



MedTech Information re practices entering MMR vaccines for those older than 13 years

We only have MMR vaccines with the following Indications- 15M, 4Y, 5 & Stn.

We do not have the MMR Booster vaccine with Indication 6.

MMR vaccine with “Stn” Indication can be selected in the following way-

Select the **MMR Adult vaccine, Eligible** schedule.

This will allow the entry of two MMR Eligible vaccines – MMR Adult Eligible- 1 & MMR Adult Eligible- 2.

Both the vaccines will be sent to NIR with NIR Vaccine Code of “03” and Indication of “Stn”

Active	Schedule	Start Date
<input type="checkbox"/>	MenACYW-135 vaccine, No-claim 2-55yrs	
<input type="checkbox"/>	Meningococcal C vaccine, Eligible < 12m	
<input type="checkbox"/>	Meningococcal C vaccine, Eligible 12m+	
<input type="checkbox"/>	Meningococcal C vaccine, No-Claim < 12m	
<input type="checkbox"/>	Meningococcal C vaccine, No-Claim 12m+	
<input type="checkbox"/>	MeNZB (6W to 7W & 6 days) 1st Dose	
<input type="checkbox"/>	MeNZB (8W to 9W & 6 days) 1st Dose	
<input type="checkbox"/>	MeNZB (10W to 13W & 6 days) 1st Dose	
<input type="checkbox"/>	MeNZB (14W and < 6M) 1st Dose	
<input type="checkbox"/>	MeNZB Std	
<input checked="" type="checkbox"/>	MMR Adult vaccine, Eligible	16 Jul 2020
<input type="checkbox"/>	MMR Adult vaccine, No-Claim	

Due Date	Group	Vaccine	Outcome	Date Giv
16 Jul 2020	MMRE1	MMR Adult Eligible-1		
13 Aug 2020	MMRE2	MMR Adult Eligible-2		

MMR vaccine with “5” Indication can be selected in the following way

Select the **MMR(Misc)** vaccine or the **MMR Adult** vaccine via the single syringe option.

Both the vaccines will be sent to NIR with NIR Vaccine Code of “03” and Indication of “5”

New Immunisation Term

No selected vaccine

Main | Audit

Vaccine Details

Provider: Sam Eaves (SFE)

Date: 16 Jul 2020 Auto Bill:

Vaccinator: [dropdown]

OutCome: IPV-2 3m
IPV-3 5m
IPV-4 4y

Vaccinator: MMR (misc)
MMR Adult

Route: MMR Adult Eligible-1
MMR Adult Eligible-2
MMR Adult No-claim-1

Site: [dropdown]

Note: [text box]

Batch No.: [text box]

Batch Expiry: [dropdown]

Diluent Batch No.: [text box]

Diluent Batch Expiry: [dropdown]

Serology Result: [dropdown]

Recall Details

Provider: [dropdown]

Recall In: [dropdown]

Date: [dropdown]

Reason: [dropdown]

Note: [text box]

Inactive:

OK Cancel Help