

Welcome to ImmuneNet!

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.

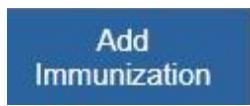
To report MPX (Monkeypox) manually to ImmuneNet, search for the patient under which you would like to add the MPX vaccine.

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.



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

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

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

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							
<input type="button" value="Ok"/> <input type="button" value="Cancel"/> <input type="button" value="Unselect All"/>							
Organization Site	<input type="button" value="IR Physicians"/>						
Ordering Authority	<input type="button" value=""/>						
Administered By	<input type="button" value=""/>						
Date Administered	<input type="text"/>	<input type="button" value="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="checkbox"/>	<input type="checkbox"/>	MeningB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthrax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPD Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DTP/aP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumo-Poly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu H1N1-09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H5N1 Flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HepA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HepB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smallpox	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	08/25/2022	<input type="button" value=""/>	Ordering Authority	<input type="button" value=""/>	
New Immunizations from ImmuneNet Inventory (1)					
Remove	Immunization	Trade Name-Lot	Administered By / Dose	Body Site / Route	VFC Eligibility
<input type="checkbox"/>	Smallpox	ACAM2000\test20\public	<input type="button" value=""/> CLINICIAN , SAM	<input type="button" value=""/> left deltoid	<input type="button" value=""/> Underinsured (F)
			<input type="button" value=""/> Full	<input type="button" value=""/> subcutaneous	
<input type="button" value="Save"/> <input type="button" value="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) TEST PATIENT	DOB 01/01/2008	Gender M	Mother's Maiden MOTHER	Tracking Schedule ACIP	Patient ID
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	IR Physicians
Ordering Authority	
Administered By	
Date Administered	<input type="button" value="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="checkbox"/>		MeningB	<input type="checkbox"/>	<input type="checkbox"/>	
Anthrax	<input type="checkbox"/>	<input type="checkbox"/>		Meningo	<input type="checkbox"/>	<input type="checkbox"/>	
BCG	<input type="checkbox"/>	<input type="checkbox"/>		Mumps	<input type="checkbox"/>	<input type="checkbox"/>	
COVID-19	<input type="checkbox"/>	<input type="checkbox"/>		PPD Test	<input type="checkbox"/>	<input type="checkbox"/>	
Cholera	<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	
DTP/aP	<input type="checkbox"/>	<input type="checkbox"/>		Plague	<input type="checkbox"/>	<input type="checkbox"/>	
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>		Pneumo-Poly	<input type="checkbox"/>	<input type="checkbox"/>	
Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>		Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	
Flu H1N1-09	<input type="checkbox"/>	<input type="checkbox"/>		Polio	<input type="checkbox"/>	<input type="checkbox"/>	
H5N1 Flu	<input type="checkbox"/>	<input type="checkbox"/>		Rabies	<input type="checkbox"/>	<input type="checkbox"/>	
HPV	<input type="checkbox"/>	<input type="checkbox"/>		Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	
HepA	<input type="checkbox"/>	<input type="checkbox"/>		Rubella	<input type="checkbox"/>	<input type="checkbox"/>	
HepB	<input type="checkbox"/>	<input type="checkbox"/>		Smallpox	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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) TEST PATIENT	DOB 01/01/2008	Gender M	Tracking Schedule ACIP																		
Address 12 MAIN STREET, BALTIMORE, MD 21201 (000) 000-0000																					
<input type="button" value="Save"/> <input type="button" value="Cancel"/>																					
New Immunizations (1) <table border="1" style="width: 100%;"> <tr> <td>Date Provided <input type="text" value="08/25/2022"/> </td> <td>Ordering Authority <input type="text"/></td> </tr> </table>				Date Provided <input type="text" value="08/25/2022"/> 	Ordering Authority <input type="text"/>																
Date Provided <input type="text" value="08/25/2022"/> 	Ordering Authority <input type="text"/>																				
New Immunizations from Other Inventory (1) <table border="1" style="width: 100%;"> <thead> <tr> <th>Remove</th> <th>Immunization</th> <th>Trade Name</th> <th>Dose</th> <th>Manufacturer</th> <th>Lot Number</th> <th>VFC Eligibility</th> <th>Administered By</th> <th>Funding Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Smallpox</td> <td>ACAM2000</td> <td>Full</td> <td>Emergent Bic</td> <td>abc123</td> <td>Underinsured</td> <td>CLINICIAN, SAM</td> <td>Public</td> </tr> </tbody> </table>				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
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 Eligit <input type="button" value="▼"/>	
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	 
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Select the appropriate **Body Site** and **Administered Route**.

Patient Information						ImmuNet ID: 13665
Patient Name (First - MI - Last) TEST PATIENT	DOB 01/01/2008	Gender M	Mother's Maiden MOTHER	Tracking Schedule ACIP	Patient ID	
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 Vaccine Display Name: Smallpox Trade Name: ACAM2000 Vaccine Lot Number: abc123 Funding Type: PUBLIC PVN: <input type="text"/> Dosage From Inventory: Full Sub-Potent Dose: <input type="checkbox"/> Reason: <input style="width: 150px; height: 20px; margin-left: 10px;" type="text"/> Date Provided: <input type="text" value="08/25/2022"/>  VFC Eligibility: Underinsured (FQHC & LHD only) <input type="button" value="▼"/> Ordering Authority: <input style="width: 150px; height: 20px; margin-left: 10px;" type="text"/> Administered By: Mrs SAM CLINICIAN <input style="width: 150px; height: 20px; margin-left: 10px;" type="text"/> Body Site: left deltoid <input style="width: 150px; height: 20px; margin-left: 10px;" type="text"/> Administered Route: subcutaneous <input style="width: 150px; height: 20px; margin-left: 10px;" type="text"/> POD ID: <input style="width: 150px; height: 20px; margin-left: 10px;" type="text"/> Source of Immunization: New Immunization Administered Disregard Primary Series: N VIS Date for Smallpox: <input type="text" value="08/31/2007"/> <input type="button" value="▼"/> Entered by Site: IR Physicians Input Source of Record: Created through User Interface						<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Delete"/>

Click **Save**.

The immunization now displays in the patient's record.

Patient Information
ImmuNet ID: 13665

Patient Name (First - MI - Last) TEST PATIENT	DOB 01/01/2008	Gender M	Mother's Maiden MOTHER	Tracking Schedule ACIP	Patient ID
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?
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			