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Introduction and Contact Information

This guide is intended for K-12 School users around the state. These users will have view only access to patient level records available in the Vermont Immunization Registry (IMR).

Access to the registry is mandated by Vermont State Law and the information contained therein must remain confidential and privileged (18 V.S.A. § 1129).

To gain access to the IMR, school users must submit the proper confidentiality agreement to the state, upon which the request will be reviewed, and permission provided. To learn more about the process to gain access to the IMR, [please visit our website](#).

If you have any questions, please contact us:

Vermont Immunization Registry (Website)

Email: IMR@Vermont.Gov

Phone: (888) 688-4667

- Option 2 – password resets
- Option 3 – general support



First time Login

The registry will send your username to the email provided on your confidentiality agreement within two or three days after it is submitted. Be sure to check your junk and/or spam folder to make sure you received this email.

1. Start by clicking the link in the email to set up your password.
2. Enter the same email address as before and click on the button to submit a password change. This will send you an email to reset your password.
3. Click on the Reset Password button or link in the email. Your browser will open to the page to set up your password. Create a password that is at **least 8 characters long**. The password must also contain:
 - a. a lowercase letter
 - b. an uppercase letter
 - c. a number
 - d. a symbol.
4. Once you click submit, you will be directed to a page with links for Vermont Department of Health sites. Click on the Immunization Registry (IMR) link.
5. Log in with the username sent to you in the email from the Registry team and use the password that you just set up.
6. If you have difficulty logging in, please visit the following section on [access issue troubleshooting](#), or [contact us](#).



Access Issues Troubleshooting

The Immunization registry is only supported on the Microsoft Edge, Mozilla Firefox and Google Chrome browsers. The program is incompatible with Internet Explorer, Safari, Opera, and any other web browsers and will not open if clicked. The app is not supported on mobile devices.

If you [click the link to our site](#) and it opens in an unsupported browser, you will need to either change your default browser through your computer's settings or you can copy and paste the link into a supported browser.

If the app is not loading in the approved browsers, there is a chance it is being interrupted by the default pop-up blocker. This setting can also affect whether reports will fully load for some users. To solve this, you will need to copy the url for the application (below) and paste it into the pop-up whitelist in the browser settings.

<https://apps.health.vermont.gov/PatientProfile/default.aspx>

To whitelist, or unblock, the IMR in your browser, navigate to the settings menu: typically an icon for three dots or lines in the upper right-hand corner under the “ X “ to close out.

In **Microsoft Edge**, click Settings, then Cookies and site permissions, followed by Pop-ups and redirects and add the link to the app into the allow list.

In **Mozilla Firefox**, click settings, followed by Privacy & Security, and scroll down to Exceptions, where you can add the link to the app to the Allow list.

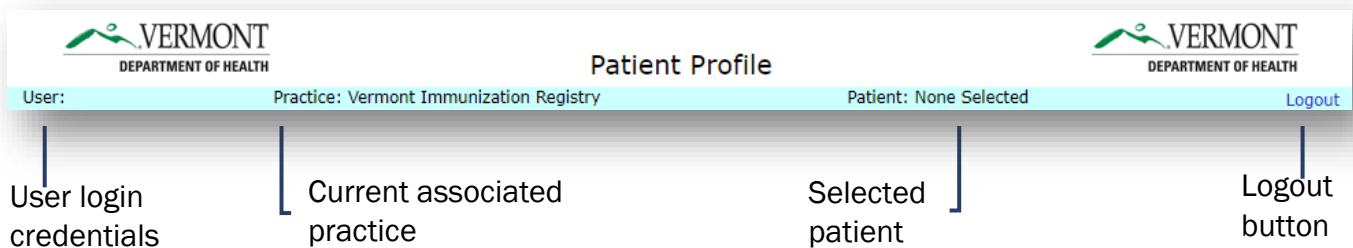
In **Google Chrome**, click settings, then Privacy and Security, followed by Site settings and Pop-ups and redirects where you can add the link to the app under “Allowed to send pop-ups and use redirects”



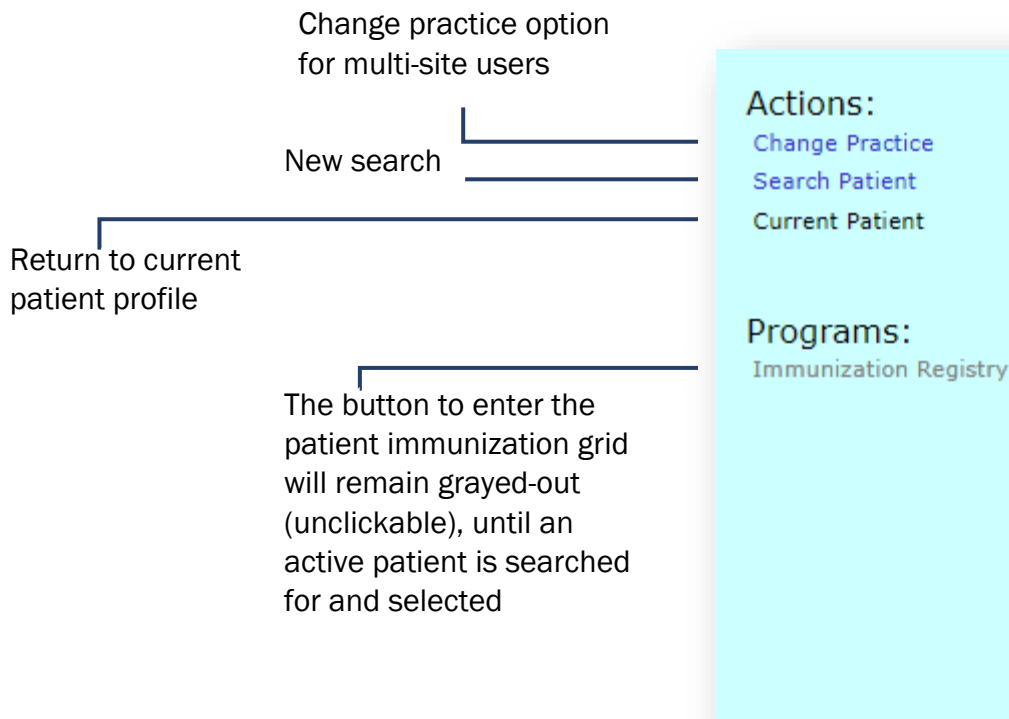
Entry Screen – Basic Toolbars

Upon logging in successfully, you should come to a blank patient search screen. This is the starting point of all actions within the IMR. You will not be able to view any information without first selecting a patient in the IMR.

Upper toolbar elements



Sidebar elements





Performing a Patient Search

To perform a patient search, enter the patient's **entire first name, last name, and date of birth (dd/mm/yyyy)**. Be sure to use the “/” symbol when entering the DOB. Other patient identifiers are available, but in most cases the first name, last name, and DOB will result in the desired patient if they exist and are active in the IMR.

An effective search will reduce the chances of finding duplicates. The IMR will pull multiple names that are *close* to a search, so the DOB is the best way to make sure you find the correct patient.

Search Patient

TIP: Please do not use "wild card searches, where you enter "J" or "J*" to find a record for "Jenkins" -- even if you have done so in the past. These searches make it easy to miss finding a record.

Best practice: enter last name AND first name AND date of birth.

| | | | |
|--------------|------------------------------------|----------------------|--|
| First Name: | <input type="text" value="Sugar"/> | Date of Birth: | <input type="text" value="2/15/2015"/>  |
| Last Name: | <input type="text" value="Donut"/> | | |
| Identifiers: | <input type="text" value=""/> ▼ | <input type="text"/> | |

Search Results:

The New Search button clears all the fields in the window to allow for a different patient search

Search

“Cancel” will not clear the fields but will allow a user to add a new patient if there are no results



Patient Search Troubleshooting

A correctly performed search will yield, ideally, only one result:

Search Results:

| | IMR Patient | Last Name | First Name | Middle Name | Date of Birth |
|--------|-------------------------------------|-----------|------------|-------------|---------------|
| Select | <input checked="" type="checkbox"/> | Donut | Organic | | 1/1/1944 |
| 1 | | | | | |

If "Select" button is missing, the patient has no information in the system

If the IMR Patient box is unchecked, the patient is likely in the system from Vital Records, but their vaccine history has not been provided to the Registry

If the search yields no results, you will need to [contact the Registry team](#).

Duplicates and spelling mistakes should be [brought to the attention of the Registry team](#), as well as name changes, although changes are updated in the system from Vital Records.



Patient Immunization History – The Immunization Grid

Individual vaccine records are viewed in the Immunization Grid, which is accessed by clicking the [“Immunization Registry” link in the lefthand toolbar](#) after performing a [patient search](#).

The grid is generally laid out by vaccine age indication with a few exceptions (see below). The columns display chronological doses for each vaccine.

| Immunizations | | | | | | |
|---|---|------------|------------|------------|------------|--------|
| Enter immunizations as: | | | | | | |
| <input checked="" type="radio"/> Current <input type="radio"/> Historical | | | | | | |
| Status | Vaccine | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 |
| | COVID-19, mRNA, 5-11 yrs, Pfizer | 04/14/2022 | 04/21/2022 | 04/28/2022 | | |
| | COVID-19, mRNA, booster, 5-11 yrs, Pfizer | 05/03/2022 | | | | |
| | COVID-19, RBB, 1-5, mRNA, LNP-S, PF, tris-sucrose, 5 mos-4 yrs, Pfizer | | | | | |
| | COVID-19, RBB, 1-5, mRNA, LNP-S, PF, tris-sucrose, 12+ yrs, Pfizer | | | | | |
| | COVID-19, RBB, 1-5, mRNA, LNP-S, PF, tris-sucrose, 5-11 yrs, Pfizer | | | | | |
| | COVID-19, RBB, 1-5, mRNA, LNP-S, PF, 6 mos-11 yrs, Moderna | | | | | |
| | COVID-19, RBB, 1-5, mRNA, LNP-S, PF, 12+ yrs, Moderna (Solvieva) | | | | | |
| | COVID-19, RBB, 1-5, subunit, rS-nanoparticle, adjuvanted, PF, 12+ yrs, Novavax | | | | | |
| | DTaP-Hib 6-PRV | 07/01/2012 | 07/14/2012 | 07/27/2012 | | |
| | Hib (PRP-T) | 07/01/2012 | 07/14/2012 | 07/27/2012 | 08/10/2012 | |
| | Hib (PRP-CRMF) | | | | | |
| | DTaP-Hib-PRV | | | | | |
| | pneumococcal conjugate PCV 13 | 07/01/2012 | 07/14/2012 | 07/27/2012 | 07/27/2012 | |
| | DTaP-PRV | 07/01/2012 | | | | |
| | DTaP | 07/01/2012 | | | | |
| | DTaP-5 pertussis antigens | 07/01/2012 | | | | |
| | DTaP-PRV-Hib-hepB | | | | | |
| | IPV | | | | | |
| | Hep A, ped/adol, 2-dose | 11/16/2012 | 03/01/2013 | | | |
| | Hep A, adult | | | | | |
| | Hep B, adolescent or pediatric | 11/16/2012 | | | | |
| | Hep B-PRV B | | | | | |
| | Hep B, adult | | | | | |
| | Hep B, adolescent | | | | | |
| | rotavirus, monovalent | 07/01/2012 | 07/14/2012 | | | |
| | rotavirus, pentavalent | | | | | |
| | MMR | 07/01/2012 | | | | |
| | MMR-Varicella | 07/01/2012 | | | | |
| | varicella | 07/01/2012 | | | | |
| | meningococcal PCVAP | 11/16/2012 | | | | |
| | meningococcal B PRV, recombinant | | | | | |
| | meningococcal MenACWY-TT (MenQuadri) | | | | | |
| | meningococcal B AC, CNV | | | | | |
| | HPV9 | 11/16/2012 | 03/01/2013 | | | |
| | Influenza, injectable, quadrivalent, preservative free | 07/01/2012 | | | | |
| | Influenza, live, intranasal, quadrivalent | 07/01/2012 | | | | |
| | Influenza, high dose | | | | | |
| | Influenza, injectable | | | | | |
| | Influenza, injectable, preservative-free | | | | | |
| | Influenza, intranasal, preservative-free | | | | | |
| | Influenza-LIV4, IM (1-2yrs) | | | | | |
| | Influenza, injectable, quadrivalent, preservative-free, pediatric | | | | | |
| | Influenza, intranasal, quadrivalent, preservative-free, injectable | | | | | |
| | Influenza, seasonal trivalent, adjuvanted, preservative free | | | | | |
| | Influenza, injectable, Fluzel, Fluzel Carine, Novartis, preservative free, quadrivalent | | | | | |
| | Influenza, recombinant, quadrivalent, injectable, preservative free | | | | | |
| | Influenza, injectable, H3DK, quadrivalent | | | | | |
| | Influenza, high dose, quadrivalent | | | | | |
| | Influenza, seasonal quadrivalent, adjuvanted | | | | | |
| | pneumococcal polysaccharide | | | | | |
| | pneumococcal conjugate PCV13 | | | | | |
| | pneumococcal conjugate PCV20 | | | | | |
| | RSV, recombinant (Adult) | | | | | |
| | RSV, bivalent, RFI (Adult) | | | | | |
| | RSV, med, 0.5 mL, age 0 – 18 mos. | | | | | |
| | RSV, med, 1.0 mL, age 0 – 18 mos. | | | | | |
| | Tdap | 11/16/2012 | | | | |
| | Td (adult), 2 (if tetanus toxoid, preservative free, adjuvanted) | | | | | |
| | Td, adult, preservative free | | | | | |
| | Monkeypox Smallpox (JYNNEOS), Vaccinia, live | | | | | |
| | Zoster recombinant | | | | | |
| | Oral Unconjugated | 07/01/2012 | | | | |
| | Yellow Fever | 07/01/2012 | | | | |

COVID-19 (child and adult)

Routine childhood immunizations

Routine adolescent immunizations

Influenza (child and adult)

Routine adult immunizations

Vaccines outside of the standard grid populate at the bottom, if administered

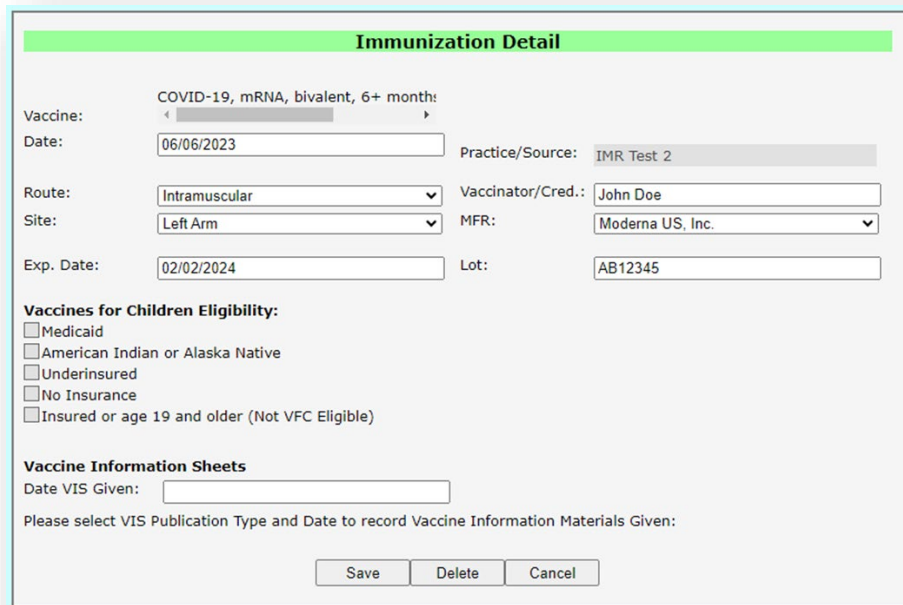
Navigate to additional columns



Vaccine Detail – Current Dose

Current doses are immunizations that are recorded by the administering practice and have more information than a historical dose. In addition to the administration date, a current dose will include the practice/source, administration details, and further detail about the vaccine.

The date of administration does not necessarily match the date added to the registry



Immunization Detail

Vaccine: COVID-19, mRNA, bivalent, 6+ months
Date: 06/06/2023
Practice/Source: IMR Test 2
Route: Intramuscular
Vaccinator/Cred.: John Doe
Site: Left Arm
MFR: Moderna US, Inc.
Exp. Date: 02/02/2024
Lot: AB12345

Vaccines for Children Eligibility:
 Medicaid
 American Indian or Alaska Native
 Underinsured
 No Insurance
 Insured or age 19 and older (Not VFC Eligible)

Vaccine Information Sheets
Date VIS Given:
Please select VIS Publication Type and Date to record Vaccine Information Materials Given:

Save Delete Cancel

The practice / source populates from the practice EHR or practice of the direct entry user that added the record

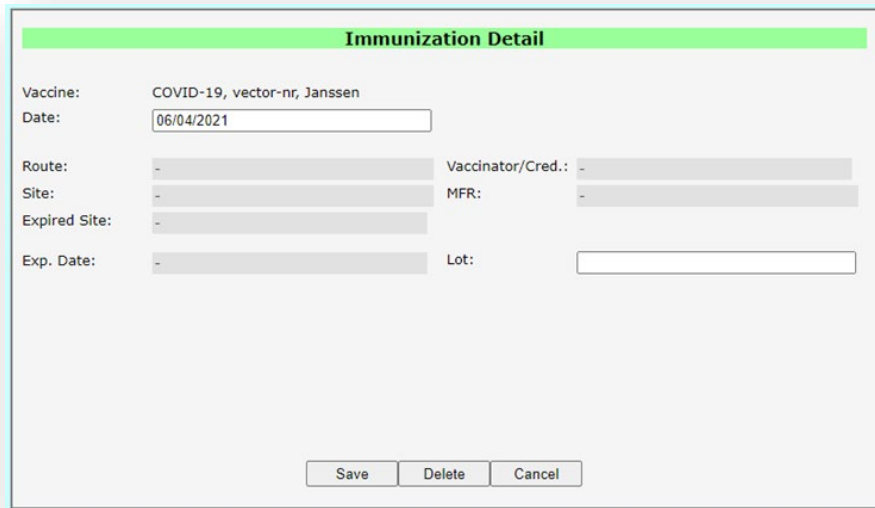
The name of the vaccinator will not auto-populate for direct entry and must be added manually



Vaccine Detail – Historical Dose

Historical doses in the IMR are often doses administered elsewhere and, thus, do not include as much information as a [current \(or administered\) dose](#). When historical doses are recorded, the administration date is required but the only other field available is lot number, which is optional.

The date of administration does not necessarily match the date added to the registry



| Immunization Detail | |
|---------------------|---|
| Vaccine: | COVID-19, vector-nr, Janssen |
| Date: | <input type="text" value="06/04/2021"/> |
| Route: | - |
| Site: | - |
| Expired Site: | - |
| Exp. Date: | - |
| Vaccinator/Cred.: | - |
| MFR: | - |
| Lot: | <input type="text"/> |

Save Delete Cancel

The lot number is optional and often missing for historical records

Historical doses will not include the practice/source field ([see current doses](#)) and all other fields will be grayed out. While the IMR team does have the ability to look up the practice or user who added a historical shot, there is no front-end method for IMR users to view this information.





Objections and Contraindications

Objections and contraindications are located below the immunization grid and can be added manually or via HL7 messaging. These are cases where a patient refuses a vaccine, either for religious (objection) or medical (contraindication) reasons as permitted in Vermont. A history of varicella disease is also located here and is the only history of disease that affects the up-to-date status of a patient. Titers are not recorded in the Registry.

| | | | | | | | | | |
|--|---|------------|---------------|--|--|--|--|--|---|
| Zoster recombinant | | | | | | | | | |
| Prev Next | | | | | | | | | |
| Recommendations | <input type="checkbox"/> Include Vaccination Record | | | | | | | | |
| Add a New Vaccine to the Immunization Record | | | | | | | | | |
| Contraindication | | | | | | | | | |
| Vaccine | Date Entered | Practice | Phone | | | | | | |
| | | | | | | | | | Edit |
| Objection | | | | | | | | | |
| Vaccine | Date Entered | Practice | Phone | | | | | | |
| HPV9 | 2/3/2023 | IMR Test 2 | (802)222-2222 | | | | | | Edit Delete |
| Influenza, injectable, quadrivalent, preservative free | 2/3/2023 | IMR Test 2 | (802)222-2222 | | | | | | Edit Delete |
| | | | | | | | | | Edit |
| Varicella Status | | | | | | | | | |
| <input checked="" type="radio"/> Confirmed (Yes) <input type="radio"/> Unknown | | | | | | | | | |
| Varicella History | | | | | | | | | |
| Date of Disease | Date Entered | Source | | | | | | | Edit |
| | | | | | | | | | |

“Edit” is used to add and modify both objections and contraindications

Objections, contraindications, and history of varicella are denoted with a red flag in the leftmost column in the vaccine grid.

| | | | | | | | | | |
|---|--------------------------------------|--|--|--|--|--|--|--|--|
|  | varicella | | | | | | | | |
| | meningococcal MCV4P | | | | | | | | |
| | Meningococcal B FHbp, recombinant | | | | | | | | |
| | meningococcal MenACWY-TT (MenQuadfi) | | | | | | | | |
| | Meningococcal B 4C, OMV | | | | | | | | |
|  | HPV9 | | | | | | | | |
| | Influenza, high dose | | | | | | | | |



The Vaccine Forecaster (overview)

The forecaster tool provides clinicians with guidance in collaboration with the Advisory Committee on Immunization Practices (ACIP) for recommended immunizations. Recommendations are provided for each patient based on age, immunization history, and the CDC Immunization Schedule. Conditionally recommended doses for people with health conditions that might call for additional protection are also provided.

The forecaster tool consists of three components. The **evaluated history** provides an indication of whether each immunization administered in the past was in accordance with ACIP guidance. **Forecaster Recommendations** include an indication of whether a vaccine is due at a visit as well as indicating the earliest date that the dose can be given and the date it is overdue. Finally, **Conditional Recommendations** provide the clinician with a general flag for additional recommendations to consider based on what they know of their patient.

Opening the evaluated history and forecaster

At the bottom of the Immunizations Grid in a patient record, toggle “Include Vaccination Record” to [include the evaluated history](#) and click the “Recommendations” button to run the forecaster. For a printout version, “Print Forecaster Results” in the patient report section of the lefthand toolbar (click “Include Vaccination History with Report” in the dialogue box to [include the evaluated history](#) in the printout).

| | | | | | | | |
|--|--------------------|--|--|--|--|--|--|
| | Zoster recombinant | | | | | | |
|--|--------------------|--|--|--|--|--|--|

Prev Next

Recommendations Include Vaccination Record

Patient Reports

- Immunization Record
- Objections and Contraindications
- Print Forecaster Results**
- Vaccine Administration Record
- VFC Assessment Report
- Licensed Child Care Report

Print Forecaster Results

Include Vaccination History with Report?

Create Report



The Vaccine Forecaster - Evaluated History

The evaluated history is used in combination with the vaccine forecaster to provide context for how vaccine groups are evaluated for up-to-date status. [When selected](#), it will provide an evaluation for every vaccine in the patient's history based on their age and the latest ACIP recommendations. It is especially useful in situations where you expect a patient to be up to date, but the forecaster still recommends an additional dose.

| Vaccination Record | | | |
|---|-------------------|---------|---|
| Vaccine Group (Vaccine) | Date Administered | Status | Evaluation Reason |
| COVID-19 (COVID-19, mRNA LNP-S, PF, Moderna) | 12/25/2021 | VALID | |
| COVID-19 (COVID-19, mRNA LNP-S, PF, Moderna) | 1/30/2022 | VALID | |
| COVID-19 (COVID-19, mRNA, 6yrs-11yrs / >= 12yrs, bivalent booster, Moderna) | 12/25/2022 | VALID | |
| DTP (DTaP) | 6/10/2010 | INVALID | This patient was below the minimum age for this dose. |
| DTP (DTaP) | 10/21/2010 | VALID | |
| DTP (DTaP) | 12/25/2010 | VALID | |
| DTP (DTaP) | 8/30/2011 | VALID | |
| DTP (Tdap) | 8/30/2021 | VALID | |
| Hep A (Hep A ped/adol 2 dose) | 8/30/2011 | VALID | |
| Hep A (Hep A ped/adol 2 dose) | 1/30/2012 | INVALID | This immunization event occurred prior to the specified minimum interval for this dose. |
| Hep B (Hep B peds, less than 20yrs) | 6/3/2010 | VALID | |

In this example, the patient was given two vaccines outside of the standard schedule: one from the DTP vaccine group and a dose of Hep A. Even though this patient has received the required amount of Hep A doses, because the second dose was given too close to the first, they are considered not up to date for this vaccine group and an additional dose will be recommended by the forecaster.

The evaluation rules and schedule are updated constantly, so it is important to [check our website for the latest updates and notices](#). If you have any questions or find an evaluation that does not match what is expected, please [contact us](#).



The Vaccine Forecaster

Forecaster Recommendations include the earliest date that the dose can be given, recommended date (**highlighted in green** if the latest dose is due at the date the report is run) and the date it is overdue (**highlighted in blue** to indicate an additional dose is overdue). If the recommended date is in the future, no highlighting will be applied.

The forecaster recommends **influenza** beginning on the first of July because the forecaster includes a seasonal reset, based on June 30th of each year as the close of one flu season and July 1st as the opening of the next.

Vaccines Recommended by Tracking Schedule

| Vaccine | Earliest Date | Recommended Date | Overdue Date | Status |
|--------------------|---------------|------------------|--------------|-----------------------|
| COVID-19 | 9/12/2023 | 9/12/2023 | | Recommended |
| DTP | 5/1/2012 | 5/1/2012 | 5/1/2012 | Recommended |
| Hep A | 4/1/2004 | 4/1/2004 | 4/1/2004 | Recommended |
| Hep B | 4/19/2023 | 4/19/2023 | 4/19/2023 | Recommended |
| Influenza | 7/1/2023 | 7/1/2023 | | Recommended |
| MMR | 9/1/1965 | 9/1/1965 | 1/28/1966 | Recommended |
| Zoster recombinant | 4/19/2023 | 5/17/2023 | 11/18/2023 | Recommended |
| Pneumococcal | | 9/1/2029 | | Future Recommendation |

Note - The forecaster supports “routinely administered vaccine groups.” There is currently no forecaster support for travel vaccines, or vaccines not routinely given in the U.S. These include rabies, yellow fever, typhoid, and adenovirus. You will see record of these immunizations at the [bottom of the immunization grid](#) if the patient has received them, but the forecaster does not have the capability at this point to assess these groups or recommend the next appropriate dose.



The Vaccine Forecaster - Conditional recommendations

The next section of the forecaster, “Vaccines Not Recommended or Conditionally Recommended by Tracking Schedule”, provides the clinician with a general flag for additional recommendations to consider based on what they know of their patient. Vaccines that are no longer recommended for a patient due to series completion or age will be highlighted in red.

| Vaccines Not Recommended or Conditionally Recommended by Tracking Schedule | | |
|--|---------------------------|---|
| Vaccine | Status | Message |
| Hib | Conditionally Recommended | Recommended for high-risk groups. |
| Meningococcal | Conditionally Recommended | Recommended for high-risk groups. |
| Meningococcal B | Conditionally Recommended | Recommended for high-risk groups. |
| Orthopoxvirus | Conditionally Recommended | Recommended for high-risk groups. |
| Polio | Conditionally Recommended | Recommended for high-risk groups. |
| Varicella | Conditionally Recommended | Recommended for high-risk groups. |
| HPV | Not Recommended | Vaccine not recommended at this age. |
| Rotavirus | Not Recommended | Vaccine not recommended at this age; too old to initiate. |

The Immunization Registry does not capture information about specific health conditions. When a patient has particular health conditions, the ACIP guidance may call for additional doses or early administration of some vaccine groups. Conditional Recommendations list some other vaccines that might be appropriate if the patient had certain health conditions, was a health care provider, or had other risk factors. Determination of whether conditionally recommended vaccines should be administered is at the discretion of the health care provider.