

Welcome to ImmuNet!

NOTE: If you are reporting via your EHR/EMR, please ensure your vendor has mapped the correct CVX codes as follows:

- Jynneos - 206
- ACAM2000 – 75

PLEASE SEND AS NEW IMMUNIZATIONS; NOT HISTORICAL.

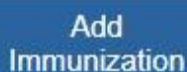
To report MPX (Monkeypox) manually to ImmuNet, search for the patient under which you would like to add the MPX vaccine.

Patients
> Patient Search

On the left navigator, click **Patients, Patient Search**.

Click on the link of the desired patient, if the search yields more than one result.

Click **Add Immunization**.



Add
Immunization

NOTE: Choose 1 of the 2 scenarios and proceed as follows:

1. Scenario 1 – MPX inventory has been entered into ImmuNet (while not required, it is recommended for LHDs to add their inventory into ImmuNet)
2. Scenario 2 – MPX Inventory that is NOT in ImmuNet (while not required, it is recommended for LHDs to add their inventory into ImmuNet)

Scenario 1 – MPX inventory has been entered into ImmuNet (while not required, it is recommended for LHDs to add their inventory into ImmuNet)

Locate **Smallpox** under the **VFC Inv1** column and click in the corresponding checkbox

Patient Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID
TEST PATIENT	01/01/2008	M	MOTHER	ACIP	
Address 12 MAIN STREET, BALTIMORE, MD 21201 (000) 000-0000					
Comments {1 of 2} ... 02/14/2010 ~ Patient has been exposed to rabies					

Immunizations Administered:
VFC, Private, or Historical
Ok Cancel Unselect All

Organization Site
 Ordering Authority
 Administered By
 Date Administered Activate Expired

Immunization	VFC Inv ¹	Private Inv ²	# of Hist Doses ³	Immunization	VFC Inv ¹	Private Inv ²	# of Hist Doses ³
Adeno		<input type="checkbox"/>	<input type="text"/>	MeningB		<input type="checkbox"/>	<input type="text"/>
Anthrax		<input type="checkbox"/>	<input type="text"/>	Meningo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Mumps		<input type="checkbox"/>	<input type="text"/>
COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	PPD Test		<input type="checkbox"/>	<input type="text"/>
Cholera		<input type="checkbox"/>	<input type="text"/>	Pertussis		<input type="checkbox"/>	<input type="text"/>
DTP/aP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Plague		<input type="checkbox"/>	<input type="text"/>
Diphtheria		<input type="checkbox"/>	<input type="text"/>	Pneumo-Poly		<input type="checkbox"/>	<input type="text"/>
Encephalitis		<input type="checkbox"/>	<input type="text"/>	Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Flu H1N1-09		<input type="checkbox"/>	<input type="text"/>	Polio		<input type="checkbox"/>	<input type="text"/>
H5N1 Flu		<input type="checkbox"/>	<input type="text"/>	Rabies		<input type="checkbox"/>	<input type="text"/>
HPV		<input type="checkbox"/>	<input type="text"/>	Rotavirus		<input type="checkbox"/>	<input type="text"/>
HepA		<input type="checkbox"/>	<input type="text"/>	Rubella		<input type="checkbox"/>	<input type="text"/>
HepB		<input type="checkbox"/>	<input type="text"/>	Smallpox	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Click **Ok**.

Enter the **Date Provided** and select the **Ordering Authority** from the drop-down menu. Select the **Trade Name-Lot JYNNEOS or ACAM2000**.

New Immunizations (1)

Date Provided
 Ordering Authority

New Immunizations from ImmuNet Inventory (1)

Remove	Immunization	Trade Name-Lot	Administered By / Dose	Body Site / Route	VFC Eligibility
<input type="checkbox"/>	Smallpox	ACAM2000\test20\public	CLINICIAN, SAM Full	left deltoid subcutaneous	Underinsured (F)

Save Cancel

Select the **Administered By/Dose, Body Site/Route**, and the appropriate **VFC Eligibility** description.

VFC Eligibility	Administered By
Not VFC Eligible ▼	
Not VFC Eligible	
Medicaid (including Healthy Kids)	
Uninsured	
American Indian/Alaskan Native	
Underinsured (FQHC & LHD only)	

Click **Save**.

The immunization now displays in the patient's record.

History	Add Immunization	Patient Demographics	Patient Reports	Blood Lead	Print	Print Confidential		
Vaccine Group	Date Administered	Series	Trade Name [Vaccine]	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	07/01/2009	1 of 5	DAPTACEL®	Full	No			
	01/01/2010	2 of 5	Pentacel®	Full	No			
	05/01/2010	3 of 5			No		Yes	
	01/25/2011	4 of 5	DT®	Half	No			
HepA	03/09/2010	1 of 2			No		Yes	
	03/01/2011	2 of 2			No		Yes	
HepB	01/02/2008	1 of 3			No		Yes	
	01/02/2011	2 of 3	Engerix-B Peds®	Full	No			
	03/23/2011	3 of 3	Engerix-B Peds®	Full	No			
	05/08/2012		Engerix-B Peds®	Full	No			
Hib	05/01/2008	1 of 2			No		Yes	
	01/01/2010	2 of 2	Pentacel®	Full	No			
Influenza	11/15/2010	1 of 2	Flu-Mist®	Full	No			
	01/02/2011	2 of 2	Fluarix p-free®	Full	No			
Measles	01/25/2011		Measles®	Full	No			
MMR	05/01/2009	1 of 2	MMR II®	Full	No			
	05/08/2012	2 of 2	MMR II®	Full	No			
Pneumococcal	04/01/2008	1 of 3	Prevnar 7®	Full	No			
	07/15/2009	2 of 3	Prevnar 7®	Full	No			
	03/23/2011	3 of 3	Prevnar 13®	Full	No			
Polio	01/01/2010	1 of 3	Pentacel®	Full	No			
	04/29/2010	2 of 3	IPOL®	Full	No	Yes		
Rabies	02/14/2010	1 of 4	RABAVERT®	Full	No			
Smallpox	08/25/2022	NOT VALID	ACAM2000®	Full				

Scenario 2 – MPX Inventory that is NOT in ImmuNet (while not required, it is recommended for LHDs to add their inventory into ImmuNet)

Locate **Smallpox** under the **Private Inv2** column and click in the corresponding checkbox.


Patient Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID
TEST PATIENT	01/01/2008	M	MOTHER	ACIP	
Address 12 MAIN STREET, BALTIMORE, MD 21201 (000) 000-0000					
Comments {1 of 2} .. 02/14/2010 ~ Patient has been exposed to rabies					

Immunizations Administered:
VFC, Private, or Historical

Organization Site: IR Physicians

Ordering Authority:

Administered By:

Date Administered:  Activate Expired

Immunization	VFC Inv ¹	Private Inv ²	# of Hist Doses ³	Immunization	VFC Inv ¹	Private Inv ²	# of Hist Doses ³
Adeno		<input type="checkbox"/>	<input type="text"/>	MeningB		<input type="checkbox"/>	<input type="text"/>
Anthrax		<input type="checkbox"/>	<input type="text"/>	Meningo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Mumps		<input type="checkbox"/>	<input type="text"/>
COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	PPD Test		<input type="checkbox"/>	<input type="text"/>
Cholera		<input type="checkbox"/>	<input type="text"/>	Pertussis		<input type="checkbox"/>	<input type="text"/>
DTP/aP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Plague		<input type="checkbox"/>	<input type="text"/>
Diphtheria		<input type="checkbox"/>	<input type="text"/>	Pneumo-Poly		<input type="checkbox"/>	<input type="text"/>
Encephalitis		<input type="checkbox"/>	<input type="text"/>	Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Flu H1N1-09		<input type="checkbox"/>	<input type="text"/>	Polio		<input type="checkbox"/>	<input type="text"/>
H5N1 Flu		<input type="checkbox"/>	<input type="text"/>	Rabies		<input type="checkbox"/>	<input type="text"/>
HPV		<input type="checkbox"/>	<input type="text"/>	Rotavirus		<input type="checkbox"/>	<input type="text"/>
HepA		<input type="checkbox"/>	<input type="text"/>	Rubella		<input type="checkbox"/>	<input type="text"/>
HepB		<input type="checkbox"/>	<input type="text"/>	Smallpox	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>

Click **Ok**.

Enter the **Date Provided** and select the **Ordering Authority** from the drop-down menu. Select the **Trade Name JYNNEOS** or **ACAM2000** (the **Manufacturer** will auto-populate), **Dose**, and enter the **Lot Number**.

Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule					
TEST PATIENT	01/01/2008	M	ACIP					
Address 12 MAIN STREET, BALTIMORE, MD 21201 (000) 000-0000								
			<input type="button" value="Save"/> <input type="button" value="Cancel"/>					
New Immunizations (1)								
Date Provided	<input type="button" value="Calendar"/>							
Ordering Authority	<input type="button" value="Dropdown"/>							
New Immunizations from Other Inventory (1)								
Remove	Immunization	Trade Name	Dose	Manufacturer	Lot Number	VFC Eligibility	Administered By	Funding Type
<input type="checkbox"/>	Smallpox	ACAM2000	Full	Emergent Bic	abc123	Underinsured	CLINICIAN , SAM	Public
								<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Select the appropriate **VFC Eligibility** description.

VFC Eligibility	Administered By
Not VFC Eligible	
Not VFC Eligible	
Medicaid (including Healthy Kids)	
Uninsured	
American Indian/Alaskan Native	
Underinsured (FQHC & LHD only)	

Select the **Administered By** from the drop-down menu and finally select the **Funding Type** as **Public**.


Click **Save**.

Enter the **Body Site** and **Administered Route** by clicking the pencil/paper icon and the end of the row.

Smallpox	08/25/2022	NOT VALID	ACAM2000®	Full		<input type="button" value="Pencil"/>	<input type="button" value="Paper"/>
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Select the appropriate **Body Site** and **Administered Route**.

Patient Information					ImmuNet ID: 13665	
Patient Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID	
TEST PATIENT	01/01/2008	M	MOTHER	ACIP		
Address: 12 MAIN STREET, BALTIMORE, MD 21201 (000) 000-0000						
Comments: {1 of 2} .. 02/14/2010 ~ Patient has been exposed to rabies						

Edit Immunization	
Vaccine Group: Smallpox	Save
Vaccine Display Name: Smallpox	Cancel
Trade Name: ACAM2000	Delete
Vaccine Lot Number: abc123	
Funding Type: PUBLIC	
PVN:	
Dosage From Inventory: Full	
Sub-Potent Dose: <input type="checkbox"/> Reason: ▼	
Date Provided: 08/25/2022 	
VFC Eligibility: Underinsured (FQHC & LHD only) ▼	
Ordering Authority: ▼	
Administered By: Mrs SAM CLINICIAN ▼	
Body Site: left deltoid ▼	
Administered Route: subcutaneous ▼	
POD ID:	
Source of Immunization: New Immunization Administered	
Disregard Primary Series: N	
VIS Date for Smallpox: 08/31/2007 ▼	
Entered by Site: IR Physicians	
Input Source of Record: Created through User Interface	

Click **Save**.

The immunization now displays in the patient's record.

Patient Information						ImmuNet ID: 13665	
Patient Name (First - MI - Last)		DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID	
TEST PATIENT		01/01/2008	M	MOTHER	ACIP		
Address		12 MAIN STREET, BALTIMORE, MD 21201 (000) 000-0000					
Comments		{1 of 2} .. 02/14/2010 ~ Patient has been exposed to rabies					
Patient Notes (0) view or update notes							
History	Add Immunization	Patient Demographics	Patient Reports	Blood Lead	Print	Print Confidential	
Vaccine Group	Date Administered	Series	Trade Name [Vaccine]	Dose	Owned?	Reaction	Hist? Edit
DTP/aP	07/01/2009	1 of 5	DAPTACEL®	Full	No		
	01/01/2010	2 of 5	Pentacel®	Full	No		
	05/01/2010	3 of 5			No	Yes	
	01/25/2011	4 of 5	DT®	Half	No		
HepA	03/09/2010	1 of 2			No		Yes
	03/01/2011	2 of 2			No		Yes
HepB	01/02/2008	1 of 3			No		Yes
	01/02/2011	2 of 3	Engerix-B Peds®	Full	No		
	03/23/2011	3 of 3	Engerix-B Peds®	Full	No		
Hib	05/08/2012		Engerix-B Peds®	Full	No		
	05/01/2008	1 of 2			No	Yes	
	01/01/2010	2 of 2	Pentacel®	Full	No		
Influenza	11/15/2010	1 of 2	Flu-Mist®	Full	No		
	01/02/2011	2 of 2	Fluarix p-free®	Full	No		
Measles	01/25/2011		Measles®	Full	No		
MMR	05/01/2009	1 of 2	MMR II®	Full	No		
	05/08/2012	2 of 2	MMR II®	Full	No		
Pneumococcal	04/01/2008	1 of 3	Prevnar 7®	Full	No		
	07/15/2009	2 of 3	Prevnar 7®	Full	No		
	03/23/2011	3 of 3	Prevnar 13®	Full	No		
Polio	01/01/2010	1 of 3	Pentacel®	Full	No		
	04/29/2010	2 of 3	IPOL®	Full	No	Yes	
Rabies	02/14/2010	1 of 4	RABAVERT®	Full	No		
Smallpox	08/25/2022	NOT VALID	ACAM2000®	Full			