



AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

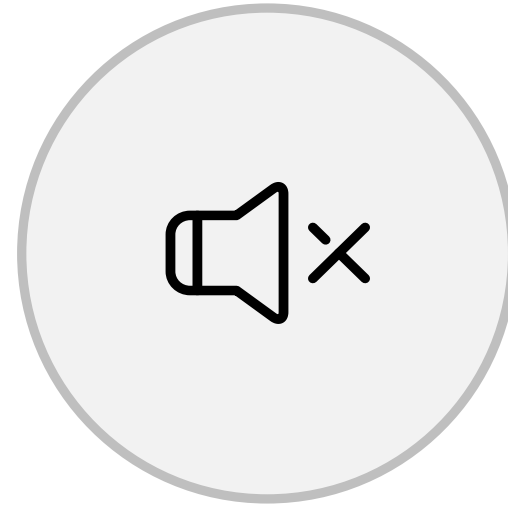
AIRA Members & Partners Quarterly Meeting

April 20, 2020

Welcome – Aaron Bieringer, AIRA President



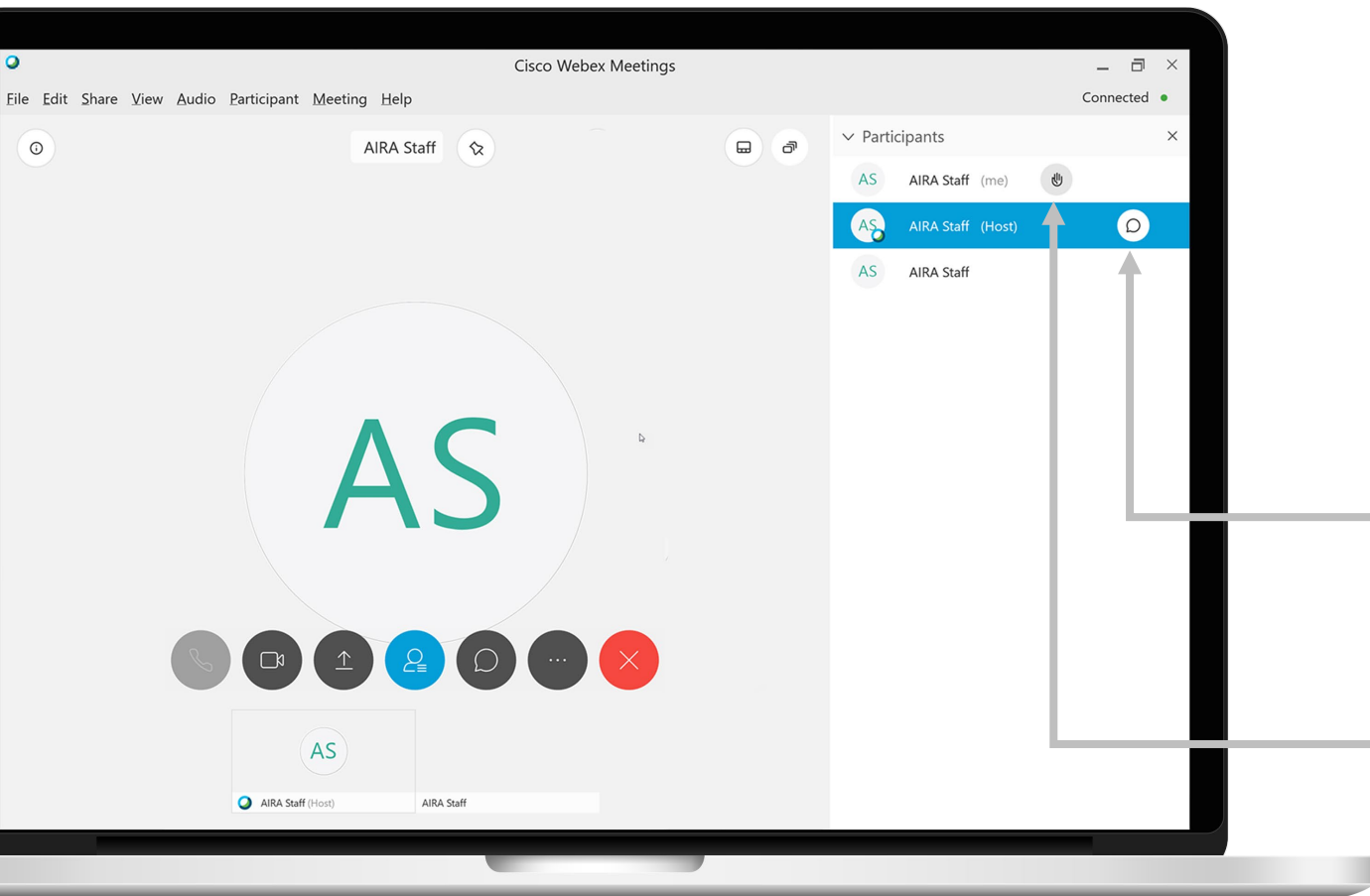
This meeting is being recorded
and will be posted in the
AIRA repository



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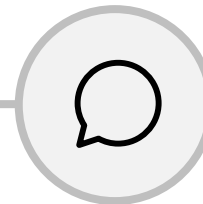


Welcome – Aaron Bieringer, AIRA President

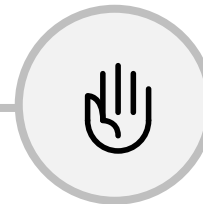


• How do I ask a question?

- There will be time allotted for Q&A following each of the updates, to unmute your line **press *6**
- Via WebEx:



Select the chat icon next to the host and type question into the chat box.



Select the hand icon next to your name and you will be called on.



National Center for Immunization and Respiratory Diseases (NCIRD) Update

Lynn Gibbs-Scharf



Press *6 to unmute your line



IISB Update: AIRA Members and Partners Call

Lynn Gibbs-Scharf

Branch Chief, Immunization Information Systems Support Branch

April 20, 2020

IISB COVID-19 Response Overview

Goal: All IISs are ready to manage and track COVID-19 vaccine ordering, distribution, assessment of coverage, and data sharing

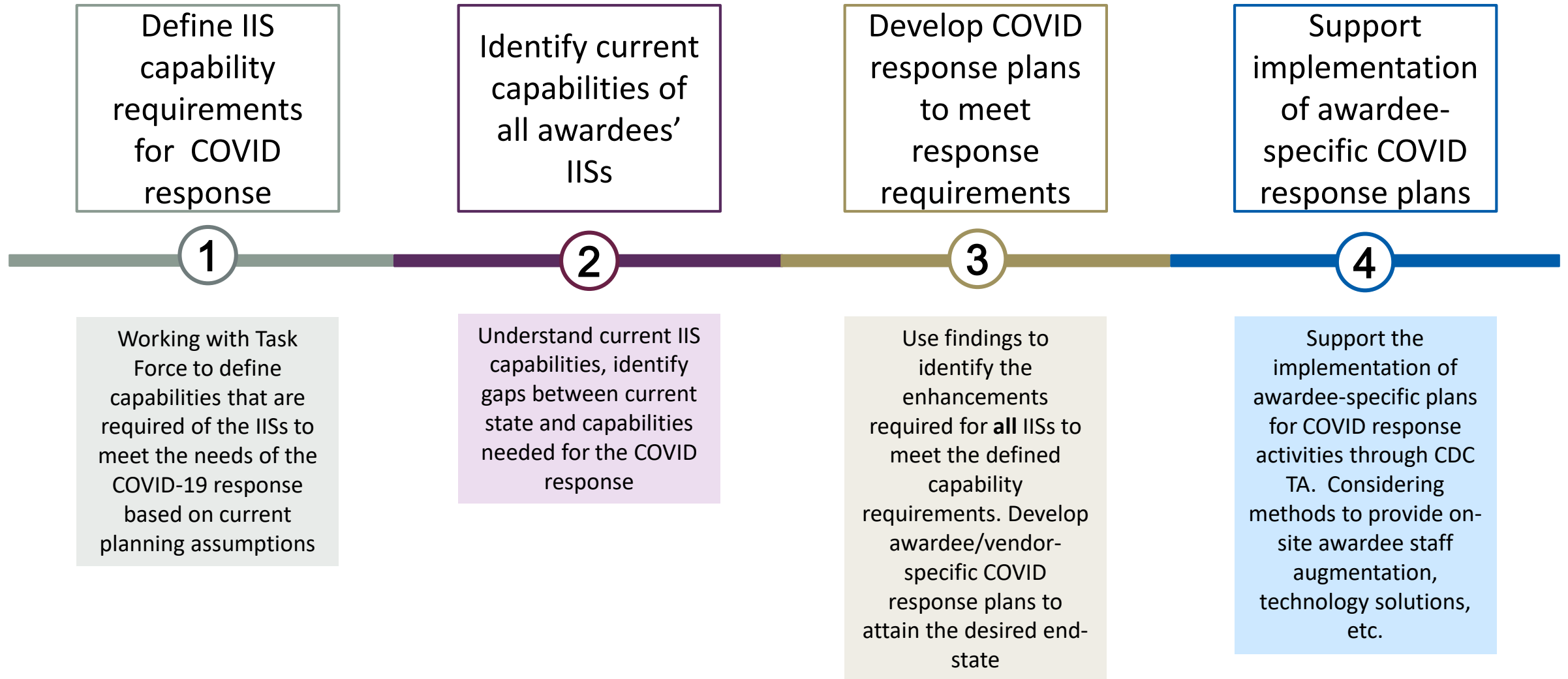
IISB Role:

- Clearly articulate the IIS capabilities needed for the response
- Identify gaps in current capability and assist awardees and IIS vendors in developing plans to address gaps
- Provide support so all awardees can effectively respond

IISB Guiding Principles & Priorities

- Engage partners, vendors, and awardees to gather insights to inform planning
- Minimize the burden to the awardees
- Continue to provide support for the cooperative agreement, technical projects (codesets), etc.

IISB COVID-19 Response – Current Activities Overview



Association of Immunization Managers (AIM) Update

Claire Hannan



Press *6 to unmute your line



Public Health Informatics Institute (PHII) Update

Erin Roche



Press *6 to unmute your line



American Academy of Pediatrics (AAP) Update

Dana Bright



Press *6 to unmute your line



Immunization Action Coalition (IAC) Update

Laurel Wood



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IAC Update

AIRA Members & Partners Call

April 20, 2020

IAC & COVID-19

IAC is currently:

- Providing links to other major organizations (e.g., CDC, AAP, AAFP) for COVID-19 guidance
- Spotighting [Clinic Tools: Administering Vaccines](https://www.immunize.org/clinic/administering-vaccines.asp)
(www.immunize.org/clinic/administering-vaccines.asp)
 - To highlight readily available resources for providers who may be newly assigned to immunization delivery
- Continuing to provide updated information in weekly online newsletter, [IAC Express](https://www.immunize.org/express) (www.immunize.org/express)

New handouts at www.immunize.org

- Dates of Current Vaccine Information Statements (p2055)

New releases (April 1, 2020)

- DTaP
 - Td
 - Tdap
 - Multi-vaccine
 - Yellow Fever
- Two new handouts related to vaccine science and safety

Science Supports Our Confidence in Vaccines – An Overview of the Scientific Evidence Favoring Routine Vaccination

Science Supports Our Confidence in Vaccines An Overview of the Scientific Evidence Favoring Routine Vaccination

SCIENCE IS KEY

Vaccines are remarkable scientific achievements that have greatly reduced rates of death and disease around the world. This document begins to explain the science underpinning public confidence in today's vaccines. Each segment provides part of the total picture. Together, the accumulated scientific evidence explains the prudence of routine vaccination policies.

Vaccines are the safest of all medications.

- ▶ Before FDA licensing, vaccines are studied in larger populations than are other drugs.
- ▶ Once licensed and put to use, multiple layers of safety surveillance continue as long as the vaccines are distributed.

Every scientific authority recommends routine vaccination. This includes the Centers for Disease Control and Prevention, Food and Drug Administration, American Academy of Pediatrics, American Academy of Family Practitioners, American College of Obstetricians and Gynecologists, American Medical Association, American Nurses Association, American Pharmacists Association, National Academy of Medicine, and World Health Organization, plus every state health department, every city health department, and every children's hospital.

DISCUSSION POINTS

Vaccines do not cause autism.

BACKGROUND

A 1998 British journal article making a claim of a connection between the measles vaccine and the development of autism was retracted by the journal's editors, who said they had been deceived. The author was found guilty by the United Kingdom General Medical Council of dishonesty and flouting ethics protocols. As a result, they revoked his license to practice medicine.^{1,2} In spite of these rebukes, the erroneous belief that vaccination causes autism took hold with a small group.

SCIENCE

- Vaccinated children develop autism at the same rate as unvaccinated children.^{3,4}
- A litany of well-controlled studies show that vaccines do not cause autism.^{5,6}
- Properly designed studies involving over 1.2 million children established no links between vaccines and autism or autism spectrum disorder.^{4,8}
- Scientists agree: Vaccines do not cause autism.

CONTINUED ON THE NEXT PAGE ▶



Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

1. Dyer C. Lancet retracts 'vaccine' paper. BMJ 2010; 340: e896. www.bmj.com/content/340/eq896
2. Rowley S. Lancet retracts 'vaccine' paper. The Guardian. 2010 Feb 02. London.
3. Hviid A, Stellfeld M, Wohlfahrt J, Melbye M. Association between thimerosal-containing vaccine and autism. JAMA. 2003;289:1970-4.
4. Taylor L, Smeeth D, et al. Evidence-based meta-analysis of case-control and cohort studies. Vaccine 2014;32(29):3623-29.
5. DeStefano F, Price CS, Weintraub ES. Increasing exposure to antibody-stimulating proteins and polysaccharides in vaccines is not associated with risk of autism. J Pediatr. 2013;163:563-7.
6. CDC. Science Summary: CDC Studies on Thimerosal in Vaccines. www.cdc.gov/vaccines/imz/pdfs/rdstudiesonvaccinesandautism.pdf
7. Committee to Review Adverse Effects of Vaccines. Adverse Effects of Vaccines: Evidence and Causality. Washington, DC: Institute of Medicine, 2011. www.nap.edu/catalog/13164/adverse-effects-of-vaccines-evidence-and-causality
8. Madsen KM, Hviid A, Vestergaard M, et al. A population-based study of measles, mumps, and rubella vaccination and autism. N Engl J Med. 2002;347:1477-82.

- 8-page handout
- Describes the science underpinning confidence in today's vaccines
- Explains rationale for routine vaccination policies
- Covers wide variety of topics:
 - Vaccines & autism
 - Purpose of various vaccine components
 - Remote link to fetal-origin cell lines for certain viral vaccines
 - US court decisions on vaccine requirements
 - Why we vaccinate children at a young age
 - How vaccines are studied before licensure
 - VICP & VAERS

p2073 –
www.immunize.org/catg.d/p2073.pdf

The Vaccine Injury Compensation Program of 1986

An Effective Balance of Public Health and Personal Remedy

- 2-page handout
- Describes the historical basis and public policy rationale for establishment of VICP
- Explains program's benefits for both society and individual vaccine recipients
- Based in part on legal analysis from Dorit Reiss, JD, PhD and the book *Vaccine Court: The Law and Politics of Injury* by Anna Kirkland

The Vaccine Injury Compensation Program of 1986

An Effective Balance of Public Health and Personal Remedy

The U.S. government created a generous compensation program in 1986 for people claiming harm after vaccination and, in exchange, limited their ability to sue manufacturers. To help policy-makers understand the background and facts behind this liability program, the Immunization Action Coalition (IAC) developed this educational document, based in part on legal analysis by Dorit Rubinstein Reiss, JD, PhD, professor, University of California Hastings College of Law, and the book Vaccine Court: The Law and Politics of Injury, by Anna Kirkland, 2016.

Background:

The Situation in the 1980s

Vaccines are exceedingly safe but, like any medication, they have side-effect profiles. Vaccines are the safest of medications. Before FDA licensing, vaccines are studied in larger populations than are other drugs. Once licensed and put to use, multiple layers of safety surveillance continue as long as the vaccines are distributed.

The Vaccine Injury Compensation Program (VICP) is a **no-fault alternative** to the traditional legal system for resolving petitions claiming injury after vaccination. (www.hrsa.gov/vaccine-compensation/index.html)

In the 1980s, lawsuits against vaccine companies and healthcare providers threatened to cause vaccine shortages and reduce U.S. vaccination rates. By the end of 1984, only one manufacturer of diphtheria-tetanus-pertussis (DTP) vaccine remained. Reduced vaccination rates could have caused a resurgence of serious diseases that routine vaccination can prevent (e.g., diphtheria, tetanus, pertussis, polio, measles, mumps, rubella).

In the 1980s, people claiming vaccine injuries were not satisfied with a liability situation where the path to compensation was arduous and uncertain.

The U.S. Congress responded with the National Childhood Vaccine Injury Act (NCVIA) of 1986 (42 U.S.C. §§300aa-1 to 300aa-34). The program balances liability protections for manufacturers with a clearer pathway for petitioners.

Any individual, of any age, who received a covered vaccine, and believes he or she was injured as a result, **can file a petition**. Parents, legal guardians and legal representatives can file on behalf of children, disabled adults, and individuals who are deceased.

The Vaccine Injury Compensation Program (VICP) is widely considered a **success in balancing society's need to protect its children from serious infections** through an ample vaccine supply with an **easier compensation mechanism** to provide remedies in cases of adverse events that could have been caused by a vaccine.¹

The Vaccine Injury Compensation Program (VICP) Details

The VICP program is **funded by an excise tax** on each dose of specified vaccine as it is purchased.

The VICP is **administered jointly** by the U.S. Department of Health & Human Services, the Department of Justice, and the U.S. Court of Federal Claims. Citizen input is provided by the Advisory Commission on Childhood Vaccines (ACCV).

Adverse events listed in a Vaccine Injury Table are presumed to have been caused by the vaccine cited in the list. Such claims are processed in a streamlined, no-fault fashion. Claims for other adverse events not included in the Table can also be considered.

The VICP has **paid out more than \$4 billion to petitioners over 30+ years**. The no-fault character of this program means that being awarded compensation does not necessarily mean a vaccine caused an alleged injury.

Between 2006 to 2017, **over 3.4 billion doses of vaccines covered by VICP** were distributed in the U.S., with 4,493 petitions or claims receiving compensation under VICP.²

Comparison of VICP to Litigation in Civil Courts

Petitioners do not have to provide evidence of a defect in a vaccine's design, or any defect.

Causation standards are more lenient than in civil courts.

The rules of evidence are relaxed – petitioners can use non-experts and bring in materials (e.g., personal diary) that would not be allowed in regular courts.

Fees and costs are covered even if petitioners lose. When they win, they pay no contingency fee to attorneys representing them; the whole award goes to the petitioner.

But there are some disadvantages to petitioners. **Discovery is limited, and the statute of limitations is 3 years.**

CONTINUED ON THE NEXT PAGE ►



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www.immunize.org/catg.d/p2075.pdf • Issn #P2075 (4/20)

p2075 –
www.immunize.org/catg.d/p2075.pdf

www.immunize.org

Office of the National Coordinator for Health Information Technology (ONC) Update

Daniel Chaput



Press *6 to unmute your line



Office of the Chief Technology Officer (CTO) Update

Jim Daniel



Press *6 to unmute your line



National Association of County and City Health Officials (NACCHO) Update

Michelle Cantu



Press *6 to unmute your line







NACCHO Update: Immunization and COVID-19 Response

Lilly Kan, MPH
Senior Director, Infectious Disease & Informatics

NACCHO
National Association of County & City Health Officials

Outline

-  Introduction to NACCHO
-  The Important Role of Local Health Departments
-  Activities
-  COVID-19 response

Mission

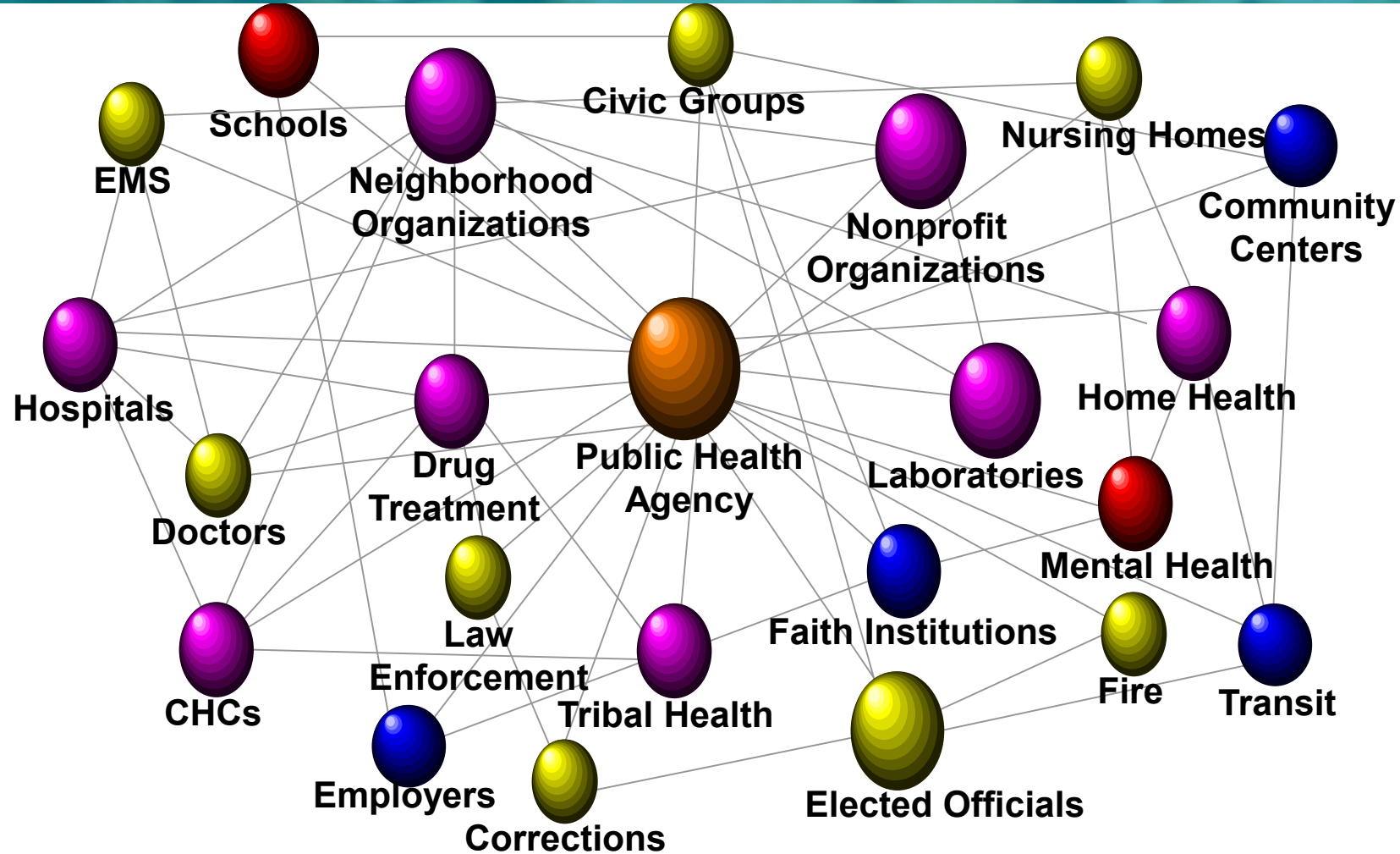
NACCHO is comprised of nearly **3,000** **local health departments** across the United States. Our mission is to serve as a **leader**, **partner**, **catalyst**, and **voice** with local health departments.

There's value in belonging



Learn more by viewing a short video available on our website.

Public Health System



2016 National Profile of Local Health Departments (LHDs)

Clinical programs and services provided directly in the past year

| Program/service | % LHDs |
|-----------------------------------|--------|
| Immunization | |
| Adult immunizations | 90% |
| Childhood immunizations | 88% |
| Screening for diseases/conditions | |
| Tuberculosis | 84% |
| Other STDs | 65% |
| HIV/AIDS | 62% |
| Blood lead | 61% |
| High blood pressure | 54% |
| Body Mass Index (BMI) | 53% |
| Diabetes | 34% |
| Cancer | 32% |
| Cardiovascular disease | 25% |

| Program/service | % LHDs |
|--|--------|
| Treatment for communicable diseases | |
| Tuberculosis | 79% |
| Other STDs | 63% |
| HIV/AIDS | 35% |
| Maternal and child health services | |
| Women, Infants, and Children (WIC) | 66% |
| Home visits | 60% |
| Family planning | 53% |
| Early and periodic screening, diagnosis, and treatment | 38% |
| Well child clinic | 29% |
| Prenatal care | 27% |
| Obstetrical care | 8% |

| Program/service | % LHDs |
|-------------------------------------|--------|
| Other clinical services | |
| Laboratory services | 38% |
| School-based clinics | 34% |
| Oral health | 28% |
| Asthma prevention and/or management | 22% |
| Home health care | 20% |
| Correctional health | 13% |
| Substance abuse | 11% |
| Comprehensive primary care | 11% |
| Behavioral/mental health | 10% |
| Emergency medical services | 4% |

n=1,461–1,899



Strengthening Public Health Systems and Services through Building Capacity for Local Health Department Immunization Programs to Address Vaccine Preventable Diseases

Immunization Program Activities


1. Enhance LHD contributions that inform policies, guidance documents and decisions related to immunizations and VPDs;
2. Increase LHD participation in national policy and programmatic discussions;
3. Collect, organize and disseminate recommendations, evidence-based strategies, tools and resources through NACCHO communication channels;
4. Evaluate model practices to assess accessibility, utility, and impact of materials disseminated;
5. Identify pockets of low vaccination within communities;
6. Promote a pro-vaccination campaign to contain vaccine misinformation;
7. Provide on-going support to local health departments;



Immunization Program Resources

[August 2019]

From the Field: Improving Immunization Coverage and Services at the Local Level



A Collection of
Local Health Department
Immunization Initiatives

Compendium

NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

11-01

STATEMENT OF POLICY

Immunization Information Systems


Policy
Immunization has been one of the most successful and safest public health measures available to populations worldwide, with an unparalleled record of disease reduction and prevention^{1,2}. Successful public health immunization programs rely on having adequate data to manage the multiple components inherent to such a program. Immunization information systems (IIS) are confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area.

Immunization registries have become increasingly important to facilitate collaboration and communication between vaccinating providers in the new healthcare landscape resulting from the Patient Protection and Affordable Care Act³. The National Association of County and City Health Officials (NACCHO) supports the standardization and consistent use of IIS and requests that the federal government fund the expansion and linkage of this important tool.

NACCHO strongly urges the federal government to:

- Create a standard, interoperable system allowing for information exchange between state and local-level immunization registries and between all pertinent local users, including but not limited to local health departments, physicians and pharmacists, and the relevant IIS;
- Encourage the negotiation of data exchange agreements to allow for interoperability between states or localities with immunization registries;
- Ensure that the connections and capacities between local and state registries, and between local users and the relevant registries, meet all requirements of each stage defined as "meaningful use;"
- Ensure electronic medical records/health records are updated and developed to upload immunization data directly into the state registry;
- Ensure local health departments have access to IIS and available data;
- Ensure that states' education databases are updated and capable of uploading immunization data directly into the state registry;
- Ensure local input when establishing uniform standards for the diverse array of existing registries;
- Ensure local input when developing laws and policies to facilitate exchange of data, not only across state and local lines but also across the country;

1201 Eye Street, NW, Fourth Floor, Washington, DC 20005 P (202) 783 5550 F (202) 783 1583 www.naccho.org



Policy Statements

Local Health Department Use of Immunization Information Systems

Background & Methods: In the fall of 2015, NACCHO, with funding and support from the CDC, conducted an assessment to identify and explore LHD use of IISs (also known as immunization registries). The assessment was sent to 300 LHDs (40% response rate) and aimed to collect information to support and promote the role of IISs within LHD immunization programs across the United States. LHDs without access to an IIS were excluded from the results.

Conclusion: LHDs want access to accurate, complete, and timely data to help inform their programmatic and clinical work. Bi-directional exchange of information is important to LHDs, including improving IIS capabilities to receive electronic health record data. Reporting functionalities (such as coverage assessment, doses administered, and reminder/recall) and usability are important features LHDs indicate need improvements within IISs.

Acronyms
NACCHO: National Association of County and City Health Officials
CDC: Centers for Disease Control and Prevention
LHDs: Local Health Departments
IIS: Immunization Information System

For more information, email infectiousdiseases@naccho.org

LHDs are more likely to use IISs for looking up patient histories or forecasts than assessing coverage rates and conducting patient reminder/recall

| | Percent of LHDs |
|--|-----------------|
| Look-up patient history | 97% |
| Look-up patient forecast | 95% |
| Conduct LHD clinic-based reminder/recall | 72% |
| Assess LHD clinic immunization coverage | 70% |
| Assess geographic immunization coverage | 56% |
| Conduct geographic-based reminder/recall | 55% |

Use IIS for this purpose Don't use Don't know

100% of LHDs reported data to a local or state IIS in the past six months

80% of LHDs still directly enter data into an IIS for reporting

78% were mandated by policy or legislation to report data to an IIS

Mandated:

| For LHDs only | For LHDs and private providers |
|---------------|--------------------------------|
| 50% | 28% |

Not mandated: 22%

60% of LHDs indicated improvements could be made to the IIS

Research Briefs

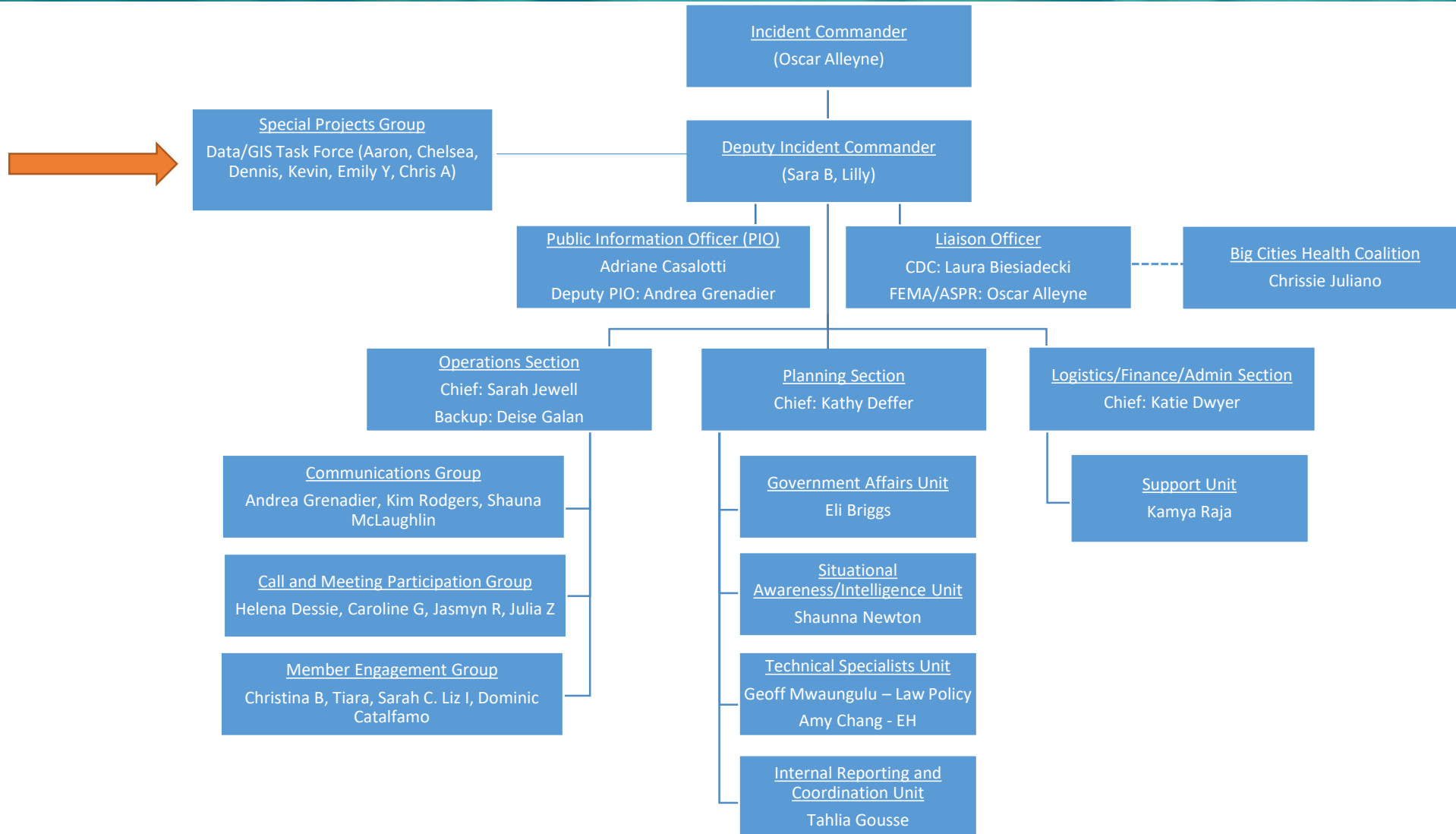
NACCHO COVID-19 Response Efforts



NACCHO Response Level 3:

- Maintain situational awareness, at both the national/federal and local level
- Facilitate the sharing of information from the federal to the local level
- Understand and be responsive to member needs and requests
- Convey the critical role of local health departments during emerging infectious disease outbreaks
- Identify resources to support NACCHO's response activities

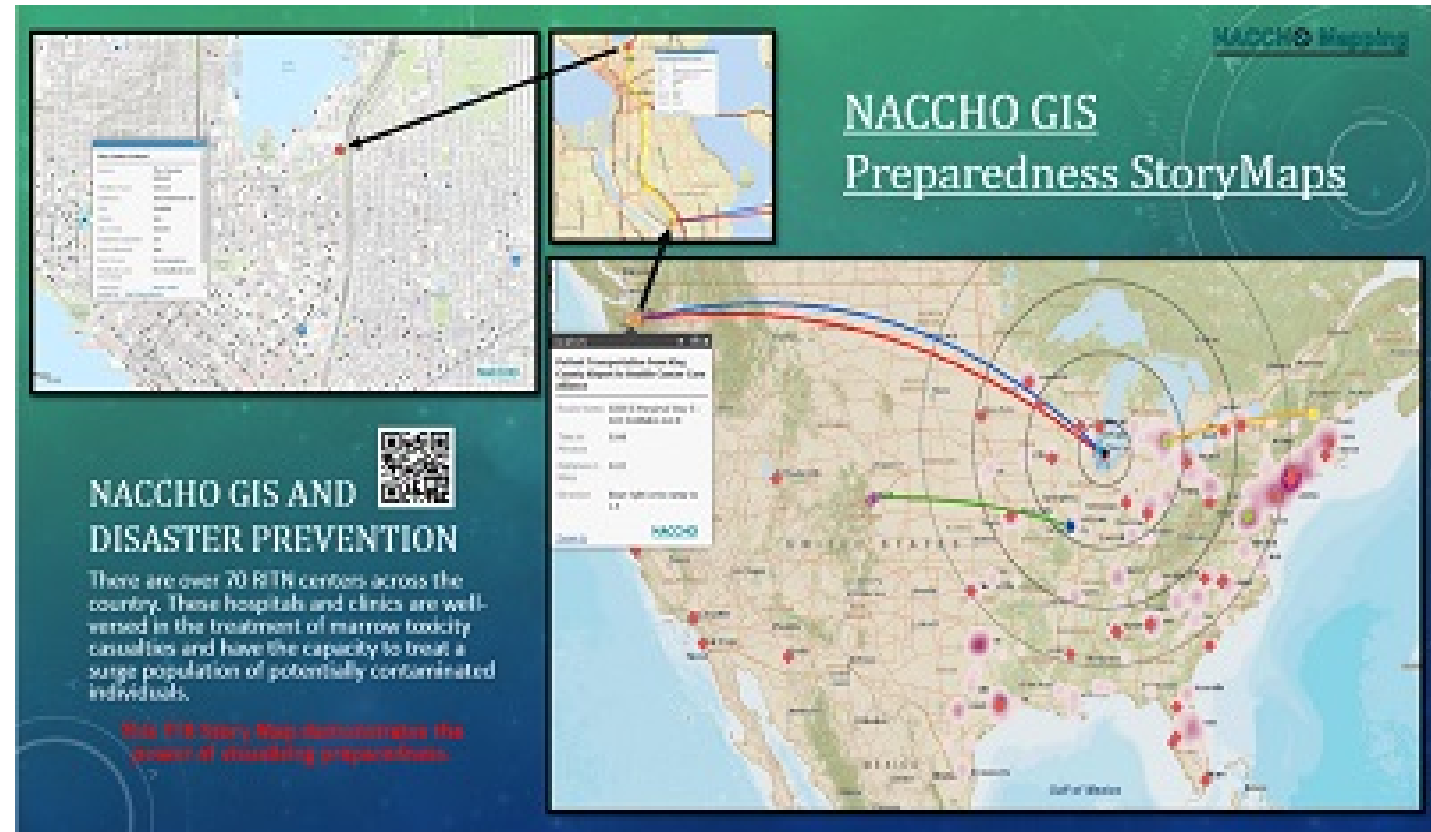
Modified Incident Command System Organizational Structure for Supporting NACCHO's 2019 Novel Coronavirus (COVID-19) Response



NACCHO COVID-19 Response Efforts

DATA/GIS Special Task Force:

- Hospital capacity and patient impact
- County level data on ICU bed reporting
- GW Public Health platform
- Contact tracing solution
- GIS Hub



Questions?

Lilly Kan, MPH

Senior Director, Infectious Disease & Informatics

Phone: (202) 507-4251

E-mail: likan@naccho.org

Immunization Program's Webpage:

<https://www.naccho.org/programs/community-health/infectious-disease/immunization>

Association of State and Territorial Health Officials (ASTHO) Update

Kim Martin



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ASTHO Immunization Activities

Association of State and Territorial Health Officials (ASTHO)

Kim Martin, Director, Immunization

April 20, 2020



VISION

State and territorial health agencies advancing health equity and optimal health for all.

MISSION

To support, equip, and advocate for state and territorial health officials in their work of advancing the public's health and well-being.

Infectious Disease Policy Committee (IDPC)

- The infectious disease policy committee provides strategic direction to staff for immunization projects.
 - For example, the IDPC identified IIS interstate data sharing as a top priority for 2013/2014 and again in 2014/2015.
 - As a result, we worked closely with AIRA to develop an Interstate Data Sharing MOU and address interstate data sharing barriers through a joint community of practice.

COVID-19

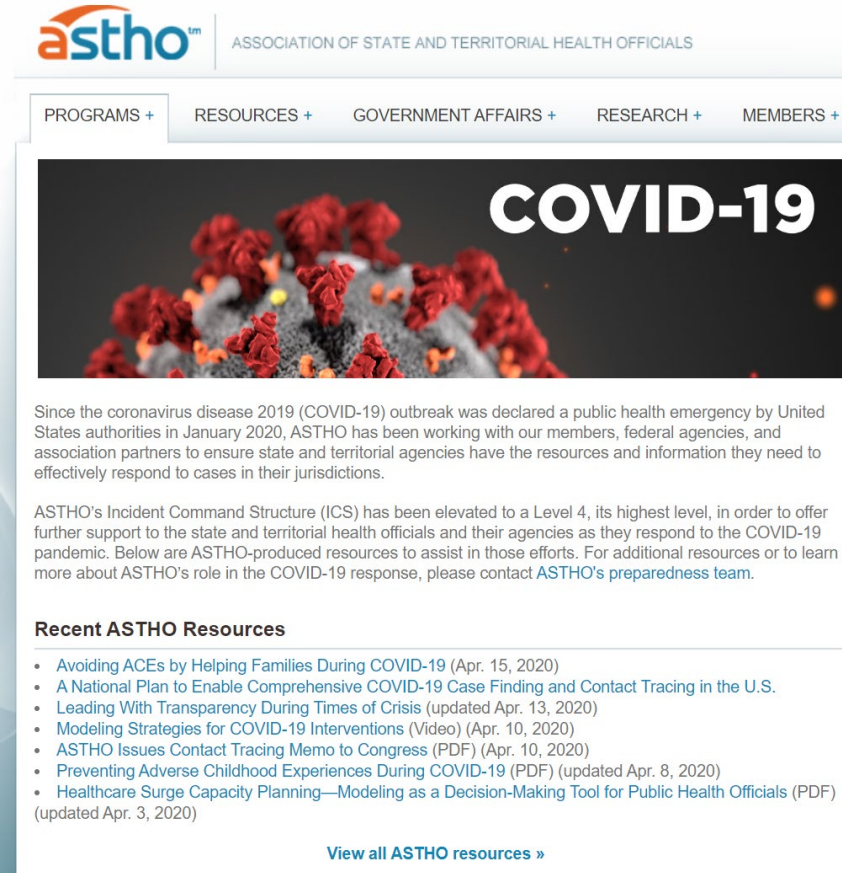


COVID-19 Response at ASTHO

- Working with our members, the CDC, and other federal partners to ensure state agencies have the resources and information they need.
- The ASTHO Incident Command Structure has been elevated to its highest level in order to further assist state and territorial health agencies.

Providing Technical Assistance to Members

- PPE
- Testing
- Disparities
- Modeling Strategies
- Mitigation Strategies
- Healthcare Capacity



The screenshot displays the ASTHO (Association of State and Territorial Health Officials) website. The header features the ASTHO logo and the full name of the organization. A navigation bar includes links for PROGRAMS, RESOURCES, GOVERNMENT AFFAIRS, RESEARCH, and MEMBERS. The main content area is titled "COVID-19" and features a background image of red and orange virus particles. Below the title, a paragraph states that since the COVID-19 outbreak was declared a public health emergency, ASTHO has been working with members and partners to provide resources and information. Another paragraph mentions that ASTHO's Incident Command Structure (ICS) has been elevated to Level 4 to provide further support. A section titled "Recent ASTHO Resources" lists several documents and videos, including "Avoiding ACEs by Helping Families During COVID-19", "A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the U.S.", "Leading With Transparency During Times of Crisis", "Modeling Strategies for COVID-19 Interventions", "ASTHO Issues Contact Tracing Memo to Congress", "Preventing Adverse Childhood Experiences During COVID-19", and "Healthcare Surge Capacity Planning—Modeling as a Decision-Making Tool for Public Health Officials". A link to "View all ASTHO resources" is provided at the bottom.

astho[™] | ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

PROGRAMS + RESOURCES + GOVERNMENT AFFAIRS + RESEARCH + MEMBERS +

COVID-19

Since the coronavirus disease 2019 (COVID-19) outbreak was declared a public health emergency by United States authorities in January 2020, ASTHO has been working with our members, federal agencies, and association partners to ensure state and territorial agencies have the resources and information they need to effectively respond to cases in their jurisdictions.

ASTHO's Incident Command Structure (ICS) has been elevated to a Level 4, its highest level, in order to offer further support to the state and territorial health officials and their agencies as they respond to the COVID-19 pandemic. Below are ASTHO-produced resources to assist in those efforts. For additional resources or to learn more about ASTHO's role in the COVID-19 response, please contact [ASTHO's preparedness team](#).

Recent ASTHO Resources

- [Avoiding ACEs by Helping Families During COVID-19](#) (Apr. 15, 2020)
- [A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the U.S.](#)
- [Leading With Transparency During Times of Crisis](#) (updated Apr. 13, 2020)
- [Modeling Strategies for COVID-19 Interventions](#) (Video) (Apr. 10, 2020)
- [ASTHO Issues Contact Tracing Memo to Congress](#) (PDF) (Apr. 10, 2020)
- [Preventing Adverse Childhood Experiences During COVID-19](#) (PDF) (updated Apr. 8, 2020)
- [Healthcare Surge Capacity Planning—Modeling as a Decision-Making Tool for Public Health Officials](#) (PDF) (updated Apr. 3, 2020)

[View all ASTHO resources »](#)

ASTHO COVID-19 Materials

- 12 Issue Briefs
- 8 Blogs
- 5 Intervention Actions
- 2 Podcasts
- 5 Legislative Alerts
- 6 Correspondence to Congress and Administration
- 7 Press Releases
- Risk Communication Guide
- Video

COVID-19: SIMPLE ANSWERS TO TOP QUESTIONS

RISK COMMUNICATION FIELD GUIDE
QUESTIONS AND KEY MESSAGES

A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US

COVID-19 

Issue Brief

Personal Protective Equipment (PPE) Shortages: Considerations for Donation Management and Homemade Equipment

March 25, 2020 (Updated as of 9 p.m. ET)

OVERVIEW

On March 17, CDC issued [guidance](#) for optimizing the supply of personal protective equipment (PPE) in response to shortages connected to the COVID-19 pandemic. CDC's guidance indicates homemade masks should only be used as a last resort and in combination with a face shield. To address these shortages, state and territorial health agencies have implemented donation management procedures and provided guidance for the use of homemade masks. Below are policy examples and resources state and territorial health leaders can consult as they craft strategies in their own jurisdictions.

STATE AND TERRITORIAL POLICY ACTIONS

Health agencies are actively seeking PPE donations and issuing guidance regarding homemade masks:

- **Connecticut** [activated](#) a framework for PPE donations through the state's 2-1-1 system.
- The **Tennessee** Department of Military [established](#) a donation management system.
- **Texas** [unveiled](#) an online portal allowing people to provide leads on PPE and make donations.
- **Rhode Island** and **Utah** have developed forms for cataloguing prospective PPE donations.
- **New York state** is [requesting](#) that all PPE providers sell non-essential PPE products to the state.
- **Illinois** is [accepting](#) unopened PPE donations for first responders.
- **Washington state** healthcare workers [launched](#) a PPE donation portal.
- Several hospitals are [requesting](#) donations of unused surgical and N95 masks.
- **Arizona**, **Kansas**, **Michigan**, and **Vermont** have issued statements acknowledging their commitment to [CDC's updated guidance](#) regarding homemade PPE.

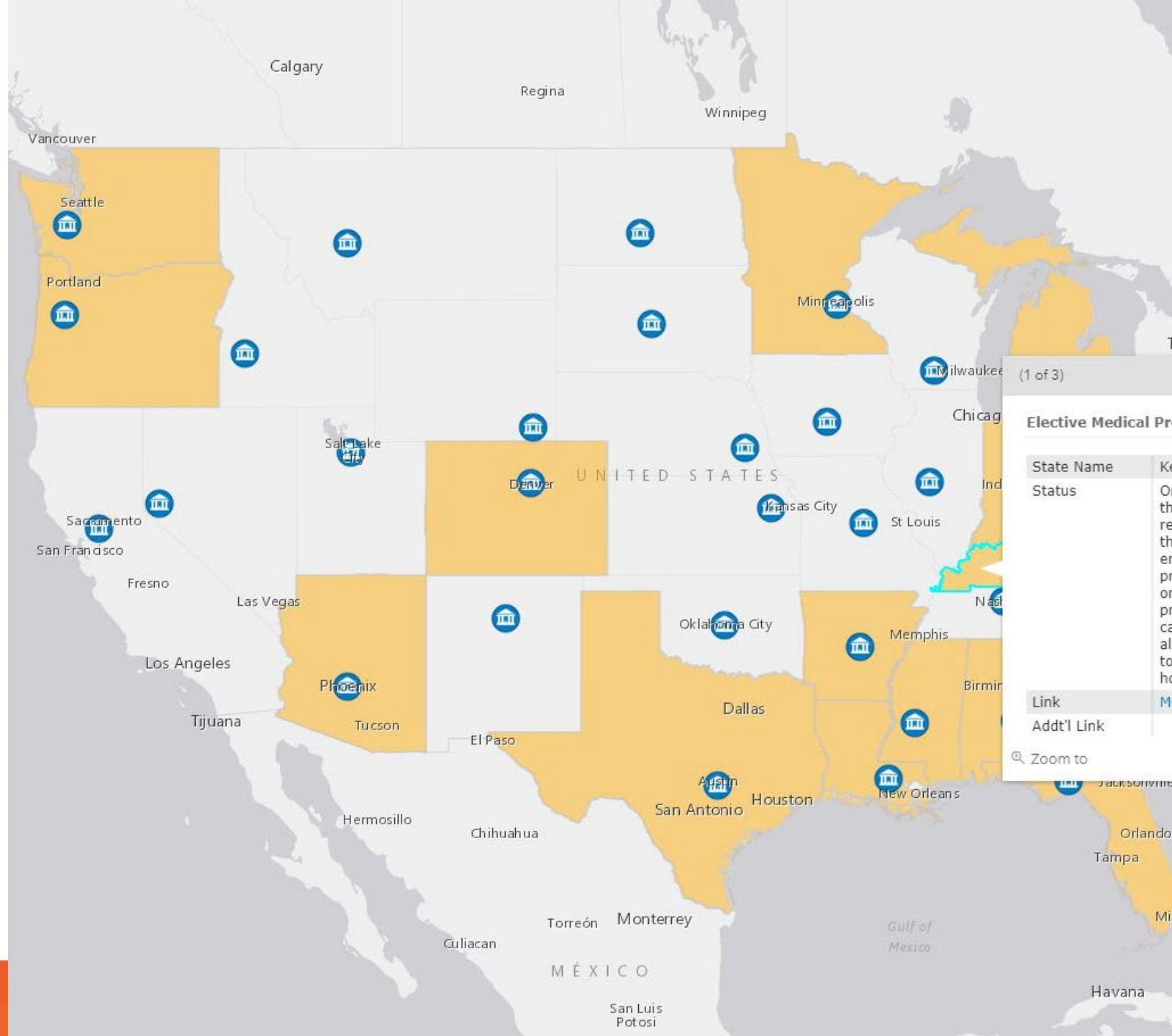
CONSIDERATIONS

State and territorial health agencies may adopt the following strategies to mitigate PPE shortages:

- Implement [measures](#) preserving PPE and ask healthcare facilities to employ PPE prioritization plans, such as those in **Massachusetts** or **Washington state**.
- [Instruct](#) facilities to postpone elective surgery or encourage them to use telehealth practices.
- [Prohibit](#) distribution of PPE without health department knowledge.

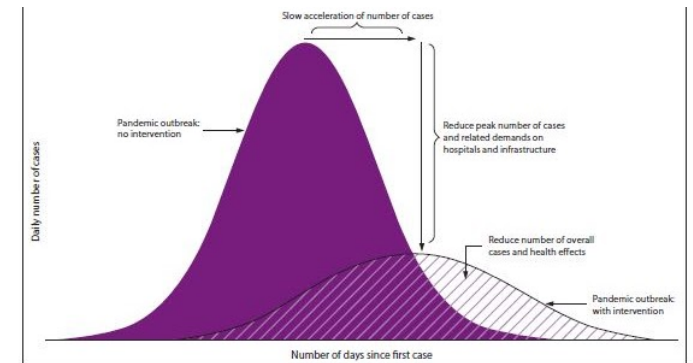
ASTHO's COVID-19 Interactive Map

- State Emergency Declarations.
- State/Territory COVID-19 Websites and Hotlines.
- Elective Medical Procedure Guidance.
- Testing Prioritization Guidance.



State-Specific Interventions to Help Reduce COVID-19

- Legal authorities, which can be wide-ranging and apply to schools, health care facilities, and travel.
- Emergency declarations.
- Frontline public health actions including case identification, isolation, and contact tracing.
- Leadership actions.



Policy Leadership: State Health Officers Testify at Congressional COVID-19 Hearings



Thomas Dobbs, State Health
Officer, Mississippi

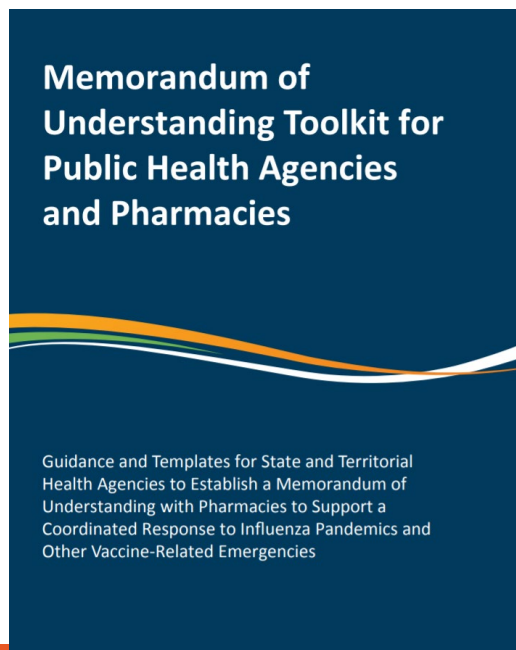


Ngoze Ezike, State Health
Officer, Illinois

- These hearings provided a forum for Congress to learn more about the current efforts to prepare and respond to novel coronavirus (COVID-19). Members encouraged Congress to continue and increase its financial support of state-lead preparedness and response.

Moving Towards Recovery and Vaccination Strategies

- ASTHO is starting to think about recovery (e.g., testing, case investigations, economic impact)
- ASTHO is also starting to think about vaccination implementation, including:
 - Communication
 - Coordination with Partners
 - Distribution
 - IIS



Memorandum of Understanding
between
[INSERT GOVERNMENT AGENCY NAME] ("STATE")
and
[INSERT PHARMACY NAME] ("PHARMACY")
for the
Coordination of A Pandemic Influenza Vaccination Campaign in Planning
for and Responding to An Influenza Pandemic

This Memorandum of Understanding ("MOU") sets forth the terms of an understanding between [INSERT STATE GOVERNMENT NAME] ("STATE") and [INSERT PHARMACY NAME] ("Pharmacy") for the purposes of coordinating influenza vaccine distribution during a pandemic.

I. Introduction & Purpose

Coordination between public sector public health programs and private sector pharmacies in pandemic influenza planning and response is essential to expanding public access to influenza pandemic vaccination during the next influenza pandemic. Improved coordination ultimately saves lives by leveraging the strengths of all partners, including existing vaccine management, distribution, and administration infrastructures, resulting in earlier and more broadly available pandemic vaccination. Improved coordination prior to and during a pandemic also helps ensure consistent management and equity among pandemic vaccinators and improves relationships, not only for other public health emergencies, but also for routine public health delivery.

More general all-hazard public health emergency response agreements between public sector public health programs and pharmacies may be in place, but preparing for a pandemic influenza vaccination campaign may be different from other public health emergency responses. For example, influenza pandemics are not localized public health emergencies, but are rather, by definition, wide scale, multi-national outbreaks requiring a large scale response. Influenza pandemics affect all groups and ages; thus, the public health response must be broad and often must be sustained for many months to be effective. Since influenza epidemics occur annually during the winter months in the U.S., there are existing systems used for routine delivery of seasonal influenza vaccines, which can be leveraged during an influenza pandemic response. Furthermore, unlike other countermeasures, during an influenza pandemic, it is possible that multiple vaccine doses may be recommended, multiple vaccine products may be available, and adjuvant may need to be matched and mixed with vaccine antigen products at the point of administration to patients. These differences point to the need for more specific agreements regarding the logistics of pandemic influenza vaccine campaign planning and

COVID-19 Response



- www.astho.org/COVID-19/
- preparedness@astho.org



American Immunization Registry Association (AIRA) Update

Rebecca Coyle



Press *6 to unmute your line



Updates





- Delayed speaker notification emails
- Conducting an analysis to determine go/no-go threshold
- Request for travel cancelations from members



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SnapShots

- Most recent edition of *SnapShots* was published in March
- Next edition: Pandemic edition



AART User Group

- Mini-series to promote and support the use of AART as a means for IIS to more quickly and efficiently align with national standards and priorities.
- Anyone interested in learning more is welcome to join at any point in the series
- Meeting information and link to register are listed on the events calendar on the AIRA website



AIRA Program Evaluation Project

- **Purpose:** assess how best to strategically evolve AIRA programming by reviewing committees, workgroups and projects of the organization
 - Priority Area II: Address the gap between member needs and utilization of AIRA resources and services
 - Priority Area III: Provide the necessary organizational infrastructure to support the work of AIRA

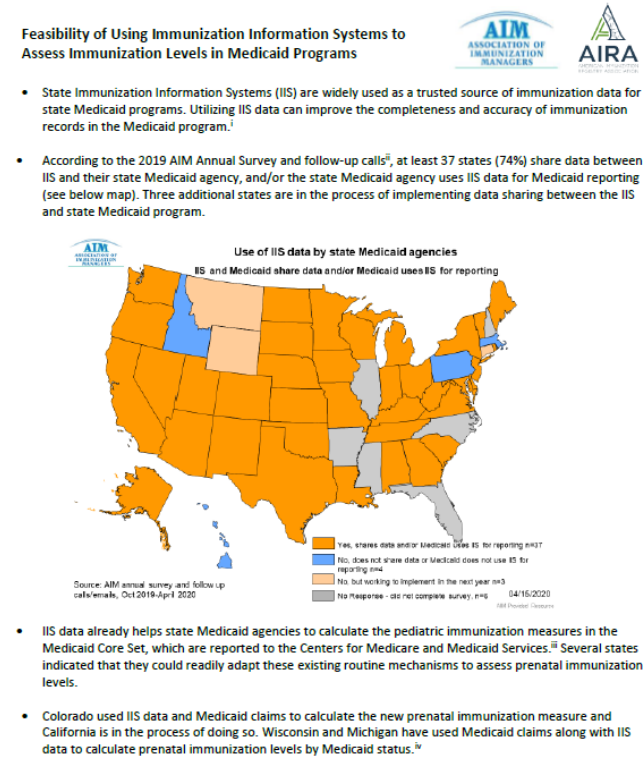


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Assessing Immunization Levels

- Collaboration with AIM
- Fact Sheet to demonstrate feasibility of using IIS data in Medicaid programs
- CMS will vote on adding prenatal immunization measures to Medicaid Core Set - April 28



¹ https://repository.immunizations.org/files/resources/03abade780702/insubshots_september_2019.pdf

² AIM Annual Survey (unpublished) was administered from October 2019 to February 2020 to all state immunization program managers. Follow-up calls were made to some of the non-responders, as well as to a nonrepresentative sample of immunization programs known to share IIS data with their state Medicaid program.

³ <https://www.medicare.gov/state-overviews/index.html>; <https://www.medicare.gov/state-overviews/medicaid/immunizations-for-adolescents/index.html>

⁴ <https://www.dhs.wisconsin.gov/immunization/data.htm>

https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6338a4.htm?_cidd=mm6338a4_w



AIRA's Response to COVID-19



Resources in the AIRA Repository

- Webinar: *Using IIS to Support an Outbreak Response*
- MIROW Guide: *Business Continuity Planning for Immunization Information System Programs*
- Email info@immregistries.org with how AIRA can best support you during this time



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What's happening now?

- CDC is leading the efforts – once a path has been determined then updated planning for this response can take place
 - CDC is working through possible scenario's, asking questions about current capabilities, etc.
- It's **really important** to focus on the existing capabilities of your systems (implementing standards, onboarding providers, cleaning up data, etc.) – **this will make it easier to connect with new providers and leverage existing data**



Upcoming Discovery Session

- Monday, April 27 at 4pm ET:
Lessons learned from H1N1
- Meeting information and
link to register are listed on
the events calendar on the
AIRA website



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AIRA Board and Elections



Officers

- **President-Elect**
- **President**
- **Treasurer**
- **Secretary**
- **Governance Committee Chair**
 - A chair for the Governance Committee
 - Continuity between the AIRA Board and the Governance Committee



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Voting Rights to All Directors

- The AIRA Board approved that all board members have voting rights on the board
- Nonprofit Members, Individual Members and Supporting Members (i.e. Non-IIS members) should comprise **no more than 20% of the full board**
- All board offices **except** board President can be held by Nonprofit, Individual, and Supporting Members (i.e. Non-IIS members)



Elections

- Officers
 - President-Elect
 - Treasurer
 - Governance Committee Chair
- Directors
 - Up to 4 Directors

Article IV, Section 1 of the AIRA Bylaws: The Board shall consist of such number of Directors as the Board shall determine from time to time, provided that such number shall not be less than five or more than fifteen.



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Elections Timeline

- **June:** AIRA Board elects Officers
- **June 8 – 29:** Nominations open
- **July 2:** Applications deadline
- **July 23 – August 12:** Elections
- **August 13:** Announce election results
- **October 1:** Board year begins

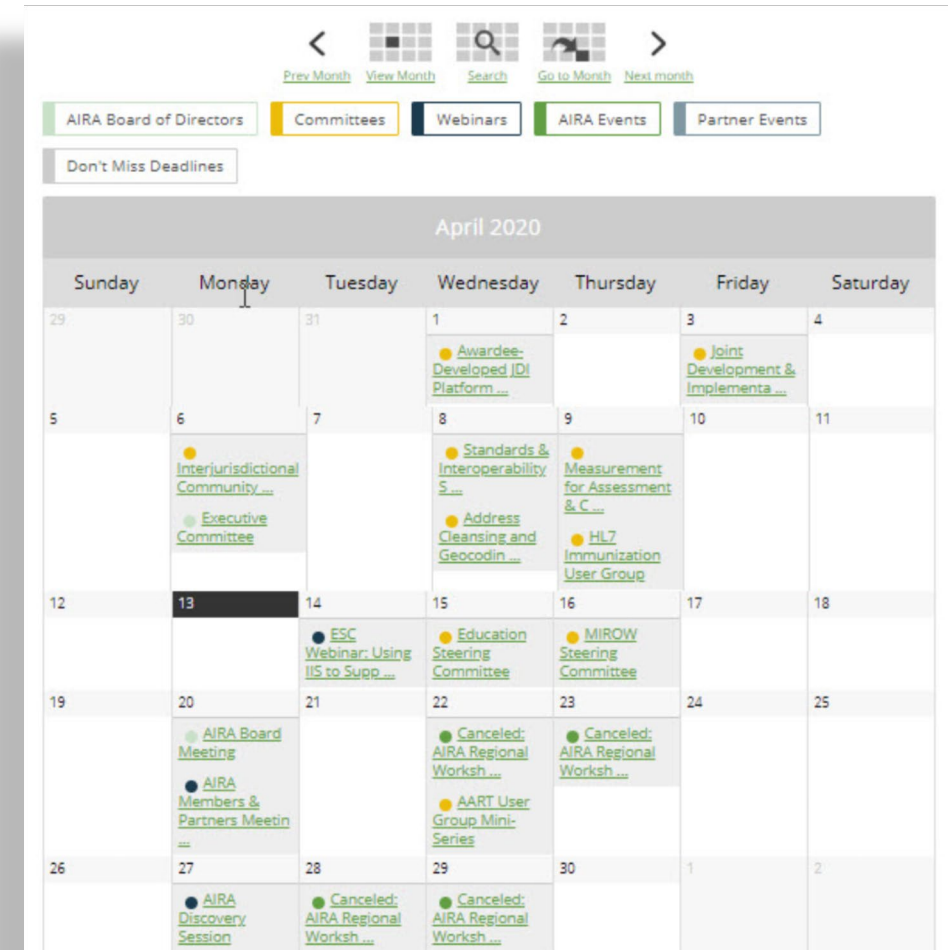


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Upcoming Partner Meetings

- Quarterly schedule
- Register for remaining 2020 meetings
 - July 20
 - October 19
- Meeting information and links to register are listed on the events calendar on the AIRA website



The screenshot displays the AIRA Events calendar for April 2020. The interface includes navigation links at the top: < Prev Month, View Month, Search, Go to Month, Next month >. Below these are tabs for AIRA Board of Directors, Committees, Webinars, AIRA Events, and Partner Events. A 'Don't Miss Deadlines' button is also present. The calendar grid shows the following events:

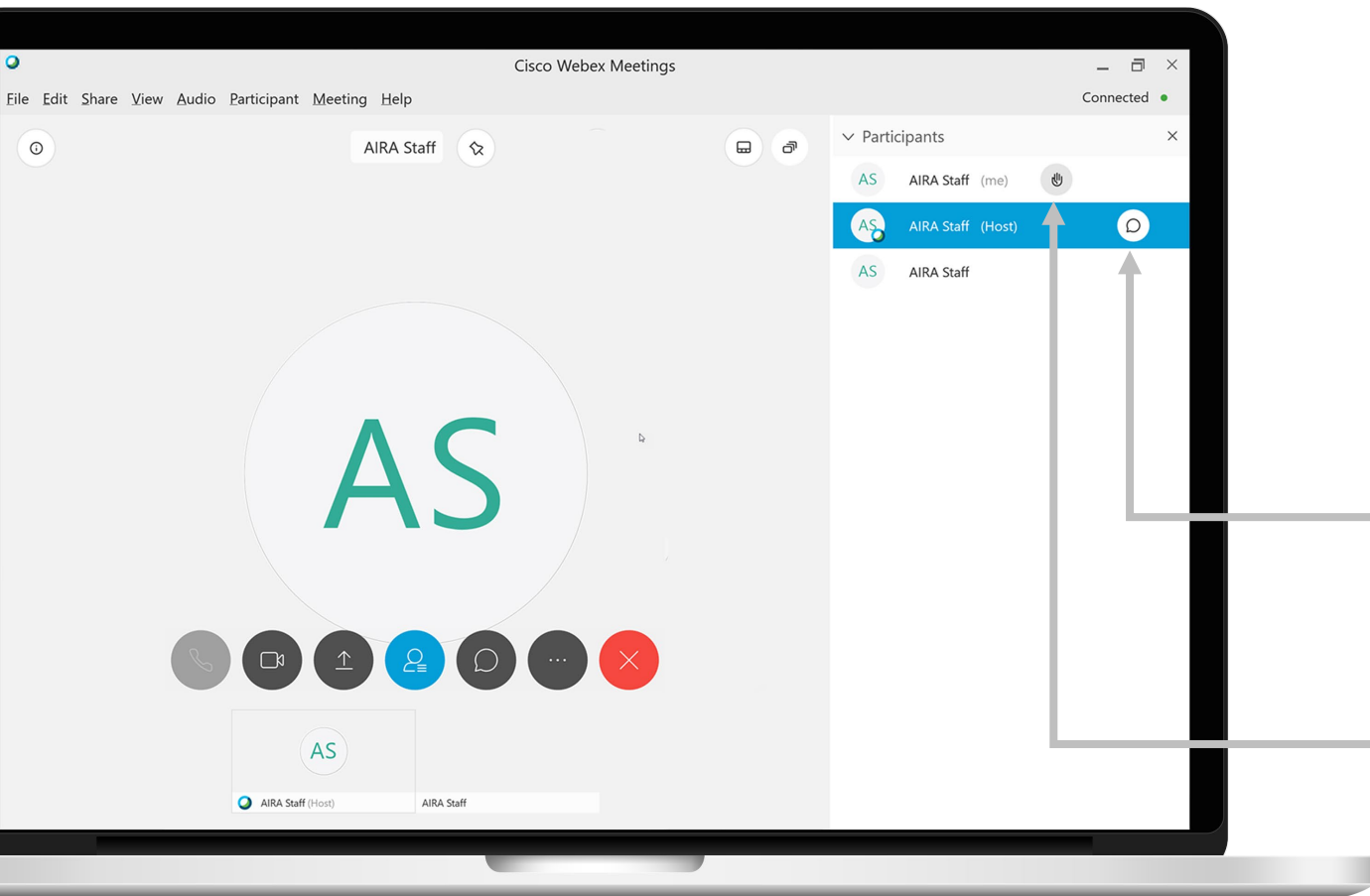
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--|--|---|--|---|----------|
| 29 | 30 | 31 | 1 ● Awardee-Developed JDI Platform ... | 2 | 3 ● Joint Development & Implementa ... | 4 |
| 5 | 6 ● Interjurisdictional Community ... ● Executive Committee | 7 | 8 ● Standards & Interoperability S ... ● Address Cleansing and Geocodin ... | 9 ● Measurement for Assessment & C ... ● HL7 Immunization User Group | 10 | 11 |
| 12 | 13 | 14 ● ESC Webinar: Using IIS to Supp ... | 15 ● Education Steering Committee | 16 ● MIROW Steering Committee | 17 | 18 |
| 19 | 20 ● AIRA Board Meeting ● AIRA Members & Partners Meetin ... | 21 | 22 ● Canceled: AIRA Regional Worksh ... ● AART User Group Mini-Series | 23 ● Canceled: AIRA Regional Worksh ... | 24 | 25 |
| 26 | 27 ● AIRA Discovery Session | 28 ● Canceled: AIRA Regional Worksh ... | 29 ● Canceled: AIRA Regional Worksh ... | 30 | 1 | 2 |



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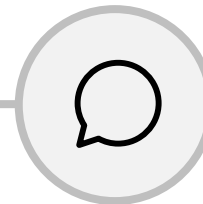


Additional Questions?

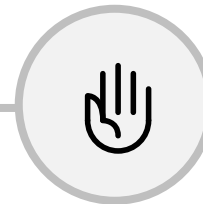


• How do I ask a question?

- There will be time allotted for Q&A following each of the updates, to unmute your line **press *6**
- Via Webex:



Select the chat icon next to the host and type question into the chat box.



Select the hand icon next to your name and you will be called on.



Thank you for joining us!

Next Meeting: July 20, 2020 at 2 pm ET

