li> </ul>
<input type="radio"/> I am planning to travel out of the U.S.	<ul style="list-style-type: none"> <li>• Talk to your healthcare professional to learn which vaccines you may need based on locations of travel.</li> </ul>

\*This is a live vaccine and should not be given to those who have a very weakened immune system, including those with a CD4 count less than 200, or to pregnant women.



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