



VIIS User Guide

VIIS Typical User

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Introduction

The “VIIS User Guide: VIIS Typical User” is a simplified instructional for common tasks within VIIS for users assigned to the Typical User Role. The VIIS Typical User Role enables you to create, update, and print patient records. Typical Users cannot directly modify inventory nor add and/or modify user accounts in VIIS. The site’s VIIS Administrator has the ability to create and modify accounts for Typical Users.

For organizations manually entering data in VIIS: It is recommended that any personnel who is responsible for **uploading patient immunization information into VIIS** (e.g., Front Desk personnel, Nurses, Technicians, Doctors) be assigned to the Typical User Role.

For organizations exchanging data with VIIS via EMR: It is recommended that any personnel responsible for **entering missing data and/or correcting data in VIIS** (e.g., Front Desk personnel, Nurses, Technicians, Doctors) be assigned to the Typical User Role.

VIIS Help Desk:

Monday-Friday

8:30 am – 5:00 pm

(866) 375-9795

VIIS_HelpDesk@vdh.virginia.gov



Set up VIIS Account (for First Time Users)

1. Enter the following URL into your browser:
<https://viis.vdh.virginia.gov/VIIS/portalInfoManager.do>
2. On the left-hand side of the VIIS Homepage, enter the following information:
 - a. **Organization Code** (“Org Code”)
 - i. Org Code is case sensitive with a capital letter
 - b. **Username**
 - i. Username typically is first initial and last name in *lower-case* letters
 - c. **Password**
 - i. A temporary password should be provided to you by your site’s VIIS Administrator
3. Once you have filled in your Org Code, Username and Temporary Password, click **“Login.”**

VIIS .. [Portal Main Page]

<https://viis.vdh.virginia.gov/VIIS/portalInfoManager.do>

Virginia Immunization Information System

HOME USER MANUAL RELATED LINKS TRAINING

Hot Topics

Welcome to the Virginia Immunization Information System site!

VIIS is best viewed in Internet Explorer 9.0 or higher

Please use your Organization Code, Username, and Password to login. If you have any questions contact the VIIS Help Desk at (866) 375-9795 or by email at: viis_helpdesk@vdh.virginia.gov . The Help Desk will be staffed from 8:30 am until 5:00 pm, Monday through Friday.

- [About Virginia Immunization Information System](#)
- [Disclaimer](#)
- [Contact Us](#)

Warning: All Computer System Users
The Virginia Department of Health's computer system is the property of and subject to the laws, rules and regulations of the Commonwealth of Virginia. It is intended for use only by authorized persons and only for official state business. All users of this system give their expressed consent to the monitoring of their activities on it. If such monitoring reveals possible evidence of unauthorized or criminal activity, it may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution.

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VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

4. You will then be redirected to a new page with the note “Validation Errors: Your password has expired. Please update before continuing” to change your password.
 - a. Passwords are case sensitive and must be between 12-20 characters in length
 - b. Users cannot repeat the last 24 passwords
 - c. Passwords must contain at least 3 of the following criteria:
 - i. Special Characters such as @#\$\$%
 - ii. Alphabetic Characters
 - iii. Numeric Characters
 - iv. Combination of upper- and lower-case letters
5. Once you’ve created your new password, click **“Save.”**



6. Once you save your password, you will be prompted to accept VIIS Information Systems Security Access Agreement. Review the terms and, once complete, click **“I Agree”** at the bottom of the page.

It is time to renew the Information System Security Access agreement and the User Confidentiality agreement for VIIS. Users are required to sign the agreement forms every 365 days. The following is the Information System Security Access agreement. Please read. Once completed, you will be automatically directed to the User Confidentiality agreement.

Information Systems Security Access Agreement

As a user of the Virginia Department of Health (VDH) information systems, I understand and agree to abide by VDH Security Policy and the following terms which govern my access to and use of the information and computer services of VDH.

Access has been granted to me by VDH as a necessary privilege in order to perform my authorized job functions for VDH. Passwords and login IDs should not be shared. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as Logon IDs, passwords, terminal IDs or file protection) for any purposes other than those required to perform my authorized employment functions. I agree to change passwords immediately if they are compromised. I will not incorporate passwords into any sign on software.

If, due to my authorized job functions, I require access to information on VDH information systems which are not owned by my organization, I must obtain authorized access to that information from the information owner and present access documentation to the data owner at VDH.

I will not disclose any confidential, restricted or sensitive data to unauthorized persons. I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so, and I will not use access mechanisms which have not been expressly assigned to me. I will not use VDH system(s) for commercial or partisan political purposes, such as using electronic mail to circulate advertising for products or for political candidates or issues.

I agree to abide by all applicable Federal, Commonwealth of Virginia, and VDH agency policies, procedures and standards which relate to the security of VDH information systems and the data contained therein.

If I observe incidents of non-compliance or data breach with the terms of this agreement, I am responsible for immediately reporting them to the management of VDH.

I give consent to the monitoring of my activities on the VDH information systems, and other systems accessed through VDH systems.

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same. I further acknowledge that any infractions of this agreement will result in disciplinary action according to the State Employee Rules of Conduct, including but not limited to the termination of my access privileges.

Click the "I agree" button to abide by the terms of the Information System Security Access agreement. Once clicked, you will be directed to the User Confidentiality Agreement. If you do not agree to the terms of the Information System Security Access agreement, close your browser to exit VIIS. Users that don't agree to both access forms will not be able to enter VIIS.

7. You will be prompted to accept the VIIS Security Policy & User Confidentiality Agreement. Review the terms and, once complete, click **“I Agree”** at the bottom of the page.

It is time to renew the User Confidentiality agreement for VIIS. Please read. Once completed, click the "I agree" button.

VIIS Security Policy & User Confidentiality Agreement

The Code of Virginia, § 32.1-46.01 authorizes the Virginia Immunization Information System (VIIS), a statewide immunization information system that manages electronic immunization records. This policy states behavior required of VIIS users, Virginia Department of Health (VDH), and Division of Immunization (DOI) to protect the confidentiality, privacy and accuracy of client information. VIIS is consistent with the Department of Health and Human Services and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Authorized users of VIIS will include:

- Health care provider or health plans
- Schools or other organizations that provide health care services
- Individuals or organizations as required by law or in the management of a public health crisis
- Other immunization registries

The review of this policy must involve the participation of representatives from the private and public health care sectors.

VDH/DOI Host Site Security:

- The system will force users to change their password every 90 days.
- The VIIS system will time-out after 30 minutes.
- The VIIS system will maintain an audit trail for all information accessed.
- VDH will conduct a self-assessment of the potential risks and areas of vulnerability regarding VIIS and will develop, implement, and maintain appropriate security measures on an ongoing basis.
- The release of immunization information shall be for statistical purposes or for studies that do not identify individuals.
- VDH/DOI will work with interested data exchange partners through Data Exchange steps outlined in MOA.

Provider/ User Security:

- Access to VIIS information is authorized under the condition that it is required to perform my job function to promote the provision of immunization services or other clinical care services.
- All VIIS users will be required to sign a Confidentiality/ Security Agreement with VDH.
- Each user must renew the user confidentiality/security agreement every year.
- Each user is responsible for maintaining confidentiality.
- The user has the obligation to act on any request by an individual to opt out of VIIS. If the patient elects to opt out, the provider should promptly mark the record in VIIS as "Do Not Share", so that only that provider may view the client's immunization records.
- The user will make a reasonable effort to ensure the accuracy of all immunization and demographic information entered or edited.
- Virus protection is recommended for each client site.
- User desktops/laptops must have physical security and password screen savers when not being used by authorized individuals.
- Users will terminate the VIIS application prior to leaving the VIIS workstation.
- An ID and Password are required to access VIIS.
- Users will not share or disclose their ID or Password to anyone.
- VIIS records will be treated with the same vigilance, confidentiality, and privacy as any other patient medical record.
- Participants in data exchange shall provide an acceptable level of data quality, such as correct data fields, data accuracy and enough information to correctly merge with existing clients. Upon initial data delivery, and periodically thereafter, data shall be reviewed to determine data quality. Any rejected records shall be resolved by the participant in a timely way. VDH may suspend system privileges and refer to Virginia Code § 32.1-27 for additional action for any organization that submits inaccurate data.
- Any inappropriate use of VIIS data shall result in immediate suspension of user privileges and result in an investigation conducted by VDH. Additional actions may be taken in accordance with Virginia Code § 32.1-27. The VIIS program manager may reinstate privileges upon satisfactory completion of required remedial actions and guarantee of proper use of VIIS in the future.

I have read and agree to the security policy and certify all user accounts in VIIS are in accordance with the above statements.



8. You will be prompted to establish your security questions and answers. Once complete, click **“Submit.”**

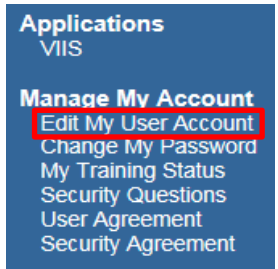
Please establish Security Questions and Answers

Question 1:
 Answer:
 Confirm Answer:

Question 2:
 Answer:
 Confirm Answer:

Question 3:
 Answer:
 Confirm Answer:

9. You will be redirected to the homepage. To enter contact information, on the left-hand menu under “Manage My Account,” select **“Edit My User Account.”** This will redirect you to the “Edit User” page.

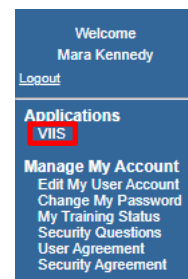


10. Populate the fields, then click **“Save.”**

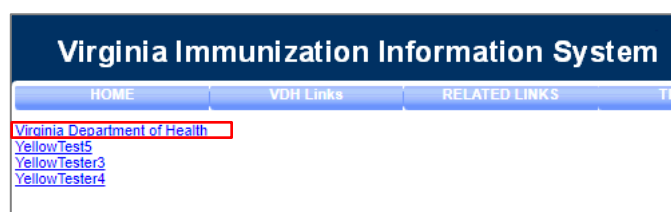
Edit User

* User First Name
 * User Last Name
 User Middle Initial
 Street Address
 Other Address
 P.O. Box
 City
 State Zip -
 Email
 Phone Number - Ext

11. To continue to your site’s VIIS account, on left-hand menu under “Applications,” select **“VIIS.”**



12. For organizations with multiple sites only: All sites associated to your account will appear as a hyperlink. To enter a specific site's immunization registry, click on that site's hyperlink.



Log into VIIS

- To access VIIS, enter the following URL into your browser:
<https://viis.vdh.virginia.gov/VIIS/portalInfoManager.do>
- On the left-hand side of the VIIS Homepage, enter the following:
 - Organization Code** ("Org Code")
 - Org Code is case sensitive with a capital letter
 - Username**
 - Username is typically first initial and last name in *lower-case* letters
 - Password**
- Once you have filled in your Org Code, Username and Password, click "**Login.**" The Homepage will then refresh to reflect your site's VIIS page
 - For *VIIS Users with multiple sites*, click on the hyperlink for the relevant site you wish to access.

Forgot Password

If forgotten password, active users (i.e., users that log into VIIS at least once every 60 days) have the ability to reset their own password provided they have a valid email address and answer the three (3) security questions. If a Typical User's account becomes inactive, they will need to contact their site's VIIS Administrator(s) to reactivate their account and reset their password.

- On the VIIS login screen, click "**Forgot Password?**"
- Enter your VIIS **Org Code**, **Username**, and **Email Address**.
- Click "**Submit**," after which a notification will pop up with the statement "A password reset link will be sent to the email address associated with your account and will be valid for 24 hours."

- You should receive an email from VIIS_HelpDesk@vdh.virginia.gov with the Subject "Requested Information." Open this email.
 - Note: Please check your spam if cannot find email in your Inbox.



- In the email, click on the password reset link.

A request has been submitted to change your VIIS password. Please follow the link below to reset your password. This link will be available for 24 hours.

<https://viis.vdh.virginia.gov/VIIS/securityChallenge.do?token=15992b1023bd0e12a33e047226cf8159d7389dbee97e503b2bbb2a115e92cbb1>

If you did not initiate this request, please contact the VIIS Help Desk.

VIIS Help Desk | (866) 375-9795 | viis_helpdesk@vdh.virginia.gov

- Answer your first security question, then click **“Submit.”**
 - Note: If you do not answer your first security question correctly, you will be prompted to answer another security question.
- Once you’ve successfully answered a security question, the “Change Password” screen will display.
 - Enter a new password into the **“New Password”** field.
 - Re-enter the password into the **“Confirm New Password”** field.
 - Click **“Save.”**
- You will then be redirected to the VIIS homepage.

Please provide the answer to your security question.

What is your Fathers middle name??

Submit

Change Password

User Minnie Mouse

Username mmouse

* New Password

* Confirm New Password

Save

Cancel

Reset Expired Password

VIIS user passwords expire every 90 days. The system will prompt users to change their password at the next log-in. If user does not log into VIIS at least every 60 days, their account will become inactive and will need to contact their site’s VIIS Administrator(s) to reset their password. If the administrator is unable to reset the password, then the user should contact their VIIS Consultant or the VIIS Help Desk.

- Access the VIIS Homepage.
- Enter your Org Code and existing login credentials and click **“Login.”**
- You will be redirected to a page that will state **“Validation Errors: Your password has expired. Please update before continuing.”**
- Under the section titled **“Change Password,”** enter your new password in the **“New Password”** field and re-enter the new password in the **“Confirm New Password”** field.
- Once the new password has been entered in both fields, click **“Save.”**

Validation Errors

• Your password has expired. Please update before continuing.

Change Password

User Lucky Charms

Username lcharms

* New Password

* Confirm New Password

Save

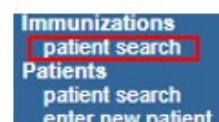
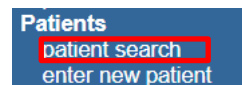
Cancel



6. Once you have saved your password, you will be directed to a new page. Click on the link titled **"CLICK HERE TO CONTINUE."**
7. You will then be redirected to the VIIS Homepage. On the left-hand menu under "Applications," select **"VIIS"** to continue access to VIIS

Search for Patients in VIIS

1. Log into VIIS.
2. There are two ways to search for patients depending on what you wish to access:
 - a. *To access patient's personal information:* On the left-hand menu, under "Patients," select **"Patient Search."** This will redirect you to the "Patient Search Criteria" page. Follow the rest of the steps to access the patient's personal information.
 - b. *To access patient's immunization record:* On the left-hand menu, under "Immunizations," select **"Patient Search."** This will redirect you to the "Patient Search Criteria" page. Follow the rest of the steps to access the patient's personal information.
3. On the "Patient Search Criteria" page, it is recommended that you search for the specific patient's immunization record using their Medical Record Number, or a combination of last name, first name, and date of birth.
 - a. Note: At least two fields are required when conducting a search using fields other than the VIIS ID or Medical Record Number. Start your search with just a few letters of the patient's first and last name. Too much information at once can decrease the odds of finding the patient.
4. Once patient information is entered, click **"Find."**



Patient Search Criteria

Search by Patient

** Minimum search criteria includes any two fields.*

Last Name	Mother's Maiden Name	Find
First Name	Mother's First Name	
Middle Name	Home Phone	Clear
Birth Date	Cell Phone	
Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> N/A		

Search by Medical Record Number

** Medical Record Number*

Search by VIIS ID

** VIIS ID*

5. The results of your search will appear at the bottom of the page, under "Possible Matches." Click on the hyperlink in the patient's last name to access their Patient Information.



Patient Search Criteria

Search by Patient

* Minimum search criteria includes any two fields.

Last Name: Mother's Maiden Name: Find

First Name: Mother's First Name:

Middle Name: Home Phone: - - Clear

Birth Date: Cell Phone: - -

Gender: ☐ M ☐ F ☐ N/A

Add New

Search by Medical Record Number

* Medical Record Number:

Search by VIIS ID

* VIIS ID:

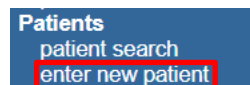
Possible Matches: 1

Last Name	First Name	Middle Name	Birth Date	Primary Patient Identifier	Mother's First	Mother's Maiden Last	Gender	Status	VIIS ID
BELL	WILLIAM	TESTTEST	02/01/2000		BETSY	ROSS	M	A	13739141
AKA: BELL,BILL									
AKA: BELL,SPARKY									

- a. If there are multiple results, click on the relevant link by based on the corresponding Date of Birth and/or other information such as Middle Name, Medical Record Number, and/or VIIS ID.
- b. If you see any of the following messages, please take the subsequent steps listed:
 - i. ***"Please refine your search criteria to limit your client list"*** – Please enter patient information in the additional fields and search again by clicking on ***"Find."***
 - ii. ***"No clients were found for the requested search criteria"*** – Please check your spelling and try again, enter information in the additional fields, or search by nicknames, maiden names, or hyphenated names (Note: If you continue to see this message, the patient is not documented in VIIS).

Add a New Patient in VIIS

1. Once you've logged into VIIS and accessed your specific site's immunization registry, you will be redirected to a new page.
2. On the left-hand menu, under "Patients," select **"Enter New Patient."** This will redirect you to the "Add Patient" page.
3. On the "Add Patient" page, under "Personal Information," populate the following fields based on the patient's information:
 - a. Last Name



- b. First Name
- c. Mother's Maiden Last Name (Optional)
- d. Mother's First Name (Optional)
- e. Birth Date
- f. Gender
- g. Birth Country (Optional)

Personal Information			
* Last Name	<input type="text"/>	* Gender	<input type="text"/>
* First Name	<input type="text"/>	VIIS ID	<input type="text"/>
Middle Name	<input type="text"/>	Birth Order	<input type="text"/> (for multiple births)
Suffix	<input type="text"/>	Birth Country	<input type="text"/> UNITED STATES
* Birth Date	<input type="text"/>	Birth State	<input type="text"/>
Mother's Maiden Last	<input type="text"/>	Birth Country	<input type="text"/>
Mother's First Name	<input type="text"/>	Medical Record Number	<input type="text"/>

Save
 History/Recommend
 Add Next
 Cancel

4. Once all patient personal information is entered, click **"Save."**

Optional Additional Steps*

Expand the following sections on the "Add Patient" page to complete:

- **Organization Information:** Enter patient Medical Record Number if applicable. This will enable patients to be searched by their respective medical record number. When complete, click **"Add Medical Record Number."** Before moving to the next section, scroll up and click **"Save."**

Organization Information	
[back to top]	Allow Sharing of Immunization Data <input type="text"/> Yes
Status <input type="text"/> ACTIVE	Allow Reminder and Recall Contact? <input type="text"/> Yes
Provider- PCP <input type="text"/>	Last Notice <input type="text"/>
* Tracking Schedule <input type="text"/> ACIP	
Medical Record Numbers	
Remove MRN	Medical Record Number
Primary	
No Medical Record Numbers have been added for this patient.	
Add Medical Record Number	
Medical Record Number <input type="text"/>	Add Medical Record Number
Expand All	

- **Patient AKA:** Enter patient nickname and/or alias if applicable (e.g., "Bill" for William). Click **"Add AKA"** each time you add a new one. Scroll up and click **"Save"** when complete.

Patient AKA (1) ▲			
[back to top]			
Patient AKA Listing			
Remove AKA	* Last Name	* First Name	Middle Name
<input type="checkbox"/>	SHEERAN	ED	
Add New AKA			
	* Last Name	<input type="text"/> Sheeran	
	* First Name	<input type="text"/> Eddie	
	Middle Name	<input type="text"/>	
	Name Type	<input type="text"/>	
		Add AKA	



- **Patient Information:** Enter patient's race and ethnicity. Scroll up and click **"Save"** when complete.


Patient Information ▲

[\[back to top\]](#)

Race (select all that apply)

☒ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African-American
☐ White
☐ Other Race

School

Date of HBSAG 

Language Spoken

Ethnicity

VIIS ID

- **Address Information:** Enter patient's address, telephone number, cell phone number, and email address. Scroll up and click **"Save"** when complete.


Address Information ▲

[\[back to top\]](#)

[view Patient Address History](#)

Last Updated 04/06/2021

No Viable Address ☐

Start Date 

Street Address

Other Address

P.O. Box

Zip zip add-on codes+4

City State

County

Home Phone - -

Cell Phone - -

E-Mail

- **Responsible Person(s):** Add patient's primary point of contact(s). Click **"Apply Changes"** after entering personnel information. If entering more than one responsible person, click the **"Add New"** button to create a new entry for each new person. Scroll up and click **"Save"** when complete.



Responsible Persons (1) ▲

[\[back to top\]](#)

Responsible Person listing

Review	Remove	Name	* Relationship	Primary
<input type="radio"/>	<input type="checkbox"/>	Smith, Alice VA	Friend	<input type="radio"/>

Add New

Enter details for the new responsible person, then click 'Apply Changes'

* Last Name Street Address

* First Name Other Address

Middle Name P.O. Box

* Relationship City

Home Phone - - State ▼

Cell Phone - - Zip zip add-on codes+4

E-Mail

Apply Changes

- **Patient Comments:** Add patient immunization-specific comments. All comments will be included in the patient's official immunization record. Click **"Add Comment"** to save each comment after it's been entered. Scroll up and click **"Save"** when complete.

Patient Comments (0) ▲

[\[back to top\]](#)

Patient Comment listing

Start Date	End Date	Patient Comment
No Comments have been added for this patient		

Enter New Patient Comment

* Patient Comment ▼

Start Date End Date

Add Comment

Update Patient Record in VIIS

1. Follow the steps listed in [Search for Patients in VIIS](#).
2. Once you've accessed the correct patient's record, you can update any patient information except for their VIIS ID. Be sure to click **"Save"** at the top of the page after changes are made.
3. If you wish to *reactivate or deactivate* a patient (i.e., change patient status):
 - a. On the patients record, go the section titled "Organization Information."
 - b. Click on the **"Status"** dropdown menu to change the active/inactive status of the patient.



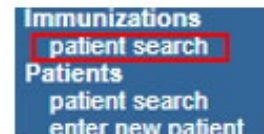
The screenshot shows the 'Organization Information' form. The 'Status' dropdown menu is open, displaying the following options: ACTIVE, INACTIVE-OTHER, INACTIVE-LOST TO FOLLOW UP, INACTIVE-MOGE, INACTIVE-ONE TIME ONLY, INACTIVE-PERMANENTLY (DECEASED), INACTIVE-MOOSA, and INACTIVE-UNKNOWN. The 'ACTIVE' option is highlighted in blue. The form also includes fields for 'Allow Sharing of Immunization Data', 'Allow Reminder and Recall Contact?', and 'Last Notice'.

4. When updates are completed, click **“Save.”**

Review Patient Immunization History

There are two ways to access the Patient’s Immunization History:

1. **“Patient Search” function under “Immunizations” (Recommended)**
 - i. Once you’ve logged into VIIS and accessed your specific site’s immunization registry, you will be redirected to a new page.
 - ii. On the left-hand menu, under “Immunizations”, select **“Patient Search.”** This will redirect you to the “Patient Search Criteria” page.
 - iii. Search for the specific patient (see [Search for Patients in VIIS](#) Steps 3-5).
2. **“Patient Search” function under “Patients”**
 - i. Follow the steps listed in [Search for Patients in VIIS](#).
 - ii. Once you’ve clicked on the relevant patient’s link, click **“History/Recommend.”**



You will then be redirected to the “Patient Information Immunization History” page. On this page, you can view the following three sections:

- A. Patient Information (see section “Patient Information”)
- B. Patient’s immunization history (See section “Immunization Record”)
- C. List of recommended vaccines and dates for immunizations to be administered based off the patient’s age and history in VIIS (See section “Vaccines Recommended by Selected Tracking Schedule”)



A →

B →

C →

Patient Information

Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Medical Record Number	VIIS ID
WILLIAM TESTTEST BELL	02/01/2000	M	ACIP		13739141
Address 12358 MAIN RD, HAMPTON, VA 23503					
Home Phone/Cell Phone /					
Comments (1 of 6) ... 10/26/2020 ~ Clinician has decided to repeat the Hep B series (2 of 6) ... Allergy to Latex (anaphylactic)					

Current Age: 21 years, 1 month, 25 days

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	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Edit
Anthrax	01/06/2021	1 of 6	Anthrax [Anthrax ®]	Full	No			
Cholera	02/08/2021	NOT VALID	Cholera, live attenuated [Cholera, live attenuated ®]	Full	No			
Coronavirus	03/25/2021	1 of 2	COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3mL [Pfizer COVID-19 Vaccine ®]	Full	No			
Diphtheria	03/22/2021		Diphtheria [Diphtheria ®]	Full	No			
HepA	01/13/2007	1 of 2	Hep A, NOS		No		Yes	
HPV	02/11/2021	1 of 3	HPV, Bivalent [Cervarix ®]	Full	No			
Ig	11/23/2020		Rho(D)IV [Rho(D)IV ®]	Half	No			
	02/18/2021		Diphtheria-antitoxin [Diphtheria-antitoxin ®]	Full	No			
Influenza	09/11/2018	Booster	Influenza Quadrivalent	Full	No	Yes		
	02/18/2021	Booster	Influenza Quadrivalent [FluLaval Quadrivalent ®]	Full	No			
Pertussis	02/05/2021		Tdap > 7 years [Adacel ®]	Full	No			
Td	09/23/2020	NOT VALID	Td [Td ®]	Full	No			
	02/05/2021	1 of 3	Tdap > 7 years [Adacel ®]	Full	No			
Typhoid	09/11/2018		Typhoid-VICPs [Typhim Vi ®]		No	Yes	Yes	

Vaccines Recommended by Selected Tracking Schedule

Select	Vaccine Group	Trade Name	Earliest Date	Recommended Date	Past Due Date
<input checked="" type="checkbox"/>	Anthrax	Anthrax	02/03/2021	02/03/2021	02/17/2021
<input type="checkbox"/>	Coronavirus	COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5mL	04/15/2021	04/15/2021	05/20/2021
<input checked="" type="checkbox"/>	HepA	Hep A, NOS	07/13/2007	07/13/2007	02/13/2008
<input checked="" type="checkbox"/>	HepB	Hep B, NOS	02/01/2000	02/01/2000	05/01/2000
<input checked="" type="checkbox"/>	HPV	HPV, NOS	03/11/2021	03/11/2021	06/03/2021
<input type="checkbox"/>	Influenza	Influenza, NOS	03/18/2021	02/18/2022	02/18/2022
<input checked="" type="checkbox"/>	Meningo	Meningococcal, NOS	02/01/2016	02/01/2016	02/01/2018
<input checked="" type="checkbox"/>	Polio	Polio, NOS	03/14/2000	04/01/2000	05/01/2000
<input checked="" type="checkbox"/>	Td	Td, preservative-free	03/05/2021	03/05/2021	04/05/2021

Add Selected

Add Historical Immunizations

Please note that historical immunizations are immunizations that are NOT currently in VIIS Inventory.

- Follow steps listed in [Review Patient Immunization History](#). If no patient record exists, first create a new patient record by following steps listed [Add a New Patient in VIIS](#).
- Under the section titled "Immunization History", click "Add Historical Imms."



Current Age: 21 years, 1 month, 29 days

[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	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Edit
Anthrax	01/06/2021	1 of 6	Anthrax [Anthrax ®]	Full	No			
Cholera	02/08/2021	NOT VALID	Cholera, live attenuated [Cholera, live attenuated ®]	Full	No			

3. Add historical immunization by entering the **Provider Organization** and **Date(s) of Administration** by the selected vaccine(s) or in the “Default Row.”
 - a. Hint: “Default Row” allows you to enter the information once in the top row that will then autofill the information for your desired immunizations by clicking in the correlated boxes below.
 - b. You can also enter information directly into the grid for the desired vaccine(s).
 - c. Refer to the dropdown menu to search for any immunizations not listed in the table.
 - d. For any historical immunizations where the Provider Organization is unknown, enter **“Transcribed”** in the “Provider Organization” field.

Optional*

To add tradename details (e.g., tradename, lot number) and source of immunization for vaccines, click **“Add Details.”**

- 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.



Immunization Record

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?
Anthrax	01/06/2021	1 of 6	Anthrax [Anthrax ®]	Full	No		
Cholera	02/08/2021	NOT VALID	Cholera, live attenuated [Cholera, live attenuated ®]	Full	No		
Coronavirus	03/29/2021	1 of 2	COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3mL [Pfizer COVID-19 Vaccine ®]	Full	No		
Diphtheria	03/22/2021		Diphtheria [Diphtheria ®]	Full	No		
HepA	01/13/2007	1 of 2	Hep A, NOS		No		Yes
HPV	02/11/2021	1 of 3	HPV, Bivalent [Cervarix ®]	Full	No		
Ig	11/23/2020		Rho(D)IV [Rho(D)IV ®]	Half	No		
	02/16/2021		Diphtheria-antitoxin [Diphtheria-antitoxin ®]	Full	No		
Influenza	09/11/2018	Booster	Influenza Quadrivalent	Full	No	Yes	
	02/18/2021	Booster	Influenza Quadrivalent [FluLaval Quadrivalent ®]	Full	No		
Pertussis	02/05/2021		Tdap > 7 years [Adacel ®]	Full	No		
Td	09/23/2020	NOT VALID	Td [Td ®]	Full	No		
	02/05/2021	1 of 3	Tdap > 7 years [Adacel ®]	Full	No		
Typhoid	09/11/2018				No	Yes	Yes

Optional: Enter information in **Default Row** to autofill information for desired immunization(s) by clicking on the correlated boxes below.

Enter Historical Immunizations (0)

Immunization	* Provider Organization	* Default Dates
DTP/aP		
HPV		
HepA		
HepB		
Hib		
Influenza		
MMR		
MeningB		
Meningo		
Pertussis		
Pneumococcal		
Polio		
Rotavirus		
Td		
Varicella		

Additional immunizations can be selected from the dropdown menu

Click "Add Details" to populate tradename details for immunization

Add Details Save Cancel

Immunization Record

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?
Anthrax	01/06/2021	1 of 6	Anthrax [Anthrax ®]	Full	No		
Cholera	02/08/2021	NOT VALID	Cholera, live attenuated [Cholera, live attenuated ®]	Full	No		
Coronavirus	03/29/2021	1 of 2	COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3mL [Pfizer COVID-19 Vaccine ®]	Full	No		
Diphtheria	03/22/2021		Diphtheria [Diphtheria ®]	Full	No		
HepA	01/13/2007	1 of 2	Hep A, NOS		No		Yes
HPV	02/11/2021	1 of 3	HPV, Bivalent [Cervarix ®]	Full	No		
Ig	11/23/2020		Rho(D)IV [Rho(D)IV ®]	Half	No		
	02/16/2021		Diphtheria-antitoxin [Diphtheria-antitoxin ®]	Full	No		
Influenza	09/11/2018	Booster	Influenza Quadrivalent	Full	No	Yes	
	02/18/2021	Booster	Influenza Quadrivalent [FluLaval Quadrivalent ®]	Full	No		
Pertussis	02/05/2021		Tdap > 7 years [Adacel ®]	Full	No		
Td	09/23/2020	NOT VALID	Td [Td ®]	Full	No		
	02/05/2021	1 of 3	Tdap > 7 years [Adacel ®]	Full	No		
Typhoid	09/11/2018		Typhoid-ViCp [Typhim Vi ®]		No	Yes	Yes

Enter Historical Immunization Details

Immunization	* Date Admin	Trade Name	Lot Number	Provider Org	Source of Imm
HPV	03/16/2021			Transcribed	Source Unspecified
HepA	03/16/2021			Transcribed	Source Unspecified

(* required field)

Save Cancel

- Once all historical immunizations are entered, click "Save."



Add Active Immunizations

- Follow steps listed in [Review Patient Immunization History](#). If no patient record exists, first create a new patient record by following steps listed [Add a New Patient in VIIS](#).
- Under the section titled “Immunization History”, click **“Add New Imms”** to display the “Enter New Immunization” page.

Current Age: 21 years, 1 month, 29 days

[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	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Edit
Anthrax	01/06/2021	1 of 6	Anthrax [Anthrax ®]	Full	No			
Cholera	02/08/2021	NOT VALID	Cholera, live attenuated [Cholera, live attenuated ®]	Full	No			

- To add immunizations from your VIIS Inventory, check the **“From VIIS Inventory”** box.
 - Note: This will deduct the immunization from your vaccine inventory. If NOT using the VIIS Inventory feature, do not check the “From VIIS Inventory” box. In this case, you will be required to enter the Trade Name (Required) and Lot Number (Optional) separately.

Enter New Immunization

From VIIS Inventory ☒ * Date Administered [03/30/2021](#) Eligibility Activate Expired

Remove	Immunization	* Trade Name-Lot #-Funding Source- Exp Date	* Vaccine Eligibility	Administered By
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Body Site <input type="text"/>	Route <input type="text"/>	Dose <input type="text"/>	
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Body Site <input type="text"/>	Route <input type="text"/>	Dose <input type="text"/>	

Enter New Immunization

From VIIS Inventory ☐ * Date Administered [05/13/2021](#) Eligibility

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

- Enter the following information in the top section before entering any vaccines:



- a. **Date Administered** (Note: date will default to today's date unless changed, and only one date can be entered for Active Immunizations)
- b. **Eligibility** (Note: this refers to the client's insurance status, which is required for patients 18 years old or younger)

The screenshot shows the 'Enter New Immunization' form. The 'Date Administered' is set to 03/30/2021. The 'Eligibility' dropdown menu is open, showing options: Medicaid Enrolled, Medicaid HMO, Native American/Alaskan Native, No Insurance, Under-insured at a FQHC/RHC facility, Uninsured Adult, Eligibility Not Det/Unknown, FAMIS, and Insured, Vaccine covered. The 'Remove' checkbox is checked. The 'Immunization' dropdown is set to 'Coronavirus'. The 'Trade Name-Lot # Funding Source- Exp Date' dropdown is set to 'Moderna COVID-19 Vaccine-M'. The 'Vaccine Eligibility' dropdown is set to 'Insured, Vaccine covered'. The 'Administered By' dropdown is empty. The 'Body Site' and 'Route' dropdowns are empty. The 'Dose' dropdown is set to 'Full'.

5. To add an Active Immunization, populate the following information:

- a. **Immunization:** Click the "Immunization" dropdown menu to select an immunization from the list.
 - i. Note: Selecting an immunization will uncheck the "**Remove**" box.
 - ii. Note: When adding a multi-dose vaccine to a patient's record, only enter one of the antigens in the dose. When you click on the multi-dose Tradename, VIIS automatically knows to add the other antigens to the patient's immunization record.

The screenshot shows the 'Enter New Immunization' form. The 'Date Administered' is set to 03/30/2021. The 'Eligibility' dropdown is set to 'Insured, Vaccine covered'. The 'Activate Expired' button is visible. The 'Remove' checkbox is unchecked. The 'Immunization' dropdown is highlighted with a red box and set to 'Coronavirus'. The 'Trade Name-Lot # Funding Source- Exp Date' dropdown is set to 'Moderna COVID-19 Vaccine-M'. The 'Vaccine Eligibility' dropdown is set to 'Insured, Vaccine covered'. The 'Administered By' dropdown is empty. The 'Body Site' and 'Route' dropdowns are empty. The 'Dose' dropdown is set to 'Full'.

- b. **Trade Name-Lot #-Funding Source-Exp Date (*Required):** Click the "Trade Name-Lot #-Funding Source-Exp Date" dropdown menu to select appropriate trade name.
 - i. Note: If using vaccines from your VIIS inventory, trade names and lot numbers will be listed in the dropdown menu. If not, you will select the Trade Name from the dropdown menu and manually enter the Lot Number.
 - ii. Note: If you see a pop-up window asking if you meant to give a public vaccine to a private client or vice versa, double check that you selected the right **Trade Name-Lot** and correct **Eligibility**.

The screenshot shows the 'Enter New Immunization' form. The 'Date Administered' is set to 03/30/2021. The 'Eligibility' dropdown is set to 'Insured, Vaccine covered'. The 'Activate Expired' button is visible. The 'Remove' checkbox is unchecked. The 'Immunization' dropdown is set to 'Coronavirus'. The 'Trade Name-Lot # Funding Source- Exp Date' dropdown is highlighted with a red box and set to 'Moderna COVID-19 Vaccine-M'. The 'Vaccine Eligibility' dropdown is set to 'Insured, Vaccine covered'. The 'Administered By' dropdown is empty. The 'Body Site' and 'Route' dropdowns are empty. The 'Dose' dropdown is set to 'Full'.



- c. **Vaccine Eligibility (*Required for patients ages 18 and under):** Click the “Vaccine Eligibility” dropdown menu to select the appropriate vaccine eligibility for each immunization.
- i. Note: For Federally Funded vaccines, it is advised that you do NOT select option “Eligibility Not Det/Unknown” for CDC tracking purposes.

Enter New Immunization

From VIIS Inventory ☒ * Date Administered 03/30/2021 Eligibility Insured, Vaccine covered Activate Expired

Remove	Immunization	* Trade Name-Lot # -Funding Source- Exp Date	* Vaccine Eligibility	Administered By
<input type="checkbox"/>	Coronavirus	Moderna COVID-19 Vaccine-M	Insured, Vaccine covered	

Body Site Route Dose Full

- d. **Administered By (Optional):** Click the “Administered By” dropdown menu to select the POC who did the administering (Note: VIIS Administrators can edit the POCs through “Manage Clinicians.”)
- e. **Body Site (Optional):** Click the “Body Site” dropdown menu to select the location on the patient’s body where the vaccine was administered (e.g. right arm).
- f. **Route (Optional):** Click the “Route” dropdown menu to select the vaccine administration route (e.g. intramuscular).
- g. **Dose:** The “Dose” dropdown menu automatically defaults to “Full.” Click on the dropdown menu to change the dose as needed.
- i. Note: Most doses are likely to be full, with the exception of child immunizations, which can be “half” doses.
- ii. Note: Dosage size is based on the dosage entered in the inventory (e.g., In inventory, 0.5mL is classified as one (1) dose. Patients who receive 0.5mL should be identified as receiving a “Full” dose).
6. Repeat Step 5 for all Active Immunizations entered
7. To remove an immunization you listed, check the “**Remove**” box for that immunization.
8. After all immunizations have been entered, click “**Save**.”

Enter New Immunization

From VIIS Inventory ☒ * Date Administered 03/30/2021 Eligibility Insured, Vaccine covered Activate Expired

Remove	Immunization	* Trade Name-Lot # -Funding Source- Exp Date	* Vaccine Eligibility	Administered By
<input type="checkbox"/>	Coronavirus	Moderna COVID-19 Vaccine-M	Insured, Vaccine covered	
	Body Site RIGHT ARM	Route PERCUTANEOUS	Dose Full	
<input type="checkbox"/>	HPV	Gardasil-GARD1234-PUB-07/3	Insured, Vaccine covered	
	Body Site LEFT ARM	Route PERCUTANEOUS	Dose Full	
<input checked="" type="checkbox"/>			Insured, Vaccine covered	
	Body Site	Route	Dose Full	
<input checked="" type="checkbox"/>			Insured, Vaccine covered	
	Body Site	Route	Dose Full	
<input checked="" type="checkbox"/>			Insured, Vaccine covered	
	Body Site	Route	Dose Full	
<input checked="" type="checkbox"/>			Insured, Vaccine covered	
	Body Site	Route	Dose Full	

Save Cancel



Print the Official Immunization Report

- Follow steps listed in [Search for Patients in VIIS](#). If no patient record exists, first create a new patient record by following steps listed [Add a New Patient in VIIS](#).
- Once you've clicked on the relevant patient's link, click **"Reports"** to open the Reports page.

Personal Information		Save
* Last Name	BELL	History/Recommend Reports Cancel
* First Name	WILLIAM	
Middle Name	TESTTEST	
Suffix		
* Birth Date	02/01/2000	
* Gender	Male	
VIIS ID	13739141	
Birth Order	2 (for multiple births)	
Birth Country	UNITED STATES	
Birth State	VA	
Birth County	BEDFORD	
Mother's Maiden Last (On File)		
Mother's First Name	BETSY	
Medical Record Number		

- There are two reports listed on this page:

Report	Description	Additional Information
Official Immunization	Displays demographics and detailed immunization history. No address or contact information is displayed.	None
Immunizations Needed	Displays demographics, contact information, immunization history, as well as immunizations needed.	None

- Official Immunization:** An official copy of the patient's immunization history.
 - Note: The official record can be identified by the state seal in the center of the page and the words "Official Immunization Record" at the top of the page.

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Virginia Immunization Information System
 Virginia Department of Health
 Official Immunization Record

Chart Number: Tracking Schedule: ACIP VIIS ID: 13739141

Client Name (L, F, M): BELL, WILLIAM TESTTEST Mother's Maiden Name (L, F): ROSS, BETSY

Birth Date: 02/01/2000 Gender: Male Race: Ethnicity:

Client Comments:

Patient Comments: Allergy to neomycin (anaphylactic) - MMR IPV VZV
 Allergy to Latex (anaphylactic)
 Clinician has decided to repeat the Hep B series
 Clinician has decided to repeat the Varicella series
 History of Chicken Pox/Varicella
 History of Meningococcal

Start Date: End Date: 10/26/2020

Vaccine Group	Date Admin	Series	Trade Name	Dose	Qty Code	Lot #	Batch #	Provider of Information	Administered By	MS Date	React
Adenovax	01/08/2021	1 of 2	Adenovax (Adenovirus)	Full	ADP	01/2005	01	Yellow Fever	Donna Pines	03/10/2010	
Cholera	02/08/2021	Not Valid	Cholera (Vibrio cholerae)	Full	CHC	02/10/2021	01	Yellow Fever	Donna Pines		
Comvax	03/03/2021	1 of 2	Comvax (Hib, Polio, DTPa)	Full	COM	03/03/2021	01	Yellow Fever	Donna Pines		
Diphtheria	03/03/2021	1 of 2	Diphtheria (Diphtheria)	Full	DFR	03/03/2021	01	Yellow Fever	Donna Pines		
HepA	01/13/2021	1 of 2	Hep A (Hepatitis A)	Full	HAP	01/13/2021	01	Yellow Fever	Donna Pines		
HPV	02/11/2021	1 of 3	HPV (Human Papillomavirus)	Full	HPV	02/11/2021	01	Yellow Fever	Donna Pines		
MM	11/23/2020	1 of 2	MM (Measles, Mumps, Rubella)	Full	MMR	11/23/2020	01	Yellow Fever	Donna Pines		
MM	02/16/2021	1 of 2	MM (Measles, Mumps, Rubella)	Full	MMR	02/16/2021	01	Yellow Fever	Donna Pines		
Influenza	09/11/2020	Seasonal	Influenza (Influenza)	Full	INF	09/11/2020	01	Yellow Fever	Donna Pines		
Influenza	02/16/2021	Seasonal	Influenza (Influenza)	Full	INF	02/16/2021	01	Yellow Fever	Donna Pines		
Polio	02/03/2021	Not Valid	Polio (Poliovirus)	Full	POL	02/03/2021	01	Yellow Fever	Donna Pines		
Td	02/03/2021	1 of 3	Td (Tetanus, Diphtheria)	Full	Td	02/03/2021	01	Yellow Fever	Donna Pines		
Tdap	09/11/2020	1 of 3	Tdap (Tetanus, Diphtheria, Pertussis)	Full	TdP	09/11/2020	01	Yellow Fever	Donna Pines		

- Immunizations Needed:** An unofficial report as well as a "Reminder" report that serves as an unofficial copy of the patient's immunization history and includes a list of immunizations not yet received.



26 Mar 2021		Virginia Immunization Information System		Page 1 of 2	
Virginia Department of Health Immunization Record					
Chart Number:		Tracking Schedule: ACIP		VIIS ID: 13739141	
Client Name (L, F, M): BELL, WILLIAM TESTTEST		Mother's Maiden Name (L, F): ROSS, BETSY			
Birth Date: 02/01/2000		Gender: Male		Race: Black	
Age: 21 years, 1 month, 25 days		Ethnicity: Hispanic or Latino			
Name (L, F, M): BELL, WILLIAM					
Address: 12358 MAIN RD					
City: HAMPTON		State: VA		ZIP: 23503	
Phone:					
Client Comments:					
Allergy to neomycin (anaphylactic) - MMR IPV VZU		From Date:		To Date:	
Allergy to Latex (anaphylactic)		From Date:		To Date:	
Clinician has decided to repeat the Hep B series		From Date: 10/26/2020		To Date:	
Clinician has decided to repeat the Varicella series		From Date:		To Date:	
History of Chicken Pox/Varicella		From Date:		To Date:	
History of Meningococcal		From Date:		To Date:	
Immunization History					
Tracking Schedule: ACIP					
Vaccine Group	Date Admin	Series	Trade Name	Dose	Reaction
Anthrax	01/06/2021	1 of 6	Anthrax	Full	
Cholera	02/08/2021	Not Valid	Cholera, live attenuated	Full	
Coronavirus	03/25/2021	1 of 2	COVID-19, mRNA, LNP-S, PF, 30 mcg/0.5	Full	
Diphtheria	03/22/2021		Diphtheria	Full	
HepA	01/13/2007	1 of 2	Hep A, NOS	Full	

- Click on the report hyperlink, which will automatically open a PDF version of the report that you can print from your computer.
- After printing, the Signature Section needs to be completed by a physician or registered nurse as well as a Vaccination Station Staffer.

Frequently Asked Questions (FAQs)

I forgot my password, how do I reset it?

Follow the steps listed in [Forgot Password](#). Please note that you must be an active user in order to utilize this feature. You can maintain Active status by logging into VIIS at least once every 60 days. If a Typical User's account becomes inactive, they will need to contact their site's VIIS Administrator(s) to reactivate their account and reset their password.

I cannot find a patient that I know exists in VIIS, how can I find that patient's profile?

It is likely that you need to use vaguer criteria when searching for the patient. Too much information at once can decrease the odds of finding the patient. Follow the steps listed in [Search for Patients in VIIS](#). For Step #3, it is recommended that you start your search with just a few letters of the patient's first and last name (e.g., for John Smith, enter "Jo" for first name and "Sm" for last name).

I administered a vaccine to a patient from my site's VIIS inventory, how do I ensure any administered vaccines are subtracted from the inventory?

Follow the steps listed in [Add Active Immunizations](#). You will see in Step 3 that you need to check the box labeled "From VIIS Inventory" when adding patient immunizations in order to deduct the immunization(s) administered from your vaccine inventory. Users assigned to the VIIS Administrator and



Inventory Control roles can also check by navigating to “Manage Inventory” and reviewing Inventory Reports.

How do I print a patient’s Official Immunization Record?

Follow the steps listed in [Print the Official Immunization Report](#). Once you’ve identified the correct patient profile, click “**Reports**” to access the report page. Be sure to click on the “**Official Immunization**” hyperlink to access the patient’s Official Immunization Record. Clicking on the hyperlink will automatically open a PDF version of the report that you can print from your computer.

