IQIP Report IMR User Guide

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Introduction and Contact Information

This guide is intended for state of Vermont employees and partners that use the Immunization Quality Improvement (IQIP) report in the Vermont Immunization Registry (IMR). Access to this report is determined by the role and associated permission of the user. If you do not have but would like to request access to this report, please contact the Registry team.

Access to the registry is mandated by Vermont State Law and the information contained therein must remain confidential and privileged (18 V.S.A. § 1129).

To gain access to the IMR, users must submit the proper confidentiality agreement to the state, upon which the request will be reviewed, and permission provided. To learn more about the process to gain access to the IMR, please visit our website.

If you have any questions, please contact us:

Vermont Immunization Registry (Website)
Email: IMR@Vermont.Gov
Phone: (888) 688-4667
- Option 2 – password resets
- Option 3 – general support

Getting Started

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Random Selection

As of fall 2024, the Immunization Quality Improvement (IQIP) report in the Vermont Immunization Registry (IMR) is upgraded to improve functionality and accessibility for users.

This guide is intended for use by IMR users who are already comfortable performing basic functions in the Registry, including a patient search and running practice-level reports. Users who have issues logging in or need assistance with these functions are encouraged to review pages 1 – 8 of our current user guide, or contact us for a more in depth training.

The steps to open the IQIP report remain unchanged: after performing a patient search and navigating into the Immunization Registry page containing the patient's immunization grid, click on the button for the Immunization Quality Improvement Report near the bottom of the lefthand blue toolbar.

Parameters

Immunization Quality Improvement Report

Practice:	VDH Burlington
PIN:	10015
Assessment Date:	8/23/2024

First, enter the **Practice name or associated PIN** (for VDH users). The **Assessment Date** can be either the current day or a future date.

Age

Select All   Select None

- ☑ 2 Years
- ☑ 13 Years
- ☑ 17 Years
- ☑ 24-35 Months
- ☑ 13-15 Years
- ☑ 16-17 Years
- ☑ 19-100 Years

The **Age section** determines the date of birth range for the patients pulled by the report. *A note: the age range is associated with the **Assessment Date**; a future date affects the patient list.*

Parameters, continued

The **Vaccine section** includes expected vaccines for three different age groups. At least one vaccine must be selected from the age group corresponding to the choice from the Age Section.

In the **Detail section**, there is an option to toggle *Missed Immunizations*: a list of patients who are not up to date for anything selected in the **Vaccine section**, or *Invalid Immunizations*: any dose in the selected age and vaccine groups that is considered invalid. Click "Create Report" to finish.

Navigating the report

The Top Toolbar

Search for and highlight text or values

Navigate between pages in the report (mouse scroll unsupported)

Zoom (only works on report, not toolbar)

Export options

Print to PDF

Page Range:
- ⦿ All Pages
- ○ Select Pages
  - From:
  - To:

Print to PDF:
The viewer must export to PDF to print. Choose the Print option from the PDF reader application once the document is opened. Note: You must have a PDF reader installed to print. (eg. Adobe Reader)

Export

Export

File Format:
Microsoft Word (97-2003)

Page Range:
- ⦿ All Pages
- ○ Select Pages
  - From:
  - To:

Export
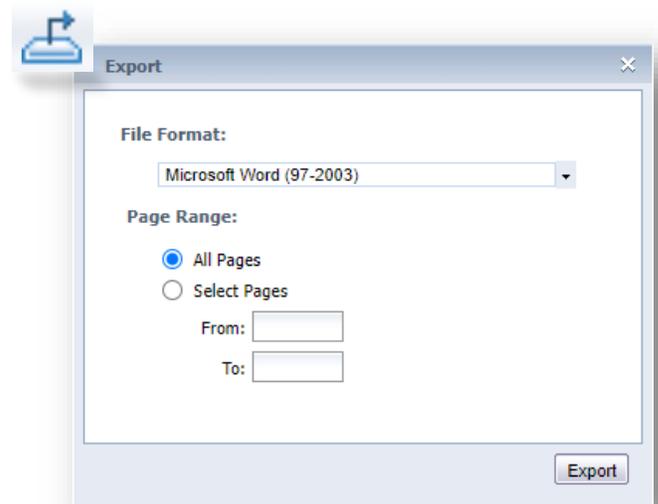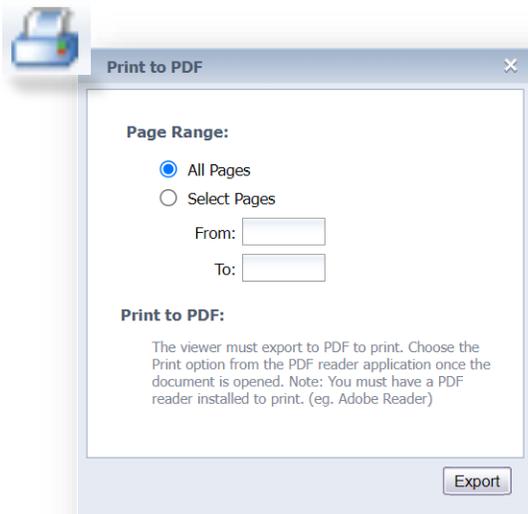
Vaccine Coverage

The IQIP report will open to vaccine coverage rates for the selected parameters for the practice, the county where it is located (highlighted in pink below), and the state (highlighted in blue below).

Immunization Quality Improvement for Providers (IQIP) Report

Practice: test

Phone: 4343434343

Address: 124 summertime ave.
Milton, VT 05468

PIN: 43434

Assessment Date: 8/23/2024

Age: All

County: Chittenden

Detail: Missed, Invalid

Vaccine: All

NOTE: Coverage and missed or invalid doses are based on ACIP guidelines for the person's age as of the report asessment date. Report data does not exclude individuals with medical contraindications. A missed vaccine is indicated with a value = x.

Age	Vaccine	Practice			County (as of 08/17/2024)			Vermont (as of 08/17/2024)		
		Patients	UTD	% UTD	Persons	UTD	% UTD	Persons	UTD	% UTD
16-17 Years	MMR	1	1	100.00%	31	3	10.00%	109	9	8.00%
16-17 Years	Varicella	1	1	100.00%	31	3	10.00%	109	11	10.00%
19-100 Years	COVID	4	1	25.00%	474	14	3.00%	1,208	27	2.00%
19-100 Years	DTP (DTaP, Tdap)	4	1	25.00%	474	12	3.00%	1,208	22	2.00%
19-100 Years	HepB (19-59)	2	0	0.00%	403	10	2.00%	972	21	2.00%
19-100 Years	HPV (19-26)	0	0	0.00%	122	4	3.00%	397	11	3.00%
19-100 Years	Influenza	4	0	0.00%	474	2	0.00%	1,208	2	0.00%
19-100 Years	Pneumococcal (65-100)	1	1	100.00%	53	6	11.00%	170	22	13.00%
19-100 Years	RSV (75-100)	0	0	0.00%	17	17	100.00%	64	64	100.00%
19-100 Years	RZV (Shingles 50-100)	3	3	100.00%	134	11	8.00%	402	30	7.00%

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Missed and Invalid doses

If selected, the missed and invalid doses sections will follow vaccine coverage. Patients within the selected age range who are not up to date for any of the selected vaccines will be listed under **Missed Doses** with a value of "x" under the missing vaccine. Patients within the selected age range with an invalid dose for any of the selected vaccines will be listed under **Invalid Doses** along with the date and reason.

Immunization Quality Improvement for Providers (IQIP) Report

Practice: test	**PIN:** 43434	**County:** Chittenden
Phone: 4343434343	**Assessment Date:** 8/23/2024	**Detail:** Missed, Invalid
Address: 124 summertime ave. Milton, VT 05468	**Age:** All	**Vaccine:** All

NOTE: Coverage and missed or invalid doses are based on ACIP guidelines for the person's age as of the report assessment date. Report data does not exclude individuals with medical contraindications. A missed vaccine is indicated with a value = x.

Missed Doses

Last Name	First Name	DOB	Assess Age	COVID	DTP	Flu	HepA	HepB	Hib	HPV	IPV	MenACWY	MMR	PCV	RSV	RZV	Varicella
test	person 4	1/4/22	24-35 Months	X	X	X	X		X		X			X			
test	person 1	1/4/60	19-100 Years		X	X							X				
test	person 2	1/4/74	19-100 Years	X	X	X	X	X					X				
test	person 5	1/4/50	19-100 Years	X		X											
Test	person 6	1/4/96	19-100 Years	X	X	X		X					X				X

Invalid Doses

Last Name	First Name	DOB	Assessment Age	Vaccine	Vaccine Date	Reason
test	person 5	1/4/50	19-100 Years	COVID-19	11/15/2022	This immunization event occurred after the specified maximum age for this vaccine.
test	person 5	1/4/50	19-100 Years	COVID-19	06/13/2023	This immunization event occurred after the specified maximum age for this vaccine.

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A note: missed and invalid doses sections reflect values at the time the report is run, not the assessment date.