

# Using the Kentucky Immunization Registry (KYIR)

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**Kentucky Public Health**  
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**TEAM**   
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CABINET FOR HEALTH  
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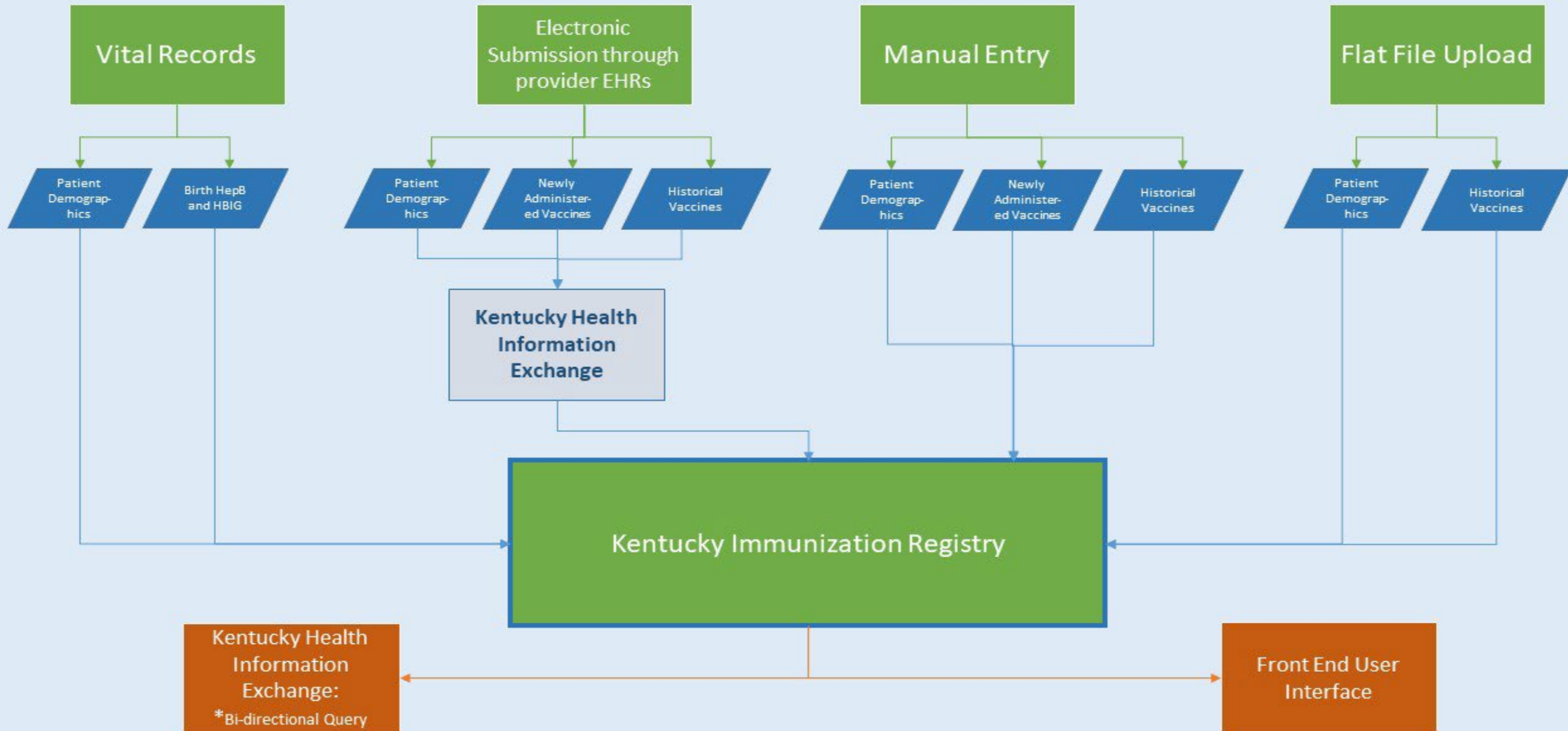
# What is the Kentucky Immunization Registry?

- 🛡️ The Kentucky Immunization Registry (KYIR) is an Immunization Information System
- 🛡️ It is a web-based, statewide immunization registry for Kentucky residents
- 🛡️ Information is collected and reported by participating providers
- 🛡️ It receives and processes electronic immunization information in real-time via the Kentucky Health Information Exchange (KHIE)
- 🛡️ The registry maintains a record of immunizations throughout an individual's lifespan

# Immunization Information Systems

- 🛡️ Immunization information systems (IIS) are confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area. They help providers, families, and public health officials by consolidating immunization information into one reliable source.
- 🛡️ At the *point of clinical care*, an IIS can provide consolidated immunization histories for use by a vaccination provider in determining appropriate client vaccinations.
- 🛡️ At the *population level*, an IIS provides aggregate data on vaccinations for use in surveillance and program operations, and in guiding public health action with the goals of improving vaccination rates and reducing vaccine-preventable disease. IIS helps immunization programs identify populations at high risk for vaccine-preventable diseases and target interventions and resources efficiently.
- 🛡️ IIS combines immunization information from different sources into a single record. It also provides official immunization records for school, daycare, and camp entry requirements.

# KYIR Data Flow



# Required Data Elements for Providers Submitting Electronic Data to KYIR

The Kentucky Department for Public Health requires the inclusion of the following data points in incoming HL7 messages to ensure our statewide immunization information system, KYIR, is accurate and complete.

When documenting immunizations, these data points must be accurately and consistently recorded in the provider's electronic health record

# Required for Newly Administered Immunizations

- 🛡 Vaccine Administering Provider
- 🛡 Vaccine Dose Volume and Unit
- 🛡 Vaccine Manufacturer Name
- 🛡 Vaccine Lot Number
- 🛡 Vaccine Expiration Date
- 🛡 Vaccine Route of Administration
- 🛡 Vaccines for Children (VFC) Eligibility
- 🛡 Vaccine Funding Source
- 🛡 Vaccine Information Statement Given Date
- 🛡 Patient Race
- 🛡 Patient Ethnicity
- 🛡 Vaccine Product Type Administered
- 🛡 Patient First Name
- 🛡 Patient Middle Name
- 🛡 Patient Last Name
- 🛡 Patient Address
- 🛡 Patient Phone Number
- 🛡 Patient Mother's First and Last Name  
(if child or adolescent)
- 🛡 Responsible Person's First and Last Name  
(if child or adolescent)
- 🛡 Patient Birth Date
- 🛡 Patient Sex
- 🛡 Vaccination Administration Date

# Required for Historical Vaccinations

- 🛡 Patient First Name
- 🛡 Patient Middle Name
- 🛡 Patient Last Name
- 🛡 Patient Address
- 🛡 Patient Phone Number
- 🛡 Patient Mother's First and Last Name  
(if child or adolescent)
- 🛡 Responsible Person's First and Last Name  
(if child or adolescent)
- 🛡 Patient Date of Birth
- 🛡 Patient Sex
- 🛡 Patient Race
- 🛡 Patient Ethnicity
- 🛡 Vaccine Product Type Administered
- 🛡 Vaccination Administration Date
- 🛡 Vaccine Dose Volume and Unit

# Are there benefits to using the registry?





# Using the Kentucky Immunization Registry

- 🛡️ Can help increase vaccination rates by identifying disparities in coverage
- 🛡️ Alerts providers of upcoming or overdue vaccinations that can assist with patient scheduling
- 🛡️ Provides measurable coverage rates that can aid in public health responses to outbreaks of vaccine-preventable diseases
- 🛡️ Helps facilitates with vaccine management and accountability through use of reports and assessment programs

# How can I participate?



# ENROLLMENT

Who Can Enroll in the Registry?



Medical  
Clinics



Hospitals



Pharmacies



Schools



Enrollment Forms  
for: Medical  
Clinics, Hospitals,  
Pharmacies and  
Staff

**Clinics:** [2023 KYIR  
Enrollment Form](#)

**Facilities:** [2023 KYIR  
Business Agreement](#)

**Users:** [KYIR User  
Account Form 2023](#)

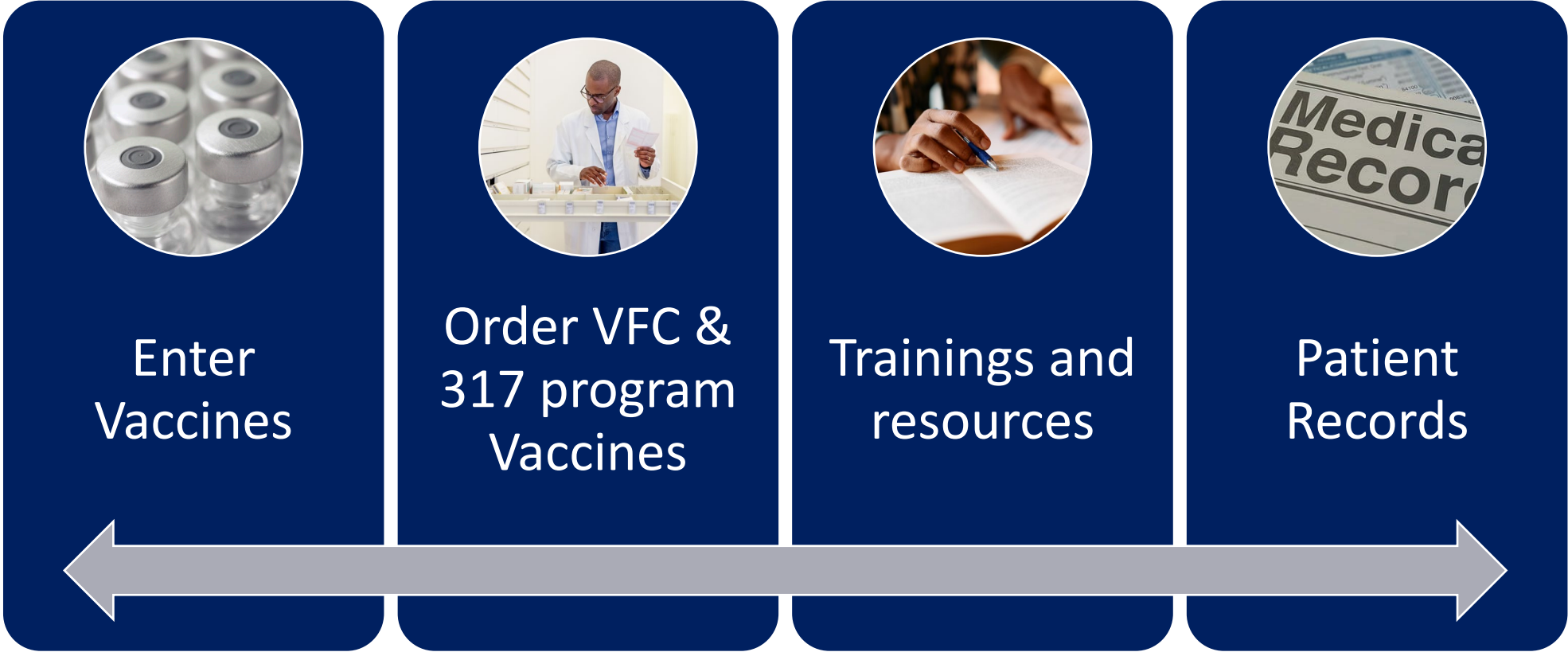
# School Enrollment Forms

[2023 KYIR School Enrollment](#) (complete one per school location)

[2023 KYIR Business Agreement](#) (complete one per clinic/facility/school district for public schools/one per facility for private schools)

[KYIR User Account Form 2023](#) (complete one per log in user)

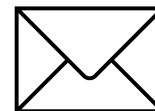
# What Can Users Do in the Registry?



# Accessing the Registry as a User

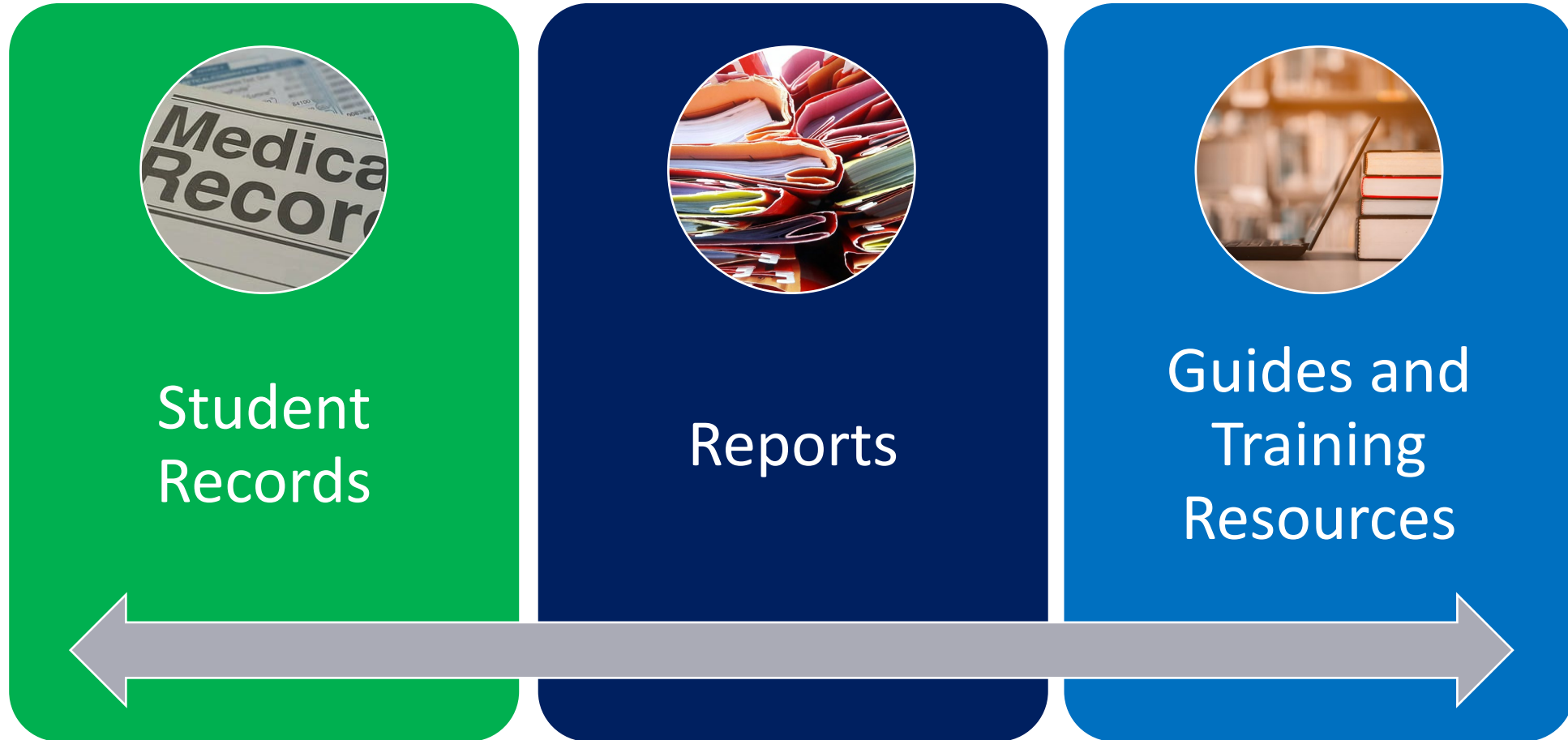
- 🛡️ Clinical staff (hospitals and clinics), health department staff, pharmacy staff, and others deemed eligible by the Immunization Branch and the registry team can **access KYIR through a User Account**
- 🛡️ **A user must be associated with an enrolled facility**
- 🛡️ User Accounts are created when the **CHFS 219 form** is received
- 🛡️ User accounts allow access to respective immunization information for the associated clinic or site and their patients  
**CHFS-219 Forms**

<https://www.chfs.ky.gov/agencies/dph/dehp/idb/Pages/kyir.aspx>



KYIRHelpdesk@ky.gov

# What Can School Nurses Access in the Registry?



**School nurses are ONLY able to enter vaccinations if they have written permission**

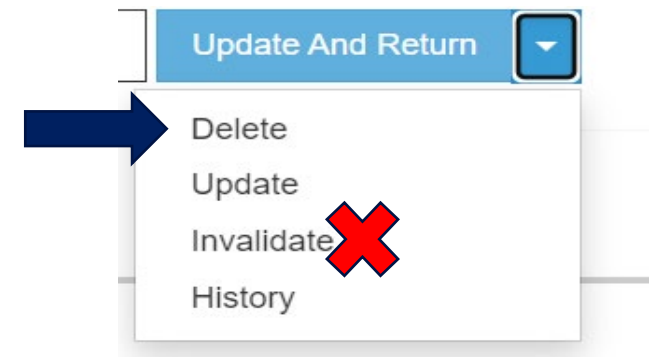


# School Nurses with Signed Consent

- 🛡️ School nurses can add historical vaccinations with **written permission**.
- 🛡️ The privacy of student education records is protected by [FERPA](#).
- 🛡️ School nurses may delete any vaccine that they have added.



Do not use the “Invalidate Dose” option



If a dose needs to be removed that was not added by the nurse there must be documentation showing this is an incorrect dose, then email the helpdesk to remove the dose.

# KYIR Training and Information Resources

- 🛡️ KYIR users report either manually through the KYIR application or electronically through the Kentucky Health Information Exchange (KHIE).
- 🛡️ If your clinic/pharmacy uses an existing electronic interface (EHR) to enter vaccine data and the system has a live connection with KHIE, you are an electronic reporter.
- 🛡️ If your clinic/pharmacy does not have an existing EHR system or if your current EHR doesn't connect through KHIE, you are a manual reporter.
- 🛡️ For further information about provider requirements, please see the [User Guide for Electronic and Manual Reporters](#).
- 🛡️ [Tips on Logging in to KYIR \(video\)](#)
- 🛡️ [How to Print a Certificate from KYIR \(video\)](#)
- 🛡️ [How to Print a Certificate and Immunization Record from KYIR \(guide\)](#)


# KYIR Training Webpage

This page provides links to training information for specific Kentucky Immunization Registry (KYIR) reporter types. KYIR users report either manually through the KYIR application or electronically through the Kentucky Health Information Exchange (KHIE).

If your clinic/pharmacy uses an existing electronic interface (EHR) to enter vaccine data and the system has a live connection with KHIE, you are an electronic reporter.

If your clinic/pharmacy does not have an existing EHR system or if your current EHR doesn't connect through KHIE, you are a manual reporter.

Follow the links under Additional KYIR Web Pages at right to find content specific to your reporting type.

For further information about provider requirements, please see the [User Guide for Electronic and Manual Reporters](#) .

## **KYIR General Information**

[Tips on Logging in to KYIR \(video\)](#)

[How to Print a Certificate from KYIR \(video\)](#)

[How to Print a Certificate and Immunization Record from KYIR \(guide\)](#) 



## **Additional KYIR Resources**

[KYIR Home Web Page](#)

[KYIR Manual Entry Providers Web Page](#)

[KYIR Electronic Reporting Providers Web Page](#)

[KYIR Application](#)

## **KYIR Helpdesk**

### **Contact the Helpdesk:**

Monday - Thursday 8 a.m. - 4 p.m. Eastern time  
Friday 8 a.m. - noon. Eastern time

Use the email option Friday from noon - 4 p.m. Eastern time

**Phone:** (502) 564-0038

Press 0 and tell the operator the general topic you need assistance with to be routed to the appropriate staff.

[Email Helpdesk](#)

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# KYIR Public Portal

Through the secure Kentucky Immunization Registry (KYIR) Public Portal you can obtain a copy of your immunization records

ON THE KYIR PUBLIC PORTAL, YOU CAN ACCESS:



## DIGITAL COPY

A digital copy of your immunization records.



## SCHOOL CERTIFICATE

For students under 18 years of age a digital copy of school certificates can be obtained.



## COVID-19 SMART HEALTH CARD

A copy of your COVID-19 vaccination records or a SMART Health Card: A digital copy of your COVID-19 vaccination records that can be stored on a phone.

To access a copy of your immunization records from the KYIR Public Portal scan the QR code provided or visit:

[chfs.ky.gov/KDPHMyVaxRecord](https://chfs.ky.gov/KDPHMyVaxRecord)



If you are unable to access your immunization records through the KYIR Public Portal please contact the KYIR Helpdesk at:

[KYIRHelpdesk@ky.gov](mailto:KYIRHelpdesk@ky.gov)

# Kentucky Immunization Registry Public Portal

**Kentucky Public Health**  
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KYIR - Access My Immunization Records

HOME | **HELP**

Patients and their Legal Guardians can use this screen to view and print an official record of their immunizations. The patient's First Name, Last Name, Date of Birth, and Gender are required before proceeding.

Who is the Patient?

First Name  Last Name  Date of Birth (MM/DD/YYYY)  Gender

Who are you?

What is your relationship to the Patient?

How would you like to receive your access code?  
 Mobile Phone  Email

Immunization records printed from this site may not be complete. The records represent only the data reported to and entered in the system.

WEBIZ Kentucky Immunization Registry

Version 23.2.1.0 Copyright © 2001-2023 Envision Technology Partners Inc.

The HELP tab provides further information as well as a link to the online form that can be submitted if there is an issue accessing account information.



Download Full Record

Download School Certificate

Download COVID-19 Record

View COVID-19 QR Code

SIMPSON, BART DATE OF BIRTH: 04/05/2007 AGE: 16 years 1 months 4 days GENDER: Male

! = Invalid Dose    ⊗ = Dose determined invalid by provider

Dose #	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
<b>DTaP / TD / Tdap</b>			
1	DTaP-IPV-Hib-HepB (Vaxeli)	06/15/2007	0 years 2 months 10 days
2	DTaP-IPV-Hib-HepB (Vaxeli)	08/18/2007	0 years 4 months 13 days
3	DTaP-IPV-Hib-HepB (Vaxeli)	10/23/2007	0 years 6 months 18 days
4	DTaP (Infanrix)	07/07/2008	1 years 3 months 2 days
5	DTaP-IPV (Kinrix)	04/15/2011	4 years 0 months 10 days
6	Tdap, Adsorbed	04/05/2018	11 years 0 months 0 days
<b>Hep A</b>			
1	Hep A, ped/adol, 2D	04/06/2008	1 years 0 months 1 days
2	Hep A, ped/adol, 2D	10/10/2008	1 years 6 months 5 days
<b>Hep B</b>			
1	Hep B, ped/adol	04/05/2007	0 years 0 months 0 days
2	DTaP-IPV-Hib-HepB (Vaxeli)	06/15/2007	0 years 2 months 10 days
3	DTaP-IPV-Hib-HepB (Vaxeli)	08/18/2007	0 years 4 months 13 days
4	DTaP-IPV-Hib-HepB (Vaxeli)	10/23/2007	0 years 6 months 18 days
<b>Hib</b>			
1	DTaP-IPV-Hib-HepB (Vaxeli)	06/15/2007	0 years 2 months 10 days
2	DTaP-IPV-Hib-HepB (Vaxeli)	08/18/2007	0 years 4 months 13 days
3	DTaP-IPV-Hib-HepB (Vaxeli)	10/23/2007	0 years 6 months 18 days
4	Hib, UF	04/06/2008	1 years 0 months 1 days
<b>MMR</b>			
1	MMRV	04/06/2008	1 years 0 months 1 days
2	MMRV	04/15/2011	4 years 0 months 10 days

When you are logged in to the Public Portal, you have the option of downloading your: full record, a School Certificate, your COVID-19 report, or the COVID-19 QR code.

# Full Immunization Record

## Immunization Record Kentucky Immunization Registry

Retain this document as proof of immunization.

For appointment or information, contact your local county health department or your physician's office.

A vaccination health record helps you and your healthcare provider keep your child's vaccinations on schedule. If you move or change providers, having an accurate record might prevent you or your child from repeating vaccinations you have already had. A shot record should be started when you receive your first vaccination and updated with each vaccination visit. Bring this record to every visit.

If you have questions or need to know where you can get immunizations, call the Kentucky HELP Line at 1-502-564-4478.

Kentucky Cabinet for Health and Family Services  
275 E. Main St. HS2E-B  
Frankfort, KY 40621

Present this record at each medical visit.

Name: BART SIMPSON (2528915)

Date of Birth: 04/05/2007

Precautions - Contraindications:

Vaccine Reactions:

Comments

Date	Note

Vaccines Refused

Date	Note

Other

Vaccine	Date Given	Doctor or Clinic	Date Next Due MM/DD/YYYY

! = Invalid Dose, minimum age/interval not met.    ⓧ = Dose determined invalid by provider

Vaccine	Date Given	Doctor or Clinic	Date Next Due MM/DD/YYYY
<b>DTaP / TD / Tdap</b>			
1 TaP-IPV-Hib-HepB (Vaxx)	06/15/2007	PR	04/05/2028
2 TaP-IPV-Hib-HepB (Vaxx)	08/18/2007	PR	
3 TaP-IPV-Hib-HepB (Vaxx)	10/23/2007	PR	
4 DTaP (Infanrix)	07/07/2008	PR	
5 DTaP-IPV (Kinrix)	04/15/2011	PR	
6 Tdap, Adsorbed	04/05/2018	PR	
7			
<b>Polio</b>			
1 TaP-IPV-Hib-HepB (Vaxx)	06/15/2007	PR	
2 TaP-IPV-Hib-HepB (Vaxx)	08/18/2007	PR	
3 TaP-IPV-Hib-HepB (Vaxx)	10/23/2007	PR	
4 DTaP-IPV (Kinrix)	04/15/2011	PR	
5			
<b>Hib</b>			
1 TaP-IPV-Hib-HepB (Vaxx)	06/15/2007	PR	
2 TaP-IPV-Hib-HepB (Vaxx)	08/18/2007	PR	
3 TaP-IPV-Hib-HepB (Vaxx)	10/23/2007	PR	
4 Hib, UF	04/06/2008	PR	
5			
<b>Pneumococcal</b>			
1 PCV13	04/06/2008	PR	04/05/2072
2			
<b>Rotavirus</b>			
1			
<b>Hep A</b>			
1 Hep A, ped/adol, 2D	04/06/2008	PR	
2 Hep A, ped/adol, 2D	10/10/2008	PR	
3			
<b>Hep B</b>			
1 Hep B, ped/adol	04/05/2007	PR	
2 TaP-IPV-Hib-HepB (Vaxx)	06/15/2007	PR	
3 TaP-IPV-Hib-HepB (Vaxx)	08/18/2007	PR	
4 TaP-IPV-Hib-HepB (Vaxx)	10/23/2007	PR	
5			
<b>MMR</b>			
1 MMRV	04/06/2008	PR	
2 MMRV	04/15/2011	PR	
3			
<b>Varicella (CPOX)</b>			
1 MMRV	04/06/2008	PR	
2 MMRV	04/15/2011	PR	
3			
<b>Meningococcal</b>			
1 MCV4 (Menactra)	04/05/2023	PR	
2			
<b>HPV</b>			
1			05/09/2023
2			
<b>COVID-19</b>			
1 JOVID Tri-Suc (FFR 12+	05/09/2023	PR	05/30/2023
2			
<b>Influenza</b>			
1			05/09/2023
2			
<b>Travel</b>			
1			



KYIR - Access My Immunization Records

This Certificate was printed from the Kentucky Immunization Registry 05/09/2023

### COMMONWEALTH OF KENTUCKY CERTIFICATE OF IMMUNIZATION STATUS

Name of Child: SIMPSON BART Birthdate: 04/03/2007

Name of Parent: SIMPSON MARGE

Address: 123 MAIN ST SPRINGFIELD IL 62629

VACCINE	DOSE 1 MM/DD/YYYY	DOSE 2 MM/DD/YYYY	DOSE 3 MM/DD/YYYY	DOSE 4 MM/DD/YYYY	DOSE 5 MM/DD/YYYY
Hepatitis B	04/03/2007	06/15/2007	08/18/2007	10/23/2007	
Alt. Adult Hepatitis B <sup>1</sup>	___/___/___	___/___/___			
DTaP/DTP/DT <sup>2</sup>	06/15/2007	08/18/2007	10/23/2007	07/07/2008	04/15/2011
Hib <sup>3</sup>	06/15/2007	08/18/2007	10/23/2007	04/06/2008	
Pneumococcal	04/06/2008	___/___/___	___/___/___	___/___/___	
Polio	06/15/2007	08/18/2007	10/23/2007	04/15/2011	___/___/___
Influenza	___/___/___	___/___/___			
MMR	04/06/2008	04/15/2011			
Varicella	04/06/2008	04/15/2011	Had Chickenpox or Zoster Disease	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	___/___/___
Hepatitis A	04/06/2008	10/10/2008			
Meningococcal	04/03/2023	___/___/___			
Td	___/___/___	___/___/___			
Tdap	04/03/2018	___/___/___			
Rotavirus	___/___/___	___/___/___	___/___/___		
HPV	___/___/___	___/___/___	___/___/___		
Men B	___/___/___	___/___/___	___/___/___		
Pneumococcal [PPSV23]	___/___/___	___/___/___			

(1) Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. (2) DTaP, DTP, or DT. (3) Hib not required at 5 years of age or more.

This child is **current** for immunizations until 04/19/2028, (14 days after the next shot is due) after which this certificate is no longer valid and a new certificate must be obtained.

This child is **not up-to-date** at this time. This certificate is valid until \_\_\_/\_\_\_/\_\_\_, (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

Reason child is not up-to-date:

Provisional Status - Child is behind on required immunizations.

Medical Exemption - The following immunizations are not medically indicated: \_\_\_\_\_

If Medical Exemption, can these vaccines be administered at a later date? No: \_\_\_ Yes: \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Religious Objection

Pursuant to 902 KAR 2-060 § 4(3), a signature is not required as this Certificate was printed from the Kentucky Immunization Registry

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.



(Rev 8/2017)

Official School Certificate












<b>Name</b> BART SIMPSON
<b>Date of Birth</b> 04/05/2007
05/09/2023 COVID Tris-Suc (PFR 12+) PATIENT RECORD (PR)

**COVID-19 Smart  
Health QR Code**

# Who to Contact For KYIR

Issue	Contact
Questions regarding your EHR connectivity with KYIR	<a href="mailto:CHFSOATSKYIR@ky.gov">CHFSOATSKYIR@ky.gov</a>
Questions related to user or clinic accounts and requests for KYIR training	<a href="mailto:KYIRHelpdesk@ky.gov">KYIRHelpdesk@ky.gov</a>
Access to the KYIR public portal for vaccination records including digital copy, school certificates and Covid-19 smart health card	<a href="https://chfs.ky.gov/KDPHMyVaxRecord">chfs.ky.gov/KDPHMyVaxRecord</a>

# Additional KYIR Resources

-  [KYIR Home Web Page](#)
-  [KYIR Manual Entry Providers Web Page](#)
-  [KYIR Electronic Reporting Providers Web Page](#)
-  [KYIR Application](#)
-  [Release of Patient Immunization Record](#)

# Thank you!

[KYIRHelpdesk@ky.gov](mailto:KYIRHelpdesk@ky.gov)

502-564-5833

Contact the Helpdesk

Monday-Friday 8:00 - 4:00

Contact [KYVaxProvider@ky.gov](mailto:KYVaxProvider@ky.gov) for Provider Enrollment Information



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