



ShowMeVax

MISSOURI'S IMMUNIZATION INFORMATION SYSTEM (IIS)

Objectives

- ▶ Be able to understand what is ShowMeVax
- ▶ Be able to understand the four levels of access to ShowMeVax
- ▶ Be able to understand how to gain access to ShowMeVax
- ▶ Be able to state at least one benefit for using ShowMeVax



Why an Immunization Information System (IIS) is needed

- ▶ Provides a consolidated patient immunization record that have been submitted by participating healthcare providers
 - ▶ By 2 years of age over 20% of children in the U.S. have seen more than 1 provider
- ▶ Provides population level data for surveillance and program operations to guide Missouri's Department of Health and Senior Services efforts to increase vaccination rates for all ages
- ▶ Use is a proven method of increasing a clinic's vaccination rate as identified by the Community Preventive Services Task Force
 - ▶ Assist in determining vaccination status of patients
 - ▶ Forecast next dose
 - ▶ Can guide clinical decisions

What is ShowMeVax

- ▶ Secure and confidential data system
 - ▶ Effectively tracks administration of vaccines
 - ▶ Web based
 - ▶ Maintains complete, accurate and secure immunization records on submitted patients



Who can use ShowMeVax

- ▶ Healthcare providers
 - ▶ Vaccines For Children providers – required
 - ▶ Covid Providers – required
 - ▶ Pharmacist- required
 - ▶ Private providers
- ▶ Childcare facilities
 - ▶ Limited access
- ▶ Schools
 - ▶ Limited access



What can ShowMeVax do

- ▶ Provides quick access to vaccination records
- ▶ VFC online ordering
- ▶ Provide immunization coverage reports
- ▶ Reminder/Recall
- ▶ Provide official immunization certificates
- ▶ Forecast upcoming immunizations
- ▶ Provide electronic query for patient's previous immunizations



Types of Access for ShowMeVax

- ▶ Depends
 - ▶ who request access and what level is need
 - ▶ School and Daycare
 - ▶ Read only access
 - ▶ Clinic
 - ▶ Read only
 - ▶ HL7 access with reporting
 - ▶ Inventory user
 - ▶ Data entry

How to gain access to ShowMeVax

- ▶ Memorandum of Agreement
 - ▶ Must have
 - ▶ Signed by CEO, Owner or Superintendent
 - ▶ If you are already a VFC provider include your VFC PIN
 - ▶ Indicate how you will be reporting into SMV
 - ▶ HL7 electronic submission
 - ▶ Direct data entry
 - ▶ Both
- ▶ Contact vfc-smvsupport@health.mo.gov

**Missouri's Immunization Registry
Memorandum of Agreement**

The Missouri Department of Health and Senior Services (DHSS) and _____

(Organization Name)

_____ (hereafter referred to as "Organization"), enter into this Memorandum of Agreement to set out each party's roles and responsibilities related to the use of DHSS' web-based immunization registry for manual data entry or electronic Health Level Seven (HL7) data submission and retrieval. HL7 is a messaging protocol specifically developed to exchange health/medical/patient information between information systems.

1. DHSS agrees to:

- A. provide an electronic means for Organization to access the immunization registry. DHSS technical staff will consult with Organization's technical staff to determine the most appropriate means and will assist Organization when appropriate, and maintain Missouri's immunization registry;
- B. provide technical assistance through the immunization registry help desk, which can be contacted via a toll-free number, 800.219.3224, from 8:00 AM to 4:30 PM, Monday through Friday (excluding state and federal government holidays);
- C. notify Organization of system impact information through email, fax or registry announcements;
- D. provide appropriate level of access to the registry to the Organization's staff based on completed security access forms and required user training;
- E. accept individual immunization record updates via HL7 in either real-time or batchmode;
- F. accept real-time HL7 electronic queries from the Organization to retrieve individual/patient immunization records if and when the Organization elects to implement real-time interfaces with the registry;
- G. transmit electronically through HL7 individual/patient immunization records to Organization based on real-time query parameters if and when the Organization elects to implement real-time interfaces with the registry; and
- H. confirm the interoperability of Organization's system with the registry for submission of immunization data and for real-time interfaces after HL7 message validation testing (if Organization elects to make electronic queries)

2. Organization agrees to:

- A. meet the registry's web-application requirements, including the use of compatible browser and high speed internet connection;
- B. ensure staff complete the required trainings for their level of access to the registry's/web-application;
- C. instruct staff as to State, Federal, and Organizational confidentiality and security requirements.

Revised 04/2018

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Request User Account

Once you have your MOA approved

- ▶ Access SMV via Google Chrome browser
- ▶ Click on Request User Account
 - ▶ Primary Vaccine Coordinator
 - ▶ Back up Vaccine Coordinator
 - ▶ Clinic Staff – administering vaccine or clerical responsible for recording vaccine
 - ▶ Medical director

- All staff that will be accessing ShowMeVax must request their own Login
 - ***** No sharing logins*****

ShowMeVax
Missouri's Immunization Information System

Login

Username

Password

[Forgot Password?](#)

[Trouble Logging in?](#)

[Request User Account](#)

Please use the **FORGOT PASSWORD** link prior to contacting the helpdesk for login assistance. The helpdesk can be reached at vfc-smvsupport@health.mo.gov or 800.219.3224 option 1. Helpdesk hours M-F 8:30 to 4:30 excluding state and federal holidays.

Please include the **PIN that was assigned** to your location in the VFC PIN area and include your clinic name. Also if you need to make changes to your existing or previous account such as adding additional locations, please email the helpdesk at vfc-smvsupport@health.mo.gov. **DO NOT submit an user request**, thank you.

By logging into ShowMeVax, you agree to the following:

1. I am an authorized ShowMeVax user and am logging in using the login assigned to me by the Missouri Immunization Program.
2. I will comply with the Missouri Immunization Information System Security and Confidentiality Policy.
3. I will carefully and deliberately safeguard my ShowMeVax user ID and password and will not permit the use of my ID and password by any other person.
4. I will handle ShowMeVax information in a confidential manner.
5. I will never release data from ShowMeVax to any unauthorized persons or agencies.
6. I will not knowingly enter invalid/false data; falsify any document or data obtained through ShowMeVax.
7. I will understand that all transactions are logged and may be subject to audit.
8. I will not attempt to copy the database or software used in ShowMeVax.
9. I will only use ShowMeVax to access information and generate documentation necessary to properly conduct the administration and management of immunizations.

App Version 21.4.0.0 Recommender Version 1.6.5.0
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Access is granted on different levels

- ▶ Coordinators have
 - ▶ Patient Management
 - ▶ Inventory Management
 - ▶ Clinic Tools
 - ▶ Reports
- ▶ Clinic staff have
 - ▶ Patient management
 - ▶ Reports
- ▶ Medical director or CEO has
 - ▶ Patient Management
 - ▶ Clinic Tools
 - ▶ Reports



Account Registration

- ▶ Individuals requesting access will need to complete and submit an account registration
- ▶ Indicate the type of access needed
- ▶ Don't forget to submit

The screenshot displays the 'Account Registration' form for the Missouri's Immunization Information System. The form is divided into three main sections: Contact, Organization, and Documents. The 'Contact' section includes fields for First Name, Middle Name, Last Name, Phone Number, Email, Fax, Role, VFC Pin, Access Requested, and Requesting Registrar's NPI. The 'Organization' section includes fields for Organization Name, Type, Address Line 1, Address Line 2, City, State, Zip, and Provider Name. The 'Documents' section includes a link to the ShowMeVax User Agreement and a Review button.

ShowMeVax
Missouri's Immunization Information System

Account Registration

Contact
Enter your contact information

First Name *
Middle Name
Last Name *

Phone Number *
Email *
Fax

Role
VFC Pin
Access Requested *

Requesting Registrar's NPI

Organization
Enter your organization information

Organization Name *
Type *

Address Line 1 *
Address Line 2

City *
State *
Zip *

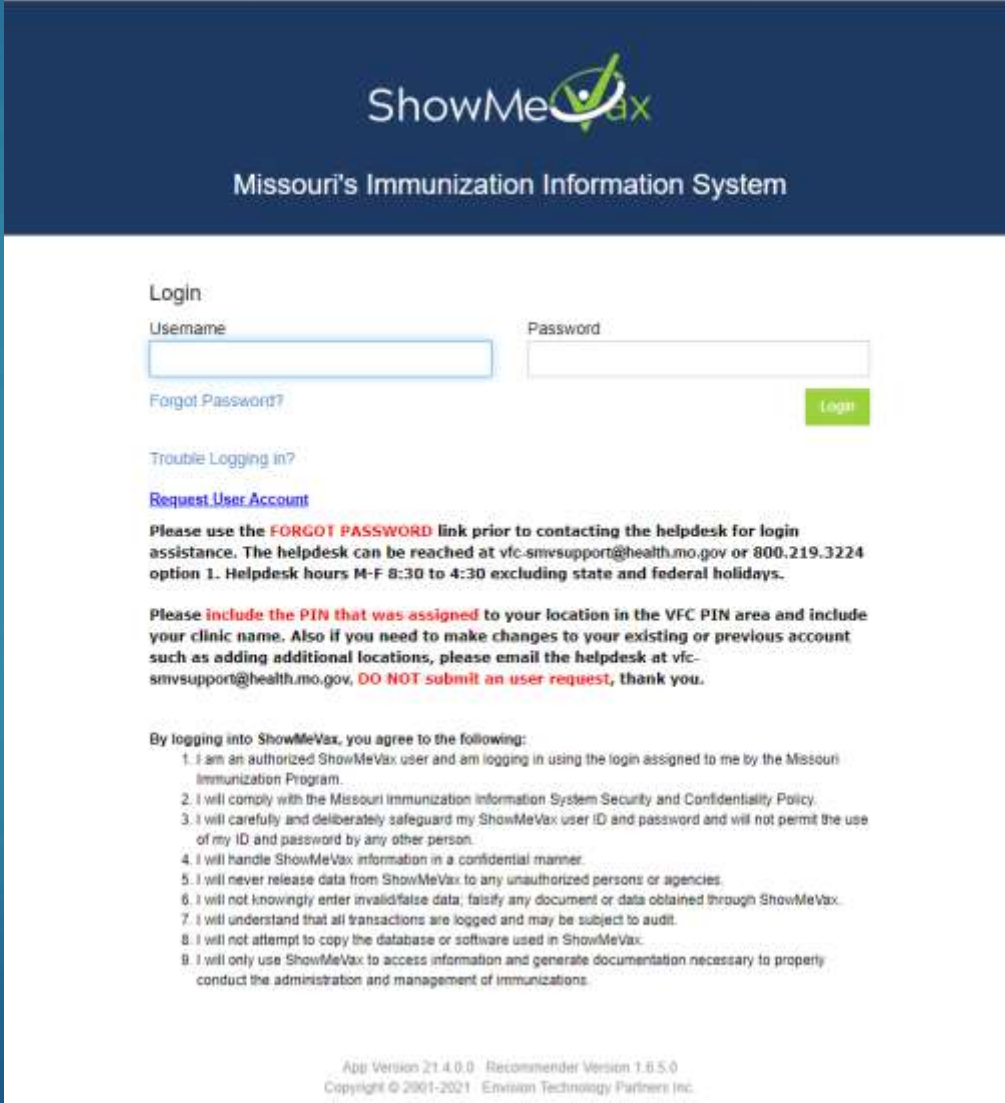
Provider Name

Documents
Review and Accept all documents

ShowMeVax User Agreement

SMV Log-in PAGE

- ▶ This is where you log in
 - ▶ Users have an initial password that needs to be changed
- ▶ Forgot your password
 - ▶ Click on the link to change yourself



The screenshot shows the login page for the Missouri's Immunization Information System (SMV). At the top, the ShowMeVax logo is displayed, featuring a green checkmark and the text 'ShowMeVax'. Below the logo, the title 'Missouri's Immunization Information System' is centered. The main content area contains a 'Login' section with two input fields: 'Username' and 'Password'. A 'Forgot Password?' link is located below the Username field, and a green 'Login' button is to the right of the Password field. Below the login fields, there are links for 'Trouble Logging in?' and 'Request User Account'. A paragraph of text provides instructions on how to use the 'FORGOT PASSWORD' link and contact the helpdesk. Another paragraph explains the requirements for a user request, including the need to include a PIN and clinic name. A section titled 'By logging into ShowMeVax, you agree to the following:' lists nine terms of service. At the bottom, the version information 'App Version 21.4.0.0 Recommender Version 1.8.5.0' and copyright notice 'Copyright © 2001-2021 Envision Technology Partners Inc.' are displayed.

ShowMeVax

Missouri's Immunization Information System

Login

Username

Password

[Forgot Password?](#)

[Trouble Logging in?](#)

[Request User Account](#)

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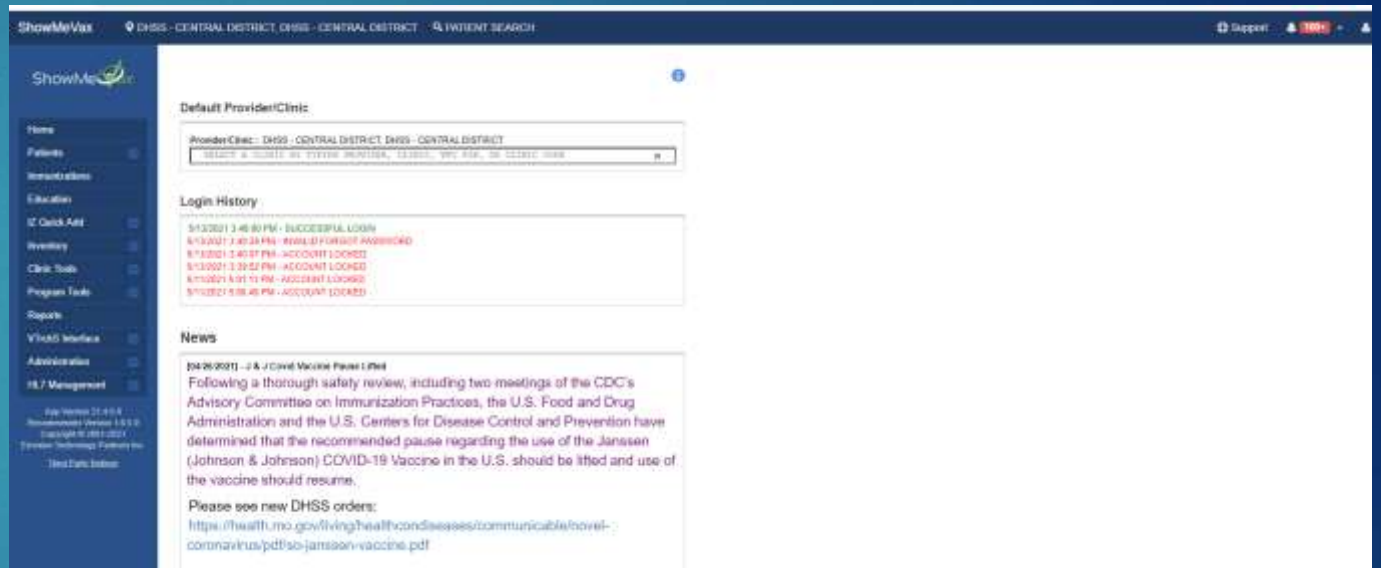
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Homepage

- ▶ News for vaccination providers
- ▶ Navigation Panel on side
 - ▶ Customized to user
 - ▶ Access patient information
 - ▶ Clinic information
 - ▶ Managing inventory
 - ▶ Reports



Looking up a patient's immunization record

- ▶ Select Patients
- ▶ Patient Search
- ▶ Input patients name, birth date, and gender

Default Provider/Clinic

Provider/Clinic : FEMA-CVC AMERICA CENTER, FEMA- CVC AMERICAS CENTER

5/28/2021 3:28:33 PM - SUCCESSFUL LOGIN
5/27/2021 1:40:06 PM - SUCCESSFUL LOGIN
5/26/2021 4:11:05 PM - SUCCESSFUL LOGIN
5/26/2021 2:31:31 PM - SUCCESSFUL LOGIN
5/14/2021 12:14:20 PM - SUCCESSFUL LOGIN
5/14/2021 12:14:07 PM - INVALID PASSWORD

News

[05/28/2021] - State Offices Closed

ALL STATE OFFICES WILL BE CLOSED MONDAY MAY 10, 2021. PLEASE CONTACT THE HELPDESK AT vfc-@fda.hhs.gov AND INCLUDE YOUR FACILITY IF APPLICABLE. WE WILL REOPEN OUR OFFICES WHEN WE RETURN, THANK YOU.

Patient Search

Search Criteria

Patient ID Identifier Type Identifier Value

Last Name First Name Middle Name DOB Gender

Birth Info

Mother Last Name Mother First Name Mother Middle Name Mother Maiden Name

Tags

Clear Search

Note: To minimize the creation of duplicates and aid in the identification of existing duplicates, please initially search for your patient using the first two letters of the first and last name and the date of birth. If a duplicate is found, please verify the individual.

Patient Search

- ▶ If your patient is in the system it should appear
- ▶ Hover over the search results which to see if the patient is correct
- ▶ If not you can create a new patient by clicking on New Patient
- ▶ If patient is correct, click on the drop down arrow and select immunizations

ShowMeVax FEMA CVC AMERICA CENTER, FEMA- CVC AMERICAS CENTER, CV8000 PATIENT SEARCH

Patient Search

Search Criteria

Patient ID Identifier Type Identifier Value

Last Name First Name Middle Name DOB Gender

HUDANICK LANA 02/10/1988

Birth Info

Mother Last Name Mother First Name Mother Middle Name Mother Maiden Name

Tags

Note: Hold the Ctrl key to select multiple items.

Previous Criteria Clear Search

Search Results - 1 record(s)

ID	Name	Phone	Gender	DOB	Action
3113637	HUDANICK, LANA KAY 306 DUKE WILLIAM CT O FALLON, MO 63368-7918	636-487-2644	F	02/10/1988	Demographics

You may add a new patient by clicking the 'New Patient' button. [New Patient](#)

App Version: 21.4.0.0
Recommendation Version: 1.5.0.0
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Missouri Immunization Record
Official Document

Registro de Inmunizacion
Documento Oficial

Your child must meet the state of Missouri immunization requirements to be enrolled in school or licensed day care. Retain this document as proof of immunizations.

Su niño debe cumplir con los requisitos de inmunización del estado de Missouri, para poder inscribirse en la escuela o en la guardería. Retengan este documento como prueba de inmunizaciones.

For appointment or information, contact your local county health department or your physician's office.

MISSOURI MEDICAL RESPONSE TEAM
754 MODOT DR
JEFFERSON CITY, MO 65101

Present this record at each medical visit.
Presente este documento durante sus visitas medicas.

Name/ LANA KAY HUDANICK (3113637)

Nombre:

Date of Birth/ 02/10/1968

Fecha de Nacimiento:

Allergies/

Alergias:

Vaccine Reactions/

Reacciones contra:

Comments

Date	Note

Vaccines Refused

Date	Note

Vaccine/Vacuna	Date Given Dada en la Fecha MM/DD/YYYY	Age at Imm. Edad Cuando Imm.	Date Next Due Proxima Vacuna MM/DD/YYYY
Other			
1	Smallpox	07/09/1968	0Y 4M 29D
2	Smallpox	02/15/2003	35Y 0M 5D
3			
4			
5			
6			

⚠ = Invalid Dose. Minimum age/interval not met. ⚠ = Dose determined invalid by provider

Vaccine/Vacuna	Date Given Dada en la Fecha MM/DD/YYYY	Age at Imm. Edad Cuando Imm.	Date Next Due Proxima Vacuna MM/DD/YYYY
DTaP / TD / Tdap			
1	DTP	04/16/1968	0Y 2M 6D
2	DTP	05/28/1968	0Y 3M 18D
3	DTP	07/09/1968	0Y 4M 29D
4	DTP	08/16/1969	1Y 6M 6D
5	Td,(Adult/Ped) adsorbed	06/09/1986	18Y 3M 30D
6	Td,(Adult/Ped) adsorbed	01/08/2004	35Y 10M 27D
7	Tdap, Adsorbed	01/01/2011	42Y 10M 22D
8	Tdap, Adsorbed	06/13/2011	43Y 4M 3D
9			
Polio			
1	Polio-OPV	04/16/1968	0Y 2M 6D
2	Polio-OPV	05/28/1968	0Y 3M 18D
3	Polio-OPV	07/09/1968	0Y 4M 29D
4	Polio-OPV	08/16/1969	1Y 6M 6D
5			
Hib			
1			
2			
3			
4			
Pneumococcal			
1	PPV23 (Pneumococcal 23)	03/12/2020	52Y 1M 2D
2			
3			
4			
Rotavirus			
1			
2			
3			
Hep A			
1	Hep A, Adult	04/02/2004	36Y 1M 23D
2	Hep A, Adult	10/05/2004	36Y 7M 25D
3			
Hep B			
1	Hep B, UF	08/11/1992	24Y 6M 1D
2	Hep B, UF	09/11/1992	24Y 7M 1D
3	Hep B, UF	04/08/1993	25Y 1M 29D
4			
MMR			
1	Mumps	05/26/1969	1Y 3M 16D
2	Measles	12/22/1969	1Y 10M 12D
3	Rubella	10/26/1970	2Y 8M 16D
4	MMR	08/15/1990	22Y 6M 5D
5			
Varicella (CPOX)			
1			03/15/2003
2			
Meningococcal			
1			
2			
3			
HPV			
1			
2			
3			
Influenza			
1	InfluenzaQuad Inj P 6+MOS	09/29/2020	52Y 7M 19D
2	Influenza Quad W/Pres	01/05/2020	51Y 10M 26D
3	Flu MDCK Quad P-Free Inj	10/02/2018	50Y 7M 22D
4			

Immunization Record

Immunization Record

- ▶ SMV will forecast what vaccines are needed during the visits
- ▶ Providers should enter any historical vaccines administered
- ▶ Enter any vaccines that were administered during the visit

Immunization Record
4. This is where you will enter historical or administered immunizations.
5. Click on Links enables user to print the Official Immunization Record.

DEMO, SMV ID: 7577259 DOB: 01/01/2018 AGE: 3Y 3M 4D GENDER: F

Immunizations Home [Learn More](#) [Links](#) [Send Action](#)

View

Please enter required information on Patient Demographics screen prior to entering immunizations.

DOB: 01/01/2018 Age: 3Y 3M 4D History of Vaccines?: No Date of Vaccines: MM/DD/YYYY

Recommended Immunizations for today, 4/5/2021 (3Y 3M 4D)

Vaccine

- PCV13 (Pneumococcal 13)
- MMR
- Hep B, ped/adol
- Polio-IPV
- DTaP (Pertussis)
- Varicella
- Hib (PRP-T)
- Hep A, ped/adol, ZD
- InfluenzaQuad (4/1 F 9-MOS)

Please do not rely solely on the Recommender to forecast immunizations. Utilize clinical judgment and consult both the ACP recommended immunization schedules and the CDC Pink Book. <http://www.cdc.gov/vaccines/imz/parents/index.html#chapters>

⚠ This patient does not have any immunizations.

Auto-Populate Add Vaccines Screen

Vaccine Accountability

- ▶ VFC and COVID-19 providers are required to
 - ▶ Perform a vaccine reconciliation
 - ▶ Enter all transfers, adjustments, shipments and returns
 - ▶ Enter administrated vaccines within 24 hours

Vaccine Inventory On-Hand

On-Hand Inventory

Inventory Location: (ALL) Status: ON-HAND

Vaccine: (ALL) Funding Source: (ALL)

Vaccine (Brand)	Mfg	NDC	Lot No	Exp Date	Funding Source	Doses On-Hand	Expiring Soon
COVID-19 mRNA (PFR) (Pfizer COVID-19 PFR)		59267-1000-02	1234	05/06/2021	PAN	98	

Vaccine Inventory Adjustment

Add

Date/Time: MM/DD/YYYY HH:MM:AM/PM (HH:MM:AM/PM)

Inventory Location: CV0000 PROVIDER TEST SITE

Vaccine | Mfg | NDC: COVID-19 MRNA (PFR) | PFR | 59267-1000-02

Lot Number: 1234

Expiration Date: 05/06/2021

Funding Source: PAN

Doses On-Hand: 98

Reason: [Dropdown]

Modification: [Dropdown]

Doses Adjusted: [Dropdown]

Container Id: [Text]

Comments: [Text]

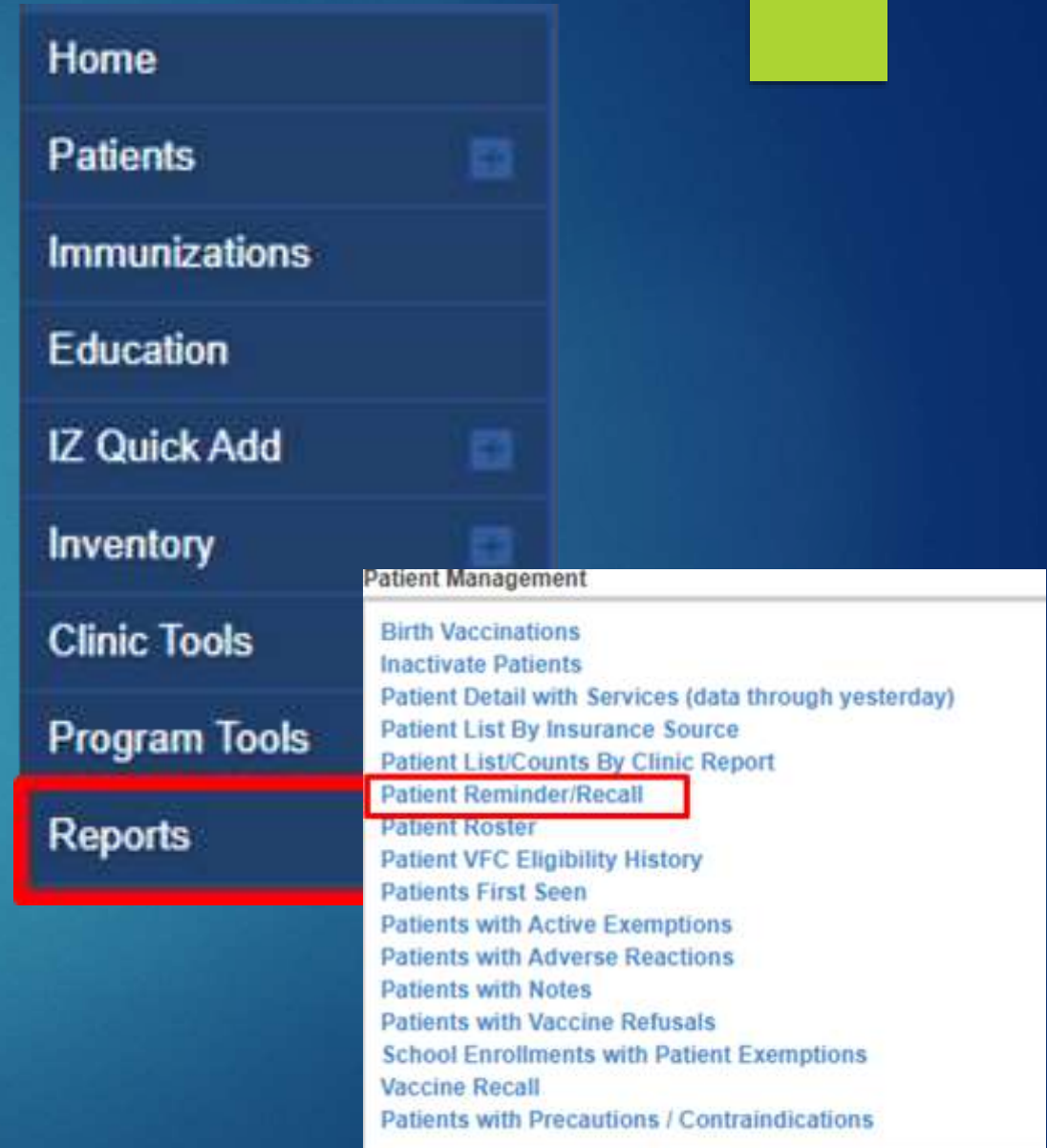
Clear

Reasons (highlighted in red box):

- VTROCKS - BROKEN VIAL/SYRINGE
- VTROCKS - VACCINE DRAIN INTO SYRINGE BUT NOT ADMIN
- VTROCKS - LOST OR UNACCOUNTED FOR VACCINE
- VTROCKS - NON VACCINE PRODUCT (E.G. IG, HBG, DIL)
- VTROCKS - OPEN VIAL BUT ALL DOSES NOT ADMINISTERED
- VTROCKS - OTHER

Other Benefits of SMV

- ▶ Reports
 - ▶ listing will pop up
 - ▶ Reminder /Recall
 - ▶ doses administered
 - ▶ Wastage reports
- ▶ Assistance
 - ▶ SMV support
 - ▶ IQIP consultant
 - ▶ VFC consultant





Live Demonstration

DEBBIE BONCHONSKY

Questions

- ▶ For More information on ShowMeVax
 - ▶ Please contact the Bureau of Immunizations
 - ▶ vfc-smvsupport@health.mo.gov
 - ▶ 800-219-3224