

# How to Add Historical Immunizations



# Covered in this Section

In this section we will be reviewing how to use VIIS to document historical vaccines.

- What is a “historical” vaccine?
  - A “historical” vaccine is one that was previously given by either your practice or another provider.
- When to use the Historical entry button in VIIS?
  - When you are *only* updating a record
  - Do not want to deduct from your VIIS Inventory
  - Do not use the VIIS Inventory feature



# Adding Immunization History

**Patient Information**

Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Medical Record Number	VIIS ID
BIG BIRD	11/01/2018	M	ACIP		276299
Address	123 SESAME STREET, SESAME LAND, VA				
Home Phone/Cell Phone	(804) 555-5501 / (804) 555-5502				
Comments					

**Current Age: 1 year, 1 month, 8 days**  
Patient Notes (0) [view or update notes](#)

[Immunization History](#)

[Add New Imms](#) [Add Historical Imms](#) [Hearing Screening Results](#) [Edit Patient](#) [Reports](#) [Print Record](#) [Print Confidential Record](#)

Immunization Record

Vaccine Group	Date Admin	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	<a href="#">01/08/2019</a>	1 of 5	DTaP-IPV/Hib [Pentacel ®]	Full				
	<a href="#">03/05/2019</a>	2 of 5	DTaP-IPV/Hib [Pentacel ®]	Full				
	<a href="#">04/30/2019</a>	3 of 5	DTaP-IPV/Hib [Pentacel ®]	Full				
HepB	<a href="#">11/02/2018</a>	1 of 3	HepB, NOS [HepB ®]				Yes	
Hib	<a href="#">01/08/2019</a>	1 of 4	DTaP-IPV/Hib [Pentacel ®]	Full				

After searching for the patient, click on **“Add Historical Imms”**.



# Adding Immunization History

“Default Row”

- Enter **Provider Organization** and **Dates of Administration** by the selected vaccine(s) or in the “Default Row”.
- HINT: “**DEFAULT ROW**” allows you to enter the information once in the top row and then autofills the information for your desired vaccines by clicking in the correlated boxes below.
- **Provider Organization:** If your practice did not administer the vaccine and you do not know the name of the facility that did, you can write “**TRANSCRIBED**”.

Enter Historical Immunizations (0)

Immunization	* Provider Organization	* Default Dates			
DTP/aP					
HPV					
HepA					
HepB					
Hib					
Influenza-H1N1					
Influenza-seasnl					
MMR					
Meningo					
PneumoConjugate					
PneumoPoly 23					
Polio					
Rotavirus					
Td/Tdap					
Varicella					
Zoster					



# Adding Immunization History

Enter Historical Immunizations (0)

Immunization	* Provider Organization	* Default Dates			
DTP/aP					
HPV					
HepA					
HepB	Transcribed	12/03/2018	07/26/2019		
Hib					
Influenza-H1N1					
Influenza-seasnl					
MMR					
Meningo					
PneumoConjugate	Transcribed	04/30/2019			
PneumoPoly 23					
Polio					
Rotavirus	Transcribed	04/30/2019			
Td/Tdap					
Varicella					
Zoster					

Additional Vaccines can be selected in this dropdown menu

Add Details Save Cancel

1. You can also enter information directly into grid for the desired vaccine(s).
2. After selecting desired vaccines you can either A.) Click **“SAVE”** to add selected vaccines OR B.) click **“Add Details”** to add tradename and lot number information (see next slide for more details)



# Adding Details

**Patient Information**

Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Medical Record Number	VIIS ID
BIG BIRD	11/01/2018	M	ACIP		276299
Address	123 SESAME STREET, SESAME LAND, VA				
Home Phone/Cell Phone	(804) 555-5501 / (804) 555-5502				
Comments					

**Current Age: 1 year, 1 month, 9 days**

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

**Immunization Record**

Vaccine Group	Date Admin	Series	Trade Name	Dose	Owned?	Reaction	Hist?
DTP/aP	<a href="#">01/08/2019</a>	1 of 5	DTaP-IPV/Hib [Pentacel ®]	Full			
	<a href="#">03/05/2019</a>	2 of 5	DTaP-IPV/Hib [Pentacel ®]	Full			
	<a href="#">04/30/2019</a>	3 of 5	DTaP-IPV/Hib [Pentacel ®]	Full			
HepB	<a href="#">11/02/2018</a>	1 of 3	HepB, NOS [HepB ®]				Yes
Hib	<a href="#">01/08/2019</a>	1 of 4	DTaP-IPV/Hib [Pentacel ®]	Full			
	<a href="#">03/05/2019</a>	2 of 4	DTaP-IPV/Hib [Pentacel ®]	Full			
	<a href="#">04/30/2019</a>	3 of 4	DTaP-IPV/Hib [Pentacel ®]	Full			
PneumoConjugate	<a href="#">01/08/2019</a>	1 of 3	PCV13 [Prevnar13 ®]	Full			
	<a href="#">03/05/2019</a>	2 of 3	PCV13 [Prevnar13 ®]	Full			
Polio	<a href="#">01/08/2019</a>	1 of 4	DTaP-IPV/Hib [Pentacel ®]	Full			
	<a href="#">03/05/2019</a>	2 of 4	DTaP-IPV/Hib [Pentacel ®]	Full			
	<a href="#">04/30/2019</a>	3 of 4	DTaP-IPV/Hib [Pentacel ®]	Full			
Rotavirus	<a href="#">01/08/2019</a>	1 of 3	Rotavirus, Pent [RotaTeq ®]	Full			
	<a href="#">03/05/2019</a>	2 of 3	Rotavirus, Pent [RotaTeq ®]	Full			

**Enter Historical Immunization Details**

Immunization	* Date Admin	Trade Name	Lot Number	Provider Org	Source of Imm
HepB	12/03/2018			Transcribed	Source Unspecified
HepB	07/26/2019			Transcribed	Source Unspecified
PneumoConjugate	04/30/2019			Transcribed	Source Unspecified
Rotavirus	04/30/2019			Transcribed	Source Unspecified

(\* required field)

Save Cancel

**Optional:** If you click “**Add Details**”, you can select the Tradename and/or enter Lot Number information for the selected vaccines.

**Note:** When adding a multi-dose vaccine, enter only one of the antigens. When you select the multi-dose Tradename, VIIS will automatically add the other antigens to the patient’s record.





# Adding Details

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

Immunization Record

Vaccine Group	Date Admin	Series	Trade Name	Dose	Owned?	Reaction	Hist?
DTP/aP	<a href="#">01/08/2019</a>	1 of 5	DTaP-IPV/Hib [Pentacel ®]	Full			
	<a href="#">03/05/2019</a>	2 of 5	DTaP-IPV/Hib [Pentacel ®]	Full			
	<a href="#">04/30/2019</a>	3 of 5	DTaP-IPV/Hib [Pentacel ®]	Full			
HepB	<a href="#">11/02/2018</a>	1 of 3	HepB, NOS [HepB ®]				Yes
Hib	<a href="#">01/08/2019</a>	1 of 4	DTaP-IPV/Hib [Pentacel ®]	Full			
	<a href="#">03/05/2019</a>	2 of 4	DTaP-IPV/Hib [Pentacel ®]	Full			
	<a href="#">04/30/2019</a>	3 of 4	DTaP-IPV/Hib [Pentacel ®]	Full			
PneumoConjugate	<a href="#">01/08/2019</a>	1 of 3	PCV13 [Pevnar13 ®]	Full			
	<a href="#">03/05/2019</a>	2 of 3	PCV13 [Pevnar13 ®]	Full			
Polio	<a href="#">01/08/2019</a>	1 of 4	DTaP-IPV/Hib [Pentacel ®]	Full			
	<a href="#">03/05/2019</a>	2 of 4	DTaP-IPV/Hib [Pentacel ®]	Full			
	<a href="#">04/30/2019</a>	3 of 4	DTaP-IPV/Hib [Pentacel ®]	Full			
Rotavirus	<a href="#">01/08/2019</a>	1 of 3	Rotavirus, Pent [RotaTeq ®]	Full			
	<a href="#">03/05/2019</a>	2 of 3	Rotavirus, Pent [RotaTeq ®]	Full			

Enter Historical Immunization Details

Immunization	* Date Admin	Trade Name	Lot Number	Provider Org	Source of Imm
HepB	12/03/2018			Transcribed	Source Unspecified ▼
HepB	07/26/2019			Transcribed	Source Unspecified
PneumoConjugate	04/30/2019			Transcribed	Other Provider
Rotavirus	04/30/2019			Transcribed	Parent Written Record

(\* required field)

Optional: If you click **“Add Details”**, you can also select the source of the vaccine.



# Questions?

**For technical assistance please contact:**

**VIIS Helpdesk**

Monday-Friday 8:30am – 5:00pm

Email: [viis\\_helpdesk@vdh.virginia.gov](mailto:viis_helpdesk@vdh.virginia.gov)

Phone Number: (866) 375-9795

**For all training requests please contact:**

**[VIISInfo@vdh.virginia.gov](mailto:VIISInfo@vdh.virginia.gov)**

**Additional training guides and resources can be found at:**

**<https://www.vdh.virginia.gov/immunization/viis/viisregorgs/>**

