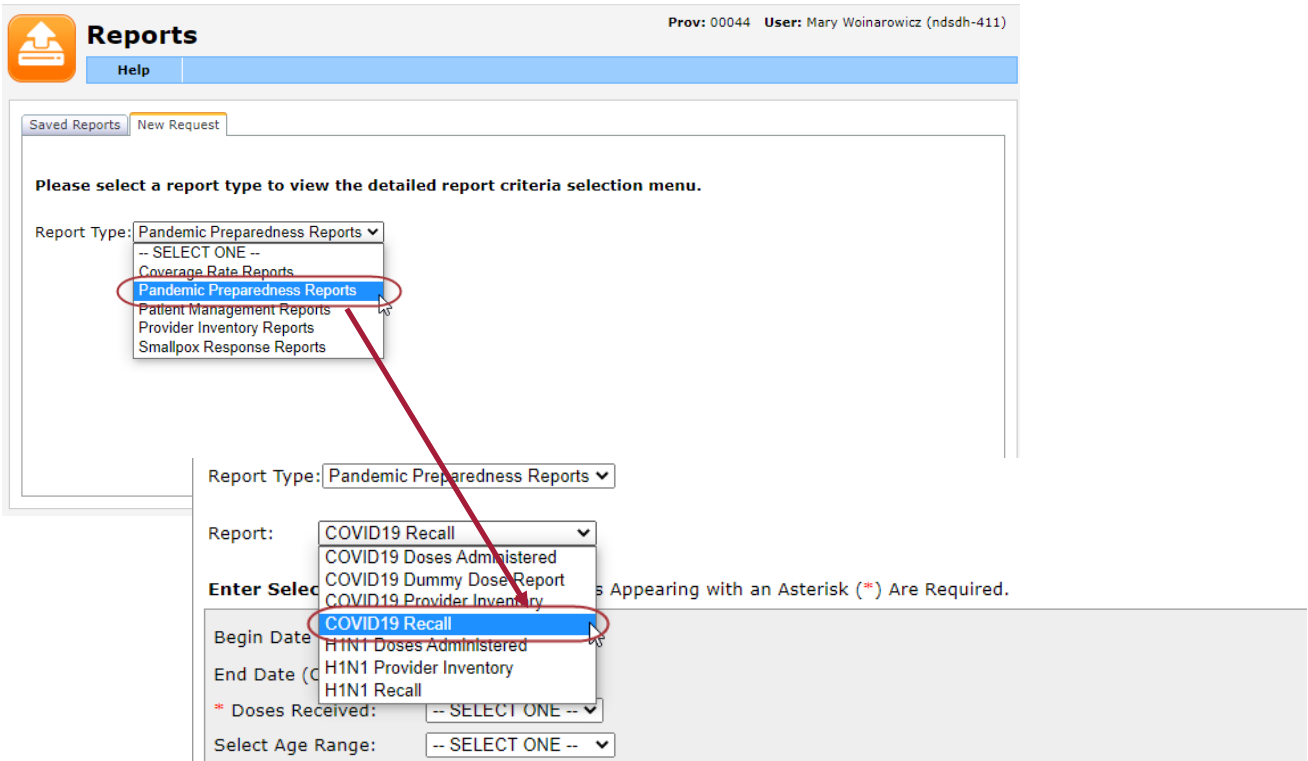


North Dakota Immunization Information System: COVID-19 Recall Report

The COVID-19 Recall Report is a line list of NDIIS clients with doses of COVID-19 vaccine administered by a provider site or living within a specific North Dakota county.

How To Run a COVID-19 Recall Report:

1.) The COVID-19 Recall Report is located under the Pandemic Preparedness Reports Report Type in the NDIIS Reports Module.



The screenshot shows the NDIIS Reports interface. At the top, it displays 'Prov: 00044 User: Mary Woinarowicz (ndsdh-411)'. The main heading is 'Reports' with a 'Help' button. Below this, there are tabs for 'Saved Reports' and 'New Request'. A message states: 'Please select a report type to view the detailed report criteria selection menu.' A dropdown menu for 'Report Type:' is open, showing options: 'Pandemic Preparedness Reports', '-- SELECT ONE --', 'Coverage Rate Reports', 'Pandemic Preparedness Reports' (highlighted with a red circle), 'Patient Management Reports', 'Provider Inventory Reports', and 'Smallpox Response Reports'. A red arrow points from this highlighted option to a second dropdown menu. This second menu shows 'Report Type:' set to 'Pandemic Preparedness Reports' and a 'Report:' dropdown with options: 'COVID19 Recall' (highlighted with a red circle), 'COVID19 Doses Administered', 'COVID19 Dummy Dose Report', 'COVID19 Provider Inventory', and 'COVID19 Recall' (highlighted with a red circle). Below this, there are fields for 'Begin Date', 'End Date', '* Doses Received:' (set to '-- SELECT ONE --'), and 'Select Age Range:' (set to '-- SELECT ONE --'). A note at the bottom right states: 'Items Appearing with an Asterisk (*) Are Required.'

2.) Enter desired selection criteria. Fields appearing with an asterisk (*) are required.

- a. Select **Begin Date** and/or **End Date** to define a time range for doses administered. You may also leave these fields blank and all clients who have received COVID-19 vaccines will be included if they meet the other selection criteria.

Enter Selection Criteria & Values | Fields Appearing with an Asterisk (*) Are Required.

Begin Date (Optional):
End Date (Optional):
* Doses Received: -- SELECT ONE --
* Select Age Range: -- SELECT ONE --
Administrating Provider:
County:

- b. Select **Doses Received** to define if you want to include clients who have received only *1 Dose* of COVID19 vaccine or clients who have received

Begin Date (Optional):
End Date (Optional):
* Doses Received: -- SELECT ONE --
Select Age Range: -- SELECT ONE --
Administrating Provider:
County:

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Doses or More.

- c. Select **Age Range** to define if you want the report to include clients *6 months to 9 years of age, 10 years or older, or clients of All ages.*

Begin Date (Optional):
End Date (Optional):
* Doses Received: -- SELECT ONE --
Select Age Range: -- SELECT ONE --
Administrating Provider:
County:

d.) Select your provider if you wish to run by provider or run by county level

SelectionProvider

Providers
44 - NDIIS TRAINING LPHU

Add
Remove
Remove All

OK Cancel

SelectionCounty

Counties
ADAMS
BARNES
BENSON
BILLINGS
BOTTINEAU
BOWMAN
BURKE
BURLEIGH
CASS
CAVALIER
DICKEY
DIVIDE
DUNN
EDDY
EMMONS
FOSTER

Add
Add ND Counties
Remove
Remove All

Selected Counties

OK Cancel

3.) When all criteria has been selected, click the **Run Now** or click **Run Later** to run the report.

4.) Return to the Saved Reports tab to check the status of your report. You may need to hit the **Refresh** button to update the Reports listed. When the status column lists your report as Completed, click the **View** button to open your report PDF.

Saved Reports | New Request

Report Name	Status	Request Date	Request By	Seq #
Borrow Return Report-Balance Rpt	Completed	12/14/2020	M. Wolnarowicz	11236
Coverage Rate	In Process	12/14/2020	M. Wolnarowicz	00743
Coverage Rate	In Process	12/14/2020	M. Wolnarowicz	00742
COVID-19 Recall Report	Completed	12/14/2020	M. Wolnarowicz	00023
COVID-19 Recall Report	Completed	12/14/2020	M. Wolnarowicz	00022
COVID-19 Doses Administered	Completed	12/14/2020	M. Wolnarowicz	00021

Refresh

Selection Criteria

Selection Criteria	Value(s)
Administrating Provider	44 - NDIIS TRAINING LPHU
Select Age Range	All
Doses Received	1 Dose

View Delete

Sample COVID-19 Recall Report

The report output will include clients vaccinated by the selected provider, who fall within the selected age range and number of doses received.

Evaluating unlicensed DynamicPDF feature. Click here for details. [1:0;s2:v7.0]

COVID19 Recall Report

Printed on 12/15/2020 7:12:36 AM

Administrating Provider: 44 - NDIIS TRAINING LPHU

Select Age Range: All

Doses Received: 1 Dose

Name: ACCOUNT,TEST AA Parent Name: TEST, B	Birth Date: 01/01/2010 Address: 500 STREET , BISMARCK ND 58506	Home: (701) 867-5309 Work:
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COVID19 (Moderna) 12/14/2020

COVID19 (Pfizer)

COVID19 (unspecified)

Name: PERSON,TESTING AA Parent Name: .	Birth Date: 01/01/1977 Address: 123 SOME ST , WEST FARGO ND 58078	Home: (701) 555-5555 Work:
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COVID19 (Moderna)

COVID19 (Pfizer) 12/14/2020

COVID19 (unspecified)

Name: TESTER,TEST TT Parent Name: .	Birth Date: 08/16/2019 Address: 1234 MAIN STREET , BISMARCK ND 58504	Home: (555) 555-5555 Work:
--	---	-------------------------------

COVID19 (Moderna)

COVID19 (Pfizer)

COVID19 (unspecified) 12/14/2020