

Flu in CIR – How to complete the flu form in CIR

March 2022

Contents

Introduction	2
Process Overview	3
Step guide: How to Complete the Flu Form	4
References	12
Document History	Error! Bookmark not defined.

Introduction

The CIR (COVID Immunisation Register) has been selected as a tool to support the recording of influenza vaccination records as the NIS (National Immunisation Solution) is developed. Where a vaccinator does not have a PMS system that can connect to our existing Immunisation register they can use CIR to record their flu vaccinations

This guide will help a vaccinator complete the process of logging a flu vaccination record in CIR. Please note this guide does not contain any clinical or operational guidelines. Please refer to the Immunisation Handbook <https://www.health.govt.nz/our-work/immunisation-handbook-2020> or your clinical and operational leads for more detail on the clinical or procedural requirements of administering the flu vaccine.

Process Overview

To complete the flu for in CIR the steps are:

1. Log into CIR
2. Search for a consumer's profile
3. Complete the 'Complete Other Vaccination Workflow' including:
 - a. Select vaccine to be administered
 - b. Record consent details
 - c. Select Vaccinator, vaccination date and time
 - d. Vaccine details

Step guide:

How to Complete the Flu Form

Step Action

Step Detail

Screenshot

Log in to CIR

Log into CIR using your usual method. This can be using the web page or using Single Sign on.

For more details on logging in via the web refer to the guide [here](#)

For more details on how to log in using SSO refer to the guide [here](#).

A screenshot of a login form with a red border. At the top, it says 'To access this page, you have to log in to Covid Immunisation Register.' Below this are two input fields: 'Username' containing 'leonard.landrey@health.govt.nz.cir.community' and 'Password' with masked characters. A blue 'Log In' button is below the password field. At the bottom left of the form area is a link for 'Forgot Your Password?'.

Or log in using:

A screenshot of a button with a red border that says 'Login with your organisation's single sign on credentials'.

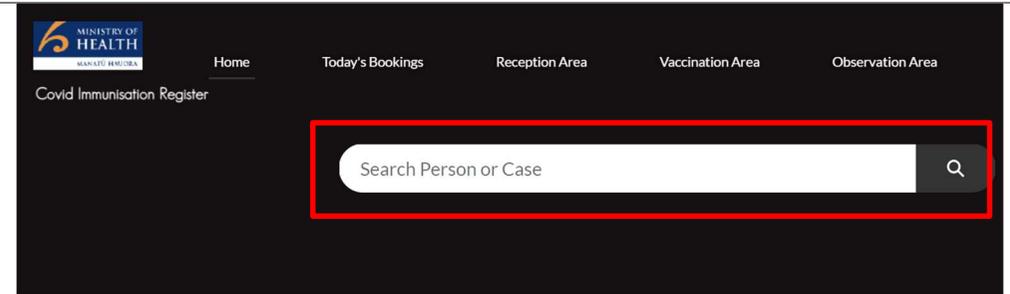
Step Action

Step Detail

Screenshot

Search for the consumers profile

Search for the profile using the consumers full name or NHI.



Open the consumers profile

The search will present all valid records. You are looking to open the consumer's **Profile**. Ignore any case records that may be presented. Select the name of the patient to open the profile.

Note: The date of birth is highlighted here as a way of checking you have the right profile. Ask the consumer for their date of birth and compare the answer here to confirm you have the correct profile. If there are more results than can be displayed, use the view more button to see more results.

PROFILE NAME	PROFILE RECORD TYPE	TYPE	NHI NUMBER	DATE OF BIRTH	AGE
John Matt	Person		ZAB2111	1/11/1939	82
John Davis	Person		ZCV8290	5/05/2019	2
John Test	Person		ZAD1078	18/02/1958	64
Cecily John	Person		ZZM9188	29/06/1979	42
John Leslie	Person		Otago12	1/01/1911	111

5+ Results • Sorted by Relevance ▼ [View More](#)

Step Action

Step Detail

Screenshot

Log vaccination dose of patient

On the top right of the screen, select **“Complete other vaccination”**

This will open a box in which you can fill out the necessary dose and patient information



Step Action

Step Detail

Screenshot

Fill out vaccine details

Select the appropriate product name of the vaccine.

Select the indication of patient. Further details will be requested for the Eligible medical condition indication.

NOTE: Please refer to immunisation handbook or to your clinical lead if you have any questions as to what these fields entail.

Once complete click **Next** at the bottom right of the pop-up box

NOTE The vaccine names in this screen shot may differ from vaccines you may be administering. If you need clarity on what vaccine is being administered on your site please consult with your clinical or site lead.

Complete Other Vaccination

Vaccine Details

Vaccine Name	Vaccine Code	Manufacturer Name
<input type="radio"/> NPD-1798 test JW	263	JuliaW
<input type="radio"/> 1617 make active 1603	999	Pfizer_Moira
<input type="radio"/> Afluria Quad	150	Seqirus
<input type="radio"/> Afluria Quad Junior	161	Seqirus
<input type="radio"/> Flud Quad	205	Seqirus
<input type="radio"/> FluQuadri	202	Sanofi-Aventis
<input type="radio"/> FINAL 1617 Vaccine Set...	208	Pfizer_Moira

***Indication**

- Over 65 years
- Eligible medical condition
- Pregnant
- 4 years and under who have had a history of hospitalisation with a respiratory condition
- Privately funded

Next

Step Action

Step Detail

Screenshot

Record consent details

The second screen will request that you fill out the appropriate consent information.

If the consent provider is **not** the patient, you will be required to record the contact information for the consenting contact under Emergency Contact.

NOTE: There may be a requirement for written consent. Please refer to your immunisation handbook or clinical lead for clarity on how this consent is to be stored.

Once complete click **Next** at the bottom right of the pop-up box

Complete Other Vaccination

Consent Provider
Patient

Emergency Contact

First Name
John

Last Name
Matt

Mobile
021 123 4567

Phone
09 123 4567

Email
JohnMatt@Email.com

Postal Address
1234

Relationship
Partner

Back Next

Select Vaccinator

The third screen will request the relevant vaccinator information and if you are a mobile worker you will be asked for the location you are working in.

The location details are logged automatically if you are working on a fixed site.

If you have logged in as a mobile worker select the location from the dropdown or if it is not present, type in your location as below

Location

Ministry of Social Development, National Office, 43 The Terrace, Wellington 6011
--None--
SH1, Fulton Hogan
Ministry of Social Development, National Office, 43 The Terrace, Wellington 6011

Vaccinator Details

The date and time of vaccination will default automatically to the current date and time.

If you are entering the vaccination after it was completed, edit the date and time of the dose completion in the Completed Date/Time field to reflect when the vaccination was completed.

Once complete click **Next** at the bottom right of the pop-up box

Notes: For mobile workers care must be taken to ensure there is not an existing entry for a site before typing a new location into the location field.

Complete Other Vaccination

Fluad Quad
Flu Vaccination

● — ● — ● — ●

Location Details

Facility: Debs Imms Facility
Site: Debs Imms Site

Vaccinator Details

* Vaccinator
Alex TestVax

Alternate Vaccinator

Vaccine Information

Vaccine Name: Fluad Quad
Vaccine Code: 205
Antigen: A/Darwin/9/2021 (H3N2)-like virus;A/Victoria/2570/2019 (H1N1)pdm09-like virus;B/Austria/1359417/2021 (B/Victoria lineage)-like virus;B/Phuket/3073/2013 (B/Yamagata lineage)-like virus
Manufacturer Name: Seqirus

* Completed Date/Time
23/03/2022 4:46 PM

Back Next

Complete vaccination details

The fourth screen will request the additional relevant dose administration information.

When recording the dose number, keep in mind that you cannot see previous dose information from a PMS standpoint. You must ask the patient for the number of doses they have received.

Please refer to the immunisation handbook or your clinical lead to clarify how many doses a consumer should get.

When recording the batch number, if you are **certain** that the batch number is not given in the available list; you can enter it manually by clicking the check box "**manually enter batch number**".

NOTE: It is **imperative** that these batch numbers are entered correctly. Please be diligent and careful when recording them.

If the expiry date of the batch is not available, please use the last day of the current month.

Once complete click **Save** at the bottom right of the pop-up box and the flu vaccination will be recorded in CIR.

Complete Other Vaccination

Fluad Quad
Flu Vaccination



Vaccination Details

* Dose Number ¹
2

* Vaccine Volume Administered (mL)
0.50

* Route
Intramuscular (IM)

* Injection Site
LD - Left Deltoid

* Needle Type
25G x 25mm

* Vaccine Batch Number
333150 Manually enter batch details

* Vaccine Batch Expiry Date
31/03/2022

Back Save

References

Ministry of Health website: <https://www.health.govt.nz/>

Ministry of Health contacts: <https://www.health.govt.nz/about-ministry/contact-us>

Immunisation Handbook 2020: <https://www.health.govt.nz/our-work/immunisation-handbook-2020>

Ministry of Health systems support for health providers and DHBs (Not for consumers): 0800 223 987 or help@imms.min.health.nz

For support of your device or internet connectivity please contact your local IT provider

For document or process updates please log a detailed request at help@imms.min.health.nz