Deciphering a Patient's Immunization History in the Wisconsin Immunization Registry (WIR)

Immunization History

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	Vaccine Group	Date Administered	Series	Trade Name (Vaccine)	Dose	Owned?	Reaction	Hist?	Edit
	DTP/aP	<u>09/28/1996</u>	1 of 5	DT®	Half				1
*		<u>06/07/1998</u>	2 of 5	DT®		No		Yes	1
	HepA	<u>08/20/2013</u>	1 of 3	Havrix-Peds 2 Dose®	2				1
**	НерВ	04/19/2015	1 of 3	Recombivax-Adult®			Yes	Yes	1
		<u>04/28/2018</u>	PARTIAL DOSE	Heplisav-B®	Full				1
		05/12/2018	2 of 3	Heplisav-B®				Yes	1
		<u>08/20/2018</u>	3 of 3	Engerix-B Adult®				Yes	1
	HPV	<u>06/05/2014</u>	1 of 3					Yes	1
		<u>10/05/2014</u>	2 of 3	Gardasil 9®				Yes	1
		<u>11/20/2014</u>	NOT VALID	Gardasil 9®				Yes	1
	Influenza	<u>02/20/2018</u>	Booster	Fluarix, P-free®		No		Yes	1
		06/08/2018	Booster	Flublok Quadrivalent®	Full				1

*Yellow text = immunization was entered by a school and has yet to be verified by a provider.

**Red text = immunization was entered or administered by a provider and a reaction was documented.

Detailed column descriptions can be found on the back of this fact sheet.

Vaccine Group

Displays the vaccine group the immunization belongs to.

Date Administered

- For valid doses, clicking the date administered will display the intervals and age recommendations for the series.
- For invalid doses, clicking the date administered will also display the reason the dose was marked not valid.

Series

- X of Y: X represents the dose number and Y represents the number of doses needed in the immunization vaccine group series. For example: 1 of 5 means this was the first dose of a five-dose immunization series.
- Partial Dose: The patient did not receive the full dose of the immunization and it should be repeated within the interval the WIR recommends.
- NOT VALID: The patient received an immunization that did not align with the routine age-based Advisory Committee on Immunization Practices (ACIP) schedule.
- **Booster**: The patient has completed their primary immunization series and has received booster doses per ACIP recommendations for the immunization series.

Trade Name (Vaccine)

- The trade name of the immunization will populate in this field.
- If the trade name field is blank, this means the trade name of the vaccine was unknown, likely due to historical entry.

Need Help?



Contact the DHS WIR Help Desk! 608-266-9691 dhswirhelp@dhs.wisconsin.gov

Dose

- Blank: The immunization administered did not come from the active inventory module in WIR and therefore the dose size was not populated.
- Half: The patient received half of the normally recommended dose size for this immunization.
- 2: The patient received double the recommended dose size for this immunization.
- **Full**: The patient received the recommended dose size for this immunization.

Owned?

- Blank: Your organization entered and/or administered the immunization and has the ability to edit the immunization in WIR as necessary.
- **No**: Your organization did not enter and/or administer the immunization and cannot edit the immunization information in WIR.

Reaction

- **Yes**: A reaction was recorded for this immunization and if clicked, will display the reaction documented.
- Blank: A reaction was not recorded for this immunization.

Hist?

- Yes: The immunization was recorded as being historical.
- Blank: The immunization was administered by the organization that entered it.

Edit

- Click the pencil and paper icon for a given immunization to edit the information.
- An immunization can only be edited if your organization is the owner or if it was entered historically.



Bureau of Communicable Diseases Division of Public Health | Wisconsin Immunization Program www.dhs.wisconsin.gov/immunization/wir.htm

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