

MDHHS – MCIR Release Notes

Version 2024 – MCIR OLTP 2024 24.9.25 – RFC 243410

Release Date: 09/25/2024

Forecasting & Assessment – 7 Items

- Hep B birth dose followed by 2 doses of Heplisav-B with 4 weeks apart should be series complete for 18 years of age. (Ref# 2995)

Information Screen:

Person Information : Edit					MCIR ID		
Name:		Birthdate:		Sex:		Male	
		Age:		18 Years 8 Months			
Immunizations					Other		
Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status
Hepatitis B	12/24/2005 Hep B (ped/adol)	03/12/2024 Hep B adjuvanted (Heplisav-B) 18yrs 2mos	04/26/2024 Hep B adjuvanted (Heplisav-B) 18yrs 4mos				Series Complete

Status Screen:

Administered Vaccine	Can be given today	Dose #	Accelerated	Recommended	Overdue
Hepatitis B	Series Complete				
Non-Administrations/Titers	Date	Reason	Entered By		

Landscape Report:

History of Immunizations Given by Series								Status	Accelerated Date	Recommended
Hepatitis B	12/24/05 Hep B (ped/adol)	03/12/24 Hep B adjuvanted (Heplisav-B)	04/26/24 Hep B adjuvanted (Heplisav-B)					Complete		

Please refer to the link below:

[Ask The Experts About Vaccines: Hepatitis B | Immunize.org](https://www.immunize.org/ask-the-experts/about-vaccines/hepatitis-b/)

Additional Information:

Timing of completion of a routine adult hepatitis B vaccination schedule with a single product or mixed product series:

	Dose 1	Dose 2 (at least 4 weeks after dose 1)	Dose 3 (at least 8 weeks after dose 2 and 16 weeks after dose 1)
Routine, single product schedule	H*	H	—
	E, P, R, or T*	Same product as dose 1	Same product as dose 2
If different products are used	E, P, R, or T	E, P, R, or T	E, P, R, or T
	H	E, P, R, or T	E, P, R, or T
	E, P, R, or T	H	E, P, R, or T
	E, P, R, or T	E, P, R, or T	H
	H	E, P, R, or T	H
	E, P, R, or T	H	H**

* H = Heplisav-B; E = Engerix-B; P = PreHevrbrio; R = Recombivax HB; T = Twinrix

** If two doses of H are used to complete a series started with E, P, R, or T, the final dose may be administered 4 weeks after dose 2 (for a complete H series)

Last reviewed: June 17, 2024

2. Adolescent complete for Hep B on provider side should be complete for school entry.
(Ref# 3041)

Information Screen: Assessing as "Provider"

Person Information : Edit				MCIR ID :			
Name:	Birthdate:		Sex:		Male		
	Age: 12 Years 1 Month						
Resp. Party	Jurisdiction:		Primary Phone:				
Address:			Secondary Phone:				
			Address Status: Valid				
Country:	County:		Address Updated: 08/24/2022				
High Risk Conditions							
<input type="checkbox"/> Influenza Screening Notification				<input type="checkbox"/> Potential Lead Exposure (Flint Water)			
Immunizations						Other	
Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status
Hepatitis B	09/21/2023 Hep B (adult) 11yrs	09/11/2024 Hep B (adult) 12yrs					Series Complete

Information Screen: Assessing as "School"

Person Information : Edit				MCIR ID :			
Name:	Birthdate:		Sex:		Male		
	Age: 12 Years 1 Month						
Resp. Party	Jurisdiction:		Primary Phone:				
Address:			Secondary Phone:				
			Address Status: Valid				
Country:	County:		Address Updated: 08/24/2022				
High Risk Conditions							
<input type="checkbox"/> Influenza Screening Notification				<input type="checkbox"/> Potential Lead Exposure (Flint Water)			
Immunizations						Other	
Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status
Hepatitis B	09/21/2023 Hep B (adult) 11yrs	09/11/2024 Hep B (adult) 12yrs					Series Complete

History Screen for each dose:

Vaccine Details	
Provider	MDHHS Nurse Educators
Date Administered*	09/11/2024
Vaccine*	Hep B (adult) CVX 43
Mfr (Product)*	Merck (RECOMBIVAX)
Lot Number	<input type="text"/>
Vaccine Eligibility*	Other Provider Data
Site on Body	

Vaccine Details	
Provider	MDHHS Nurse Educators
Date Administered*	09/21/2023
Vaccine*	Hep B (adult) CVX 43
Mfr (Product)*	Merck (RECOMBIVAX)
Lot Number	<input type="text"/>
Vaccine Eligibility*	Other Provider Data
Site on Body	

3. School Polio results now reflect “Complete” when 4th dose is present. (Ref# 3040)

Information Screen: Reflecting record with 4th dose **present**

General Information Birth Date: 12/17/2012 [Print Help](#)
 School: **Complete** FERPA Consent: YES [View](#) [Home](#) [Exit](#)

Person [Rem/Rcl](#) [Sch/CC](#) [VIM](#) [Imp/Exp](#) [VFC](#) [My Site](#) [Adm](#) [Rpts](#) [Oth](#)
[Add/Find](#) [Roster](#) [Deduplication](#) [Vaccine Deduplication](#) [Information](#) [Status](#) [History](#)

Person Information : [Edit](#) **MCIR ID :**

Name: Birthdate: Sex: Male
 Age: 11 Years 9 Months
 Resp. Party: Jurisdiction: Primary Phone:
 Address: Secondary Phone:
 Country: County: Address Status: Valid
 Address Updated: 09/04/2024

High Risk Conditions
 Influenza Screening Notification Potential Lead Exposure (Flint Water)

Series	Immunizations					Other		Status
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+		
Polio	12/23/2014 IPV (polio) 2yrs	08/20/2015 IPV (polio) 2yrs 8mos	12/14/2015 IPV (polio) 2yrs 11mos	02/01/2019 IPV (polio) 6yrs 1mo			Series Complete	

Information Screen: Reflecting record with 4th dose **absent**

General Information Birth Date: 12/17/2012 [Print Help](#)
 School: **Incomplete** FERPA Consent: YES [View](#) [Home](#) [Exit](#)

Person [Rem/Rcl](#) [Sch/CC](#) [VIM](#) [Imp/Exp](#) [VFC](#) [My Site](#) [Adm](#) [Rpts](#) [Oth](#)
[Add/Find](#) [Roster](#) [Add Imm](#) [Add Event](#) [Information](#) [Status](#) [History](#)

Person Information : [Edit](#) **MCIR ID :**

Name: Birthdate: Sex: Male
 Age: 11 Years 9 Months
 Resp. Party: Jurisdiction: Primary Phone:
 Address: Secondary Phone:
 Country: County: Address Status: Valid
 Address Updated: 09/04/2024

High Risk Conditions
 Influenza Screening Notification Potential Lead Exposure (Flint Water)

Series	Immunizations					Other		Status
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+		
Polio	12/23/2014 IPV (polio) 2yrs	08/20/2015 IPV (polio) 2yrs 8mos	12/14/2015 IPV (polio) 2yrs 11mos				Polio DUE NOW	

4. Forecast and evaluate CVX 324 fractional IPV doses. (Ref# 3047)

Information Screen:

Person Information : Edit			MCIR ID :				
Name:	Birthdate:	Sex:	Male				
	Age:	14 Years 9 Months					
Resp. Par	Jurisdiction:	Primary Phone:					
Address:		Secondary Phone:					
		Address Status: Valid					
Country:	County:	Address Updated: 08/01/2019					
High Risk Conditions							
<input type="checkbox"/> Influenza Screening Notification <input type="checkbox"/> Potential Lead Exposure (Flint Water)							
Immunizations					Other		
Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status
Polio	02/22/2010 Fractional-dose IPV (fIPV), non- US 1mo 16dys	09/14/2010 Fractional-dose IPV (fIPV), non- US 8mos 8dys					Polio DUE NOW

Status Screen:

Administered Vaccine	Can be given today	Dose #	Accelerated	Recommended	Overdue
Polio	YES	3	10/12/2010	10/12/2010	10/12/2010
Non-Administrations/Titers	Date	Reason	Entered By		
No non-administrations/titers found					

Landscape Report:

History of Immunizations Given by Series								Status	Accelerated Date	Recommended
Polio	02/22/10 Fractional IPV (NonUS)	09/14/10 Fractional IPV (NonUS)						Overdue	10/12/2010	10/12/2010

Please refer to the link below:

<https://www.cdc.gov/vaccines/vpd/polio/hcp/routine-polio-vaccination.html>

5. Forecast and evaluate Novavax for 2024-25 protection. (Ref# 3149)

Information Screen:

Person Information : Edit				MCIR ID :			
Name:	Birthdate:	Sex:	Male				
	Age:	31 Years 9 Months					
Resp. Party	Jurisdiction:	Primary Phone:					
Address:		Secondary Phone:					
		Address Status:		Valid			
Country: United States	County:	Address Updated:		08/15/2019			
High Risk Conditions							
<input type="checkbox"/> Influenza Screening Notification <input type="checkbox"/> Potential Lead Exposure (Flint Water)							
Immunizations					Other	Status	
Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status
SARS-CoV-2	09/02/2024 COVID-19 Novavax 5mcg 31yrs 8mos						Eligible Next Due 09/23/2024

Status Screen:

Administered Vaccine	Can be given today	Dose #	Accelerated	Recommended	Overdue
COVID-19 2024-25 (NVX)	YES	2	09/23/2024	09/23/2024	10/28/2024
Non-Administrations/Titers	Date	Reason	Entered By		
No non-administrations/titers found					

Landscape Report:

History of Immunizations Given by Series								Status	Accelerated Date	Recommended
SARS-CoV-2	09/02/24	Novavax 5mcg						Eligible	09/23/2024	09/23/2024

Please refer to the link below:

<https://www.fda.gov/news-events/press-announcements/fda-authorizes-updated-novavax-covid-19-vaccine-better-protect-against-currently-circulating>

6. Evaluate doses of RSV MAB administered in September for season completeness.
(Ref# 3169)

Information Screen:

Person Information : Edit			MCIR ID				
Name:	Birthdate:	Sex:	Male				
	Age: 6 Months 10 Days						
Resp. Party	Jurisdiction:	Primary Phone:					
Address:		Secondary Phone:					
		Address Status:	Valid				
Country:	County:	Address Updated:	03/27/2024				
High Risk Conditions							
<input type="checkbox"/> Influenza Screening Notification <input type="checkbox"/> Potential Lead Exposure (Flint Water)							
Immunizations							
Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status
RSV	09/01/2024 RSV Nirsevimab(Beyfortus) 1 ml 5mos 5dys						Series Complete

Status Screen:

Administered Vaccine	Can be given today	Dose #	Accelerated	Recommended	Overdue
RSV nirsevimab (Beyfortus)	Series Complete				
Non-Administrations/Titers	Date	Reason	Entered By		
No non-administrations/titers found					

Landscape Report:

History of Immunizations Given by Series										Status	Accelerated Date	Recommended
RSV	09/01/24	RSV								Complete		
		Nirsevimab(Beyfortus)1 ml										

Please refer the link below:

<https://www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html>

- Update forecasting to incorporate local guidance for RSV MAB administered April – August for Series Completeness in October. (Ref# 3177)

Information Screen:

High Risk Conditions							
<input type="checkbox"/> Influenza Screening Notification <input type="checkbox"/> Potential Lead Exposure (Flint Water)							
Immunizations	Newborn Screening			Other	EPSDT	Hearing (EHDI)	
Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status
RSV	04/09/2024 RSV Nirsevimab(Beyfortus)0.5ml 4dys						Series Complete

Status Screen:

High Risk Conditions							
<input type="checkbox"/> Influenza Screening Notification <input type="checkbox"/> Potential Lead Exposure (Flint Water)							
Immunizations	Newborn Screening			Other	EPSDT	Hearing (EHDI)	
Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status
RSV	04/09/2024 RSV Nirsevimab(Beyfortus)0.5ml 4dys						Series Complete

Landscape Report:

History of Immunizations Given by Series							Status	Accelerated Date	Recommended
RSV	04/09/24 RSV Nirsevimab(Beyfortus)0.5ml Lot#UK164A A						Complete		

General Items – 3 Items

- Add new MVX BN for CVX 176 Rabavert (MVX Glaxo historical only). (Ref# 3128)

Date Administered*	09/12/2024	<input type="checkbox"/> List as point of contact for reminder/recall notices
Vaccine*	Rabies-IM Fibroblast (RabAvert) CVX 176	
Mfr (Product)*	Bavarian Nordic A/S (RABAVERT)	
Lot Number		
Vaccine Eligibility*	Other Provider Data	Dose Qty (ml)* 0
Site on Body		Route

2. Add additional options to Vaccine Eligibility drop down (Due Oct 1st) (Ref# 3155)

The screenshot shows a form titled 'Immunization Information - (Lots marked with '*' are from the private inventory)'. It includes fields for Type (Admin), Date, Vaccine, Elig., Mfr., Lot, Vol. (ml), Site, and Route. A dropdown menu is open for the 'Elig.' field, listing various insurance and funding sources. The 'Adult State Purchased' option is highlighted in yellow.

Additional Information:

Program	UI Vaccine Eligibility	Inventory	HL7 Code	HL7 Vaccine Eligibility	Vaccine Fund Source
Farmworker supplemental	Farmworker supplemental	Type 1, Private	MIA15 (MCIR Code F)	Farmworker supplemental	Type 2, Other Public Funds
Adult State Purchased	Adult State Purchased	Type 2, Public	MIA16 (MCIR Code A)	Adult State Purchased	Type 1, MI-VFC

3. HL7 Interface Warnings : Transfer Report. (Ref# 2568)

HL7 Transfer Report: New "User Warnings Report" section added

User Warnings Report

Site Name: [REDACTED]
 Description: TFR_ [REDACTED]
 Data submission date range: 09/01/2023 - 09/06/2024
 Interface PIN/Facility ID: [REDACTED]
 Date Printed: 09/06/2024 Target Date: 09/06/2024

NOTE: October 30 release will populate with warning messages. At of this release, only the creation of the report, and the header as noted above, will generate.

If you have questions or need assistance, please contact your Field Representative or **MCIR SOM Help Desk** at MDHHS-MCIRHelp@michigan.gov.

