



# ShowMeVax





# Topics

- ShowMeVax Application (NEW Missouri Immunization Registry)
- Immunizations Data Warehouse
- HL7 Electronic Data Interface



# ShowMeVax

- ShowMeVax (SMV) replaces HmClient as the Missouri Immunization Registry.
- Web Based – all you need is the internet. Can be used any where and at any time.
- The development of SMV began in July 2008 and was brought into production in December 2009. Pilot testing began in February 2010.
- HmClient users were trained and converted to SMV in June, July, September and October 2010.
- Implementation will continue for existing and new users in 2011.



# ShowMeVax



- A “train the trainer” approach to training is being used. BIAA trained provider staff who in–turn trained other provider staff.
- BIAA has implemented a help desk for SMV. Can contact this help desk either by telephone or e–mail ([SMV Help Desk Information](#))
- In total, over 200 immunization providers and over 400 associated users have been trained in 2010.



# ShowMeVax Implementation Requirements



- High-speed internet access
- Windows Operating System
- Internet Explorer 7.0 or 8.0
- Application training (1 day)



# Introduction

- SMV manages 3 things:
  - Clients
  - Immunizations
  - Inventory
  
- Client and vaccine lot number driven



# Home Page

# ShowMeVax Homepage



[DHSS Home](#) [State Home](#) [eMomed](#)

State of Missouri

## DEPARTMENT OF HEALTH AND SENIOR SERVICES

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  - Demographics
- Immunizations
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### Welcome to the Missouri Immunization Registry

#### Immunization Announcements

08/19/2010 2010 Missouri Immunization Conference "Victories and Challenges"

#### Immunizations

[Whats New](#)  
[Upcoming Trainings and Conferences](#)

#### Forms

[VFC Provider Forms](#)  
Not a VFC Provider? [Click here for more information about the VFC Program](#)  
[VIS Forms](#)

#### Related WebSites

[DHSS Immunization Homepage](#)  
[Immunization Action Coalition](#)  
[CDC: Vaccines and Immunizations](#)  
[List of Vaccines used in United States](#)  
[Vaccine Immunization Schedules](#)  
[Catch-up Immunization Scheduler](#)  
[VAERS- Vaccine Adverse Event Reporting System](#)

Inventory items that are Running Low -  Records Per Page:

| Exp Date   | Site Name      | Vaccine Family | Vaccine Name       | Trade Name       | Lot Number | On Hand |  |
|------------|----------------|----------------|--------------------|------------------|------------|---------|--|
| 03/14/2012 | _VFC INVENTORY | HIB            | DTAP/IPV/HIB       | PENTACEL         | 1212121212 | 50      |  |
| 07/17/2012 | _VFC INVENTORY | MMR            | MMR                | MMR II           | PPPLLL     | 19      |  |
| 12/24/2010 | _VFC INVENTORY | VARICELLA      | VARICELLA          | VARIVAX          | 444RRR     | 10      |  |
| 01/01/2012 | _VFC INVENTORY | HEP A          | HEP A PED/ADOL     | VAQTA            | 123456AB   | 17      |  |
| 04/01/2011 | _VFC INVENTORY | INFLUENZA      | INFLUENZA, PR FREE | FLUZONE HIGH-DOS | HOHOHO     | 15      |  |

Inventory items that are Expiring in  Records Per Page:

| Exp Date   | Site Name      | Vaccine Family  | Vaccine Name       | Trade Name       | Lot Numbe | On Hand | Expires(Months) |
|------------|----------------|-----------------|--------------------|------------------|-----------|---------|-----------------|
| 12/24/2010 | _VFC INVENTORY | VARICELLA       | VARICELLA          | VARIVAX          | 444RRR    | 10      | 1               |
| 04/01/2011 | _VFC INVENTORY | INFLUENZA       | INFLUENZA, PR FREE | FLUZONE HIGH-DOS | HOHOHO    | 15      | 4               |
| 03/31/2011 | _VFC INVENTORY | HUMAN PAPILOMAV | HPV BIVALENT       | CERVARIX         | 123AAS    | 20      | 4               |
| 02/02/2011 | _VFC INVENTORY | PNEUMOCOCCAL    | PNEUM 13-VALENT    | PREVNAR 13       | 123PPP    | 19      | 2               |





# Client Search



# Client Search



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**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

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**Client Search** | My Recent Clients | My Location Recent Clients

**Client Search Instructions**

**Person Name** ( Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth )

Last Name :

First Name :

Gender :

Date of Birth : Mon  Day  Year

Mother's Maiden Name :

Search Type :

Search

DSS Search

Register With DCN

Clear Search

**Person Identifier** ( Minimum Required Fields: Either Client's DCN or SSN or Client Id )

DCN :

SSN :

Client Id :



# Client Search



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### Client Search Instructions

**Person Name** ( Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth )

Last Name :

First Name :

Gender :

Date of Birth : Mon  Day  Year

Mother's Maiden Name :

Search Type :

Search

DSS Search

Register With DCN

Clear Search

**Person Identifier** ( Minimum Required Fields: Either Client's DCN or SSN or Client Id )

DCN :

SSN :

Client Id :



# Client Search



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### Client Search Instructions

**Person Name** ( Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth )

Last Name :  First Name :

Gender :  Date of Birth : Mon  Day  Year

Mother's Maiden Name :  Search Type :

**Person Identifier** ( Minimum Required Fields: Either Client's DCN or SSN or Client Id )

DCN :  SSN :

Client Id :

**Search Result: 2 Records Found**

Records Per Page:

| Client Id | Client Name   | Mother's Maiden | Gender | Date of Bir | SSN | DCN      | Primary Address                                   |
|-----------|---|-----------------|--------|-------------|-----|----------|---|
| 200094436 | BINKS, JARJAR JEDI<br><b>Primary Name</b> : BINKS, JARJAR |                 | MALE   | 12/07/2000  |     | 52343705 | 123 W UNIVERSE AVE<br>JEFFERSON CITY, MO 6<br>USA |
| 200094436 | BINKS, JARJAR<br><b>Primary Name</b> : BINKS, JARJAR      |                 | MALE   | 12/07/2000  |     | 52343705 | 123 W UNIVERSE AVE<br>JEFFERSON CITY, MO 6<br>USA |



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**Client Search Instructions**

**Person Name** ( Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth )

Last Name :  First Name :

Gender :  Date of Birth : Mon  Day  Year

Mother's Maiden Name :  Search Type :

**Person Identifier** ( Minimum Required Fields: Either Client's DCN or SSN or Client Id )

DCN :  SSN :

Client Id :



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**Client Search Instructions**

**Person Name** ( Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth )

Last Name :  First Name :

Gender :  Date of Birth : Mon  Day  Year

Mother's Maiden Name :  Search Type :

**Person Identifier** ( Minimum Required Fields: Either Client's DCN or SSN or Client Id )

DCN :  SSN :

Client Id :

**Search Result: 2 Records Found**

Records Per Page:

| Client Id | Client Name   | Mother's Maiden | Gender | Date of Bir | SSN | DCN      | Primary Address                                   |
|-----------|---|-----------------|--------|-------------|-----|----------|---|
| 200094436 | BINKS, JARJAR<br><b>Primary Name</b> : BINKS, JARJAR      |                 | MALE   | 12/07/2000  |     | 52343705 | 123 W UNIVERSE AVE<br>JEFFERSON CITY, MO 6<br>USA |
| 200094436 | BINKS, JARJAR JEDI<br><b>Primary Name</b> : BINKS, JARJAR |                 | MALE   | 12/07/2000  |     | 52343705 | 123 W UNIVERSE AVE<br>JEFFERSON CITY, MO 6<br>USA |



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**Client Search Instructions**

**Person Name** ( Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth )

Last Name :  First Name :

Gender :  Date of Birth : Mon  Day  Year

Mother's Maiden Name :  Search Type :

**Person Identifier** ( Minimum Required Fields: Either Client's DCN or SSN or Client Id )

DCN :  SSN :

Client Id :

**Search Result: 1 Records Found**

Records Per Page:

| Client Name  | Gender | Date of Bir | SSN | DCN      |
|--------------|--------|-------------|-----|----------|
| BINKS JARJAR | MALE   | 12/07/2000  |     | 52341519 |

# Adding Demographics



BINKS, JARJAR ClientID: 200094436 DCN: 52343705  
VFC Eligible: YES Date of Birth: 12/07/2000

**Personal Information** | Address/Contact Information | Family Unit | Provider-Client Relation | Medicaid Eligibility | Pandemic Flu

**Personal Information Instructions:**

| Type      | Primary | First Name | Middle Name | Last Name | Suffix | Delete |
|-----------|---------|------------|-------------|-----------|--------|--------|
| PRINCIPAL | Y       | JARJAR     |             | BINKS     |        | X      |
| A.K.A.    | N       | JARJAR     | JEDI        | BINKS     |        | X      |

Mother's Maiden Name:

Gender: MALE

Race:  White  Asian  
 African American  American Indian/Alaskan  
 Unknown  Pacific Islander

Ethnicity: NON HISPANIC

Special Accommodations/Assistance:  
 BLIND  
 ENGLISH AS SECOND LANGUAGE - NEED INTERPRETER  
 HANDICAP ACCESSIBLE  
 HEARING IMPAIRED - NEED SIGN INTERPRETER

Date of Birth: 12/7/2000  
Date of Death: <M/d/yyyy>  
Country Of Birth: USA  
State Of Birth:   
County Of Birth:   
English Primary Language: Yes  
Primary Language: ENGLISH



# Adding Demographics



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KIRKLEY, HEAVEN L

ClientID: 2000961

DCN: 63232834

VFC Eligible:NO

Date of Birth: 02/20/1993

**Personal Information**

[Address/Contact Information](#)

[Family Unit](#)

[Provider-Client Relation](#)

[Medicaid Eligibility](#)

[Pandemic Flu](#)

**Personal Information Instructions:**

| Type      | Primary | First Name | Middle Name | Last Name | Suffix | Delete |
|-----------|---------|------------|-------------|-----------|--------|--------|
| PRINCIPAL | Y       | HEAVEN     | L           | KIRKLEY   |        | X      |

Add

Mother's Maiden Name:

Date of Birth: 2/20/1993

Gender: FEMALE

Date of Death: <M/d/yyyy>

Race:  White  Asian  
 African American  American Indian/Alaskan  
 Unknown  Pacific Islander

Country Of Birth: USA

State Of Birth:

County Of Birth:

Ethnicity: NON HISPANIC

English Primary Language:  Yes  No

Primary Language: ENGLISH

Special Accommodations/Assistance:  
 BLIND  
 ENGLISH AS SECOND LANGUAGE - NEED INTERPRETER

HANDICAP ACCESSIBLE  
 HEARING IMPAIRED - NEED SIGN INTERPRETER

Apply

Cancel



# Provider Client Relationship



[DHSS Home](#) [State Home](#) [eMomed](#)

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

Tuesday, October 5, 2010

Username: SMV70 [Sign Out](#)

Agency: DOH-CENTRAL OFFICE

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KIRKLEY, HEAVEN L

ClientID: 2000961

DCN: 63232834

VFC Eligible:NO

Date of Birth: 02/20/1993

Personal Information | Address/Contact Information | Family Unit | **Provider-Client Relation** | Medicaid Eligibility | Pandemic Flu

Provider-Client Relation Instructions:

Provider Name | Effective Date | Chart Number | End Date | Closed Reason

Add Provider-Client Relation

### Add Provider Client Relation

Client ID: 2000961

Provider:

Chart Number:

\*Effective Date: 10/5/2010

Closed Date: <M/d/yyyy>

Closed Reason:

Apply

Cancel

# Medicaid Eligibility Information



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State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

Tuesday, October 5, 2010

Username: SMV70 [Sign Out](#)

Agency: DOH-CENTRAL OFFICE

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KIRKLEY, HEAVEN L

ClientID: 2000961

DCN: 63232834

VFC Eligible:NO

Date of Birth: 02/20/1993

[Personal Information](#) [Address/Contact Information](#) [Family Unit](#) [Provider-Client Relation](#) **Medicaid Eligibility** [Pandemic Flu](#)

### Medicaid Eligibility Instructions:

Status: CLOSED Status Date: Refreshed Date: 12/29/2009

[Edit VFC Information](#)

### Parent/Guardian Medicaid Case Information:

DCN: 9450834 Status: UNKNOWN  
Phone: Address: 2896 US HIGHWAY 65  
City: URBANA State: MO Zip: 65767

### Client's Medicaid Dates:

| Medicaid Eligibility Begin Date | Medicaid Eligibility Ending Date | Level of Care |
|---------------------------------|----------------------------------|---------------|
| 12/02/2009                      |                                  |               |
| 10/01/2009                      | 12/01/2009                       |               |
| 04/08/2009                      | 09/14/2009                       |               |
| 04/01/2009                      | 04/07/2009                       |               |
| 12/30/2008                      | 03/31/2009                       |               |
| 05/01/2007                      | 12/29/2008                       |               |

### Client's Managed Care (Medicaid Only):

| Begin Date | Ending Date | Enroll Plan    | Plan Number | PCP Number |
|------------|-------------|----------------|-------------|------------|
| 04/13/1996 | 12/31/1998  | HEALTHCARE USA | 818101305   |            |
| 05/08/1999 | 11/09/1999  | HEALTHCARE USA | 818101305   |            |
| 06/30/2005 | 03/30/2007  | HEALTHCARE USA | 818101305   |            |
| 06/26/2007 | 08/21/2008  | MISSOURI CARE  | 818920407   |            |
| 12/19/2008 | 03/19/2009  | MISSOURI CARE  | 818920407   |            |
| 07/15/2009 | 09/14/2009  | MISSOURI CARE  | 818920407   |            |

VFC Eligible: NO



# VFC Eligibility Information



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**BINKS, JARJAR** ClientID: 200094436 DCN: 52343705

VFC Eligible: YES Date of Birth: 12/07/2000

[Personal Information](#) | 
 [Address/Contact Information](#) | 
 [Family Unit](#) | 
 [Provider-Client Relation](#) | 
 **Medicaid Eligibility** | 
 [Pandemic Flu](#)

Medicaid Eligibility Instructions:

Status: \_\_\_\_\_ Status Date: \_\_\_\_\_ Refreshed Date: \_\_\_\_\_ [Edit VFC Information](#)

Parent/Guardian Medicaid Case Information:

DCN: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Client's Medicaid Dates:

No Medicaid Data found on DSS

Client's Managed Care (Medicaid Only):

No Medicaid Data found on DSS

VFC Eligible: YES

**Edit VFC** ✖

Client ID: 200094436

**Insurance Indicators**

Medicare:

**VFC Status**

Race: UNKNOWN

Medicaid: \_\_\_\_\_ Insured?

VFC Status: YES Under insured?



# Family Unit



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BINKS, JARJAR ClientID: 200094436 DCN: 52343705

VFC Eligible: YES Date of Birth: 12/07/2000

[Personal Information](#)
[Address/Contact Information](#)
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**Family Unit Instructions**

| Primary                             | Responsible Pt | Responsible Pt                      | Responsible Person Name | Family Unit Address                                   | Family Unit Phone |  |  |
|-------------------------------------|----------------|-------------------------------------|-------------------------|---|-------------------|--|--|
| <input checked="" type="checkbox"/> | 318286940      |                                     | BINKS, JARLEA           | 123 W UNIVERSE AVE<br>JEFFERSON CITY, MO 65101<br>USA |                   |  |  |
| Member Id                           | Member DCN     | Primary                             | Member Name             | Address   | Responsible Pt    |  |  |
| 200094436                           | 52343705       | <input checked="" type="checkbox"/> | BINKS, JARJAR           | 123 W UNIVERSE AVE<br>JEFFERSON CITY, MO 65101<br>USA | MOTHER            |  |  |
| 318286940                           |                | <input checked="" type="checkbox"/> | BINKS, JARLEA           | 123 W UNIVERSE AVE<br>JEFFERSON CITY, MO 65101<br>USA |                   |  |  |

[Assign the Current Client as Responsible Person](#)
[Add a Responsible Person](#)



# INVENTORY



# Adding Inventory Sites

The screenshot shows the Missouri Department of Health and Senior Services (DHSS) website. At the top left is the 'SHOW ME VAX' logo, which is a circular seal with a vaccine vial and the text 'SHOW ME VAX' and 'DEPARTMENT OF HEALTH AND SENIOR SERVICES'. To the right of the logo are navigation links: [DHSS Home](#), [State Home](#), and [eMomed](#). Below these links is the text 'State of Missouri' and the department name 'DEPARTMENT OF HEALTH AND SENIOR SERVICES' in large, white, serif font on a dark blue background.

On the left side, there is a vertical navigation menu with the following items: 'ShowMeVax Home', 'Client', 'Search & Registration', 'Demographics', 'Immunizations', and 'Inventory'. The 'Inventory' item is highlighted with a light blue background.

The main content area is titled 'DOH-CENTRAL OFFICE' in a light blue header. Below this header, there is a section titled 'Site Inventory Instructions' with a small icon of a person. Underneath, it says 'Step 1: Choose a Site'. There is a dropdown menu with a downward arrow, followed by two buttons: 'Manage Site' and 'Add Site'.



# Adding Inventory Sites



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**DOH-CENTRAL OFFICE**

Site Inventory Instructions

Step 1: Choose a Site

**Add Inventory Site** X

\* Site Name:

\* Site Type:  ▼

PUBLIC

PRIVATE



# Adding Inventory in a Site



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## DOH-CENTRAL OFFICE

Site Inventory Instructions

Step 1: Choose a Site

### Step 2: Set Search Filters (Optional)

Show Active  Show Inactive

#### Search Result: 2

- Vaccine
- DTAP/IPV/HIB
- HEP A PED/ADOL

### Add Inventory Item

Selected Site: **\_VFC INVENTORY - PUBLIC**

\* Lot #:

Search for vaccine by:  Trade Name  Vaccine Family

Trade Name:

**Search Result: 74** Records Per Page: 5 Page 1 of 15

| Vaccine        | Trade Name  | Manufacturer    | Unit Of Measure |
|----------------|-------------|-----------------|-----------------|
| TDAP           | ADACEL      | SANOPI PASTEUR  | 0.5             |
| DTAP/IPV/HEP B | PEDIARIX    | GLAXOSMITHKLINE | 0.5             |
| DTAP/HIB       | TRIHIBIT    | SANOPI PASTEUR  | 0.5             |
| TD             | GENERIC     | AKORN, INC      | 0.5             |
| DTAP           | ACEL-IMMUNE | WYETH-AYERST    | 0.5             |

(Click on a row above to select a Vaccine)

\* Date Received:  \* Expiration Date:

\* Doses Received:

# Adding Inventory in a Site



**DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
State of Missouri  
DHSS Home | State Home | eMomed | Tuesday, October 19, 2010  
Username: PARVIG | Sign Out | Agency: DOH-CENTRAL OFFICE

**DOH-CENTRAL OFFICE**  
Site Inventory Instructions

Step 1: Choose a Site  
\_VFC INVENTORY | Manage Site | Add Site

Step 2: Set Search Filters (Optional)  
 Show Active |  Show Depleted |  Show Expired | Filter by Vaccine: ALL

**Search Result: 2** | Records Per Page: 5 | Page 1 of 1

| Vaccine        | Trade Name | Manufacturer   | Lot #   | Unit Of Measure | Expiration | Doses On Hand | Transaction R |
|----------------|------------|----------------|---------|-----------------|------------|---------------|---------------|
| DTAP/IPV/HIB   | PENTACEL   | SANOPI PASTEUR | 1212121 | 0.5             | 3/14/2012  | 40            |               |
| HEP A PEDIADOL |            |                |         |                 |            |               |               |

**Add Inventory Item** | Selected Site: \_VFC INVENTORY - PUBLIC | \* Lot #: [ ]

Search for vaccine by:  Trade Name  Vaccine Family

Trade Name: PEDIARIX

**Search Results:**

| Vaccine      | Trade Name | Manufacturer    | Unit Of Measure |
|--------------|------------|-----------------|-----------------|
| DTAP/IPV/HIB | PEDIARIX   | GLAXOSMITHKLINE | 0.5             |

\* Expiration Date: <M/d/yyyy> 15

\* Dose: PNEUMOVAX 23 | 1

Apply | Cancel



# Viewing and Printing Inventory Items

- ▶ User clicks the Print Icon to print inventory items listed in a site

**DOH-CENTRAL OFFICE**

Site Inventory Instructions

Step 1: Choose a Site

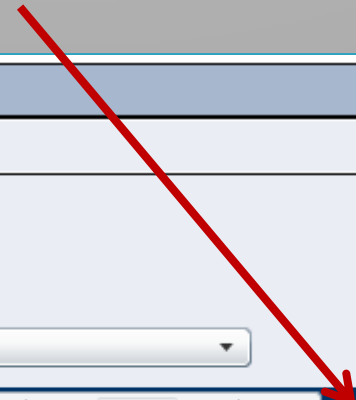
RHEA'S SYSTEM TEST SITE

Step 2: Set Search Filters (Optional)

Show Active  Show Depleted  Show Expired Filter by Vaccine: ALL

**Search Result: 7** Records Per Page: 10   Page 1 of 1

| Vaccine                     | Trade Name | Manufacturer      | Lot #  | Unit Of Measure | Expiration | Doses On Hand | Transaction R |
|-----------------------------|------------|-------------------|--------|-----------------|------------|---------------|---------------|
| MMR/V                       | PROQUAD    | MERCK & CO., INC. | 34567  | 0.5             | 8/24/2009  | 7             |               |
| INFLUENZA, LIVE FOR INTRANA | FLUMIST    | MEDIMMUNE, INC.   | 6666   | 0.5             | 12/16/2009 | 57            |               |
| INFLUENZA, NON PR FREE, 3+  | FLUZONE    | SANOPI PASTEUR    | 777    | 0.5             | 4/22/2010  | 44            |               |
| HEP A/HEP B                 | TWINRIX    | GLAXOSMITHKLINE   | 90210  | 0.5             | 10/29/2009 | 24            |               |
| ROTAVIRUS, 3 DOSE           | ROTATEQ    | MERCK & CO., INC. | OT7890 | 0.5             | 10/21/2009 | 35            |               |
| TD, PR FREE                 | DECAVAC    | SANOPI PASTEUR    | RDRDR1 | 0.5             | 7/21/2010  | 300           |               |
| HPV QUADRAVALENT            | GARDASIL   | MERCK & CO., INC. | RED456 | 0.5             | 12/24/2009 | 35            |               |



# Adjusting Inventory

**DOH-CENTRAL OFFICE**

**Site Inventory Instructions**

- Select a site below, and click 'Manage Site' to edit, or delete a site.
- Click 'Add Site' to add a new site.
- Select a site below to view inventory items in it.
- Click on an inventory item for a selected site to view, adjust, or inactivate it.
- Click 'Add Inventory' to add a new inventory item to a selected site.
- Click 'Show Inactive Items' to view all inactive inventory items.
- Click printer icons to print inventory status report or transaction report.
- Click transaction report icon to view transaction summary.

Step 1: Choose a Site  
RHEA'S SYSTEM TEST SITE

Step 2: Set Search Filters (Optional)  
 Show Active  Show Depleted  Show Inactive

**Search Result: 3**

| Vaccine                          | Trade Name | Manufacturer      | Lot #  | Unit Of Measure |
|----------------------------------|------------|-------------------|--------|-----------------|
| INFLUENZA, NON PR FREE, 3+ YEARS | FLUZONE    | SANOFI PASTEUR    | 777    | 0.5             |
| TD, PR FREE                      | DECAVAC    | SANOFI PASTEUR    |        |                 |
| HPV QUADRAVALENT                 | GARDASIL   | MERCK & CO., INC. | RED456 | 0.5             |

**Adjust/Inactivate Inventory Item**

Vaccine: INFLUENZA, NON PR FREE, 3+ YEARS  
Trade Name: FLUZONE  
Manufacturer: SANOFI PASTEUR  
Lot #: 777  
Unit Of Measure: 0.5  
Expiration Date: 4/22/2010  
Doses On Hand: 44

Adjustment Type: ▼

- CHANGE INVENTORY
- OVERAGE (+)
- RECALL (-)
- RECEIVED (+)
- REMOVED (-)
- SHORTAGE (-)
- TRANSFER (-)
- WASTAGE (-)

Inactivate Cancel



# Wastage Reasons

(Optional)  
Show Depleted  Show Expired

**Adjust Inventory Item**

Vaccine: \_\_\_\_\_  
Trade Name: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Lot #: \_\_\_\_\_  
Unit Of Measure: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Doses On Hand: \_\_\_\_\_  
Adjustment Type: \_\_\_\_\_

\* Wastage Reason:

\* Amount Wasted:

Apply Cancel

- ADMINISTRATION ERROR
- BROKEN/DROPPED
- EXPIRED VACCINE
- FAILURE TO STORE VACCINE PROPERLY UPON RECEIPT
- FREEZER TOO WARM
- MECHANICAL FAILURE
- NATURAL DISASTER/POWER OUTAGE
- OTHER
- PARENT REFUSAL
- REFRIGERATOR TEMPERATURE TOO COLD
- REFRIGERATOR TOO WARM
- SPOILED OTHER
- VACCINE SPOILED ON TRANSIT



# IMMUNIZATIONS



# Immunizations Page



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Tuesday, October 5, 2010

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

Username: PARVIG [Sign Out](#)

Agency: DOH-CENTRAL OFFICE

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BINKS, JARJAR ClientID: 200094436    DCN: 52343705

VFC Eligible: YES    Date of Birth: 12/7/2000 +



Other Clients in Family Unit:

**Immunizations**   [Immunization Schedule](#)   [View Medical History](#)

**Immunizations Instructions:**

**Immunization Record:**

| Common Vaccines:           |                            |          |           |           |           |           |           |
|----------------------------|----------------------------|----------|-----------|-----------|-----------|-----------|-----------|
| DTP/TD                     | 10/8/2003                  | 1/2/2008 | 4/3/2009  | 5/5/2009  | 9/20/2009 | 9/20/2009 | 3/22/2010 |
| POLIO                      | 1/2/2008                   | 4/3/2009 | 9/20/2009 | 3/22/2010 |           |           |           |
| HIB                        |                            |          |           |           |           |           |           |
| HEP B                      | 1/2/2008                   | 4/3/2009 | 9/20/2009 | 3/22/2010 |           |           |           |
| PNEUMOCOCCAL               | 4/5/2010                   |          |           |           |           |           |           |
| ROTA VIRUS                 |                            |          |           |           |           |           |           |
| MMR                        |                            |          |           |           |           |           |           |
| VARICELLA                  | *HAD CHICKENPOX 3/25/2005* |          |           |           |           |           |           |
| HEP A                      |                            |          |           |           |           |           |           |
| INFLUENZA                  |                            |          |           |           |           |           |           |
| MENINGOCOCCAL              |                            |          |           |           |           |           |           |
| HUMAN PAPILLOMAVIRUS (HPV) |                            |          |           |           |           |           |           |
| ZOSTER (SHINGLES)          |                            |          |           |           |           |           |           |

**Travel Vaccines:**

**Other Vaccines:**

[Add New Immunization](#)   [Add Historical Immunization\(s\)](#)



# Medical History



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BINKS, JARJAR

ClientID: 200

VFC Eligible:Y

< > This patient is allergic to BAKERS YEAST.

Other Clients in Family Unit:

Immunizations Immunization Schedule **View Medical History**

View Medical History Instructions:

### Medical History:

| Alert Type       | Alert   | Delete |
|------------------|---|--------|
| VACCINE REACTION | This patient had a vaccine reaction on 10/10/2003 | X      |
| ALLERGY          | This patient                                      |        |

Add Alert

### Add New Alert Item

\* Alert Type:

Apply

Cancel

- ALLERGY
- DISEASE EXCLUSION
- MEDICAL EXEMPTION
- PARENTAL REFUSAL
- VACCINE REACTION



# Immunization Schedule

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BINKS, JARJAR

&lt; &gt; This patient is allergic to BAKERS YEAST.

Other Clients in Family Unit:

Immunizations

**Immunization Schedule**

View Medical History

## ▼ Immunization Schedule Instructions:

**Immunization Schedule:**

| Vaccine                    | Next Dose | Next Dose Date | Min Date   | Overdue   | Recommendation | Dose Validity |
|----------------------------|-----------|----------------|------------|-----------|----------------|---------------|
| DTP/TD                     | 1         | 3/21/2015      | 3/21/2015  | 3/22/2015 | UP TO DATE     |               |
| POLIO                      |           |                |            |           | COMPLETE       |               |
| HIB                        |           |                |            |           | COMPLETE       |               |
| HEP B                      |           |                |            |           | COMPLETE       |               |
| PNEUMOCOCCAL               |           |                |            |           | COMPLETE       |               |
| ROTA VIRUS                 |           |                |            |           | COMPLETE       |               |
| MMR                        | 2         | 1/27/2011      | 11/26/2010 | 1/27/2011 | UP TO DATE     |               |
| VARICELLA                  | 2         | 1/27/2011      | 11/26/2010 | 1/27/2011 | UP TO DATE     |               |
| HEP A                      | 2         | 4/18/2011      | 4/18/2011  | 4/19/2011 | UP TO DATE     |               |
| INFLUENZA                  | 3         | 9/1/2011       | 9/1/2011   | 10/1/2011 | UP TO DATE     |               |
| MENINGOCOCCAL              |           |                |            |           | UP TO DATE     |               |
| HUMAN PAPILLOMAVIRUS (HPV) | 1         | 12/5/2011      | 12/5/2009  | 1/4/2012  | UP TO DATE     |               |

# Immunization Schedule

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BINKS, JARJAR

&lt; &gt; This patient is allergic to BAKERS YEAST.

Other Clients in Family Unit: [Immunizations](#)**Immunization Schedule**[View Medical History](#)**Immunization Schedule Instructions:****Immunization Schedule:**

| Vaccine                    | Next Dose | Next Dose Date | Min Date   | Overdue   | Recommendation | Dose Validity |
|----------------------------|-----------|----------------|------------|-----------|----------------|---------------|
| DTP/TD                     | 1         | 3/21/2015      | 3/21/2015  | 3/22/2015 | UP TO DATE     |               |
| View ACIP Recommendations  |           |                |            |           |                |               |
| POLIO                      |           |                |            |           | COMPLETE       |               |
| HIB                        |           |                |            |           | COMPLETE       |               |
| HEP B                      |           |                |            |           | COMPLETE       |               |
| PNEUMOCOCCAL               |           |                |            |           | COMPLETE       |               |
| ROTAVIRUS                  |           |                |            |           | COMPLETE       |               |
| MMR                        | 2         | 1/27/2011      | 11/28/2010 | 1/27/2011 | UP TO DATE     |               |
| VARICELLA                  | 2         | 1/27/2011      | 11/28/2010 | 1/27/2011 | UP TO DATE     |               |
| HEP A                      | 2         | 4/18/2011      | 4/18/2011  | 4/19/2011 | UP TO DATE     |               |
| INFLUENZA                  | 3         | 9/1/2011       | 9/1/2011   | 10/1/2011 | UP TO DATE     |               |
| MENINGOCOCCAL              |           |                |            |           | UP TO DATE     |               |
| HUMAN PAPILLOMAVIRUS (HPV) | 1         | 12/5/2011      | 12/5/2009  | 1/4/2012  | UP TO DATE     |               |

# Immunization Schedule



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BINKS, JARJAR

ClientID: 200094436

DCN: 52343705

VFC Eligible: YES

Date of Birth: 12/7/2000

Other Clients in Family Unit:

Immunizations **Immunization Schedule** View Medical History

Immunization Schedule Instructions:

Immunization Schedule:

| Vaccine                                   | Next Dose | Next Dose Date | Min Date  | Overdue   | Recommendation | Dose Validity |
|---|-----------|----------------|-----------|-----------|----------------|---------------|
| DTP/DT                                    | 1         | 3/21/2015      | 3/21/2015 | 3/22/2015 | UP TO DATE     |               |
| <a href="#">View ACIP Recommendations</a> |           |                |           |           |                |               |
| POLIO                                     |           |                |           |           |                |               |
| HIB                                       |           |                |           |           |                |               |
| HEP B                                     |           |                |           |           |                |               |
| PNEUMOCOCCAL                              |           |                |           |           |                |               |
| ROTAVIRUS                                 |           |                |           |           |                |               |
| MMR                                       | 1         |                |           |           |                |               |
| VARICELLA                                 |           |                |           |           |                |               |
| HEP A                                     | 1         |                |           |           |                |               |
| INFLUENZA                                 | 1         |                |           |           |                |               |
| MENINGOCOCCAL                             |           |                |           |           |                |               |
| HUMAN PAPILLOMAVIRUS (HPV)                | 1         |                |           |           |                |               |

### Summary of ACIP Recommendations for Childhood and Adolescent Immunization for DTP/DT DTaP, DT

- Give to children at ages 2m, 4m, 6m, 15-18m, 4-6yrs.
- May give dose #1 as early as age 6wks.
- May give #4 as early as age 12m if 6m have elapsed since #3 and the child is unlikely to return at age 15-18m.
- Do not give DTaP/DT to children age 7yrs and older.
- If possible, use the same DTaP product for all doses.

### Td, Tdap

- Give 1-time Tdap dose to adolescents age 11-12yrs if 5yrs have elapsed since last dose DTaP; then boost every 10yrs with Td.
- Give 1-time dose of Tdap to all adolescents who have not received previous Tdap. Special efforts should be made to give Tdap to persons age 11yrs and older who are 1) in contact with infants younger than age 12m and 2) healthcare workers with direct patient contact.
- In pregnancy, when indicated, give Td or Tdap in 2nd or 3rd trimester. If not administered during pregnancy, give Tdap in immediate postpartum period.

OK

Show Recommendations for Adult Immunization

# Immunization Schedule



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ClientID: [REDACTED] DCN:

VFC Eligible: NO Date:

Other Clients in Family Unit:

Immunizations **Immunization Schedule** View Medical History

Immunization Schedule Instructions:

Immunization Schedule:

| Vaccine                    | Next Dose | Next Dose Date | Min Date  | Overdue    | Recommendation | Dose Validity |
|----------------------------|-----------|----------------|-----------|------------|----------------|---------------|
| DTP/TD                     | 2         | 8/13/2016      | 8/15/2011 | 11/11/2016 | UP TO DATE     | 1             |
| POLIO                      |           |                |           |            | COMPLETE       | 1             |
| HIB                        |           |                |           |            | COMPLETE       | 1             |
| HEP B                      |           |                |           |            | COMPLETE       | 1             |
| PNEUMOCOCCAL               |           |                |           |            | COMPLETE       | 1             |
| ROTAVIRUS                  |           |                |           |            |                |               |
| MMR                        |           |                |           |            |                |               |
| VARICELLA                  | 1         |                |           |            |                |               |
| HEP A                      | 1         |                |           |            |                |               |
| INFLUENZA                  |           |                |           |            |                |               |
| MENINGOCOCCAL              |           |                |           |            |                |               |
| HUMAN PAPILLOMAVIRUS (HPV) | 1         |                |           |            |                |               |

### DTP/TD

| Service Date | Vaccine Name | Valid? * | Next Dose | Next Dose Date | Min Due   | Overdue    | Recommendation |
|--------------|--------------|----------|-----------|----------------|-----------|------------|----------------|
| 10/22/1991   | DTP          | YES      | 2         | 8/13/2016      | 8/15/2011 | 11/11/2016 | UP TO DATE     |
| 12/24/1991   | DTP          | YES      |           |                |           |            |                |
| 02/25/1992   | DTP          | YES      |           |                |           |            |                |
| 02/02/1993   | DTP          | YES      |           |                |           |            |                |
| 05/28/1997   | DTAP         | YES      |           |                |           |            |                |
| 08/16/2006   | TDAP         | YES      |           |                |           |            |                |

\* This column indicates if the dose was considered as valid or invalid by immunization scheduler according to ACIP recommendations.

OK

# Adding Historical Immunizations



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BINKS, JARJAR ClientID: 200094436 DCN: 52343705  
VFC Eligible: YES Date of Birth: 12/7/2000

< > This patient is allergic to BAKERS YEAST.

Other Clients in Family Unit:

Immunizations Immunization Schedule View Medical History

Immunizations Instructions

Immunization Record:

Common Vaccines:

- DTP/TD
- POLIO
- HIB
- HEP B
- PNEUMOCOCCAL
- ROTAVIRUS
- MMR
- VARICELLA
- HEP A
- INFLUENZA
- MENINGOCOCCAL
- HUMAN PAPILLOMAVIRUS
- ZOSTER (SHINGLES)

Travel Vaccines:

Other Vaccines:

Add New Immunization Add

### Add Historical Immunizations

Search for vaccine by:  Trade Name  Vaccine Family

Family Name:  Vaccine Name:  Trade Name:

Search Result: 5 Records Per Page: 5 Page 1 of 1

| Vaccine | Trade Name  | Manufacturer         | Unit Of Measure |
|---------|-------------|----------------------|-----------------|
| DTAP    | ACEL-IMMUNE | WYETH-AYERST         | 0.5             |
| DTAP    | TRIPEDIA    | SANOPI PASTEUR       | 0.5             |
| DTAP    | DAPTACEL    | SANOPI PASTEUR       | 0.5             |
| DTAP    | NOS         | UNKNOWN MANUFACTURER | 0.5             |
| DTAP    | INFANRIX    | GLAXOSMITHKLINE      | 0.5             |

(Click on a row above to select a Vaccine)

\* Entered By:

Administered By:

Historical Service Provider:

\* Date(s) Administered:

Apply Cancel

# Adding New Immunizations



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BINKS, JARJAR ClientID: 200094436 DCN: 52343705  
VFC Eligible: YES Date of Birth: 12/7/2000

Other Clients in Family Unit:

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- Immunization Schedule
- View Medical History

Immunizations Instructions:

**Immunization Record:**

- Common Vaccines:
  - DTP/TD
  - POLIO
  - HIB
  - HEP B
  - PNEUMOCOCCAL
  - ROTAVIRUS
  - MMR
  - VARICELLA
  - HEP A
  - INFLUENZA
  - MENINGOCOCCAL
  - HUMAN PAPILLOMAVIRUS
  - ZOSTER (SHINGLES)
- Travel Vaccines:
- Other Vaccines:

Add New Immunization Add Historical Immunization(s)

### Add New Immunization from Inventory

\* Entered By:

\* Select Inventory Site:

Vaccine: DTAP/IPV/HIB  
Trade Name: PENTACEL  
Lot Number: 1212121212

Manufacturer Name: SANOFI PASTEUR  
On Hand: 40

\* Date Administered:

\* Delivery Method:

\* Administered By:

\* Shot Site:

Vaccine Event:

# Linkage Between Inventory and Doses Administered

https://showmevax.dhss.mo.gov/ - Lot#123PPP (\_VFC INVENTORY)-Transaction Summary Report - Windows Internet ...

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Links smvtrain TESTSMV Customize Links

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## TRANSACTION SUMMARY REPORT

INVENTORY SITE: **\_VFC INVENTORY - PUBLIC**

LOT #: **123PPP**

REPORT PERIOD: **10/20/2010 - 11/2/2010**

REPORT PRINTED BY: **DOH-CENTRAL OFFICE**

VACCINE: **PNEUM 13-VALENT**

BALANCE: **19**

| ENTRY DATE             | TRANSACTION  | DOSES | DETAILS                     | ENTERED BY |
|------------------------|--------------|-------|-----------------------------|------------|
| 10/20/2010 05:48:35 AM | RECEIVED     | +20   |                             | PARVIG     |
| 10/20/2010 05:49:27 AM | ADMINISTERED | -1    | BINKS, JARJAR ON 10/20/2010 | PARVIG     |

# Data Warehouse Project

- ▶ Develop and implement new data warehouse by mid-2011. This will allow for a quicker and better analysis of immunization records.
- ▶ These reports/downloads will include CoCASA information, client listings, immunization reminders, vaccine recall information and VFC accountability information.



# HL7 Electronic Data Interface

- ▶ The first phase of the HL7 electronic data interface project is also underway.
- ▶ This first phase of this project will allow providers to send/receive immunization records electronically to/from DHSS based on the *capabilities of their information system*.
- ▶ Project Progress:
  - *Development of an HL7 Implementation Guide*
  - Test Piloting in late 2010 or early 2011

# HL7 Electronic Data Interface (EDI)

- ▶ Goal is for first phase rollout in 2011.
- ▶ The second phase of this project will be to develop the capabilities for SMV to interface with the registries of other states.



# Current and Planned Provider Participation Options



- ShowMeVax application (current)
  - Administrative providers - client search and registration, inventory management and immunization(s) entry.
  - Read-only providers - client search and immunization record viewing.
- HL7 EDI (In progress)
  - Dependent on provider information systems. Potential for both sending and receiving messages based on capabilities.



# Contact Information



- Contact us through the ShowMeVax help desk e-mail listed below:

[ShowMeVaxSupport@dhss.mo.gov](mailto:ShowMeVaxSupport@dhss.mo.gov)

- Fill-out a contact/potential use information sheet on the table at the back of the room:

[Contact information](#)



# Thanks!



- ▶ Dedicated users (SME) that designed the system
- ▶ BIAA and IT employees for dedication and extra effort
- ▶ DHSS management for being our project sponsor(s)
- ▶ User group for patience, use and feedback on improvements



# Conclusion

**Thank you for attending the  
conference!**