To: Program Assistants and Immunization Providers
From: Regional Immunization Committee
Topic: FAQs When Entering Immunization Records and Results into PARIS

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FAQs When Entering Immunization Records and Results into PARIS	
Background	VCH serves a diverse population where clients are long-time VCH residents or clients are newcomers from another jurisdiction (e.g. another Canadian province, US, international). As a result of our population diversity, program assistants (PA) and immunization providers receive immunization records in a variety of formats (e.g. verbal, another language) that report different types of vaccines, schedules and levels of information. These unfamiliar histories can raise questions about data entry into PARIS. As well, new products can be incorporated into the immunization program prior to a PARIS rules update that is needed to accommodate the program change in PARIS. In this situation interim data entry actions are required.
Purpose	This document has been developed to help with consistent entry of immunization information into PARIS. It answers frequently asked questions (FAQs) by PAs and immunizing staff about information on immunization records and identifies interim actions for results entries not currently accommodated by existing rules.
Associated Guidelines, Literature, and Resources	The information in this bulletin is current as of April 4th, 2017. Immunization information changes frequently and the electronic version is always the most current version. For more information review Paris resource *Immunization Results Entry:* http://www.parisproject.ca/Documents/guidelines/Guidelines_Immunization_Results_Entry_FINAL_Dec2010.pdf . Always refer to the on-line version of the BCCDC Immunization Manual for the most up-to-date provincial schedules, products, and dosing guidelines. The most current Standard Operating Procedures for Bridging Clinic Decisions with the PARIS Immunization Planning Engine and other program resources can be found on the VCH intranet and should be used to support learning and clinical judgment.
Getting Help and Designated Record Adjusters	Help should start with your local team members and educator or team lead. If you require further help to understand a PARIS immunization plan or you require a PARIS immunization record adjustment, contact your local designated (COC) immunization lead. Follow the record adjustment process for your Community of Care (COC). **Coastal Rural/Richmond/Vancouver** • **Coastal Rural:** Karen Peel • **Coastal Urban:** Nicole Roy • **Richmond:** Kim Bourhill • **Vancouver:** Educators- Alison Eller, Jag Gill, Claire Heath, Amanda Liddell, Esther Sigurdson, and Tannis Weber

PART A: General Documentation Questions

1. Do we record all vaccines from an immunization record?

Best practice is to record history of all vaccines received as schedules and recommendations can change and clients' have different contexts and needs. Do your best to determine the type of vaccine. Translated immunization history record collection forms and other translation resources are available in multiple languages to help decipher histories in other languages.

2. If antigens appear on an immunization record as separate antigens do we record them that way or group them?

Enter the immunization data into PARIS to reflect the actual record. If the antigens are grouped then enter them as a group into PARIS. If the antigens have been written individually then enter them as individual antigens. For example, if tetanus, diphtheria, and pertussis have been written on separate lines on the record then enter them as single antigens into PARIS.

3. When entering estimated doses what date is entered?

Background: In some cases dates are estimated when dates are unknown for vaccine history. This is usually done by a PHN in consultation with a client/parent. The PHN uses clinical decision-making to determine the dates to be estimated. The PA can then enter those dates into PARIS.

Results entry: In PARIS, check off the tick box for "estimated dose" in the ad hoc module. This then shows on the client's history that the dose was estimated.

For consistency of data entry of all vaccines follow these principles:

- **Month and day known:** Enter as last day of known month. For example, estimated date of March 31, 2013
- **Year only known:** Estimated date of December 31, 2013

Ensure you are using dates that will not invalidate a dose. For example, some vaccines have an age requirement and an interval requirement to be considered valid. *Note:* prior to April 2011 estimated dose dates were not always based on the last day of the month.

4. What vaccine information needs to be entered from an immunization record received from an external provider (physician, pharmacist, other)?

VCH communities of care that actively collect data from physicians'/pharmacists' offices should input all data asked for and received. The minimum data required specific to the vaccine is the **antigen and date provided. Information that may not be available, but should be documented if provided, is provider type** (see #5 for pharmacist details), **trade name and lot number(s).** If the lot number is not available in the pick list then enter the lot number in the notes section of ad-hoc. Lot numbers are important for recall or adverse events.

Expired lot numbers: Lot numbers not on the pick list may be due to an expired lot number. If the information is known at time of data entry, add this information to the notes field in ad-hoc. If the lot was expired at the time the vaccine was administered, follow local level process to ensure the dose is repeated if dose was provided by physician/pharmacist. A manual PARIS change in validation to "invalid" is required by an immunization lead.

5. What if I enter the wrong date of the immunization?

You will likely need to delete the row and reenter the immunization information. Before deleting a row, always check the suspensions first.

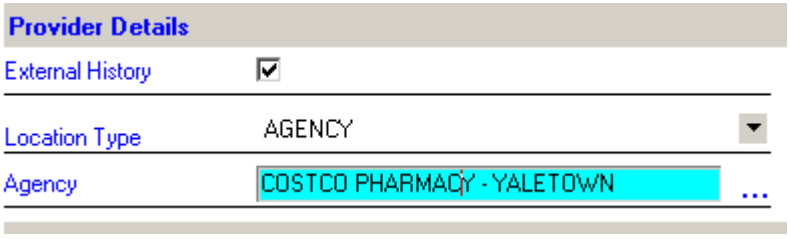
If there is a PARIS generated suspension, please end date the suspension then change the date of the antigen.

If there isn't a PARIS generated suspension, please delete the row and reenter the immunization information.

6. What provider details do I enter for a pharmacist delivered vaccine?

Under provider details enter the following:

- External history: √check box " External History" under provider details
- Location type: Select AGENCY
- Agency: Select the pharmacy address. If agency pharmacy address is not on the list please complete a PARIS change request form and submit to PARIS.



7. How do I manage a homeopathic immunization record?

On occasion, a parent may submit a homeopathic immunization record for their child which closely resembles the look of an actual immunization record. These records are a list of homeopathic medicines or supplements that are sometimes listed as vaccinations that have been received by the child. Unfortunately, the parent may have been falsely informed by their alternative provider that the homeopathy doses are considered equivalent to vaccination. See Appendix A for sample record.

Clinical Action: When this occurs, a PHN should inform the parent that their child is considered unimmunized by the Health Authority and offer immunizations. Don't enter any information from the record as vaccines received. Document in an immunization casenote that this type of record was received and whether the parent was informed.

8. How do I manage VEC (Vaccine Evaluation Centre) client information?

About VEC

The vaccine evaluation centre (VEC) is an independent research centre located at BC Children's hospital. The VEC research results inform immunization program planning. Participants volunteer to participate in any of a number of research projects. For further information about current projects visit VEC's website.

Issue

VEC clients are involved in research studies that can be testing alternative schedules. When these histories are entered into PARIS some doses may be invalidated but they are valid as per the research study. All clients receive serology following their series to confirm immunity or further doses are provided via the VEC.

Action

When your site receives a record pertaining to a VEC client enter the history as provided.
Write an alert and Immunization casenote that describes the antigen schedule they are receiving or received as per the study. Ignore any PARIS planning for the antigen(s) and ensure client is immunized by the VEC for the study vaccine(s). If the study information is not provided, it can be found online: VEC study information.

Any doses that are included in the study and are being invalidated by PARIS may require a manual change in status to VALID. If the client is complete for age as per the study (generally verified by serology), and PARIS is still

planning further doses, the planning may require a suspension (Not Required - VEC study participant).

If possible, avoid sending a consent asking for a repeat of a vaccine until the record has been reviewed and dose(s) validated where required by your local immunization lead. End-date alert when information no longer relevant.

9. How do I print a consent or aftercare when the record has 38 or more line entries?

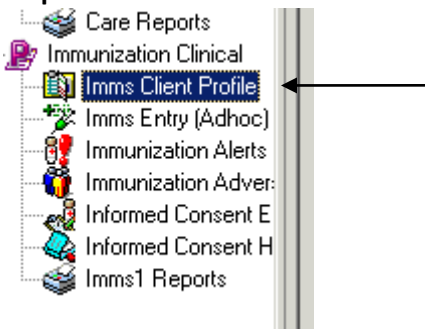
Issue

The immunization record and other reports are capped at 38 line entries. Therefore, for clients with 39 or more line entries, the report will not include the full immunization history when printed.

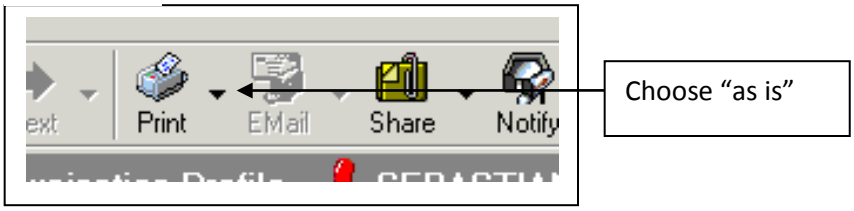
Action

The report needs to be printed from the Immunization client profile. This is important to prevent errors.

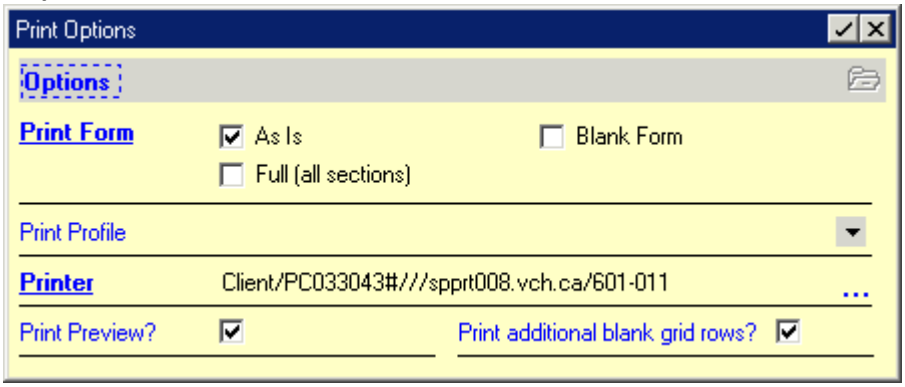
Step 1



Step 2



Step 3



10. How do I manage a dose on a record that was discovered to be “expired” vaccine?

Issue

A PA or a PHN may discover that a documented dose of vaccine on a record was expired vaccine. This is usually identified during data entry of an external provider record into PARIS when looking for the lot number.

Action

Document the dose as indicated on the client’s record. In the notes field add a note that client received expired vaccine. Following, send the record to your local records adjuster for a change in validation status from VALID to INVALID. This will ensure the dose is back on the plan for a repeat. Client also needs to be notified that a repeat is needed.

PART B: Antigen Specific Questions *(antigens listed alphabetically)*

11. Diphtheria: For diphtheria-containing vaccines, what antigen code combination should be entered ("d" vs "D")?

Background information about product choice and diphtheria toxoid amounts in vaccines

The 'big D' vs 'little d' relates to the amount of diphtheria toxoid in a vaccine. For specific flocculating units (Lf) by vaccine type and manufacturer see Section 1A, p. 16 of the BCCDC Immunization Manual.

Generally, the 'big D' is a component of vaccines used for children from 2 months to 6 years of age inclusive. A product containing 'little d' is sometimes used for children ages 4-6, for a booster dose only, when product containing 'big D' is unavailable. Product containing "little d" is always used with a client 7 years of age and older for a primary series and boosters if previously unimmunized, unless otherwise indicated (e.g. HSCT client).

Principles for Data Entry

PARIS planning of diphtheria is based on the following two age categories:

1) **Clients < age 7:** 'big D' is planned for all diphtheria doses required
2) **Clients ≥ age 7:** 'little d' is planned for all diphtheria doses required

Due to the planning rules, the following documentation guidelines apply to ensure correct validation status and future planning:

Clients < age 7		**Clients ≥ ages 4 – 6 (inclusive)** ***Dose 4 or 5 only***		**Clients ≥ age 7**	
<u>Known</u> amount of diphtheria toxoid					
code	**description**	**code**	**description**	**code**	**description**
• DPTPOHIBHB • DPTPOHIB • DPTPO • DPT • DTPO • DT • D	• DPTPoHibHEPB • DPTPoHib • DPTPo • DPT • DTPo • DT • Diphtheria	• TDPO • TDP	• TdapPo • Tdap	• TDPPO • TDP • TDPO • TD • d	• TdapPo • Tdap • TdPo • Td • diphtheria
		Note: The above options **apply to dose 4 or 5 only** (Kindergarten booster) **to accommodate for substituted product during a supply shortage.** The dose will have a validation status reason of 'Forced Status' when entered.			
<u>Unknown</u> amount of diphtheria toxoid					
• enter '**D' antigen grouping**		• enter '**D' antigen grouping**		• enter '**d**' antigen grouping	

See examples on the next page of impacts to validation status when the above guidelines are not applied.

Examples of how PARIS planning is affected when documentation violates the PARIS rules:

1. If you enter 'little d' for a child who is < 4 years old, the dose will have a status of 'Invalid' with a status reason of 'Min Age', and **will not be counted as valid dose**. If you see this re-enter the dose as per results entry guidelines.

Components

Antigen	Date	Age Given	Dose #	Status	Status Reason
Tetanus	07/05/2007	0y 2m	1	VALID	
diphtheria	07/05/2007	0y 2m	1	INVALID	Min Age
Pertussis	07/05/2007	0y 2m	1	VALID	
Polio	07/05/2007	0y 2m	1	VALID	

2. If you enter 'little d' as dose 1-3 for a child who is ≥ 4 years old- 6 years old (inclusive), the dose will have a status of 'Invalid' with a status reason of 'Min Age', and **will not be counted as valid dose**. If you see this re-enter the dose as per results entry guidelines.

Components

Antigen	Date	Age Given	Dose #	Status	Status Reason
Tetanus	07/03/2011	4y 0m	1	VALID	
diphtheria	07/03/2011	4y 0m	1	INVALID	Min Age
Pertussis	07/03/2011	4y 0m	1	VALID	
Polio	07/03/2011	4y 0m	1	VALID	

3. If you enter 'big D' for a child who is ≥ 7 years old, the dose will have a status of 'Queried' with a status reason of 'Max Age', but **will be counted as valid dose**. If you see this re-enter the dose as per results entry guidelines.

4.

Components

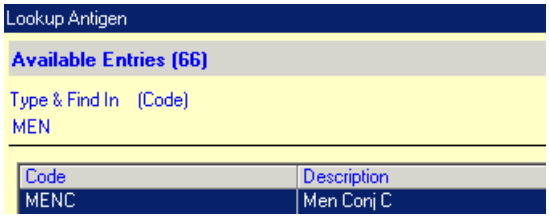
Antigen	Date	Age Given	Dose #	Status	Status Reason
Tetanus	07/03/2014	7y 0m	1	VALID	
Diphtheria	07/03/2014	7y 0m	1	QUERIED	Max Age
Pertussis	07/03/2014	7y 0m	1	VALID	
Polio	07/03/2014	7y 0m	1	VALID	

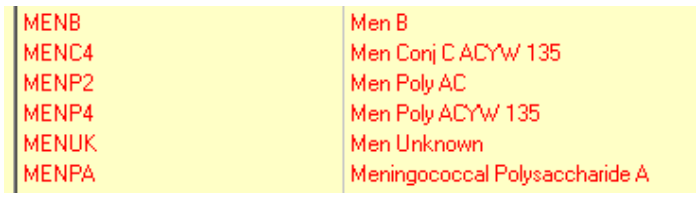
12. Documentation issues can arise with meningococcal vaccines. How are they managed?

Issues and Actions

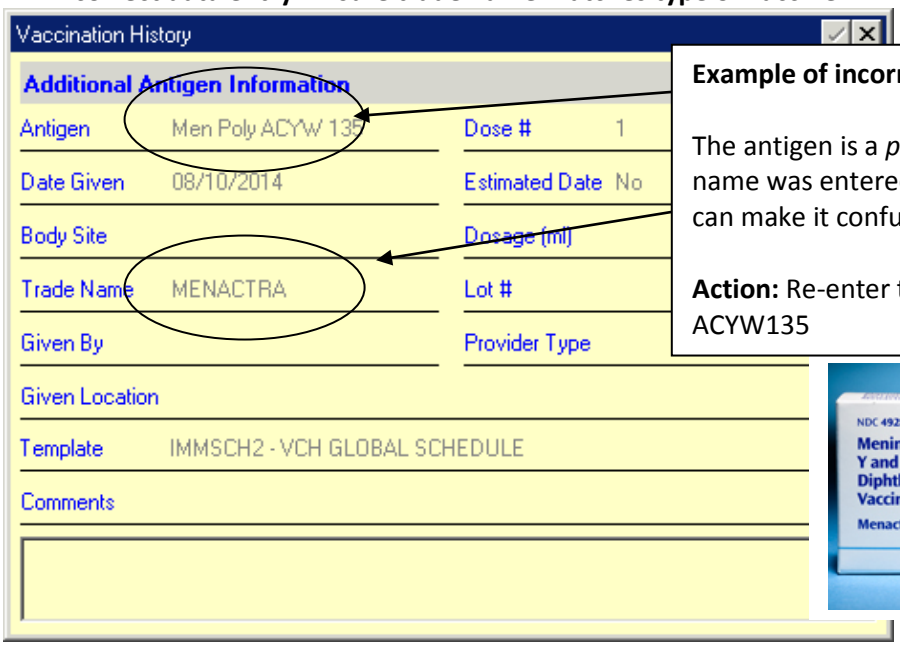
1. Not all antigens are on the picklist in PARIS; instructions as per below.

Paris Antigen Codes and Descriptions for Meningococcal Vaccines		
Antigen Code	**Antigen Description**	**Results Entry Notes**
Meningococcal Conjugate		
MEN C	Men Conj C	
MENC4	Men Conj ACYW 135	
Not available	Men Conj A (MCV-A)	**No codes are available** so doses can't be entered in the immunization results adhoc module. **Action:** **PA to alert PHN to document in an immunization casenote** Enter history in an immunization casenote only and place immunization casenote alert on the file until code is available for results entry. PARIS will correctly be planning Men Conj C according to age for an unimmunized client. End-date alert when no longer relevant.
Not available	Men Conj AC (MCV-AC)	
Meningococcal Polysaccharide – seen on international records		
MENPA	Meningococcal Polysaccharide A	
MENP2	Men Poly AC	
MENP4	Men Poly ACYW 135	
Meningococcal – Other (non-conjugate; non-polysaccharide or don't know)		
MENUK	Men Unknown	In the notes field in Imms Ad-hoc, include any identifying product details. This is used when provider cannot distinguish what type of meningococcal vaccine was received on the record.
MENB	MenB	
Not available	MeNZB	**No codes are available** so doses can't be entered in the immunization results adhoc module. This vaccine was used in New Zealand only. It is not part of their public program anymore.





2. Incorrect data entry. Ensure trade name matches type of vaccine.



Example of incorrect data entry

The antigen is a *polysaccharide* but a *conjugate* trade name was entered. As you can see below the packaging can make it confusing.

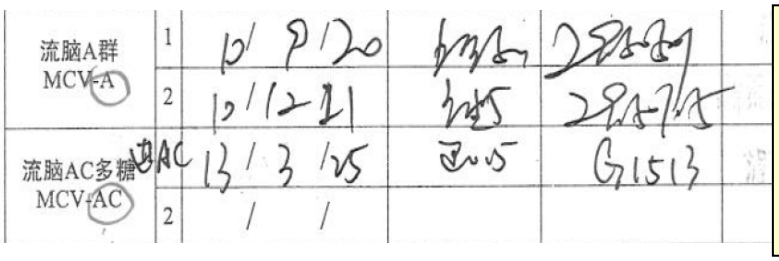
Action: Re-enter the correct antigen as Men Conj ACYW135

3. **Missing or incorrect vaccine documentation:**
There are a number of meningococcal vaccines in the marketplace and sometimes not all the correct information is recorded on records making it difficult to determine what type of product the client received. Polysaccharide vaccines are commonly seen on international records and used in public health programs (e.g. China), but they do not provide comparable protection to a conjugate vaccine. Common issues arise from international records where the antigen is noted but not whether the vaccine was a conjugate or polysaccharide which is important information for clinical decisions. In other cases, the records are translated incorrectly as in the sample below.

Any of the following can be found on an international record

- **Conjugates:** MCV-A; MCV-AC
- **Polysaccharides:** MPV-A; MPV-AC; MPV ACYW-135
- **Unknown:** Conjugate or Polysaccharide? Men-A or AC or ACYW-135

Example of translated international record



Record from China translated incorrectly. These antigen groupings represent Meningococcal Conjugate Vaccine (MCV) – monovalent A and bivalent AC as stated in English. However, the MCV-AC is translated in Chinese as a polysaccharide.

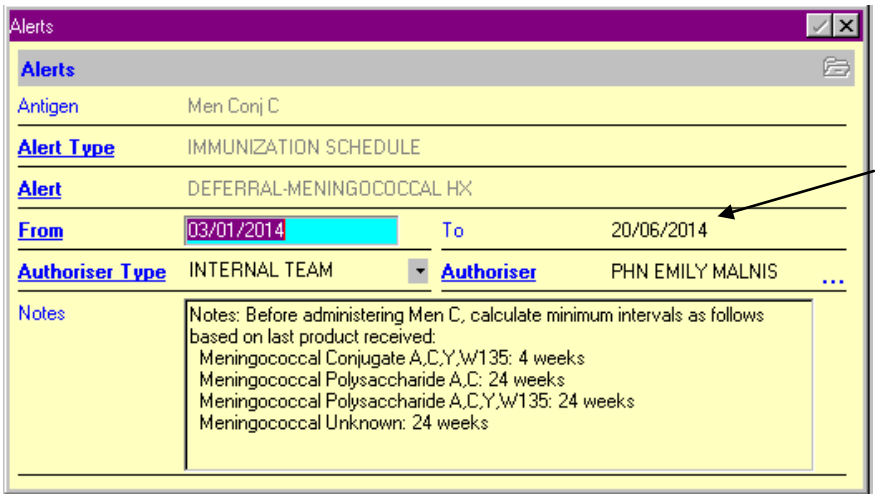
Action

Treat all international records as MENUK (Men Unknown). This new recommendation is due to the discovery of translation errors. However, if client is clear about what type of meningococcal vaccine was received then document as per client's verbal confirmation. Following data entry a deferral alert will be posted to the chart – see 11.4.

4. **Clinical actions when a Men Conj C deferral alert is posted to a client's chart**
When a dose is entered as **MENUK** (MenUnknown), or mixed history **or as MENC4** (Men Conj ACYW135), a deferral alert is automatically posted on the chart if the last dose was received <24 weeks from the current date.

- **If MENUK (**may be either a polysaccharide of conjugate vaccine and is unspecified by client history) **Adhere to the timing of the Men Conj C deferral alert**
    - Rationale: A client must wait 24 weeks following the last dose of MENUK before the receipt of any scheduled Men Conj C vaccine. The rationale is that if it was a polysaccharide vaccine, it can interfere with the effectiveness of the Men Conj C vaccine.

- **If MENC4**
End-date alert for 4 weeks manually. This must be done <u>prior</u> to results entry of Men Conj C to ensure there are no validation issues when the dose is entered into PARIS.
    - Rationale: The min interval to a dose of Men Conj C is 4 weeks following receipt of a dose of Men Conjugate ACYW135; however, the PARIS auto end-date for the deferral alert is after a 24 week interval.



Men Conj C Deferral Alert – auto expiry in 24 weeks

13. How is MMRV documented in PARIS? Is campaign entry different?

MMRV should only be used with clients ≥ 4 years to ≤ 12 years of age. However, clients who present with MMRV history should be entered as such, regardless of age.

Campaign Module Entry Clients ≥ 4 years to ≤ 12 years of age	**<u>Adhoc</u> Module Entry** Clients ≥ 4 years to ≤ 12 years of age
2 line entry	**1 line entry**
Results entry actions: Enter MMRV as MMR and V on separate lines: 1. **Lot # choice:** For both entries pick the same Lot# which is found in the pick list. This lot number will end with *-MMR* for MMR, and *–V* for Varicella. 2. **Trade name:** Chose the correct trade name and enter it on both lines (ProQuad™ or Priorix-Tetra®) **3. Dosage:** o MMR: enter 0.5mL o V: enter 0.0mL 4. **Body site:** enter on both lines	MMRV will be available on the pick list. Follow standard results entry principles.

14. Pediarix™: How is Pediarix™ (DPTPOHEPB) documented in PARIS?

Background: In some jurisdictions outside of BC, Pediarix™ (DPTPOHEPB) is administered for routine immunization. In BC, INFANRIX hexa™ vaccine consists of DPTPOHEPB (Pediarix™) and is reconstituted with HIB (Hiberix™). When INFANRIX hexa™ is provided, enter the lot number from the outer box as each component has its own lot number. However, there might be unique situations when the HIB component was withheld/missed and only Pediarix™ was administered or histories of Pediarix™ are received.

Results entry: If documentation is required for the Pediarix™ only portion of the vaccine, there is no option in the antigen pick list for DPTPOHEPB. For charting purposes, enter DPTPO and Hep B on separate lines. For each entry document the Pediarix™ trade name and lot number in the notes field.

Dosage entry by PHNs: For dose information, enter dose (ml) on DPTPO line entry and leave dose as 0.0 ml on Hep B line entry.

15. Pneumococcal Unknown: When pneumococcal product type is unknown how should it be entered?

Determining product type and results entry

When a record is unclear, effort should be made to clarify with client what type of pneumococcal vaccine their child received as there can be clinical implications. Knowing where the product was received can be a start. If type (conjugate or polysaccharide) is not known then record as PNEUMOUK (Pnemo Unknown). In the notes field in Imms Ad-hoc, include any identifying product details.

The WHO website: can be helpful to determine type of product received by country. When a PA is entering a client's record in PARIS and knows the country where the vaccine was received this site can be a helpful resource. If there is a concern or discrepancy with the information, PA should consult with their educator/lead or PHN.

Clinical action when dose is pneumo unknown

There must be an 8 week interval following the last dose PNEUMOUK before the receipt of any needed pneumo conjugate vaccine (PNEUMOC). Therefore, the PHN needs to check the date of the last dose.

Follow the most current on-line version of the BCCDC Immunization Manual to determine number of doses still required and dose timing based on age and previous doses for pneumococcal conjugate vaccine.

Automatic PARIS Deferral Alert applied to chart

If it has not been 8 weeks since the last dose of PNEUMOUK and the client requires PNEUMOC vaccine, a deferral alert with an end date of 8 weeks from the last dose of PNEUMOUK will have been automatically populated by PARIS when the PNEUMOUK history was entered. This deferral alert includes an explanation in the notes field and will have an end date of 8 weeks from the last dose of PNEUMOUK.

16. Rotavirus: How is rotavirus vaccine history entered when the trade name is known or unknown?

Note: *The following actions are only required for clients younger than 8 months less a day who can complete their series before 8 months less a day. For older clients, there are no clinical implications for not knowing trade name.*

Background: Prior to the BC launch of publicly-funded Rotarix® vaccine in January 2012, the only private sale vaccine on the market in BC was Rota Teq™ vaccine. Rota Teq™ vaccine has a 3 dose immunization schedule. Some clients, especially during the transition to the public program, will have received one or 2 doses of Rota Teq™ vaccine. As well, clients from other jurisdictions may have received Rota Teq™ vaccine.

Results entry: Record the rotavirus trade name from external providers if known as the information can have clinical implications. If it is not clear on the history, the PHN needs to try to determine with parent what vaccine was received. If the parent paid for a dose and it was received in BC prior to January 2012, enter Rota Teq™ in the trade name field.

Clinical Action: If Rotateq® is known as either dose 1 or 2, a 3rd dose of Rotarix® vaccine is required to complete the infant series. If the trade name of the vaccine remains "unknown", an infant requires 2 doses for a complete series. For example, if the infant has received one "unknown" dose, PARIS will plan one more dose. There must be a minimum of 4 weeks between doses.

PARIS alert: PARIS will not plan dose 3 if one is required to complete the infant series (see clinical action). Therefore, an alert is required: **Immunization Schedule; ROTA; On 3 dose series.** There must be a minimum of 4 weeks between doses.

17. Synagis®: Should Synagis® (palivizumab) be entered in PARIS?
This is a prophylactic medication for respiratory syncytial virus (RSV) used for children at high risk for severe lung disease from RSV. Synagis® is not considered a vaccine. Therefore, do not enter a history of Synagis® in the immunization adhoc module.
18. Td: How do I document Td trade name?
There is no trade name for Td (the package label reads: Td Absorbed). Clinicians can leave the trade name blank when charting in PARIS.

This resource is maintained by members of the Regional Immunization Committee and Immunization Rules Working Group. Feedback welcome: If you have ideas on how this document can be improved or you have more questions to add, please contact Margot Smythe margot.smythe@vch.ca

Appendix A – Sample of Homoeopathic Vaccine Record

Clients who present with a homoeopathic vaccine record are considered unimmunized and unprotected. Recommend routine immunizations.

STATUS SHEET

[redacted] is being protected against the following infectious diseases using high potency homoeopathic remedies. Clinical practice over 200 years indicates that this program is comparably as effective as conventional vaccines, and is non-toxic. The following chart indicates the current program status of the patient and has been dated and initialled by the homeopath who oversees administration of the program.

Recommended Age given	Remedy	Potency	Date of Admin	Initials	Reaction if any
1 month	Pertussin	200	Jan 7/10	SM	
2 months	Pertussin	200, 200, 200	Feb 7/10	SM	
3 months	Pneumococcinum	200	Mar 9/10	SM	
4 months	Pneumococcinum	200, 200, 200	Apr 9/10	SM	
5 months	Meningococcinum	200	May 10/10	SM	
6 months	Meningococcinum	200, 200, 200	Jun 10/10	SM	
7 months	Haemophilus	200	Jul 10/10	SM	
8 months	Haemophilus	200, 200, 200	Oct 13/10	SM	
9 months	Tetanus Toxin	200	Nov 13/10	SM	
10 months	Tetanus Toxin	200, 200, 200	Dec 13/10	SM	
11 months	Lathyrus sativus	200	Jan 13/11	SM	
12 months	Lathyrus sativus	200, 200, 200	Feb 13/11	SM	
13 months	Pertussin	10M, 10M, 10M	Mar 25/11	SM	
15 months	Pneumococcinum	10M, 10M, 10M	Jul 12/11	SM	
17 months	Meningococcinum	10M, 10M, 10M	Nov 14/11	SM	
29 months	Haemophilus	10M, 10M, 10M	Sept 5/12	SM	
21 months	Tetanus Toxin	10M, 10M, 10M			
23 months	Lathyrus Sativus	10M, 10M, 10M			

Remedy-Disease Relationship: Pertussin - Whooping Cough; Pneumococcinum - Pneumococcal Disease; Lathyrus Sativus - Polio; Haemophilus - Hib Influenzae type B; Meningococcinum - Meningococcal Disease; Tetanus Toxin - Tetanus

Signed by Registered Classical Homeopath