

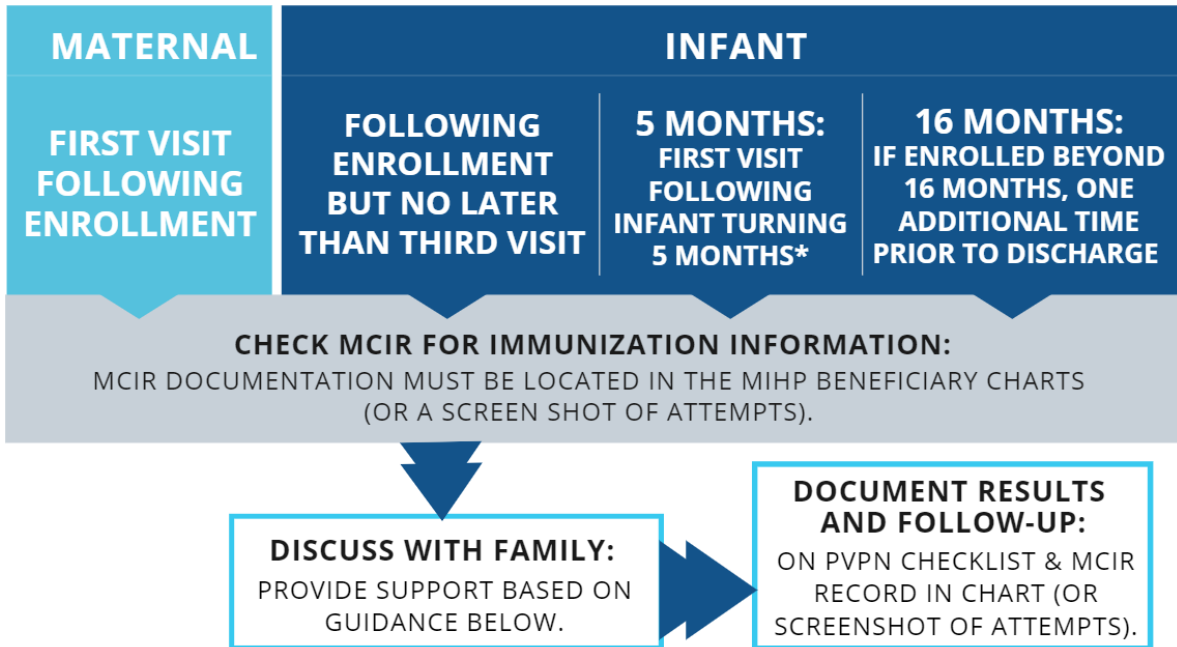
# MIHP MCIR GUIDANCE AND SUPPORT: IMMUNIZATIONS

Maternal Infant Health Program (MIHP) Home Visitors must discuss immunizations, access the Michigan Care Improvement Registry (MCIR), and follow up as appropriate. This document provides **guidance for viewing data in MCIR and supporting families with appropriate resources**. Please note that this document is MCIR-specific and is therefore not all-encompassing for other aspects related to immunizations. For example, this document reviews the timeframes to review immunization records in MCIR, yet *discussion* of immunizations is expected for every infant visit.

*Reminder: Please ensure that appropriate staff have been provided MILogin and MCIR access. The MIHP website has instructions for MIHP how to gain access to MCIR.*

## WHEN IS MCIR IMMUNIZATION ASSESSMENT EXPECTED PER MIHP GUIDELINES?

Home visitors must check MCIR for immunization information and include the record in the chart. MCIR immunization checks are required for both maternal and infant beneficiaries as follows:



\*If the infant is older than 5 months at enrollment, at least 2 separate immunization MCIR reviews are still required (at the first professional visit following enrollment and at least one additional professional visit prior to discharge.)

## KEY POINTS WHEN REVIEWING MCIR IMMUNIZATIONS

MCIR is a valuable tool to review which vaccines have been documented by a healthcare provider (HCP). It also provides a “Status” assessment as well as timelines for additional doses per CDC recommendations. However, it is important to understand the following:

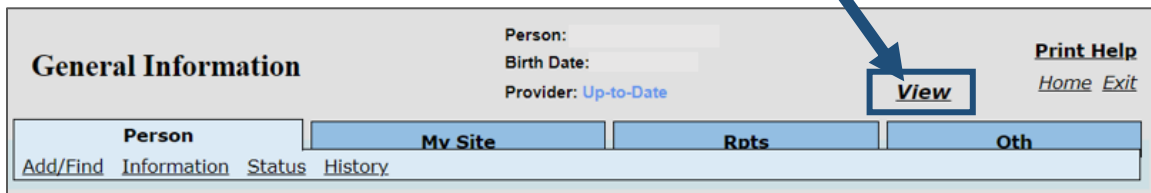
- Assessment is based on CDC recommendations for **routine vaccination of the general public**. Therefore, additional vaccines or doses could be indicated for certain individuals based on their needs (medical conditions, pregnancy, occupation, etc.).
  - For example, MCIR may indicate “up to date” for the row titled “DTP/DTaP/DT/Td/Tdap” but pregnant person should receive Tdap vaccine **each pregnancy** (between weeks 27-36). This example is included in the guidance below.

- MCIR assessment is a point-in-time review. A beneficiary’s needs for vaccination changes as time evolves, emphasizing the importance of reminders for the family to routinely discuss vaccine needs with healthcare providers.
  - For example, certain vaccines are not recommended *during* pregnancy but can be received *before/after* pregnancy (i.e., HPV, MMR, Varicella/Chickenpox).
- Although you are reviewing a beneficiary’s MCIR record, encouraging up-to-date vaccination among family and caregivers is important for optimal protection.

## WHERE ARE THESE RESULTS LOCATED IN MCIR?

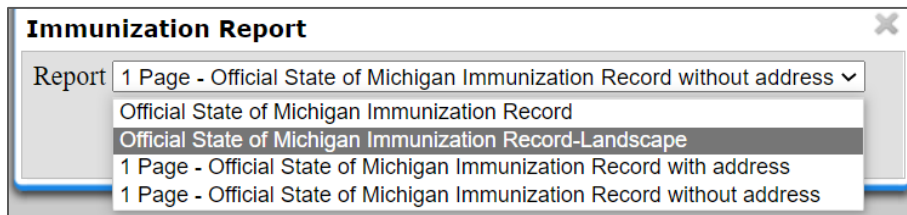
Upon locating the beneficiary’s MCIR record, the **Immunizations** section will be the default display.

- To view the immunization record and print or save as PDF: Select **View**.

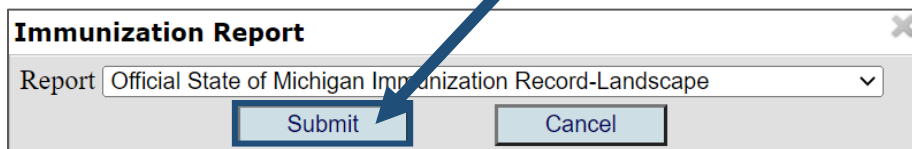


- A box will appear to choose a report version. The default is typically “1 Page – Official State of Michigan Immunization Record without address” and may be selected. However, there is also a “Landscape” option\* which can support ease in viewing assessment status per vaccine.

*\*FYI - You can change the default report preference by going to “User Preferences” on your MCIR Home Screen.*



- Select the preferred layout and click **Submit**.



- The report will appear as a PDF to print/save.
- Save the MCIR record in the beneficiary’s chart.
  - Or include the screenshot of “Person not found” if the person was searched multiple times and unable to be found in MCIR.
- Use the guidance below to review the data and provide support.

## HOW CAN I SUPPORT FAMILIES BASED ON THE RESULTS?

Follow this four-step process:

- For each vaccine row, review the **Status** column and dates within the **Recommended** column.

History of Immunizations Given by Series							Status	Accelerated Date	Recommended	Shots Given
DTP/DTap/DT/Tdap	08/14/92 DTP (historical)	10/23/92 DTP (historical)	11/22/93 DTP (historical)	06/12/97 DTP (historical)	08/08/97 DTP (historical)	09/03/98 DT (historical)	Up-To-Date	04/27/2031	04/27/2031	
Hib	06/12/92 Hib (Hib1)	08/14/92 Hib (Hib1)	10/23/92 Hib (Hib1)	07/30/93 Hib (Hib1)						
Polio	06/12/92 OPV (polio)	08/14/92 OPV (polio)	11/22/93 OPV (polio)	08/08/97 OPV (polio)						
MMR	07/30/93 MMR	08/08/97 MMR								
Hepatitis B	08/08/97 Hep B (historical)	02/10/98 Hep B (historical)	11/05/01 Hep B (ped/adol)							
Varicella	09/02/03 Varicella (Varivax)	02/14/08 Varicella (Varivax)								
Hepatitis A	12/07/17 Hep A (adult)	09/13/18 Hep A (adult)								

View Status and apply guidance below.

**Recommended Date\*:** The recommended date the vaccine should be given per CDC routine recommendations.

\*There is also a column for **Accelerated Date:** the earliest date a vaccine may be given to catch-up a person more than one month behind

- Our goal is that beneficiaries receive timely vaccination to achieve “complete” and “up-to-date” statuses. Use the guidance below to provide support based on the vaccine **Status** column.
  - For a definition of each status, view [this document](#).

IF STATUS FOR A VACCINE SHOWS:	GUIDANCE AND REFERRAL SUPPORT
<b>COMPLETE</b>	All recommended doses in this series have been received. No further doses recommended unless indicated by the healthcare provider (HCP). <ul style="list-style-type: none"> <li>Discuss other vaccines in the MCIR with non-complete statuses.</li> <li>Encourage the family to discuss vaccines with their healthcare provider (HCP). Despite MCIR status, HCP may identify additional doses or vaccines needed based on an individual’s needs (medical conditions, occupations, etc.).</li> </ul>
<b>SEASON COMPLETE</b>	Flu vaccination status is per flu season. If “Season Complete,” the person is either younger than 6 months (i.e., ineligible), or received their needed flu dose(s) this season. <ul style="list-style-type: none"> <li>Promote continued annual flu vaccination: All people should receive a vaccine each year, including pregnant people and infants 6 months of age and older.</li> </ul>
<b>CONSIDER</b>	<ul style="list-style-type: none"> <li>Encourage family to discuss these vaccines with their HCP. Advise that they be vaccinated on, or as soon as possible following the <b>Recommended Date</b> in MCIR.</li> <li>Encourage keeping all appointments with HCP; Well-child visits, prenatal visits, postpartum visits and interconception care are key opportunities for vaccination. HCP may also recommend additional vaccines based on individual needs.</li> <li>Coordinate referrals as needed to support access – transportation, pediatrician coordination, etc. On-time vaccination is key to optimal protection.</li> </ul>
<b>UP-TO-DATE</b>	
<b>DISCUSS/DUE NOW</b>	
<b>ELIGIBLE</b>	
<b>OVERDUE</b>	<ul style="list-style-type: none"> <li>Encourage the beneficiary discuss these vaccines with their healthcare provider as soon as possible. If vaccination is delayed, this leaves the person vulnerable to vaccine-preventable disease. On-time vaccination is critical for optimal protection.</li> <li>Discuss barriers to timely immunization.</li> <li>If a scheduled HCP appointment has been missed, encourage rescheduling as soon as possible. Vaccine-only visits may also be offered at the local health department to get caught up on vaccines sooner: <a href="http://www.Michigan.gov/LHDMap">www.Michigan.gov/LHDMap</a></li> <li>Coordinate referrals as needed to support access – transportation, pediatrician coordination, etc.</li> </ul>
<b>IMMUNE</b>	N/A; Person does not need this vaccine because they already have non-vaccine related immunity to the disease the vaccine prevents.

3. If reviewing a pregnant person’s record, perform a **Tdap (whooping cough vaccine) check** as shown below, since this is a pregnancy-specific recommendation and MCIR status does not assess such individualized indications. If not reviewing a pregnant person’s record, proceed to step 4.
  - A. Review the first row, titled “DTP/DTaP/DT/Td/Tdap.”
  - B. Check to see if the beneficiary has received **Tdap** during this pregnancy. If not, recommend they work with their HCP to be vaccinated between 27-36 weeks gestation.
  - C. Example below:

History of Immunizations Given by Series										Status	Accelerated Date	Recommended	Shots Given
DTP/DTaP/DT/Td/Tdap	08/14/92 DTP (historical)	10/23/92 DTP (historical)	11/22/93 DTP (historical)	06/12/97 DTP (historical)	08/08/97 * DTP (historical)	09/02/03 DT (pediatric)	07/18/12 Tdap (adol/adult)	04/27/21 Tdap (adol/adult)	**	Up-To-Date 	04/27/2031	04/27/2031 	
Hib	06/12/92 Hib (Hib1)	08/14/92 Hib (Hib1)	10/23/92 Hib (Hib1)	07/30/93 Hib (Hib1)									
Polio	06/12/92 OPV (polio)	08/14/92 OPV (polio)	11/22/93 OPV (polio)	08/08/97 OPV (polio)									
MMR													
Hepatitis B													
Varicella										Complete			
Hepatitis A										Complete			
Seasonal Influenza	09/13/12 IIV3 (inject)	09/03/13 IIV3 (inject)	09/30/14 IIV4 (inject)	10/12/17 IIV4 (P-free,inject)	09/25/18 IIV4 (P-free,inject)	10/18/19 * IIV4 (inject)	09/25/20 IIV4 (P-free,inject)	11/07/21 IIV4 (P-free,inject)		Season Complete			
Pneumococcal Adult	09/25/18 PCV13 (Pevnar13)												
SARS-CoV-2	03/13/21 (Moderna) 0.5 ml	04/10/21 (Moderna) 0.5 ml	08/18/21 (Moderna) 0.5 ml										

Tdap was received on 4/27/21 in this example. If this does not fall within the Tdap timeframe for pregnancy (week 27-36), encourage the beneficiary to receive this vaccine during 27-36 weeks (Earlier in this timeframe is preferable). Tdap vaccine is typically provided during a prenatal care visit.

Do not rely on **Status** and **Recommended** columns for Tdap in pregnant people; MCIR provides assessment based on the “routine” recommendation (TD or Tdap every 10 years).

Review all other vaccines and statuses, included flu (Seasonal Influenza) and COVID vaccine (SARS-CoV-2).

4. Provide resource from **Resources** section below, as appropriate.

## RESOURCES RECOMMENDED FOR ALL VACCINE STATUSES

Consider these resources to support vaccine discussions. Additional resources will be available on the MIHP website and updated routinely.

### Pregnancy:

- [Vaccines for Pregnant People](#) (Handout, *Immunize.org*)
  - [Spanish](#)
  - [Arabic](#)
- [Vaccines During and After Pregnancy](#) (Webpage, *CDC*)
- [COVID-19 Vaccine While Pregnant or Breastfeeding](#) (Handout, *CDC*)
  - [Spanish](#)
- [COVID Video FAQs: Greater Than COVID](#) (Videos, Kaiser Family Foundation)

Even more translations available on [Immunize.org](#)

### Infancy

- [Vaccines for Infants 0-12 months](#) (Handout, *Immunize.org*)
  - [Spanish](#)
  - [Arabic](#)
- [CDC Parent-Friendly Vaccine Schedule](#) (Handout, *CDC*)
- [Quick Responses to Common Parent Questions](#) (Handout, *CDC*)
- [Quick Conversation Guide for Pediatric COVID-19 Vaccination](#) (website and handout, *CDC*)
- [Childhood Vaccine Video Series: Commonly Asked Questions and Answers](#) (Videos, *AAP*)

### Vaccines for Others Around Your Baby

- [Vaccines for Family and Caregivers](#) (Webpage, *CDC*)
- [Protect Babies from Whooping Cough](#) (Handout/Infographic, *CDC*)
- Adults may request their vaccination record: [www.MCIR.org/Public](http://www.MCIR.org/Public)

### Vaccine Access – Where to Get Vaccines

- [COVID Vaccine: Find a Vaccine Near You](#) (Website, *MDHHS*)
- [The Vaccines for Children Program](#) (Handout, *MDHHS*)
  - Free vaccines for Medicaid-eligible children 0-18
- [Helping Adults Pay for Vaccines](#) (Handout, *MDHHS*)
- [Paying for Vaccines](#) (Interactive Tool, *Vaccinate Your Family*)

**Where to go for vaccines?** Health department, pediatrician, prenatal care provider, pharmacies, federally qualified healthcare providers, and more.

**FREE MATERIALS  
FOR ORDER!**

Consider ordering **FREE** printed materials from:

- [MDHHS Clearinghouse](#)
- [Families Fighting Flu](#)

**QUESTIONS?** Contact Maria McGinnis, MIHP Nurse Consultant at [mihp@michigan.gov](mailto:mihp@michigan.gov).

## DOCUMENTATION

Document on the PVPN checklist and include the MCIR record in the beneficiary chart (or screenshot of attempts if the record is unable to be found).