WEBIIS USER MANUAL

Epidemiology Unit
Ministry of Health

Version 1
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Annexure A
Annexure B
Message by the Chief Epidemiologist,

The Epidemiology Unit of Ministry of Health is the focal point for the National Immunization Programme of Sri Lanka. Since 1978 National Immunization Programme showed a progressive improvement by means of introducing new vaccines, improvement of cold chain capacity, its monitoring methods and capacity building of the health staff who handle the National Immunization Programme. The management information system of the National Immunization Programme, has helped immensely to monitor and evaluate the programme. This paper based information system haven’t had significant improvements, especially in adopting new technology into it when compared to other aspects of the programme, to cater to the increasing demands of quality data.

With the recent improvements in the information and communication technology in Sri Lanka, the Epidemiology Unit decided to embark on development of an information technology based solution to update the management information system of the National Immunization Programme. The e-Government policy of Sri Lanka reinforced this decision. The IT solution suggested with the consultation of Information and Communication Technology Agency (ICTA) has the primary objective of creation of a National Birth and Immunization Registry. This system also will help to implement and monitor mandatory immunization and registration of immunization clinics throughout the country as proposed by the National Immunization Policy. It also simplifies the monitoring and evaluation process of the National Immunization Programme and shares data with other institutes in real time.

One of the biggest challenges faced by the Epidemiology Unit while implementing this IT solution for immunization information management is improvement of computer literacy rate among the field level users. This manual is developed as an additional measure to help the users who have undergone hands on training. Users can use this manual as a self-learning guide as well as a reference material. Therefore, I trust that this manual will further strengthen the use of this IT application by the health staff at all levels managing immunization information.

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Acronyms

AMOH Additional Medical Officer of Health
CBR Crude Birth Rate
EPI Expanded Programme on Immunization
EU Epidemiology Unit
H1014 Monthly Statement of School Health Activities
H527 Quarterly Maternal and Child Health Return
MOH Medical Officer of Health
PDHS Provincial Director of Health services
PHM Public Health Midwife
PHNS Public Health Nursing Sister
QEPIR Quarterly Expanded Programme on Immunization Return
RDHS Regional Director of Health Services
RE Regional Epidemiologist
VMR Vaccine Movement Register
WEBIIS Web Based Immunization Information System
Section 1

PREPERATION OF

THE QUARTERLY EPI RETURN
1.1 Login to the WEBIIS

Since the WEBIIS is a web based application, make sure that the following are available in your computer.

1. Working internet connection
2. A web browser (Google Chrome or Mozilla Firefox are recommended)

Open Google chrome web browser on your computer by double clicking the icon indicated (Figure 01), in order to access the WEBIIS application.

**Figure 01**
Type [www.epid.gov.lk](http://www.epid.gov.lk) on the web address bar (Figure 02a) and press enter key (Figure 02b)

**Figure 02a**

![Figure 02a](image)

**Figure 02b**

![Figure 02b](image)

Now, enter into the Epidemiology Unit web page by clicking the English button (Figure 02c).

**Figure 02c**

![Figure 02c](image)
Using the immunization option in the menu bar, click on the **WEBIIS Application** from the drop down list (Figure 03).

**Figure 03**

Then the login page of WEBIIS application will appear (Figure 04). Enter the **user name** and **password** to login to the WEBIIS.

**Figure 04**

**IMPORTANT:** If you don’t have a user name and password or have forgotten them, please contact the Epidemiology Unit. Keep your NIC number ready with you. Please don’t use user names and passwords belonging to others.
Once you type your user name and password in the relevant text boxes, click the **Login button** (Figure 05). If you want to clear the text boxes the **Reset button** can be used (Figure 05).

**Figure 05**

Once you successfully login to the system the following window will appear (Figure 06). Please check right upper corner of the screen and confirm that your work place and your name is correctly displayed.

**Figure 06**

**IMPORTANT:** If you cannot see your name and place of work or if the contents are incorrect, please contact the WEBIIS administrator at the Epidemiology Unit.
Now you have successfully logged into the WEBIIS. Before you begin to use the system, do the location switching as described below in section 1.2.

1.2 Performing Switch Location

**IMPORTANT**: You must perform this step each time you login to the WEBIIS.

For this, you have to **click on your name** shown in the screen in the upper right hand corner. Then a four item menu will appear. From this menu, click on the **Switch Location** (Figure 07). A new dialog box will be displayed with the heading of Switch Location.

**Figure 07**

Click on the name > switch location

After you click switch location following window will appear (Figure 08).
There are several location types. They are listed in the drop down list in the Switch Location dialog box (Figure 09). Select the correct place of work (e.g. if you are at a MOH, select MOH) from this list by clicking on the relevant option.

If done correctly, selected option should now be displayed in the location type textbox (Figure 10).
As soon as the location type is selected, **second textbox** appears (Figure 10). Here, Location Type is selected as MOH. Therefore, the second text box is labelled as **MOH Area**.

**IMPORTANT**: You cannot fill this second textbox by typing the MOH area name. Therefore, the following procedure should be followed to fill the second textbox. In the right hand corner of the second text box an icon of a magnifying glass is displayed (Figure 10). This icon is called the ‘Search’ icon.

**Figure 10**

Once it is clicked, a new dialog box named **Search MOH Area** will appear (Figure 11).
Search MOH Area dialog box is used to search the WEBIIS database, for MOH area names that are already stored. This dialog box has two main areas. These are the Search Criteria and the Search Results (Figure 12). You can switch between search criteria and search result pages by clicking on one of the toggle buttons indicated in figure 11 (marked in blue).

e.g., if you want to select MOH Point Pedro, select PDHS area as Northern. Then using the drop down list provided in RDHS area text box, select Jaffna (Figure 12).

**IMPORTANT:** You must select PDHS area before selecting RDHS area. Otherwise RDHS areas for the respective PDHS area will not be displayed.

Once you enter the criteria for search MOH area (Figure 12), click on the search button.
Then the results according to the given criteria will be displayed in the search result page. You can select the relevant MOH area by clicking on the name (e.g. Point Pedro) listed in the search result page. Once you do this, the name will be highlighted in blue. Now click on the OK button (Figure 13).

The selected MOH name will appear in the MOH area text box. Then click the Switch button (Figure 14).
This will change your location at the top of the right hand corner (Figure 15). This is a very important step to ensure correct working of the WEBIIS.

**IMPORTANT:** Even though you see the correct location of yours at top right hand corner of your screen, it is strongly advised to do the location switching at each time you login to the system.

**Figure 15**

If you need any help regarding WEBIIS, please contact Dr. Madhurangi Perera (0772919816) of the Epidemiology Unit.
1.3 Entering EPI Related Data of Quarterly MCH Clinic Return (H527), Monthly Statement of School Health Activities (H1014) & Vaccine Movement Register into the WEBIIS

Once you login to the system and perform switch location as mentioned above [Refer section 1.2 Performing Switch Location], you are ready to use the system. Use the following pathway (Figure 16) on the menu bar to access the data entry form for EPI data in the quarterly MCH clinic returns (H527), monthly statements of school health activities (H1014) and Clinic Vaccine Movement Register (or MOH Vaccine Movement Register).

Aggregation > Quarterly MCH Clinic Return (H527)

Once you complete the above steps the following page will appear (Figure 17).

The web page shown in figure 17 can be divided into three main areas.

- Identification details i.e. name of the MOH Area, Year and Quarter (marked in light blue)
- Clinic name grid (marked in purple)
- Data entry grid for vaccines (marked in green)
Before you start entering data, select your MOH area using the search icon at the right hand corner of the MOH area text box (Figure 18). MOH area can be selected, following the steps described above in sub section 1.2 (Figure 11 - Figure 13).

The relevant MOH areas will be displayed in the result page of the search MOH area dialogue box (Figure 19)
The selected MOH area should be now displayed in the MOH area text box (Figure 20). The current year will be displayed automatically. You can change the year manually if needed.

IMPORTANT: Ensure that the correct year is entered before data entry.

Then go to the text box containing the quarter and, select the quarter you wish to enter data using the drop down list provided. ONLY use the drop down menu (Figure 20) to select the quarter. All these text boxes are within the identification detail area (marked in light blue in figure 17)
Then the clinic names of the selected MOH area will appear as in Figure 21 (In the clinic grid marked in red). The clinics are grouped in Government Medical Institute, MOH, Private Medical Institute and School. Data entry area named as Clinic Vaccine Data is greyed at this time preventing data entry without selecting a clinic.

Figure 21

The rows contain the names of the **clinics** (marked in blue) and the columns contain the **months** (marked in red) of a quarter (Figure 22a).

Figure 22a
Select the clinic you wish to enter data, by clicking on the relevant clinic name. Then the clinic will be highlighted in light blue colour as shown in figure 22b. Upto this time the data entry grid i.e. Clinic Vaccine Data (marked in green in Figure 17) has been locked, prohibiting data entry.

**Figure 22b**

Once the clinic is selected the data entry grid (Clinic vaccine Data) will be ready to accept data (Figure 23) pertaining to the selected clinic.

Infront of each vaccine name there is a "-" sign. This can be used to collapse the data entry area of a particular vaccine by clicking on the "-" sign. Once it is clicked on this "-" mark, it will be changed into "+" mark hiding the data entry area for that vaccine. Clicking on "+" mark data entry area for the vaccine can be viewed again. If there are any data, they will remain unchanged.
As shown in figure 24, for each vaccine, you should enter the number of children vaccinated against each dose of the vaccine according to the month of the quarter (data can be extracted in H527 and H1014 formats). In addition, number of doses used for the vaccination of above given number of children for each month, should be extracted from the Clinic Vaccine Movement Register (or MOH Vaccine Movement Register) and recorded under the relevant month. All other fields will be calculated automatically. This is the basic data entry, in this grid. As described above, for each vaccine type, data should be fed using the relevant grid area of this web form.
**Immunized Total** and **Immunized Actual** will be calculated automatically and displayed. By default these two numbers are the same. These two terms including other terms are explained below.

**Immunized Total** cannot be edited and is calculated by the system. It refers to the cumulative of the number of children vaccinated each month in that clinic for the relevant vaccine dose.

**Immunized Actual** can be edited. It initially has the same value as the immunized total. But it can be used to rectify the vaccine stock balancing issue in the following situation or similar situations.

It is a common practice to use pentavalent vaccine to cover 4th dose of DTP at the age of 18th months of a child according to the National Immunization schedule, when DTP is out of stock. For example, in a MOH immunization clinic there were 36 children belonging to the age groups 2 (10 children), 4 (15 children) and 6 (11 children) months who were vaccinated with pentavalent vaccine. There was a shortage of DPT vaccine in the MOH. In that clinic session, 4 children who were 18 months of age and supposed to be vaccinated with DPT but due to the shortage of DTP, 2 children were vaccinated using DTP while the other two were vaccinated using pentavalent vaccine. In the above scenario data entry should be done as shown in figure 25.

**Figure 25**

<table>
<thead>
<tr>
<th>B- PENTAVALENT VACCINE(PVV)</th>
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<tbody>
<tr>
<td>1st Dose</td>
</tr>
<tr>
<td>2nd Dose</td>
</tr>
<tr>
<td>3rd Dose</td>
</tr>
<tr>
<td><strong>Immunized Total</strong></td>
</tr>
<tr>
<td><strong>Immunized Actual</strong></td>
</tr>
<tr>
<td><strong>Used</strong></td>
</tr>
<tr>
<td><strong>Wastage(%)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C- DPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th Dose</td>
</tr>
<tr>
<td><strong>Immunized Total</strong></td>
</tr>
<tr>
<td><strong>Immunized Actual</strong></td>
</tr>
<tr>
<td><strong>Used</strong></td>
</tr>
<tr>
<td><strong>Wastage(%)</strong></td>
</tr>
</tbody>
</table>

Immunization of the 36 children of age 2, 4 and 6 months and 2 children of 18 months, 38 doses of pentavalent vaccine was used. Therefore, **Immunized Actual** with pentavalent vaccine should be filled as 38. **Immunized Total** for pentavalent vaccine should be filled as 36.
because only 36 children belonged to the category of 2, 4, 6 months. In DPT the **Immunized Total** should be 4 and **Immunized Actual** should be 2.

**Used** contains total number of doses for a given vaccine used in the immunization process. This data can be found in the Clinic Vaccine Movement Register or MOH Vaccine Movement Register (Figure 24).

**Wastage %** is calculated by the system.

**It is highly recommended to enter data to WEBIIS monthly.** If all the data entry cells per given month are filled with relevant figures and saved, in the clinic grid a green colour “**Return Completed**” will appear against the relevant clinic and the month (Figure 26). If the data entry is not completed blue colour “**Not Completed**” will appear against the relevant clinic and the relevant month (Figure 26). If data entry has not begun red colour “**No Return**” will appear against the relevant clinic and the month (Figure 26). Therefore, this grid can be used as a screening tool for data entry progress by the relevant supervisory officers (e.g., REE, MOOH, PHNS etc.). In summary for a given month,

- All the cells are filled -> Green
- Partially completed -> Blue
- None of the cells filled -> Red

**IMPORTANT:** If there are no data for any cell, it need to be filled with a zero.

**Figure 26**

---

aTd – when you want to enter School vaccination (aTd) data to the WEBIIS, the following procedure must be followed.
Select the relevant school as shown in figure 22a. **When school clinic is selected, only aTd data entry area will be having the access to data entry.** WEBIIS will not allow data entry to other vaccine types. Select on the month of the quarter of which the SMI was conducted in the relevant school (Figure 27) and do the data entry. Leave other text boxes empty.

**Figure 27**

Now enter relevant aTd immunization and used amount data in the cells of the relevant month. Fill other cells for aTd section with zeros (Figure 28).
IMPORTANT: It is also crucial to enter the appropriate ‘Number On Roll’. Number on roll refers to the total number of students registered in Grade 7 of a given school. This number needs to be updated annually using the clinic add/edit page (Please refer section 2: clinic creation manual for the process of clinic detail update).

IMPORTANT: When you are entering data please make sure you save regularly and repeatedly without waiting till end of entering data. This will prevent accidental data losses. The default behaviour of backspace key of the computer keyboard when using a web browser like Google Chrome and Mozilla Firefox, sometimes lead to accidental data loss. This problem can be rectified. The procedure is explained in Annexure A.

1.4 Preparation of Quarterly EPI Return (QEPIR)

Aggregation > Quarterly EPI Return

This menu pathway displays the web page shown in figure 29.
This web format is more or less similar to the paper format of the Quarterly EPI Return (EPID/EPI/1/2013). There are four sections in this web page representing the four pages of the paper format.

1. Section 01 – Coverage denominators
2. Section 02 – Vaccine coverage data
3. Section 03 – Vaccine and AD syringe stock position
4. Section 04 – Hospital return status, Comment boxes and Signature area

Fill the MOH area name by selecting it following the procedure described in figure 10 to figure 13. Next, type the required year. Then select the relevant quarter using the drop down list (Figure 30).

Under the coverage denominators, you need to enter the population details such as registered births for previous year (can be extracted from H509), actual population for urban, rural and estate (Figure 30). Once you enter these data save them pressing the Save-Coverage Data button.

IMPORTANT: Once these figures are entered WEBIIS will use saved population values in subsequent quarters until a change is done.

The Estimated Population, Crude Birth Rate (CBR), estimated number of infants for year, quarter and the number on roll will be displayed by the system. In addition, system will display a summary of data entry completeness (marked with blue square). Total “Number On Roll” for the MOH area also calculated and displayed by the system (marked in green colour square).
You will also notice at the bottom of figure 30, the dialog box for ‘% coverage for’. This need to be selected from the dropdown list provided. According to the current guideline by the National Immunization Programme the highest used pentavalent dose (penta 1, 2 or 3) should be selected. If the selection was incorrect you can reselect the highest valued pentavalent using the same drop down list. This can be done until MOH finalizes the QEPIR.

Then the system will calculate all the coverage percentages using the displayed denominator figures (Estimated births, Number On Roll and the Highest used pentavalent vaccine dose). Results will be displayed in the vaccine coverage detail section (Figure 30a).
Figure 30a shows the section that is used to display data on aTd vaccine use and the coverage. This will be automatically filled using the data entered in the ‘Quarterly MCH Clinic Return (H527)’. Data will be shown as in the paper format for quarter and quarterly cumulative values for the given year.

Figure 30b includes the ‘Vaccine and AD syringes STOCK POSITION & WASTAGE at MOH/RDHS level’. Similar to the paper based-form, this data need to be manually entered to all columns except columns E and G. Those two columns will be auto calculated. Once data are entered,
user can use the Save – Vaccine/AD Syringe data button to save them independently. This button gets deactivated once the MOH finalizes the QEPIR.

**Figure 31**

Figure 32 allows the user to view the hospital data return status. Any hospital which is categorised as Government Medical Institute type clinic or Private Medical Institute will be listed in this grid. If data pertaining to relevant clinic has been fully entered using H527 data entry form to WEBIIS, the status will be shown as “Yes”. If it’s incomplete, status will be shown as “NO”.

**IMPORTANT**: Until all hospital return status are indicated as “Yes” EPI return cannot be saved or finalised.
1.5 Adding Comments to EPI return, Finalizing and Approval by the Epidemiology Unit.

User comments can be entered in the **General Comment** section (Figure 33). General comments should only be made once the QEPIR is fully completed and user is ready to use the Master Save Button. If the general comment list is long, it can be separately viewed by clicking the **View General Comment** button. This new window is viewing purpose only. General comments can be entered by PHNSS, MOOH and REE only.
Once the QEPIR is complete, **Master Save** button can be used to save a copy of the prepared return. If the system finds any errors it will guide you to correct those. When the system is satisfied with its checking process, data will be saved and ‘Information Saved Successfully’ message displayed.

Once the Master Save button is used, any changes that will be made to H527 data in the system will not be reflected in the QEPIR. If the user needs to re-read the H527 data following an update at clinic level data, use the **Reload H527** button shown in figure 34. This will force the WEBIIS to re-read the H527 data in the system again and incorporate any changes made into the data.
IMPORTANT: This process can only be carried out until the MOH finalizes the QEPIR. Once the QEPIR is finalized, Reload H527 button will be disabled. If the user needs to use the Reload H527 button even after finalizing the QEPIR, make a request from the Regional Epidemiologist or from the system administrator of the WEBIIS at the Epidemiology Unit.

Finalising is the equivalent process to placing a signature on the manual paper format. This process should only be carried out once the MOH is satisfied on the data quality of the prepared quarterly EPI return. The finalizing of quarterly EPI return can only be done by the Medical Officer of Health (MOH) or the Additional Medical Officer of Health (AMOH) of a given MOH area.

Finalizing of the QEPIR can be done as follows. MOH or AMOH should login to the WEBIIS using his/her own user name and password. Make sure to do the switch location process described in section 1.2. After that prepare the QEPIR as described above or retrieve the saved copy by specifying the MOH area, year and the quarter. Once the data are loaded, scrutinize the return for its data quality. If there are no data quality issues and all necessary comments have been made, place a tick mark in the MOH Finalize check box and click the Master Save button Figure 35. Please note that MOH/AMOH will only see the MOH finalized check box.
IMPORTANT: Once the finalizing has been done, no further editing of the EPI return is allowed at the MOH level. If any error has been detected or any modification needs to be done, MOH should contact the relevant RE or the Epidemiology Unit to revert the finalised status.

Once the MOH has finalised the quarterly EPI return, relevant RE should go through the return. If RE finds no errors or shortcomings, return can be finalised at district level by placing a tick in the RE finalised checkbox and save using Master Save Button (Figure 36).
When the RE finalises the QEIR, it will be scrutinised by the EPI staff at the Epidemiology Unit. If any errors are to be found, they will be categorised into one of the eight broad areas (marked in red in figure 36) as listed below,

1. Number on roll error

2. Immunisation data entry error (possible error in data extraction from H527 or H1014)

3. Used amount error (possible error in data extraction from Vaccine Movement Register or MOH Vaccine Movement Register)

4. Percentage (%) coverage selection error

5. Pentavalent vaccine and oral polio vaccine tallying error

6. Vaccine coverage issue

7. Wastage calculation error

8. Other

The relevant checkbox or boxes will be checked and the details of errors will be written in the EU comment box. Full comments can be viewed in a separate window by clicking View EU Comment button. EU comment box (marked in blue) can be used only by Epidemiology Unit staff. If there are any errors or comments those need to be attended to by the MOH, an email will be sent to the MOH using email address listed in the quarterly EPI return (marked in green) with copy to respective RE (Figure 37).
IMPORTANT: MOH should maintain a proper email account for the MOH office. This email account should not be a personal email account. The email address need to be given to the administrator of the WEBIIS and should notify promptly if there is any change. It is the responsibility of the MOH to maintain the continuous accessibility to this email account and check the email regularly. MOH can delegate this work to a suitable person in the MOH staff, if necessary.

Once, all the errors are rectified and the comments are agreed upon, EPI staff at the Epidemiology Unit will place a check at EU finalised and EU approval checkboxes and save using the Master Save Button (Figure 38). Once this process has been done, Quarterly EPI return cannot be edited anymore and will only be done with special permission of the Chief Epidemiologist.
1.6 Generation of a Quarterly EPI Return for Printing

1.6.1 Quarterly EPI return for MOH

Quarterly EPI return hard copy can be generated in four different levels i.e.

1. Individual MOH area or combinations of MOH areas
2. Individual RDHS area or combinations of RDHS areas
3. Individual PDHS area or combinations of PDHS areas
4. National level

This manual explains the two common usages, the preparation of the hard copy of Quarterly EPI return for individual MOH area and the consolidated copy for a given RDHS area. The required web page for this purpose can be accessed within the system by using the pathway given below (Figure 39).

Reports > Aggregate data > EPI data > AD/05 – Quarterly EPI Return
Printing of MOH quarterly EPI return can be done as follows.

Click on the MOH radio button and select it by placing the center black dot (Figure 40). Once this selection has been done, a new text box named RDHS area will appear with a search icon. Using this search icon relevant RDHS area should be selected (please follow similar steps explained in selection of MOH area in figures 11-13).
Once the RDHS area has been selected, the relevant MOH areas will be listed in the left side textbox (Figure 41). This list of names can be sorted by clicking on the “Area Name” heading of the left textbox once. From this list the desired MOH area need to be highlighted by clicking on that name. Now click on the green colour single arrow headed ADD button (Figure 41).

**IMPORTANT:** Only the allocated locations can be added to the right side for a given user. In addition a hard copy can be generated only if the return is fully completed and saved using the Master Save.

**Figure 41**

![Figure 41](image)

The MOH area of your choice now should be in the right side box (Figure 42).
Scroll down the page till textboxes shown in figure 43 can be visualised. Then type the year and select the quarter required. Keep the default selection for report type as “With Coverage”.

Once you type the year and select the quarter necessary, the values needed for coverage values will be automatically filled by the system (Figure 44). Depending on the internet data transfer speed, sometimes this will take a few seconds.
The file format can be changed using the drop down list indicated in figure 44. Portable Document Format (PDF) is selected by default. Other file format options available are,

1. Microsoft Office Word (DOC)
2. Microsoft Office Excel (XLS)
3. Microsoft Office Power-Point (PPT)
4. Hypertext Mark-up (HTM)

Once the file format is decided (for this manual, default format PDF is selected), click on generate button.

**Figure 44**

This will create the softcopy of the quarterly EPI return of selected MOH according to the year and quarter specified and displayed in a separate tab of the web browser (Figure 50a). Figure 50a and 50b, depict the first 2 pages of the Quarterly EPI Return for the selected MOH.

**1.6.2 Quarterly Consolidated EPI Return for Regional Epidemiologist**

Access the report generation page using the same method described for MOH in figure 39. Select the location type as RDHS by placing the center black dot in RDHS radio button. Once it is selected the RDHS areas in Sri Lanka will be listed in the left hand box with a small folder icon left to each RDHS area name (Figure 45).
Double click on the required RDHS area name to see the MOH areas belonging to it. Selected RDHS area will be highlighted in blue and MOH areas belonging to the selected RDHS will be listed. Now click the single arrow headed ADD button to move the selected RDHS area to the left box (Figure 46).

Now type the year and select the quarter from drop down list as required (Figure 47). Keep the report type unchanged in its default value ‘With Coverage’ (marked in red).
Regional Epidemiologist needs to specify the highest pentavalent vaccine dose used in the relevant RDHS area. WEBIIS can help the RE in this process. From the “% Coverage for” drop down list select pentavalent vaccine first dose and note down the value shown in the small text box at the right hand side (Figure 49). Repeat this process for the other two doses of
pentavalent vaccine. From these three values select the highest dose and select the relevant from the drop down list. Rest of the fields will be automatically filled by the system.

**Figure 49**

Now RE can change the file type if required and then generate the soft copy of the QEPIR by clicking the Generate button (Figure 50).

**Figure 50**

Once the Generate button is clicked, a report similar to MOH QEPIR (Figure 50a and 50b) will be generated and displayed in a separate tab.

1. Select the penta dose
2. Note the value here
3. Click here
1.7 Printing the Quarterly EPI Return

The following steps guide you to get a printed copy of the QEPIR. Both MOH and RE can follow these guidelines to get a printout of their own copies of QEPIR. Following account will explain the printing process of default PDF document on A4 paper. If the user needs to get a customized print copy, please refer Annexure B.

As shown in figure 51, upper right hand corner of the screen an icon of a printer will be visible (marked in red box).

**Figure 51**

Once, this printer icon is clicked, the printing dialog box will appear (Figure 52). There, check the following and set them as indicated,

1. **Destination**: the printer connected to the computer should be listed here. If the listed printer is incorrect, select the correct printer from the list by pressing the change button.
2. **Pages**: Select all
3. **Copies**: Set the number of printouts required
4. **Paper size**: Set to A4
5. **Quality**: Set to 600dpi
6. **Options**: Check fit to page check box. If the printer has the capability of printing both sides of the paper, check the two-side check box

After setting these options, click the print button (Figure 52, marked in red) to get the printout.
It is recommended to print one copy of the QEPIR and file it in the respective MOH office for reference.
Section 2

CLINIC CREATION and UPDATE
WEBIIS allows the user to create and update a list of immunization clinics that are being conducted by a particular Medical Officer of Health area. This manual describes the steps that are needed to create an immunization clinic and update/manage its four possible status i.e. Active, Inactive, Hold and Deny, within the system.

### 2.1 Create a new clinic in WEBIIS

Enter into the system using user own username and password (login credentials) and perform **Switch Location** (Refer section 1.1 and 1.2).

**IMPORTANT:** If the user has permission to create a clinic (e.g., MOH, PHNS, SPHM) the necessary menu items will appear.

To access the clinic creation page use the following navigation pathway (Figure 53).

```
Master > Areas > Clinic
```

**Figure 53**

![Figure 53](image)

Then a web page similar to Figure 54 will appear. Keep <New> the first textbox labelled ‘Clinic’ unchanged. In the **Clinic Type** textbox, select the appropriate clinic type, out of the four types, available in the drop down list. Selection of the clinic should be done according to the description given in Table 01. For the description of this manual MOH clinic type has been selected (Figure 54).
Table 01

<table>
<thead>
<tr>
<th>Type of Clinics</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOH</td>
<td>The clinics that receive and send vaccines from and to the MOH office on daily basis, e.g., field immunization clinics.</td>
</tr>
<tr>
<td>Schools</td>
<td>Where School Medical Inspections (SMI) are conducted and aTd is given on annual basis.</td>
</tr>
<tr>
<td>Government Hospitals</td>
<td>The government institutes receive vaccines in bulk from the Central Vaccine Store, RMSD or the MOH on a monthly basis.</td>
</tr>
<tr>
<td>Private</td>
<td>Centers where immunization clinics are conducted and owned by private sector. Vaccine stocks may come from MOH and/or private suppliers.</td>
</tr>
</tbody>
</table>

Once the clinic type is selected, system will display a new textbox 'MOH Area' (Figure 55). Use the search icon at the end of the textbox to select the MOH area you wish to create a clinic (Selection of the MOH area can be done as described section 1.2, Figure 11 to Figure 13).
After selecting the MOH area, you will notice that the `clinic code` textbox will be filled automatically with system generated unique number (Figure 56). Do not change this number.

**Figure 56**

Type the name, the user wishes to have for the clinic in the `clinic name` textbox (Figure 57). Notice that the clinic status textbox next to the clinic name is non-editable and default value contains is INACTIVE (Figure 57).
**IMPORTANT**: Each new clinic that is being created in the system in inactive state will not be listed for active use. They need to be activated by the relevant MOH/AMOH upon creation before use within the system for data entry purposes.

All the data entered up to this level for clinic creation is in the clinic information section.

Next the user must specify the clinic services available in the clinic that is being created. For this purpose use the drop down list provided with the service textbox (Figure 58). Once a service is selected, it will be shown in the service textbox.
Once the user selects a clinic service, use the Add button located below the service textbox to add the selected service to the clinic services grid (Figure 59).
By repeating the steps described in figure 58 and figure 59, more than one service can be added to the clinic services grid. It is expected to list all the services available in the clinic that is being created (Figure 60).

**Figure 60**

Remove button, placed next to the Add button, can be used to remove any clinic service added to the clinic services grid. Select the clinic service from the clinic services grid by clicking on it. Then click the remove button (Figure 61). This will remove the selected service from the clinic services grid.

**Figure 61**
The textbox named Clinic Alias will be filled automatically by the system with the name used at Clinic Name above (Figure 62).

**Figure 62**

Next, the user needs to specify the main draining PHM area or areas for the clinic using the PHM areas grid (marked in red colour). All the PHM areas relevant to the MOH name selected above i.e. Kalutara (NIHS) for example will be available within this grid. PHM area or areas can be specified by placing a tick in the checkbox or boxes placed in front of each PHM area name (Figure 63). If the user wants to remove a PHM area already selected as draining area, click on the relevant check box with a tick mark again to remove it.
Once the PHM areas are selected, the relevant Grama Niladhari divisions will be listed in the grid area named GN areas. Place ticks in all the checkboxes (Figure 64).

Next textbox is the ‘Starting Date’. This is to specify the actual starting date of the clinic, providing clinic services to the public. At the right hand end of this textbox, a small icon of a calendar can be seen (Figure 65).
Once you click on the calendar icon, a calendar with current month (Figure 66) will appear. If the starting date falls within current month, select the appropriate date by clicking on the relevant date or Today button. If not, year and month can be changed to the preference of the user by clicking on the dark blue area where year and month is displayed (Figure 66).
If the clinic is already functioning, and the exact date of its start is do not know, then click on the today sign (Figure 66). Completed textbox should appear as shown in figure 67.

Figure 67

![WEBIIS Interface](image-url)

**IMPORTANT:** A user must complete the clinic detail at least up to this point to create a clinic in the WEBIIS. If the user wishes, clinic details can be saved in order to create the clinic using save button at the end of the web page (Figure 86). Rest of the details are needed, only if online clinic sessions are being conducted in the immunization clinics.

The frequency of the clinic sessions of a particular clinic can be specified using the radio buttons shown in figure 68 (marked in red). Click on the relevant radio button indicating the frequency. For purposes of this manual, it has been selected as once a week (Figure 68).
If the user selects the options of ‘Once a week’ or ‘Once in two weeks’, user can select which day of the week, a given clinic will be conducted. Select the relevant day from the drop down list (Figure 69).

If you select ‘Once a month’, ‘Daily’ or ‘Yearly’ this option will not appear.

Start time will allow the user to select the starting time of the clinic (Figure 70). The listed times are the in 24-hour clock format.
**End time** allows user to select the closing time of the clinic (Figure 71).

Person In-charge grid will list names of the staff of the institute to which the clinic belongs. By placing a tick mark in the checkbox in front of the names (Figure 72) will give them the authority to use the system online to update the vaccination details of clients attending the relevant clinic.
The clinic schedule grid uses to list and update the clinic schedule of a given clinic. There are four functions that can be performed on the clinic schedule. They are listed below.

1. **Generate next clinic date**: creates the clinic schedule according to specified session frequency of a given clinic e.g., once a week on every Thursday.
2. **Remove clinic date**: can be used to delete a date or dates added to the clinic schedule of a clinic.
3. **Add new date**: this is to add a date to the clinic schedule that does not come under routine scheduling.
4. **Re-schedule clinic date**: this can be used to change the existing scheduling criteria to a new one.

Click the Generate Next Clinic Date button to get the next clinic dates (Figure 73). If the user needs to add more dates, it can be achieved by pressing the button repeatedly. Button has been pressed three times here to get 3 dates.
Scheduled date can be removed using the following steps. First select the date that needs to be removed from the list by clicking on it. Then click the Remove clinic date button (Figure 74).

Selected date will be removed from the date list (Figure 75).
If the user needs to add a clinic date that is out of the routine clinic schedule (e.g. a routine clinic date that has fallen on a public holiday needs to be given a fresh date which is out of the routine schedule), it can be done by clicking the **Add New Clinic Date** button (Figure 76).

Once this button is clicked, the Next Date textbox (Figure 77) will be enabled for data entry. Use the calendar provided at right end of this textbox to add the required date.
Now click on the required date (here 2016-06-07 has been selected as example) as shown in figure 78.

The date will appear in the Next Date textbox (Figure 79).
This date should now appear in the clinic schedule grid (Figure 80). Notice the change in day of the week, it is Tuesday.

Rescheduling i.e. total change of the current clinic scheduling criteria can be done by clicking the **Re-Scheduling Clinic Dates** button (Figure 81).
Once the rescheduling button is clicked Re-scheduling Date textbox (Figure 82) will enable data entry. Click on the calendar icon.

Using the calendar provided at the right end of the textbox new schedule starting date can be selected (Figure 83).
New clinic session frequency and the day of the clinic can be selected as shown in figure 84.

Once it is done, the user can use the Generate Next Clinic Date button to add the new clinic dates to the schedule in the clinic schedule grid according to the newly defined criteria (Figure 85).
The save button at the end of the page can be used to save the data entered and create the clinic (Figure 86).

If you have created the clinic successfully, a message will appear (Figure 87). Press ok for to finish the clinic creation process.
2.2 Creating School Clinics

Please Note: When creating school type clinics you can follow the same steps (Section 2.1, Figure 54 to Figure 87). This manual will describe the unique data that are needed to create the school clinic within the WEBIIS. The first, unique data is the Number On Roll. When the clinic type is selected as ‘school’ (Figure 88), Number On Roll textbox will appear in the clinic information section (Figure 89).
Number On Roll should be manually typed (Figure 89).

**Figure 89**

![Screen Capture of Web-Based Immunization Information System](image)

**IMPORTANT**: The number of students in the attendance register of grade 7 of a given school is called the ‘Number on Roll’. If there are more than one class for grade 7 (e.g. grade 7A, 7B etc.) in a school, the number of students in each class of grade 7 should be added to get the total number on roll for that school.

The PHM area where the school is located should be selected as the draining PHM area. Frequency of clinic session can be defined as yearly. If more than one clinic date is needed, use Add New Clinic Date (Figure 76 to Figure 80) to define additional date. Starting time can be stated as 8.00 AM and 1.30 PM.

### 2.3 Creating clinics for Government Hospitals, Private Hospitals and General Practitioners

Following the same steps (mentioned in section 2.1) user can create clinics belonging to Government Hospitals, Private Hospitals or General Practitioner. Once the clinic type has been selected as Government Medical Institute or Private Hospital, system will prompt for the relevant MOH. Next, the name of hospital should be selected. According to the selected MOH, WEBIIS will list the hospitals belonging to the selected MOH. Select the appropriate name of the government or private health institute from the drop down list of the Hospital textbox (Figure 90). **DO NOT type** the name of the medical institute if it does not appear in the drop down list.
IMPORTANT: WEBIIS will not allow creating of Government Medical Institute or Private Hospital by typing the name. If the name of hospital or private clinic cannot be found in the drop down list in the hospital textbox, please inform the WEBIIS system administrator of the Epidemiology Unit. The names of hospitals that are not in the WEBIIS need to be added to the system before it can be used in the clinic creation process.

PHM area where the hospital is located should be selected as the draining PHM area.

2.4 Clinic Approval in WEBIIS

Once a clinic is created, it remains in an inactive state. All inactive clinics must be activated before using them in the WEBIIS. The MOH/AMOH/RE/RDHS of relevant area has the administrative authority to activate a clinic. The authorized personnel must login to the WEBIIS using his/her own username and password. After entering into the system you must perform the switch location activity (Refer section 1.2, Figure 7 to Figure 13).

To access the clinic approval page use the following navigation pathway (Figure 91).

Master > Administration > Clinic Approval
This menu pathway leads to the web page shown in figure 92. In the clinic approval page two main sections can be seen (marked in red).

1. Loading criteria
2. Clinic details

Under loading criteria, four checkboxes have been provided to select clinics according to their current status i.e. Inactive, Active, Hold and Deny. Inactive checkbox is selected by default. Therefore, by default all the clinic those pending for approval after having been newly created or after an update will be listed here. If the user needs to see the clinics in other status, it can be done by placing a tick in the appropriate checkbox in loading criteria section.

**IMPORTANT**: Each MOH/AMOH will see clinics under his/her purview.

Following buttons are in the bottom of the page and their functions is listed here.

- **Approve** button – To activate clinics
- **Hold** button – Temporarily suspends clinics
- **Deny** button – Clinics are removed from the system and marked for later deletion
All clinics currently available for data entry in the system are in active state. Clinics with, hold and deny status has especial meaning within the system and clinics in these two status invariably have the inactive state but will be separately listed for easy status management.

Clinics need to be in hold status, if they are physically existing in the MOH area and not currently used for active immunization. Thus, no data generation at the field invariably leads to no data entry in WEBIIS. These clinics will be actively used for immunization and will generate data in future for data entry in WEBIIS. For example, a physically existing clinic may close for renovation for a few months. The data of clinics with Hold status is used for calculation in the system but they will not be available for data entry.

If the clinics are no longer needed due to their discontinuity of services in the field or erroneously created as duplicates within the system, they can be classified as deny. These clinics will not be listed in the WEBIIS for data entry or data in these clinics will not be used for calculations in WEBIIS.

The user can interchange the status as it requires.

**IMPORATNT:** Please perform the switch location before accessing this page. Otherwise, clinics that are pending for approval will not be shown.

Approval of clinics can be done as follows. First, place a tick in the checkbox in front of the clinic that the user wishes to activate (Figure 93). If the user needs to activate more than one clinic it can be done clicking on each appropriate checkboxes and placing a tick in each one of it. The user can use the top most checkbox in the header area to select all the clinics at once (Figure 93). After selecting the clinics that are needed to be activated, click the **Approve** button at the bottom of the page (Figure 93).
Use the Hold and Deny buttons appropriately to list down the clinics in those status. Then selecting clinics and using Approve, Hold or Deny buttons the user can change the status of the clinics to another as required. Figure 94 shows an example on how to change a clinic status from Deny to Active.

A similar method can be used to change status of clinics those are in Hold status.
2.5 Generation of a Clinic Report

WEBIIS user can generate a report displaying the clinics that are in WEBIIS for a particular MOH area. Report generation can be done using following steps described in this section.

Navigate to the clinic report generation page using the following menu path (Figure 95).

Reports > Master Reports > Area Reports > Clinic Report (AM/08)

Figure 95

A page shown in figure 96 should be on the screen.
Select the appropriate PDHS, RDHS and MOH area consecutively using the dropdown lists that are provided at the right hand corner of the respective textboxes. Avoid filling the textbox labelled as Code. Next, place ticks in the Clinic Type checkboxes as required. If all clinic types are needed to appear in the report all four checkboxes should be ticked (Figure 97).

If only school type clinics are needed place a tick in the checkbox named school (Figure 98). Leave the rest of the textboxes as they are. User can select the file type as required. It is selected as PDF for the explanation purposes for this manual.
Now click the Generate button. The report will be generated and shown in a new tab (Figure 99). This report will give the following details,

- Province, RDHS and MOH area
- Clinic code
- Clinic name
- Status
- Approval status
- Number on roll (this is only for the school type clinic)
If user needs a printed copy of this report, it can be taken (Please refer section 1.7).

2.6 Update Clinic Details

WEBIIS is a database system. Database systems keep data for given objects (e.g. MOH, Clinic, A user etc.) as records in a table. Once a record is created within a database system the said record usually makes links (known as relationships) with other records in different tables. These links are very important when the system reads or writes data properly within the database. In other words, access to a record in a table sometimes can be done only through a different table. Therefore, a database can be seen as interlinked set of tables with records. If a user erases a record or table in a database, these relationships may get disturbed and will not allow the database system to read or write data correctly. Therefore, it is important to carry out planned data entry to collect necessary data and minimize the requirement of deletion.

As time progresses, it is common to see that data in some records may get outdated (e.g. number on roll of a school changes yearly). In this case particular data of a record need to be changed. This process is called record update. The user should not create a new record just to correct a data item in a record. The correct way is to retrieve the record from the database, change the outdated data and save the updated data back into the database. This process is explained below using the number on roll as the example. For easy execution of the process please generate a school clinic report (please refer section 2.5 on report generation) before begining the updating process. The update process explained in this section can be used to update any detail in all types of clinics created within the WEBIIS.
The clinic detail can be updated using the web page that is used to create clinics. The clinic detail update web page can be accessed by using the following menu pathway (Figure 100).

Master > Areas > Clinic

Figure 100

Once clicked on the ‘Clinic’, a page similar to figure 88 will appear. Now click on the search icon shown in figure 101.

Figure 101
Now the Clinic Search dialogue box should appear on the computer screen (Figure 89). Using the search criteria listed in this dialogue box, user can find the clinic that needs to be updated. Since the clinic code is unique, it can be used to retrieve a clinic without specifying any other details in the search criteria section. Please note the place where Clinic Code (marked in red in figure 102) needs to be specified.

Figure 102

The easiest way to find out the clinic codes is to refer a clinic report. Therefore, generate a clinic report using the steps explained in section 2.5. From the clinic report, copy the clinic code (Figure 103) and note the clinic status (i.e. whether clinic is in active state or inactive state). In this manual a school type clinic, Adikarigoda K.V of Kalutara MOH area has been selected. This clinic is in Active state.
Now come back to the clinic edit page and paste the copied clinic code in the textbox named clinic code in the search dialog box (Figure 104). Select the clinic status appropriately using the provided drop down list at the status textbox. By default it is set to Active. Then click the search button (Figure 104).

In the search result page should show the name of the clinic. Click on the name to select it and click on Ok button (Figure 105).
The relevant details of the clinic currently in the database now should appear in the respective textboxes (Figure 106).

According to the example, user can change the value shown in the number on roll textbox now. Delete the value currently appearing in the textbox and type the new value (Figure 107).
If there are no other modifications to the clinic details, changes can be saved back into the database by clicking the Update button at the end of the web page (Figure 108).

If no errors have been committed, information saved successfully message will be displayed (Figure 109). This update process can be used to change other details of the clinic is also in a similar manner.
**IMPORTANT:** If there are details of multiple fields to be changed together it can be done in one update session. There is no need individually to do the update process for separate fields of the same clinic.

Once this update process has been performed, system will change the status of clinic from active, if it was on active initially, to inactive clinic. If the clinic was in inactive state, the status will remain unchanged after the update process. The relevant area MOH should now activate the clinic according to the steps described in section 2.4. Until such time, the updated clinic will not be available for data entry in the system since it is in inactive status.
3 Frequently Asked Questions (FAQ)

1. **How can I get a user name and a password for WEBIIS?**

   Please contact the WEBIIS administrator of the Epidemiology Unit, Ministry of Health. You can use telephone number 0112695112 or email chepid@sltnet.lk to contact the administrator.

2. **I have forgotten my user name and password. What am I to do?**

   Please contact the WEBIIS administrator at the Epidemiology Unit, Ministry of Health. Keep ready your National Identity Card number.

3. **Does each user of WEBIIS need to have a user name and a password of their own?**

   Yes, each and every user of the WEBIIS needs his or her own user name and password. Please refrain from sharing your user name and password with others. Your activities are audited using the user name.

4. **I have been transferred to a different station. Can I use the same user name and the password?**

   Yes, you can use the same user name and password but you need to change the location where you are currently attached i.e. your current working place. This can be easily done by contacting the system administrator of the WEBIIS at the Epidemiology Unit, Ministry of Health. Please keep your National Identity Card number ready.

5. **Who will enter the data for estimated births of each MOH and the Crude Birth Rate for each district?**

   The system administrator of the WEBIIS at the Epidemiology Unit, Ministry of Health will do this annually. A notice will be displayed in the WEBIIS notice board informing this change to the WEBIIS users.

6. **Do I have to do the "Location Switch" function each time I login to the WEBIIS system?**

   Yes, this is mandatory to ensure the correct functionality of the system.

7. **Can I enter the QEPIR data to the WEBIIS directly?**

   No, you cannot. Data entry should be done using the H527 data entry format provided in the system. This method has been adopted to improve the quality of data. However the user can enter data directly in the following two sections: Actual population and the Vaccine and AD syringe stock position.
8. Do I have to update the "Number On Roll" of school clinics?

Yes. The Number On Roll, needs to be updated in the WEBIIS annually following the school survey done by the range Public Health Inspector. It is the responsibility of the Medical Officer of Health to supervise this update process. This update needs to be done on or before 10\textsuperscript{th} of April each year. Please refer section 2.6. On how to perform the update.

9. Who is responsible for updating the clinic list of a MOH area?

It is the responsibility of the MOH. This includes new clinic creation, update clinic details, hold clinics, deny clinics and approving.

10. How can I add a new clinic to WEBIIS?

Please refer section 2.1 of this manual on how to create a new clinic.

11. How can I delete a duplicate clinic from WEBIIS?

You should perform the Deny clinic process. Please refer section 2.4 of this manual.

12. How can I temporarily remove a clinic from WEBIIS?

Please refer section 2.4 of this manual.

13. Do I have to prepare the master sheet manually, before data entry to WEBIIS?

No, you do not have to prepare a master sheet for EPI data.

14. QEPIR does not show used amount of vaccine doses. What can I do?

Recheck the H527 data entry for clinics to ensure that necessary data for Used Amount has been entered into the system. If Used Amount data is available in the WEBIIS, you can use 
\textit{Reload H527} button in the QEPIR interface of the WEBIIS (you can access the web page by using the menu path \textit{Aggregation} > \textit{Quarterly EPI Return}) to force the WEBIIS to re-read the H527 data. This should rectify the issue. Make sure to save data using Master Save button after reloading the H527 data. If not the problem will persist.

15. What is the ‘finalize’ process?

This is the equivalent process of placing the signature on the paper format of QEPIR. As in paper format, respective MOH, RE and the Epidemiology Unit should scrutinize the electronic data entry in WEBIIS consecutively. Unless the data has been properly scrutinized at these three levels, they cannot be used at the National level.

16. Who can perform the finalize process?

Only MOOH, AMOOH, REE can perform this process. The necessary checkboxes are only seen when the following user categories login to WEBIIS using their user names.
17. I have successfully created/updated a clinic in the WEBIIS. But it is not available for data entry. Why is that?

When a clinic is created or updated, the system keeps/changes the clinic status into Inactive. All clinics in the inactive status are not listed in the system for data entry purposes. Therefore, clinics with inactive status needed to be changed into active status. Once clinics are in the active status, they will be listed in the system and you will be able to enter data. Please refer section 2.4 for further details.

If you need to see the inactive clinics, change the status criteria in clinic search dialog box to INACTIVE using the drop down list provided.

18. How to change the clinic type of a clinic that has been already created in the WEBIIS?

Perform the clinic update process. Change the clinic type currently specified, into the one that you need, using the drop down list provided in the clinic type textbox in clinic create/edit web page. Remember to activate the clinic before using it again, otherwise clinic will not be listed for data entry. Please refer section 2.6 on updating a clinic.

19. When trying to create a new clinic, system shows a “Duplicate Clinic Code” error. Why?

This is a system issue and the user needs to contact the WEBIIS administrator at the Epidemiology Unit, Ministry of Health. To rectify the issue the system administrator needs following information.

   i. MOH Area
   ii. Clinic type you are trying to create

20. When trying to save clinic details to create a clinic, the save button appears to be deactivated or does not begin saving (rarely this happens when you update a clinic). Why?

Please recheck the data entry page for missing data fields and format issues in entered data (the system will highlight the errors in a red colour square). If so please correct those erroneous data entries. This will enable the save button.

If the save button is still deactivated and you can’t find any missing or error in data entry, it could be due to a system malfunction. This can only be rectified by resetting the page. Please click on the Reset button and do the data entry from the beginning. If the problem still persists after this step, try closing the browser altogether and login again to the system. If all these solutions do not rectify your issue, please contact the WEBIIS administrator at the Epidemiology Unit, Ministry of Health.

21. When trying to create a Government Medical Institute or Private Hospital type clinic, relevant institute does not appear in the drop down list in the hospital name textbox. Can I type the name of the hospital?
No, you cannot type the name of the hospital. It should be selected from the drop down list. Otherwise the system will not allow you to save data in order to create the clinic or update it. If the name of the hospital (government, private or general practitioner) is missing in the list, please contact WEBIIS administrator at the Epidemiology Unit, Ministry of Health.
Stop backspace functionality for Google Chrome and Firefox internet browsers

How to do it in Google Chrome browser?

1. Run the Google Chrome browser. Then type `chrome.google.com/webstore` in the web address bar and press enter key.

2. Then you will see the following web page. Find the search the store text box (marked in red) at the top left hand corner of the web page.
3. In the “search the store” textbox type **goodbye backspace** and press enter key. Then you should see an extension program called **Goodbye Backspace!** listed in the top of the result page (marked in dark blue). Now press the **+ADD TO CHROME** button.
4. You will be asked to confirm your request (marked in red). Press **Add** button. Give sometime to download the program and install it. Process is automated and will take less than 2-3 minutes depending on your internet connectivity speed.

5. If the installation process was successful, a message will be displayed in the Chrome browser, right upper hand corner (marked in red). Mark will appear at upper right hand corner of the Chrome web browser permanently.
6. If you need to confirm the installation had been done successfully, press the menu icon of the Chrome browser (marked in red). Follow **Setting > Extension** (marked in blue) and check for the availability of **Goodbye Backspace!** (marked in green) extension. **Please restart the browser.**
How to do it in Firefox browser?

1. Run the Firefox browser. Then in the web address bar type `about:config` and press the enter key.

2. You will take to the web page shown in the following web page. Press the blue colour `I'll be careful, Promise!` button.
3. Now you will see a long list of configuration options.
4. In the search textbox (marked in red) type **backspace**. Then the browser backspace action configuration option will be isolated.

5. Double click on the browser backspace option. A dialog box will appear.
6. Change the number in the dialog box to 2 and press Ok button.

7. Now the browser backspace action value should be shown as 2. Now **restart the browser**. Backspace should be disabled now.
How to get a customized printed copy of a Quarterly EPI Return (QEPIR)

1. Access the page which is necessary to produce a softcopy of Quarterly EPI Return (AD/05) using the report menu.

2. Select the required MOH area.
3. Fill other textboxes as required. Set the file format to ‘DOC’, the MS Word format.

4. The QEPIR will be download and saved in the default download folder in MS Word format. An icon will appear in the bottom left corner of the chrome browser. Click on this icon to open the QEPIR in MS Word program.
5. Now the QEPIR should be opened in MS Word program. Select whole document using the select all option in Home menu.

6. Select paper size as Legal (8.5” x 14”) using the Page Layout menu.
7. Now come to Home menu again and select font type as ‘Courier New’. Once this selection has been made sometimes font type textboxes remain empty. It is normal and you can proceed.

8. Set the font size as 11. Font size textboxes may remain empty together with font type textbox. It is normal and you can proceed.
9. Do the table adjustment as required at the places indicated.

| (e) 5th dose | 1 | 0 | 0 | 0 | 0.4 | 0.6 |
| (f) Booster | 0 | 0 | 0 | 0 | 0.4 | 0.6 |
| (g) Not | 0 | 0 | 0 | 0 | 0.4 | 0.6 |

Total No. of Mothers: 165

Other (Vaccinations) 1st dose:
- 2nd dose: 0
- 3rd dose: 0
- Booster dose: 85

INACTIVATED POLIO VA (IPV)

| 1st dose | 40 | 0 | 13 | 172 | 55.1 | 98.9 |

OTHER VACCINES

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>No. of dTP vaccinations given during the quarter</th>
<th>Total No. of students in grade 7</th>
<th>(f) Coverage (e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>dTP</td>
<td>20</td>
<td>20</td>
<td>80</td>
</tr>
</tbody>
</table>

No. given to children:
- 1st: 75
- 2nd: 70
- 3rd: 75
- 4th: 75

Total: 75

10. Now you can save this document or take a printed copy (Use legal size papers) as require.