

# Washington State Immunization Data Request Form



Please complete this request to describe in detail the type of immunization data you want. This will help us best understand your data needs and how to give you the information you want.

Email the completed request to: [WAIISDataRequests@DOH.WA.GOV](mailto:WAIISDataRequests@DOH.WA.GOV)

## Your Contact information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## When do you need this data? \_\_\_\_\_

Please note that requests for standard data sets can typically be met within 2 weeks. Requests for complex and special data sets take longer.

## Describe what question you want to answer using this data:

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## How do you plan to use the data (select all that apply)?

- Research conducted by academic investigator (including graduate student thesis and dissertation)
- A student class assignment
- Public health planning and practice conducted by a state or local health department
- Media Request
- Other – Specify:

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## Select from the following data parameters:

### A. Personal Identifiers:

- Summary (aggregate) data that does not include any individual identifiers or protected health information. For example, the total percent of 2 year olds who are complete for recommended DTaP vaccinations in King County.
- Individual level data with patient identifiers. That is, individual patient data that includes Protected Health Information. This data requires review by the state Institutional Review Board (IRB). Please visit the IRB web page for more information: <http://www1.dshs.wa.gov/rda/hrrs/>
- Individual level data but identifiers not needed. That is, the individual identifiers are removed. This data requires review by the state Institutional Review Board (IRB). Please visit the IRB web page for more information: <http://www1.dshs.wa.gov/rda/hrrs/>

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**B. Geographic Area (select all that apply):**

- Washington state as a whole
- All Washington counties
- Specific Washington counties – Specify: \_\_\_\_\_
- Other geographic areas – Specify: \_\_\_\_\_

**C. Age Groups (select all that apply):**

- 19-35 months old
- 24-35 months old
- 11-13 years old
- Other age group – Specify: \_\_\_\_\_

**D. Vaccination Date Range:**

- Most recent year
- Multiple years – Specify: \_\_\_\_\_
- Other time frame – Specify: \_\_\_\_\_

**What vaccines and vaccine variables do you want?**

**A. Vaccines**

- Recommended childhood vaccine series (4313314/Combo 3): DTaP/DT/Td (4 doses), Polio (3 doses), MMR (1 dose), Hep B (3 doses), Hib (3 doses), Varicella (1 dose), and Pneumococcal (PCV, 4 doses)
- Recommended adolescent series: Meningococcal (1), HPV (3), Tdap (1)
- Influenza (Flu)
- Other vaccines – specify: \_\_\_\_\_

**B. Vaccine Variables:**

- Valid vaccinations only (meets the ACIP recommendations)
- All vaccinations (any recorded vaccination in the patient record – matches the National Immunization Survey)

**What other information can you give us to help identify the data you need?**

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**Do you have any suggestions to improve this form?**

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