



SnapShots

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

Welcome to *SnapShots*, AIRA's newsletter about the progress, best practices, and accomplishments of immunization information systems across the country.

We invite you to share news about your registry. Email us at aira@immregistries.org or call us at 202-527-7000 with information about a successful programmatic or technical innovation, major accomplishment, or milestone that your registry has reached.

SnapShots is sent to subscribers quarterly and posted on the AIRA web site: www.immregistries.org.

Please share *SnapShots* with others who may benefit from a trusted source of immunization registry news and information.

SnapShots is produced by the AIRA Education Committee.

Editor: **Katie Reed, NY.**

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PRESIDENT'S REPORT

Where the heck are those lazy days of Summer? From responding to new PPHF grant opportunities and/or sentinel site applications, completing the mid-year progress reports and the newly revised CDC cooperative agreement, I'm sure you'll agree that things have been as busy as ever in our IIS world! AIRA has been continuing to support our IIS community, including participating in the effort to update the IIS Functional Standards. Don't miss the article in this issue highlighting the proposed changes for 2013-2017. Speaking of the future, our partners at the PHDSC are keeping a keen eye on the health information transformation process and making sure the public health voice is heard. Learn more about their strategic planning initiatives in this issue. And we also are partnering with PHII on their efforts to examine IIS business processes and collaboratively define functional IIS requirements.

In the not-so-distant future, we are looking forward to the roll out of our brand new website, and the **AIRA 2012 IIS Meeting** is coming this **September 19-20** (registration is now **OPEN** at www.regonline.com/aira2012iismeeting). The 2012 IIS Meeting will be a great face-to-face opportunity to augment the material presented at the National Immunization Conference Online (NICO) back in March. Read on for NICO highlights and IIS meeting details and hope you can all make it to St. Paul, MN in September. And while we're on the subject of meetings, make sure you catch the article regarding the IIS sentinel site meeting held in May.

Meanwhile, AIRA committees are busy tackling various projects from standards to assessment, educational opportunities to data quality best practices. A new Web-Services and Real-Time Data Exchange Workgroup was established to collaboratively address the various issues related to implementation. There is always room for additional members in any of our AIRA committees and workgroups... Get involved!

On Another Note... Transitions and Gratitude

As many of you may know, I have been asked to fill a key leadership role in the NY State Department of Health as Director of the Division of Nutrition. Although it is not the IIS field that I know and love, it does give me the opportunity to tackle some of the other critical public health issues of today including food insecurity and the obesity epidemic. Unfortunately, this means I will not be able to fulfill my term as AIRA President.

I will be succeeded by President-Elect **Mary Beth Kurilo**, who has kindly offered to assume the role of President in August rather than November. In addition, Immediate Past President **Emily Emerson** has agreed to continue in that role and provide additional leadership support beyond November. Finally, we welcome Board Member **Gail Ogawa** to the Executive Committee. A big thank you to Mary Beth, Emily and Gail for your willingness to give even more to our organization! I am confident that with the expert leadership provided by the Executive Committee, the dedication of our Board of Directors, Committees, Members and Partners, and the steadfast support by Rebecca and Alison, our remarkable staff, AIRA will remain as dynamic as ever.

I will miss all of you and the immense sense of community and commitment that is evident in all you do. Serving as your President has truly been a highlight of my professional career. Keep up the amazing work... I'll be following you from afar!

All the best,
~ Lora

— *Loretta A. Santilli, MPH (Director, Division of Nutrition, NYS Dept. of Health; former IIS Manager, New York State)*

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AIRA 2012 IIS Meeting

Registration is now open for AIRA's 2012 IIS Meeting, *Immunization Information Systems: Connect, Exchange, Advance*, to be held September 19–20 at the Crowne Plaza Riverfront in Saint Paul, MN. Register today at www.regonline.com/aira2012iismeeting.

AIRA is pleased to report that as of August 1, we have confirmed seven meeting sponsors (*see sidebar at left*). Many thanks to our sponsors... and there is still plenty of time left for others to step forward. If you are interested in sponsoring this meeting please contact Jen Bank at jbanks@immregistries.org.

Meanwhile, many abstracts were submitted by the May 15 deadline, and the 2012 IIS Meeting workgroup and volunteer reviewers worked very hard to design a comprehensive agenda covering many relevant topics of interest.

So mark your calendars, register for the meeting, make travel plans, and get excited for what promises to be an incredible gathering of the IIS community.

Please visit www.immregistries.org for up-to-date information. ■

Immunization Information Systems:



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AIRA 2012 IIS Meeting
September 19–20 | Saint Paul, MN

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Public Health Data Standards Consortium's Ambitious New Strategic Plan-2012-2014

AIRA has been a long time member of the Public Health Data Standards Consortium (PHDSC), represented on their Board and by extensive IIS vendor participation. PHDSC is a major presence at the Interoperability Showcase at HIMSS and always includes the immunization use cases (*see HIMSS12 article in the April Snapshots*.) During 2011 PHDSC focused on developing a new strategic plan at its annual meeting in November, followed by extensive Board deliberation, and as an organization of organizations, reviews by constituent members. The draft plan, *Towards Public Health Sector Transformation and Unity-Strategic Plan 2012-2014*, was sent to the AIRA Board for review and was approved by them and by all PHDSC constituents and their Board in March 2012.

What is new, important and different in this plan? PHDSC envisions a transformation in the United States over the next 10 to 15 years, *from today's disease-based model to a health-based model of care (HBM) committed to continuous learning from data generated in the course of practice*, i.e. an integrated Learning Health System (LHS), originally proposed by the Institute of Medicine, and embraced by the National Committee on Health and Vital Statistics and the Office of the National Coordinator. PHDSC's Mission is, *to build a Coordinated Voice from Public Health for HIT Standards, and to bring this Voice to national and international HIT standardizations efforts to attain consensus within Public Health and to achieve full functionality and interoperability of information systems within the healthcare-public health-population health enterprise*.

What does this mean in practice? PHDSC's four strategic initiatives set a broad and ambitious agenda: **Unify Public Health in support of a health-based model/ learning health system; Unify Public Health Information Systems; Align/Integrate Public Health with Other Sectors in Healthcare, Including Administrative Data Systems; Align/Integrate the Healthcare-Public Health-Population Health Enterprise with Consumers and Other Stakeholders According to the Vision of the HBM/LHS.**

PHDSC, like AIRA, conducts its business through its Executive Board and Executive Committee and through a committee structure which is being revised and upgraded to support the new work. Check it out at www.PHDSC.org. Many of the tenets of the shared vision and work content are compatible with AIRA's, and PHDSC's work representing public health in standards development and HIT deployment complements and expands the work of AIRA and other public health organizations to build out the LHS. PHDSC, as a member of the Joint Public Health Informatics Taskforce (JPHIT), contributes the standards expertise of its members to unify the public health voice, most recently in support of comments on the public health measures for meaningful use.

PHDSC's strategic direction is in the forefront of much needed change in public health and public health data standards. AIRA continues to be a strong supporter of PHDSC. What issues are you seeing that we, AIRA, can work through PHDSC to resolve? Send us your thoughts. ■

— Susan M. Salkowitz, AIRA representative to PHDSC Board

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Web-Services and Real-Time Data Exchange Workgroup

What began as a simple quest to establish a dialogue with the Immunization Information System (IIS) community to assemble a tool-box of web-service resources, has morphed into a collaborative effort with the AIRA Standards and Interoperability Steering Committee. On April 16, 2012 the newly minted **Web-Services and Real-Time Data Exchange Workgroup** had its inaugural call with over 25 participants on the line! During that first call, participants updated the group as to their program's status with regard to implementing web-services, and talked about what they hoped to get out of the collaboration. The level of experience on the call ranged from those that are still considering implementation, to programs that have been up and running for quite some time, to IIS vendors and developers instrumental in creation of a generic WSDL (web-service definition language).

It was clear from the enthusiasm of the group that there is not only a lot of knowledge to share among participants, but also a lot of work to do around standardization of practices, working with clinics and EHR vendors, and making the most of relationships with IIS vendors. While the workgroup is still in its infancy, it's already off to a great start. Our first task: standardize our language and definitions. Future topics will likely include best practices around testing, security, auditing, data quality, error and response file handling, implementation of the generic WSDL, transport layers, and managing technical requests. Until the AIRA website has been revamped, all workgroup related materials will be housed on the <http://openimmunizationsoftware.org/> website.

Oregon and New York City IIS staff will co-chair the workgroup which will meet the second Monday of each month from 3:00PM–4:00PM EST. If you are interested in joining the workgroup, please contact Alison Chi (achi@Immregistries.org). ■

— Michelle Barber (ALERT IIS), Co-chair, Web-Services & Real-Time Data Exchange Workgroup

IIS Sentinel Site Meeting

On May 9-10, 2012, the IIS Sentinel Site Meeting was held at the CDC in Atlanta, Georgia. The meeting provided a unique opportunity for IIS Sentinel Site Grantees to discuss issues of interest to the IIS community, as well as CDC priorities for the project. The IIS Sentinel Site Project began in 2001 to explore the use of IIS data to achieve public health goals. With the success of this pilot, NCIRD formally established the IIS Sentinel Site Project from 2004-2007, and for the 2008-2012 project period, the number of IIS sentinel sites increased to eight (Arizona, Colorado, Michigan, Minnesota, North Dakota, New York City, Oregon, and Wisconsin). The Sentinel Site meeting is traditionally held in conjunction with the National Immunization Conference (NIC). Because of the many activities held at NIC, the meeting is typically only a few hours in length which limits the amount of information that can be shared. This year the online NIC provided the opportunity to hold a separate Sentinel Site meeting and to devote more time – a full one and half days – to discuss common issues and challenges.

The 2012 IIS Sentinel Site Meeting featured three sessions. The first addressed Vaccine Effectiveness and the challenges that are encountered when attempting to measure vaccine effectiveness with all data sources, including IIS data. Subject Matter Expert Elizabeth Zell (Division of Bacterial Diseases, CDC) provided an overview of vaccine effectiveness methodology and shared her experiences in investigating the effectiveness of pertussis and rotavirus vaccines using IIS. Karen White (Minnesota) provided a Sentinel Site perspective of this issue, and outlined recent pertussis and rotavirus studies that were conducted using Minnesota IIS data. The second session provided an overview of geographic information system (GIS), and other small area analysis methodologies. GIS developer Jim Tobias (Division of Global HIV/AIDS, CDC) provided an overview of the capabilities of GIS in small area analysis and also provided a series of GIS mapping examples using Minnesota IIS data. Two Sentinel Sites (Vassiliki Papadouka – New York City and Andrew Osborn – Oregon) provided information regarding their own state specific small area analysis projects. The third session featured Adolescent Coverage and the difficulties that are often encountered when attempting to determine adolescent coverage rates. Following an overview by Shannon Stokley (Adolescent Vaccination Team, CDC), Rachel Potter (Michigan) and Stephanie Schauer (Wisconsin) discussed activities of their IIS that impact adolescent coverage, including MOGE designations and the implementation of school-based modules in the IIS.

There were several other notable meeting highlights. In addition to the topic-specific sessions, each Sentinel Site provided an update of their current activities and future project plans. A discussion on data quality issues that are of concern to the sites, and those that have arisen with the implementation of various interoperability

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initiatives was facilitated by Oregon Sentinel Site Representative, Andrew Osborn. Based on initial feedback, the meeting was very useful for both the Sentinel Site Grantees and CDC attendees. The session topics selected provided an opportunity for fruitful discussions and information exchange. In addition, many of the sites enjoyed hearing information about the different projects both their colleagues and CDC are involved in, and noted opportunities for collaboration. Several of the sites indicated that the meeting also sparked new research ideas that they planned to pursue in the future. As the IIS Sentinel Sites are substantial contributors to the IIS literature (they contributed approximately 50% of the IIS literature reviewed by the Community Preventive Services Taskforce), the opportunity to exchange ideas, identify solutions to common challenges, and develop new evaluation projects is invaluable.

The IIS Sentinel Site meeting was a great success, and we hope to hold similar meetings on a yearly basis. ■

— *La Treace Harris, CDC*

Collaboratively Defining IIS Functional Requirements for the e-Health Era

The Public Health Informatics Institute is partnering with the Centers for Disease Control and Prevention (CDC), AIRA and the Health Resources and Services Administration (HRSA) on a project to define current and future functionality for Immunization Information Systems (IIS). The purpose of the project is to collectively define the work of IISs today, then to re-define that work in light of a rapidly changing environment. From there, IIS functional requirements are being defined that can be used by states to enhance current systems or procure a new one.

Previously, no comprehensive set of collaboratively defined functional requirements had been developed for the IIS community. Given the expanding pressures to exchange data with Electronic Health Record (EHR) systems and Health Information Exchanges (HIEs), many IIS managers have faced—or are facing—the decision whether to significantly enhance an existing system or migrate to a new one. These managers need well-defined requirements against which to assess the robustness of their current systems, define needed enhancements, conduct a vendor assessment, and/or develop detailed Requests for Proposals.

This HRSA-funded project is engaging representatives from several states, the CDC, AIRA, HRSA and the Office of the National Coordinator for Health Information Technology (ONC) in rigorously examining and redesigning business processes related to IIS functionality. The project leverages and expands on earlier CDC and HRSA funded work related to documenting processes and requirements for both the traditional roles of IISs, as well as newer and emerging functions, such as vaccine ordering and accountability, bidirectional data exchange, interoperability with HIEs, and data integration with other child health information systems. ■

— *Jenne McKibben, Oregon ALERT*

Changes to the IIS Functional Standards for 2013-2017

On May 31st, the Centers for Disease Control and Prevention (CDC) rolled out new proposed Functional Standards for the 2013-2017 time period. The last time the standards were updated was in 1997. The changes are the result of a Public Health Informatics Institute (PHII) workgroup of Immunization Information System (IIS) stakeholders that was assembled in 2011 and again in early 2012 to evaluate the existing standards and develop new standards that will advance the functionality and utility of IIS'.

The largest proposed change was in the organization of the standards, consisting now of six programmatic goals, IIS Functional Requirements to support those goals, and separate metrics to measure IIS progress implementing functional requirements and achieving programmatic goals.

General Considerations

The purpose of the new standards is to identify the operational, programmatic and technical capacities that all IIS' should achieve by the end of 2017. Some standards are environmental, and can only be implemented in conjunction with the broader Department of Health or State/Local infrastructure. The Functional Standards are intended to reflect necessary functions, whether those functions are implemented by the IIS

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CHANGES TO THE IIS FUNCTIONAL STANDARDS FOR 2013-2017 – *Continued*

program or others. In some cases, current law or policy may preempt full implementation unless changed. In these instances, an unmet standard may serve as a suggestion for possible revisions to such law or policy. Metrics must capture IIS progress toward achieving the programmatic goals and functional standards in accurate and meaningful ways. CDC will define the metrics with input from immunization programs in the future. The organization of the standards now consists of three parts:

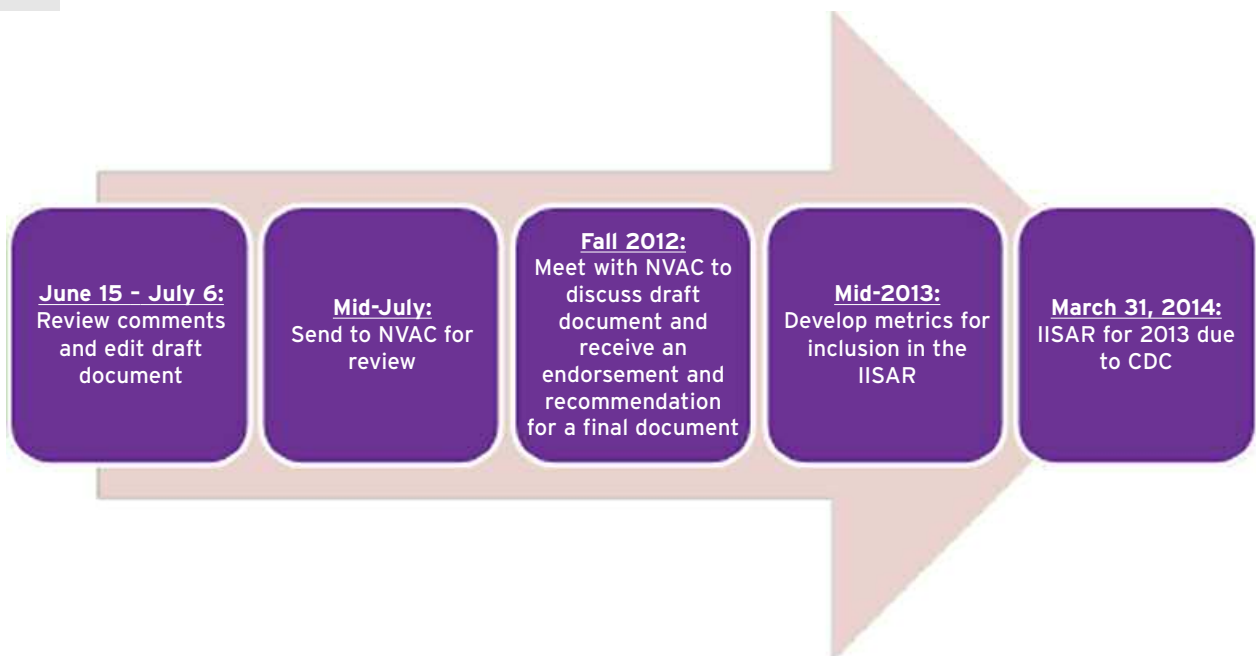
- **Programmatic Goals (the “why”):** The main areas of responsibility for an IIS.
- **Functional Requirements (the “how”):** The multiple requirements that an IIS must be able to meet to support each programmatic goal.
- **Metrics (the “how much, when, with whom, etc.”):** The measurements and scales to determine the level of implementation by an IIS.

Programmatic Goals and Functional Standards

1. Support the delivery of clinical immunization services at the point of immunization administration, regardless of setting.
 - 1.1. The IIS provides individual immunization records accessible to authorized users at the point and time where immunization services are being delivered.
 - 1.2. The IIS has an automated function that determines vaccines due, past due, or coming due (“vaccine forecast”) in a manner consistent with current ACIP recommendations. Any deficiency is visible to the clinical user each time an individual’s record is viewed.
 - 1.3. The IIS automatically identifies individuals due/past due for immunization(s), to enable the production of reminder/recall notifications from within the IIS itself or from interoperable systems.
 - 1.4. When the IIS receives queries from other health information systems, it can generate an automatic response in accordance with interoperability standards endorsed by CDC for message content/format and transport.
 - 1.5. The IIS can receive submissions in accordance with interoperability standards endorsed by CDC for message content/format and transport.
2. Support the activities and requirements for publicly-purchased vaccine, including the Vaccines For Children (VFC) and state purchase programs.
 - 2.1 The IIS has a vaccine inventory function that tracks and decrements inventory at the provider level according to VFC program requirements.
 - 2.2 The IIS has a vaccine inventory function that automatically decrements as vaccine doses are recorded, whether through the user interface or an EHR system.
 - 2.3 The IIS has a vaccine inventory function is available to direct data entry users and can interoperate with EHR or other inventory systems.
 - 2.4 Eligibility is tracked at the dose level for all doses administered.
 - 2.5 The IIS interfaces with the national vaccine ordering, inventory, and distribution system (currently VTrckS).
 - 2.6 The IIS can provide data and/or produce management reports for VFC and other public vaccine programs.
3. Maintain data quality (accurate, complete, timely data) on all immunization and demographic information in the IIS.
 - 3.1 The IIS provides consolidated demographic and immunization records for persons of all ages in its geopolitical area, except where prohibited by law, regulation, or policy.
 - 3.2 The IIS can regularly evaluate incoming and existing patient records to identify, prevent, and resolve duplicate and fragmented records.
 - 3.3 The IIS can regularly evaluate incoming and existing immunization information to identify, prevent, and resolve duplicate vaccination events.
 - 3.4 The IIS can store all IIS Core Data Elements.
 - 3.5 The IIS can establish a record in a timely manner from sources such as Vital Records for each newborn child born and residing at the date of birth in its geopolitical area.
 - 3.6 The IIS records and makes available all submitted vaccination and/or demographic information in a timely manner.
 - 3.7 The IIS documents active/inactive status of individuals at both the provider organization/site and geographic levels.
4. Preserve the integrity, security, availability and privacy of all personally-identifiable health and demographic data in the IIS.
 - 4.1 The IIS program has written confidentiality and privacy practices and policies based on applicable law

CHANGES TO THE IIS FUNCTIONAL STANDARDS FOR 2013-2017 – Continued

- or regulation that protect all individuals whose data are contained in the system.
- 4.2 The IIS has user access controls and logging, including distinct credentials for each user, least-privilege access, and routine maintenance of access privileges.
 - 4.3 The IIS is operated or hosted on secure hardware and software in accordance with industry standards for protected health information, including standards for security/encryption, uptime and disaster recovery.
 - 5. Provide immunization information to all authorized stakeholders.
 - 5.1 The IIS can provide immunization data access to healthcare providers, public health, and other authorized stakeholders (e.g., schools, public programs, payers) according to law, regulation or policy.
 - 5.2 The IIS can generate predefined and/or ad hoc reports (e.g., immunization coverage, vaccine usage, and other important indicators by geographic, demographic, provider, or provider groups) for authorized users without assistance from IIS personnel.
 - 5.3 With appropriate levels of authentication, IIS can provide copies of immunization records to individuals or parents/guardians with custodial rights.
 - 5.4 The IIS can produce an immunization record acceptable for official purposes (e.g., school, child care, camp).
 - 6. Promote vaccine safety in public and private provider settings
 - 6.1 Provide the necessary reports and/or functionality to facilitate vaccine recalls when necessary, including the identification of recipients by vaccine lot, manufacturer, provider, and/or time frame.
 - 6.2 Facilitate reporting and/or investigation of adverse events following immunization.



Next Steps

The comment period ended on June 15. CDC will address the comments received during the comment period and will submit the new Functional Standards to NVAC for review in mid-July. Endorsement and recommendation of the new Functional Standards is anticipated from NVAC at the meeting this fall. ■

— Rebecca Coyle, AIRA

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Three
presentations
comprised
Session Seven
which focused on
current and
future IIS
activities. There
were an
estimated 1,082
viewers for this
session.

National Immunization Conference Online

There were a total of nine sessions held over the course of the three-day, 1st National Immunization Conference (NIC) Online, in March 2012. The majority of sessions had estimates of over 1,000 viewers including the IIS session. Three presentations comprised Session Seven which focused on current and future IIS activities. There were an estimated 1,082 viewers for this session. In addition to live sessions, the 1st NIC Online also included a virtual poster hall. Virtual posters and recordings of the sessions can be found on the 1st NIC Online webpage (<http://www.cdc.gov/vaccines/events/nic/default.htm>), along with information on Continuing Education credit.

Following is a summary of the presentations made during the IIS session. To listen you can check out this link: <https://cdc.confex.com/cdc/nic2012/webprogram/Session12997.html>

The first presentation was titled “**Interoperability of Immunization Information Systems and Electronic Health Records: A Federal Perspective**” and was presented by Gary Urquhart (CDC IISB). Gary discussed progress to date of IIS, specifically as it related to interoperability. One benchmark of note was the increase to almost 80% of the IISs compliance to HL7 standards which he noted as being a significant increase from the year prior. The funding programs HITECH/ARRA 317 currently in place for support of Interoperability should bring this close to 100%. He was then able to share survey results of VFC sites and their EHR capacity and plans to participate in CMS meaningful use activities, showing how this is having a positive impact on data quality challenges. Finally he showed how current national HIT activities have had a positive impact on EHR-IIS interoperability.

Amy Metroka (New York City Citywide Immunization Registry) presented on “**Interoperability of Immunization Information Systems and Electronic Health Records: The New York City Experience**”. We thank Amy for sharing with us an overview of her presentation:

On March 28th I had the privilege of presenting for the National Immunization Conference Online. My goal was to highlight successes in real-time, bi-directional, standards-based data exchange between immunization information systems (IIS) and provider electronic health records (EHRs). Much attention has been focused on the barriers to building this capacity, obscuring the fact that several IIS are *currently* exchanging data bi-directionally in real-time with provider EHRs using SOAP Web services. New York City’s SOAP Web service responds to HL7 queries from EHRs in 99 sites with both immunization histories and vaccination forecasts, all in a few seconds. The EHRs are successfully “consuming” the data and displaying it, keeping the providers in their EHR workflow. Of note, we are now getting a full 25% of our immunizations reported through the Web service, and we expect over 200 additional sites to come on board in the next few months. Successes are also seen in other states. Indiana’s IIS SOAP Web service is exchanging data with provider EHRs in over 200 sites, either directly or through a Health Information Exchange. IIS SOAP Web services in Alabama, Colorado, Oregon, and Wisconsin are also successfully exchanging data in real-time, bi-directionally with many provider EHRs. I urge other IIS to share your success stories. As AIRA Education Steering Committee co-chair, I am eager to hear these stories and bring them to the attention of the committee for sharing with the IIS community through an AIRA Webinar, Snapshots article, or other forum. Write me an email at: ametroka@health.nyc.gov. I look forward to hearing from you!

The final presentation by Kenneth Gerlach (CDC) was titled “**Barcoding: An Overview and Progress Update**”. This presentation described CDC’s Two-Dimensional (2D) Vaccine Barcode Pilot project which was launched in September 2011. The purpose of this pilot is to evaluate the usefulness and describe the best practices to implement 2D barcoded vaccine vials and syringes. There are three parts to this pilot: an implementation with 2D barcodes on vaccine products involving manufacturers, providers, and IIS; the incorporation of 2D barcodes on Vaccine Information Statements (VIS); and the provision of technical support and guidance for future implementers. The objectives and status of each of these parts were reviewed. ■

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For more information contact us!

AIRA | 1025 Thomas Jefferson Street, NW | Suite 500 East | Washington DC, 20007

(202) 527 7000 | Fax: (202) 833 3636 | Email: info@immregistries.org

Rebecca Coyle, Executive Director
CoyleR@immregistries.org

Alison Chi, Program Coordinator
AChi@immregistries.org

Jennifer Bank, Administrative Assistant
admin@immregistries.org

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American Immunization Registry Association (AIRA) offers membership to any individual or organization, both not-for-profit and for-profit, that shares and supports its mission of preventing and controlling vaccine preventable disease by enhancing the capacity of immunization information systems (IIS). Learn more at www.immregistries.org/membership