April 2012 Issue Number 57

AIRA American Immunization Registry Association

Immunization Information Systems for a New Era

# 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

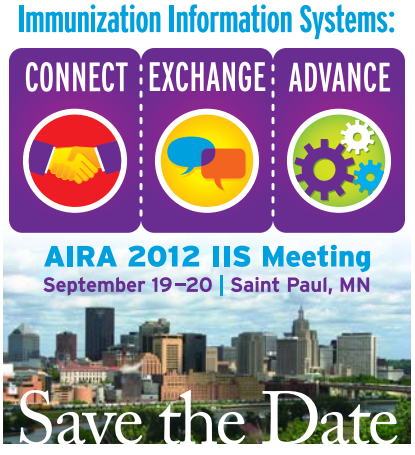
Wow! As I look back at the past four months since taking on the role of AIRA's new president, I am astounded by what AIRA has accomplished in that time! And it would not have been possible without the participation of all of you, the IIS community. With the leadership of our executive committee, the dedication of our board, committees, and staff, and collaboration with our partners, we have been able to continually support our IIS community in its transformation activities, including those related to the ongoing VTrckS implementation and the Meaningful Use initiative.

AIRA is a strong voice for our IIS programs and we have been actively engaged in the relevant national meetings and initiatives such as the CDC 2D vaccine barcoding project. Read more in this issue from attendees at the AIM/CDC Program Managers Meeting, HIMMS12, and HL7 PHER workgroup meeting. Similarly, we have subject matter experts participating on several panels and projects. Learn more about the progress of the Patient De-Duplication Project and the Clinical Decision Support Expert Panel. And AIRA is offering a new opportunity for involvement: if you are interested in training, check out the new online training subcommittee.

By the time you read this report, the first annual NICO will have passed and we now look forward to our very own dedicated IIS Meeting in September. I am excited to hear more of the fantastic work being done around the country as we "Connect, Exchange, Advance." In the meantime, I continue to be inspired by those with whom I have the opportunity to work. "Alone we can go faster, together we can go farther." ~ African proverb. ■

*— Submitted by Loretta A. Santilli (IIS Manager, New York State)*

## AIRA 2012 IIS Meeting




Mark your calendars now for the AIRA **2012 IIS Meeting,** *"Immunization Information Systems: Connect, Exchange, Advance"* to be held **September 19–20** at the Crowne Plaza Riverfront in Saint Paul, MN.

The 2012 IIS Meeting workgroup has been meeting once a week, working hard and discussing all aspects of the program from session topics and tracks to sponsorship options. A survey compiled by the workgroup was sent to the AIRA membership to gauge interest in particular topics as well as to assess meeting attendance. An official **Call for Abstracts** was released **(abstract submission deadline is May 15, 2012)** and the workgroup also issued the meeting's **Sponsorship Prospectus,** offering a wide range of options to potential partners. Sponsors will be recognized in front of the country's leading IIS managers!

AIRA is thrilled to be hosting its own IIS Meeting and we look forward to welcoming you to Saint Paul in September! Please visit **www.immregistries.org** for up to date meeting information. ■

## Patient De-duplication Project

**The goal... will be to define patient de-duplication best practices and develop supporting guidelines and resources**

In an effort to improve the quality and accuracy of Immunization Information System (IIS) data, the Immunization Information Systems Support Branch (IISSB) within the Centers for Disease Control and Prevention (CDC) has been funded to initiate the Patient De-duplication Project. Inconsistency among IIS in the determination of which vaccination records represent the same patient, as well as how multiple pieces of information about a patient event is attributed to one patient or determined to be a separate patient, negatively affects overall data quality and usefulness of IIS information. The results of this project are intended to support a uniform alignment of the patient de-duplication processes in IIS according to recommended guidelines.

The goal of this project will be to define patient de-duplication best practices and develop supporting guidelines and resources towards the realization of those best practices among the IIS community. This will include the examination and proposal of practice-based solutions and the development of a robust test suite and test cases to test both sensitivity and specificity.

A diverse panel of experts with programmatic, technical and academic backgrounds and deep expertise using patient de-duplication tools and methodologies was selected, and kick-off activities commenced in August 2011.

IIS programs throughout the country were asked to complete a practice assessment for the project in order to gather information about existing IIS patient de-duplication software, procedures, tools, problems, and practices. The information collected from this practice assessment will be used to examine trends, develop support strategies, and aid improvements to nationwide IIS patient de-duplication processes and IIS data quality.

An in-person session was held February 21-24, 2012 in Atlanta, Georgia. In addition to defining the sensitivity and specificity of the existing CDC test cases, panelists also discussed the survey results, finalized a standard vocabulary, and brainstormed on the expanded use of demographic and other data fields during planned breakout sessions. ■

*— Source: Celia Toles, CDC*

## The AIM/CDC 2012 Program Managers Meeting

**IIS topics were threaded throughout the meeting and it was apparent that IIS's are well integrated into immunization programs in many jurisdictions**

The **Association of Immunization Managers** (AIM) and the **Centers for Disease Control and Prevention** (CDC) co-hosted the **2012 Program Managers Meeting** in Atlanta on February 1–3, 2012. Participants represented immunization program managers from all over the country, and the meeting was also attended by AIRA Board President **Loretta A. Santilli** and AIRA Program Coordinator **Alison Chi.** Immunization Information System (IIS) topics were threaded throughout the meeting and it was apparent that IIS's are well integrated into immunization programs in many jurisdictions. VTrckS and Vaccine Accountability were major topics at the meeting. IISs will be of great value to our vaccine program partners as we coordinate efforts to meet the increased demand for vaccine accountability.

Meaningful Use and 2D Barcoding were also discussed during the two day meeting. Of particular interest to the IIS community was Laura Pabst's presentation regarding new directions in IIS evaluation. As the Evaluation Team Lead for the Immunization Information Systems Support Branch (IISSB) at the CDC, she spoke of future activities for the IIS Annual Report (IISAR), including revising questions to assess current capacity as well as progress toward a goal; publishing IISAR results and possibly producing individualized feedback reports; and performing periodic supplemental surveys for more detailed information. Ms. Pabst also spoke about CDC development of more Subject Matter Expert (SME) support for evaluations of IIS-specific issues; evaluations of other immunization program components/other partners using the IIS (e.g. AFIX, WIC, etc.); vaccination coverage/use studies; individual consultations regarding methods/analysis; and development and distribution of best practices. Finally, Ms. Pabst spoke about using IIS as a sampling frame to identify participants in the National Immunization Survey (NIS); contributing immunization data to the NIS; and comparing IISAR coverage rates with NIS estimates. You can see the agenda and slides from the Program Managers Meeting on the AIM website at http://immunizationmanagers.org/membership/2009_program_managers_mtg.phtml. ■

*— Source: Alison Chi & Loretta A. Santilli, AIRA*

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## Clinical Decision Support Expert Panel Session

■ The panel seeks to increase consistency and accuracy in immunization evaluation and forecasting and decrease the time and effort required for implementing & maintaining ACIP recommendations in CDS engines.

In an effort to harmonize Clinical Decision Support (CDS) tools and improve the timeliness of updates to their schedules, the **American Recovery and Reinvestment Act** (ARRA) Section 317 Immunization program appropriated funds to the Immunization Information Systems Support Branch (IISSB) for a CDS project including the creation of an expert panel. The Clinical Decision Support Expert Panel seeks to increase consistency and accuracy in results from immunization evaluation and forecasting systems and decrease the time and effort required for implementing and maintaining Advisory Committee on Immunization Practices (ACIP) recommendations in CDS engines.

The panel kicked off in April 2011 and was divided into the following three subgroups targeted to develop these specific artifacts by July 1, 2012:

- The **Logic Specification Panel** is developing a framework for use in automated, electronic systems and elsewhere to improve the clarity, accuracy and consistency of on-going childhood immunization forecasting and evaluation.
- The **Validation/Testing Panel** is developing testing tools to validate that framework and enable long-term usage of the testing tools to allow for validation in conjunction with ACIP recommendation changes.
- The **Process, Communication and Sustainability Panel** is developing an efficient, timely and effective formalized two-way communication process among ACIP, CDC SMEs, and those maintaining CDS engines.

Members of the CDS panel participated in a very successful in-person session on November 7–10, 2011 in Atlanta, GA. The facilitated session included a discussion of ACIP schedule recommendations with the project's ACIP liaison. There was also a review of the various project artifacts, including but not limited to, a domain model, use cases, activity diagrams, decision tables, and system logic rules. Hands-on activities allowed panelists to practice successfully applying complex scenarios to the artifacts to both test artifact viability as well as resolve relevant issues. Topics such as catch-up schedules, booster doses, and the method for selecting the best series for a particular antigen were among the additional facilitated conversations that occurred.

Following the session, the panel is focusing on developing business rules to represent the ACIP general recommendations in a way that works more precisely with computer systems. All of the developed tools will be supplemental to what ACIP already provides and will assist those with CDS engines in interpreting the clinical ACIP recommendations consistently, accurately, and more efficiently. ■

*— Source: Celia Toles, CDC*

## HIMSS12 Update

■ Attendees were buzzing about the proposed meaningful use stage 2 requirements and thousands of vendors were showcasing new products.

**"Linking People, Potential and Progress"** was the theme of the HIMSS12 (Healthcare Information and Management Systems Society) Annual Conference and Exhibition, and it was truly an event that achieved its goals. The conference was held February 20–24, 2012, in Las Vegas, NV. Attendees from all over the world were present with attendance reaching well over 30,000. Attendees were buzzing about the proposed meaningful use Stage 2 requirements and thousands of vendors showcased new products.

Building on the people part of the theme were two keynote speakers: Biz Stone, Twitter co-founder and one of the primary architects of the social media phenomena that is re-defining how the healthcare providers and others share information; and Dr. Farzad Mostashari, National Coordinator for Health Information Technology and the man holding the reins of the myriad of federal programs underway designed to reshape the way providers gather, store, and share patient information.

ONC and CMS officials provided a preview of what is expected in the proposed rules for Stage 2 meaningful use: "we stayed the course" said Dr. Farzad Mostashari. The proposed rules that were released on February 23 signaled several themes. Among these will be a big push towards standardized exchange starting in 2014; a similar focus on patient engagement as recommended by the policy committee; as well as increased focus on patient safety; and continuous quality improvement and quality measures. Mostashari said serious consideration was given to increasing the level of flexibility while reducing the regulatory burden and this will be seen in many areas of the proposed rule.

Additionally, the proposed rules push toward standardization in certification criteria. For example, for the first time the rules contain a single standard for the consolidated CDA; standards for transport; optional use of SOAP and a single standard for lab results. SNOMED becomes the vocabulary standard for problem lists. Mostashari said the rules will propose an ambitious target, that of actual data exchange across organizational and vendor boundaries. And for the first time, there will be new requirements around usability and safety reporting.

■ **AIRA will develop a more extensive analysis of the proposed rules and work with the Joint Public Health Informatics Task Force (JPHIT) and its member associations for comments on the rules.**

Supporting the theme of increased flexibility is a "base EHR" which contains a common set of functions that can be built upon as needed to meet meaningful use. Additionally, the proposed rules defined scope of specialty practice exclusions, clarity on what constitutes an encounter, and reporting to specialty registries. Also noted was that the EHR Certification Program is to be revised. The current Temporary Certification Program (TCP) was slated to sunset on December 31, 2011 but was extended until summer 2012. Currently, the sunset of TCP is tied to the effective date of the final rule that ONC intends to issue the summer of 2012, at which time the Permanent Certification Program will take over. While there are changes, none of them are "dramatic" according to Mostashari. It's still the basic framework of Information Exchange and Public Health.

ONC and CMS officials provided highlights of the public health aspects in the proposed rule for Stage 2 meaningful use. It is expected that Stage 2 meaningful use will be implemented in 2013.

A focus on immunization data measurement led the Eligible Provider (EP) discussion. Notable changes from Stage 1 to Stage 2 include:

- The immunization menu measurement in Stage 1 has become a core measure in Stage 2, with a change from a focus on testing to on-going submission.
- There are two new measures in the menu focused on cancer case information transmission and data transmission to a specialty registry.
- The EPs must select three of five menu measures to report.

For Eligible Hospitals (EHs), three public health measures moved from Stage 1 to Stage 2: successful ongoing transmission of immunization data, successful submission of electronic syndromic data, and successful ongoing submission of reportable laboratory results. There are no public health EH menu measures, signaling the significant role hospitals play in public health.

The on-going public health submission requirements for EPs and EHs in the Stage 2 proposed rule require the provider and the public health agencies to identify an electronic process to move data from EHRs to public health entities in a more efficient, automated and secure way. The Stage 2 proposed rule provides flexibility with the transport layer; HIE intermediaries can capture the data for public health, or the HIE intermediaries can accept the data from EHRs and transform it into the correct standard version.

AIRA will develop a more extensive analysis of the proposed rules and work with the Joint Public Health Informatics Task Force (JPHIT) and its member associations for comments on the rules. All AIRA members are encouraged to **conduct individual analysis of the proposed rule changes and make comments by May 6th, 2012.** Comments can be made at www.regulations.gov. AIRA will be submitting comments on behalf of the IIS community so please send your comments to coyler@immregistries.org. ■

*— Source: Frank Caniglia, PA-DOH*

## CDC 2D Vaccine Barcode Pilot – Manufacturers Forum Outcome

■ **Participants discussed the opportunities, challenges, and next steps for implementing 2D barcoding on vaccine products.**

The Centers for Disease Control and Prevention (CDC) organized and hosted the Forum in Atlanta, Georgia, as part of the ***Implementation Pilot for Two Dimensional (2D) Vaccine Barcode Utilization*** project. CDC, along with Deloitte Consulting (the project contractor), brought together vaccine manufacturers, and regulatory and standards stakeholders to discuss the opportunities, challenges, and next steps for implementing 2D barcoding on vaccine products.

### Forum Outcome and Findings

Prior to the Forum, registrants were asked to identify three opportunities or challenges that the implementation of 2D barcoding presented for the vaccine manufacturer and immunizer community. Several common themes emerged from the input and they were categorized as follows:

- **Standards** – Both opportunities and challenges were identified with respect to standards. While the GS1 standard has emerged as the industry-accepted standard for barcoding, there were various levels of understanding about the use of the standards and implementation timeframes.
- **User Adoption** – User Adoption was interpreted not only as adoption by the provider and customers of manufacturers, but also trading partners. While education and benefits will need to be a focus in the future, working through some of the current impacts to user processes will take time.
- **Cost and Time Commitment** – It will take time for manufacturers to upgrade lines, redesign labels, and purchase and reconfigure equipment in order to begin applying 2D barcodes to vaccine products. Ensuring use in the field is of utmost importance to help manufacturers invest in 2D barcoding.

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**There were many key lessons learned from the Forum, several that will continue to be focal points for the vaccine industry.**

There were many key lessons learned from the Forum, several that will continue to be focal points for the vaccine industry. As the discussions continued throughout the day, several factors became clear:

- Vaccine manufacturers recognize the value of 2D barcoding to the provider community, but struggle with a cost-effective implementation.
- Confusion and concern about regulatory requirements is a major barrier to adoption. The FDA is willing to work with the manufacturers to address these concerns.
- There may be a period when vaccine products will carry both linear and 2D barcodes, lasting until sufficient adoption of 2D barcodes by providers allows migration away from linear barcodes.
- GS1 is the barcode standard that vaccine manufacturers have adopted.
- Forum participants welcome the opportunity to work collaboratively with agencies and peers on defining benefits and seeking ways to solve issues and enhance patient safety. Additional forums are suggested which also include providers and electronic medical record (EMR) vendors.
- There is a need for alignment between vaccine manufacturers and vaccine end-users, or immunizers.

## Forum Background and Objectives

By moving to a 2D barcode, manufacturers can provide more data about vaccine products, such as a Global Trade Identification Number (GTIN) that contains an embedded national drug code (NDC), along with expiration data and lot/batch number. By scanning a 2D barcode into an electronic recording system, immunizers can easily capture with a single scan such data to ensure vaccination accuracy and safety. The industry as a whole is evaluating the potential benefits of adopting this new technology.

The goals and objectives of the Forum were to engage the vaccine manufacturing community in the discussion of the benefits, impacts, and challenges of implementing 2D barcoding, to understand the regulations and standards landscape in more detail, and to explore the options and considerations for moving the industry forward toward the implementation of 2D barcoding of vaccine products.

It was attended by over 60 industry stakeholders including 26 representatives from 10 vaccine manufacturing companies, representing functions of packaging, distribution, policy, regulatory affairs, technical services, customer service, and new products. In addition to the manufacturers, the Forum was attended by representatives of retail pharmacy supply chain participants, standards organizations, and trade associations. Regulatory and global agencies including World Health Organization (WHO), the Food and Drug Administration (FDA), and CDC participated in the event, providing a rare opportunity for the industry and regulators to connect and discuss the changing requirements and standards for vaccines.

The agenda included opening remarks by Dr. Anne Schuchat and a series of informative presentations.

- Dr. Erin Kennedy, *CDC:* Overview of 2D Vaccine Barcoding Pilot
- Captain Vada Perkins, *FDA:* Overview and Guidance on Vaccine 2D Barcoding
- Dr. Edward Zissman, *AAP:* Industry Goals and Progress for Vaccine Barcoding - A Perspective from the AAP
- Alan O'Connor, *RTI:* Overview of Vaccine Bar Coding Feasibility Report
- John Roberts, *GS1-US Healthcare:* Emerging Standards for Vaccine Barcoding - GS1 Overview
- Breakout Sessions - Standards, User Adoption, Cost and Time

Forum details and downloadable presentation slides are available online at www.2dbarcodepilot.com. For additional information or updates on the upcoming educational forum later this year, email the pilot team at 2dbarcodepilotinfo@cdc.gov. ■

*— Source: Ken Gerlach, CDC*

As a result of the VTrckS pilot, you have a number of resources to ensure your success.

# Your VTrckS Deployment: Planning for Success

You know your VTrckS deployment date, but what lies ahead? There are new terms to learn, data to cleanse, SAMs credentials to secure, training to schedule. It can all seem very intimidating.

On the other hand, the pilot grantees – Chicago, Colorado, Michigan and Washington – successfully transitioned to VTrckS and so can you! As a result of the VTrckS pilot, you have a number of resources to ensure your success. Depending on how soon you deploy, you can take advantage of the following resources.

## Grantees that are soon to deploy

- **Modules and Manuals (MM)** – A series of webinars and associated action items to prepare you for deployment. There are two separate series of MMs: one for spend plan and one for VTrckS.
  - Spend plan MMs start 9 weeks before your spend plan deployment date. The four spend plan MMs cover topics such as security/access, training preparation, and transition activities.
  - TrckS MMs start 12 weeks before deployment on VTrckS. The six VTrckS MMs include topics such as data cleansing, security/access, file upload testing (for ExIS grantees), provider readiness (for VTrckS Direct grantees), training preparation, and transition activities.
- **Flash Calls** – Your weekly opportunity to raise questions and report progress on your module and manual action items. Flash calls for Spend Plan are conducted every Thursday from 2:00PM–3:00PM Eastern, starting the same week that you start MMs. Flash calls for VTrckS are conducted every Thursday from 1:00PM–2:00PM Eastern.
- **Vaccine Order Management Contact Center** – Your central resource for help. Submit all completed MM action items and deliverables to the Contact Center.
- **Training Webinars and Practice Sessions** – A series of required and elective courses by role. Required courses should be completed by persons primarily responsible for a given task before deployment. Elective courses are recommended, but not necessarily the month before go live. Approximately half of the available courses are required. All courses will be recorded and available for viewing any time. Practice sessions allow for hands-on interaction with the training environment in instructor-led sessions.

## Grantees that will deploy in 6 or more months

- **Training Library** – Grantee and provider quick reference guides, procedures with screen shots, webinars, and other resources found at http://vtrcks-library.cdc.gov/gm/folder-1.11.1419. If you are curious about how VTrckS looks and works, the training library is an excellent starting point.
- **Readiness Calls** – A monthly call for grantees who are within six months of deployment, but who have not yet started their MMs. The call is held on the third Thursday of each month.
- **AIM Call** – General updates on VTrckS presented on the fourth Thursday of each month from 2:00PM–4:00PM Eastern.
- **ExIS Community Technical Support** – Monthly conference calls, online discussion, and as needed support. CDC experts and ExIS grantees share information about key technical topics related to ExIS interface implementation on the fourth Tuesday of every month at 3:00PM Eastern. ExIS grantees can find answers to their questions and pose new questions on the VTrckS ExIS discussion. All grantees are welcome to attend – before, during, or after deployment. Send requests for ExIS implementation assistance to VTrckSExIS@cdc.gov.

## Who do I ask if I still have questions?

You have your goal: successful deployment to VTrckS. Achieving your goal is possible with the resources listed above. If you still have questions, you can contact your Immunization Services Division Program Operations Branch project officer. He or she can help you plan for success. ■

*— Source: Janet Fath, CDC*

*Continued on next page >*

## AIRA Announces New Subcommittee on Online IIS Training

Works to enhance sharing of online training strategies and maximize utility of online training models.

As travel budgets shrink, online and distance training is becoming the norm for many. This new AIRA subcommittee will explore ways to enhance sharing of online training strategies and maximize utility of online training models. Starting goals include: **1) to determine effective ways to share information among states;** and **2) to establish functional learning and evaluation criteria that benefit both IIS users and IIS program staff.** Beyond that, we are open to ideas! The subcommittee will serve as a forum where participants knowledgeable in instructional design, usability testing, software selection, etc., work together to increase the capacity of the IIS to train and retain IIS users, a vital IIS function.

All interested AIRA members and others from the IIS and training communities are welcome to join. We also encourage participation by states with well-developed existing online training systems as well as those wanting to learn more. To join the subcommittee or for more information, contact Tammy Pilisuk at Tammy.Pilisuk@cdph.ca.gov. A scheduling survey for the first meeting will be sent to those who RSVP. ■

*— Source: Tammy Pilisuk, CA-DPH*

## 1st National Immunization Conference (NIC) Online

The 2012 conference was held in a 100% virtual environment.

March 2012 marked the first year that the National Immunization Conference (NIC) did not meet face-to-face and for the first time, this widely popular conference took place in a 100% virtual environment. The **1st National Immunization Conference Online,** held March 26–28, provided the same core offerings of past conferences including sessions on a wide range of immunization topics as well as poster sessions. Participation was free and pre-registration was not required. Immunization Information Systems (IIS) topics related to interoperability with electronic health records (EHRs) and barcoding were highlighted during Session 7 of the conference. The EHR-IIS interoperability session focused on both the grantee and Centers for Disease Control and Prevention (CDC) perspective. Other topics included Communications, Adolescent Immunization, Adult Immunization, and Vaccine Safety. A total of nine 'live' web sessions allowed up to 1000 attendees per one-hour session. A recording of the web sessions will be made available by mid-April on the NIC Online web page. For more information visit www.cdc.gov/vaccines/events/nic/default.htm. ■

*— Source: Ulrica Andujar. CDC*

## HL7 Workgroup Summary

PHER is involved with many projects. An important part of being in the HL7 community is helping others.

As usual, the **Public Health Emergency Response** (PHER) workgroup is involved with many projects. An important part of being in the HL7 community is helping others. Following is a summary of those projects most relevant to AIRA members.

A proposal by PHER was made to the **Structured Documents** (SD) workgroup to develop a profile for Clinical Document Architecture (CDA) release 2 for immunization history with forecast information. This request was made by Rob Savage on AIRA's behalf. It is noted that currently some IIS projects are already providing their users with a 'read only' version of a child's history. Current solutions include creating PDFs or HTML files. While these work, it would be best to move to CDA and create a standard for sharing this information. The key distinction here is that it is focused on information coming ***from*** the IIS ***to*** the provider.

A request made by PHER to the SD workgroup was to develop a crosswalk between Immunization Version 2.5 Implementation Guide and the CDA. AIRA members have been concerned that critical information that is included in the Version 2.x HL7 message may not all be in the CDA — VFC Eligibility/Funding Source is an example. This project is focusing on the **required elements** in the 2.5 IG. It is important that AIRA members review the 2.5 IG and identify any non-required elements that they would like mapped. All interested IIS projects should join us for the **Standards & Interoperability** Steering Committee calls held on the 2nd Wednesday of each month at 1:00PM Eastern. For information on joining this committee please send an e-mail to jbank@immregistries.org. ■

*— Source: Michael Flynn, NYSIIS*

# Immunization Information Systems:

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AIRA AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

Immunization Information Systems for a New Era

## AIRA 2012 IIS Meeting

**September 19–20 | Saint Paul, MN**

Crowne Plaza Riverfront

# Save the Date

## Sponsorship Opportunities

**You may select from a wide range of meeting sponsorships as a way to demonstrate your company's intent for furthering IIS research and development.**

**For more information visit** www.immregistries.org
**or email** jbank@immregistries.org

## Call for Abstracts

**We invite participants to submit abstracts for oral presentation.**

**For submission guidelines and criteria please visit:**

www.surveymonkey.com/s/airacallforabstracts


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## NOT A MEMBER? JOIN AIRA TODAY!

**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