Read-Only User Guide

Revised: 9/2016

For additional support, the following resources are available:

CAIR Help Desk

Hours: Monday - Friday 8:00AM - 5:00PM

Phone: 800-578-7889

Fax: 888-436-8320

Email: CAIRHelpDesk@cdph.ca.gov

Local CAIR Representatives (LCRs): http://cairweb.org/lcrs/

CAIR Website: www.cairweb.org

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I. Introduction

What is CAIR2?

The **California Immunization Registry (CAIR2)** is a secure web-based system available to health care providers including local health departments, community clinics, private medical offices and hospitals as well as other approved agencies such as schools, child care facilities and foster care. CAIR2 helps these providers/agencies track and update their patient/student/client immunization and tuberculosis (TB) test records. CAIR2 is free-of-charge and managed by the California Department of Public Health.

The goal of CAIR2 is to improve immunization services by providing a central location for health care providers and other approved entities to store and access a person's complete immunization and TB test history, forecasting the immunizations that are due based on ACIP recommendations, generating official patient/student immunization documentation (e.g., Yellow Card, Blue Card), and helping immunization providers manage their vaccine inventory, generate practice-level immunization reports and conduct reminder/recall activities. A major objective of CAIR2 is to reduce both missed opportunities to immunize and unnecessary duplicate immunizations.

User Responsibilities

Records stored in CAIR2 are confidential medical information. Inappropriate use or disclosure of information may result in civil and criminal penalties per Federal and State laws and termination of your and/or your agency's rights to use CAIR2. As a CAIR2 user, you agree to read, understand and abide by Section 120440 of the California Health and Safety Code and the following CAIR2 Confidentiality Policies:

- Use CAIR2 only for your assigned duties that are related to providing immunization services.
- Use CAIR2 only from work computers at your worksite (not from home).
- Use CAIR2 only to find records for persons coming to your clinic/agency for services.
- Keep your CAIR2 password confidential. Do not share your password with anyone else.
- Log-off from CAIR2 at the end of your shift or at any time when you must leave your work area. Also make sure other people cannot see the CAIR2 information on your computer screen.
- Keep the patient information you get from CAIR confidential. This is required by law.
- Do not use your CAIR2 login from a past job – ask the CAIR Help Desk to transfer your account.
- Understand that CAIRs automatically tracks which patient records you have accessed.

II. Accessing CAIR2

CAIR2 is a web application; a computer with Internet and web browser is needed. To access CAIR2:
1. Open a web browser (e.g., IE, Firefox, Safari) and go to https://cair.cdph.ca.gov

On the CAIR 2 Login screen: Enter your CAIR2 **Org Code (Provider ID)**, **Username**, and **Password** and click the **Login** button.

Additional Information:
- The first time you log into CAIR2, you will be asked to read and agree to the Security Notification, reset your password and to enter security questions.
- If no email address has been entered you will be prompted to enter it.
- Each person accessing CAIR2 must have their own individual user account. To manage your user account, see Section III below (manage/access account tab).
- If you forget your password, click the **Forgot Password?** button to send a password reset email.
- Passwords must be changed every 60 days; the system will prompt you to change your password.
- A session will time out after 60 minutes of inactivity.
- User accounts will be disabled after 1 year of no activity.

Home Page
Once you log into CAIR2, the home page will appear. The home page is divided into the following sections:
- Announcements: Contains important information regarding enhancements and maintenance for CAIR2.
- Release Notes: Contains information regarding new releases of CAIR2.
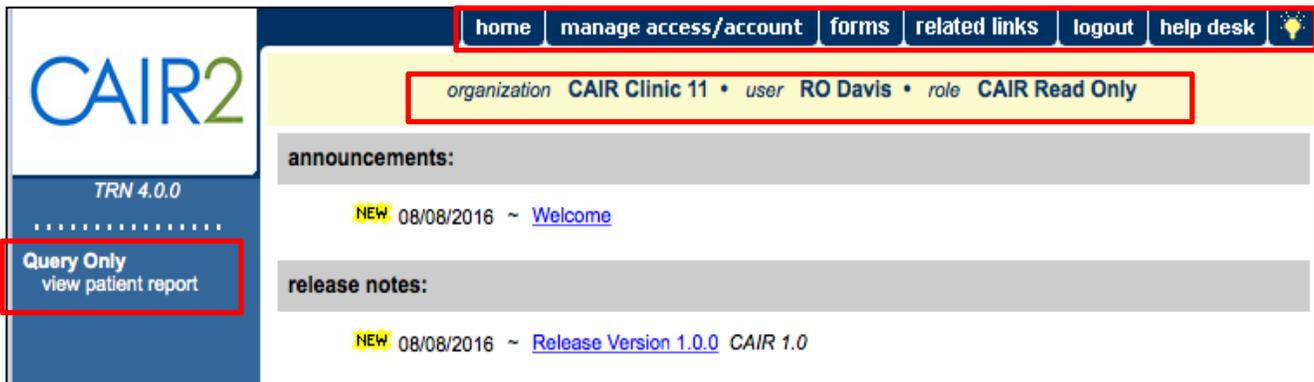
III. Common CAIR2 Tools, Windows and Menus

Menu Bar
Once you are logged into CAIR2, several menu options are listed across the top of the screen. These options appear on every screen. The following options are available in the Menu Bar:
- **Home**: Returns you to the CAIR2 home page from anywhere within the application.
- **Manage Access/Account**: Allows you to update your user account information (e.g., contact information, password, security questions). Select each option on the blue menu on the left of this screen. To return to the application click on the blue hyperlink for your organization.
- **Forms**: A list of hyperlinks for printing blank forms and support documentation.
- **Related Links**: Hyperlinks to other immunization-related websites
- **Logout**: Logs you out of CAIR2.
- **Help Desk**: Displays contact information for the CAIR Help Desk.
- **Online Help**: Represented by a light bulb icon, online help displays page-specific help in a new window.

User Confirmation Bar

Directly beneath the Menu Bar is a row highlighted in light yellow which displays your organization, user name, and user role (level). This row appears on every screen.

Menu Panel

The Menu Panel appears in blue on the left side of the screen and contains the links to navigate in CAIR2.

IV. Searching for Patients

To search for a patient in CAIR2, click the **view patient report** link underneath the 'Query Only' header in the left blue menu panel. The Patient Search Criteria screen will appear.

To search by patient demographic information (Search by Patient), enter a minimum of any two fields, including: Last Name, First Name, Middle Name, Birth Date, Mother's First Name, Home Phone Number, Cell Phone Number. Note: When searching using first and/or last names, CAIR2 disregards spaces, apostrophes, and hyphens.

You can also search using one field:

1. Medical Record Number (the patient's MRN associated with your clinic/agency)
2. CAIR ID (the patient's CAIR2 ID)
3. CAIR Legacy ID (the patient's 'old' CAIR1 ID)

- Once you enter the search information, click the 'Find' button at the right of the screen. Results that match your search criteria will display. Click the Last Name hyperlink for the correct patient.

Last Name	First Name	Middle Name	Birth Date	Primary Patient Identifier	Mother's First	Gender	Status
						Possible Matches: 2	
MOUSE	MICKEY	JOSEPH	01/01/2010	DY-123	SARA	M	A
	AKA: MOUSE,M J						
MOUSE	MINNIE	JUNE	01/01/2010		FRANNY	F	A

- The Patient's History/Recommendation screen will appear.

V. Viewing a Patient's Immunization Record

The History/Recommendations screen has three sections: Patient Information, Immunization Record, and Vaccines Recommended by Selected Tracking Schedule.

Patient Information				Print	Print Confidenti	Reports	Cancel

Patient Name (First - MI - Last)		DOB	Gender	Tracking Schedule		Patient ID
LIZA LOU		10/18/2010	F	ACIP		
Provider (PCP)	Not on file					
School	Not on file					
Comments	05/09/2015 ~ Asthma					

Current Age: 5 years, 10 months, 22 days

Immunization Record

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?
DTP/aP	12/18/2010	1 of 4	DTaP, NOS [DTaP, NOS ®]		No		Yes
	03/01/2011	2 of 4	DTaP-HepB-IPV [Pediarix ®]	Full	No		
	05/15/2011	3 of 4	DTaP-HepB-IPV [Pediarix ®]				Yes
	09/09/2016	4 of 4	DTaP-HepB-IPV [Pediarix ®]	Full			
HepB	10/18/2010	1 of 3	HepB-Peds [Engerix-B Peds ®]		No		Yes
	03/01/2011	2 of 3	DTaP-HepB-IPV [Pediarix ®]	Full	No		
	05/15/2011	3 of 3	DTaP-HepB-IPV [Pediarix ®]				Yes
	09/09/2016		DTaP-HepB-IPV [Pediarix ®]	Full			
MMR	10/01/2011	NOT VALID	MMR [MMR II ®]	Full	No		
	07/10/2016	1 of 2	MMR [MMR II ®]	Full	No		
	08/08/2016	2 of 2	MMR [MMR II ®]	Full	No		
Polio	12/18/2010	1 of 4	Polio, NOS		No		Yes
	03/01/2011	2 of 4	DTaP-HepB-IPV [Pediarix ®]	Full	No		
	05/15/2011	3 of 4	DTaP-HepB-IPV [Pediarix ®]				Yes
	09/09/2016	4 of 4	DTaP-HepB-IPV [Pediarix ®]	Full			

Vaccines Recommended by Selected Tracking Schedule

Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
DTP/aP	DTaP, NOS		Complete	
HepA	HepA, NOS	10/18/2011	10/18/2011	05/18/2012
HepB	HepB, NOS		Complete	
Influenza-seasnl	Flu NOS	04/18/2011	08/01/2016	05/18/2011
MMR	MMR		Complete	
Polio	Polio, NOS		Complete	
Varicella	Varicella	09/05/2016	09/05/2016	09/05/2016

1. Patient Information

This section contains basic demographic information about the patient. The Comments field lists any risks (contraindications), immunity (positive titers) or refusals (waivers) the patient has documented in CAIR. Some Comments also impact the vaccines that are recommended for the patient. These will be reflected in the the Recommended Vaccines by Selected Tracking Schedule (see below).

There are also 4 buttons at the top of this section:
- Print: Allows you to print this screen.
- Print Confidential: Allows you to print this screen without address, phone or comments.
- Reports: Takes you to patient reports screen (see Section VI below).
- Cancel: Takes you back to the Patient Search screen.

2. **Immunization Record**

This section displays the patient's vaccination history. Information for each shot recorded includes:

- Vaccine Group: The vaccines are in alphabetical order. If the patient received a combination   vaccine (e.g., Pediarix), the shot will appear in each vaccine group where it counts.
- Date Admin: Shows the date the shot was administered.   You can click on the hyperlink to see the vaccine schedule for that vaccine as well as other information.
- Series: Shows where that shot counts in the series. If 'NOT VALID' or 'SUBPOTENT' is displayed, you can click on the Date Admin hyperlink for that shot for an explanation. If nothing is displayed,   it means that an extra shot in the series was given, but that it is allowed by ACIP recommendations.
- Vaccine (Trade Name): Shows the vaccine and Trade Name for that shot.
- Dose: Shows if the amount of vaccine given to the patient was a Full (standard) dose, or if less or more than the standard dose was given. If this column is blank, then the shot was entered as a historical dose and it should be assumed the dose was a full dose.
- Owned?: This shows which site entered the shot.   If it is blank that means your site entered the shot. It is not who gave the shot. For example, if it is a historical shot, if your site entered it, then   it will show you as the owner, even if you did not give that shot. If it says 'No', then your site did not enter the shot and you can click on the hyperlink it to see which site did.
- Reaction: Shows if a reaction has been documented for this shot. The entire row will also appear in red text. You can click the 'Yes' hyperlink in this column to see a description of the reaction.
- Hist?: Indicates this is a Historical (transcribed) shot that was entered (e.g., from a Yellow Card).

3. **Vaccines Recommended by Selected Tracking Schedule**

This section displays which vaccines are currently recommended for the patient. Vaccines that are due are highlighted in green. This section lists the Earliest Date, Recommended Date and Past Due date for the vaccine based on the ACIP schedule. If a vaccine series is complete, contraindicated, or if the patient has documented immunity or has aged out of a specific vaccine series, this will be documented in this section next to the vaccine.

VI. Patient Reports

You may generate and print the following Patient Reports for the patient:

- Immunization History Report
- Immunizations Needed/Routing Slip
- Yellow Card

A description and example of each report is displayed below.

To generate/print each of these reports:

1. On the patient's History/Recommendation screen click the **Reports** button at the top of the screen.
2. At the Reports Available for this Patient section, click **Immunization History Report** hyperlink.
3. Once the report is generated, it will be displayed using Adobe Acrobat Reader®.
4. To print the report, click the printer icon on the Adobe® toolbar. Click the **OK** button in the Print dialog box.
5. To return to the Patient Reports screen, you may close the Acrobat Reader® by clicking the X button in the upper right corner of the Immunization History Report window.

Immunization History Report

The Immunization History Report displays demographics, contact information, and a detailed summary of the patient's immunization history. This report may be provided to the patient or parent/guardians if requested (e.g., if the patient/parent needs more detailed information than what is contained on the Yellow Card. It can also be filed in the patient's chart.

9/9/16

Immunization History Report
CAIR Clinic 11

Patient ID: Tracking Schedule: **ACIP**

Eligibility: **VFC Eligible Medi-Cal/CHDP**

Patient Name: **LIZA LOU**

Birth Date: **10/18/2010**   Gender: **Female**

                 5 years, 10 months, 22 days

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Mfg Code	Lot #	Bod Rt.	Bod St.	Provider of Information	Shot Giver	VIS Date	React
DTP/aP	12/18/2010	1 of 4	DTaP, NOS [DTaP, NOS 8]	Full					IR Physicians			
	03/01/2011	2 of 4	DTaP-HepB-IPV [Pediarix 8]	Full		12345		LG	IR Physicians		01/01/2000, 05/17/2007,	
	05/15/2011	3 of 4	DTaP-HepB-IPV [Pediarix 8]	Full					CAIR Clinic 11			
	09/09/2016	4 of 4	DTaP-HepB-IPV [Pediarix 8]	Full	SKB	1234	IM	LD	CAIR Clinic 11	S Bloker	01/01/2000, 02/24/2015,	
HepB	10/18/2010	1 of 3	HepB-Peds [Engerix-B Peds 8]	Full					IR Physicians			
	03/01/2011	2 of 3	DTaP-HepB-IPV [Pediarix 8]	Full		12345		LG	IR Physicians		01/01/2000, 05/17/2007,	
	05/15/2011	3 of 3	DTaP-HepB-IPV [Pediarix 8]	Full					CAIR Clinic 11			
	09/09/2016		DTaP-HepB-IPV [Pediarix 8]	Full	SKB	1234	IM	LD	CAIR Clinic 11	S Bloker	01/01/2000, 02/24/2015,	
MMR	10/01/2011	Not Valid	MMR [MMR II 8]	Full		8765976	SC	LLFA	IR Physicians		03/13/2008	
	07/10/2016	1 of 2	MMR [MMR II 8]	Full		90-8870	SC	RG	IR Physicians		03/13/2008	
	08/08/2016	2 of 2	MMR [MMR II 8]	Full		897-8952370894	SC	LT	IR Physicians		03/13/2008	
Polio	12/18/2010	1 of 4	Polio, NOS	Full					IR Physicians			
	03/01/2011	2 of 4	DTaP-HepB-IPV [Pediarix 8]	Full		12345		LG	IR Physicians		01/01/2000, 05/17/2007,	
	05/15/2011	3 of 4	DTaP-HepB-IPV [Pediarix 8]	Full					CAIR Clinic 11			
	09/09/2016	4 of 4	DTaP-HepB-IPV [Pediarix 8]	Full	SKB	1234	IM	LD	CAIR Clinic 11	S Bloker	01/01/2000, 02/24/2015,	

Reaction Descriptions:
No Records Found.

Patient Comments: Start Date: End Date:
Asthma   05/09/2015

Primary Physician:

Address:

Physician's Signature

LIZA LOU   10/18/2010

Immunizations Needed/Routing Slip Report

The Immunizations Needed/Routing Slip report displays demographics, contact information, immunization record, and immunizations recommended by date. It can also be used by the clinic/doctor's office to document the shots to be given/given today for entry into CAIR after the appointment is finished. In addition, this report may be provided to the patient or parent/guardian as it identifies the upcoming immunizations needed. It also provides a place to document the next appointment date and clinic/agency phone number.

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Immunizations Needed /Routing Slip

Patient ID:	Tracking Schedule: ACIP	Race:
Patient Name (L, F, M): LOU, LIZA		☐ American Indian or Alaska Native
Birth Date: 10/18/2010		☐ Asian ☐ Native Hawaiian or Other Pacific Islander
Age: 5 years, 10 months, 22 days		☐ Black or African-American ☐ White
Gender: F	Ethnicity:	☐ Other

Patient Comments: Asthma	From Date:	To Date: 05/09/2015

Immunization Record

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose
DTP/aP	12/18/2010	1 of 4	DTaP, NOS	Full
DTP/aP	03/01/2011	2 of 4	DTaP-HepB-IPV	Full
DTP/aP	05/15/2011	3 of 4	DTaP-HepB-IPV	Full
DTP/aP	09/09/2016	4 of 4	DTaP-HepB-IPV	Full
HepB	10/18/2010	1 of 3	HepB-Peds	Full
HepB	03/01/2011	2 of 3	DTaP-HepB-IPV	Full
HepB	05/15/2011	3 of 3	DTaP-HepB-IPV	Full
HepB	09/09/2016		DTaP-HepB-IPV	Full
MMR	10/01/2011	Not Valid	MMR	Full
MMR	07/10/2016	1 of 2	MMR	Full
MMR	08/08/2016	2 of 2	MMR	Full
Polio	12/18/2010	1 of 4	Polio, NOS	Full
Polio	03/01/2011	2 of 4	DTaP-HepB-IPV	Full
Polio	05/15/2011	3 of 4	DTaP-HepB-IPV	Full
Polio	09/09/2016	4 of 4	DTaP-HepB-IPV	Full

Immunizations Due Record

Vaccine	Date Needed	Trade Name/ Lt #/Funding Source	Give These
HepA	10/18/2011		
Influenza-seasnl	08/01/2016		
Varicella	09/05/2016		

TB Test	Give These
PPD – Mantoux	
QuantiFERON	
T-Spot	
X-Ray	

Clinician's Signature: _____

Appointment: ___/_____/_____   Provider Phone Number:

LOU, LIZA   9/9/16 1:21 PM

Yellow Card

The Yellow Card is the official California immunization record for patients/parents/guardians. It should be printed and given to the patient/parent/guardian at the end of each visit in which immunizations were given.

Yellow Card — Page 1 of 2

CAIR ID#: 184   Med Rec#:

IMMUNIZATION RECORD
Comprobante de Inmunización

Name / nombre	LIZA LOU
Birthdate / fecha de nacimiento	10/18/2010
Sex / sexo	F
Allergies / alergias	
Vaccine Reactions / reacciones de la vacuna	
History of Chickenpox / historia de varicela	No
Date Printed	03/09/2016

RETAIN THIS DOCUMENT - *CONSERVE ESTE DOCUMENTO*

VACCINE / vacuna	DATE GIVEN / fecha de vacunación	DOCTOR OFFICE OR CLINIC / médico o oficina	DATE NEXT DOSE DUE / próxima vacuna
POLIO (1)Polio, NOS	12/18/2010	Ir Physicians	
(2)DTaP-HepB-IPV	03/01/2011	Ir Physicians	
(3)DTaP-HepB-IPV	05/15/2011	Cair Clinic 11	
(4)DTaP-HepB-IPV	09/08/2016	Cair Clinic 11	
DTP (1)DTaP, NOS	12/18/2010	Ir Physicians	
(2)DTaP-HepB-IPV	03/01/2011	Ir Physicians	
(3)DTaP-HepB-IPV	05/15/2011	Cair Clinic 11	
(4)DTaP-HepB-IPV	09/08/2016	Cair Clinic 11	
HIB			

VACCINE / vacune	DATE GIVEN / fecha de vacunación	DOCTOR OFFICE OR CLINIC / médico o oficina	DATE NEXT DOSE DUE / próxima vacune
MMR (1)sun	10/01/2011	Ir Physicians	
(2)sun	07/10/2016	Ir Physicians	
HEPB (1)HepB-Peds	10/18/2010	Ir Physicians	
(2)DTaP-HepB-IPV	03/01/2011	Ir Physicians	
(3)DTaP-HepB-IPV PneumoConjugate	05/15/2011	Cair Clinic 11	
PneumoPolysaccharide			
VZV			09/05/2016

	Type*	Date Given	Given By	Date Read	Read By	Results	Interpretation
TB Tests Prueba de TB	QuantFERON	09/08/2016				1.03 IU/mn (Ag-null)	Negative

* Only the three most recent TB tests are shown.
* If required for school entry, must be Mantoux unless exception granted by local health dept.

CHEST X-RAY: Film date: _____ Interpretation: ☐ normal ☐ abnormal
Person is free of communicable tuberculosis: ☐ yes ☐ no
Signature/Agency: null

Parents: Your child must meet California 8 immunization requirements to be enrolled in school. Keep this record as proof of immunization.
Su hijo debe cumplir con los requisitos de vacuna para a la escuela. Mantenga este

DTP = diptheria, tetanus, pertussis (whooping cough) *difteria , tétanos , y tos ferina*
Hib Hib menengitis (Haemophilus Influenza B) *menengitis Hib*
PM 298 (7/98)
MMR = measles, mumps, rubella *paperas sarampión Rubéola*
HEPB = hepatitis B
VZV = varicella (chickenpox) *varicela*
() indicates a dose number in a series

Yellow Card — Page 2 of 2

CAIR ID#: 184   Med Rec#:

IMMUNIZATION RECORD Continuation Form
Comprobante de Inmunización - Página de Continuación

Name / nombre	LIZA LOU

VACCINE / vacune	DATE GIVEN / fecha de vacunación	DOCTOR OFFICE OR CLINIC / médico o oficina	DATE NEXT DOSE DUE / próxima vacune
HAV			
HPV			
MENING			
MENING B			
ROTAVIRUS			
ZOSTER			

VACCINE / vacune	DATE GIVEN / fecha de vacunación	DOCTOR OFFICE OR CLINIC / médico o oficina	DATE NEXT DOSE DUE / próxima vacune
H1N1			
FLU			08/01/2016

DTP = diptheria, tetanus, pertussis (whooping cough) *difteria , tétanos , y tos ferina*
Hib Hib menengitis (Haemophilus Influenza B) *menengitis Hib*
PM 298 (7/98)
MMR = measles, mumps, rubella *paperas sarampión Rubéola*
HEPB = hepatitis B
VZV = varicella (chickenpox) *varicela*
() indicates a dose number in a series