



Nevada WebIZ

Nevada's Statewide Immunization Information System

A Guide to the New & Upgraded Features of

WebIZ Version 8.0

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New & Upgraded Features of WebIZ Version 8.0

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Introduction

Upgrade – Version 8.0

Nevada WebIZ is getting an upgrade! Just as other software manufacturers issue new versions of their programs, WebIZ is rolling out Version 8.0. In this new version, you will see some changes. This guide is meant to give you an overview of those minor changes, and explain some of the new enhancements to the way WebIZ functions.

Registry Use Law – effective July 1, 2009

On July 1, 2009, Nevada Revised Statute (NRS) 439.265 (and the regulations subsequently passed by the State Board of Health) go into effect. As of that date, any person who administers any recommended immunization to a child shall report information concerning the child and the immunization given to the Nevada State Health Division's statewide immunization registry – Nevada WebIZ.

Though NRS 439.265 requires information regarding the immunization of **children** to be reported, the regulations also allow for the inclusion of adult immunization information. A disclosure statement (and instructions for using the statement) will be provided to you by our office prior to July 1, 2009.

This disclosure statement should be provided to all patients receiving vaccinations- parents/guardians have the option to decline inclusion of their child's information in the registry by signing the statement. On the contrary, adults must sign and submit the disclosure statement to you to allow their inclusion in the registry. The full text of the statute and regulations are at the end of this guide (see Table of Contents).

Over the last several months, we've been hard at work improving and promoting our State immunization registry in preparation for July 1, 2009. Some of the new Nevada WebIZ features were added because of this new law and its requirements.

Bold (Required) Fields

If you are an experienced user, you know that, in Nevada WebIZ, there is some patient information required- these fields are shown in **bold type**. WebIZ will remind you if you have left a required field blank. In our current version (7.5), the required fields are **Last Name, First Name, Gender, Date of Birth** (can be marked as "Unknown" if patient does not disclose), **VFC Eligibility** (IMPORTANT!! Though this field provides a choice of "Unknown," you are highly discouraged from using this option. If you do not know or cannot find a patient's VFC Eligibility status, it is best to mark them as "Not VFC Eligible." If you have questions, please do not hesitate to contact the WebIZ Help Desk.) and **Address** (address can be marked "Unavailable or Temporary"; if you know your patient's address, please enter it in WebIZ. This will allow your patient to be included in a Reminder list, as well as allow for future mapping of "pockets of need" to target vaccination interventions.). In Version 8.0, you will now see the **County** field is also required.

Please take some time to review this guide- pay special attention to the information written in red.

Should you have any questions regarding any of the information in this guide, please contact the Nevada WebIZ Help Desk at (775) 684-5954 or izit@health.nv.gov

Demographics Screen

1. “Parsed” patient address fields

Parsed means the address fields have been divided up into standardized dropdown lists. In the **current site**, the Address section looks like this:

The current site's address form is a single block with the following fields: "Address is Unavailable or Temporary" (checkbox), "Do not send Reminders" (checkbox), "Line 1: 1234 MAIN STREET SOUTH", "Line 2:", "Apt Complex:", "City: CARSON CITY" (dropdown), "County:" (dropdown), "State: NEVADA" (dropdown), "Country:" (dropdown), "Zip Code: 89701", and "Census Tract:" (dropdown).

In Version 8.0, this section will now be displayed like this:

The new Version 8.0 address form is split into two sections: "Mailing Address" and "Physical Address". Each section has a "Clear" button. The "Mailing Address" section includes fields for "Street #:" (1234), "Street Prefix:" (dropdown), "Street Name:" (MAIN), "Street Type:" (ST), "Street Suffix:" (S), "Apt Complex:", "PO Box:", "City:" (CARSON CITY), "Other City:", "County:" (CARSON CITY), "Other County:", "State:" (NEVADA), "Country:", "Zip Code:" (89701), and "Census Tract:". A note below the PO Box field states: "Either Street Name and Street Number are required, or you must enter a P.O. Box". The "Physical Address" section has identical fields and a "Copy Above" button.

As you can see, the system can now record both **mailing and physical addresses**. If the addresses are the same, *utilize the “Copy Above” button.*

This change has been made for a couple of reasons:

- better information with which to contact your patients (in the case of a reminder or even a public health emergency).
- to work towards a method of “geocoding” our data to identify regions in Nevada with low immunization coverage rates.

Additionally, the **“County” of residence field is now required.**

➤ **What do these changes mean for our office?**

Once the new version is up and running, you will need to review your patients’ address information and correct as needed.

Demographics Screen (cont.)

2. Sources of Health Insurance fields

WebIZ contains a billing module that allows one of our largest health districts to bill for the administration fee of Vaccines for Children (VFC) funded vaccines. To do so, a patient's insurance source can be identified in these fields. Though this **billing module is *not* available for use by other WebIZ providers**, *this field can be used as an additional way to identify a patient*. Because the Insurance Source choices are limited, a user may choose "Other" as the source, and enter the Insurance ID number (also known as a "member number") to the left.

In the current site, the Sources of Health Insurance section looks like this:

Health Insurance Source: (identify up to three)	Insurance ID or Number:	Primary?
(OTHER) OTHER	1111111111	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

In Version 8.0, this section will now be displayed like this:

Health Insurance Source: (identify up to three)	Insurance ID or Number:	Date Last Verified:	Primary?
(OTHER) OTHER	1111111111	02/25/2009	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

As you can see, a "Date Last Verified" has been added. Users *may* use these fields to assist in identifying the current insurance source of a patient.

3. History of Chickenpox

On the Patient Demographics screen, users can indicate whether or not a patient has a history of chickenpox illness. This assists vaccine providers in determining the number of varicella doses needed by a patient.

In the current site, the History of Chickenpox field looks like this:

History of Chicken Pox: **NO** | HIPAA Notice Status: **ACKNOWLEDGED** | Date: 02/25

In Version 8.0, this section will now be displayed like this:

History of Chicken Pox: **NO** | Date of Varicella: | HIPAA Notice Status: **ACKNOWLEDGED** | Date: 02

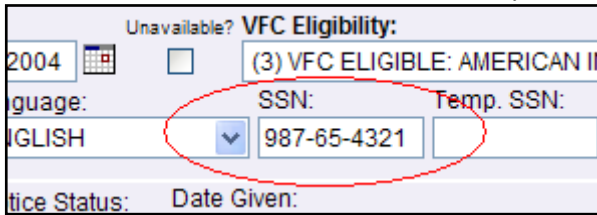
Demographics Screen (cont.)

As you can see, a field has been added to identify the “Date of Varicella” illness. If completed, the field must be entered as DD/MM/YYYY. As most parents may not remember the specific date on which their child fell ill, it is acceptable to identify a month and year by indicating the 1st of the month (example: 12/01/2007). This field may be left blank if needed.

4. Social Security Number field

On the Patient Demographics screen, users can enter the patient’s Social Security Number (SSN). In the past, we have asked users to refrain from doing this to better protect the patients’ identities. In Version 8.0, this field has been enhanced to provide better security.

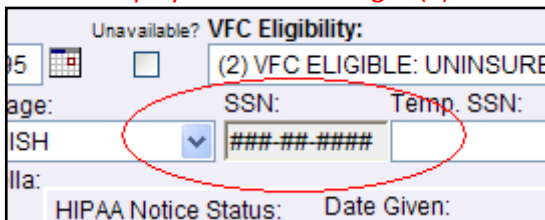
In the current site, the field allows for entry and viewing of the SSN:



The screenshot shows a form with the following fields: 'Unavailable?' with a checkbox, 'VFC Eligibility:' with a dropdown menu showing '(3) VFC ELIGIBLE: AMERICAN IN', 'Language:' with a dropdown menu showing 'ENGLISH', 'SSN:' with a text input field containing '987-65-4321', and 'Temp. SSN:' with an empty text input field. Below these fields are 'HIPAA Notice Status:' and 'Date Given:'.

In Version 8.0, this feature allows the following:

- If the SSN field is empty on a patient record, the **user may add a SSN**
- Users **may search for a patient using a SSN**
- If a patient is found using a SSN as search criteria, the record may be viewed, **but the SSN will be displayed as number signs (#):**



The screenshot shows a form with the following fields: 'Unavailable?' with a checkbox, 'VFC Eligibility:' with a dropdown menu showing '(2) VFC ELIGIBLE: UNINSURE', 'Language:' with a dropdown menu showing 'ENGLISH', 'SSN:' with a text input field containing '###-##-####', and 'Temp. SSN:' with an empty text input field. Below these fields are 'HIPAA Notice Status:' and 'Date Given:'.

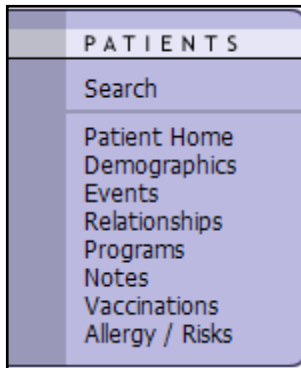
Our hope is that the patient identities stored in Nevada WebIZ are better protected by this new feature.

New Patient Record Features

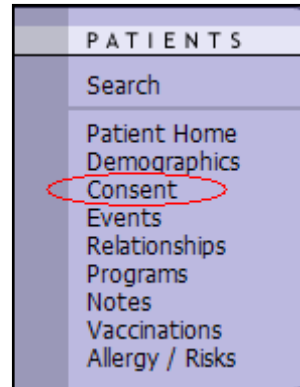
1. Consent (for adult patients only)

The **immunization registry regulations going into effect July 1, 2009** (07/01/09) require that adults give written permission prior to inclusion in the Nevada WebIZ registry. To accommodate this new requirement, we have added an item to the Patient Menu.

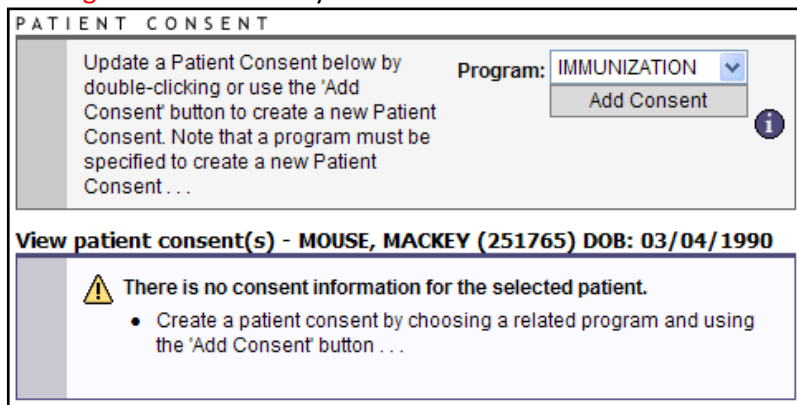
In the *current* site, the Patient Menu looks like this:



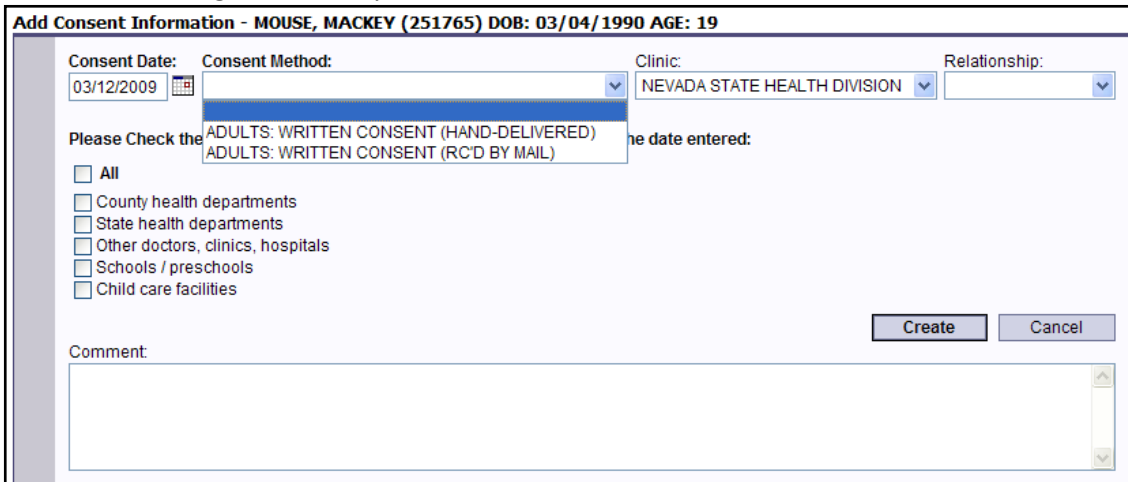
In *Version 8.0*, the menu will contain a new item- **Consent**:



Clicking **Consent** will take you to this screen:



To document an adult giving consent to have their information added to Nevada WebIZ, **click on "Add Consent."** Doing so will lead you to this screen:



New Patient Record Features (cont.)

Here, you will indicate:

- The date on which a signed consent form (aka “Disclosure Statement”) was received
 - The method by which it was received (*the regulation states that **the adult must read and sign the form provided by the Health Division- your office will receive this form prior to July 1, 2009***)
 - Your clinic name (automatically populated)
 - The “Relationship” of the person giving consent- *this will always be “Self”*
 - Who may view the data- **Always check “All”- the regulations going into effect July 1, 2009 grant legal access to all facilities listed on this screen**
 - Add any comments as needed in the “Comment” box
 - Click “Create” to save the Consent
- *What do these changes mean for our office?*
- **Parents/guardians do not need to give consent, but they must be provided the same disclosure statement.**
 - **Parents/guardians do have the right to “opt out” of entry in the registry**
 - **These requirements DO NOT go into effect UNTIL July 1, 2009**
 - **The Disclosure Statement will be provided to your office prior to July 1, 2009**

2. Vaccine Refusal Documentation

When a vaccine is refused, this can be documented in Nevada WebIZ. In Version 8.0, at the “Quick Add” screen (usage Type 1) and the “Add Vaccination” screen (for usage Types 2 & 3), there is a field titled “If Vaccine Refused, Reason:” See illustrations below:

Quick Add (Type 1)

Add a new vaccination - MOUSE, MACKEY (251765) DOB: 03/04/1995

Patient Allergies/Risks
History of Chicken Pox

Done Cancel

Clinic: NEVADA STATE HEALTH DIVISION Vac Date: 03/13/2009 Age: 14y 0m 9d
 : Do not set this clinic as the Default Clinic for this Patient

Administered by: HARRIS, AMANDA (HELPDESK) Reminder Date: No Reminder Patient is VFC Eligible

Vaccine:	Administration Site:	If Vaccine Refused, Reason:
HEP A, PED/ADOL		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

Done Cancel

New Patient Record Features (cont.)

Add Vaccination (Type 2 & 3)

Add a new vaccination - MOUSE, MACKEY (251765) DOB: 03/04/1995

Patient Allergies/Risks
History of Chicken Pox

Save and Administer Done Cancel

Clinic: NEVADA STATE HEALTH DIVISION Vac Date: 03/13/2009 Age: 14y 0m 9d
 : Do not set this clinic as the Default Clinic for this Patient

Reminder Date: No Reminder **Patient is VFC Eligible**

Vaccine: HEP A, PED/ADOL
If Vaccine Refused, Reason:

- AGAINST MEDICAL ADVICE
- MEDICAL
- RELIGIOUS
- VALID CONTRAINDICATION
- OTHER
- DEFERRED

Save and Administer Done Cancel

To document the refusal:

- Navigate to your respective "Add" screen (above)
- Enter the date of refusal in the "Vac Date" field
- Check "No Reminder" or enter a "Reminder Date" (if vaccine has been deferred)
- Select the vaccine refused in the "Vaccine" dropdown list
- Select the refusal reason in the "If Vaccine Refused, Reason:" dropdown list

Upon selecting a refusal reason, you will see a box pop up:

-- Webpage Dialog

http://10.150.1.69/webiztrn/Patients/Vaccinations/refusal/main.asp?NOTE=-1&VID=83&VRID

Additional Documentation Required For Refusal Reason Religious

Provide additional information and click the OK button to save and close.

Vaccination Refusal Note:
HEP A, PED/ADOL REFUSED.

OK

http://10.150.1.69/webiztrn/Patients/Vaccinations/refusal/mair Internet

- Add any additional comments in the text box

New Patient Record Features (cont.)

- Click “OK”
- The pop up box will disappear, leaving the “Add” screen
- On the “Quick Add”/“Add Vaccination” screen, click “Done”
- The system will then take you back to the “Vaccinations” screen

The refusal is now saved as a note on the patient’s record and can be viewed by clicking on “Notes.” The refusal will also be printed as a Comment on the patient’s Immunization Record. **Please note that, if a patient refuses *all* vaccinations, a WebIZ record should not be established for them.**

Vaccine Recommendations

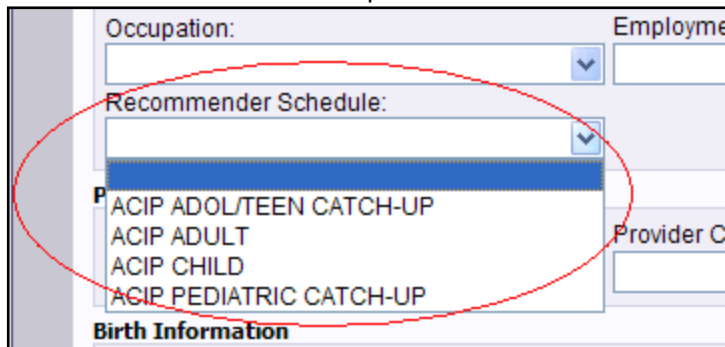
1. Updated Recommender

The Nevada WebIZ Recommender has been updated to reflect the creation of the Advisory Committee on Immunization Practices' (ACIP) Adolescent Schedule (separate from the ACIP Childhood Schedule). Additional improvements have been made to the existing schedules in an attempt to make them more accurate.

To allow for more appropriate recommendations for your patient, you *may* select a specific schedule to apply to that patient.

To do so:

- Navigate to your patient's "Demographics" screen
- Scroll down to the dropdown field labeled "Recommender Schedule."

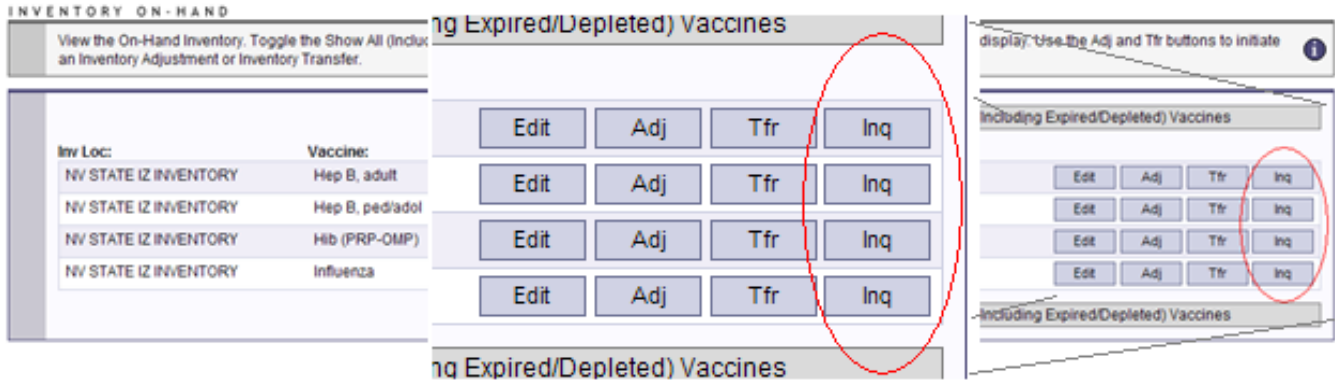


The screenshot shows a web interface with a dropdown menu for "Recommender Schedule". The menu is open, showing four options: "ACIP ADOL/TEEN CATCH-UP", "ACIP ADULT", "ACIP CHILD", and "ACIP PEDIATRIC CATCH-UP". The first option is highlighted in blue. A red circle is drawn around the dropdown menu. Other visible fields include "Occupation:", "Employment", and "Birth Information".

- Select the appropriate schedule
- Click "Update" at the top or bottom of the screen
- The selected schedule will now be applied to this patient

Inventory Management (Type 3 only)

For those of you utilizing Type 3 Inventory Management, you will see a new feature on the “On-Hand” screen. You will now have the ability to generate an Inquiry for a vaccine lot by clicking a button on the right-hand side of the screen.



When troubleshooting a vaccine lot that is not balanced in a Nevada WebIZ Reconciliation, an Inquiry can be very helpful. By clicking the button shown above, you can generate a report showing all of the “movements” of that particular vaccine lot (i.e. how many vaccinations added/deleted, how many doses adjusted/transferred, etc.).

Improved Reports

In Nevada WebIZ V8, the following reports have been improved. Below is a description of each of these improved reports:

1. Immunization Record

The Immunization Record generated in Nevada WebIZ now states it is the “Official” immunization record for the State of Nevada, per regulations effective 7/1/09.

2. Inventory Inquiry

For those utilizing Type 3 Inventory (full inventory management), the Inquiry is found in the Inventory submenu. This report has been enhanced by adding the patient name to the “Comments” line (in addition to the Patient ID#). This will ease troubleshooting when balancing reconciliations.

3. Appropriate Immunizations Report

Though the reports look the same, the search criteria for these reports have been updated to allow you to use a pre-built immunization series or to *define your own series “on the fly.”* In addition, the algorithm is no longer based on approximations. Instead, *the Recommender is run for EVERY patient* in the data set to make the results as accurate as possible. These changes may cause **the reports to take several minutes to run** due to the increased level of processing required. The “Patients Not Properly Immunized Detail” now identifies any vaccinations explicitly marked as invalid by users and any vaccinations that may appear valid but have been marked invalid by the Recommender during processing. Remember, the Recommender makes judgments based solely on the ACIP Recommended Schedule. This report can now produce the equivalent of a CoCASA assessment (done for VFC providers administering vaccines to 2 year olds).

Criteria Screen:

Appropriate Immunizations Report

Provider: NEVADA STATE HEALTH DIVISION

Clinic: NSHD - NEVADA STATE HEALTH DIVISION

Report Type:

Appropriate Statistics Summary

Patients not Properly Immunized Detail

Doses By Vaccine Series:

Vaccine Series Dose Presets:

DTaP:	Hepatitis A:	Hepatitis B:	HIB:
0	0	0	0
HPV:	Influenza:	Meningococcal:	MMR:
0	0	0	0
PCV7:	Polio:	Rotavirus:	Varicella:
0	0	0	0

Selection Date Range:

From: 01/01/2008 To: 01/01/2008

Age Range:

From: 24 To: 35 Age UOM: MONTHS


Cancel Run Report

~~NOTE: Please be sure that the "Inactivate Patients" process has been run for the "Selection" dates prior to running this report.~~

(Please disregard the statement crossed out at the bottom of the screen)

Improved Reports (cont.)

Note that the "Vaccine Series Dose Presets" available follow the format of "4:3:1:3:3:1" (4DTaP, 3Polio, 1MMR, 3Hib, 3HepB, 1Varicella). This feature will generate two (2) types of reports:
 The **"Appropriate Statistics Summary" (report example):**



March 16, 2009

Appropriate Statistics

State of Nevada

Provider = _____ Clinic = _____ DTaP Series Count = 4, HepB Series Count = 3, Hib Series Count = 3, MMR Series Count = 1, Polio Series Count = 3, Varicella Series Count = 1, Selection Date Range = 01/01/2008 - 01/31/2008, Age Range = 24 - 35 (Months)


Total Patients	=	0
Total INACTIVE Patients	=	3
Adjusted Total Patients	=	90

	49 (54.44)	=	Patients GIVEN appropriate number of doses of all indicated antigens
	41 (45.56)	=	Patients NOT GIVEN appropriate number of doses of all indicated antigens

Children Given the following vaccine combinations:

	52 (57.78)	=	Patients with at least 4 valid doses in the DTaP vaccine series
	76 (84.44)	=	Patients with at least 3 valid doses in the Polio vaccine series
	67 (74.44)	=	Patients with at least 1 valid doses in the MMR/Measles vaccine series
	75 (83.33)	=	Patients with at least 3 valid doses in the Hib vaccine series
	74 (82.22)	=	Patients with at least 3 valid doses in the HEPB vaccine series
	66 (73.33)	=	Patients with at least 1 valid doses in the Varicella(CPOX) vaccine series

And the **"Patients not Properly Immunized Detail" (report example):**



March 16, 2009

Patients Not Properly Immunized

State of Nevada

Provider = _____ Clinic = _____ DTaP Series Count = 4, HepB Series Count = 3, Hib Series Count = 3, MMR Series Count = 1, Polio Series Count = 3, Varicella Series Count = 1, Selection Date Range = 01/01/2008 - 01/31/2008, Age Range = 24 - 35 (Months)

1200374 _____ DOB: _____ Remind: _____ Last: 08/21/2007

 GARDNERVILLE, NV 89460
 Parent: _____ (H): 775-____ (W): _____

Vaccination Group	Vaccination	Dose	Given On	Given At	Recommender Invalidated
Hib	Hib (PRP-OMP)	1	06/15/2007	CHNDOUG	
PCV7	PCV7 (Pevnar)	1	06/07/2007	CHNDOUG	
	PCV7 (Pevnar)	2	08/21/2007	CHNDOUG	

1177255 _____ DOB: _____ Remind: 02/01/2005 Last: 01/30/2007
 Parent: _____ (H): _____ (W): _____

Vaccination Group	Vaccination	Dose	Given On	Given At	Recommender Invalidated
DTaP	DTaP	1	03/20/2006	PR	
	DTaP	2	05/19/2006	PR	
	DTaP	3	07/31/2006	PR	
Polio	IPV	1	03/20/2006	PR	
	IPV	2	05/19/2006	PR	
	IPV	3	07/31/2006	PR	
MMR/Measles	MMR	1	01/30/2007	PR	
Hib	Hib (PRP-D)	1	03/20/2006	PR	
	Hib (PRP-D)	2	05/19/2006	PR	
	Hib (PRP-D)	3	07/31/2006	PR	
	Hib (PRP-D)	4	01/30/2007	PR	
HEPB	Hep B, ped/adol	1	01/20/2006	PR	
	Hep B, ped/adol	2	03/20/2006	PR	

Improved Reports (cont.)

5. Vaccine Inventory and Accountability Report (VFC only)

For Type 3 (full inventory mgmt) providers only: This report, previously titled “VFC Usage Reporting: Monthly Counts” has been renamed to match its paper counterpart (from the VFC Program) and can now be found in “Reports/Forms” in the “Inventory” section. If you use Nevada WebIZ to manage your vaccine doses on-hand, *and* perform monthly “Reconciliations” in the registry, this summary report will be available to use *in the place of the Vaccine Inventory and Accountability Report issued by the VFC Program*. For more information about this summary report, please call 775-684-5954 or izit@health.nv.gov.

Criteria: Balancing & Completing a WebIZ Reconciliation

Report Example:

Period				Beg Date				End Date				Signoff User				Practice/Facility:					
JUNE				06/01/2008				06/30/2008				[REDACTED]				[REDACTED]					
																VFC PIN: [REDACTED] [REDACTED] [REDACTED] NV [REDACTED] County: [REDACTED] Phone: [REDACTED] Fax: [REDACTED] Contact: [REDACTED] Email: [REDACTED]					
VFC Vaccine Summary																					
Vaccine	Beginning Inventory	Vaccine Received	Vaccine Administered	Vaccine Transferred In/Out	Vaccine Expired or Wasted	Unaccounted For	Long/Short	Ending Inventory													
CPOX (Varicella)	16	10	(7)	0	0	0	0	19													
DTaP	32	0	(4)	0	0	0	0	28													
DTap-Hep B-IPV	10	0	0	0	0	0	0	10													
Hep A, ped/adol	14	0	(7)	0	0	0	0	7													
Hep B, ped/adol	48	0	(1)	0	0	0	0	47													
Hib	26	0	(2)	0	0	0	0	24													
IPV	37	0	(4)	0	(3)	0	0	30													
Meningococcal	21	0	0	0	0	0	0	21													
MMR	33	0	(3)	0	0	0	0	30													
PCV7 (Prevnar)	23	0	(1)	0	0	0	0	22													
Td	31	0	(13)	0	0	(2)	0	16													
Tdap	42	40	(26)	0	0	0	0	56													
Totals:										333	50	(68)	0	(3)	(2)	0	310				

New Reports

In Nevada WebIZ V8, the following new reports have been created to provide you, the users, with additional information about vaccine usage at your practice. Below is a description of each of these new reports.

1. User Vaccination Details

This is a new report that allows a user to track information about the vaccinations added and/or updated by specific users. The resulting information has been used by some states and counties to identify vaccinations that may need to be reviewed if a new user is entering data incorrectly or as a productivity measure by individual providers.

Criteria Screen:

User Vaccination Details

Vaccine: (ALL) [v]

User Provider: NEVADA STATE HEALTH DIVISION [v]

User Clinic: (ALL) [v]


Vaccination Dates:
 From: 01/01/2008 [c] To: 06/01/2008 [c]

Vaccination Created By or Updated By Required:
 Created By:* [v] Updated By:* [v]

*Hold the Ctrl key to select multiple items.
 Note - This report may take several minutes to complete.

Cancel Run Report

Report Example:



March 16, 2009

User Vaccination Details

Vaccine = (ALL), User Provider = NEVADA STATE HEALTH DIVISION, User Clinic = (ALL), Vaccination Created By = HARRIS, AMANDA, Vaccination Last Updated By = HARRIS, AMANDA, Vaccination Start Date = 01/01/2008, Vaccination End Date = 06/01/2008

		Vaccination								
DOB:	Default Clinic:	Date	Clinic	Type	Lot #	Funding Source	Historical?	Invalid?	Created By	Last Updated By
(REDACTED)	CHNDOUG	04/26/2008	DCSD	HPV			Y		HARRIS, AMANDA	HARRIS, AMANDA
MOUSE, MACKEY (253485)		Vaccination								
DOB:	Default Clinic:	Date	Clinic	Type	Lot #	Funding Source	Historical?	Invalid?	Created By	Last Updated By
03/01/1998	NSHD	05/12/2008	PR	CPOX (Varicella)	1234	private	Y		HARRIS, AMANDA	HARRIS, AMANDA
MOUSE-CAT, MINDY (253225)		Vaccination								
DOB:	Default Clinic:	Date	Clinic	Type	Lot #	Funding Source	Historical?	Invalid?	Created By	Last Updated By
02/01/1997	STMARYSRED	02/15/2008	DCSD	HPV			Y		HARRIS, AMANDA	HARRIS, AMANDA

New Reports (cont.)

2. Patients First Seen

This is a new report that identifies any patients first seen by a provider during the specified date range. Some providers use this for statistical purposes. **This report may take several minutes to complete.**

Criteria Screen:

Patients First Seen

Provider:


Clinic:

Age In Months:
 From: To:

Vaccination Date Range:
 From: To:

Note - This report may take several minutes to complete.

Report Example:



Patients First Seen
State of Nevada

March 16, 2009
 Provider: NEVADA STATE HEALTH DIVISION
 Clinic: All
 Minimum Age In Months:
 Maximum Age In Months:
 First Seen From Date: 01/01/2008
 First Seen To Date: 01/31/2008

NEVADA STATE HEALTH DIVISION

ELKO MASS VACCINATION 2007

Patient ID	Name	First Seen	Last Seen	D.O.B.	Status
306679	██████████	01/02/2008	01/02/2008	██████████	Active

NEVADA STATE HEALTH DIVISION Patient Count: 1

Total Patient Count: 1

New Reports (cont.)

3. Possible Patient Duplicates

This is a new report that allows you to see information about potential duplicate records in the system *where one or both records are associated with your provider/clinic*. This gives us, the system administrators, a way of **including individual provider offices in the effort to resolve duplicate records**. While you are not given the ability to actually combine the duplicates, you are able to generate a report that allows you to research the potential duplicate pair further and then report any confirmed duplicates to the Help Desk to be combined (775-684-5954 OR izit@health.nv.gov). **It is every user's responsibility to provide quality data- with your help, we can make our registry as "clean" as possible.**

Criteria Screen:

Possible Patient Duplicates Selection Criteria

Provider:

Clinic:

Duplicate Found Date Range:
 From: To:

Exclude Patients with no DOB?:

Report Example:

State of Nevada
Possible Patient Duplicates

March 16, 2009

Provider = [redacted] Clinic = (all), From Date = 01/01/2008, To Date = 01/31/2008, Exclude Patients with no DOB = N

Source Patient	Possible Duplicate Patient	
<p>ID: 100881 Name: [redacted] Alias: [redacted] Mother: [redacted] Address: [redacted]</p> <p>Ethnicity: Allergies/Risks: Insurance Sources: Default Provider: [redacted] Default Clinic: [redacted] Created By: [redacted] Last Updated By: [redacted]</p>	<p>ID: 1240874 Name: [redacted] Alias: [redacted]</p> <p>DOB: [redacted] Gender: M Multiple Birth Indicator: N</p>	<p>Source Patient</p> <p>ID: 100881 DOB: [redacted] Gender: M Name: [redacted] Multiple Birth Indicator: N Alias: [redacted] Mother: [redacted] Mother Maiden Name: [redacted] Address: [redacted] Telephone: [redacted] County: [redacted]</p> <p>Ethnicity: [redacted] Races: [redacted] Allergies/Risks: [redacted] Insurance Sources: [redacted] Default Provider: [redacted] Default Clinic: [redacted] Created By: [redacted] Create Date: 06/16/2005 Last Updated By: [redacted] Last Updated Date: 06/16/2005</p>
<p>ID: 1221569 Name: [redacted] Alias: [redacted] Mother: [redacted] Address: [redacted]</p> <p>Ethnicity: Allergies/Risks: Insurance Sources: Default Provider: [redacted] Default Clinic: [redacted] Created By: [redacted] Last Updated By: [redacted]</p>	<p>ID: [redacted] Name: [redacted] Alias: [redacted] Mother: [redacted] Address: [redacted]</p> <p>Ethnicity: Allergies/Risks: Insurance Sources: Default Provider: [redacted] Default Clinic: [redacted] Created By: [redacted] Last Updated By: [redacted]</p>	<p>01/19/2008 01/19/2008 M N</p> <p>Create Date: 10/03/2007 Last Updated Date: 10/03/2007</p> <p>Default Clinic: [redacted] Created By: [redacted] Last Updated By: [redacted]</p> <p>Create Date: 01/07/2008 Last Updated Date: 01/07/2008</p>

New Reports (cont.)

4. Vaccine Adverse Events Reporting (VAERS) Form

In Nevada WebIZ Version 8.0 you will now have the ability to generate a VAERS form if your patient experienced an adverse reaction to a vaccination. To do so, click on "Update" on the vaccination row on the patient "Vaccinations" screen to view the vaccination .

Edit patient vaccinations - MOUSE, MACKEY M (253485) DOB: 03/01/1998

DOB: 03/01/1998 Age: 11 years 1 months 26 days Reminder Date: 10/13/2013 Allergies/Risks ARE specified

Vaccine:	Dose:	Date:	Age:	Clinic:	
DTAP	1	07/31/2006	8y 4m 30d	PR	Update
DTAP	2	11/15/2006	8y 8m 14d	PR	Update
TDAP	3	10/12/2008	10y 7m 11d	██████████	Update

You will now see the VAERS button at the top of the screen. First, you must enter the Adverse Reaction information and click "Save" (note that up to three (3) separate types of reactions may be documented).

PATIENT VACCINATIONS

Click on the 'Done' button to modify the vaccination or click 'Cancel' to return to the Patient Vaccinations page . . .

Edit an existing vaccination - MOUSE, MACKEY M (253485) DOB: 03/01/1998

Patient Allergies/Risks
History of Chicken Pox

Delete Invalidate **VAERS** **Save** Done Cancel

Clinic: ██████████ Administered by: HARRIS, AMANDA (HELPDESK)

Vaccine: TDAP Mfg: GLAXOSMITHKLINE

Lot/Serial: AC52B016BA Fund Src: VFC Expr Dt: 03/30/2009

Vac Date: 10/12/2008 Age: 10y 7m 11d

Dosage: 0.50 Admin Site: LT Route: INTRAMUSCULAR

Group	Dose Number
DTaP	3

Result Date: Reading: Measurement: Read By:

Adverse Reaction 1. (Note: Date, Reaction, Severity, Clinic and Provider must all be specified)

Adverse Reaction?

Reaction Date: 10/12/2008 Date Reported to VAERS: Severity: MODERATE

Reaction: CRYING FOR 3+ HRS, < 48 HR Clinic: ██████████ Provider: HARRIS, AMANDA - HELPDESK

Comments:

Reminder/Recall Function

The Reminder/Recall function in Nevada WebIZ has been completely redesigned to allow users more control over the results. Some of the new features include:

- Ability to breakout patients that are coming due for a vaccination in the future (i.e., Reminders) from patients that are overdue for a vaccination (i.e., Recalls)
- More flexible criteria for targeting patients to be included in a Reminder/Recall run
- Ability to define the specific dose number within a vaccine series for a more detailed analysis

The following pages describe in detail how to utilize this tool.

Reminder/Recall Screen

The Reminder/Recall Listing Screen has been updated to include a “Provider” and “Clinic” filter. A user can now view any and all Reminder/Recalls generated by all Providers and Clinics with which they are associated by selecting the desired location from these dropdown lists (only those providers and clinics will be available). The provider and clinic names displayed when the user reaches this screen will be those currently specified on the “Home” screen).

In the current site, the Reminder/Recall screen looks like this:

In Version 8.0, the Reminder/Recall screen looks like this (the information and buttons on this screen are very similar to the current site, as seen below- see chart for comparison of buttons):

Current Site	Version 8.0
Edit Reminder	Edit
Process Recalls	Unvaccinated Report
View Reminder	Report
View Extract	Extract
View Labels/View x160 Labels	Dymo Labels/Avery Labels (respectively)
View Postcard	Postcard
Delete	Delete

Reminder/Recall Function (cont.)

Button Definitions:

- Edit – Selecting this button will display the Add/Edit Reminder/Recall screen.
- Unvaccinated Report – Select this button to display a listing of all patients that were included in the Reminder/Recall run and have NOT come back in for a vaccination since.
- Report – Select this button to display a detailed listing of the patients included in the results.
- Extract – Select this button for a character-delimited version of the results (.txt file). This can be used to import the data into another system (e.g., a mail-merge application for generating custom letters).
- Dymo Labels – Select this button to generate labels (formatted for a Dymo Label printer).
- Avery Labels – Select this button to generate labels (formatted for commercially available Avery label stock #5160).
- Postcard – Select this button to generate postcards (formatted for commercially available pre-printed postcard stock).
- Delete – Selecting this button will delete the Reminder/Recall run from the system.

Reminder/Recall Add (and Edit) Screen

The Reminder/Recall Add (and Edit) screen has been divided into two primary sections:

- General Information
- Options to define the Target Patient population

REMINDER / RECALL

Enter the Reminder details and click 'Update' to apply changes. ⓘ

Create Reminder

Run Name:

Provider:

Clinic:

Run Scheduled Date: Run Completed Date:

Min Reminder Date: Max Reminder Date:

Min Age (months): Max Age (months):

Options To Target Patients Included For Reminder/Recall

Recommender Schedule: VFC Eligibility:

County: City: ZipCode:

Ignore Setting For "Do Not Send Reminders"?

Only Include Patients With Address (i.e., Street Address, City, State, Zip)?

Increment Patient Reminder/Recall Count?

Exclude Patients After Number of Reminders/Recalls Without Subsequent Vaccination

Include Recommender Reminder/Recalls?

Generate Reminder Event?

Include Manual Reminder/Recalls?

Include Patients Due For Vaccinations (Reminders)?

Include Patients Overdue For Vaccinations (Recalls)?

Minimum Number Of Days Past Due To Include

(Top portion of screen)

Reminder/Recall Function (cont.)

The top portion of the screen (shown on the previous page) contains basic data about the Reminder/Recall run. Many of these fields are similar to the options available in the prior version of this feature. One difference is the addition of “Provider” and “Clinic” drop down lists. A user can now create & edit a Reminder/Recalls for all “Providers” and “Clinics” with which they are associated by selecting the desired location from these dropdown lists (only those providers and clinics will be available).

The following is a detailed description of each of the fields in this section of the screen:

- **Run Name** – A required field used to describe (name) the reminder/recall run on the listing screen. An example might be “Infants and Toddlers, July 2008”.
- **Provider** – The provider that the included patients “belong to” (i.e., the patient’s “Default Provider” on the Patient Demographics screen). Only patients associated with this provider will be included in the results.
- **Clinic** – The clinic that the patients “belong to” (i.e., the patient’s “Default Clinic” on the Patient Demographics screen). Only patients associated with this clinic will be included in the results.
- **Run Scheduled Date** – This is the date when this reminder/recall process will be processed, and it must be in the future. For instance, near the end of June, a reminder/recall might be scheduled for June 30th to include all patients that are due for shots in August (processing occurs overnight and the report will be available the day after the scheduled run date).
- **Run Completed Date** – This is a read-only field. An automated job is run every night that processes all reminder/recall runs scheduled for that date. When it has finished, it will set this date as an indication that the reminder/recall has been completed and that reports can be generated against the list of patients.
- **Min Reminder Date** – This is a required field and represents the earliest date of vaccinations for the reminder/recall run. In a “Reminder,” only patients who are due for a vaccination on or after this date will be included in the results. In a “Recall,” only patients who are overdue for a vaccination as of this date will be included.
- **Max Reminder Date** – This is a required field and represents the cutoff date of vaccinations for the reminder/recall run. In a “Reminder,” only patients who are due for a vaccination on or before this date will be included in the results. In a “Recall,” the date entered in this field is not used (patients listed in a “Recall” are overdue).
- **Min Age (Months)** – This is the minimum age in months (as of the Min Reminder Date) that the patient must be in order to be included in the reminder run.
- **Max Age (Months)** – This is the maximum age in months (as of the Min Reminder Date) that the patient must be in order to be included in the reminder run.
- **Recommender Schedule** – This field can be used to restrict the results to only those patients who have a specific recommender schedule indicated on their record (in the “Demographics” screen). **Please use caution when selecting a value for this field** since patients that do not have a recommender schedule defined (i.e., are set to use the default schedule based on their age) will not be included in the results if this criteria field is used.
Leave this field blank to not restrict the results based on a patient’s Recommender schedule.
- **VFC Eligibility** - This field can be used to limit the results to only patients with a specific VFC eligibility. Leave this field blank to not restrict the results based on a patient’s VFC Eligibility.
- **County** – The County field can be used to target patients that reside in a specific county. Note: The County indicated will “point” only to the “County” field listed in the address section of the “Demographics” screen of each patient’s record (i.e., the “Other County” field will not be used).
- **City** – The City field can be used to target patients that reside in a specific city. Note: The City indicated will “point” only to the “City” field listed in the address section of the “Demographics” screen of each patient’s record (i.e., the “Other City” field will not be used).

Reminder/Recall Function (cont.)

- **Zip Code** – The Reminder/Recall can target patients residing in a specific zip code. If a zip code is entered when setting up a Reminder, patients will only be included if the zip code in the Address section of their Demographics screen is an exact match. If a patient has no zip code listed, they will not be included.
- **Ignore Setting For “Do Not Send Reminders”** – On a patient’s Demographics screen, a user may check a box indicating the patient does not want to receive reminders. A public health emergency (i.e. an outbreak of a vaccine preventable disease) may be urgent enough to override this preference. If this is the case, check this option to include all patients, even those with the “Do Not Send Reminders” box checked.
- **Only Include Patients With Address** – This option can be used to limit a Reminder/Recall to only those patients that have an address (i.e., Street address, city, state and zip code). Patients that do not have a complete address will not be included.
- **Increment Patient Reminder/Recall Count** – Checking this option will allow a user to include this Reminder/Recall run when counting the number of reminders generated for a patient. The number of “countable” Reminder/Recalls is used to exclude patients with “X” number of Reminder/Recalls without a response (see next item). This option should be left unchecked when doing a test run or a running a Reminder/Recall for informational or planning purposes.
- **Exclude Patients After Number of Reminder/Recalls Without Subsequent Vaccination** – Enter a number here to indicate that patients with “X” number of Reminder/Recalls without a vaccination should be excluded from the Reminder/Recall. This option ties into the “Increment Patient Reminder/Recall Count” in that only those Reminder/Recalls that have been indicated to “count” will be examined here.
- **Include Recommender Reminder/Recalls** – By checking this box, the Recommender will determine which patients to include, based on the current ACIP schedule which is programmed into WebIZ. Reminder/Recalls can include patients identified by the Recommender and/or patients who have had a manual “Reminder Date” indicated. This box must be checked if the “Generate Reminder Events” box is checked (see next item).
- **Generate Reminder Events** – If checked, this option will generate and save an Event for each patient included in the Reminder/Recall (this may be viewed by going to the “Events” screen on the patient’s record). This is nothing more than documentation and need not be checked for Reminder/Recalls to function properly. Note that the reminder event generated by the Reminder/Recall process is different than a manual reminder event that can be created while recording an administered vaccine (by entering a date in the “Reminder Date” field).
- **Include Manual Reminder/Recalls** – Check this box to include those patients who have had a manual “Reminder Date” indicated on their record. Reminder/Recalls can include patients identified by the Recommender and/or patients who have had a manual “Reminder Date” indicated.
- **Include Patients Due For Vaccinations (Reminders)** - Check this to target patients coming due for vaccinations. Patients will be included if they are due for one or more vaccinations during the period of time specified by the Min and Max Reminder Dates. Reminder/Recalls may target Reminders (coming due), Recalls (overdue), or both.
- **Include Patients Overdue For Vaccinations (Recalls)** – Check this option to include patients who are overdue. Patients will be included if they are overdue for one or more vaccinations as of the Min Reminder Date (minus any offset). Reminder/Recalls may target Reminders (coming due), Recalls (overdue), or both.
- **Minimum Number Of Days Past Due To Include** – Use this item to limit the patients included in recalls by indicating a minimum number of days they must be overdue. For instance, enter the number 30 to indicate that patients must be at least 30 days overdue to be included in the Reminder/Recall. Leave the box blank or use 0 (zero) to indicate that patients who are overdue as of the Min Reminder Date are to be included (this will include all patients overdue, regardless of how overdue they are).

Reminder/Recall Function (cont.)

Vaccine Series and Optional Dose (Note: Leave Dose blank to include all doses in series)

<input type="checkbox"/> Vaccine Series	Dose Number
<input type="checkbox"/> DTAP	<input type="text"/>
<input type="checkbox"/> HEPA	<input type="text"/>
<input type="checkbox"/> HEPB	<input type="text"/>
<input type="checkbox"/> HIB	<input type="text"/>
<input type="checkbox"/> HPV	<input type="text"/>
<input type="checkbox"/> INFLUENZA	<input type="text"/>
<input type="checkbox"/> MENINGOCOCCAL	<input type="text"/>
<input type="checkbox"/> MMR/MEASLES	<input type="text"/>
<input type="checkbox"/> PCV7	<input type="text"/>
<input type="checkbox"/> POLIO	<input type="text"/>
<input type="checkbox"/> ROTA	<input type="text"/>
<input type="checkbox"/> VARICELLA(CPOX)	<input type="text"/>

Optionally Exclude Patients With Insurance Sources (By Default All Are Included)

Available Health Insurance

- (ANTHEM) ANTHEM MEDI AND I
- (CAID) MEDICAID
- (CAID-HPNH) MEDICAID HPNH
- (CAID-NCSH) MEDICAID NCSH
- (CHK) NEVADA CHECKUP
- (CHK-HPNH) NEVADA CHECKL
- (CHK-NCSH) NEVADA CHECKL
- (MED-B) MEDICARE B
- (MED-B-RAIL) MEDICARE B - R/
- (HPN-SEN) HPN SENIOR DIMEI

<< < > >>

Exclude Health Insurance

(Bottom portion of screen)

The bottom portion of the screen (shown above) contains a variety of additional fields to allow the user to more precisely target a subset of patients.

The following is a detailed description of each of the fields in this section of the screen:

- Vaccine Series and Optional Dose** – Check the box(es) next to the Vaccine Series for which patients are to be Reminded of or Recalled for (to select all vaccines, check the box at the top of the column to the left of “Vaccine Series”). Only patients needing an immunization from the selected series will be included. Optionally, a dose number within the series can be specified. For example, checking the “DTaP” box and entering a “4” in the “Dose Number” box to the right will include only patients needing their 4th dose of DTaP. Likewise, checking the “Varicella” box and entering a “2” in the dose field, will include only patients needing a 2nd dose of the Varicella vaccine. Leaving the dose number field blank will include all patients needing any dose number in the vaccine series.
- Health Insurance Exclusion** – Use this section to exclude patients from the Reminder/Recall if they have a specific type of insurance. This might be used to target patients with Medicaid by excluding patients associated to any other form of insurance. By default, all insurance sources are included. **It is recommended that the Health Insurance fields not be used (leave them in the box on the left side of the screen).**

Reminder/Recall Function (cont.)

Some fields (indicated by bold captions on the screen) are required under all circumstances. In other cases, some selections may require that other items be indicated or selected. For instance, if the option for Generating Reminder Events is selected, Include Recommender Reminder/Recalls must also have been selected.

Using a Reminder system in your office can be a *powerful tool* for:

- Keeping your patients on schedule, thereby *improving the overall health of your community*,
- Generating *revenue* for your office, and
- *Establishing trust* with your patients – word of mouth is an amazing advertisement!

NRS 439.265 & Regulation

NRS 439.265

Immunization Information System: Establishment and administration; duty to report information concerning immunization administered to child; contents and form of report; parent or guardian to be provided information concerning System; parent or guardian may decline inclusion of information in System; disclosure of information; regulations.

1. The Department shall establish an Immunization Information System to collect information concerning the immunization of children in this State. The Immunization Information System must be administered by the State Board of Health.

2. Except as otherwise provided in subsection 4, a person who administers any immunization to a child which is recommended and approved by the United States Public Health Service Advisory Committee on Immunization Practices, or its successor organization, on or after July 1, 2009, shall report information concerning the child and the immunization provided to the child to the Department for inclusion in the Immunization Information System. The information reported must include, without limitation:

(a) The immunization provided to the child;

(b) The name of the child;

(c) Demographic information concerning the child, including, without limitation, the age, gender and race of the child; and

(d) Any other information required by regulation of the State Board of Health, taking into consideration applicable requirements for information relating to the immunization of children of:

(1) The Centers for Disease Control and Prevention of the United States Department of Health and Human Services; and

(2) Any other governmental entity.

3. A person who reports information pursuant to subsection 2 may also report information concerning the history of the immunizations of the child if known to the Department for inclusion in the Immunization Information System.

4. The State Board of Health shall establish the form for reporting information to the Department for inclusion in the Immunization Information System and the form which the person administering the immunization must provide to the parent or guardian of the child receiving the immunization. The form provided to the parent or guardian must inform the parent or guardian about the Immunization Information System and must allow the parent or guardian to decline inclusion of the information concerning his child in the System.

5. The information in the Immunization Information System may only be disclosed to any person who administers immunizations to a child to determine the immunization status of the child and to the persons or governmental entities authorized pursuant to the regulations adopted by the State Board of Health.

6. The State Board of Health shall adopt regulations to carry out the provisions of this section.

(Added to NRS by [2007, 1515](#))

**ADOPTED REGULATION OF THE
STATE BOARD OF HEALTH
LCB File No. R041-08**

Effective September 18, 2008

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§1-7 and 9, 10, 12 and 13, NRS 439.200 and 439.265; §§8 and 11, NRS 439.200

A REGULATION relating to public health; prescribing the provisions for the Immunization Information System established by the Department of Health and Human Services; and providing other matters properly relating thereto.

Section 1. Chapter 439 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 13, inclusive, of this regulation.

Sec. 2. *As used in sections 2 to 13, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3 to 6, inclusive, of this regulation, have the meanings ascribed to them in those sections.*

Sec. 3. *“Department” means the Department of Health and Human Services.*

Sec. 4. *“Health Division” means the Health Division of the Department.*

Sec. 5. *“Provider” means any person who is licensed, certified or otherwise authorized by the laws of this State to administer immunizations.*

Sec. 6. *“System” means the Immunization Information System established by the Department pursuant to NRS 439.265.*

Sec. 7. 1. *A provider administering an immunization to a child shall provide notice about the System to the parent or guardian of the child on a form provided by the Health Division. The notice must include:*

- (a) A description of the System;*
- (b) A description of the information concerning the child which will be reported by the provider for inclusion in the System, including, without limitation, the child’s immunization record and the information required by section 10 of this regulation; and*
- (c) The procedure for a parent or guardian to decline inclusion of the information concerning his child in the System.*

2. *The notice required by subsection 1 must be provided upon a child’s initial visit to a provider for administration of an immunization.*

3. *If a parent or guardian declines inclusion of the information concerning his child in the System, the parent or guardian is responsible for notifying the provider of his decision to opt out of the System at each subsequent visit of the child to the provider for an immunization.*

Sec. 8. 1. *An adult may voluntarily participate in the System pursuant to the provisions of this section. A provider administering an immunization to an adult shall provide notice about the System to the adult on a form provided by the Health Division. The notice must include:*

- (a) A description of the System;*
- (b) A description of the information concerning the adult which will be reported by the provider for inclusion in the System if the adult voluntarily participates in the System, including, without limitation, the adult’s immunization record and the information set forth in section 11 of this regulation; and*
- (c) The procedure for an adult to withdraw inclusion of his information in the System.*

2. *The notice required by subsection 1 must be provided upon an adult’s initial visit to a provider for administration of an immunization.*

3. *An adult may only be included in the System if he provides written consent for his inclusion. An adult who provides such consent may withdraw his participation in the System at any time in accordance with the procedure prescribed by the Health Division.*

Sec. 9. 1. Except as otherwise provided in subsection 3, the Health Division shall include in the System all immunization records in the possession of the Health Division for immunizations of children and adults administered before July 1, 2009.

2. Except as otherwise provided in this subsection and subsection 3, a provider may report for inclusion in the System, on a form developed by the Health Division, the records of the immunizations administered to any child or adult before July 1, 2009, if such information was not previously reported. A provider may report the information concerning an adult only if the adult provides voluntary written consent for his participation in the System.

3. The Health Division shall develop and make available to providers and the general public the form by which a parent, guardian or adult may request the removal of the immunization records included in the System pursuant to this section.

Sec. 10. 1. In addition to the information required by NRS 439.265, a provider who administers an immunization to a child on or after July 1, 2009, shall report the following information, if available, to the Department for inclusion in the System:

- (a) The address of the child;
- (b) The county in which the child resides;
- (c) The child's date of birth;
- (d) The state and country in which the child was born;
- (e) The full name of the child's mother;
- (f) The manufacturer of the vaccine administered to the child; and
- (g) The date and lot number of the vaccination administered to the child.

2. The Health Division shall provide the form for reporting the information required by subsection 1.

A provider may report the information directly to the System or may use the form provided by the Health Division.

Sec. 11. 1. A provider who administers an immunization to an adult on or after July 1, 2009, shall, upon the voluntary written consent of the adult pursuant to section 8 of this regulation, report the following information, if available, to the Department:

- (a) The name and address of the person who received the immunization;
- (b) The county in which the person resides;
- (c) The person's date of birth;
- (d) The state and country in which the person was born;
- (e) The person's gender;
- (f) The person's race or ethnicity;
- (g) The manufacturer of the vaccine administered to the person; and
- (h) The date and lot number of the vaccination administered to the person.

2. The Health Division shall provide the form for reporting the information required by subsection 1.

A provider may report the information directly to the System or may use the form provided by the Health Division.

Sec. 12. Except as otherwise provided by NRS 439.265 or other specific statute, the information included in the System is confidential and access must be limited to:

1. A provider of health care, as defined in NRS 439.820;
2. The Nevada System of Higher Education or a private college or university authorized to operate in this State;
3. A child care facility, as defined in NRS 432A.024;
4. Public schools and private schools, as defined in NRS 385.007 and 394.103, respectively;
5. The Department;
6. An insurer, as defined in NRS 679B.540, regardless of whether the insurer directly provided the immunization;
7. An agency which provides child welfare services as defined in NRS 432B.030; and
8. The Department of Corrections.

Sec. 13. An immunization record provided by the System shall be deemed an official certificate of immunization, as required for enrollment in any school, college or university and child-care facility in this State.

***Thank you for taking the time to review the guide to Nevada
WebIZ Version 8.0!***

***Should you have any questions regarding anything in this
document, please contact the Help Desk at (775) 684-5954 or
izit@health.nv.gov.***