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Vaccine Choice
Texas Vaccines For Children
TVFC
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Welcome to the **Vaccine Choice** training for **Electronic Vaccine Inventory (EVI)** system sponsored by the **Texas Vaccines for Children (TVFC)** program!

Upon logging into your TVFC EVI account, you will see a new tab titled ***Update Choice.*** This tab contains functionality to allow you to review and make changes to your vaccine choices at various times during the year.

Update Choice

The purpose of this training is to outline the contents of the ***Update Choice*** tab and the functionality in EVI. When you are notified of the opportunity to update your vaccine choices, please do so immediately! This tab and its functionality are activated for **two weeks only!**

Important:

- If it is your month to order, it is recommended you order **before** making any changes to your vaccine choices.
- Placing your order first will avoid your order being delayed or placed on backorder.
- If you have no changes to make, **you do not have to do anything!** Your existing choices remain intact.
- All providers are encouraged to review the listed vaccine choices to assure that each 'vaccine family' needed to service their patient population is chosen!
- If your maximum stock level is 30 doses or less for any 'vaccine family,' it is recommended you choose only one brand/presentation.
- Choosing only one brand/presentation allows EVI to return the correct ***Suggested Quantity*** and avoids the risk of overstocking!

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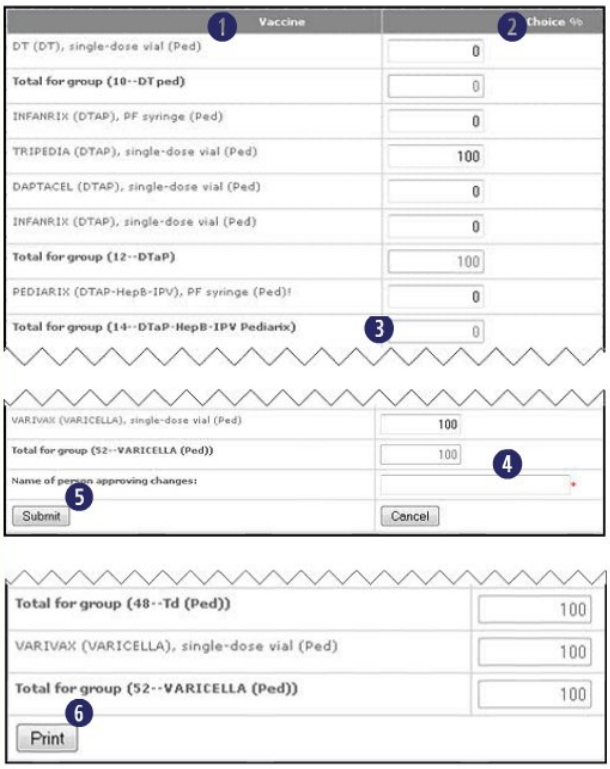

Update Choice Screen Overview

You must log into your EVI account to update your vaccine choices. Once signed in, click the ***Update Choice*** tab. Before making any changes, let us review the contents on the screen.

1. **Vaccine:** This column lists all vaccines available based on your TVFC enrollment.
2. **Choice %:** Pre-populated based on current choices.
3. **Total for Group:** System totals for the 'vaccine family.' User cannot change the total.
4. **Name of Person Approving Changes:** Enter the first initial and last name as well as the date to identify when the choices were completed.
5. **Submit:** To save changes/additions.
6. **Print:** To keep a copy of your changes/additions for your files.

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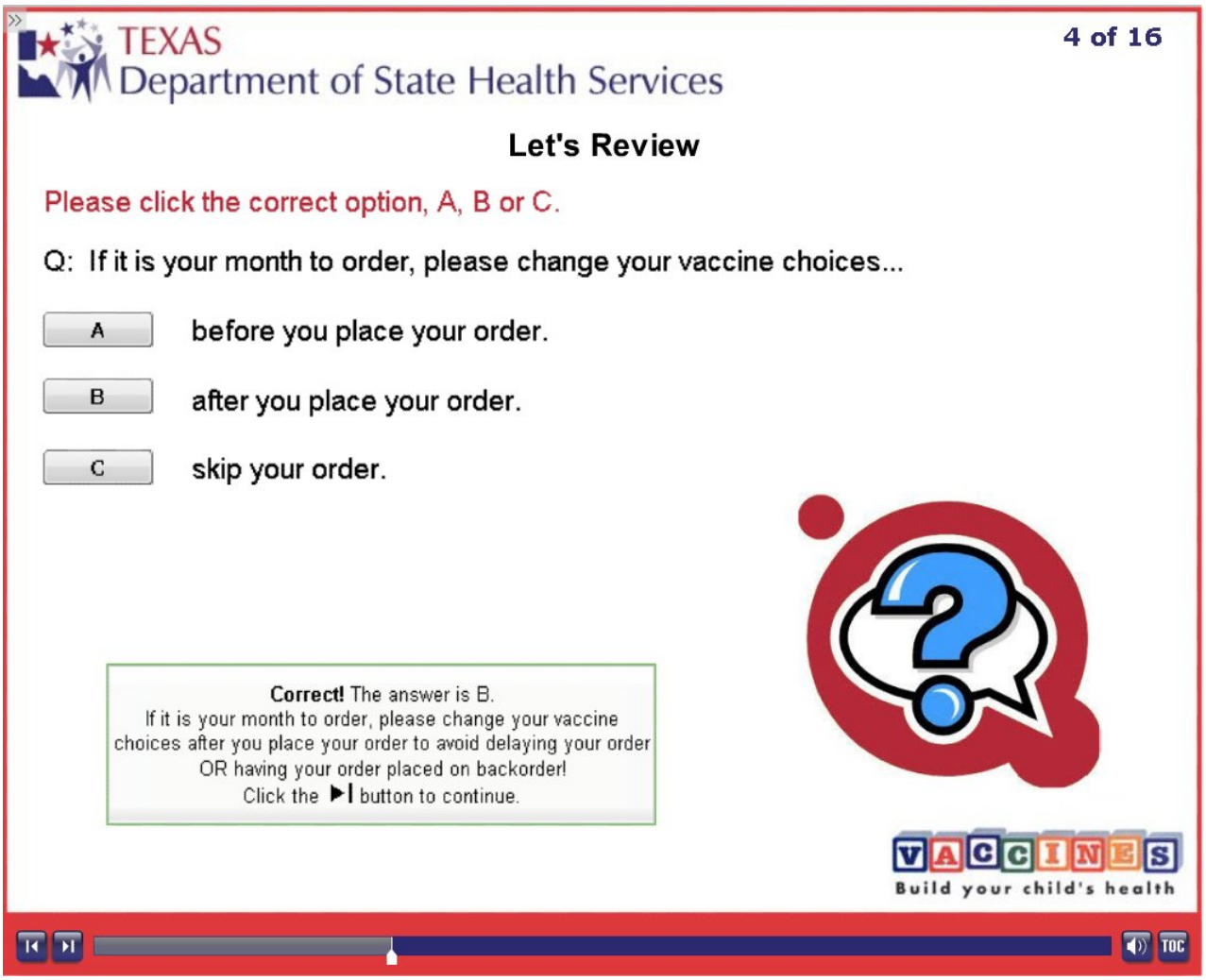
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Let's Review
Please click the correct option, A, B or C.
Q: If it is your month to order, please change your vaccine choices...
A
before you place your order.
B
after you place your order.
C
skip your order.
Correct! The answer is B.
If it is your month to order, please change your vaccine choices after you place your order to avoid delaying your order OR having your order placed on backorder!
Click the ▶| button to continue.
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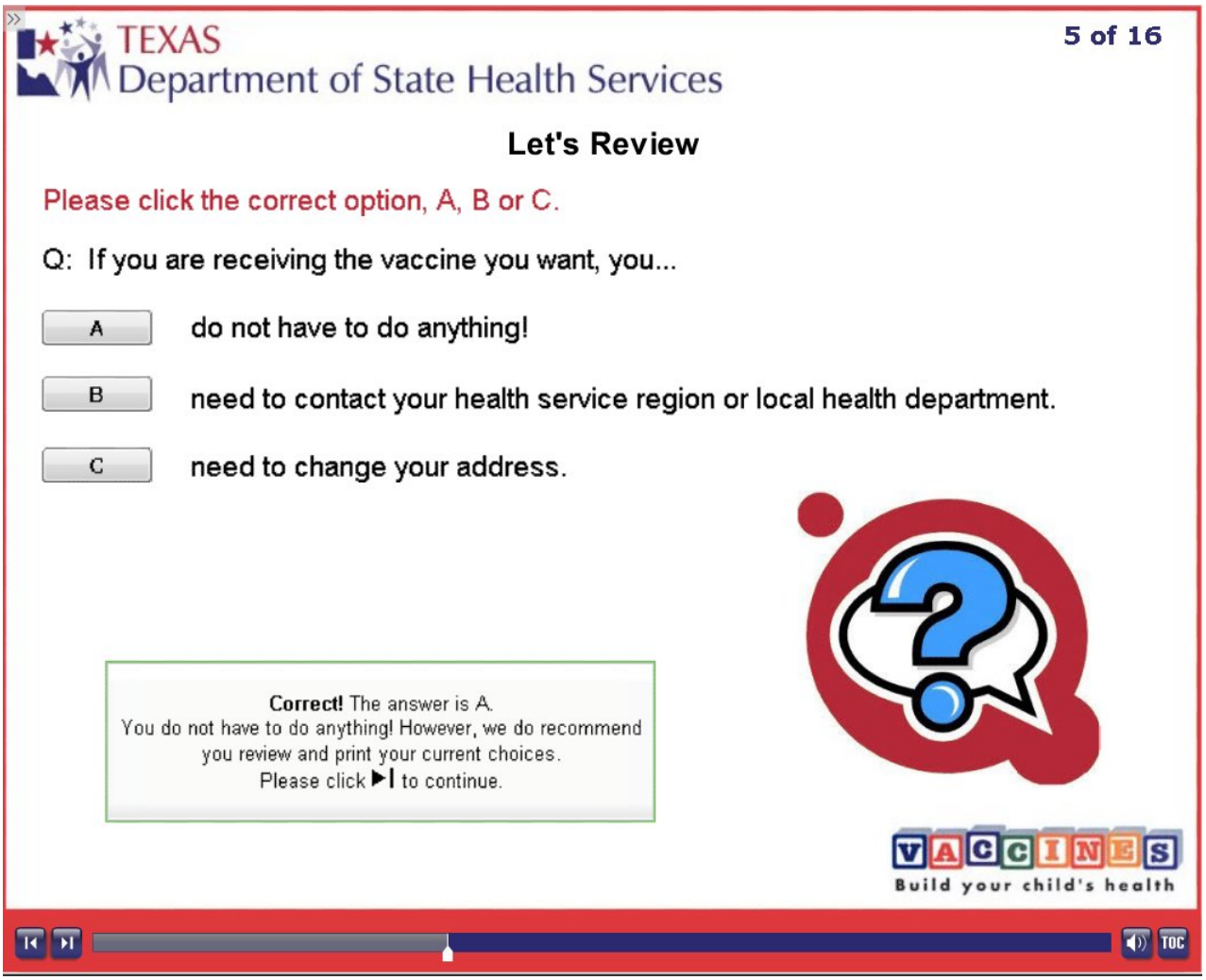
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Let's Review
Please click the correct option, A, B or C.
Q: If you are receiving the vaccine you want, you...
A
do not have to do anything!
B
need to contact your health service region or local health department.
C
need to change your address.
Correct! The answer is A.
You do not have to do anything! However, we do recommend you review and print your current choices.
Please click ▶| to continue.
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1 Vaccine	2 Choice %
DT (DT), single-dose vial (Ped)	0
Total for group (10--DT ped)	0
INFANRIX (DTAP), PF syringe (Ped)	0
TRIPEDIA (DTAP), single-dose vial (Ped)	100
DAPTACEL (DTAP), single-dose vial (Ped)	0
INFANRIX (DTAP), single-dose vial (Ped)	0
Total for group (12--DTaP)	100
PEDIARIX (DTAP-HepB-IPV), PF syringe (Ped)!	0
Total for group (14--DTaP-HepB-IPV Pediarix) 3	0

Vaccine Choice - Changes / Additions

To update your vaccine choices, click on the ***Update Choice*** tab.

1. **Vaccine:** Review the vaccines available based on your TVFC enrollment as a pediatric/adolescent only provider, adult only provider, or both.
2. **Choice %:** For each vaccine, enter a percentage from 0% - 100%.
3. **Total for Group:** Be sure the total percentage per group is 0% or 100%.

Important:

Choice % -

- If the maximum stock level for a vaccine is 30 or less, it is recommended you choose **one** brand/presentation.
- Choose all appropriate vaccines for your patient population.
- Always verify you have adequate storage for **all** vaccine choices.
- For any 'vaccine family' with only one brand/presentation you **must** indicate 100% if you wish to receive this vaccine. Example: DT has one brand/presentation available, if you wish to receive DT Pedi must indicate **100%** under ***Choice %***.

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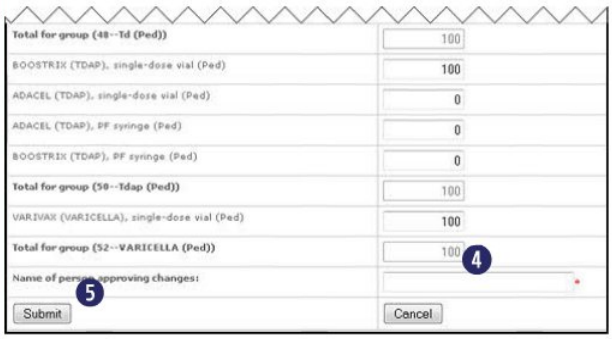

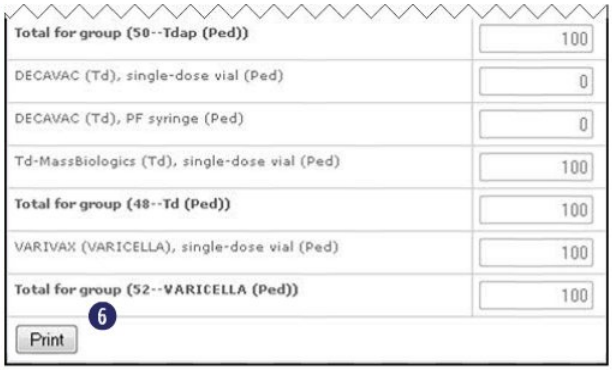

4 **Name of Person Approving Changes:** Enter the first initial and last name as well as the date to identify when the choices were completed.

5 **Submit:** Click the **Submit** button to save your changes.

6 **Print:** After saving, the system refreshes the page. Scroll to the bottom of the page to print your choices by clicking the **Print** button.

Important:

If the corrections/additions you made are not on your printed copy, please click on the ***Update Choice*** tab and repeat the necessary steps to make your corrections.

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VAQTA (HEP A), single-dose vial (Ped)	50
HAVRIX (HEP A), single-dose vial (Ped)	0
Total for group (20--HEP A (Ped))	50 *
ENGERIX-B (Hep B), single-dose vial (Ped)	0
RECOMBIVAX HB (Hep B), single-dose vial (Ped)	100
ENGERIX-B (Hep B), PF syringe (Ped)	0
Total for group (24--HEP B (Ped))	100

Error Message: Total Percentages

If ***Total for Group*** is anything other than 0% or 100%, an error message appears identifying the vaccine group with the error.

Scrolling back up the page reveals an asterisk by the wrong ***Total for Group*** (as shown above left).

Important:

For any vaccine family with only one brand/presentation you **must** indicate 100% if you wish to receive the vaccine.

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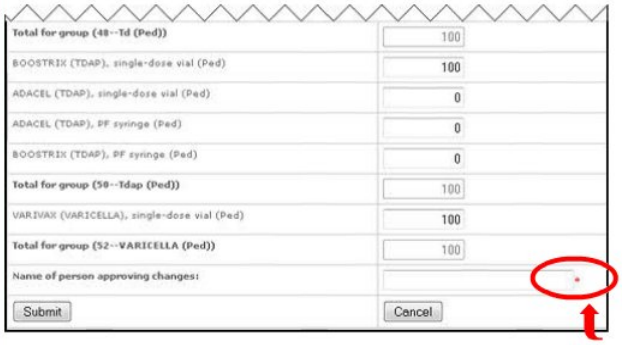

Error Message: No Name / Date

If you do not complete ***Name of Person Approving Changes:*** you receive the following error message.

Scrolling down the page reveals an asterisk by the blank field, as shown above left.

Important:

Enter the first initial, last name **and** date your choices were updated!

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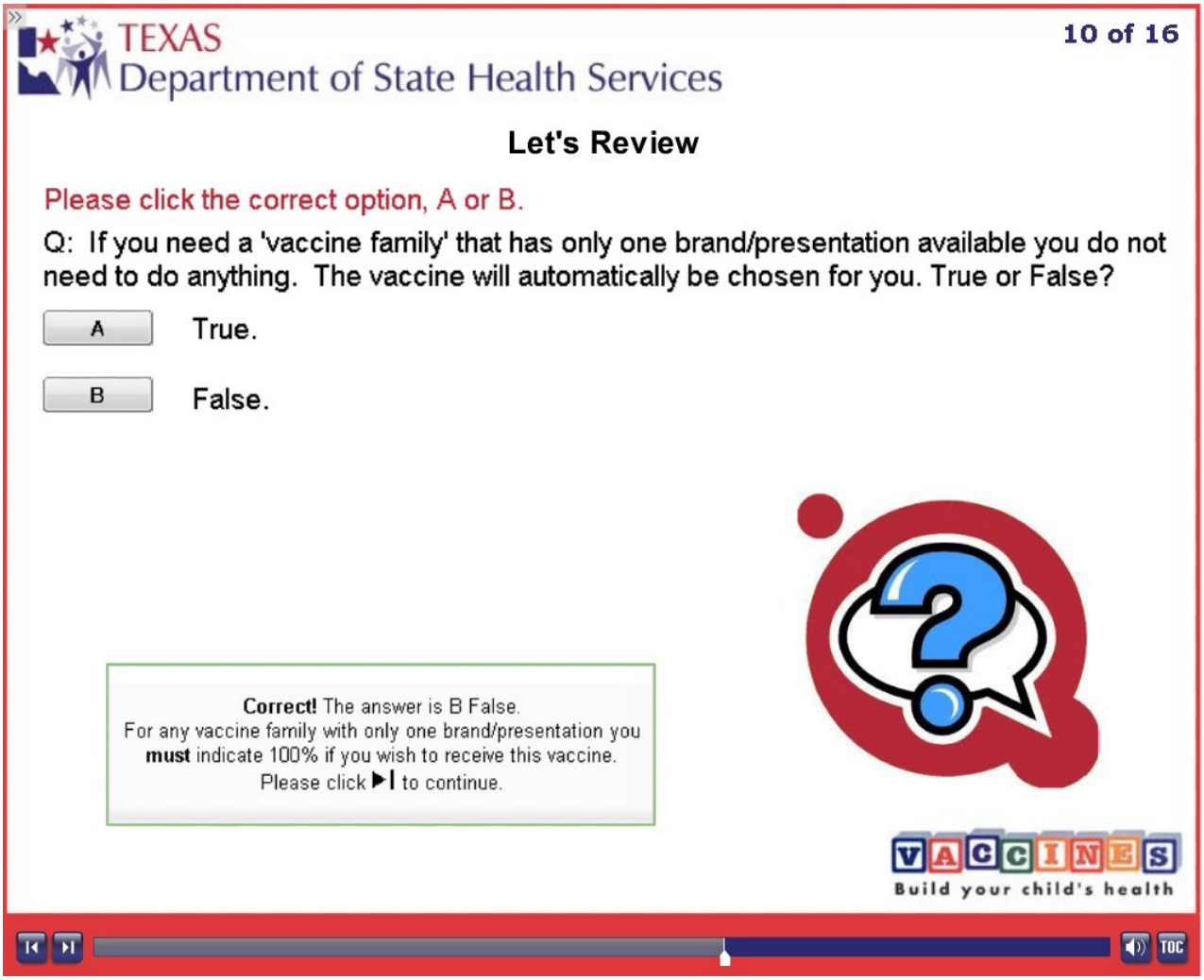
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Let's Review
Please click the correct option, A or B.
Q: If you need a 'vaccine family' that has only one brand/presentation available you do not need to do anything. The vaccine will automatically be chosen for you. True or False?
A
True.
B
False.
Correct! The answer is B False.
For any vaccine family with only one brand/presentation you must indicate 100% if you wish to receive this vaccine.
Please click ▶| to continue.
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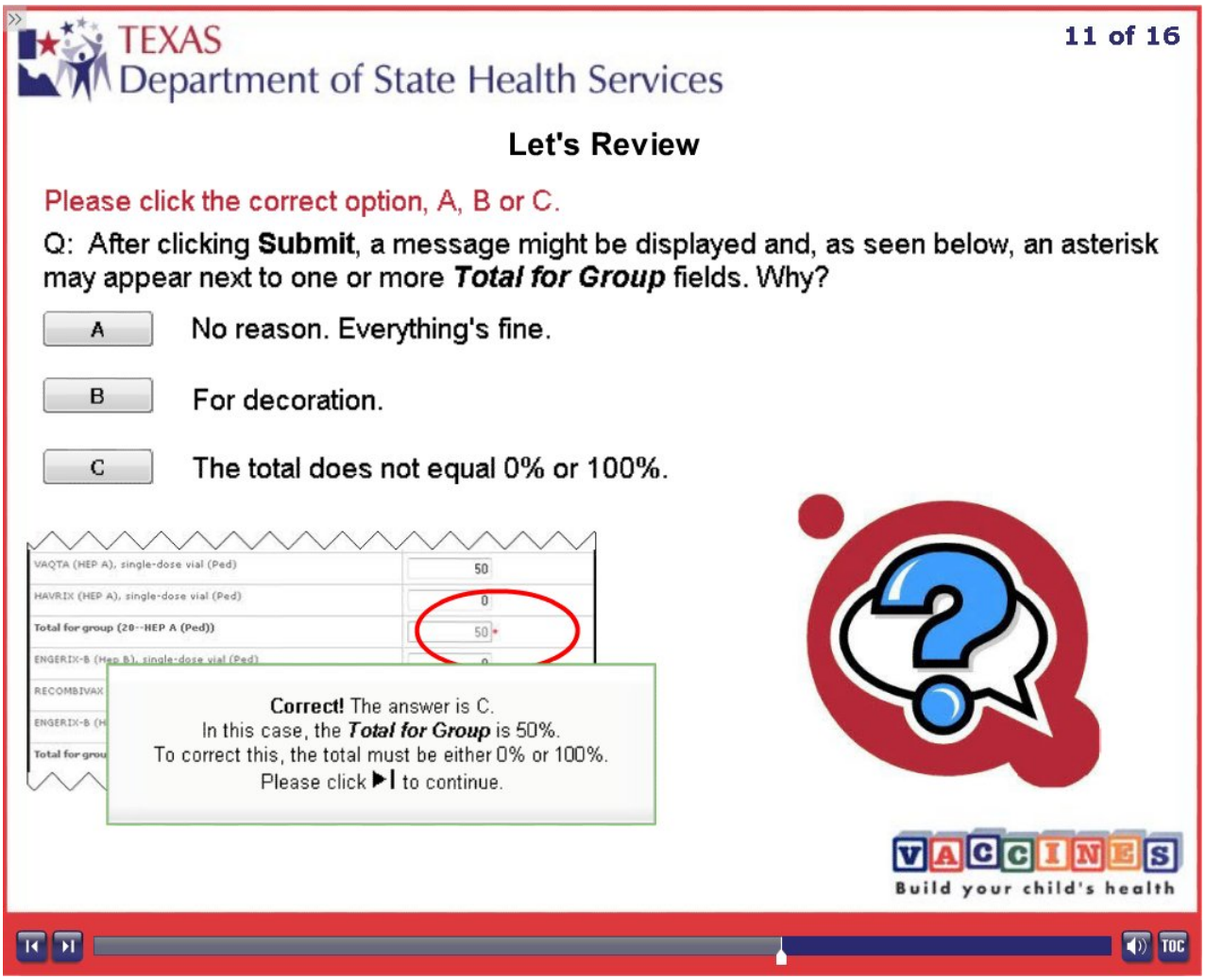
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Let's Review
Please click the correct option, A, B or C.
Q: After clicking Submit, a message might be displayed and, as seen below, an asterisk may appear next to one or more Total for Group fields. Why?
A
No reason. Everything's fine.
B
For decoration.
C
The total does not equal 0% or 100%.
VAQTA (HEP A), single-dose vial (Ped)
50
HAVRIX (HEP A), single-dose vial (Ped)
0
Total for group (20--HEP A (Ped))
50
Correct! The answer is C.
In this case, the Total for Group is 50%.
To correct this, the total must be either 0% or 100%.
Please click ▶| to continue.
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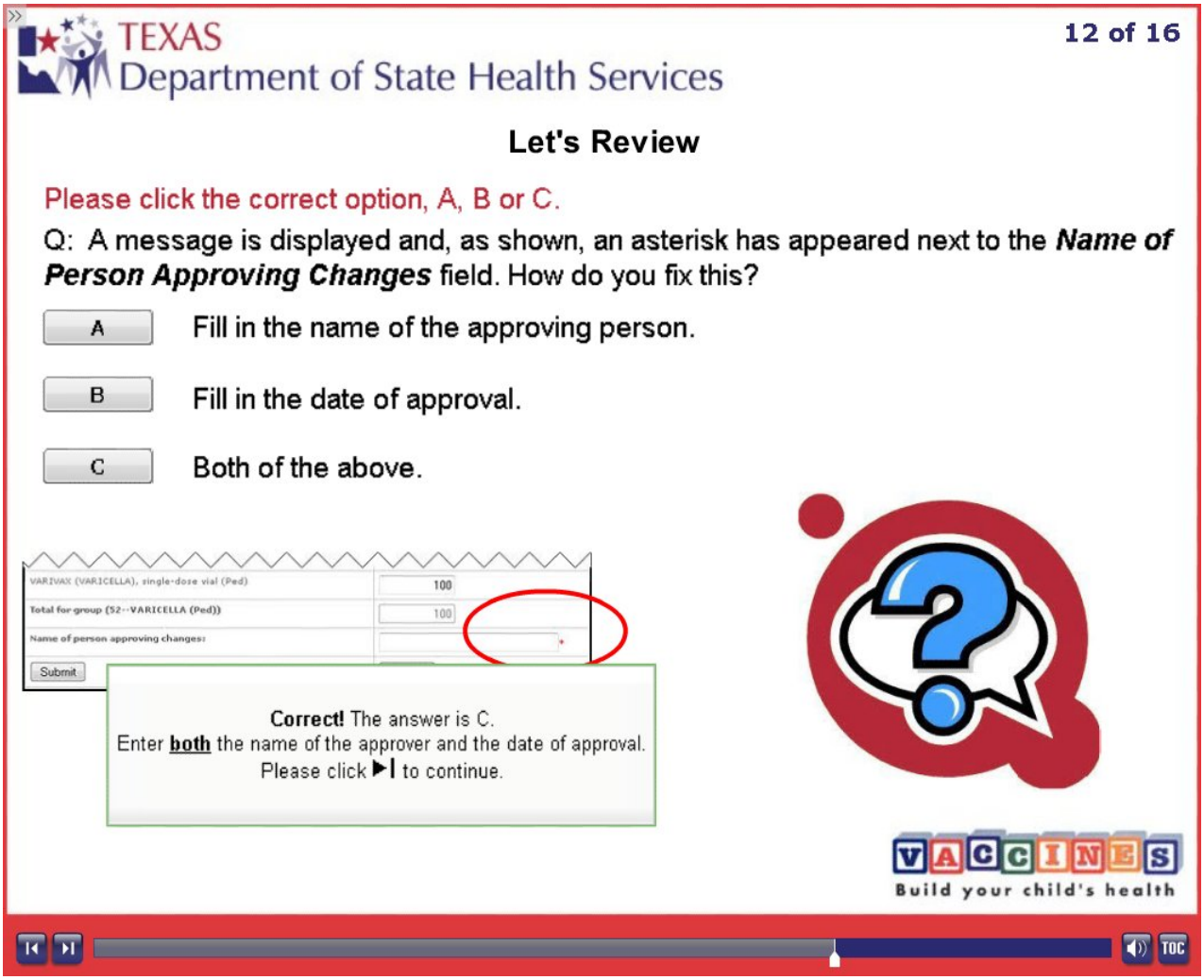
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Let's Review
Please click the correct option, A, B or C.
Q: A message is displayed and, as shown, an asterisk has appeared next to the Name of Person Approving Changes field. How do you fix this?
A
Fill in the name of the approving person.
B
Fill in the date of approval.
C
Both of the above.
VARIVAX (VARICELLA), single-dose vial (Ped)
100
Total for group (52--VARICELLA (Ped))
100
Name of person approving changes:
Submit
Correct! The answer is C.
Enter both the name of the approver and the date of approval.
Please click ▶| to continue.
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Vaccine	Choice %
DT (DT), single-dose vial (Ped)	0
Total for group (10--DT ped)	0
INFANRIX (DTAP), PF syringe (Ped)	0
TRIPEDIA (DTAP), single-dose vial (Ped)	100
DAPTACEL (DTAP), single-dose vial (Ped)	0
INFANRIX (DTAP), single-dose vial (Ped)	0
Total for group (12--DTaP)	100
PEDIARIX (DTAP-HepB-IPV), PF syringe (Ped)!	0
Total for group (14--DTaP-HepB-IPV Pediarix)	0

Vaccince Choice - Review - No Changes

If you wish to keep your existing choices, you do not need to do anything! If you wish to review and print for your records, click the ***Update Choice*** tab to: review contents and complete ***Name of Person Approving Changes***.

1. **Vaccine:** Review the list of all vaccines available based on your TVFC enrollment as a pediatric/adolescent only provider, an adult only provider or both.
2. **Choice %:** Review the brand/presentation and % of your current choices.
3. **Total for Group:** Review the totals to ensure each 'vaccine family' is 0% or 100%.

Important:

Choice % -

- If the maximum stock level for a vaccine is 30 or less, it is recommended you choose **one** brand/presentation.
- Choose all appropriate vaccines for your patient population.
- Always verify you have adequate storage for **all** vaccine choices.
- For any 'vaccine family' with only one brand/presentation you **must** indicate 100% if you wish to receive this vaccine. Example: DT has one brand/presentation available, if you wish to receive DT Pedi must indicate **100%** under ***Choice %***.

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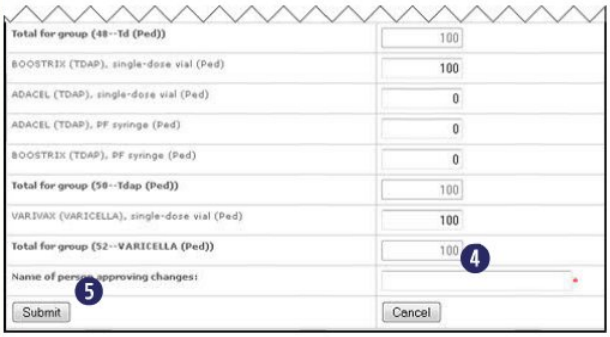
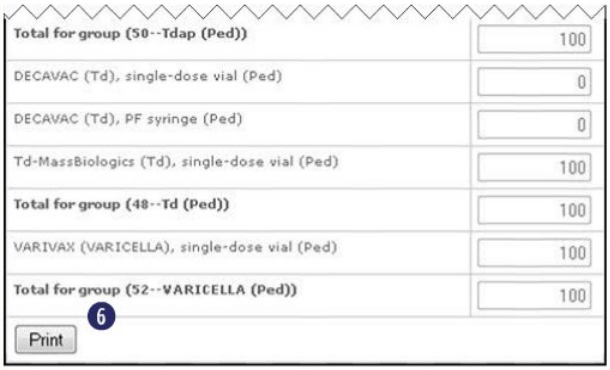


Total for group (48--Td (Ped))	100
BOOSTRIX (TDAP), single-dose vial (Ped)	100
ADACEL (TDAP), single-dose vial (Ped)	0
ADACEL (TDAP), PF syringe (Ped)	0
BOOSTRIX (TDAP), PF syringe (Ped)	0
Total for group (50--Tdap (Ped))	100
VARIVAX (VARICELLA), single-dose vial (Ped)	100
Total for group (52--VARICELLA (Ped))	100
Name of person approving changes:	

Submit Cancel



Total for group (50--Tdap (Ped))	100
DECAVAC (Td), single-dose vial (Ped)	0
DECAVAC (Td), PF syringe (Ped)	0
Td-MassBiologics (Td), single-dose vial (Ped)	100
Total for group (48--Td (Ped))	100
VARIVAX (VARICELLA), single-dose vial (Ped)	100
Total for group (52--VARICELLA (Ped))	100

Print

4 **Name of Person Approving Changes:** To print, you must enter the first initial and last name of the person reviewing as well as today's date to identify when the choices were reviewed.

5 **Submit:** To allow the system to save your name and date and activate the print functionality.

6 **Print:** Once the system saves your name and date, you can print the contents of your ***Update Choice*** screen.

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ORDDTL PLACE ORDERS

Vaccine To Be Shipped	Vaccine Substituted	Original Request Quantity	Quantity
TRIPEDIA (DTAP), single-dose vial (Ped)		0.00	0.00
IPOL (IPV), multi-dose vial (Ped)		10.00	10.00
MENACTRA (MCV4), single-dose vial (Ped)		15.00	15.00
MMR II (MMR), single-dose vial (Ped)		20.00	20.00
VARIVAX (VARICELLA), single-dose vial (Ped)	*PROQUAD (MMRV), SDV	30.00	30.00
PREVNAR 13 (PCV13), PF syringe (Ped)		0.00	0.00
PNEUMOVAX 23 (PPSV23), single-dose vial (Ped)		0.00	0.00
ROTATEQ (ROTAVIRUS RV5), oral applicator (Ped)		0.00	0.00
Td-MassBiologics (Td), single-dose vial (Ped)		10.00	10.00

Vaccine Choice - Changes on Place Order

Next time you place an order, your choices for each vaccine will show in the ***Vaccine To Be Shipped*** column.

Important:

- The ability to update choices will occur several times during the year.
- Once notified, your office has only **two weeks** to update/change your choices.
- If you do not wish to make any changes, no action is required on your part.
- If it is your month to order, it is recommended you order **before** making any changes to your vaccine choices.
- Placing your order first will avoid your order being delayed or placed on backorder.
- If you choose only one brand/presentation of any 'vaccine family' with a maximum stock level of 30 doses or less you will avoid the risk of overstocking!

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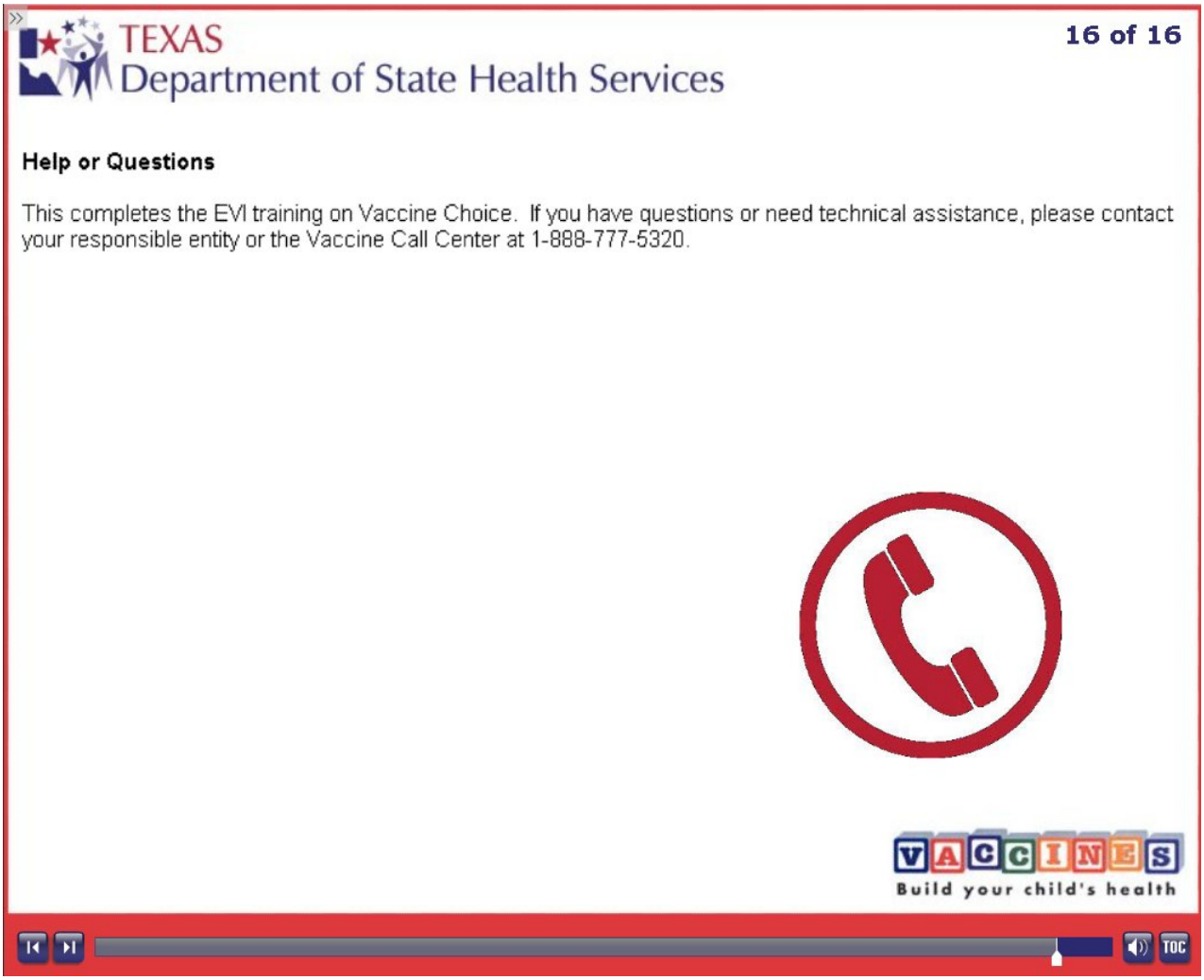
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Help or Questions
This completes the EVI training on Vaccine Choice. If you have questions or need technical assistance, please contact your responsible entity or the Vaccine Call Center at 1-888-777-5320.
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