

Frequently Asked Questions

Q. How do I document a patient as having had the Varicella (chickenpox) disease?

- A. To add the Varicella disease to a patient record:
1. Go to **Contraindications** on the patient data menu.
 2. On the **Contraindications List** screen click ADD.
 3. **Choose Series:** VZV.
 4. **Select Vaccine Type:** ALL VACCINES.
 5. **Choose ContraType:** PERMANENT.
 6. **Select Contraindication Type:** VZV1 OTHER PERM (VZV).
 7. Choose either the **Parental Recall** or the **Physician Documentation** radio button depending on how the information has been obtained.
 8. Enter the year of the disease in the **Disease year** box.
 9. **Other Description** and **Comments** do not need to be entered unless you need to further document information about the patient's Varicella case.
 10. The **Date identified** box will default to today's date.
 11. Click **Next**.
 12. Click **Submit**.

Q. My office participates in the Vaccines for Children's Program (VFC). How can I designate a vaccine I am giving as VFC eligible?

- A. Designating a vaccine as being a VFC vaccine will allow you to run more accurate vaccine reports. A VFC pin number and start date must be recorded for your organization by Florida SHOTS staff in order to have this option. Within the registry, add a new patient or select an existing patient. To add vaccinations, click on the "**Vaccinations**" link on the left side of the menu and do the following:
1. Click on the "**Add a Vaccination Record**" button at the bottom of the screen.
 2. Once in the "**Add a Vaccination Record**" screen, select "**Vaccine type**" from the drop-down menu. (Please use the table for a description of each vaccine type and assistance on selecting the correct vaccine.)
 3. **Date Given:** Enter the date or, if vaccine was given today, enter "T" and the current date will be automatically supplied.
 4. **VIS Date:** Enter the date of the Vaccine Information Statement provided for this vaccination. This feature is only mandatory if this is a VFC-eligible vaccine.
 5. **Indicate Injection Site:** LDT=Left Deltoid, LA=Left Arm, RDT=Right Deltoid, and RA=Right Arm.
 6. **Indicate Injection Route:** IM=Intramuscularly, PO=Oral, or SC= Subcutaneous.
 7. **Private Provider Org ID:** This defaults to provider entering shot. If entering historical shots not administered at the user's practice, you must select OTHER from the drop-down menu.
 8. **VFC Eligibility:** Specify the patient's eligibility for receiving VFC vaccine as it applies to this vaccination.
 9. **Provider Person ID:** Select the provider person ID of the staff administering the immunization. Please note that this field is not shown if Provider Org ID is selected as "OTHER."
 10. **Manufacturer Code/Lot Number:** Manufacturer Codes are listed in a box with a drop-down menu. Once a manufacturer is selected the Lot Number becomes a required field.

Q. Which part of the D.H. 680 form should I use?

- A. When creating a D.H. 680 form, you must first choose the correct part of the form to use for each patient. Your choices are:
- **Part A:** For patients who are **up-to-date for their age** and **meet the age-appropriate school requirements for grades K-12;** or for **the 7th-grade requirements only.**
 - **Part B:** For **temporary medical exemptions—An expiration date is required** (generally 15 days after the next scheduled appointment). If a Part B is chosen and the patient has received all the vaccinations they can for now (i.e., they are currently up-to-date), the system will pre-populate a suggested expiration date equal to 15 days after the earliest next recommended due date amongst all series that are not complete.
 - **Part C:** For **permanent medical exemptions including contraindications.**

Florida SHOTS Shortcut Guide

(877) 888-SHOT | www.flshots.com

FREE TECHNICAL SUPPORT MONDAY-FRIDAY, 8A.M.-5P.M. ET, INCLUDING:

- Merging duplicate shot records
- Adding account administrators
- Unlocking Florida SHOTS accounts
- Questions about any Florida SHOTS features
- Reordering Florida SHOTS chart stickers, immunization schedule pads, or other registry materials

VACCINE INFORMATION TABLE			
FL SHOTS NAME	VACCINE	BRAND NAME	MANUFACTURER (CODE)
CHOLERA	Cholera	*	*
DT	Diphtheria, Tetanus	DT	Sanofi Pasteur (PMC)
DTAP	Diphtheria, Tetanus, Acellular Pertussis	Tripedia, Daptacel, Infanrix	Sanofi Pasteur (PMC), GlaxoSmithKline (SKB)
DTAP-HIB	DtaP + ActHIB	TriHIBit	Sanofi Pasteur (PMC)
DTAP-IPV	DtaP + IPV	Kinrix	GlaxoSmithKline (SKB)
DTP	Diphtheria, Tetanus, Pertussis	*	*
DTP-ACTHIB	DTP + ActHIB	*	Sanofi Pasteur (PMC)
DTP-HBOC	DTP + HibTITER	Tetramune	Wyeth (WAL)
FLU3Y+P	Influenza Vaccine, 3Y+	Fluarix, Fluvirin, Fluzone, FluLaval, Afluria	GlaxoSmithKline (SKB), Novartis (NOV), Sanofi Pasteur (PMC), GlaxoSmithKline (SKB), CSL Biotherapies (CSL)
FLU3Y+PF	Influenza Vaccine, 3Y+, Preservative-free	Fluarix, Fluvirin, Fluzone, FluLaval, Afluria	GlaxoSmithKline (SKB), Novartis (NOV), Sanofi Pasteur (PMC), GlaxoSmithKline (SKB), CSL Biotherapies (CSL)
FLU6-35 P	Influenza Vaccine, 6–35mo	Fluzone	Sanofi Pasteur (PMC)
FLU6-35 PF	Influenza Vaccine, 6–35mo, Preservative-free	Fluzone	Sanofi Pasteur (PMC)
FLU HIDOSE	Influenza Vaccine, High-Dose, Seasonal	Fluzone	Sanofi Pasteur (PMC)
FLU-MIST	Influenza Vaccine Live, Intranasal	Flumist	MedImmune (MED)
FLU UNK	Influenza Virus Vaccine, NOS	*	*
GAMMA	Hep A Immune Globulin	GamaSTAN	Talecris (TAL)
H1N109 MST	Novel Influenza–H1N1-09, Nasal		MedImmune (MED)
H1N109 P	Novel Influenza–H1N1-09		CSL Biotherapies (CSL), Novartis (NOV), Sanofi Pasteur (PMC)
H1N109 PF	Novel Influenza–H1N1-09, Preservative-free		CSL Biotherapies (CSL), Novartis (NOV), Sanofi Pasteur (PMC)
H1N109 UNK	Novel Influenza–H1N1-09, All Formulations		CSL Biotherapies (CSL), Novartis (NOV), Sanofi Pasteur (PMC)
HBIG	Hep B Immune Globulin	HyperHEP B, Nabi-HB	Talecris (TAL), Nabi (NAB)
HEP A	Hepatitis A	VAQTA, Havrix	Merck (MSD), GlaxoSmithKline (SKB)
HEP B	Hepatitis B	Energix-B, Recombivax HB	Merck (MSD), GlaxoSmithKline (SKB)
HEP B 2-DOSE	2-Dose Hepatitis B	Recombivax HB	Merck (MSD)
HEP A-HEP B	Hepatitis A + B	Twinrix	GlaxoSmithKline (SKB)
HIB (HBOC)	Haemophilus Influenzae Type B	HibTITER	Wyeth (WAL)
HIB (UNK)	Unknown Hib	*	*
HIB PRP-T	Hib (PRP-T)	ActHIB, Hiberix	Sanofi Pasteur (PMC), GlaxoSmithKline (SKB)
HIB PRPOMP	Hib (PRP-OMP)	PedvaxHIB	Merck (MSD)
HIB-HEP	Hib + Hep B	Comvax	Merck (MSD)
HPV2	Human Papillomavirus–Bivalent	Cervarix	GlaxoSmithKline (SKB)
HPV4	Human Papillomavirus–Quadrivalent	Gardasil	Merck (MSD)
IPV	Polio	IPOL	Sanofi Pasteur (PMC)
JENCEPH	Japanese Encephalitis	JE-VAX, Ixiaro	Sanofi Pasteur (PMC), Novartis (NOV)

SEE NOTES AFTER TABLE

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FL SHOTS NAME	VACCINE	BRAND NAME	MANUFACTURER (CODE)
LYME	Lyme	*	*
MCV4	Meningococcal Conjugate	Menactra Menveo	Sanofi Pasteur (PMC), Novartis (NOV)
MEASLES	Measles	Attenuvax	Merck (MSD)
MMR	Mumps, Measles, Rubella	M-M-R II	Merck (MSD)
MMRV	Mumps, Measles, Rubella, Varicella	ProQuad	Merck (MSD)
MPSV4	Meningococcal Polysaccharide	Menomune	Sanofi Pasteur (PMC)
MR	Measles, Rubella	*	*
MUMPS	Mumps	Mumpsvax	Merck (MSD)
MUMPS-RUB	Mumps, Rubella	*	*
OPV	Oral Polio	*	*
PCV7	7-Valent Pneumococcal Conjugate	Prennar	Wyeth (WAL)
PCV13	13-Valent Pneumococcal Conjugate	Prennar	Wyeth (WAL)
PEDIARIX	DtaP, Hep B, IPV	Pediarix	GlaxoSmithKline (SKB)
PENTACEL	DtaP, Hib, IPV	Pentacel	Sanofi Pasteur (PMC)
PPSV23	23-Valent Pneumococcal Polysaccharide	Pneumovax	Merck (MSD)
RABIES IM	Rabies, Intramuscular	Imovax, RabAvert	Sanofi Pasteur (PMC), Novartis (NOV)
RIG	Rabies Immune Globulin	HyperRAB	Talecris (TAL)
RIG-HT	Rabies Immune Globulin	Imogam Rabies-HT	Sanofi Pasteur (PMC)
ROTARIX	Rotavirus	Rotarix	GlaxoSmithKline (SKB)
ROTATEQ	Rotavirus	ROTATEQ	Merck (MSD)
RUBELLA	Rubella	Meruvax II	Merck (MSD)
TD	Tetanus, Diphtheria	Td	Massachusetts Biologic Labs (MBL)
TD DECAVAC	Tetanus, Diphtheria (DECAVAC)	Decavac	Sanofi Pasteur (PMC)
TDAP	Tetanus, Diphtheria, Acellular Pertussis	Boostrix, Adacel	GlaxoSmithKline (SKB), Sanofi Pasteur (PMC)
TYPHOID IM	Typhoid, Intramuscular	Typhim Vi	Sanofi Pasteur (PMC)
TYPHOID PO	Typhoid, Oral	Vivotif	Berna (BPC)
VZV	Varicella	Varivax	Merck (MSD)
YELLOW FEVER	Yellow Fever	YF-Vax	Sanofi Pasteur (PMC)
ZOSTER VZV	Varicella Zoster Vaccine	Zostavax	Merck (MSD)

Vaccine Information Table Rev. 11/28/11

* Product information not available.

When entering a patient's historical HIB vaccinations (given previously by another practice), please note that there are five HIB options to choose from. If you do not have access to documents that tell you which HIB vaccine was given or cannot contact the doctor's clinic that administered them, how do you know which one to use? Please read the following descriptions as they should help you determine which type to select:

- HIB (HBOC), also known as HibTiter by Wyeth and HIB PRP-T, also known as ActHIB by Sanofi-Pasteur, requires a primary series of 3 doses, given 2 months apart when the age at first dose is 2 to 6 months, and a series of 2 doses given 2 months apart when the age at first dose is 7 to 11 months. In both instances, the booster dose is given at 12 to 15 months and at least 2 months after the previous dose. *HIB (HBOC), or HibTiter, stopped being produced around 2003, therefore if you have a recent immunization record given according to this schedule, please select HIB PRP-T, or ActHIB.*
- HIB (UNK) marks the vaccines that the CDC (Centers for Disease Control) ceased to accept, therefore Florida SHOTS registry will not accept this as a selection for doses given after 01/01/1999.
- HIB PRPOMP, also known as PedvaxHIB by Merck, requires a primary series of 2 doses given 2 months apart when the age at first dose is from 2 to 11 months, and a booster dose given at 12–15 months and at least 2 months after the previous dose.
- HIB-HEP, also known as Comvax by Merck is a combination hepatitis B-HIB (PRPOMP) vaccine and its recommendations for spacing and timing are the same as those for the individual antigens. The third dose must be given at 12 months or older and at least 2 months after the previous dose.