

# South Dakota Immunization Information System (SDIIS)



### SEARCH PATIENTS

You can search based on a combination of any criteria below

LAST NAME :	<input type="text"/>
FIRST NAME :	<input type="text"/>
DOB :	<input type="text"/>
SYSTEM ID :	<input type="text"/>
CHART # :	<input type="text"/>
SSN :	<input type="text"/>
RELATIONSHIP :	MOTHER <input type="button" value="v"/>
MAIDEN NAME :	<input type="text"/>
PARENT/GUARDIAN LAST NAME :	<input type="text"/>
PARENT/GUARDIAN SSN :	<input type="text"/>

## • Search Patients

- Click **SEARCH PATIENTS**
- Enter search parameters
  - Avoid typing entire last name and first name to search for a patient
  - Keep in mind:
    - James/Jim, Robert/Bob, Katherine/Kathy/Katie, etc.
    - VAN, Mc, O' – One word vs. multiple words
  - Recommend limited specificity to capture multiple possibilities and avoid creating a duplicate record
    - First initial + DOB, or
    - First 3 letters of first and last name
- Click **SUBMIT**
- Choose the name of the desired record
- If no record, Click **ADD NEW PATIENT**

# South Dakota Immunization Information System (SDIIS)

## ADD A NEW PATIENT

**PATIENT INFORMATION**

\* LAST NAME :

\* FIRST NAME :

\* DATE OF BIRTH :  (mm/dd/yyyy)

SUBMIT

CANCEL

\* Required

## ADD A NEW PATIENT

PATIENT WAS ADDED SUCCESSFULLY

[EDIT PATIENT RECORD](#)

### • **Add New Patient**

#### • ***If no record found through search attempts***

- Enter Last Name, First Name, Date of Birth
- Ensure correct spelling
- Enter accurate date of birth
- Keep in mind:
  - James/Jim, Robert/Bob, Katherine/Kathy/Katie, etc.
  - VAN, Mc, O' – One word vs. multiple words – Spaces and punctuation = different spelling = duplicate records
- Click **SUBMIT**
- Click **EDIT PATIENT RECORD**



SOUTH DAKOTA DEPARTMENT OF HEALTH

# South Dakota Immunization Information System (SDIIS)

**SDIIS** South Dakota Immunization Information System

**PATIENT SUMMARY**  
USER NAME: Brett Oakland CLINIC: Central Registry

**PATIENT INFORMATION**  
PATIENT ID: 140-00002-1505381  
NAME: Bert Oak  
ALIAS:  
DOB: 1/1/1940 (80 years, 10 months)  
GENDER:  
HEALTH PLAN:  
VFC:  
STATUS: Active  
CHART#:

**VACCINE HISTORY**  

VACCINE	#	DATE	ADV	ENT
NO VACCINES HAVE BEEN ADDED.				

All Series

**CONTACT INFORMATION**  
PARENT:  
ADDRESS:  
PRIMARY#:  
PCP:  
REMINDER:

**CONTRAINDICATIONS**  
NO CONTRAINDICATIONS ADDED.

**PATIENT NOTES**  

PRIORITY	DATE	NOTES
There are no notes.		

**QUALIFYING INTERVIEW**  
There are no qualifying interviews.

## • *Edit Patient Information*

- Click **EDIT** under PATIENT INFORMATION section
- The **EDIT PATIENT INFORMATION** screen will appear

# South Dakota Immunization Information System (SDIIS)

- SEARCH PATIENTS
- PRINT REPORTS
- INVENTORY
- MY SETTINGS
- CLINIC SETTINGS
- MAINTENANCE
- TUTORIAL
- LOG OUT


**EDIT PATIENT INFORMATION**

Bert Oak  
DOB: 1/1/1940

RECORD INFORMATION	
SYSTEM IDENTIFIER : 140-00002-1505381	LAST CLINIC : Test Clinic 2010 (#7734)
DATE OF ENTRY : 11/9/2020 5:58:59 PM	LAST UPDATED : 11/11/2020 12:35:46 PM

PATIENT INFORMATION	
* LAST NAME : <input type="text" value="Oak"/>	* FIRST NAME : <input type="text" value="Bert"/>
MIDDLE NAME : <input type="text" value="Jim"/>	SUFFIX : <input type="text"/>
ALIAS (NICKNAME) : <input type="text" value="TESTRECORD"/>	* DATE OF BIRTH : <input type="text" value="1/1/1940"/> (mm/dd/yyyy)
STATE/COUNTRY OF BIRTH : <input type="text"/>	GENDER : <input type="text" value="Male"/>
RACE : Native American <b>EDIT</b>	HISPANIC ORIGIN : <input type="text" value="Non-Hispanic"/>
LANGUAGE : <input type="text"/>	* VFC ELIGIBILITY : <input type="text" value="Not Eligible"/>
OTHER PROGRAMS : <b>EDIT</b>	SOCIAL SECURITY # : <input type="text"/>
SCHOOL DISTRICT : <input type="text"/>	CONFIRM SSN : <input type="text"/>
OCCUPATION : <input type="text" value="SELECT"/>	PATIENT STATUS : <input type="text" value="Active"/>
CHART # : <input type="text"/>	HEALTH PLAN : <b>EDIT</b>



## • *Edit Patient Information*

- Please enter the following, which are **REQUIRED** for COVID-19 Vaccination Plan,
  - Confirm **name**, **date of birth**
  - **Gender**
  - **Race** – click **EDIT** and choose
  - **Ethnicity** – click **HISPANIC ORIGIN** dropdown
    - Choose non-Hispanic, if so
    - Choose Unknown Hispanic, if origin unknown
- VFC Eligibility – choose NOT ELIGIBLE for all adults; choose best option for 18 and under
  - Not required for COVID-19 vaccine documentation, but SDIIS requires this field to be completed.
- Click **UPDATE**

# South Dakota Immunization Information System (SDIIS)

**SDIIS** South Dakota Immunization Information System

**PATIENT SUMMARY**  
USER NAME: Brett Oakland CLINIC: Central Registry

**PATIENT INFORMATION**  
PATIENT ID: 140-00002-1505381  
NAME: Bert Oak  
ALIAS:  
DOB: 1/1/1940 (80 years, 10 months)  
GENDER:  
HEALTH PLAN:  
VFC:  
STATUS: Active  
CHART#:  
[EDIT](#)

**VACCINE HISTORY**

VACCINE	#	DATE	ADV	ENT
NO VACCINES HAVE BEEN ADDED.				

[ADD HISTORY](#) [GIVE VACCINE](#) [EDIT HISTORY](#)

All Series

[RECOMMEND](#)

**CONTACT INFORMATION**  
PARENT:  
ADDRESS:  
PRIMARY#:  
PCP:  
REMINDER:  
[EDIT](#)

**CONTRAINDICATIONS**  
NO CONTRAINDICATIONS ADDED.  
[EDIT](#)

**PATIENT NOTES**

PRIORITY	DATE	NOTES
There are no notes.		

[ADD NEW NOTE](#)

**QUALIFYING INTERVIEW**  
There are no qualifying interviews.

[DELETE PATIENT](#) [DONE](#)

- **Edit Contact Information**
  - Click **EDIT** under CONTACT INFORMATION section
  - The **EDIT CONTACT & GENERAL INFORMATION** screen will appear

# South Dakota Immunization Information System (SDIIS)

- SEARCH PATIENTS
- PRINT REPORTS
- INVENTORY
- MY SETTINGS
- CLINIC SETTINGS
- MAINTENANCE
- TUTORIAL
- LOG OUT

## EDIT CONTACT & GENERAL INFORMATION

Bert Oak  
DOB: 1/1/1940

PARENT AND GUARDIAN INFORMATION	
MOTHER LAST NAME : <input type="text"/>	MOTHER FIRST NAME : <input type="text"/>
MOTHER MIDDLE NAME : <input type="text"/>	MOTHER MAIDEN NAME : <input type="text"/>
MOTHER SSN : <input type="text"/>	CONFIRM SSN : <input type="text"/>
FATHER LAST NAME : <input type="text"/>	FATHER FIRST NAME : <input type="text"/>
FATHER MIDDLE NAME : <input type="text"/>	FATHER SSN : <input type="text"/>
	CONFIRM SSN : <input type="text"/>
GUARDIAN LAST NAME : <input type="text"/>	GUARDIAN FIRST NAME : <input type="text"/>
GUARDIAN MIDDLE NAME : <input type="text"/>	GUARDIAN SSN : <input type="text"/>
	CONFIRM SSN : <input type="text"/>
PATIENT ADDRESS	
PATIENT ADDRESS : 1234 Immunity Avenue <span style="float: right;"><a href="#">EDIT</a></span>	
Sioux Falls (Part-Lincoln), South Dakota 57108	
COUNTY : Lincoln	
PHONE NUMBERS	
PRIMARY PHONE # : <input type="text" value="6059999999"/>	SECONDARY PHONE # : <input type="text"/> EXT. <input type="text"/>
REMINDER ACTIVITY	
DATE REMINDER SENT : <input type="text" value="11/11/2020"/>	REMINDER STATUS : <input type="text" value="Pending"/>
NEXT APPOINTMENT : <input type="text"/>	
EXPANSION FIELDS	
EXP. FIELD - INTEGER : <input type="text"/>	EXP. FIELD - DATE : <input type="text"/>
EXP. FIELD - STRING : <input type="text"/>	LOCKING : <input type="text" value="SELECT"/>
PRIMARY CARE PHYSICIAN NAME	
LAST NAME : <input type="text"/>	FIRST NAME : <input type="text"/>
MIDDLE NAME : <input type="text"/>	TITLE : <input type="text" value="SELECT"/>
PRIMARY CARE PHYSICIAN ADDRESS	
ADDRESS : <input type="text"/>	
PRIMARY CARE PHYSICIAN PHONE NUMBER	
PHONE # : <input type="text"/> EXT. <input type="text"/>	

→

## • *Edit Contact Information*

- Please enter the following:
  - Parent & Guardian Information for clients under age 18 (SSN's not necessary)
  - **REQUIRED** for COVID-19 Vaccination Plan
  - **Patient Address** – click **EDIT**
  - **EDIT PATIENT ADDRESS** screen will appear; see next slide.
  - Click **UPDATE** when address is complete
- Enter phone numbers – no dashes – XXXXXXXXXXXX
- May enter Primary Care Physician information, if known
- Click **UPDATE**

# South Dakota Immunization Information System (SDIIS)

**SDIIS** South Dakota Immunization Information System

**EDIT PATIENT ADDRESS**

Bert Oak  
DOB: 1/1/1940

**PATIENT ADDRESS**

ADDRESS LINE 1	SUITE
<input type="text" value="1234 Immunity Avenue"/>	<input type="text"/>
ADDRESS LINE 2	ZIP CODE
<input type="text"/>	<input type="text" value="57108"/>

STATE	COUNTY	CITY
<input type="text" value="South Dakota"/>	<input type="text" value="Lincoln"/>	<input type="text" value="Sioux Falls (Part-Lincoln)"/>

## • **Edit Contact Information**

- Please enter the following:
  - **EDIT PATIENT ADDRESS** screen
  - Complete **ADDRESS** and **ZIP CODE** fields
  - Click **SUBMIT** next to the **ZIP CODE** field. The proper **state**, **county**, and **city** should be highlighted. If not, please correct.
  - **ADDRESS LINE 2** – Do not enter City, SD – this is for an extension of the street address, e.g., “PO Box xx”, “Apt #”, etc.
  - Click **UPDATE** when address is complete

- NOTE: If a recipient refuses to provide **ADDRESS** please obtain, at minimum, the **ZIP CODE**. With the **ZIP CODE** field, we can ascertain **state**, **county**, and **city**. You MUST click **SUBMIT** next to the zip code.

# South Dakota Immunization Information System (SDIIS)

- SEARCH PATIENTS
- PRINT REPORTS
- INVENTORY
- MY SETTINGS
- CLINIC SETTINGS
- MAINTENANCE
- TUTORIAL
- LOG OUT

## EDIT CONTACT & GENERAL INFORMATION

Bert Oak  
DOB: 1/1/1940

PARENT AND GUARDIAN INFORMATION	
MOTHER LAST NAME :	<input type="text"/>
MOTHER MIDDLE NAME :	<input type="text"/>
MOTHER SSN :	<input type="text"/>
FATHER LAST NAME :	<input type="text"/>
FATHER MIDDLE NAME :	<input type="text"/>
GUARDIAN LAST NAME :	<input type="text"/>
GUARDIAN MIDDLE NAME :	<input type="text"/>
MOTHER FIRST NAME :	<input type="text"/>
MOTHER MAIDEN NAME :	<input type="text"/>
CONFIRM SSN :	<input type="text"/>
FATHER FIRST NAME :	<input type="text"/>
FATHER SSN :	<input type="text"/>
CONFIRM SSN :	<input type="text"/>
GUARDIAN FIRST NAME :	<input type="text"/>
GUARDIAN SSN :	<input type="text"/>
CONFIRM SSN :	<input type="text"/>

PATIENT ADDRESS	
PATIENT ADDRESS :	1234 Immunity Avenue Sioux Falls (Part-Lincoln), South Dakota 57108 COUNTY : Lincoln

PHONE NUMBERS	
PRIMARY PHONE # :	6059999999
SECONDARY PHONE # :	<input type="text"/>
EXT. :	<input type="text"/>

REMINDER ACTIVITY	
DATE REMINDER SENT :	11/11/2020
NEXT APPOINTMENT :	12/2/2020
REMINDER STATUS :	Pending

EXPANSION FIELDS	
EXP. FIELD - INTEGER :	<input type="text"/>
EXP. FIELD - DATE :	<input type="text"/>
EXP. FIELD - STRING :	<input type="text"/>
LOCKING :	Locked

PRIMARY CARE PHYSICIAN NAME	
LAST NAME :	<input type="text"/>
MIDDLE NAME :	<input type="text"/>
FIRST NAME :	<input type="text"/>
TITLE :	<input type="text"/>

PRIMARY CARE PHYSICIAN ADDRESS	
ADDRESS :	<input type="text"/>

PRIMARY CARE PHYSICIAN PHONE NUMBER	
PHONE # :	<input type="text"/>
EXT. :	<input type="text"/>



UPDATE CANCEL

## • Locking an immunization record

- **ONLY LOCK RECORD IF REQUESTED BY PATIENT/PARENT**
- By law, immunization records may be shared
- Patient/Parent may choose to “opt out” if they wish to keep immunization record private to only their Immunization Home facility
- Find **LOCKING** field
- Select **LOCKED**
- Click **UPDATE**
- If another facility tries to open record, they will see this message:

SEARCH PATIENTS

THE RECORD YOU HAVE REQUESTED IS CURRENTLY LOCKED BY [REDACTED] AND MAY THEREFORE NOT BE VIEWED. PLEASE CONTACT THE CLINIC AT [REDACTED] TO UNLOCK THE RECORD.

OK