CAIR California Immunization Registry

Connected & Protected

CDPH California Department of PublicHealth

California Immunization Registry

2014 Update

Twila Crook, LCR Inland Empire

The California Immunization Registry (CAIR)

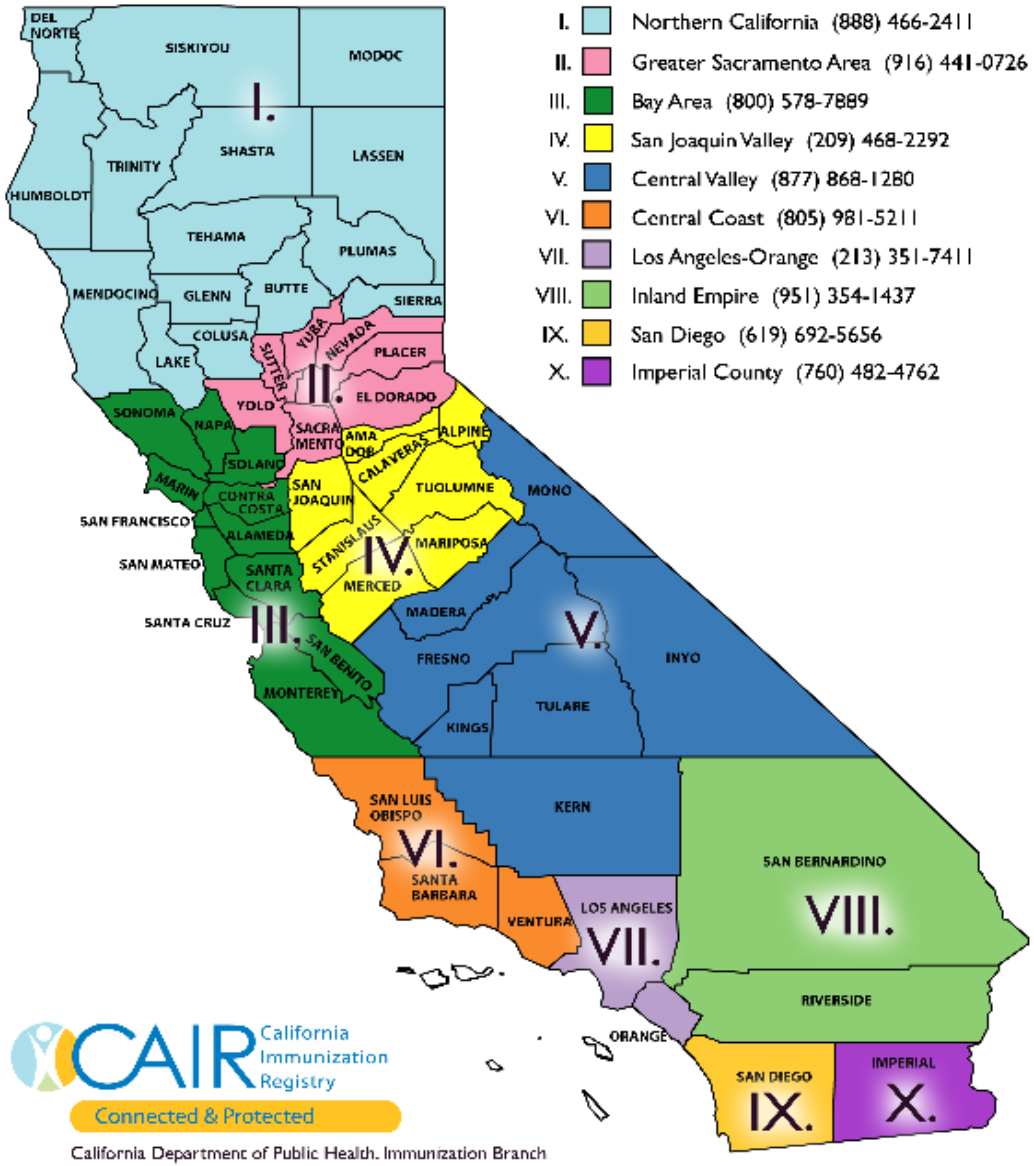
- Secure database available online to authorized agencies
  - HIPPA Compliant
- Helps providers track and update patient immunization records and TB test info.
  - Yellow Card / Blue Card
- Reduces missed opportunities / duplicate IZ
- Increases immunization coverage rates
- Used by thousands of health care providers and other agencies in California

ALL 50 states have immunization registries

Approved Providers and Agencies

- Healthcare providers
- Schools and School-based Clinics
- Daycare facilities
- WIC
- Health plans
- CalWORKs
- Foster Care Agencies
- Juvenile detention centers

California Immunization Registry (CAIR)



10 Regions

- Use the same software
(excluding IV/IX/X)

- Access patient data in geographical region

- Coming 2015… you will be able to search for patients throughout all of California!

- Share the same Help Desk

Disclosure Process

All patients/parents must be given the opportunity to read the CAIR Registry Notice (Form or Poster) before you can enter their record into CAIR!

- It tells the patient/parent about CAIR and their right
- It is an “opt out” process – the Registry Notice does not need to be signed
- Check for Understanding

There are two ways to conduct disclosure:

1. Give a copy of the Registry Notice to each patient to keep or to read

or

2. Post CAIR Posters in the waiting room and other patient areas to maximize viewing by patients

CAIR California Immunization Registry

Immunization Registry Notice to Patients and Parents (TB)

Immunizations or 'shots' prevent serious diseases. Tuberculosis (TB) screening tests help to determine if you may have TB infection and can be required for school or work. Keeping track of shots/TB tests you have received can be hard. It's especially hard if more than one doctor gave them. Today, doctors use a secure computer system called an *immunization registry* to keep track of shots and TB tests. If you change doctors, your new doctor can use the registry to see the shot/TB test record. It's your right to choose if you want shot/TB test records shared in the *California Immunization Registry*.

How Does a Registry Help You?

- Keeps track of all shots and TB tests (skin tests/chest x-rays), so you don't miss any or get too many
- Sends reminders when you or your child need shots
- Gives you a copy of the shot/TB record from the doctor
- Can show proof about shots/TB tests needed to start child care, school, or a new job

How Does a Registry Help Your Health Care Team?

Doctors, nurses, health plans, and public health agencies use the registry to:

- See which shots/TB tests are needed
- Remind you about shots needed
- Prevent disease in your community
- Help with record-keeping

Can Schools or Other Programs See the Registry?

Yes, but this is limited. Schools, child care, and other agencies allowed under California law may:

- See which shots/TB tests children in their programs need
- Make sure children have all shots/TB tests needed to start child care or school

What Information Can Be Shared in a Registry?

- patient's name, sex, and birth date
- parents' or guardians' names
- limited information to identify patients
- details about a patient's shots/TB tests

What's entered in the registry is treated like other private medical information. Misuse of the registry can be punished by law. Under California law, only your doctor's office, health plan, or public health department may see your address and phone number.

Patient and Parent Rights

It's your legal right to ask:

- not to share your (or your child's) registry shot/TB test records with others besides your doctor*
- not to get shot appointment reminders from your doctor's office
- to look at a copy of your or your child's shot/TB test records
- who has seen the records or to have the doctor change any mistakes

If you DO want your or your child's records in the registry, do nothing. You're all done.

If you DO NOT want your doctor's office to share your immunization/TB test information with other registry users, tell your doctor or download a "*Decline or Start Sharing/Information Request Form*" from the CAIR website (http://cairweb.org/cair-forms/) and FAX the completed form to the CAIR Help Desk at: 1-888-436-8320.

For more information, contact the CAIR Help Desk at 800-578-7889 or CAIRHelpDesk@cdph.ca.gov

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* *By law, public health officials can also look at the registry in the case of a public health emergency.*

CAIR California Immunization Registry

We Participate in the California Immunization Registry

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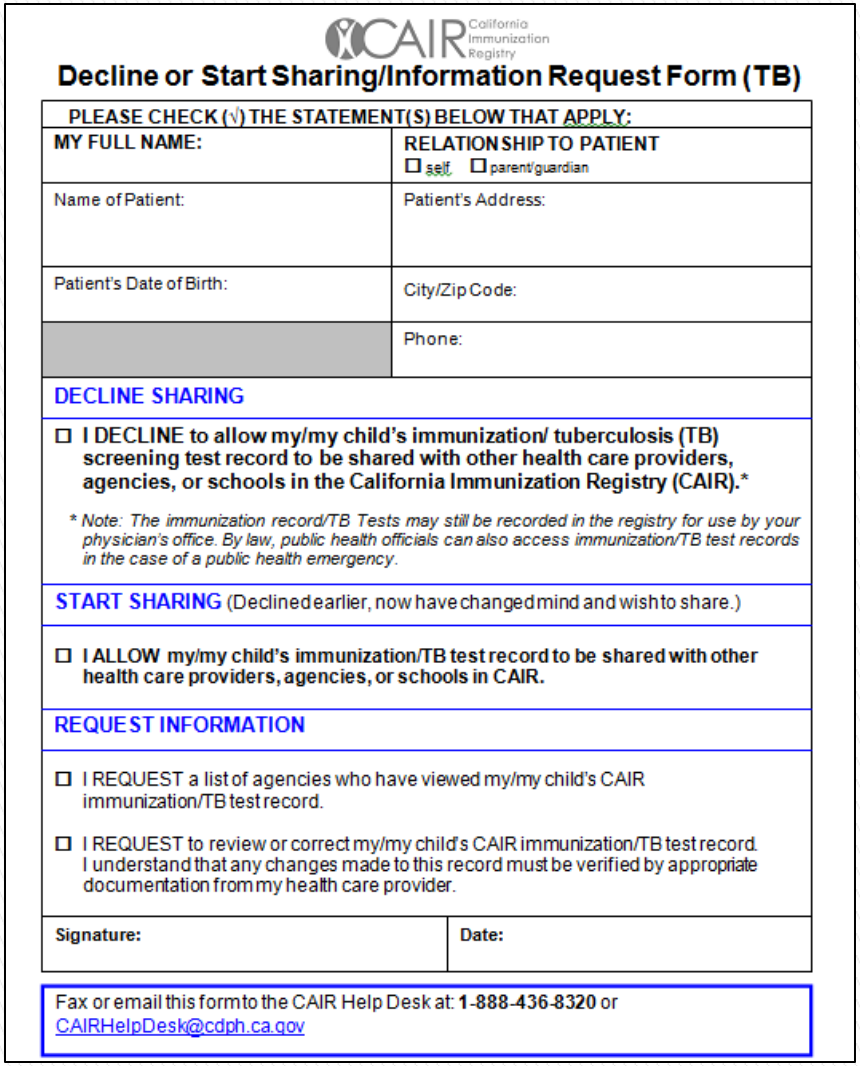
**By law, public health officials can also look at the registry in case of a public health emergency*

Questions? Ask us!

6/2013

Decline to Share Process

- Patient/parent has the right to decline to have their record shared with other CAIR users
- Can still enter the record into CAIR, but must 'lock' it
- Patient/parent may change their mind at any time
- No form is needed



CAIR California Immunization Registry

Decline or Start Sharing/Information Request Form (TB)

PLEASE CHECK (√) THE STATEMENT(S) BELOW THAT APPLY:

MY FULL NAME:	RELATIONSHIP TO PATIENT ☐ self ☐ parent/guardian
Name of Patient:	Patient's Address:
Patient's Date of Birth:	City/Zip Code:
	Phone:

DECLINE SHARING

☐ **I DECLINE to allow my/my child's immunization/ tuberculosis (TB) screening test record to be shared with other health care providers, agencies, or schools in the California Immunization Registry (CAIR).***

** Note: The immunization record/TB Tests may still be recorded in the registry for use by your physician's office. By law, public health officials can also access immunization/TB test records in the case of a public health emergency.*

START SHARING (Declined earlier, now have changed mind and wish to share.)

☐ **I ALLOW my/my child's immunization/TB test record to be shared with other health care providers, agencies, or schools in CAIR.**

REQUEST INFORMATION

☐ I REQUEST a list of agencies who have viewed my/my child's CAIR immunization/TB test record.

☐ I REQUEST to review or correct my/my child's CAIR immunization/TB test record. I understand that any changes made to this record must be verified by appropriate documentation from my health care provider.

Signature:	Date:

Fax or email this form to the CAIR Help Desk at: **1-888-436-8320** or CAIRHelpDesk@cdph.ca.gov

Benefits of CAIR

- Shows what shots are due / Forecasts future dates (uses up-to-date national recommendations: AAP/ACIP)
- Keeps patient shots and TB test information in one central location
- Prints CA Immunization Record (Yellow Card) with current information
- Tracks your vaccine inventory & VFC usage
  - Highly Beneficial for Clinical Sites
- Generates Reports and Reminder/Recall postcards/ phone lists

CAIR Features

- Supports combination vaccines and accelerated schedule
- Tracks adverse events/reactions, risks and waivers
  - Flagging contradictions
- Retrieve and update records in real-time
- Enter Historical and New Shots is Quick and Easy
- All ages can be entered into CAIR

- **Clinic level reports**
  - Daily Activity Report
  - Inventory reports
  - Vaccine Usage Report
  - Reports for VFC/317 providers

CAIR California Immunization Registry
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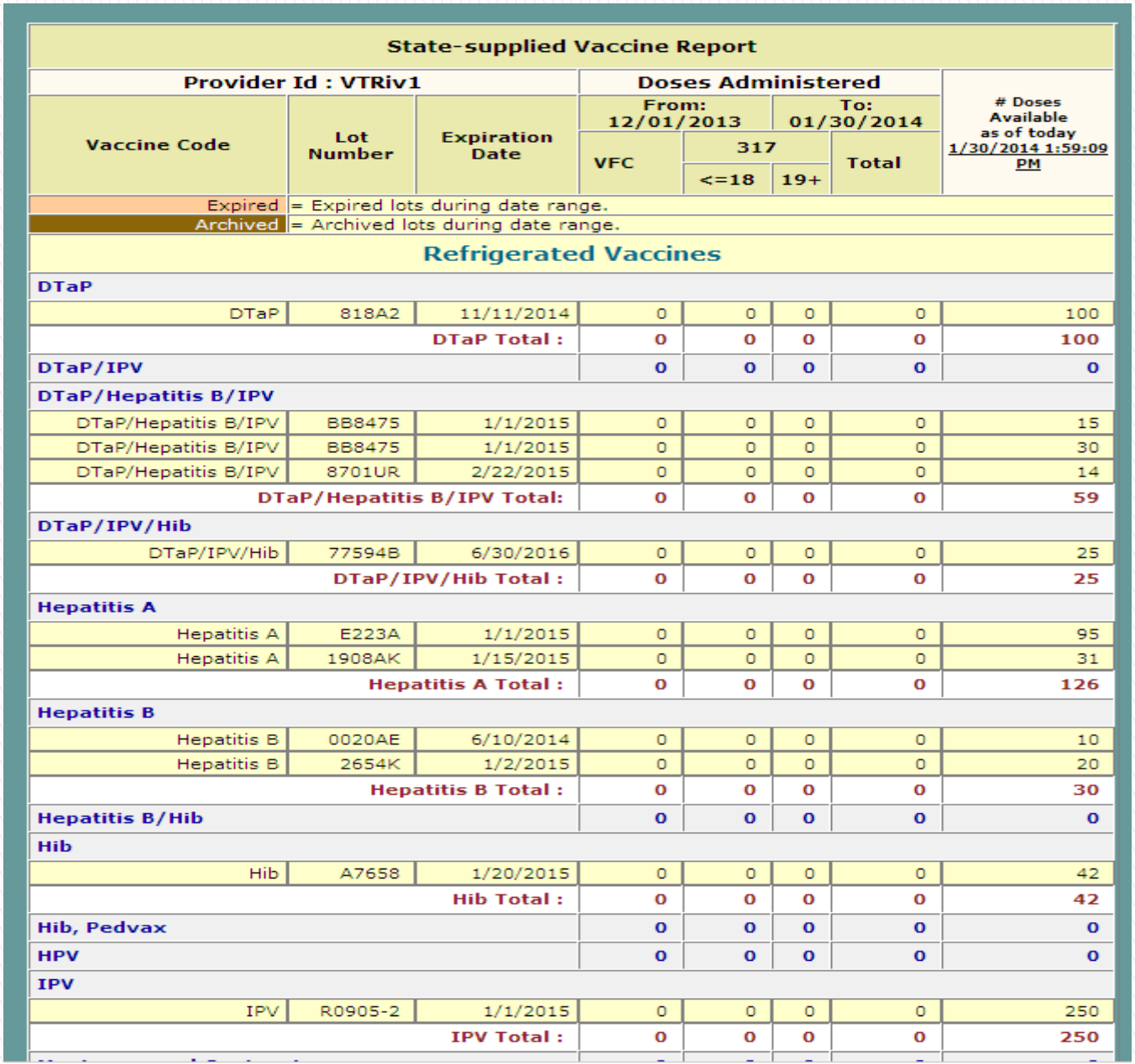
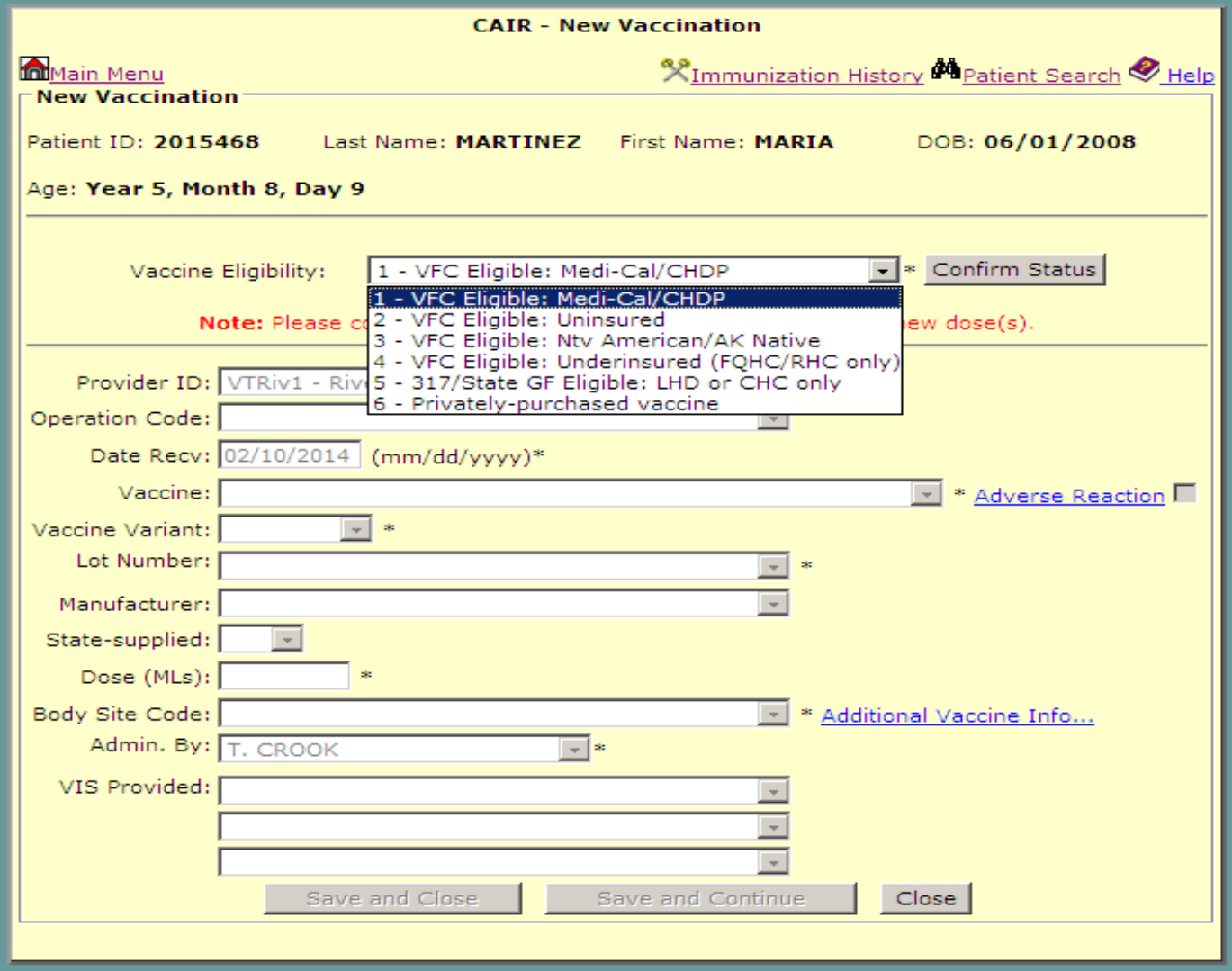
State Supplied Vaccine Report



State-supplied Vaccine Report

Provider Id : VTRiv1			Doses Administered				
			From: 12/01/2013			To: 01/30/2014	# Doses Available as of today 1/30/2014 1:59:09 PM
Vaccine Code	Lot Number	Expiration Date	VFC	317		Total	
				<=18	19+		
Expired	= Expired lots during date range.						
Archived	= Archived lots during date range.						
Refrigerated Vaccines							
DTaP							
DTaP	818A2	11/11/2014	0	0	0	0	100
		DTaP Total :	**0**	**0**	**0**	**0**	**100**
DTaP/IPV			**0**	**0**	**0**	**0**	**0**
DTaP/Hepatitis B/IPV							
DTaP/Hepatitis B/IPV	BB8475	1/1/2015	0	0	0	0	15
DTaP/Hepatitis B/IPV	BB8475	1/1/2015	0	0	0	0	30
DTaP/Hepatitis B/IPV	8701UR	2/22/2015	0	0	0	0	14
		DTaP/Hepatitis B/IPV Total:	**0**	**0**	**0**	**0**	**59**
DTaP/IPV/Hib							
DTaP/IPV/Hib	77594B	6/30/2016	0	0	0	0	25
		DTaP/IPV/Hib Total :	**0**	**0**	**0**	**0**	**25**
Hepatitis A							
Hepatitis A	E223A	1/1/2015	0	0	0	0	95
Hepatitis A	1908AK	1/15/2015	0	0	0	0	31
		Hepatitis A Total :	**0**	**0**	**0**	**0**	**126**
Hepatitis B							
Hepatitis B	0020AE	6/10/2014	0	0	0	0	10
Hepatitis B	2654K	1/2/2015	0	0	0	0	20
		Hepatitis B Total :	**0**	**0**	**0**	**0**	**30**
Hepatitis B/Hib			**0**	**0**	**0**	**0**	**0**
Hib							
Hib	A7658	1/20/2015	0	0	0	0	42
		Hib Total :	**0**	**0**	**0**	**0**	**42**
Hib, Pedvax			**0**	**0**	**0**	**0**	**0**
HPV			**0**	**0**	**0**	**0**	**0**
IPV							
IPV	R0905-2	1/1/2015	0	0	0	0	250
		IPV Total :	**0**	**0**	**0**	**0**	**250**

Dose by Dose Accountability



Accounts for doses by:

-VFC Eligibility

- Private Patients

How to Join CAIR

- Visit www.cairweb.org

Welcome to the CAIR New Organization/Site Enrollment Page!

Note: This website is for enrolling New Organizations/Sites, not for adding New Users to an existing CAIR Organization or Site. If you are an existing CAIR Organization or Site, complete and FAX (888-436-8320) to the CAIR Help Desk the appropriate form to **Add New Users**, **Change User Status**, **Add or Inactive 'Shotgiver Only' staff**, or **Transfer Users to Another CAIR Organization**.

Before beginning the registration process, to avoid creating a duplicate CAIR Organization/Site Account, **please search existing CAIR Accounts** for your CAIR Organization/Site.

If you are a New Organization that intends to register multiple locations, register your main Site first and wait to receive approval before registering other Sites. Once your main Site has received its CAIR Provider ID, be sure to enter that ID as the CAIR Group ID when registering additional Sites.

If you intend to enroll in CAIR to submit immunization data electronically, do not register here.
Register instead at the **CDPH Gateway/IZ Portal**.

To begin the New CAIR Organization/Site Enrollment registration process, please enter your Zip Code and click 'Continue'.

Please enter your Zip Code:

Continue

***Providers in Alpine, Amador, Calaveras, Imperial, Mariposa, Merced, San Diego, San Joaquin, Stanislaus, and Tuolumne counties will not be able to use online enrollment. Click here for contacts in those counties.**

Access Levels:

- **Clinical**
- **Limited Clinical**
- **Read Only**
- **Data Exchange**

NEW CAIR ORGANIZATION/SITE ENROLLMENT

If you are a New Organization that intends to enroll multiple Sites, please enroll your main Site first and wait for verified confirmation before enrolling additional Sites.

Please select one of the following options

Are you enrolling as?: A new Organization

Org/Site - Name*	LCR Screen Shots		
Address (line 1) *	850 Marina Bay Pkwy	Phone *	(510) 654 - 1234
Address (line 2)		Fax	(510) 654 - 1234
City *	Richmond	ZIP Code	94804
Contact Name *	test	Contact Phone *	(510) 654 - 1234
Contact Email *	test@test.com	Re-type Email*	test@test.com
WIC Provider? *	No	VFC Provider? *	No
CAIR Access Level Requested*	Limited Clinical	Will Use Inventory *	**No**

Organization/Site Type *

○ Pediatrics	○ Family Practice	◉ Multispeciality practice	○ Internal Medicine	○ Ob/Gyn
○ Urgent Care	○ Local Health Dept.	○ Fed-Qual or Rural HC	○ Community HC	○ Hospital
○ Long-term Care	○ Tribal/IHS Clinic	○ School/Daycare /College	○ WIC Facility	○ STD Clinic
○ Family Planning	○ Retail Pharmacy	○ Correctional Facility	○ Residential Treatment Facility	○ Other:

Continue

New Users

1

Last Name*	Kip	**First Name***	Bridgett
Email		Re-type Email	
User Type Requested*	Regular	Shot Giver*	No

2

Last Name*	Furns	**First Name***	Larry
Email		Re-type Email	
User Type Requested*	Read-Only	Shot Giver*	No

Remove User

If you are a New Organization that intends to [illegible] Sites, please enroll your main Site first and wait for verified confirmation before enrolling additional Sites.

Are you enrolling as?: A new Site that is part of an Existing CAIR Organization

Org/Site - Name*	Part Group		
CAIR Group ID	Search for a group ID Clear		
Address (line 1) *	850 Marina Bay	Phone *	(510) 654 - 1234
Address (line 2)		Fax	(510) 654 - 1234
City *	Richmond	ZIP Code	94804
Contact Name *	test	Contact Phone *	(501) 654 - 1234
Contact Email *	test@test.com	Re-type Email*	test@test.com
WIC Provider? *	No	VFC Provider? *	No
CAIR Access Level Requested*	Clinical	Will Use Inventory *	-Choose Option-

Responsible Clinician:

First Name * GEOFFREY
Last Name * BEBAWY
CA Medical License * 20A11384
License Type * MD

Organization/Site Type *

Pediatrics	Family Practice	Multispeciality practice	Internal Medicine	Ob/Gyn
Urgent Care	Local Health Dept.	Fed-Qual or Rural HC	Community HC	Hospital
Long-term Care	Tribal/IHS Clinic	School/Daycare /College	WIC Facility	STD Clinic
Family Planning	Retail Pharmacy	Correctional Facility	Residential Treatment Facility	Other:

Continue

Please enter any of the information to search for the group ID.

Name:
Address or ZIP Code:
County: CONTRA COSTA
Email:
Phone or Fax:
Search

Click on the group ID to choose a group.

Group ID	Practice Name	Address	County	Email	Phone numbers	Fax number
DE-MUIRIPA	Aamir A Faruqui Md, Inc	2121 Ygnacio Valley Rd E104 , Walnut Creek , 945983340 CA	CONTRA COSTA	breanna.krebs@mmgipa.com	925-948-3374	925-210-2003
	Acorn Learning Center	5075 Crow Canyon Road , San Ramon , 94582 CA	CONTRA COSTA		925-735-7900	925-735-7900
Stanford	Affinity Medical Partners	100a San Pablo Towne Center ,	CONTRA COSTA		(800)615-0261	

New CAIR Site User Enrollment

When registering New Users for this Site, do not add any Users already registered with your Organization.
Click here to view all existing Users for your Group Organization: 07CCHS
You can also search existing Users by Name for your GroupOrganization: 07CCHS

Complete the information below for each New User you wish to enroll. Before adding Users, review the CAIR User Levels so that each User is assigned an appropriate User level. Add additional Users by clicking the 'Add Additional User' button. At least one User is required for each Org/Site that enrolls. Note: If you choose 'Shotgiver only' for a staff member, that staff member will not be given User login access to CAIR but their name will instead appear as a choice in the 'Admin By' drop down box in CAIR for this Site. New Users will need to read and agree to the CAIR Individual User Access Agreement Terms and Conditions. When you have completed entering New User information, click the 'Continue' button. Fields followed by * are required.

New Users

1
Last Name* First Name*
Email Re-type Email
User Type Requested* Choose One Shot Giver* Choose One

Add Additional User

Continue

e to contact the CAIR Help Desk at: **1-800-578-7889** or by Email: CAIRHelpDesk@cdph.ca.gov

There are 54 existing Shot Giver Only(s) staff members in CAIR Group: 07CCHS

To assign any one of the listed 'Shot giver only' staff members in your Organizations as 'Shot giver only' staff members to this Site, simply check the box next to each Shot giver's name.

2 Name: **ARLENE LIN, RN** — Add staff member to this Site as a 'Shot giver only'
3 Name: **BARBARA HOBSON, RN** — Add staff member to this Site as a 'Shot giver only'
4 Name: **BOBBIE BROWN, RN** — Add staff member to this Site as a 'Shot giver only'
5 Name: **CHRISTINA RAMIREZ, RN** — Add staff member to this Site as a 'Shot giver only'
6 Name: **CRYSTAL VILLANUEVA HOCSON, RN** — Add staff member to this Site as a 'Shot giver only'
7 Name: **DEBRA HAWKES, RN** — Add staff member to this Site as a 'Shot giver only'
8 Name: **DEBORAH OEHRLEIN, RN** — Add staff member to this Site as a 'Shot giver only'
9 Name: **DOUGLAS BAKER, RN** — Add staff member to this Site as a 'Shot giver only'
10 Name: **DEBBIE SAMS, RN** — Add staff member to this Site as a 'Shot giver only'

There are 463 existing User(s) in CAIR Group: 07CCHS

To assign any one of the existing Users in your Organizations 'Shot giver' status at this Site, simply check the box next to each User's name.

1 User ID: **AAREGA** User Description: **ASFAW AREGA**
Add this User as a 'Shot giver' at this Site

2 User ID: **AAYUYAO** User Description: **ABIGAIL AYUYAO**
Add this User as a 'Shot giver' at this Site

CAIR and EMRs

- **Share IZ data with CAIR electronically**
  - **Receive credit for HITECH 'Meaningful Use'!**

- For more information or to join as DE site visit:
  - Visit the HIE Gateway at **www.cairweb.org**
- For Data Exchange assistance contact:
  - CAIR Help Desk at 1-800-578-7889 or email **CAIRDataExchange@cdph.ca.gov**
- Discuss options with Eric Dansby your DE Specialist

CAIR California Immunization Registry

Connected & Protected

CDPH California Department of PublicHealth

Thank You!

Twila Crook
Local CAIR Representative
Contact: 951-358-7143
Email: tcrook@rivcocha.org