CHIRP Quick Reference Guide



Documenting Historical Doses in CHIRP

What is CHIRP?

The Children and Hoosier Immunization Registry Program (CHIRP) is secure web-based application that works as an immunization registry program designed to permanently store a person's immunization records in electronic format. Healthcare providers use the registry to review vaccination records for their patients and record all newly administered vaccines per Indiana Code 16-38-5-2.

Why do I need to document in CHIRP?

For VFC Providers, doses administered must be entered into CHIRP at the time of vaccination unless data is going to be entered "off-site." Then data must be entered within 24 hours of vaccination.

What do I need to document in CHIRP?

Per NCVIA, all providers must submit to the registry the patient's first and last name, date of birth, address, race, gender, funding source, and vaccination presentation or code [using approved immunization information system (IIS) code type].

How do I document in CHIRP?

1. Log into Chirp at <u>www.chirp.in.gov</u>. Please use Google Chrome. You will be redirected to the login page shown below.





2. At login, you will find and select your organization (VFC Pin #). Upon selection, you will see the page below.

| × | Logged in: Organization: 1-INDIANA STATE | IMMUNIZATION INFORMA | TION SYSTEM (99) | | Date: October 26, 2020 | | | | | |
|-----------------------------------|---|-----------------------|--------------------|--------------------------------------|---|--|--|--|--|--|
| 000 227 4420 | Patient Search | | | | Click here to use the 'advanced' search | | | | | |
| 888-227-4439 | First Name or Initial: | | | ID: | | | | | | |
| 🕶 Main | Last Name or Initial: | | | SIIS Patient ID / Bar Code: | | | | | | |
| Home | Birth Date: | mm/dd/yyyy | | Chart Number: | | | | | | |
| Select Application | Family and Address Information: | | | | | | | | | |
| Select Organization | Guardian First Name: | | | Mother's Maiden Name: | | | | | | |
| Select Facility | Street: | | | | | | | | | |
| Select VFC Pin Document Center | City: | | | State: | Select | | | | | |
| Help | Zip Code: | | | Phone Number: | | | | | | |
| Dashboard | Country: | United States | | × • | | | | | | |
| Message | | | | | | | | | | |
| Pavorites | Note: When searching by First | and Last Name, you ma | y use the wildcard | I character % to replace multiple of | characters and _ to replace a single character. | | | | | |
| Search/Add | Check here if adding a ne | w patient. | | | | | | | | |
| Demographics | 5 | 20 ⁴ 01 | | | Add Anonymous Clear Search | | | | | |
| Remote Registry | | | | | | | | | | |

3. To view and add patient records, type the patient's information into the boxes. Select the search button.

| First Name or Initial: | d% | ID: | |
|----------------------------|-----------------------------------|--|--|
| Last Name or Initial: | duck% | SIIS Patient ID / Bar Code: | |
| Birth Date: | | Chart Number: | |
| amily and Address Inf | ormation: | | |
| Guardian First Name: | | Mother's Maiden Name: | |
| Street: | | | |
| City: | | State: | Select |
| Zip Code: | | Phone Number: | |
| Country: | United States | × • | |
| te: When searching by Firs | et and Last Name, you may use the | wildcard character % to replace multiple character | re and to replace a single character |
| Check here if adding a new | w nationt | white and a starter we to replace multiple character | a ana _ to replace a single character. |
| Check here it adding a new | w patient. | | |



Tips:

- Include DOB
- Use "%" for wildcard when spelling is not known
- Can sort lists by name, DOB, guardians, SIIS #, etc.
- 4. Select the patient from the list. You may use the search box to narrow down results.

| Patient Search | Resu | ilts | | | | | | | |
|-----------------|------|-------------|-----------------|------------------|--------|--------------------|----|-------------------|---------------|
| Records Found = | 14 | | | Search Criter | ia: Fi | rst Name / Last Na | me | (Exact) | |
| Show 25 T ent | ries | | | | | | | Search: | |
| First Name | | Middle Name | \$ Last Name | \$ Birth Date | \$ | SIIS Patient ID | \$ | Grd First Name \$ | Grd Last Name |
| DONALD | | C | DUCK | 01/01/2009 | | 7528900 | | | |
| DONALD | | DAVID | DUCK | 01/01/2001 | | 5717768 | | TEST PATIENT | TEST PATIENT |
| DONALD | | E | DUCK | 05/15/1936 | | 4888737 | | DONALD | DUCK |
| DONALD | | E | DUCK | 11/07/2014 | | 8091937 | | VALERIE | DUCK |
| DONALD | | F | DUCK | 09/07/1935 | | 7739229 | | | DUCK |
| DONALD | | S | DUCK | 12/13/1964 | | 3249105 | | PENNY | DUCK |
| DONALD | | Z | DUCK | 07/08/2011 | | 6371310 | | | DUCK |
| DONALD | | | DUCK | 01/12/1978 | | 7279820 | | | DUCK |
| DONALD | | | DUCK | 01/01/1999 | | 7404023 | | MICKY | DUCK |
| DONALD | | | DUCK | 12/25/2010 | | 7597277 | | | |
| DONALD | | | DUCK | 02/14/2014 | | 7668821 | | | |
| DONALD | | | DUCK | 01/21/1990 | | 7802596 | | | DUCK |
| DONALD | | | DUCK | 08/27/2014 | | 7901492 | | MAGGIE | DUCK |



5. You will be directed to the patient's demographics page. **Confirm Patient information**, and update address and contact information as needed.

| Patient Demographics | | | |
|---|--|--|------------------------------------|
| Record Info SIIS Petient ID Organization (IRMS) Owner: Facility Owner Entry Date Entered By: Status | 8091937 930006 - MHIN - MICHIANA HEALTH 73527 - COMMUNITY PEDIATRIC PHYS 11/07/2014 06:31:01 PM TRINITY HEALTH HL7 ACCOUNT | SICIANS Last Update: Last Updated By: | 05/08/2015 10:40:35 AM MHIN HL7 |
| Patient Status: | Inactive | | |
| Patient First Name Middle Name Last Name Suffix Birth Date Birth File # Age: Reminder/Recall Publicity Code Sex | DONALD E DUCK 11/07/2014 197 weeks, 45 months, 3 yrs MALE | Race: Ethnicity: Language: Medicaid #: Muiti Birth Indicator: Birth Order: Military: Recall Attempts: | 0 |
| Mother Maiden Nm: | | VFC status: | (Ineligible) |
| - Primary Address Address 1: City: Zip Code: Email Country: | | Address 2 State: | PROMIE |
| Family & Contact Contact 1 First. Contact 1 Middle: Contact 1 Last Phone Number Alias | Phone Use Code | Contact 2 First: Contact 2 Last Equipment Type | |
| Secondary Patient Demo School Primary Insurance Medical Home Birth & Death Patient Specific Reports | ngraphics | | |
| Print VaxCare Consent My | axindiana Edit High | Risk Categories | Update Programs Back Edit |

6. To add an administered vaccine, select the Vaccinations tab for the side bar, then select

View/Add.





7. This page is where you will **document the vaccination administration date**. Locate the correct vaccine. If you double-click, today's date will appear. To reflect an earlier, please manually enter it or use the calendar.

| Influenza, injectable, quadrivalent | 12/05/2014 * | 01/04/20 | 23 * | | | | | |
|--|--------------|----------|------|----|-------------|----|----|----|
| MMR | 10/10/2015 * | 01/04/2 | 2023 | | | | | |
| TST-PPD intradermal | 03/12/2013 | 0 | Jan | | ~ 20 | 23 | ~ | 0 |
| Tdap | 06/01/2011 | Su | Мо | Tu | We | Th | Fr | Sa |
| meningococcal MCV4P (Menactra) | 10/02/2004 * | 1 | 2 | 3 | 4 | | 6 | 7 |
| pneumococcal conjugate PCV 7 | 01/01/2000 + | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5mL dose or 50 mcg/0.25mL dose (Moderna Vaccine) | | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose (Pfizer Vaccine Vaccine) | | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| COVID-19 vaccine, vector-nr, rS-Ad26, PF, 0.5 mL (Janssen Vaccine) | | 29 | | 31 | | | n | |
| DTaP-IPV | | | | | | | | |

8. Once the date is entered, please click Add Historicals at the bottom.

| Do not take ownership when adding vaccinations. | | |
|---|---|---------------------|
| Add Administered | Clear | Add Historicals |
| | (| Capture Lot Barcode |
| - If a combination vaccine is marked with a $\ensuremath{X}\xspace$, please verify which component Summary . | s of the vaccine are outside the ACIP schedule by viewing | g the Vaccination |

9. Dates in blue indicate doses administered by your IRMS/Facility. Dates in black indicate doses administered by another IRMS/ Facility. You can only change vaccine information for the does administered by your IRMS/ Facility.

| Vaccine | 1 | 2 | 3 |
|--------------------------------|------------|--------------|------------|
| DTaP-Hep B-IPV (Pediarix) | 01/06/2015 | × 03/10/2015 | 05/08/2015 |
| Hep B, adolescent or pediatric | 11/07/2014 | | |
| Hib (PRP-T) | 01/06/2015 | 03/10/2015 | 05/08/2015 |
| Pneumococcal conjugate PCV 13 | 01/06/2015 | 03/10/2015 | 05/08/2015 |
| Tdap | 08/23/2018 | | |
| rotavirus, monovalent | 01/06/2015 | 03/10/2015 | |
| DTaP | | | |
| DTaP, 5 pertussis antigens | | | |
| DTaP-Hib-IPV (Pentacel) | | | |
| DTaP-IPV | | | |





Tip: You can view all vaccine details by clicking on the dates.

Common Red Marks

Vaccinations must be administered as approved by the FDA or as recommended by the Advisory Committee of Immunization Practices (ACIP) to be valid. Doses administered outside of these guidelines are marked with a red X.

Other Common Marks

(*) Indicates a historical entry (date only) (!) Indicates a warning(+) Indicates that the data was entered by a school nurse (#) Indicates in adverse reaction



Questions? Please call the CHIRP Help Desk at 1-888-227-4429 or email <u>chirp@isdh.in.gov</u>.

