

Getting and Filling Out the Spreadsheet

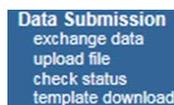
You will use an Excel spreadsheet to store your health care provider flu vaccination data and submit it to the Minnesota Immunization Information Connection (MIIC). Follow these steps to use the FluSafe Spreadsheet:

1. Log into MIIC.
 - a. If you cannot log into MIIC, contact the MIIC Help Desk at 651-201-5207 or health.miichelp@state.mn.us for assistance.

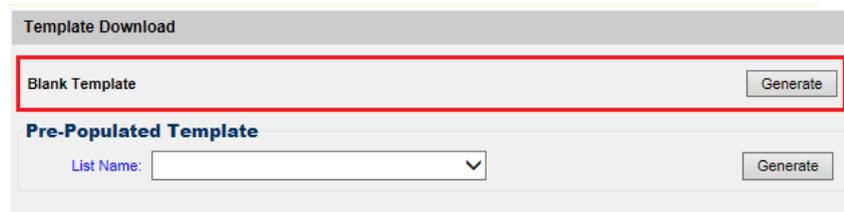


Organization Code
Username
Password

2. Select the **template download** option under “Data Submission” in the list of menu items on the left-hand side of the screen.
 - a. If you do not have the **template download** option, contact the MIIC Help Desk at 651-201-5207 or health.miichelp@state.mn.us for assistance.



3. Generate your spreadsheet.
 - a. Click **Generate** next to the **Blank Template** option unless you already have a list in MIIC that you want to use.



Template Download

Blank Template

Pre-Populated Template

List Name:

- b. If you have a list in MIIC already that you want to use as a starting point, choose the **Pre-Populated** option.
4. Save the file on your computer. The naming convention for FluSafe files is as follows: **Hospital_FacilityName_FluSafeYear** or **LTC_FacilityName_FluSafeYear**. For example, Hospital_TwinCitiesMedicalCenter_FluSafe2015-16.
5. Double-click on the file to open it. Excel should open the file automatically.
 - a. If the file does not open automatically and you are using a PC, right-click on the file, choose **Open with**, and then select **Excel**.

GETTING AND FILLING OUT THE SPREADSHEET

- b. If the file does not open automatically and you are using a MAC, control-click the file, choose **Open with**, and then select **Excel**.
- 6. Enter your data into the spreadsheet.
 - a. You can hand-enter the data or copy and paste. If you copy and paste it is important that you not change/add/remove any columns in the file, that you not remove the header information, and that your data are pasted in the correct location. MIIC will reject the spreadsheet if the format has been changed!
- 7. Complete the top portion of the FluSafe Spreadsheet. This portion helps MIIC staff to appropriately identify that it is a FluSafe file, who the spreadsheet belongs to, and who to contact in case of issues.

| | |
|------------------------|-------------------------------------|
| MIIC Flu Spreadsheet | Facility: FACILITY NAME HERE |
| For assistance contact | Type: HOSPITAL OR LTC |
| www.health.state.mn | ORG Code: MIIC ORG CODE HERE |
| | Contact: WHO TO CONTACT |
| | E-mail: WHO TO EMAIL |

- 8. Double check that the required fields are filled in. Last name, first name, and date of birth are the minimum required information.
 - a. If you are sending vaccination information you must include both the vaccination date and the CPT code.

| Last name | First name | Middle | Birth date | City | State | Zip Code | Vacc date | CPT | Lot | Manufact | Given Else | Comment | Comment code |
|-----------|------------|--------|------------|------|-------|----------|------------|-------|-----|----------|------------|---------|--------------|
| Mouse | Mickey | M | 1/15/1995 | | | | 10/27/2015 | 90724 | | | | | |

- b. If you are sending employee refusal or medical exemption data you must include the date along with the relevant comment code, as listed in the top portion of the template.

| Last name | First name | Middle | Birth date | City | State | Zip Code | Vacc date | CPT | Lot | Manufact | Given Else | Comment | Comment code |
|-----------|------------|--------|------------|------|-------|----------|-----------|-----|-----|----------|------------|------------|--------------|
| Mouse | Mickey | M | 1/15/1995 | | | | | | | | | 10/1/2015 | M4 |
| Mouse | Minnie | S | 2/20/1959 | | | | | | | | | 10/15/2015 | PE |

- c. If you are reporting employee vaccinations given elsewhere you must include a vaccination date.

| First name | Middle na | Birth date | City | State | Zip Code | Vacc date | CPT | Lot | Manufact | Given Else | Comment | Comm |
|------------|-----------|------------|------|-------|----------|------------|-----|-----|----------|------------|---------|------|
| Minnie | | 1/1/1936 | | | | 10/15/2015 | | | | Yes | | |

- 9. For information on how to upload the spreadsheet into MIIC, please see the “Uploading the Spreadsheet” document at [Participate in FluSafe](http://www.health.state.mn.us/divs/idepc/diseases/flu/vaccine/vaxhcw/flusafe/participate.html) (<http://www.health.state.mn.us/divs/idepc/diseases/flu/vaccine/vaxhcw/flusafe/participate.html>).

Minnesota Department of Health
 FluSafe Program
 PO Box 64975, St. Paul, MN 55164-0975
 651-201-5503
health.flusafe@state.mn.us



12/2015

To obtain this information
 in a different format, call:
 651-201-5503.