



# SNAPSHOTS

IMMUNIZATION REGISTRY NEWS *from* AMERICAN IMMUNIZATION REGISTRY ASSOCIATION (AIRA)

## PRESIDENT'S REPORT

Dear Colleagues,

It's all about priorities! Each day, we are faced with making short-term and long-term priority decisions for our Immunization Information Systems (IIS). From the national perspective, the Immunization Information Systems Support Branch points us toward four foundational areas to help set those priorities:

- Childhood data completeness
- Pediatric Clinical Decision Support for immunizations (CDSi)
- Coverage estimates for childhood vaccinations
- Bidirectional exchange with electronic health record systems

In this issue of *SnapShots*, articles featuring AART, SOAP Web Services, and AFIX-IIS integration solutions highlight ways these foundational priority areas are being addressed by the IIS community. Resources available to address priority areas include Implementation Guides, testing tools like AART, best practice documents, and technical assistance. **It is through the hard work of the IIS community, with the support of AIRA, that Immunization Information Systems have evolved to become a critical part of the public health infrastructure.**

So, what are your IIS priorities? While each IIS is at a different stage of maturity, all have areas in need of improvement or new development. You may want to take advantage of AART to assess the technical aspects of your IIS and utilize knowledge of your system to identify areas for improvement. Not only will this tool help in setting priorities; it will also allow you to monitor progress.

In the last issue of *SnapShots*, I urged each of you to share your knowledge and experiences to help the community as a whole advance. It is equally important that we understand your specific priorities and challenges. The AIRA board is here to represent you. Let us know your priorities.

Regards,

**Kim Salisbury-Keith, MBA**

KIDSNET Development Manager

Center for Health Data & Analysis, Rhode Island Department of Health

AIRA President

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Welcome to *SnapShots*, the American Immunization Registry Association's newsletter about the progress, best practices, and accomplishments of Immunization Information Systems (IIS) across the country. We invite you to share news about your IIS. Email us at [info@immregistries.org](mailto:info@immregistries.org) with information about a successful programmatic or technical innovation, major accomplishment, or milestone that your IIS has reached.



## PHII'S INFORMATICS ACADEMY LAUNCHES THE IIS TRAINING HUB

In January of 2018, PHII's Informatics Academy launched the IIS Training Hub, a single location for IIS staff and partners to find information about and links to all of PHII's IIS training courses and resources.

Visitors to the hub can sign up for notifications, learn more about new or upcoming courses, and get information and access to any available materials.

Several new and updated resources for IIS were included in the launch of the Training Hub. These include:

- **Fundamentals of IIS Series.** This collection includes updated eLearning courses *Data Quality for IIS*, *Interoperability for IIS*, and *HL7 Basics for IIS*. Each topic also features new one-page quick-reference guides, such as "Role of IIS in Data Quality," "Interoperability Basics," and "Breaking down an HL7 Message," which can be downloaded or printed for use.
- **Advanced HL7 for IIS.** This course builds on *HL7 Basics for IIS* to take a deeper dive into how HL7 works. The eLearning module explores conformance, constraints, and message profiles, among other topics. The course also includes one-page quick-reference guides on "HL7 Message Profiles" and "HL7 Conformance Specification Parameters."

**The IIS Training Hub is a single location for IIS staff and partners to find all of PHII's IIS training courses and resources.**

Pre-registration is open for ***Welcome to IIS: Fundamentals Bootcamp***, a new offering being launched in the spring of 2018. ***Welcome to IIS*** is a four-week email course, where each day features a new topic. Each morning, a brief lesson on a key IIS concept is delivered via email. Each lesson takes less than 10 minutes to read, and resources and activities are included each day for deeper learning.

Visit the IIS training hub at <http://phii.org/iishub>.

Sign up for update notifications at <https://phii.org/stay-updated-iis-resources>.

Contact the Informatics Academy team at PHII at [informatics.academy@phii.org](mailto:informatics.academy@phii.org).

PHII's work on this collection of IIS learning resources is funded through a CDC Cooperative Agreement. These resources are intended to help new and existing staff in the IIS workforce become proficient in the competencies required for success in the IIS programs they support. However, anyone who wants to learn more about these important IIS topics can register at no cost and gain access to the content.

- Submitted by Teresa Dussault, MBA, PMP, Informatics Academy



## THE MESSAGE QUALITY EVALUATION (MQE) TOOL – AN EVOLVING COMMUNITY RESOURCE

The AIRA Joint Development and Implementation (JDI) Advisory Workgroup has announced its second JDI project. The Message Quality Evaluation (MQE) tool is an open-source application that will be freely available to the members of the IIS community.

The tool will be designed to assist sites in consistently evaluating and improving the quality of data coming into their IIS. It will allow users with varying levels of expertise to quickly and easily generate a series of reports that describe the quality of incoming immunization data.

### How is it used?

Individual users will be able to take advantage of a stand-alone implementation of the MQE. More advanced implementers will be able to integrate the tool with their IIS to automate evaluation and report generation and even make decisions about whether or not data are appropriate for IIS consumption.

### Why use it?

The tool will facilitate onboarding new submitters by quickly identifying problems in existing data feeds. Messages will show IIS staff whether data are good, fair, or poor in an easy-to-read web-based report.

**When the IIS community speaks with a single voice, our message will be more easily heard.**

### How does this tool impact the IIS community?

The ways in which incoming data are evaluated varies from site to site. With multiple IIS evaluating incoming data using the same tool, comparing the same elements, with the same code sets and metadata, sites will be able to collaborate better to solve common data quality issues—across messages, submitters, or even vaccine types. When the IIS community speaks with a single voice, our message will be more easily heard.

### How can an IIS participate?

All IIS are welcome to be part of the evolution of this open-source tool. IIS can share resources to help develop the tool or join the MQE User Group (coming soon!). Working together, we hope to standardize data quality processes and provide a sustainable forum for shared community resources and training.

### What can an IIS do to get started?

- Review the [Draft Business Case](#) for the evolving MQE tool.
- Read the [Draft Overview of the MQE Tool and its Functional Requirements](#).
- Watch the [Introductory Webinar on the MQE Tool and Project](#).
- Install the [MQE Beta Version 2.5 Tool](#).

### Questions?

If you are interested in learning more about the MQE tool or engaging with this project, please contact Maureen Neary at [mneary@immregistries.org](mailto:mneary@immregistries.org).

- Submitted by Mary Beth Kurilo, AIRA



## AAP CHAPTERS UTILIZE IIS TO IMPROVE HPV VACCINATION RATES

Immunization Information Systems (IIS) benefit patients and their families as well as health care professionals.

Specific to health care practices, IIS can help with determining when vaccinations are due, vaccination reminders and recall, identifying populations at high risk for vaccine-preventable diseases, and targeting interventions and resources efficiently. Local chapters of the American Academy of Pediatrics (AAP) are demonstrating another benefit of IIS—that being tracking and improving office immunization rates as part of overall quality improvement (QI) efforts.

Since 2015 through the AAP Hub and Spoke Initiative Focused on Improving HPV Vaccination Rates initiative, nearly all 59 US AAP chapters have implemented one, if not multiple, QI projects aimed at increasing HPV vaccination rates, which have consistently led to increases in HPV vaccine series initiation and completion. As part of this initiative, the Indiana AAP chapter is hosting a series of provider learning sessions across the state, focused on how to raise adolescent vaccination rates in pediatric practice by making a strong vaccine recommendation. Sessions include live instruction from a pediatric infectious disease specialist. The chapter worked with the Indiana State Department of Health (ISDH) to provide each attendee with information on the HPV vaccination rate in her/his practice at the time of the first learning session. Christopher Weintraut, executive director of the Indiana AAP chapter, highlighted the importance of seeing the actual data, “Most participants had believed their rates to be higher than those actually documented in

the state IIS. When they saw their own data, they said to themselves, ‘I’m part of the problem!’”

Six months after the first learning session, the ISDH re-pulled data for each attendee from the state IIS. Initial results of the first session

**Local chapters of the American Academy of Pediatrics (AAP) are demonstrating another benefit of IIS—tracking and improving office immunization rates as part of overall quality improvement (QI) efforts.**

are promising. Almost every attendee saw an increase in vaccination rates, with one attendee raising the rate in their practice by 20%. The average increase across all attendees at the first program was more than 8%. Mr. Weintraut emphasized that the IIS data motivated some participants to discuss the HPV vaccination issues with their colleagues in an effort to change the culture within their own practice and that, by using the IIS data, participants were able to see their vaccination rates without having to do chart pulls themselves. “Working with ISDH was a very positive experience, and having access to Indiana’s immunizations registry made pulling those numbers a painless experience. As an additional benefit, it helped our chapter foster new relationships with the immunization division of our health department,” said Mr. Weintraut.

*Continued on page 5.*



## AAP CHAPTERS UTILIZE IIS TO IMPROVE HPV VACCINATION RATES

*Continued from page 4.*

Through the Adolescent Vaccination and Wellness Grant Program for AAP Chapters, chapters are using IIS in multiple ways as part of strategies to improve adolescent vaccination rates. Highlighted below are examples of these activities:

- Multiple chapters used their state or regional IIS for program evaluation purposes. With assistance from their respective state immunization program, chapters ran immunization coverage rates of participants “before and after” their program to assess for changes in coverage rates.
- One goal of the Kansas AAP chapter program was to promote the benefits of registering for and using the state vaccine registry. The chapter partnered with the Kansas immunization program to provide a webinar demonstrating the benefits of being a part of the Kansas Immunization Registry to help with tracking and reminder/recall of immunizations.
- As part of a half-day seminar offered by the Texas AAP chapter, a representative from the Texas Department of State Health Services Infectious Disease Control Unit presented best practices for increasing HPV immunization rates, including the use of an IIS for immunization tracking and reminder/recall functions.
- Practices participating in the Georgia AAP chapter program used reports from the state IIS to conduct reminder/recall phone calls to schedule patient appointments.

- The Minnesota AAP chapters supported practices across its state with mini-grants to improve transfer of accurate immunization data to the state immunization registry and to implement a quality improvement project for adolescent patients. IIS data was used to assess vaccination rates at baseline and post-project implementation.

Finally, the AAP Chapter Quality Network (CQN) recently wrapped up a first phase of its US Immunization Project. CQN projects work at the practice, chapter, and national levels to improve quality of care and outcomes for children. Rooted in QI methodology, the CQN US immunization project worked with six AAP chapters to improve immunization rates for children 19-36 months old by reducing missed opportunities to vaccinate and implementing robust reminder/recall systems. Practices participating in chapter projects employed several different strategies for recalling patients who were not up to date, including using patient lists generated from their local IIS to send reminder text messages, emails, or postcards to families.

For more information about AAP immunization initiatives, contact Dana Bright at 630-626-6271 or [dbright@aap.org](mailto:dbright@aap.org).

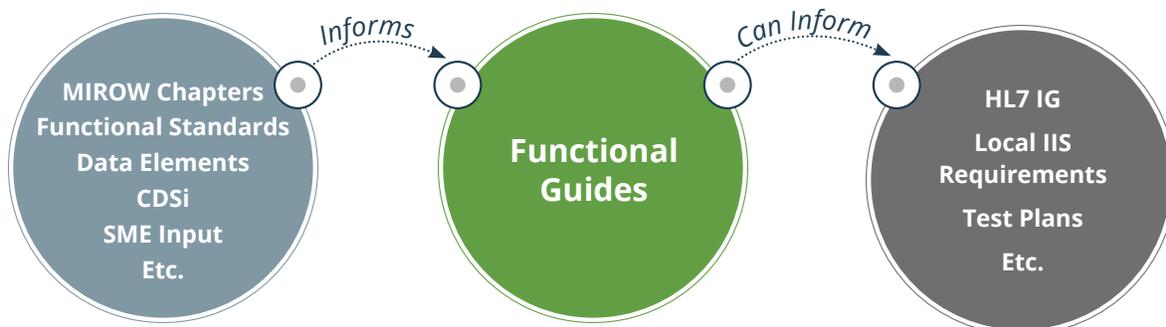
*- Submitted by Dana Bright,  
American Academy of Pediatrics*



## FUNCTIONAL GUIDES – A NEW COMMUNITY RESOURCE

The Standards and Interoperability Steering Committee (SISC) at AIRA is pleased to announce a new resource for the community focusing on functional requirements.

A group of 12 subject matter experts participated in a project to create the first [Functional Guide volume](#). The purpose of a Functional Guide is to focus on the capabilities and requirements a system will need in order to enable business functions needed by their end users. Functional guides do not dictate that a system **must** provide certain capability, but rather, they define the requirements **if** a system chooses to supply certain capabilities. Further, they help drive forward consistent system implementation of foundational, visionary, and best practice documents. The high-level diagram below shows where this Functional Guide fits in with other community-developed artifacts, showing both inputs into the Functional Guide and where/how the Functional Guide can be used to develop other artifacts.



The first volume— available [here](#) —focused on Query and Response interaction between two systems and was scoped to address key areas of that exchange. The subject matter experts reviewed material from several different community resources, such as the Functional Standards, Core Data Elements, and MIROW documents. Key outcomes documented in the Functional Guide are:

- Querying-system requirements on the data it should submit on an initial query and a secondary query
- Responding-system requirements, depending upon whether or not a single patient was found and consented to share his/her information
- Responding-system requirements for consistent implementation of Clinical Decision Support concepts to be exchanged

The next Functional Guide volume will focus on further clarifying functionality associated with the recently released CDC-Endorsed Data Elements. The goal of this project is to utilize the 2018-2022 Functional Standards/Data Elements to further explore and document better metadata about each data element.

Questions regarding the Functional Guide can be directed to Eric Larson ([elarson@immregistries.org](mailto:elarson@immregistries.org)).

- Submitted by Eric Larson, AIRA



# MARYLAND USES AART TO PRIORITIZE PROJECTS, IMPROVE IIS

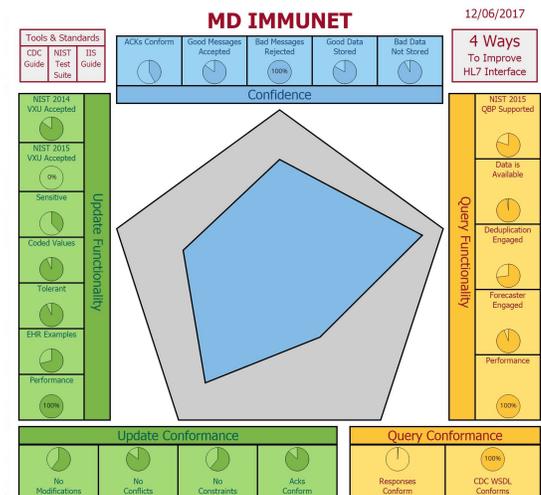
Maryland started participating in the AIRA Aggregate Analysis Reporting Tool (AART) in January 2017. As expected, ImmuNet, Maryland’s IIS, showed a lack of alignment with the NIST 2015 standards because ImmuNet was not yet compliant with HL7 v2.5.1 release 1.5 at the time.

Upon completing a major upgrade at the end of May 2017, ImmuNet is now compliant with HL7 v2.5.1 release 1.5, and the June 2017 ImmuNet AART report showed some improvement. Since then, ImmuNet has shown consistent improvement in the Confidence, Update Functionality, Update Conformance, and Query Functionality categories of AART, and this trend is expected to continue.

ImmuNet is currently 85% compliant with NIST 2014 and on track to be 100% compliant with NIST 2015 standards by supporting National Drug Code (NDC) in spring 2018. Although ImmuNet is 100% compliant with CDC WSDL, one area that ImmuNet needs to focus on is Query Conformance, specifically the IIS query response messages so they conform to the CDC Guide. ImmuNet has the potential to improve its score in this category by 59% with a few query and response improvements. Some improvements are under way to address some conformance issues, but addressing all issues will require a larger effort currently scheduled for 2019. Some of these issues stem from our efforts to remain backward-compatible in support of older interfaces. However, as our IIS evolves, we are evolving our requirements and putting more emphasis on conformance requirements by our end-users. This will lead to narrowing of our conformance gaps in the long run.

Overall, Maryland is benefiting from AART, as it provides a monthly assessment of ImmuNet’s performance in various areas and the areas that need improvement. It is a great platform that leverages input from various national resources and displays a comprehensive report in a user-friendly manner. The detailed reports allow Maryland to set priorities in project planning and funding allocation so that ImmuNet can continue to work toward better alignment with national standards.

**Overall, Maryland is benefitting from AART...the detailed reports allow Maryland to set priorities in project planning and funding allocation.**



- Submitted by Patricia Swartz, MS, MPH, Maryland Department of Health



## SOAP WEB SERVICES AND THE CDC WSDL – A LOOK AT INSTALLATION AND MAINTENANCE

In the fall of 2017, AIRA sent a brief questionnaire to IIS points of contact to assess implementation and maintenance issues related to the use of the IIS standard for transport messaging: SOAP/Web Services and the CDC WSDL.

Although there are many aspects to interoperability, one important building block for standardized data exchange is message transport, or how messages get from system A to system B. SOAP/Web Services and the CDC WSDL have been the recommended standard for IIS transport since 2011 and are called out in the [IIS Functional Standards](#) as well as in the [ONC Interoperability Standards Advisory](#) and the first phase of the [IIS Measurement and Improvement Effort](#).

The survey was informal and voluntary but sought to quantify the relative burden of standing up and supporting SOAP/Web Services and the CDC WSDL as compared to other methods of transport. Nineteen jurisdictions responded to the survey, and their summary responses are as follows (note that SOAP/Web Services and the CDC WSDL are referred to as the CDC WSDL for clarity below):

**SOAP/Web Services and the CDC WSDL have been the recommended standard for IIS transport since 2011.**

- Respondents reported that they had implemented the CDC WSDL between 2011 and 2017, with a cluster of implementations in 2012.
- Five respondents (26%) reported that they offered only the CDC WSDL, while the rest of the respondents offered multiple transport options, including HTTP POST, sFTP, PHINMS, batch upload, and VPN, among others.
- Fourteen respondents (74%) reported that, if a provider’s EHR uses the CDC WSDL, the IIS spent minimal time implementing or troubleshooting the transport connection during the onboarding process.
- All 19 respondents (100%) reported time spent as “none” or “minimal” once the provider is live and exchanging data using the CDC WSDL.
- Twelve respondents (63%) said that the CDC WSDL was easier or similar to use during onboarding as compared to other transport options; three said it was more difficult; and four respondents did not comment, as the CDC WSDL was their only transport.
- Only five respondents (26%) reported using client-side certificates with the CDC WSDL.
- When asked what percentage of the connections in respondents’ IIS leveraged the CDC WSDL, responses ranged from 1% to 100%, but the average across all respondents was 49% of connections, while 55% of recent (2017) connections were reported to use the WSDL.

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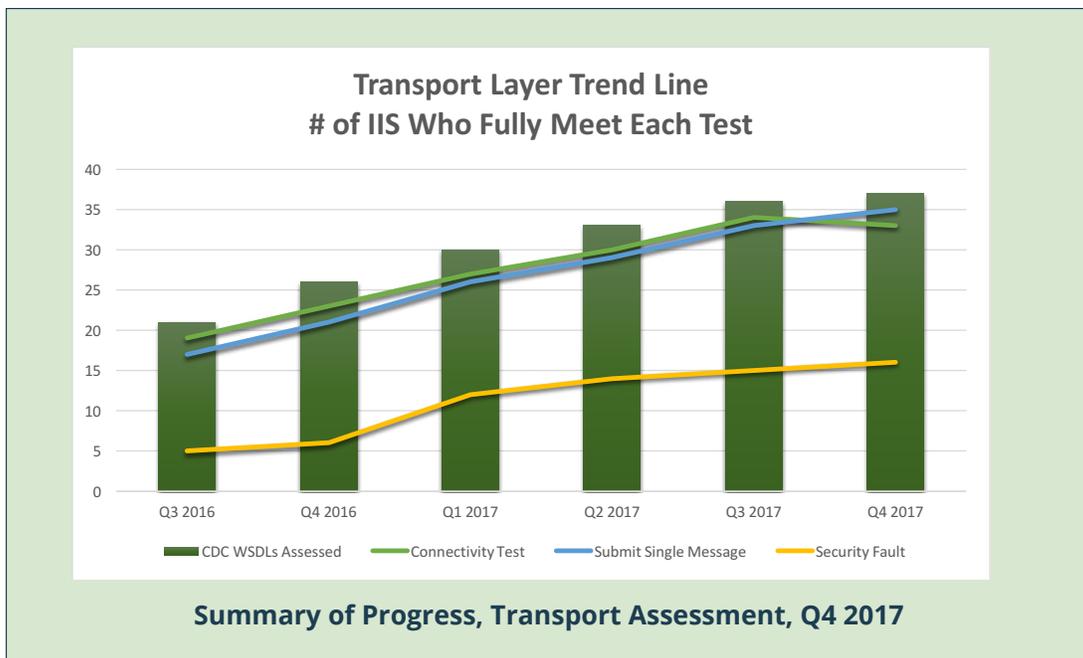
# SOAP WEB SERVICES AND THE CDC WSDL – A LOOK AT INSTALLATION AND MAINTENANCE

*Continued from page 8.*

The take-home messages that surfaced within these results are:

1. SOAP Web Services and the CDC WSDL are the most common transport method utilized but are most often offered as one of several transport options.
2. The work to stand up and support the CDC WSDL is less than or equal to the burden of maintaining other transport methods.
3. The use of the CDC WSDL is increasing over time.

The information is supported by AIRA’s [assessment results for transport](#), where 37 of 47 (79%) IIS connected had a CDC WSDL installed, and 32 of those 37 were tested and demonstrated an interoperable level of functioning with their CDC WSDL through meeting two out of three transport measures.



For more information on the CDC WSDL or on IIS message transport, contact Mary Beth Kurilo at [mbkurilo@immregistries.org](mailto:mbkurilo@immregistries.org).

*- Submitted by Mary Beth Kurilo, AIRA*



## AIRA REVEALS NEW BRAND

AIRA refreshed its brand and unveiled a new logo in February. Since its inception 19 years ago, AIRA has evolved to become a recognized and respected voice of the IIS community. The new AIRA logo represents our interconnectedness and strength as a community.

The new look included an update of the [AIRA website](#). As before, website users can learn about AIRA, read about current and new AIRA initiatives, manage their membership, and search the resources repository. New functionalities include the ability to create a personal profile and access one's committee information, download events into one's calendar, and access a directory of member organizations. AIRA has plans to release collaborative tools, social networking links, and interactive maps on the site over the next year.

For more information about the new AIRA logo and website or to give feedback on the project, please email [info@immregistries.org](mailto:info@immregistries.org).



**The new AIRA logo represents  
our interconnectedness and  
strength as a community.**

- Submitted by Maureen Neary, AIRA

## THE AFIX-IIS INTEGRATION PROJECT – UPDATES

### PPHF Awardee Projects

- All budget extensions requested by PPHF-funded awardees in 2017 were approved by the Office of Financial Resources.
- Six awardees have finalized the testing of their solutions and are preparing plans to begin using their AFIX-IIS solution during upcoming AFIX provider visits. Initial feedback from those awardees indicates that, after seeing the new AFIX reports, some providers have made data quality improvements in their IIS data. After improving IIS data quality, they noticed improvements in coverage rates as well. As far as improvements on the programmatic side, initial reports indicate that having the AFIX reports generated by the IIS are “a real time-saver” for staff, the reports are generated quickly, and uploads to the CDC’s AFIX Online Tool are easy and fast.
- The remainder of awardees are testing their new AFIX functionality as well as gearing up for provider training and ensuring that their AFIX policies and procedures reflect their new IIS functionality and reports.
- All awardees report that they expect to complete the PPHF funding objectives by the end of September 2018.

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## THE AFIX-IIS INTEGRATION PROJECT – UPDATES *Continued from page 10.*

### **AFIX-IIS Integration Team Staffing Update**

There was a staffing change to the CDC AFIX-IIS Integration team. In January, Adam Bjork replaced Hanan Awwad as the AFIX subject matter expert and the acting AFIX coordinator for POB. Adam, an epidemiologist, has worked with the AFIX program since late 2015 in a research and evaluation role. Hanan will continue to work with awardees but in a project officer role.

*- Submitted by CDC AFIX-IIS Integration Team*

### **SMaRT AFIX Solution**

New SMaRT AFIX functionality to support an additional user level for AFIX coordinator access will be released in February 2018 and will be available to all awardees, regardless of platform. This new user level will fulfill requests from two awardee states to provide AFIX coordinator access to a defined and limited list of otherwise unrelated providers. This provider group functionality will accommodate unique workflows while maintaining universal functionality for all awardees regardless of IIS platform.

The STC SMaRT AFIX team's primary focus is supporting awardee testing and implementation. Biweekly consortium calls allow awardees to exchange ideas and provide valuable feedback to STC. Potential issues identified during testing and suggestions for enhancements will be prioritized with guidance from the CDC. For example, the consortium requested changes to the Master Rate Comparison report to assist with prioritization of AFIX visits among providers with an active VFC PIN. This enhancement has been approved by the CDC and is currently in development. Items in the backlog for review include:

- Suggestions for enhanced onscreen tool tips for increased clarity and understanding of algorithm logic
- Custom distribution lists
- Enhanced parameters for custom patient lists
- Custom coverage reports, including geographic coverage reports at the state, county, or city level

New participants are invited to join this project. Interested parties should contact Michelle Korrell at [michelle\\_korrell@stchome.com](mailto:michelle_korrell@stchome.com).

*- Submitted by Scientific Technologies Corporation (STC)*

*Continued on page 12.*



# THE AFIX-IIS INTEGRATION PROJECT UPDATES *Continued from page 11.*

## Envision Solution

Envision completed development of the reports outlined in the AFIX-IIS Integration Phase 1 and Phase 2 guidance. The reports were developed within three releases, and the final reports were completed in September 2017. The reports and completion dates are:

- AFIX Assessment Report (March 2017 Release)
- Not UTD / Missing Immunizations Report (March 2017 Release)
- AFIX Online Tool Upload File (June 2017 Release)
- Master Rate Comparison Report (June 2017 Release)
- Single Antigen Assessment (June 2017 Release)
- Missed Opportunities Patient Listing (September 2017 Release)
- Invalid Dose Patient Listing (September 2017 Release)
- Patient Roster (September 2017 Release)

Envision started deploying the June 2017 release to customer production environments in September 2017. Currently, 11 Envision customers are using the June 2017 release in their production environments, and all Envision customers will continue to receive the new reports and features through their scheduled software release deployments.

- *Submitted by Envision Technology Partners*

## DXC Solution

DXC has developed The AFIX Product, a stand-alone IIS-agnostic product. The AFIX Product was initially deployed in September 2017 and requires minimal system requirements to run the product. Because each state has differing hardware environments, network security rules, and privacy policies, The AFIX Product extracts only the necessary data from the IIS for the assessment process. The AFIX Product is currently deployed in five states, three in production and two moving to production along with their normal release sequencing. Additional features, including the inclusion of additional reporting, are scheduled for release in the next quarter. Long term, DXC can offer a web service to states with policies that allow web service. The product is available for installation. For more information, contact Katie Reed at [catherine.reed@dxc.com](mailto:catherine.reed@dxc.com).

- *Submitted by DXC Technology*



## BACKGROUND ON THE AFIX-IIS INTEGRATION PROJECT

In 2013, CDC announced that support for the Comprehensive Clinic Assessment Software Application (CoCASA) would be discontinued, and it encouraged awardees to use their IIS to support AFIX assessments. The development and implementation of uniform standards for generating AFIX assessment outputs from IIS is critical to a successful transition. In the absence of standardization, AFIX assessment outcomes will differ across immunization programs, thereby compromising the integrity of results reported from jurisdiction to jurisdiction and limiting CDC's ability to evaluate the effectiveness of the AFIX program.

Guidance documents for incorporating AFIX assessment functionality in IIS were developed in two phases. The first phase resulted in the development and release of the document "AFIX-IIS Integration: Operational and Technical Guidance for Implementing IIS-Based Coverage Assessment – Phase I." The second phase resulted in additional operational and technical guidance for AFIX assessment and feedback reporting components. To support AFIX assessments, the IIS needs to implement standardized AFIX assessment outputs, a user interface that allows authorized users to generate the outputs, and a standardized export capability to support uploads of results to the CDC AFIX Online Tool.

Funding for implementing AFIX assessment functions in the IIS occurs through two primary streams. In 2015, 25 awardees received "PPHF 2015 – Immunization – Utilization of Immunization Information Systems (IIS) for Assessment, Feedback, Incentives, and eXchange (AFIX) Assessments" funds for a two-year period. In parallel, Scientific Technology Corporation (STC) was awarded a competitive contract to build an AFIX assessment module for up to 19 awardees.

*- Submitted by Bobbie Strickland, CDC/NCIRD/ISD*

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### Additional Information

Resources for the AFIX-IIS integration project can be found on the ISD Awardee SharePoint Portal. For access to the ISD Awardee SharePoint Portal, please email [AFIXIIS@cdc.gov](mailto:AFIXIIS@cdc.gov) with your name, email address, phone number, title, and organization. Registration instructions will follow by email.

We are interested in hearing about your progress implementing AFIX into IIS. If you would like to be featured in a future SnapShots update, please email a short description (one to three paragraphs) to [AFIXIIS@cdc.gov](mailto:AFIXIIS@cdc.gov).

All other questions relating to AFIX-IIS integration or the SharePoint portal should be directed to [AFIXIIS@cdc.gov](mailto:AFIXIIS@cdc.gov).