

NIVS System Update 27th May 2021

Dear Colleagues

In response to a rapid development requirement from the national programme, we have made some changes to the Pre-Screening data collection page, as well as some refinements from user feedback. These changes have been pushed through at pace hence the late communication.

Pre Screening

Two additional questions are now required to be completed at the start of prescreening:

- Planned Vaccine to be given
- First Dose (Y/N)

Depending upon the combination of these selections, you will be asked to complete additional pre screening questions.

Planned Vaccine Type First Dose?

AstraZeneca 0.5ml dose Yes No

Pre-screening Captured Elsewhere? Date Prescreening Clinician Booking Number

Yes No 12/05/2021

Please ask the individual presenting for vaccination these questions and record that they have received appropriate counselling as to the purpose of the vaccine and side effects.

- Have you had any vaccination in the last 7 days? Yes No
- Are you currently unwell with fever? Yes No
- Have you ever had any serious allergic reaction to any ingredients of the Covid-19 vaccines, drug or other vaccine?# Yes No
See later for link to ingredients list.
- Have you ever had an unexplained anaphylaxis reaction?# Yes No
- Do you have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)? Yes No
- Have you experienced major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine? Yes No
- Are you, or could you be pregnant? Yes No
- Are you or have you been in a trial of a potential coronavirus vaccine?# Yes No
- Are you taking anticoagulant medication, or do you have a bleeding disorder? Yes No
- Do you currently have any symptoms of COVID-19 infection?## Yes No

If you or the person presenting for vaccination are uncertain as to the response made for any of the questions or the counselling they should receive, they should be referred or brought to the attention of the clinical supervisor/lead clinician as required for further advice.

Cautions – to have clinical evaluation prior to vaccination in accordance with [Immunisation against Infectious Diseases \(the Green Book\)](#).

Please click [here](#) for specific advice on management of the cautions listed above.

If Planned Vaccine Type is AstraZeneca and First Dose is No then a new question need to be completed:

- Has [the patient] experienced an urticarial skin reaction following a COVID-19 vaccine?

Planned Vaccine Type: AstraZeneca 0.5ml dose

First Dose?: Yes No

Have you experienced an urticarial (itchy) skin reaction following a COVID-19 vaccine?
 Yes No

Pre-screening Captured Elsewhere?: Yes No

Date: 12/05/2021

Prescreening Clinician: [Redacted]

Booking Number: [Empty]

If Yes is selected, then a warning banner will appear:

Planned Vaccine Type: AstraZeneca 0.5ml dose

First Dose?: Yes No

Have you experienced an urticarial (itchy) skin reaction following a COVID-19 vaccine?
 Yes No

! If the patient's first dose was Pfizer or Moderna, then the patient can be considered for having the AstraZeneca vaccine provided there is a mandatory 30 mins observation period.

If the patient's first dose was any other vaccine (not Pfizer or Moderna), then the patient should ONLY have the second dose in a place with full resuscitation facilities (e.g. a hospital).

Pre-screening Captured Elsewhere?: Yes No

Date: 12/05/2021

Prescreening Clinician: [Redacted]


Booking Number: [Empty]

These follow the guidelines from the National Program for pre-screening requirements.


Some additional changes to the look of the pre-screening have also been implemented. Clicking yes on any of the existing pre-screening questions will also flag alerts to the user:

Please ask the individual presenting for vaccination these questions and record that they have received appropriate counselling as to the purpose of the vaccine and side effects.

- Have you had any vaccination in the last 7 days? Yes No
- Are you currently unwell with fever? Yes No
- Have you ever had any serious allergic reaction to any ingredients of the Covid-19 vaccines, drug or other vaccine?* Yes No
See later for link to ingredients list.
- Have you ever had an unexplained anaphylaxis reaction?# Yes No
- Do you have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)? Yes No

 A further clinical review must take place!

- Are you, or could you be pregnant? Yes No
- Are you or have you been in a trial of a potential coronavirus vaccine?# Yes No
- Are you taking anticoagulant medication, or do you have a bleeding disorder? Yes No
- Do you currently have any symptoms of COVID-19 infection?** Yes No

 A clinical evaluation prior to vaccination is required!

Finally, a comments box for recording any decisions or observations is now available and there is a declaration to be recorded that the patient is clinically suitable for the vaccination:

If you or the person presenting for vaccination are uncertain as to the response made for any of the questions or the counselling they should receive, they should be referred or brought to the attention of the clinical supervisor/lead clinician as required for further advice.

Cautions – to have clinical evaluation prior to vaccination in accordance with [Immunisation against Infectious Diseases \(the Green Book\)](#).

Please click [here](#) for specific advice on management of the cautions listed above.

Comment

Consented For Vaccination?

Yes No

Consent Type

-- Please Select --

Clinically Suitable?

Yes No


Pre-screening Outcome

-- Please Select --


 Save

VACCINATION AGE WARNINGS

In addition, further validation warnings are in place. If a patient is under 40, then a warning will appear where the patient is offered the AstraZeneca Vaccine:

Batch Number	Manufacturer	Batch Expiry Date
<input type="text" value="AZ43273"/>	<input type="text" value="AstraZeneca"/>	<input type="text" value="13/09/2021"/>
Vaccine Type	Vaccination Site	Dose
<input type="text" value="AstraZeneca 0.5ml dose"/>	<input type="text" value="Left Thigh"/>	<input type="text" value="Administration of first dose of SARS-CoV-2"/>
<div style="background-color: #fff9c4; padding: 5px;"> You have selected the AstraZeneca vaccine for a person under the age of 40. Pfizer and Moderna vaccines are preferred as recommended by JCVI. Please discuss the appropriateness of vaccination with AstraZeneca with the clinical lead at the vaccination site.</div>		
Vaccinator Organisation	Vaccination Geo Site	
<input type="text" value="Essex University Partnership Trust (EPUT)"/>	<input type="text" value="CHELFORD COURT"/>	
Has the patient received all the relevant post-vaccination information? <i>(Further guidance on what to expect after a vaccination can be found here.)</i>		
<input type="radio"/> Yes <input type="radio"/> No		
<input type="button" value="Save"/>		

This warning will also appear on the prescreening page for the first dose, where the Planned Vaccine Type is AstraZeneca, and the patient is under 40 years of age:

Planned Vaccine Type	First Dose?		
<input type="text" value="AstraZeneca 0.5ml dose"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No		
<div style="background-color: #fff9c4; padding: 5px;"> You have selected the AstraZeneca vaccine for a person under the age of 40. Pfizer and Moderna vaccines are preferred as recommended by JCVI. Please discuss the appropriateness of vaccination with AstraZeneca with the clinical lead at the vaccination site.</div>			
Pre-screening Captured Elsewhere?	Date	Prescreening Clinician	Booking Number
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text" value="dd/mm/yyyy"/>	<input type="text"/>	<input type="text"/>

SIDE EFFECTS GUIDANCE

There is now a question at the bottom of the Add Vaccination screen to prompt the vaccinator to supply the appropriate post-vaccination material with a link to the Government website for further information:

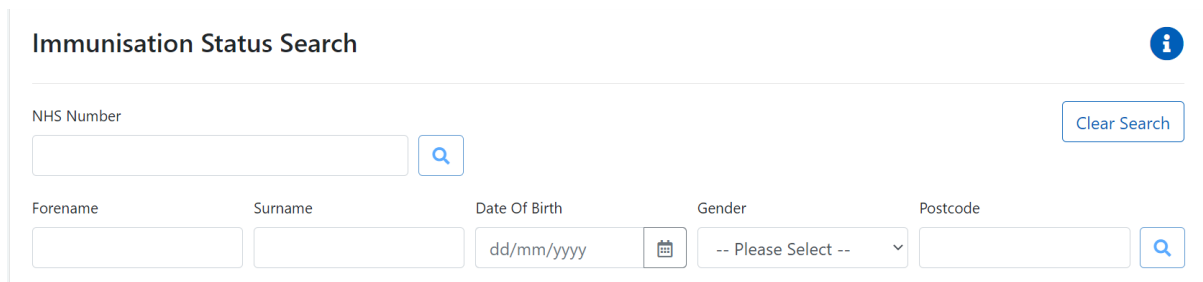
Has the patient received all the relevant post-vaccination information? *(Further guidance on what to expect after a vaccination can be found [here](#).)*

Yes No

 Save

IMMUNISATION STATUS SEARCH

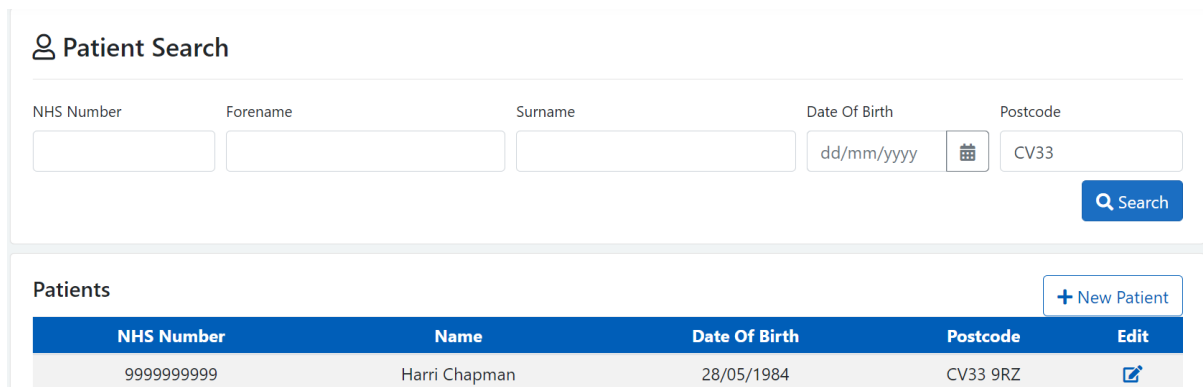
A Clear Search button has been added to the Immunisation Status screen to allow the user to remove any current demographics within the search fields:




The screenshot shows the 'Immunisation Status Search' form. It features a title bar with an information icon. Below the title, there is a search bar for 'NHS Number' with a search icon and a 'Clear Search' button. Below this, there are five input fields: 'Forename', 'Surname', 'Date Of Birth' (with a date picker icon and 'dd/mm/yyyy' placeholder), 'Gender' (with a dropdown menu showing '-- Please Select --'), and 'Postcode'. A search icon is located to the right of the 'Postcode' field.

PARTIAL POSTCODE SEARCH

You can now search using a partial postcode on the Patient Search screen:



The screenshot shows the 'Patient Search' form and a table of results. The form has a title bar with a patient icon. It includes input fields for 'NHS Number', 'Forename', 'Surname', 'Date Of Birth' (with a date picker icon and 'dd/mm/yyyy' placeholder), and 'Postcode' (with 'CV33' entered). A search icon and a 'Search' button are to the right. Below the form is a table titled 'Patients' with a '+ New Patient' button. The table has columns for 'NHS Number', 'Name', 'Date Of Birth', 'Postcode', and 'Edit'.

NHS Number	Name	Date Of Birth	Postcode	Edit
9999999999	Harri Chapman	28/05/1984	CV33 9RZ	

NHS NUMBER SEARCH

The system will now allow users to paste in an NHS Number with spaces (e.g. 111 111 1111) into the NHS Number boxes. NIVS will automatically remove the spaces and allow the search to be performed.