Immunization Entry eForm Guide

Contents

Introduction

The Immunization Entry eForm streamlines data entry into Panorama (also called the Provincial Immunization Registry or PIR.) The form can currently be used to document the administration of vaccines for COVID-19, HiB, HPV-9, influenza, MMR, MMRV, MPox/smallpox, Pneumo-C-13, and Pneumo-P-23.

This guide explains how to use the platform. For the most recent version, go PPHIS Confluence or PPHIS Reference Materials for Front Line Users.

Getting Started

Logging In

1. Open the Google Chrome browser. Turn off autofill. Enable pop ups for www.eforms.healthbc.org.

2. Go to https://www.eforms.healthbc.org/login. The log in screen will display (see screenshot below).
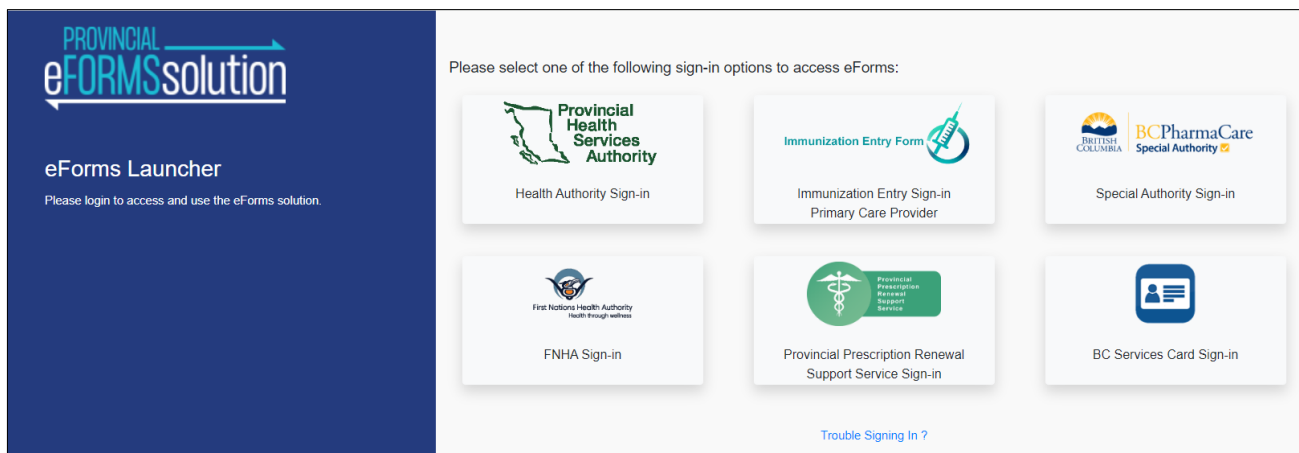
3. Select a sign-in option below. If you:

- provide services under a health authority, use **Health Authority Sign-In**;

- provide services under the First Nations Health Authority, use **FNHA Sign-In**;

- are a primary care provider, use **Immunization Entry Sign in Primary Care Provider** and select **BC Services Card/PidP - Licensed Practitioners (GP/NP)**;

- are a medical office assistant or an unlicensed practitioner, use **Immunization Entry Sign-In Primary Care Provider** and select **BC Services Card – Unlicensed Practitioners (MOA)**.

If none of these apply to you, use the **BC Services Card Sign-in**. If you have issues with logging in, email eFormsEnrolment@phsa.ca for help.

The first time you launch the eForm you must accept the Privacy Confidentiality and Acceptable Use Acknowledgement terms.

4. After you log in, the Provincial eForms Solution homepage will display.

Provincial eForms Solution Homepage

A. The *Immunization Entry Form* link is in the left hand column. If you have multiple eForms, you can click the **Star** to move a form to the top. If you don't see the *Immunization Entry Form* link, email eFormsEnrolment@phsa.ca.
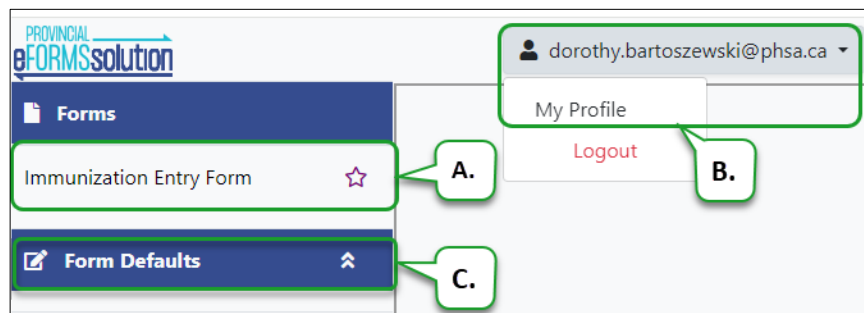
B. To see your profile settings, click on your **name** or **email address** in the top right corner, then click **My Profile.**

C. To set defaults for your session, click **Form Defaults** (**C.**) See the table below for default guidance for each field. Your defaults will clear when you log out or close your browser window.

FIELD	DEFAULT GUIDANCE
Filter Service Delivery Location By	Use the drop-down list to select the health authority or territory the clinic is in.
Service Delivery Location	Select the immunization clinic where the client was vaccinated from the drop-down list. **IMPORTANT** If you're not sure what to select, ask your supervisor. If your location isn't listed, ask your local eForm support team or email eFormsEnrolment@phsa.ca to add your clinic. **Do not enter data until you've confirmed the correct location and it's available in the eForm.**
Informed Consent for Series Obtained From	Select the person who provided consent from the drop-down list. If this is likely to change during the session, leave it blank.
Reason for Immunization	Select the reason for immunization from the drop-down list. If you'll be using different reasons for immunization in the session, leave it blank.
Trade Name	Select the vaccine trade name from the drop-down. The matching lot numbers will populate the *Lot #* drop-down. Leave this blank if you're using multiple trade names.
Lot #	Select the vaccine lot number you're using from the drop-down. If you'll be using multiple lots, leave it blank. If you select *Lot #* before *Trade Name*, *Trade Name* will auto-populate.
Immunization Date	Defaults to the current date. For a future clinic, delete the default and leave this field blank. For back data entry, select the date of immunization.
Provider	Click **Search Provider.** The *Provider Search* window will open. Select the provider. See **Using Provider Search** for details.

Entering Client Data

Client Search

Use *Client Search* to populate the eForm with client data from the BC Client Healthcare Registry (also called the Enterprise Master Patient Index or EMPI, HCIM and JCR). 98% of BC residents are in the EMPI. Using *Client Search* helps prevent client matching and data entry errors. Review the data with your client.

1. Click *Immunization Entry Form*. The *Client Search* window will open.

2. Enter the client's *PHN* or *First Name, Last Name* and *Date of Birth.* Click *Search*.

    IMPORTANT When searching by name, start with the client's full legal name, then try a preferred name/alias or previous names. Do at least three searches before entering it manually.

3. When you've found your client, click *Select.* The client's data will populate the eForm.
4. If you can't find your client or your client has not received health care services in BC (e.g., new to BC or visiting), click *Skip.*
5. You'll be sent to *Provider Search.* After you've selected the provider, you can manually enter the client's data.

Manual Data Entry

Only use manual entry as a last resort, as it's more prone to error.

1. Complete or skip *Client Search* and *Provider Search*.
2. Enter client demographic data. See the table below for guidance. You must complete the fields with a red asterisk * to submit the eForm.

FIELD	DATA ENTRY GUIDANCE
*Last Name	Enter the client's legal last name on their BC Services Card or other government-issued ID. If the client's legal name is different than the name in EMPI, enter the name as in EMPI and enter the legal name in the comment. Follow up with EMPI to ensure the legal name is added to EMPI (see **Additional Resources**). Comment example: *Client's legal name has changed to (insert name).*
*First Name	Enter the client's legal first name on their BC Services Card or other government-issued ID. If the client uses a different name, enter it in the comments section at the end of the eForm. Comment example: *Client's preferred name is (insert name).*
Middle Name	Enter the client's legal middle name as on their BC Services Card or other government-issued ID. Leave blank if not provided. For multiple middle names, enter them with a space between each.
PHN	Enter the client's PHN as on their BC Services Card. **IMPORTANT** A PHN **must** be assigned to everyone who receives health care services in BC, including non-residents and visitors. Records without a PHN are flagged for manual review. If the client doesn't have a PHN (e.g., new to BC, migrant worker or international visitor) see **Error Management Guidelines** for how to create one.
*Date of Birth	Enter the client's legal date of birth as on their BC Services Card or other government ID.
*Sex	Enter the client's legal sex as on their BC Services Card or other government-issued ID. For clients presenting with *Gender = X*, select *Unknown*. **NOTE** *Undifferentiated* gender refers to newborns with ambiguous genitalia (i.e., unable to determine male or female.) Hospitals usually determine the sex of undifferentiated newborns, so *Undifferentiated* is rarely used.
Primary Phone Number	Enter the client's preferred phone number.

FIELD	DATA ENTRY GUIDANCE
Email	Enter the client's preferred email address. Leave blank if not provided.
Email Use	Use the radio buttons to select *Home, Work,* or *Mobile*. If not provided, leave the default, *Home.*
Country	Leave the default value of *Canada.*
Province / Territory	Select where the client lives. Defaults to *British Columbia.* You can select another option from the drop-down list.
City/Town	Enter the city/town where the client lives. If the client's address is unknown or they have no fixed address, enter the city/town where the client spends most of their time or where the clinic is located. Explain in the comment section at the end of the eForm. Comment example: *Client has no fixed address. Location of clinic provided as substitute for city/town information.*
Address Use	Use the radio buttons to indicate if the client's address is *Home, Work,* or *Temporary*. If the client's address is unknown or "no fixed address", leave as the default (*Home*).
Street Address Line	Enter the client's *street* address or enter "Unknown" or "No Fixed Address".
Postal Code	Enter the client's postal code. If it's unknown or "no fixed address" use the postal code of the clinic where the vaccine was administered and explain in the *Comment* field. Comment example: *Client has no fixed address. Postal code of clinic provided as substitute.* **NOTE** If *Client Search* was used, check pre-populated data for accuracy. Occasionally, records retrieved from EMPI are missing a postal code. Use the Postal Code Look-Up to support manual data entry.
Does client live on a First Nations Reserve?	Select a radio button. If you select *Yes, Address on First Nation(s) Reserve / Indigenous Community Name* will enable.
Address on First Nation(s) Reserve / Indigenous Community Name	Begin typing the name of the First Nations reserve in which the client lives. Select an option from the drop-down list. This field becomes mandatory if you select *Yes* for *Does client live on a First Nations Reserve?*

Provider Information

Provider Search

To enter provider information, always start with *Provider Search*. *Provider Search* pulls data from a registry with current data from regulatory colleges and organizations, so using it will minimize errors.

1. Complete or skip *Client Search*. The *Provider Search* window will open.
2. If you've set a default provider*,* it will display in the search results. Click the provider and click *Select.* The data will populate the eForm.
3. If you don't have a default provider*,* enter **Provider Name** or **ID Type** and **ID Number.** Click **Search.**
4. Select the provider from the results. If you can't find them, click *Skip* to use manual entry.

Manual Data Entry

If you can't find the provider using *Provider Search***,** enter provider data in the free-text fields. You **must** follow up with the professional college or regulatory organization to find out why *Provider Search* didn't work and update it if needed. See **Frequently Asked Questions** for guidance.

1. Complete or skip *Client Search* and *Provider Search*. The eForm will launch.
2. Scroll down to the *Immunization Data* header. Enter the **Provider Last Name** and **Provider First Name.**

Documenting an Immunization

Client Immunization Data from Panorama

If you found your client using *Client Search,* four fields will display Panorama immunization data. These fields support clinical decision making but should not replace clinical judgement as they may not display all data needed to make informed care decisions. Check comprehensive records when available, such as Panorama, CareConnect, or other regional health information systems. For how to enrol your clinic in CareConnect, see **Additional Resources**.

FIELD	DESCRIPTION
Immunization History	Read-only. Displays the client's Panorama immunization history for eForm immunizing agents. Provides immunizing agent, date administered, immunization status (valid or invalid), trade name, and volume administered. Displays entries in alphabetical order, then within each type, oldest to most recent. You can click in the display box and click Ctrl + F to find a specific immunizing agent.
Adverse Event Following Immunization (AEFI) History	Read-only. Displays the client's Panorama *Adverse Event Summary* with this data: date adverse event was reported, agent and date administered, status of the adverse event report, recommendation date, public health's recommendation, and public health's comment.
COVID-19 Immunization Forecast	Read-only. Displays the client's COVID-19 vaccine eligibility with this: immunizing agent/antigen, forecasted dose, the trade name, earliest date the client is eligible for the dose, dose due date, and dose overdue date.
COVID-19 Related Risk Factors	Read-only. Displays any active COVID-19 related *Risk Factors* in Panorama in alphabetical order. Each record displays the risk factor, the risk factor response, the reported date, and the effective from and to dates. **NOTE** If the client has the *Special Population – COVID-19 3 Dose Primary Series (*)* *Risk Factor,* it will display at the top of the list.

Entering Immunization Data

The table below explains how to complete the remaining eForm fields. If you've set form defaults, some fields will already be populated.

IMPORTANT You can NOT change any data after the form's submitted, so review it carefully. Check the BCCDC Immunization Manual (see **Additional Resources**) to ensure you're using the best vaccine product and dosage for your client. If you document administration of a vaccine product or dosage contraindicated for your client **without providing a rationale in the *Comment* field,** your submission may be marked *Invalid*.

FIELD	DATA ENTRY GUIDANCE: IMMUNIZATION EVENT
*Service Delivery Location	Select the immunization clinic where the client was vaccinated from the drop-down list. **IMPORTANT** If you're not sure what to select, ask your supervisor. If your location isn't listed, ask your local eForm support team or email eFormsEnrolment@phsa.ca to add your clinic. **Do not enter data until you've confirmed the correct location and it's available in the eForm.**
Informed Consent for Series Obtained From	Use the radio buttons to select who provided consent for the vaccine series. If you select *Client (Mature Minor Sensitive),* enter **Preferred Phone Number, Preferred Method of Communication,** and **Comment** (if needed). If you select **Substitute Decision Maker / Parent/Guardian**, enter **First and Last Name of Person Giving Consent, Relationship to Client,** and **Form of Consent**.
*Reason for Immunization	Select the reason for immunization from the drop-down list.
Staff Worksite / Client's Facility	Only complete this if the client works or lives in assisted living, independent living, or a long-term care facility. Select the facility from the drop-down list. If it isn't in the list, leave the field blank and enter the facility in the *Comment* field. If the client works at multiple facilities, select one and list the others in the *Comment* field. Comment example*: Client's worksite/facility not found in list. Client works at (facility name).* Or *In addition to selected worksite/facility, client works as (facility name(s)).* **IMPORTANT** If you can't find the worksite/facility, ask your local eForm support team or email eFormsEnrolment@phsa.ca to add it.
*Lot Number	Select the lot number from the drop-down. *Lot Number Expiry Date, Trade Name, Agent,* and *Manufacturer* fields will populate. **IMPORTANT** If the lot number you selected matches a product not indicated for your client, you **must** explain in the *Comment* field. See the **Error Management Guidelines** for details.

FIELD	DATA ENTRY GUIDANCE: IMMUNIZATION EVENT
Trade Name	Read-only. Auto-populates when **Lot Number** is selected.
*Date Administered	Defaults to the current date. You can use the date picker to select the date the vaccine was administered or enter it manually in YYYY-MM-DD format.
Lot Number Expiry Date	Read-only. Populates when *Lot Number* is selected.
*Dosage	Select the dosage administered to the client from the drop-down list. **IMPORTANT** If you administered a higher or lower dosage than recommended, you **must** explain in the *Comment* field. See **Error Management Guidelines** for details.
Dosage UOM	Read-only. Populates when *Lot Number* is selected.
*Site	Site on the client's body where the vaccine was administered. Select from the drop-down list.
*Route	Populates with the recommended administration route when *Lot Number* is selected. To modify, select from the drop-down list.
Agent	Read-only. Populates when *Lot Number* is selected.
Manufacturer	Read-only. Populates when *Lot Number* is selected.
Comment	Enter any supplemental/contextual information here.

Submitting the eForm

1. Review the entered data for accuracy. Click **Submit.**
2. A confirmation will display with a reference number for tracking: *"Submission is successful. If there is any concern or question about the information submitted, someone may contact you. Ref.No.: d12b0a15-5738-412c-869e-606538d8c044"*
3. You can create a PDF of the eForm for local record keeping or distribution to the client.

Error Management Guidelines

The table below describes common errors, how to prevent them, and how users and local support teams can correct them.

ERROR	HOW TO PREVENT IT	HOW TO FIX IT
Client record is missing a PHN or PHN is incorrect	• Use *Client Search* to enter client demographic data if possible. Do multiple searches before manually entering data. • Ensure the data entered matches the client's BC Services Card.	If your client does not have a PHN (e.g., new to BC, migrant worker, or international visitor), help them get one before entering an immunization. Follow local processes or ask EMPI (see **Additional Resources**). Once the PHN has been created, it will be searchable using *Client Search.*
Record submitted for the wrong client	• If you can, ask the client to confirm their legal name and date of birth and compare this to the data entered. • If you're entering data from a past event, ensure the data entered matches the original data.	If you enter an immunization for the wrong client, you must enter two eForms to correct it: one to flag the incorrect eForm, and one on the correct client. • **Entry 1 –** Use *Client Search* to find the wrong client. **Resubmit the eForm but in *Comments*, describe the error**. Comment example: *User submitted eForm on (date submitted). Data entry error, wrong client. Please delete immunization from this client's record.* • **Entry 2** – Enter a new eForm for the correct client.
One or more of these is wrong: First and Last Name, DOB, Sex, or PHN	• Use *Client Search* to enter demographic data if possible. Do multiple searches before manually entering data. • Carefully review forms before submitting. Double-check that the data entered matches the client's government-issued ID.	• The eForm will be flagged for manual review by a data reconciler. If only one data field is wrong, but the PHN was entered and it's correct, the reconciler can still match the client to an existing client record in Panorama. No further action is required. • If more than one data field is wrong, the reconciler will not have enough accurate data to match the client, even if the PHN was entered and is correct. The reconciler will reject the submission and direct you to resubmit the eForm with the correct data.
Inappropriate vaccine product or dosage	• Refer to BCCDC Immunization Manual for vaccine eligibility and recommended dosages (see **Additional Resources)** • To prevent accidental data entry, turn off auto-populate in your browser (see **Appendix 1: How to Change Settings in Chrome)**	**Option 1 –** If the vaccine/dosage change was intentional, enter a comment describing rationale. Comment example: *Intentional administration approved by Medical Health Officer/Physician/Nurse Practitioner. (Provide additional details/rationale).* **Option 2 –** If it was an error, resubmit the eForm with the correct product or dosage and a comment describing error. Comment example**:** *Resubmitting eForm as*

ERROR	HOW TO PREVENT IT	HOW TO FIX IT
	• Carefully review forms before submitting	*incorrect dosage selected previously. Please update or delete previous submission.*
Incorrect data entry for all other fields (SDL, Provider, Lot #, missing comments, etc.)	• If you're entering data from a past event, ensure the data entered matches the original data. • Carefully review forms before submitting	• If you're aware of a data entry error, resubmit the eForm with the correct information and a comment describing the error. Comment example: *Resubmitting eForm as incorrect Lot # selected previously. Please update or delete previous submission. Correct Lot #: (add Lot #).* • If the data error is caught through a Panorama data quality check, a data remediator may mark the submission as invalid, contact you to request more information, or direct you to resubmit the eForm.

Frequently Asked Questions

Q: How can I get access to eForms, including the Immunization Entry form?

A: Contact eFormsEnrolment@phsa.ca and specify the form you need. Include your manager/supervisor on the request.

Q: What if I can't log in or get an error during login?

A: If you can't log in or get an error, your account was probably deactivated because you didn't log in for 90 days. Contact eFormsEnrolment@phsa.ca for assistance.

Q: The provider data is incorrect; how do I correct it?

A: The *Provider Search* field pulls data from the BC Provider Registry, a provincially managed database. The eForms team can't change this data. To update the data, contact the provider's college (i.e., the College of Physicians). Once the college updates the data, it will be reflected in the Provider field.

You can also contact Registries Line of Business Help Desk at 250-952-9137 or HLTH.PRSAdmin@gov.bc.ca If the data is up-to-date with the college but not displaying correctly, contact the VCH Transcription Team at transcriptionalerts2@vch.ca.

Resources

eForm Support

TEAM	HELPS WITH	HOW TO CONTACT	HOURS
Enrolment	access, log-in	eFormsEnrolment@phsa.ca	Mon-Fri, 8 AM–4 PM
General Support	all other issues	eFormsSolutions@phsa.ca	Mon-Fri, 8 AM–4 PM
Off Business Hour Support	all issues	604-877-2159 x 222159	Mon-Fri, 5-7 PM weekends/stat holidays 8 AM-7 PM

eForm Training Videos

eForms For Primary Care Providers - Overview   eForms For Primary Care Providers - Client Search

Downtime Forms PPHIS Reference Materials for Front Line Users - Immunization Downtime Forms

Requesting PHN/Updating EMPI

Ministry of Health - British Columbia HealthCare Client Identity Management (EMPI/HCIM/JCR):

- Monday to Friday, 8:30 AM–4:30 PM   Phone: 1-250-952-9137 (Preferred)
- Email: HLTH.RE6ISTRIESADMIN@gov.bc.ca (Subject: URGENT PHN Request)

Outside those hours, contact the Service BC Vaccine Contact Centre:

7 days/week, 7 AM–7 PM, Phone: 604-630-4063

BC Centre for Disease Control BCCDC Immunization Manual Immunization Competency Course

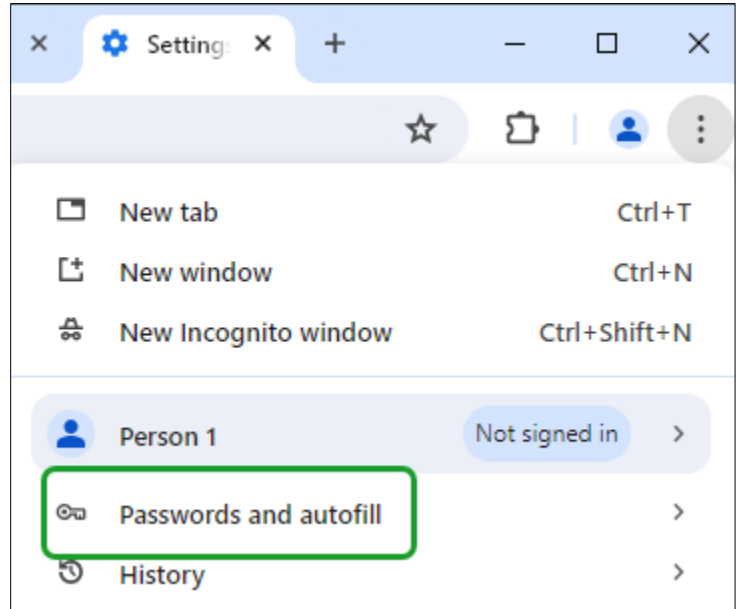**CareConnect Enrolment** Request Access for Community-Based Users

Useful Links   BC Branch Locator Tool   Postal Code Look-Up

Appendix 1: Turn off Autofill in Google Chrome

1. On top right of the browser window click on the three vertical dots ⋮ .
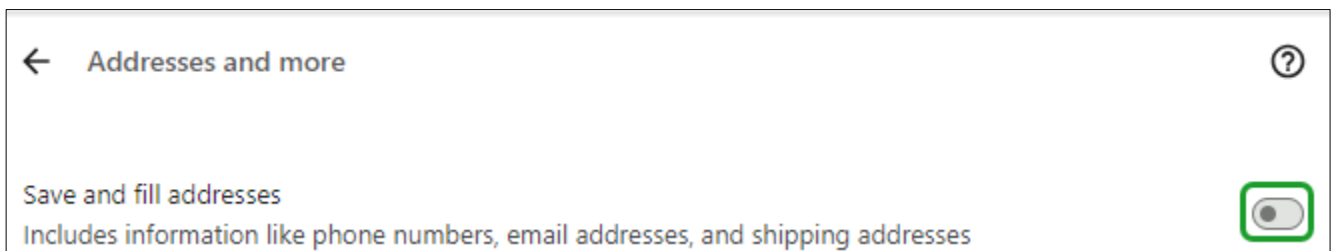2. In the drop down list, click **Passwords and autofill.**

3. In the centre column click **Addresses and more**.

4. Ensure **Save and fill addresses** is off.

5.

Revision History

Version	Author	Date	Changes/Comments
5.3	G. Khudra	05-Jul-2022	Updates throughout to generalize the eForm for entry of multiple products. Appendix 7: Non-COVID-19 Imms Entry updated to generalize immunization product from just influenza.
5.4	R. English N. Mukhi	9-Sept-2022	Updates to Appendix 5 and Appendix 7
5.5	D. Bartoszewski N. Mukhi	15-Dec-2022	Updated Appendix 5 to say the most recent versions of all downtime forms are on Confluence and the PPHIS Reference Materials for Front Line Users site.
5.6	D. Bartoszewski N. Mukhi	12-01-2023	Updated Monkeypox to Mpox.
5.7	D. Bartoszewski M. Moses	13-7-2023	Removed Appendix 8: COVID-19 Related Risk Factors (RF) as it was outdated.
5.8	D. Bartoszewski D. Boateng	06-03-2024	Removed mentions of Z_C19 to align with Panorama updates per PPHIS-18591.
5.9	D. Bartoszewski, D. Boateng, L, Lentic	06-June-2024	Major revision of content, language, and format.