

Background

In 2015, AIRA launched an Interoperability Testing Project to determine the level of alignment between current Immunization Information Systems (IIS) and the community's interoperability standards. The project is heavily informed by IIS Functional Standards¹ and Operational Guidance Statements. The testing process connects with IIS pre-production systems directly where possible, and submits sample messages to these IIS development platforms. Transport Assessment is the first official measurement area for IIS Assessment, a measurement and quality improvement process designed to assist IIS in more closely aligning with standards. The baseline measure was taken in September, 2016. This is the first remeasurement – for all phases of assessment, remeasurements are planned at 3 and 6 months following baseline, and every six months thereafter.

When any two systems connect to exchange data, they must use an agreed upon transport layer to connect. To this end, a CDC-led expert panel was tasked with selecting transport layer and defining a technical specification. In 2011, the panel selected SOAP and defined a formal specification commonly referred to as the "CDC WSDL."²

This report contains the testing conformance results of the community's CDC WSDL implementation where it was installed and where AIRA was able to connect with test systems. The conformance testing utilized the National Institute of Standards and Technology (NIST) Immunization Test Suite Validation Tool. This tooling provides consistent conformance based results for all participants.

This report provides information for IIS jurisdictional use for improvements and internal distribution as needed. AIRA will not redistribute any individual IIS results outside of their respective jurisdiction and self-selected sharing settings within the Aggregate Analysis Reporting Tool, or AART.³

Conformance Tests

An Advisory Workgroup of IIS community members and partners crafts the measures and tests for IIS Assessment⁴. Message transport⁵ can be assessed with one measure that closely reflects IIS Functional Standard 1.5 and Operational Guidance Statement 1.5.3:

Measure 1: The IIS supports the SOAP Standard Interface 1.2 specification, Web Services Definition Language (WSDL), as endorsed by CDC.

Three tests are used to determine conformance with that measure:

- 1a) The IIS shall implement the Connectivity Test Operation
- 1b) The IIS shall implement the Submit Single Message Operation
- 1c) The IIS shall have the ability to throw a Security Fault

¹ <http://www.cdc.gov/vaccines/programs/iis/func-stds.html>

² <http://www.cdc.gov/vaccines/programs/iis/technical-guidance/soap/services.html>

³ <http://ois-pt.org/dgacm/home>

⁴ <http://www.immregistries.org/resources/aira-initiatives/assessment/measures>

⁵ http://www.immregistries.org/events/IIS_Assessment_Measures_and_Tests_-_Transport_-_final.pdf

The **Connectivity Test** operation is a "ping-like" feature that allows EHRs and other sending systems to perform a simple test with an IIS to verify the two systems can at least "see" each other without having to worry about the semantics of HL7 and/or authentication.

The **Submit Single Message** operation is the primary function of the CDC WSDL designed to carry an HL7 V2.x message, along with the authentication (username, password, facility ID) parameters to make data exchange possible.

The **Security Fault** shall be thrown by the IIS if the initiating system fails to authenticate. (e.g., when a bad username password combination occurs).

Conformance Results

The following table highlights the possible results of each of the conformance tests in the above descriptions. If any of the conformance tests failed, then further details were outlined in individual reports with individual site results. If an IIS conforms with the standard specified above, it is reported as "Fully Meets" for a specific test. "Deviates from Standard" occurs when an IIS was close to meeting the standard, but has work to do to fully meet the standard. An IIS that "Does Not Meet" the standard may have substantially changed the CDC WSDL or chose not to implement the entire CDC WSDL.

Connectivity Test	Submit Single Message	Security Fault
Fully Meets	Fully Meets	Fully Meets
Deviates from Standard	Deviates from Standard	Deviates from Standard
Does Not Meet	Does Not Meet	Does Not Meet

Summary Results

57 IIS (which includes all 50 states, plus D.C., New York City, Philadelphia, Puerto Rico, San Diego, San Antonio, and the Virgin Islands⁶) were encouraged to voluntarily participate in the IIS Transport Assessment. Of the 57, 44 IIS opted to participate in the IIS Transport Assessment for the 3-month snapshot measure in December, 2016. This is an increase of 4 IIS over the initial baseline measurement in September, 2016.

⁶ Note that the six Pacific Islands were not included in the baseline due to limited transport technology.

reason, these sites are functionally compatible for production use when authentication succeeds. (+2 since baseline)

- Four IIS met one out of three tests (+2 since baseline)
- Two IIS met zero out of three tests (+1 since baseline)

Finer details on the testing results where IIS deviated or did not meet the standard can be seen in Appendix A.

The next snapshot will take place in March 2017, and we hope to show increases in both participation and in IIS who fully meet measures and tests for transport. Participation settings can be updated in AART at any time.

Summary of Progress

In three months since the initial transport baseline report was finalized, the following progress has been seen:

- **Assessment Participation:** 4 more IIS participated in the assessment process
- **Known CDC WSDL Implementations:** 5 more CDC WSDL implementations have been identified.
- **Commitment to align:** 1 IIS – who failed all tests – has committed to update their WSDLs to be compliant.
- **Updated Resources:** AIRA and CDC have refreshed their CDC WSDL content to be easier for EHR and IIS to use and align.
- **Plans for the future:** 2 IIS have plans to implement the CDC WSDL pending funding approval. Additionally, one IIS vendor has recently developed the CDC WSDL and is in the process of rolling it out to their customers.

Limitations of Report

One limitation is noted in this report. This report is based on strict conformance requirements that may be stricter than necessary to achieve interoperability. For example, many IIS do not meet conformance on the Security Fault test, but this does not imply the IIS is unable to interoperate using the Submit Single Message operation when authentication passes. It specifically means the IIS does not conform to the CDC WSDL when throwing a Security Fault during authentication failure. However, strict conformance to standards across the IIS and EHR community will smooth interoperability and speed onboarding going forward.

General Recommendations for All IIS

- 1) Review conformance test results and work to improve areas of non-conformance. In doing so, it is important to consider if the changes to conform will break existing connections. If the changes will break existing connections, it may be better to leave the existing non-conformant connection operational and provide a new endpoint which conforms with the CDC WSDL. This will provide an easy and natural transition strategy to the conformant CDC WSDL as new and existing providers/EHRs develop or upgrade their interfaces.
- 2) Utilize conformance tooling provided by NIST when developing and/or improving implementation of the CDC WSDL. The tooling can aid the software development process. The tool is located at <https://hl7v2-iz-r1.5-testing.nist.gov/iztool/#/home> and is free to use without installation or registration.

- 3) Publish and make available all transport layer requirements for use by potential trading partners. Almost all IIS publish their HL7 guide, but only a limited number publish their transport layer requirements for use by trading partners prior to beginning the on-boarding process. Waiting until on-boarding may delay or unnecessarily burden the on-boarding process. The earlier a trading partner can access the requirements; the better chance they have at developing to the requirements.
- 4) Consider sharing your Assessment results in AART with others including EHRs. This can be helpful for as they prepare to exchange with your IIS. Sharing settings can be set in AART.

Questions and/or Comments

Please direct questions and/or comments on this aggregate report to the [AIRA Technical Assistance Team](#).

Appendix A

The following appendix provides the specific details on the reasons why assessment participants either deviated from or Did Not Meet the CDC WSDL standard across the three tests. In some cases, an IIS may have more than one reason they deviated or didn't meet the test.

Connectivity Test

Deviates from Standard	Does Not Meet
<p>(One IIS) Required Authentication: One implementer modified the CDC WSDL by adding WS-Security⁷ to their Connectivity Test requirements. The Connectivity Test defined by the CDC WSDL does not require authentication as it is designed to be a “ping-like” test to verify to systems can “see” each other. While using WS-Security is based on standards, it is different than the definition of the CDC WSDL. Sending systems would be required to adhere to WS-Security requirements to successfully exchange data.</p>	<p>(One IIS) Changed Target Namespace: The CDC WSDL defines the Target Namespace as “urn:cdc:iisb:2011”. This defines a unique identifier of sorts. Sending systems expecting to exchange information via the CDC WSDL would expect and likely be structured to send the CDC WSDL defined Target Namespace. One implementer redefined the Target Namespace but otherwise did a good job implementing the CDC WSDL. Unfortunately, sending systems would not be able to communicate with this IIS HL7 interfaces without meeting their expected and required Target Namespace value.</p>
	<p>(One IIS) Changed Request and Response Construct: Two implementer modified the request and/or response construct of the connectivity Test operation. This varied from changing the operation name to adding parameters to changing the return construct to be different than the CDC-defined connectivity test. The functional outcome was the same, but was implemented technically differently.</p>

Submit Single Message

Deviates from Standard	Does Not Meet
<p>(One IIS) Authentication Differences: One implementer modified the CDC WSDL by adding WS-Security to their WSDL requirements. The authentication parameters defined by the CDC WSDL were ignored in favor of a different way to perform security. While using WS-Security is based on standards, it is different than the definition of the CDC WSDL. Sending systems</p>	<p>(One IIS) Changed Target Namespace: The CDC WSDL defines the Target Namespace as “urn:cdc:iisb:2011”. This defines a unique identifier of sorts. Sending systems expecting to exchange information via the CDC WSDL would expect and likely be structured to send the CDC WSDL defined Target Namespace. One implementer redefined the Target Namespace but otherwise did a good job implementing the</p>

⁷ <https://en.wikipedia.org/wiki/WS-Security>

would be required to adhere to WS-Security requirements to successfully exchange data.	CDC WSDL. Unfortunately, sending systems would not be able to communicate with this IIS HL7 interfaces without meeting their expected and required Target Namespace value.
(One IIS) Incorrect Usage of Facility ID: The use of facility ID is non-standard and will likely be problematic for sending systems as they move to supporting both VXU and QBP. Requiring the facility ID value to change depending upon the HL7 message type sent is likely placing an unnecessary burden on sending systems. The HL7 message type is defined as part of the HL7 message located in the Message Type field (MSH-9).	(Two IIS) Changed Response Construct: One implementer modified the response (e.g.: information being returned) construct of the XML ever so slightly, but not based on any understood business requirements. The CDC WSDL returns information (e.g.: the ACK or the RSP) in an XML element called <code><return></code> . This implementer renamed this from <code><return></code> to something like <code><submitSingleMessageResponse></code> or <code><hl7Response></code> with the same technical requirements. This change results in non-conformant XML with unexpected XML tags for the initiating system.
(One IIS) Base64 Encoding/Decoding: One implementer requires the HL7 message (VXU or QBP) be base64 encoded. Further, the response (ACK or RSP) will be returned base64 encoded and will need to be base64 decoded. While base64 encoding/decoding is based on standards, it is different than the definition of the CDC WSDL. Sending systems would be required to base64 encode submissions (VXU or QBP) and base64 decode return messages (ACK or RSP) to have meaningful communication between two systems.	

Security Fault

Deviates from Standard	Does Not Meet
(Ten IIS) Non-Conformant Fault: The IIS throws a fault as required by the standard, but the fault thrown by the IIS does not conform to the fault defined by the CDC WSDL.	(Ten IIS) Does Not Throw a Fault: The IIS properly catches an authentication failure, but returns the authentication failure where only HL7 responses are supposed to be returned rather than throwing a SOAP fault dedicated to authentication failures.
	(One IIS) Changed Target Namespace: The CDC WSDL defines the Target Namespace as “urn:cdc:iisb:2011”. This defines a unique identifier of sorts. Sending systems expecting to exchange information via the CDC WSDL would expect and likely be structured to send the CDC WSDL defined Target Namespace. One implementer redefined the Target Namespace but otherwise did a good job implementing the

	CDC WSDL. Unfortunately, sending systems would not be able to communicate with this IIS HL7 interfaces without meeting their expected and required Target Namespace value.
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