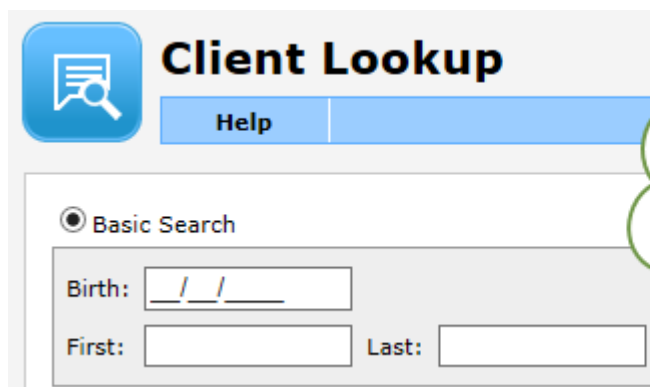


North Dakota Immunization Information System: Vaccine Forecaster

- 1.) Login to the NDIIS
- 2.) Click on the **Search** hyperlink in the Client Box on your home screen
- 3.) Search for your patient in the **Client Lookup** window using a combination of first name, last name, and date of birth



The screenshot shows the 'Client Lookup' interface. It features a magnifying glass icon in a blue box on the left. To its right is the title 'Client Lookup' and a 'Help' button. Below this is a section for 'Basic Search' with a radio button. There are three input fields: 'Birth:' with a date format (___/___/___), 'First:' with a text box, and 'Last:' with a text box.

The easiest way to search for a patient is by using their birthdate and the first letter of their first name

- 4.) Select the correct patient from the generated list by double-clicking their line from the list or by clicking their name on the list once and clicking the **Inquire** button.
- 5.) The system will then open the patient's record to the **Demographics** tab

Demographics Reminder:

Review and update any patient information that is no longer correct

ACCOUNT, TEST A

Help

Demographics | **Immunizations** | Comments | Birth Record | Maintenance

Patient Information Last Updated 06/11/2020

* Last Name: ACCOUNT	* Address: 500 STREET
* First Name: TEST	
* Middle Name: A	<input type="checkbox"/> Air Force Base
Suffix: [v]	* City: BISMARCK
* Race: UNKNOWN	* State: NORTH DAKOTA
* Ethnicity: UNKNOWN	* Zip: 58506
* Birth Date: 01/01/2000	County: BURLEIGH
<input type="checkbox"/> Is Multiple Birth (twins, triplets, etc)	* Birth State/Country: NORTH DAKOTA
* Gender: FEMALE	* Primary Phone: 701-867-5309
Alias First Name: ACCT	* Phone Number Type: MOBILE PHONE
Alias Middle Name: [v]	Email Address: [v]
Alias Last Name: TRIAL	Primary Language: -- SELECT ONE --
	<input type="checkbox"/> Exclude client from reminder recall
	<input type="checkbox"/> Exclude client from client De-Duplication

Mother Information	Responsible Person
Last Name: TEST	Last Name: TEST Relationship to Patient: [v]
First Name: MISSUS	Middle Name: MISTER -- SELECT ONE --
Middle: NA	First Name: B
Maiden Name: TRIAL	

No Reactions/Comments

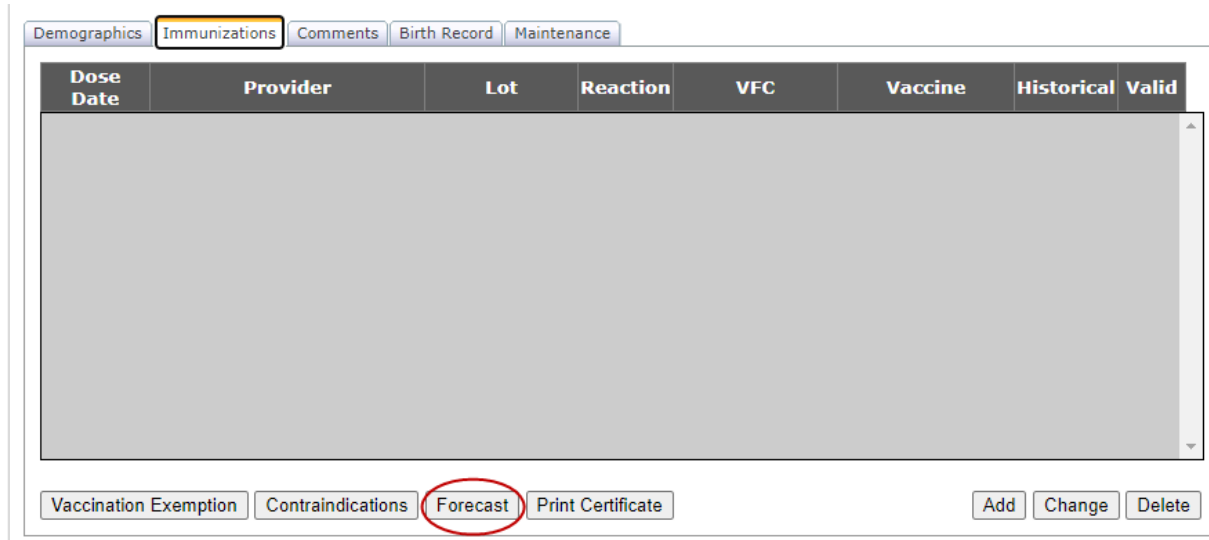
6.) To access the Immunization Forecaster, click on the **Immunizations** tab under the patient's name.

TEST, TEST NA

Help

Demographics | **Immunizations** | Comments | Maintenance

7.) From the patient's immunization screen, click the **Forecast** button.



8.) The patient's **Immunization Forecast** document will open as a PDF containing the following information:

- A. Patient name, birthdate and age (in days, weeks and years)
- B. Vaccination Summary – lists all valid doses of vaccine that the patient has received
- C. Vaccine Forecast – lists all vaccines that the patient is past due and or coming due for, and includes:
 - Vaccine type
 - Dose number in series
 - Recommended date of administration (based on ACIP recommendations)
 - Minimum valid date (earliest date the vaccine can be given and still be counted as a valid dose)
- D. Any comments relating to invalid doses of vaccine in the patient's record and/or vaccine exemption

If there are any exemptions on a patient's record, the Forecaster will not forecast for that particular vaccine

* This is not an official document of Immunization.

Client Immunization Forecast
Evaluated On 12/20/2019 2:02:02 PM

a
Name: Test Na Test
Birthdate: 1/1/2012
Age: 415 weeks, 95 months, 7 yrs

b
Vaccination Summary

Vaccine Type	1	2	3	4	5	6	7	8
MCV4	12/3/2019							
PPV	11/13/2018							

c
Vaccination Forecast

Vaccine Type	Dose Number	Recommended Date	Minimum Valid Date
Hep B	1	01/01/2012	01/01/2012
Polio	1	03/01/2012	02/12/2012
MMR	1	01/01/2013	01/01/2013
Varicella	1	01/01/2013	01/01/2013
Hep A	1	01/01/2013	01/01/2013
Tdap	1	01/01/2019	01/01/2019
MCV4	1	01/01/2023	01/01/2023
HPV	1	01/01/2023	01/01/2021
Men B	1	01/01/2028	01/01/2028
Zoster Shingrix	1	01/01/2062	01/01/2062
PCV13	1	01/01/2077	01/01/2077
PPSV23	2	01/01/2078	01/01/2078

NOTE: Additional immunizations may be recommended based on your age, health conditions, job, lifestyle, or travel habits. Please talk with your healthcare provider to ask if additional immunizations are needed.

d
Vaccine Exemptions

- INFL (unspecified) vaccine refused for reason: Philosophical.Exemption Date:11/1/2016 11:00:00 AM.
Exemption Comments:Testing for Forecaster exemption

The patient's Immunization Forecast may not be used as
an official certificate of immunization!