

Special Event Vaccine Request

MIIC USER GUIDANCE TRAINING RESOURCE

This guide describes how to use the Minnesota Immunization Information Connection (MIIC) to request special event vaccine from the Minnesota Department of Health (MDH). The health department will review the request and create vaccine order(s) to fill the request as current vaccine supply allows. Examples of special event vaccine include prebooking influenza doses for the Minnesota Vaccines for Children (MnVFC) and Uninsured and Underinsured Adult Vaccine (UUAV) programs.

Contents

Special Event Vaccine Request 1

 Getting started 1

 Submitting your special event vaccine request 1

 Viewing the status of your special event vaccine request 4

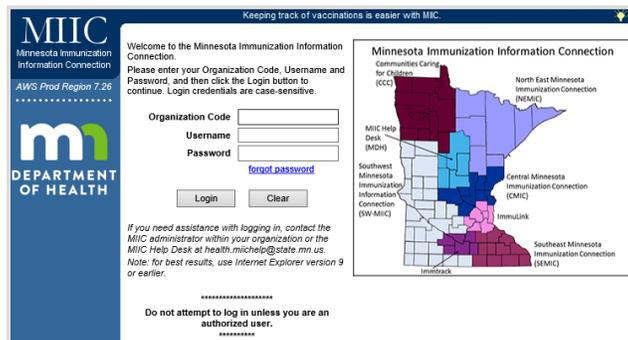
 MDH vaccine help..... 4

Getting started

1. Log in to MIIC using your organization code, username, and password.
2. Visit [MIIC 101 MIIC User Guidance and Training Resources](http://www.health.state.mn.us/people/immunize/miic/train/intro.html) (www.health.state.mn.us/people/immunize/miic/train/intro.html) to learn more about logging in.

Submitting your special event vaccine request

You must have ordering privileges in MIIC to request special event vaccine. If you need to change your MIIC user role, contact the immunization program staff at health.mdhvaccine@state.mn.us or 651-201-5522 (800-657-3970).



1. Select **request special event vaccine** under **Vaccine Management** on the left menu. You may need to scroll down to see it. If you don't see it, please contact health.mdhvaccine@state.mn.us to have your user role changed.
2. Enter your organization's PIN in the **Search String** field. Make sure the **Search Field** has **MnVFC Pin** selected. (If you only have access to one site, you will not need to enter your PIN, since you will be taken directly to the next step.) Then select **Create Request** next to the site of interest.

MIIC PROVIDER USER GUIDE: SPECIAL EVENT VACCINE REQUEST

MnVFC Pin	MnVFC Name	City	County	Zip	Select
999999	Minnesota Department Of Health - Vaccination Clinic	St Paul	Ramsey	55025	Create Request
666666	Miic- Testing Org	Rochester	Norman	55901	Create Request

3. Select the event of interest from the dropdown menu.

4. Enter the number of desired doses in the **Doses Requested** field next to the type of vaccine you are requesting. Please note the special instructions notice, which will contain important information from MDH about your orders.

- **Doses Requested** must be an exact multiple of the doses in the packaging, which is indicated under the **Packaging** header.

Brand	Packaging	Ordering Intention	# Doses Requested
FluMist trivalent - ASZ	10 single-dose sprayers (intranasal), 2-49 PED years		200
Fluzone trivalent - SP	10 pre-filled syringes, 6 months and older PED		120
Total			320

5. After entering the number of doses, click **Continue**.

Brand	Packaging	Ordering Intention	# Doses Requested
FluMist trivalent - ASZ	10 single-dose sprayers (intranasal), 2-49 PED years		200
Fluzone trivalent - SP	10 pre-filled syringes, 6 months and older PED		120
Total			320

6. Enter your email address and update the shipping information if needed by selecting the **There has been a change to my shipping information box**. Add any special delivery instructions if needed. Then click **Continue**.

Note: MDH will use the email address provided on this step to reach out with any questions on the specific request. Once vaccine orders are placed, order and shipping confirmation emails will be sent to the Primary and Backup Vaccine Coordinator contacts we have in our system for your site.

MIIC PROVIDER USER GUIDE: SPECIAL EVENT VACCINE REQUEST

organization Minnesota Department of Health - Vaccination Clinic • user MnVFC Test • role Typical User with Ordering

Create Request for Minnesota Department of Health - Vaccination Clinic Step 2: Verify Contact and Shipping Information

Shipping Information

MnVFC Pin 999999
 Delivery Address 625 Robert Street North, 2nd Floor-Loading Dock St Paul, MN 55164
 Delivery Days/Hours MO: 9:00 AM -4:00 PM TU: 9:00 AM -4:00 PM WE: 9:00 AM -4:00 PM TH: 9:00 AM -4:00 PM FR: 9:00 AM -4:00 PM

If you would like to request doses for another site, please log in under that site's PIN.
 There has been a change to my shipping information

Special Delivery Instructions

Email test@state.mn Contact email if there are issues with the request.

Buttons: Continue, Back to Step 1, Cancel Request

7. Enter the name of the prescribing professional. Select the radio button according to whether you are the prescriber or are ordering on behalf of the provider. Then click **Preview Request**, or click **Back to Step 2** to return to the previous page.

organization Minnesota Department of Health - Vaccination Clinic • user MnVFC Test • role Typical User with Ordering

Create Request for Minnesota Department of Health - Vaccination Clinic Step 3: Verify Authorization

MnVFC Pin 999999

Name of Licensed Prescribing Professional MDH Test **Title** M.D.

Authorization

I am a licensed practitioner and am authorized to procure vaccine/biologicals according to Minnesota Statutes, Section 151.37, (e.g., M.D., D.O., N.P., P.A., OR R.Ph only).

I attest that I have the authority to complete this vaccine order form on behalf of the "Prescribing Professional" on this form whose signature is on file at our site as required by state law.

Buttons: Preview Request, Back to Step 2, Cancel Request

8. Review the information you have entered. If it looks correct, click **Submit Request**. If you need to edit it, click **Modify Request**.

organization Minnesota Department of Health - Vaccination Clinic • user MnVFC Test • role Typical User with Ordering

Preview Vaccine Request for Minnesota Department of Health - Vaccination Clinic

If the Request is final select Submit Request. If changes are necessary select Modify Request.

Shipping Information

MnVFC Pin 999999 Prescribing Professional MDH Test
 Delivery Address 625 Robert Street North, 2nd Floor-Loading Dock St Paul, MN 55164 Title M.D.
 Delivery Days/Hours MO: 9:00 AM -4:00 PM TU: 9:00 AM -4:00 PM WE: 9:00 AM -4:00 PM TH: 9:00 AM -4:00 PM FR: 9:00 AM -4:00 PM I am a licensed practitioner and am authorized to procure vaccine/biologicals according to Minnesota Statutes, Section 151.37, (e.g., M.D., D.O., N.P., P.A., OR R.Ph only).

Requested by SPMOXMHDH
 User MnVFC Test
 Email test@state.mn

Vaccine Request

Brand	Packaging	Ordering Intention	Doses Requested
FluMist trivalent - ASZ	10 single-dose sprayers (intranasal), 2-49 years	PED	200
Fluzone trivalent - SP	10 pre-filled syringes, 6 months and older	PED	120
Total			320

Buttons: Submit Request, Modify Request, Cancel Request

9. Once you select **Submit Request** you will see a request confirmation number. Select **Manage Special Vaccine Event Page** to review your submission. The title of this page appears as **Vaccine List**.

Vaccine Request Confirmation for Minnesota Department of Health - Vaccination Clinic

Request Confirmation Number 12127

Thank you! Your request was submitted to the MDH Vaccine Program for processing. You can view a summary of your request, including the status, by viewing the "manage special vaccine event" page.

Shipping Information

MnVFC Pin 999999 Prescribing Professional test
 Delivery Address 625 Robert Street North, 2nd Floor-Loading Dock St Paul, MN 55164 Title M.D.
 Delivery Days/Hours MO: 9:00 AM -4:00 PM TU: 9:00 AM -4:00 PM WE: 9:00 AM -4:00 PM TH: 9:00 AM -4:00 PM FR: 9:00 AM -4:00 PM I attest that I have the authority to complete this vaccine order form on behalf of the "Prescribing Professional" on this form whose signature is on file at our site as required by state law.

Buttons: Print Preview, Manage Special Vaccine Event Page

organization Minnesota Department of Health - Vaccination Clinic • user MnVFC Test • role Typical User with Ordering

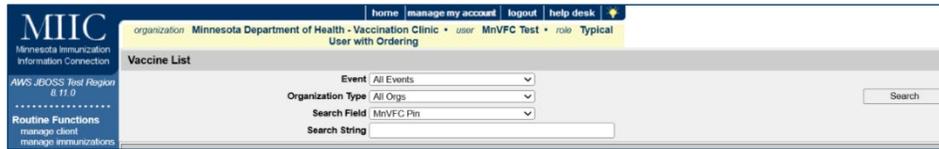
Vaccine List

Event All Events
 Organization Type All Orgs
 Search Field MnVFC Pin
 Search String

Buttons: Search

Viewing the status of your special event vaccine request

1. You can login and review the status of your request anytime by clicking on the **Manage Special Vaccine Event** link on the left under **Vaccine Management**.
2. After clicking on **Manage Special Vaccine Event** you will be taken to a page titled **Vaccine List** where you can search by your PIN.



3. After entering your PIN, you can see your **Special Vaccine Event** requests and their statuses. Statuses can include:
 - **Submitted:** MDH has received your request.
 - **Allocated:** MDH has placed vaccine order(s) to fulfill part of your request.
 - **Completed:** MDH has placed vaccine order(s) to completely fulfill your request.

Click on the hyperlinked number under **Total Doses Ordered** to see details about your vaccine order including **Order Status**, **Lot Number**, and **Tracking Number** among other details.

MnVFC PIN	Site Name	NDC	Brand, Maker	Packaging	Ordering Intention	Event	Request Date	Prebook Priority	Request Status	Initial Doses Requested	Approved Doses Requested	Total Doses Ordered
999999	Minnesota Department of Health - Vaccination Clinic	49281-0392-15	Fluzone trivalent SP	10 pre-filled syringes, 6 months and older	PED	Test Event Flu Prebook	06/03/2025	On Time	SUBMITTED	120	120	0
999999	Minnesota Department of Health - Vaccination Clinic	66019-0108-10	FluMist trivalent ASZ	10 single-dose sprayers (intranasal), 2-49 years	PED	Test Event Flu Prebook	06/03/2025	On Time	SUBMITTED	200	200	0

MDH vaccine help

For assistance with submitting special event vaccine requests, send an email to health.mdhvaccine@state.mn.us or 651-201-5522 (800-657-3970).

Minnesota Department of Health
 Minnesota Immunization Information Connection (MIIC)
 P.O. Box 64975, St. Paul, MN 55164-0975
 651-201-5207 | health.miichelp@state.mn.us | www.health.state.mn.us/people/immunize/miic

06/23/2025

To obtain this information in a different format, email health.miichelp@state.mn.us.