

This document outlines the steps that are required to enter a vaccine administered at your facility using the Immunization Direct Submission Mechanism (IDSM).

Log In:

- 1 Enter one of the Alberta Health IAM/IDSM url's into the web browser's address bar depending on location.

External to AHS network:

<https://iam2.health.alberta.ca/immari-ds>

Go to Step 2.

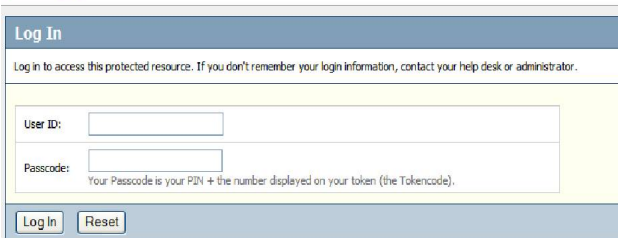
Within the AHS Network:

<https://iam1.health.alberta.ca/immari-ds>

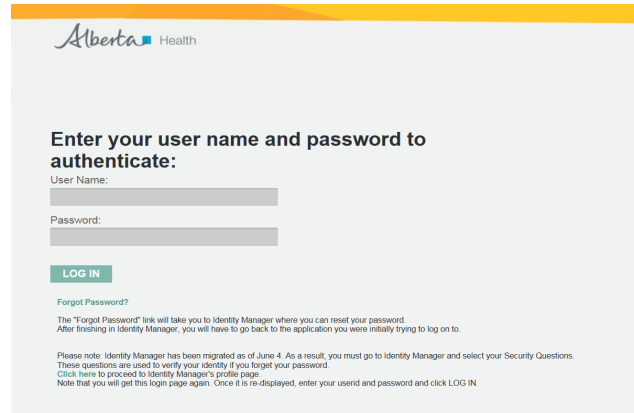
Go to Step 4.

- 2 If accessing external, enter your RSA remote log in **Username** and your **Passcode** from your RSA SecurID token.

REMINDER Your remote access username is the log in associated to your token and may be different from the AH IAM username assigned for your access to IDSM.

- 3 Click the **Log In** button.
- 4 On the Alberta Health page enter your IDSM **username** and **temporary password** for first time log in. An example of the IDSM username is as follows: a.smith001



- 5 As prompted enter a **new password** to replace the temporary password and respond to the **security questions**.

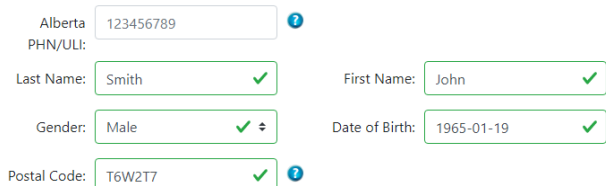
NOTE: It is important to remember your answers as they will be required for future password resets.



[Home](#) | [Submission Form](#)

Enter Patient's Demographics:

- 1 Click on **Submission Form**.
- 2 Enter a 9 digit valid **Alberta PHN/ULI** for the patient and the demographics as displayed in the example below.



- 3 Enter the patient's **Last Name** and **First Name**.
- 4 Select the **Gender** from the drop down by clicking on the arrows.


- Enter the **Date of Birth** in the yyyy-mm-dd format (e.g. 1965-01-19) or click in the date field to select using a calendar.

1998-08-30

August 1998

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15

- Enter the **Postal Code** of where the patient resides, and if unavailable, for the office of where the vaccine was administered.

TIP Click on the  next to a field for additional information regarding the entry required.

Enter Immunization Event:



Scroll down to the **Immunization Event** tab. Any vaccine administered by the health practitioner or recently at the same facility is entered under the Immunization Event.


NOTE: Use the Historical Event tab for entry of immunizations previously administered by another health care provider or from a different facility.


- Enter the **Immunization Date** of when the vaccine was administered in the format indicated (yyyy-mm-dd) or click in the field to select using a calendar.



NOTE: The data of birth and the immunization date must be entered for the immunization event fields to become enabled.

Immunization Event | Assessment Event | Historical Event

Immunization Date:  Vaccine: 


Manufacturer:  Lot Number:

Site:  Dosage:

Reason for Immunization:  Route: 

Include 'Consent Recorded' text in PDF?

- Select the **Vaccine** from the drop down list or type the name of the vaccine. The listing of vaccines vary based on the immunization date.

Vaccine: 

- Measles/Mumps/Rubella
- Meningococcal - Conjugate (A, C, Y, W-135)
- Meningococcal B (4C, OMV recombinant, absorbed)
- Meningococcal B FHbp (recombinant)
- Meningococcal, conjugate, monovalent(C)
- Pneumococcal (13 - conjugate)
- Pneumococcal (23 - polysaccharide)
- Purified Protein Derivative 5TU (Mantoux TB Test)


- Select the **Manufacturer** of the vaccine from the drop down list or type the name of the manufacturer.

Manufacturer: 

- Novartis
- Nuron Biotech
- Pfizer

- Enter the **Lot Number** for the vaccine.


- Select the **Site** of injection from the drop down list.

Site: 

- Right Arm - Upper
- Right Dorsogluteal


- Enter the **Dosage** and the corresponding **Dosage Units** from the drop down list.

- Select the one best **Reason for Immunization** from the drop down.

Reason for Immunization: 

- Medically at Risk
- Non Provincially Funded
- Occupational
- Other Risk

- Select the **Route** of administration for the vaccine from the drop down.

Route: 

- Infiltrate
- Intradermal
- Intramuscular
- Intranasal
- Intravenous Infusion
- Oral

- 15 If you want the pdf batch report to show that consent was received for the vaccination, click on the box following **Include 'Consent Recorded' text in PDF?**

Include 'Consent Recorded' text in PDF?

- 16 Any errors indicated in red and must be corrected before the record can be successfully submitted. Example below for incorrect date format.

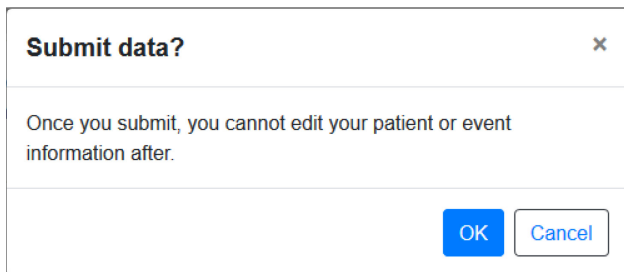


Date must be in the format 'yyyy-mm-dd' and on or after Date of Birth.

- 17 Click the **Submit** button.

Submit

- 18 Click on **OK** to submit.



- 19 If the batch was successfully submitted a message containing the batch number will display.

✓ The event has been submitted successfully. For reference, the Batch ID is 0000004623. x

- 20 Retain the **Batch ID** for your reference and for follow up with Alberta Health if required.
- 21 Click on **Download PDF** to open and save the pdf batch report to your computer. You will require an appropriate software such as Adobe Acrobat Reader or a standard web browser to open and view the report.

Download PDF

- 22 **The Batch Report can only be downloaded while the Batch ID message displays on the screen. Once you leave this screen the batch report cannot be retrieved.** !

- 23 To enter another vaccine for the same patient click on **Enter New Event**.

Enter New Event