



SNAPSHOTS

Immunization registry news from the American Immunization Registry Association (AIRA)

Welcome to SnapShots, the American Immunization Registry Association'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 (212) 676-2325 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 AIRA's web site: www.immregistries.org.

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President's Report

On behalf of AIRA, I would like to extend a special thank-you to Barbara Canavan for her years of service to AIRA and the entire IIS community. Barbara recently retired from the Oregon State Health Department and already has many exciting adventures planned. During her tenure on our Board, Barbara held the position of Treasurer and was Chair of our Technical and Data Use Committees, and Co-Chair of our Data Exchange Standards Committee. She lent her expertise to the MIROW initiative and was always willing to help with any AIRA effort when called upon. Barbara was a leader in using immunization data for research and program development and encouraged all of us to utilize the data in our IIS. We wish Barbara a fulfilling and fun retirement. Enjoy, Barbara!

In 2007, immunization programs will be focusing on the role of the Vaccine Management Improvement Business Plan (VIMBP) and Vaccine Ordering Distribution System (VODS) in their jurisdictions. This a huge task for all the immunization programs across the country. This issue of SnapShots highlights the

State of Washington's integration of vaccine management into their IIS. This is a great example of how an IIS can be a tool to assist immunization programs and private providers with vaccine management operations. Washington State will be presenting their vaccine management model at the AIRA pre-conference workshop on Sunday, March 4, at the National Immunization Conference (NIC) in Kansas City, Missouri.

Information on AIRA's pre-conference workshops, ad-hoc meetings and other activities at this year's NIC is outlined on page 5 of this newsletter.

Submitted by Therese Hoyle (NI), AIRA President

Countywide rates: Using ALERT to produce population-based immunization rates

One of the 2001-2006 long-term objectives for Oregon was to "Produce and disseminate adjusted statewide, county and special population immunization coverage rates derived from the ALERT registry data, and to identify populations of need by 2005."

Oregon's ALERT registry currently receives data from 100% of public clinics and 87% of private clinics statewide. Data is also received from many secondary/payor sources, such as insurers, Medicaid, and health plans. The use of county-wide rates are important to public health to help measure progress, provide information to help better target resources, and help measure herd immunity.

Oregon traditionally relied on data from the following sources: **NIS** (National Immunization Survey), which provides national and state coverage rates; **S2YO** (Survey of 2 year olds), which provided regional coverage rates; **ITARS** (Immunization Tracking and Recall System), which provided LHD clinic rates until 1999; and **AFIX** (Assessment, Feedback, Incentives, eXchange), which provides annual LHD clinic-specific coverage rates and feedback to providers on request. Much of the information coming from clinic based assessments left questions unanswered, such as: How well is my entire county immunized? How well is a specific community or population immunized? Or, How do we compare to our neighbors? These questions are better answered with a population-based methodology rather than one that is clinic based.

The immunization program is pioneering the use of registry data to produce population-based immunization rates, comparable across counties in Oregon. This effort is being conducted with a rigorous internal and external review team. As part of this effort, there have been some important challenges identified using registry data. They include mobility between counties and in/out of Oregon, record scattering, and no or partial reporting to ALERT. *With the ALERT registry, we are developing methods that any registry can use.*

Some mobility issues identified:

- Children should only be counted once in the rates.
- Children move frequently between birth and age two, both within state and out of state. County populations are estimated at age two, not at birth.
- Children moving into or out of Oregon are at risk of having incomplete records because only their current shots, and not their out-of-state records, will be entered into ALERT.

The ALERT registry has successfully completed their initial assessments, producing rates on a county level, with some rate estimations different from those predicted by the NIS. Because of this effort, Oregon Public Health is encouraged to continue using ALERT data. Next on the agenda will be to calculate the rates for 2002 to 2006; produce immunization rates by race and ethnicity; produce small area analysis and maps of immunization coverage within each county; and produce immunization rates for WIC clients.

For further information on Oregon's immunization rates visit the following web site or contact Steve Robison (971-673-0306) Steve.g.robison@state.or.us.
<http://www.oregon.gov/DHS/ph/imm/kids/survey/index.shtml.shtml>.

Submitted by Lorraine Duncan, Martha P Skiles and Steve G Robison

Integrating vaccine management functionality in the Washington State CHILD Profile IIS

The Centers for Disease Control and Prevention (CDC) is centralizing vaccine inventory and distribution for the Vaccines for Children (VFC) Program at the national level. Washington was selected as a pilot for the project, and will transition to nationally centralized third party vaccine distribution in February of 2007.

Currently, Washington providers participate in the childhood vaccine program by submitting individual vaccine orders to their local health departments that act as sub-depots for the state. The state manages vaccine ordering by purchasing vaccine in bulk from the CDC, and distributing vaccine in bulk to local health departments. The transition to third party vaccine distribution requires that all individual provider orders be processed by the state. This is a significant process change potentially affecting staffing and the crucial link between local health departments and providers located within their jurisdictions.

Early on, we determined that electronic order processing was necessary to meet these new demands. The system would have to allow local health departments to maintain their role in monitoring vaccine accountability and quality assurance activities and approving individual provider orders from providers in their community. At the same time, the system would need to be flexible enough to allow state staff to view and edit orders and provide final approval before they are submitted to the distributor for shipping. With this in mind, we turned to our immunization information system, (IIS), CHILD Profile Immunization Registry. It is a well established system, with 70% of providers and 100% of local health departments currently participating. Work began in earnest in May 2006 to enhance the IIS, and to prepare ourselves and our stakeholders for this change in business practices.

There have been many activities and discussions pertaining to all the processes and issues that had to be addressed in order to successfully integrate our IIS with the daily functionality of vaccine management, quality assurance, and accountability. We briefly captured some of the significant challenges and lessons learned from our effort to date. We hope you find the information helpful as you consider enhancing your IIS functionality to support vaccine management, quality assurance and accountability. Many of these keys to success can be generally applied to the expanding the use of your IIS. Some are specific to issues that arose because of the unique nature of vaccine management in juxtaposition with other IIS functionality.

#1 Key to success – A forum for regular exchange of information must be established and coordinated for all internal staff. IIS staff, vaccine management or VFC Program staff, and technology staff need to be at the table to provide their perspectives on an on-going basis. Internal stakeholders need to understand the business needs, the limitations of the application, and how various functions within the application affect one-another. This is a process, not a one-time report or analysis, and it is important to have a staff person assigned the responsibility of coordinating the meetings of this group, providing reports from the meetings about progress, next steps and responsibilities.

#2 Key to success – Create stakeholder interest and build confidence in the IIS capability to support the new functionality. Provide frequent demonstrations and training sessions. In person meetings can be

helpful for introducing the concept. The use of web-based teaching tools, like ILink, allows frequent updates or refresher courses without the cost of travel. Establish a set of exercises to provide opportunities for users to become familiar with both the application and the new way of doing business. Develop a desk reference for your users. These efforts helped us create a pool of staff within our organization that had the capacity to use and provide guidance about using the IIS for vaccine ordering.

#3 Key to success – Get feedback from your users about what the system needs to look like, and what terminology makes sense to them. Incorporate it as soon as possible. Our success in this area built upon our extensive training and demonstration efforts. We were able to gather input on the tool as people were practicing with it, in a “no pressure” environment. Because we were working intensely with the software vendor, we were able to show iterative improvements to stakeholders in subsequent training sessions. This in turn created greater confidence in the IIS and in our effort to change the way we do business. Enhancements we have made or contemplated based on user feedback include more intuitive language in labeling (e.g., changing the link to the order screen from “current list,” to “create / view orders”) and discussing the addition of a “virtual inventory” to assist order approvers with decision making for vaccine order approval.

#4 Key to success – It is important to understand the implications of data and function relationships within the IIS. There is much work involved in creating relationships between parent organizations in the registry and external approvers for vaccine ordering. Establishing a protocol for name and contact editing and naming conventions is critical when multiple systems utilize data about the same organizations. Initially, provider information and accounts were maintained in 3 information systems. We had to create a complete set of provider accounts in both our IIS and the CDC VACMAN system for providers who would order vaccines. We had to match accounts (names contact information etc.) between these systems which had been separately maintained. We also had to consolidate information from a separate provider database that was used to track VFC Provider Agreement Information. The complexity of this task should not be underestimated. The system capacity had to be flexible enough to allow vaccine orders to be placed by all providers, maintain the relationship between parent organizations and their subsidiaries, and allow the creation of a relationship between those organizations and the vaccine order approvers.

It has been challenging and exciting working together with our colleagues and our vendor as the vaccine management functionality of the IIS takes shape. It has been rewarding to watch the IIS development unfold and see the acceptance by local health department staff for using the IIS for vaccine management purposes. There is excitement in the provider community about using our IIS for vaccine management purposes. Many are asking us, “how soon can we start?” rather than, “when do we have to start?”

Vaccine ordering will be supported by the Washington state CHILD Profile Immunization Registry from the beginning of our transition to third party vaccine distribution. As we continue our efforts to incorporate the tools and capacity needed to successfully support vaccine management business practices, we can be proud of how far we have come. Within the next few years, we fully expect to meet our ultimate goal of having the IIS support all aspects of vaccine management and quality assurance activities – vaccine ordering, accountability reporting, inventory management, temperature log reporting, vaccine returns and VFC provider agreement recording.

Submitted by Jan Hicks-Thomson and Janna Bardi

New IIS report will focus on progress, challenges, and recommendations

The National Vaccine Advisory Committee (NVAC) is developing a progress report on Immunization Information Systems (IIS), according to Alan Hinman, NVAC member and Senior Public Health Scientist at the Public Health Informatics Institute (PHII). Dr. Hinman chairs the sub-committee responsible for this report.

The report – scheduled for approval by NVAC at its February meeting – will document the tremendous progress that has been made in the last six years, outline the major challenges facing IIS, and deliver recommendations for the future. AIRA members and staff of the National Center for Immunization and Respiratory Diseases (NCIRD) provided critical input.

In January 1999, NVAC approved a report titled *Development of Community- and State-Based Immunization Registries*. A progress report was approved and published in January 2001.

For more information, contact Alan Hinman, MD, MPH
Senior Public Health Scientist, Public Health Informatics Institute
E-mail: ahinman@taskforce.org
Phone: 404-687-5636

The 2007 National Immunization Conference

The 41st National Immunization Conference (NIC) is fast approaching! This conference will host approximately 1,500 immunization professionals in Kansas City, Missouri for three and a half days to help participants explore innovative strategies for developing programs, policy, and research to promote immunization coverage for all age groups. One of six topic tracks at the 2007 NIC, the Immunization Information Systems (IIS) track will have ten regular and two featured workshop sessions for a total of 12 hours of IIS content over the course of the conference.

The IIS track's featured workshops will take place on Tuesday March 6 and Wednesday March 7 of the conference and will feature information on strategies to increase completeness of data, new uses for IIS, and an update on the National Vaccine Advisory Committee's report on IIS. In addition to the IIS regular and featured workshops, Martha Skiles from Oregon will be presenting in a programmatic featured workshop on the use of local assessment data to guide programmatic activities.

Fifty abstracts were submitted for consideration for regular workshops in the IIS track; 20 were accepted for oral presentation, and many abstracts were selected poster presentations. If you submitted an abstract and have not yet received a notice of the acceptance decision, please contact the Conference Planning Team at NIPNIC@cdc.gov.

This year, poster abstracts will not be printed in the agenda book, however they are available for viewing online at <http://cdc.confex.com/cdc/nic2007/techprogram/S7847.HTM>. To register for the conference, view the conference agenda, or get details for planning your exhibit or presentation, please visit the 2007 NIC web site at www.cdc.gov/nip/nic.

AIRA continues to work towards planning a nationwide IIS conference in order to provide a dedicated venue for IIS professionals to meet and exchange ideas and strategies.

Submitted by Amanda Bryant, CDC/NCIRD

AIRA activities at the 41st NIC

Once again AIRA has many activities planned for the National Immunization Conference, starting with two pre-conference workshops scheduled for Sunday, March 4, followed by ad-hoc lunchtime meetings on Monday, Tuesday and Wednesday, and a special education event on Tuesday evening.

Pre-conference workshops, Sunday, March 4

- **Workshop I, 12:00pm to 3:00pm – *The Business of IIS: Developing Consensus-Based Best Practice Guidelines for Improving IIS Operations***
- **Workshop II, 3:00pm to 6:00pm – *Using IIS to Improve Vaccine Management and Accountability Functions***

Visit the AIRA web site for details and online registration information for these two exciting workshops.
http://www.immregistries.org/news/2007_Workshops.phtml

AIRA Board of Directors Meeting, Sunday, March 4, 6:00pm to 8:00pm – Dinner meeting for the AIRA Board of directors.

Lunch time ad-hoc meetings

- **Monday, March 5, 12:00pm to 2:00pm – *Provider Participation Session: Developing a Training Model*, bring lunch**
- **Tuesday, March 6, 12:00pm to 2:00pm – *Data Exchange Standards Session: Models and Tools*, bring lunch**
- **Wednesday, March 7, 12:00pm to 2:00pm – *Education Committee Subject Matter Expert Planning Meeting*, by invitation, lunch provided**

Special Education Event and AIRA Recognition Awards Presentation Reception

Tuesday evening, March 6, 6:00pm to 8:00pm – *Interstate Data Exchange: Interoperability Issues and Considerations for IIS in the Context of the NHIN*, reception

AIRA will also be having an exhibit booth at the conference. The latest AIRA publications will be available and we will be holding a special “IIS Jeopardy” challenge, complete with prizes for those who know the most about IIS. Stop by and introduce yourself!

Please visit the AIRA web site for all the details on these events.

http://www.immregistries.org/news/2007NIC_AIRA_Activities.phtml

Look for these IIS publications in 2007

Kelly JS, Zimmerman LA, Reed K, Enger KS. Immunization Information Systems National Research and Evaluation Agenda. *J Public Health Management Practice*, 2007, 13(1), 35-38.

Bartlett DL, Washington ML, Thurston N, Bryant A, Perfili CA. Cost savings associated with using immunization information systems for Vaccines for Children administrative tasks. *J Public Health Management Practice* (in press).

Enger K and Stokley S. Meningococcal conjugate vaccine uptake, measured by Michigan's immunization registry. *Journal of Adolescent Health* (in press).

Urquhart GA, Williams W, Tobias J, Welch FJ. Immunization Information Systems Use During a Public Health Emergency in the United States. *J Public Health Management Practice* (in press).

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AIRA
c/o Citywide Immunization Registry, NYCDOHMH
125 Worth Street, CN 64R
New York, NY 10013
ATTN: Cindy Sutliff, Executive Director
Voice: (212) 676-2325
Web site: <http://www.immregistries.org/>
Email: info@immregistries.org

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Editor: Katie Reed, NY.