



AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

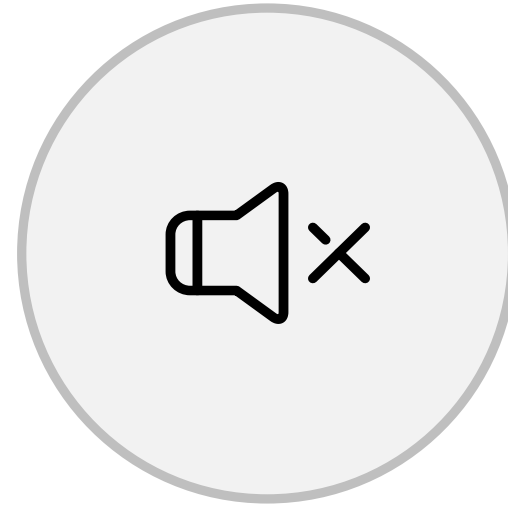
AIRA Members & Partners Quarterly Meeting

July 20, 2020

Welcome – Aaron Bieringer, AIRA President



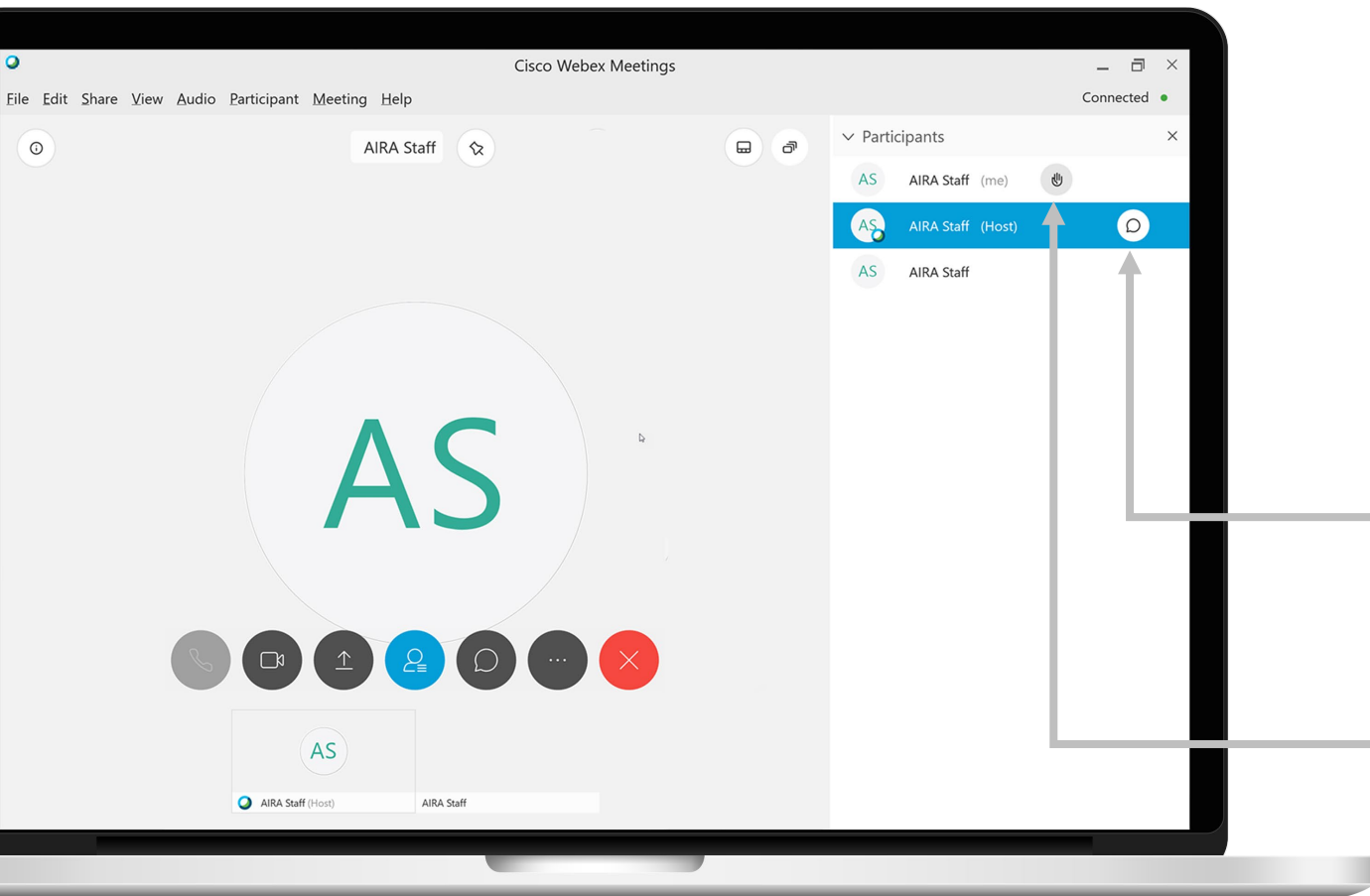
This meeting is being recorded
and will be posted in the
AIRA repository



All phone lines
are muted

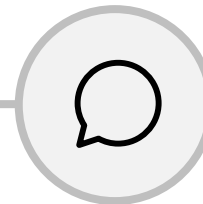


Welcome – Aaron Bieringer, AIRA President

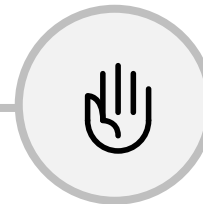


• How do I ask a question?

- 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



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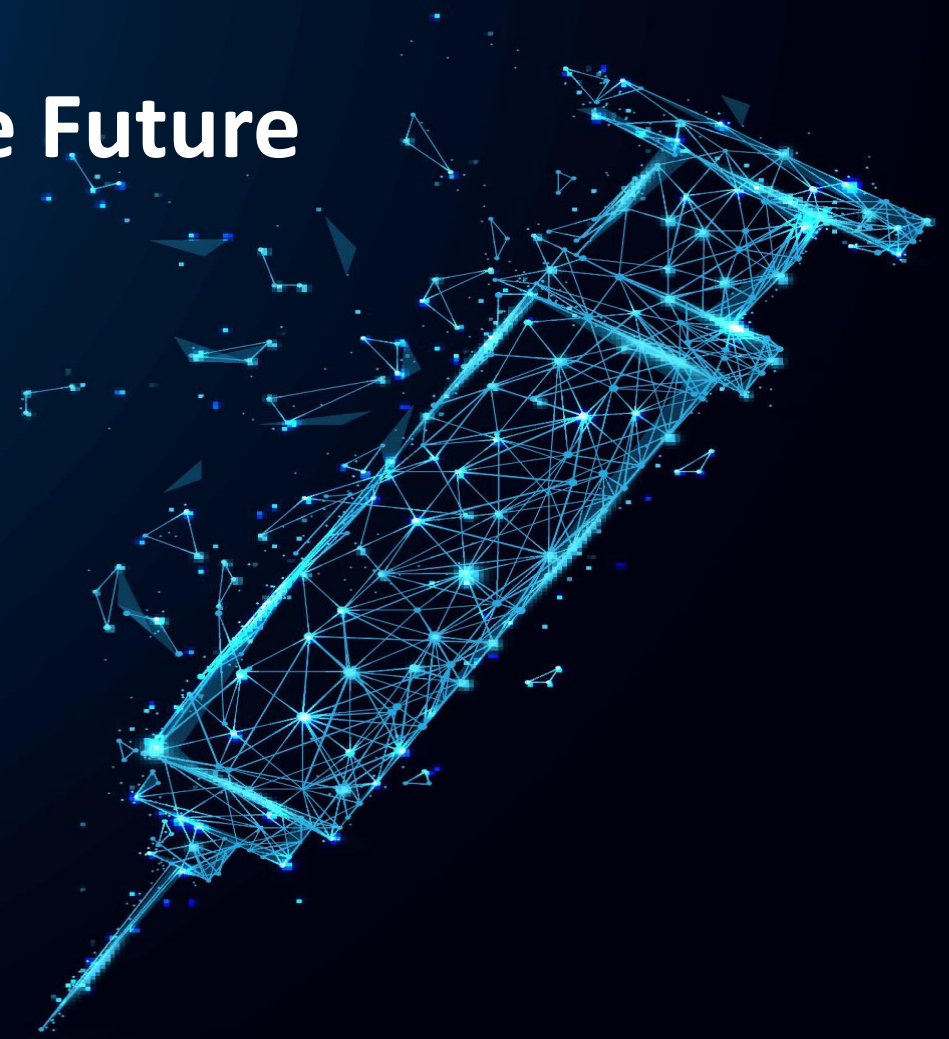


IIS Data Quality: Blueprint for the Future

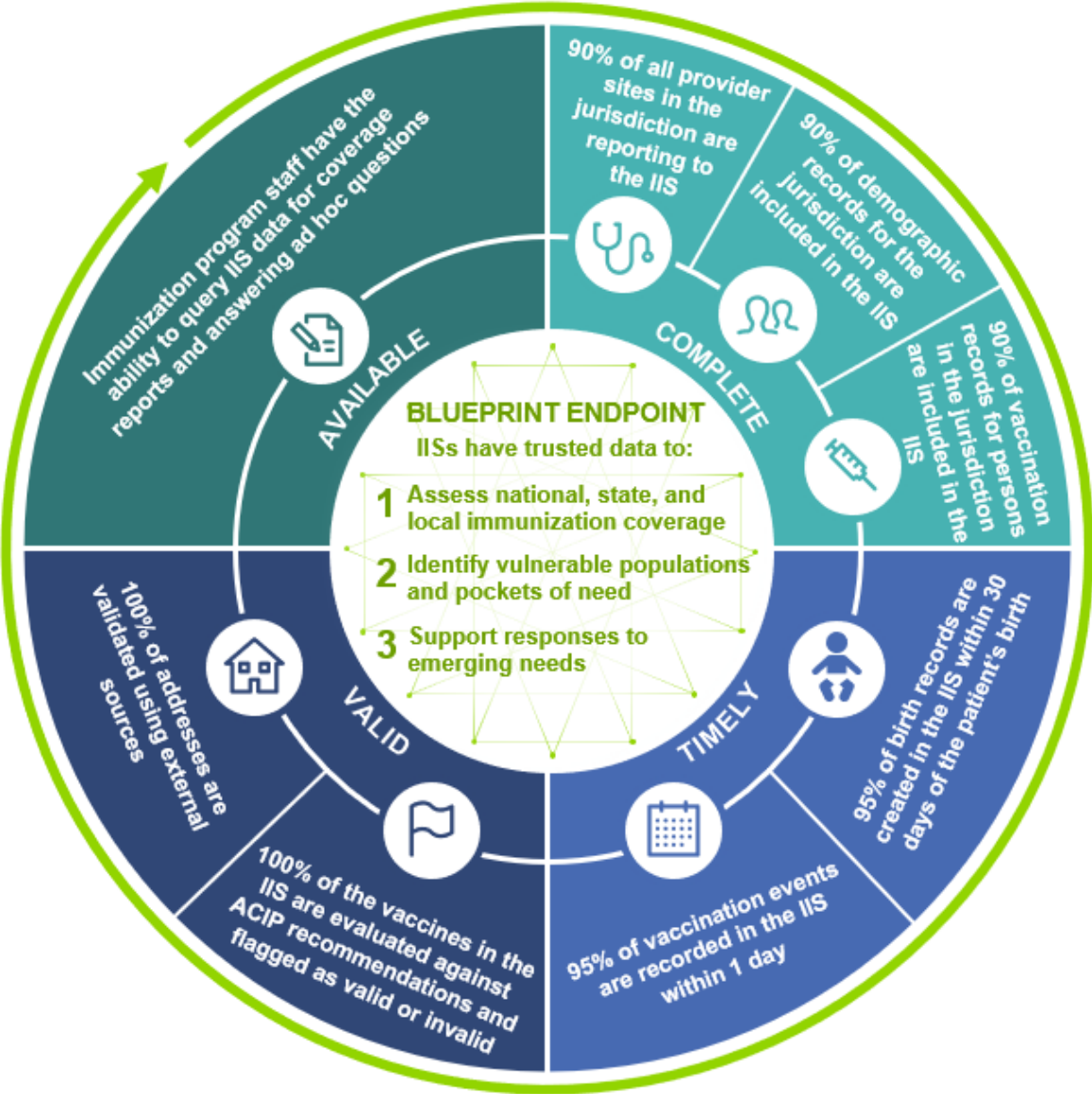
Immunization Awardee Meeting

Lynn Gibbs Scharf, MPH, Branch Chief

January 28, 2020



Immunization Information Systems (IIS) Data Quality Blueprint



The blueprint focuses on driving improvement on four data quality characteristics. There are other enabling characteristics (e.g., **ACCURACY**, **CONSISTENCY**, and **UNIQUENESS**) and functional processes (e.g., interoperability) that are inherent to high quality IIS data and complement the blueprint data quality characteristics.

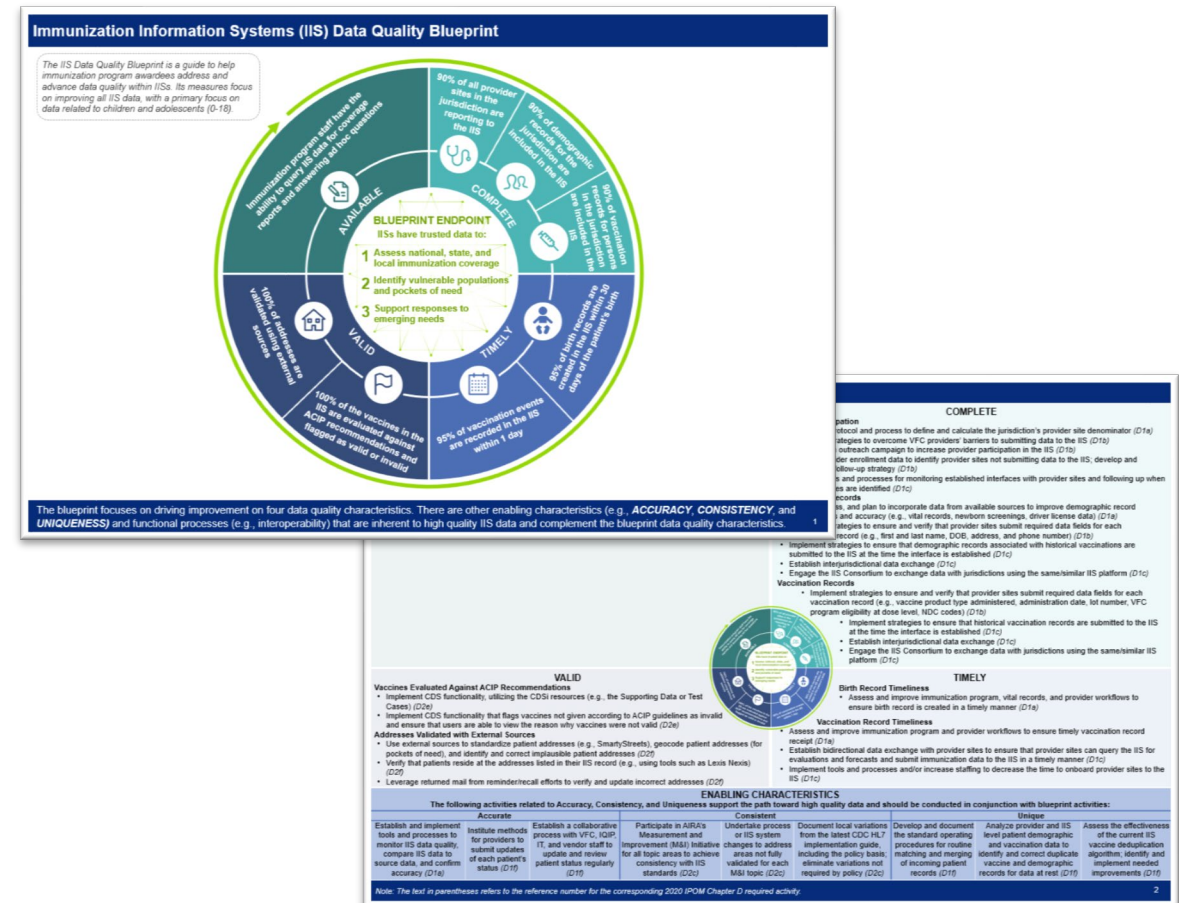
The Blueprint defines IISB's goals for IIS and guides awardee activities for data quality improvement

Blueprint Guiding Principles

The Blueprint:

- 1 Focuses on **improved IIS data quality**, which will support improved immunization outcomes by supplying **credible immunization data**
- 2 Prioritizes a **small set of meaningful, quantifiable IIS measures**
- 3 Informs **technical assistance approach** to address shared challenges
- 4 Adapts to **national, state, and local emerging priorities and needs**

Blueprint At-A-Glance



We are Currently Planning for Two Potential Vaccination Scenarios

1. Mass Vaccination Scenario

Planning Assumptions

- Early vaccine supply will focus on **priority populations** and commence as early as **Fall 2020**
- **Vaccine supply will be limited initially**
- Administered primarily in **mass vaccination clinics** such as workplaces (e.g., distribution centers, hospitals), schools, community locations or mobile clinics

2. General Population Scenario

Planning Assumptions

- General population efforts may commence as early as **January 2021**
- **Vaccine supply will be widely available**
- Administered primarily in **traditional healthcare setting** such as primary care physicians, pharmacies, etc.

Our Proposed Approach Requires New and Existing Capabilities

1. Mass Vaccination Scenario

Approach for Vaccine Tracking:

- Provide clear reporting requirements for consistent and complete data
- **Provide a new digital platform that supports state mass vaccination efforts**, and provides near real-time data on COVID-19 vaccine administrations
- Over time, the IZ Gateway will facilitate data transfer to IIS

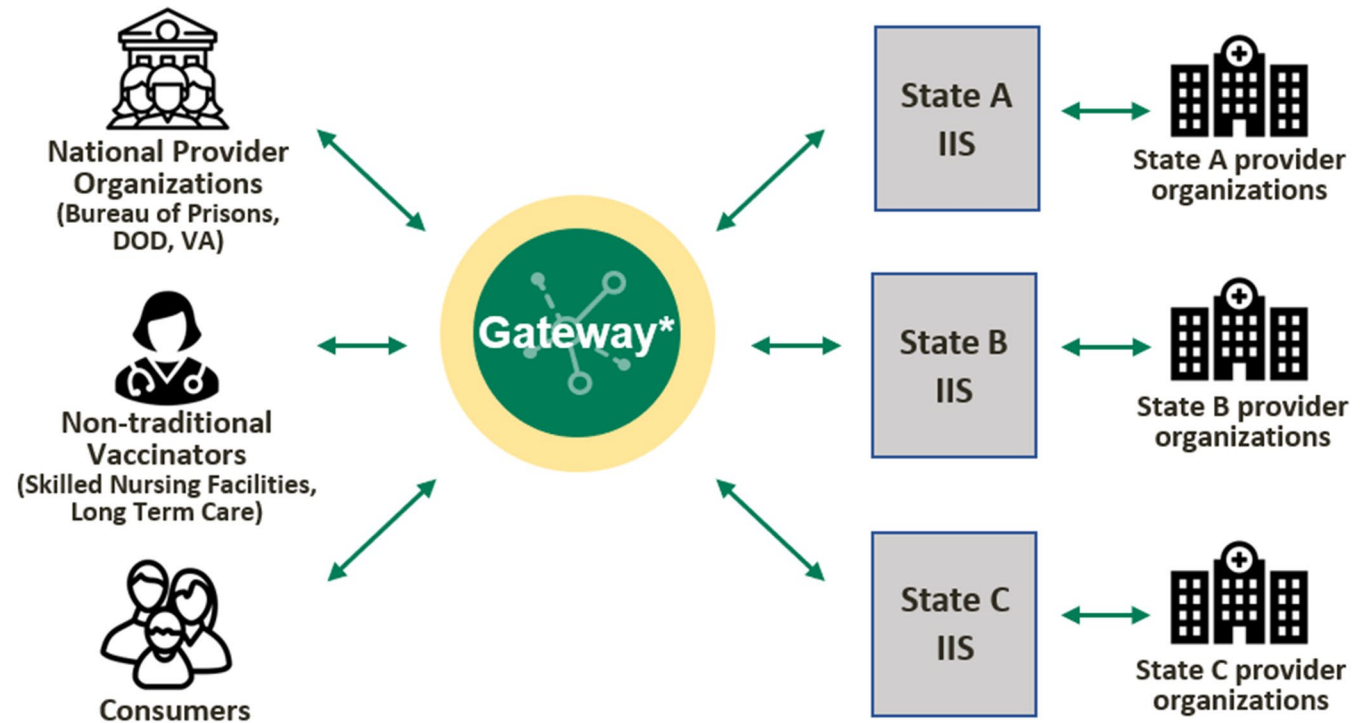
2. General Population Scenario

Approach for Vaccine Tracking:

- Provide clear requirements for reporting for consistent and complete data
- Ensure vaccination efforts are **supported primarily by existing Electronic Health Records (EHR) and state-run IIS**
- The IZ Gateway will facilitate data transfer to CDC for USG reporting

The IZ Gateway: An Effort to Improve Immunization Data Flow, Integration, Sharing, and Access

- The IZ Gateway is a data **exchange hub** that offers **efficient data exchange** between critical vaccine tracking systems
- It will allow USG to analyze and **report data faster and more accurately** to inform response decision
- **Current status:** 13 states participating in jurisdiction-to-jurisdiction exchange and 2 multi-state providers sharing data with jurisdictions



The IZ Gateway: An Effort to Improve Immunization Data Flow, Integration, Sharing, and Access

IZ Gateway has 3 main components to improve exchange of immunization information

CONNECT: Multi-jurisdictional Provider Organizations to Multiple IIS – improves IIS information completeness and reduces provider burden for data exchange with multiple IISs

SHARE: IIS to IIS – enables IIS to exchange immunization data for patients with out-of-state addresses. The primary benefit of this project is for IIS to gain access to more complete vaccination records for patients

ACCESS: Consumer Engagement for Immunization Information Systems – enables consumers to directly query an IIS to access their consolidated vaccination record



Questions

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Association of Immunization Managers (AIM) Update

Claire Hannan



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ASSOCIATION OF IMMUNIZATION MANAGERS

AIM Updates

Claire Hannan
AIM Executive Director

JULY 20, 2020



June 23, 2020

Dear General Perna and Dr. Slaoui:

As the nation's leaders of state and local immunization programs, we applaud the commitment demonstrated in the Administration's announcement of Operation Warp Speed (OWS) to accelerate the development, manufacturing, and distribution of COVID-19 vaccines, therapeutics, diagnostics, and ancillary supplies. We want to offer our support, expertise, experience, and partnership, which we believe will be crucial to planning and executing a successful national COVID-19 vaccine program. We particularly wish to offer feedback on the importance of building on existing vaccine delivery infrastructure and the opportunity to clarify the expected role of the military.

Following are some key questions and initial recommendations. We hope these can guide initial dialogue and underscore the need for close cooperation with state, territorial, tribal and local public health agencies and immunization programs:

- **Build on existing plans and infrastructure.** Does OWS anticipate utilizing a new vaccine distribution system? Under the Centers for Disease Control and Prevention's (CDC) leadership, our nation has a decades-long track record of facilitating both public and private infrastructure to successfully deliver life-saving vaccines. Additionally, the CDC has required all states to both maintain and exercise pandemic influenza plans. Especially as time is of the essence, we strongly recommend building upon existing plans and assessing, enhancing, and utilizing the existing coordinated public and private vaccine delivery infrastructure.

COVID-19 VACCINATION PREPARATION TIPS FOR IMMUNIZATION PROGRAM MANAGERS

Stage 1

Focus on Relationships.

Governors, state health officials, medical society leaders, preparedness experts, and others may be making critical decisions. Not only do program managers need to be involved in those decisions, but they should be informing those decisions and ensuring their feasibility. Focusing on relationships with critical partners will be an essential step in helping to level-set and understand expectations and roles. Consider cultivating relationships with the state hospital association or directly with hospitals and large clinical practices, as the first wave of vaccine distribution is expected to focus on health care personnel. Working through your chain of command, consider asking them to advocate up the leadership chain for your engagement with COVID-19 response leaders, if you are not already engaged.

- ☐ Identify the key decision makers and their staff in your state, such as:
 - Preparedness Director
 - Medicaid Director
 - Governor's health staff
 - Public Information Officer
 - State Health Officer
- ☐ Determine the expectations that the key decision makers have and understand the assumptions they are making. For example, what kind of data or reports will they expect from you and how often?
- ☐ Determine which data elements are



June 30, 2020

RE: COVID-19 and FLU Campaign

Dear Colleagues:

This letter is to encourage all primary care associations and health centers to collaborate with public health agencies to explore opportunities to maximize influenza vaccination activities during this critical time.

As CDC Director Dr. Robert Redfield testified before the U.S. Congress **on June 23, “In the context of likely ongoing COVID-19 activity, getting a flu vaccine is more important now than ever...This single act will save lives.”**

Recommendation:

Adult Immunization activities vary by state, however this year there may be an opportunity for health centers to get **additional flu vaccine doses for adults** and/or additional flu vaccine doses in the Vaccines for Children (VFC) program. Additional flu vaccine doses are expected to arrive later in the season, November – January.

- Health center leaders should collaborate with public health agency representatives or state/local immunization program managers.
- Be prepared to identify how your health center can increase influenza vaccine uptake this Fall through direct outreach to high risk patients, immunization clinics, health fairs and use of Pharmacists.



Public Health Organization's Immunization Campaign Policy Principles

As Congress continues to work on legislation to address COVID-19 response and recovery efforts, the Association of State and Territorial Health Officials (ASTHO) and the Association of Immunization Managers (AIM) acknowledges that authorizing language is not necessary to enable public health officials to plan and mobilize a rapid and comprehensive national vaccination campaign when a safe and effective vaccine is developed for the public. However, if Congress considers drafting authorizing language or guidance to federal agencies, we strongly encourage adhering to the principles listed below.

- 1) **Coordination at the Federal, State, Territorial, Tribal, and Local Level:** From the highest level of federal government down to state, territorial, tribal, and local public health agencies, our nation must ensure that collaboration, funding, technical support, and guidance is provided to bolster coordination in a timely manner. The federal government should provide a framework with clearly articulated planning assumptions for states and territories to use, which is informed by epidemiologic data to determine vaccination priority groups. Each state will need the flexibility to determine its own prioritization scheme, which addresses the imperative to identify and care for the most at-risk populations first, consistent with this framework and based on local data. Each state will also coordinate regionally, to appropriately communicate to the public how priority groups were determined and why they may differ in other states. COVID-19 hot spots will be fueled by different transmission circumstances. It is important for each state to have the flexibility to tailor the vaccination prioritization to its local needs, while maintaining consistency of the framework used to reach the determination of those priority groups.
- 2) **Funding Mechanisms:** We strongly encourage Congress to utilize existing funding mechanisms such as the Centers for Disease Control and Prevention's (CDC) 317 Immunization Program and the Emergency Response Crisis Cooperative Agreement (CoAg) currently in place to quickly provide resources from CDC to state, local, tribal, and territorial health agencies for scaling up the vaccine infrastructure to strengthen the immunization information system (i.e., registry), improve access to this important medical countermeasure, disseminate vaccine communications and educational materials to providers and the public, ensure quality immunization services, assess vaccine effectiveness and safety, and ensure accountability for the use of publicly purchased vaccine. CDC



Anticipating the greatest public health effort of our generation

BY CLAIRE HANNAN, MIKE FRASER AND BRENT EWIG, OPINION CONTRIBUTORS — 06/25/20 04:30 PM EDT
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

34 COMMENTS

409 SHARES



Just In...

Mexican president says he won't confront Trump over Mexico wall, coronavirus comments

LATINO — 1M 56S AGO

Maxine Waters jumps out of vehicle to monitor officers who pulled over Black motorist

HOUSE — 8M 36S AGO

John Lewis's message: The power of voices and of voting

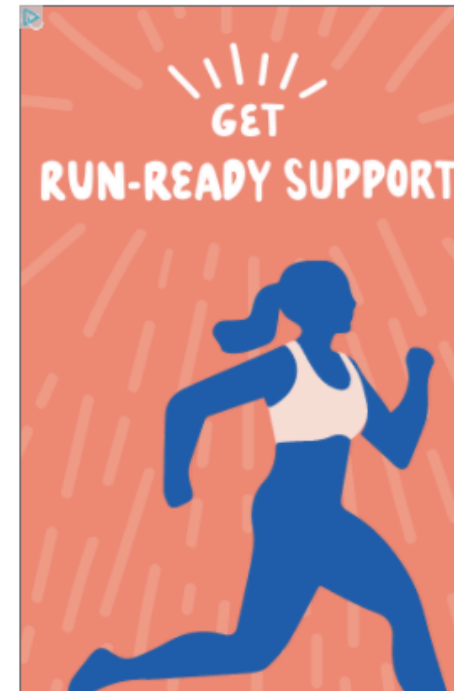
OPINION — 9M 11S AGO

Supreme Court denies



@ getty

The COVID-19 pandemic is challenging us all in previously unimaginable ways. It is stretching our healthcare and public health systems like never



Public Health Informatics Institute (PHII) Update

Erin Roche



Press *6 to unmute your line



Immunization Action Coalition (IAC) Update

Laurel Wood



Press *6 to unmute your line





IAC Update

AIRA Members & Partners Call

July 20, 2020

COVID-19: Resources

Repository of Resources for Maintaining Immunization during the COVID-19 Pandemic

This repository of resources is intended for use by healthcare settings, state and local health departments, professional societies, immunization coalitions, advocacy groups, and communities in their efforts to maintain immunization rates during the COVID-19 pandemic. The repository includes links to international, national, and state-level policies and guidance and advocacy materials, including talking points, webinars, press releases, media articles, and social media posts, as well as telehealth resources. The materials listed below can be sorted and searched by date, title, geographic area, source, type, category, or setting.

This repository will grow with your help. If you know of national, state, or local guidance documents or other resources that should be added, please send a message to info@immunizationcoalitions.org.

Federal Guidance Document

Search

Date	ID	Title	Area	Source	Type	Category	Setting
06/09/20	C213	Interim Guidance for Immunization Services During the COVID-19 Pandemic- CD...	US	CDC	Guidance/Policy	All Ages	Healthcare
06/09/20	C214	Interim Guidance for Immunization Services During the COVID-19 Pandemic- PD...	US	CDC	Guidance/Policy	All Ages	Healthcare
06/03/20	C217	Routine Vaccination During the COVID-19 Outbreak	US	CDC	Guidance/Policy	Child	Community
05/26/20	C144	Vaccination Recommendations during the COVID-19 Pandemic	US	CDC	Guidance/Policy	All Ages	Healthcare
05/12/20	C150	Framework for Provision of non-COVID-19 Health Care during the COVID-19 Pan...	US	CDC	Guidance/Policy	All Ages	Healthcare
04/19/19	C102	Vaccines When Your Child Is Sick	US	CDC	Guidance/Policy	Child	Community
07/15/20	C247	Amid Rush for COVID-19 Vaccine, Preventable Childhood Disease Risks Grow	US	The Hill	Article	Child	Community
07/15/20	C248	Child Vaccinations Fall Sharply amid Pandemic, UN Says	Global	BBC	Article	Child	Community
07/14/20	C246	How WHO is Supporting Ongoing Vaccination Efforts during the COVID-19 Pande...	Global	WHO	Article	Child	Community
07/13/20	C242	Alarming New Report on Childhood Vaccines Released	OH	Local 12	Article	Child	Community
07/13/20	C244	Toledo Health Officials Urge Parents to Vaccinate	OH	WTOL	Article	Child	Community

- IAC & National Network of Immunization Coalitions
- Searchable by source, category, etc.
- Updated frequently

www.immunizationcoalitions.org/resource-repository

COVID-19: Ask the Experts

Ask the Experts

COVID-19 and Routine Vaccination

- Ask the Experts Home
- Administering Vaccines
- Billing and Reimbursement
- Combination Vaccines
- COVID-19 and Routine Vac
- Diphtheria
- Documenting Vaccination
- Hib
- Hepatitis A
- Hepatitis B
- HPV
- Influenza
- MMR
- Meningococcal ACWY
- Meningococcal B
- Pertussis
- Pneumococcal
- Polio
- Precautions and Contraindications

COVID-19 and Routine Vaccination

What does CDC advise about routine immunization services during the COVID-19 pandemic?
CDC is clear: Routine vaccination is an essential preventive care service for children, adolescents, and adults (including pregnant women) that should not be delayed because of the COVID-19 pandemic.
The complete CDC Interim Guidance for Immunization Services During the COVID-19 Pandemic is at this link: www.cdc.gov/vaccines/pandemic-guidance/index.html.

What does CDC advise about administering recommended immunizations to children and teens when COVID-19 is circulating?
It is important to assess the vaccination status of all children and adolescents at each patient visit to avoid missed opportunities for vaccination and ensure timely vaccine catch-up. All vaccines due or overdue should be administered according to the recommended CDC immunization schedules during that visit, unless a specific contraindication exists, to provide protection as soon as possible and minimize the number of healthcare visits needed to complete vaccination.

Due to COVID-19 in my community, many children in my practice missed well-child visits or were seen only on a telemedicine visit and need to be caught up on recommended vaccinations. How do we tackle this problem?
Begin by identifying children who have missed well-child visits and/or recommended vaccinations and contact them to schedule in person appointments. Consider starting with newborns, infants up to 24 months, young children and extending through adolescence. Consider the following strategies:

- Use a reminder/recall system or other vaccination assessment tools in your state immunization information system (IIS) or electronic health record to identify and notify children in need of catch-up vaccination
- Assess immunization status at every visit and provide all vaccinations due or overdue
- Consider standing orders to simplify the process of vaccination. Templates are available here: www.immunize.org/standing-orders
- Follow the CDC catch-up schedule to get children up to date on vaccination as efficiently as possible: www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#guidance

Coming soon!
New webpage on
Vaccination
during COVID-19

www.immunize.org/askexperts/experts_covid19.asp

New at immunize.org

Key Vaccination Resources for Healthcare Professionals

With so many vaccination training materials available, it can be difficult for providers to determine which ones best suit their needs. The key resources listed below provide a strong foundation for building and sustaining vaccination skills. They also offer tools for staying up to date and references to address specific clinical situations.

The key resources shown below are divided into several helpful categories:

- 1 **Foundational content** with which every vaccinator should be familiar,
- 2 **Supplemental content** useful after completing foundational training,
- 3 **Additional tools** to help providers grow in vaccination expertise, and
- 4 **Major organization websites** offering additional vaccination resources.

Acronym list appears at end of document

1 Foundational content for all vaccinators

RESOURCE, DESCRIPTION, HYPERLINK	SOURCE	CONTENT
ACIP's General Best Practice Guidelines for Immunization (revised regularly) Previously known as <i>General Recommendations</i> . Components include: Timing and spacing of vaccines, contraindications and precautions, preventing and managing adverse events, vaccine administration, storage and handling, altered immunocompetence, vaccination records, and more. (HTML or PDF, 190+ pages) ► www.cdc.gov/vaccines/hcp/acip-recs/general-recs ► UPDATES: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/general-recs-errata.html	CDC	Scheduling Storage Screening Technique
U.S. Immunization Schedules (revised annually) U.S. immunization schedules for children/adolescents and adults in various formats, as well as easy-to-read versions for the public. Corresponding app available for iOS or Android. (PDF) ► www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html ► www.cdc.gov/vaccines/schedules/hcp/imz/adult.html	CDC	Scheduling
CDC's Recommended and Minimum Ages and Intervals Between Vaccine Doses Scroll down to Table 3.1. Easy-to-read table showing ages and intervals. (HTML or PDF) ► www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#antibody	CDC	Scheduling
CDC's Vaccine Information Statements (VISs) and translations into 50 languages IAC's VIS gateway page includes links to each VIS in English, plus translations in up to 50 languages, chart of current VIS dates. (PDF) ► www.immunize.org/vis	CDC IAC	Dialogue

CONTINUED ON NEXT PAGE ►

immunization
action coalition
IAC
immunize.org

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p2005.pdf • Item #P2005 (7/20)

Key vaccination resources

- Foundation for building and sustaining vaccination skills
- Tools for staying up to date
- References for specific clinical situations
- 5 pages

New at immunize.org

Adolescent Vaccination

Resources for Adolescent Vaccination

IAC Educational Materials

📄 Handouts
Educational pieces for healthcare professionals and their patients



Summary of Recommendations for Child/Teen Immunization



Vaccinations for Preteens and Teens, Age 11-15 Years



Screening Checklist for Contraindications to Vaccines for Children and Teens



You're 16...We Recommend These Vaccines for You!



Screening Checklist for Contraindications to HPV, MenACWY, MenB, and Tdap Vaccines for Teens



Human Papillomavirus: A Parent's Guide to Preteen and Teen Vaccination

- When Do Children and Teens Need Vaccinations?
- Vaccine Administration Record for Children and Teens
- All Kids Need Hepatitis B Shots
- Meningococcal ACWY Vaccine Recommendations by Age and Risk Factor
- Meningococcal B Vaccine Recommendations by Age and Risk Factor

➔ View All IAC Adolescent Vaccination Educational Materials

➔ Easy-to-Read Patient Handouts on Adolescent Vaccines

➔ Standing Orders Templates for Administering Vaccines

➔ View List of All IAC Educational Materials

Essential IAC Resources

➔ State Laws and Mandates by Vaccine
State immunization mandates for attending school

➔ Ask the Experts

CLINIC TOOLS

Administering Vaccines	Scheduling Vaccines
Adolescent Vaccination	Screening for Contraindications
Adult Vaccination	Vaccine Recommendations
Documenting Vaccinations	Vaccine Storage and Handling

Featured Resources



Give2MenACWY.org
Great resources to help providers increase teen vaccination and MenACWY booster dose rates. Five easy-to-access sections highlight giving all recommended vaccines for 16-year-olds.

State Laws and Mandates by Vaccine

Quick reference guide to state laws and vaccine mandates for attending schools, colleges, and universities. Includes listings by state and type of vaccine.





"Dear Colleague" Letter
16-Year-Old Patients: Make Sure They Receive Their Annual Well Visit and Vaccinations
Call-to-action from IAC and 6 professional societies urging healthcare professionals to establish an adolescent healthcare/immunization visit at 16 years of age.

Partner Resources

Centers for Disease Control and Prevention (CDC)

- Recommended Child and Adolescent Immunization Schedules for ages 18 or younger, United States

Adolescent Vaccination information

- New gateway page to IAC educational materials & resources
- Includes links to partner resources

www.immunize.org/adolescent-vaccination

New at immunize.org

Wear This to Show Your Support for Flu Vaccine from the Immunization Action Coalition



► Flu Vaccine Buttons

PRODUCT NUMBER: V2010

DESCRIPTION: Brightly colored red, round button with white text, and a metal pin that clasps on the back. Pin on your lab coat, uniform, other clothing, tote bag, or backpack to show your support for influenza vaccination. Wear it when flu vaccine is available in your clinic to remind your patients and the public to protect themselves from influenza. Demonstrate your clinic-wide support for protecting everyone from influenza by giving buttons to all staff. Button is understated in size, measuring 1.25" across, but carries a bold message!

Buttons (in bags of 10 buttons per bag)*

QUANTITY	PRICE	QUANTITY	PRICE
1 Bag (10 total)	\$20.00	6 Bags (60 total)	\$45.00
2 Bags (20 total)	\$25.00	7 Bags (70 total)	\$49.00
3 Bags (30 total)	\$30.00	8 Bags (80 total)	\$52.00
4 Bags (40 total)	\$36.00	9 Bags (90 total)	\$54.00
5 Bags (50 total)	\$40.00	10 Bags (100 total)	\$55.00



► Flu Vaccine Stickers

PRODUCT NUMBER: V2020

DESCRIPTION: Brightly colored red, round stickers, printed on 1.5" Avery labels, and an easy-peel-off back, they adhere well to clothing. Wearing these stickers, your patients will be letting their communities know that influenza vaccination is important. Staff can wear them too! Encouraging everyone to wear them at work during vaccination season is a powerful reminder for patients to get vaccinated. Stickers are delivered to you cut individually (not on rolls) – in bundles of 100.

Stickers (cut individually, as shown in image, in bundles of 100)*

QUANTITY	PRICE	QUANTITY	PRICE
1 Bundle (100 total)	\$23.00	6 Bundles (600 total)	\$54.00
2 Bundles (200 total)	\$30.00	7 Bundles (700 total)	\$56.00
3 Bundles (300 total)	\$36.00	8 Bundles (800 total)	\$60.00
4 Bundles (400 total)	\$42.00	9 Bundles (900 total)	\$63.00
5 Bundles (500 total)	\$48.00	10 Bundles (1,000 total)	\$67.00

Visit www.immunize.org/shop to place an order.

*For quotes on larger quantities, email admininfo@immunize.org or call 651-647-9009.



Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/u0010.pdf • Item #U0010 (9/19)

Flu vaccine promotion

- Buttons for HCPs
- Stickers for patients (similar to “I Voted” stickers)

Flyer: www.immunize.org/adolescent-vaccination

Direct: www.immunize.org/shop/buttons-stickers.asp

New at izsummitpartners.org



Using Immunization Information Systems (Immunization Registries): The Benefits for Providers and their Adult Patients

Although once considered to be a tool for childhood immunizations, the vast majority of today's immunization information systems (IIS) capture and merge immunizations for individuals of all ages. This series of ready-to-print brochure highlights the multiple benefits of using an IIS for providers and their adult patients. The brochures urge clinicians to contact their jurisdiction's IIS for details and provide a **customizable space** into which immunization programs may insert their contact information. *(Note: The brochures are designed to be folded "accordion-style.")*



Using Immunization Information Systems:
The Benefits for **CLINICIANS** and their Adult Patients



Using Immunization Information Systems:
The Benefits for **PHARMACISTS** and their Adult Patients

Customizable brochures on the benefits of using IIS

- Clinicians
- Pharmacists
- More to come

www.izsummitpartners.org/benefits-of-iis-brochures

New at izsummitpartners.org



2020 National Adult and Influenza Immunization Summit Virtual Meeting *(slides and recordings available online)*



Developing COVID-19 Vaccines
in Record Time

National Adult and Influenza Immunization Summit • 2020 VIRTUAL MEETING



Influenza Prevention
in the Era of COVID-19

National Adult and Influenza Immunization Summit • 2020 VIRTUAL MEETING

www.izsummitpartners.org/2020-naiis

2020 Immunization Excellence Awards

www.izsummitpartners.org/2020-immunization-excellence-awards

www.immunize.org

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

Rachel Abbey



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



Association of State and Territorial Health Officials (ASTHO) Update

Kim Martin



Press *6 to unmute your line





ASTHO Immunization Activities

Association of State and Territorial Health Officials (ASTHO)

Kim Martin, Director, Immunization

July 20, 2020



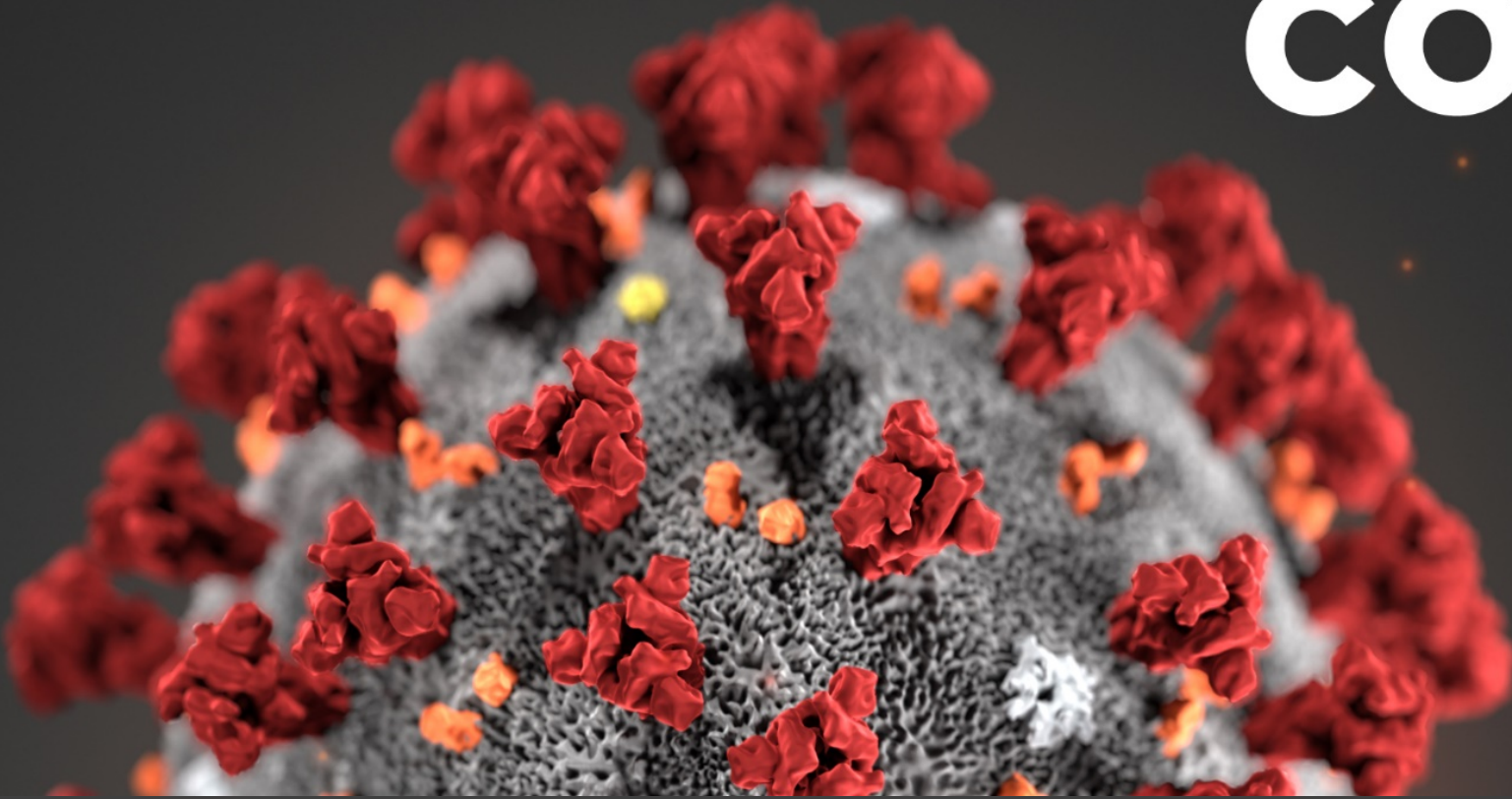
VISION

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.

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.

ASTHO COVID-19 Materials

- Communication
- Community Mitigation
- Contact Tracing
- Law and Policy
- Recovery
- Special Populations
- Supply Chain
- Testing and Screening

• <https://www.astho.org/COVID-19/>

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.

Vaccine Specific ASTHO COVID-19 Materials

- ASTHO/AIM developed a co-branded COVID-19 planning checklist for state health officials.
- ASTHO has also developed materials regarding the upcoming fall season:
 - A recent blog on the recent drop in routine vaccination rates.
 - A recent podcast to help state health officials prepare for the upcoming flu season and improve vaccination rates before school starts.



COVID-19 VACCINATION PROGRAM PLANNING

A Checklist for State and Territorial Health Officials

While the timeline for the development of a COVID-19 vaccine is unknown, there are steps that health departments can take now to facilitate a successful rollout. These steps will build on established federal and state pandemic vaccination plans, with the understanding that the requirements for a COVID-19 vaccine will likely change over time. The timeline and vaccine distribution process will change as well, but the steps below provide a checklist that state and territorial health officials can begin following now to prepare.

1 Establish Baseline Knowledge

- ✓ Review Pandemic Vaccination Plans
 - Identify strengths and gaps in your current plans.

Set up a meeting with your Immunization and Public Health Preparedness programs to:

- ✓ Discuss the routine vaccine distribution processes within the state/territory.
- ✓ Discuss emergency medical countermeasure plans including receipt, storage, and staging of vaccinations.
- ✓ Identify gaps in preparedness plans.
- ✓ Examine major challenges of the immunization program.
- ✓ Review current operations of the immunization information system (IIS).
- ✓ Consider program staffing needs.
- ✓ Establish a mutual understanding of expectations and assumptions for a pandemic vaccination program.

ASTHO Focusing on Vaccination Strategies

HEALTH POLICY UPDATE

GETTING AHEAD OF THE COVID-19 VACCINE



- ASTHO is working with federal agencies and partners to prepare and plan for the upcoming vaccine implementation.
- ASTHO developed guiding principles for congressional consideration.

Vaccine Hesitancy: Tools for State Health Officials when Communicating with Decision Makers

- Vaccine hesitancy barriers:
 - Myths (autism)
 - Individual freedoms (strong views on personal and individual freedoms)
 - Anti-vaccine mobilization (anti-vaccine groups overwhelm vaccine hesitant populations)
 - Avoid vaccine legislation (lawmakers may be afraid to propose legislation)
- Resources (proposed):
 - One-page message “kit”
 - Toolkit (three pages)

Questions



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



American Immunization Registry Association (AIRA) Update

Rebecca Coyle



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National Meeting Update



AIRA National Meeting: Postponed

New Dates, Same Location

- August 3 – 5, 2021
- Portland, Oregon



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Upcoming AIRA Webinar Series

Select AIRA 2020 National Meeting Presentations Virtually Advancing IIS Together

- . Tuesdays, August 4 through September 22
- . 3:00-4:00 PM ET



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Webinar Series Topics

CDC Panel
Discussion

IZ Gateway

Data Quality

Data Use

Working with
End Users

IIS Operations
& Security

Global
Perspectives

Measurement
and
Improvement



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Thank you!



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AIRA's Response to COVID-19



AIRA COVID Workgroup

Purpose: provide input into CDC's vaccine monitoring and assessment plans for COVID-19, including CDC's vaccine administration management system and the communication for related stakeholders

AIRA is the convener of this workgroup

This is an opportunity to leverage community expertise and provide feedback to help make this the best tool it can be

CHARTER

Purpose

The purpose of the **COVID Workgroup** [workgroup] is to provide input into CDC's vaccine monitoring and assessment plans for COVID-19, development of CDC's vaccine administration tracking tool and to engage members in ensuring these plans are clearly communicated to all stakeholders.

Scope of Work

This workgroup provides a forum for discussion, and consultation among CDC, immunization program, IIS, and preparedness experts related to COVID-19 vaccine distribution and administration tracking.

Workgroup members will help to define and validate requirements informing the design of an application that will be used to track COVID-19 vaccine distribution and use. The workgroup will be asked to review and provide input to user stories, share considerations that would impact the usability of the application, participate in test exercises, and other activities requiring end user input.

On average, workgroup members should plan to dedicate a couple of hours a week for this workgroup. Workgroup members should be prepared to attend as many meetings as feasible. Timely feedback and active responses to the work that CDC is undertaking are critical, and the timeline is very compressed. Given the compressed timeline and rapidly evolving circumstances, AIRA staff will work with CDC and their team to provide administrative support and leadership for this group.

Membership

The membership of the workgroup is voluntary. The workgroup will consist of experts representing a variety of IIS platforms, levels of system maturity, and geographic localities. The membership of the workgroup will be reviewed as needed, and new members may be invited as existing participants indicate they are no longer able to participate.

The workgroup reserves the right to remove volunteer members from the workgroup if they feel it is in the best interest of the workgroup. Members may remove themselves from the workgroup at any time.

Administrative Responsibilities

Administrative duties will be shared between the CDC and their consultants, Deloitte, and the AIRA Staff.

Duties will include:



SnapShots

- Role of IIS in pandemic response
- Available in the AIRA repository now

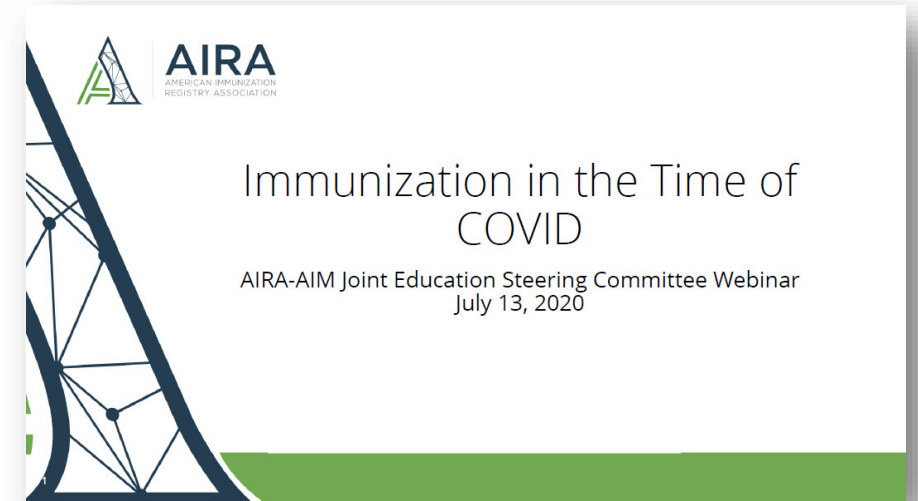


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Immunization in the Time of COVID

- AIRA-AIM joint Education Steering Committee webinar
- Supporting high levels of immunization coverage during the COVID-19 pandemic
- Recording and slides are available in the AIRA repository



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Resources

- AIRA and partner resources
- One-Sheets
 - Tips for IIS: Preparing for a COVID-19 Vaccination
 - IIS Policies to Support Pandemic and Routine Vaccination
- Email info@immregistries.org with how AIRA can best support you during this time



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AIRA Board of Director Elections



Elections

- AIRA received a record number of director nominations – thank you!
- Ballot will include
 - Electing 3 IIS directors and 1 non-IIS director
 - Bylaws amendment proposal

AIRA 2020 Bylaws Amendment Proposal

*Per AIRA's Bylaws, AIRA voting members will vote on the amendment proposal below. Each voting member may vote only once. All votes must be submitted by **Wednesday, August 12, 2020 at 3:00 pm ET**. A ballot including a slate of director candidates and an AIRA Bylaws amendment proposal will be sent to your organization's voting members later this month. Results will be announced in mid-August.*

A Proposed Amendment to the AIRA Bylaws

Per **AIRA's Bylaws**, the Executive Committee is comprised of Board Officers and is tasked with (a) acting for the Board between Board meetings as needed (b) responding in times of emergency and (c) supporting the Executive Director.

The Governance Committee Chair was just made an Officer role. The AIRA Board would like to modify AIRA's Bylaws to adjust the composition of the Executive Committee and extend voting rights to all of the committee's members. If passed, this amendment will be effective immediately.

Proposed Amendment

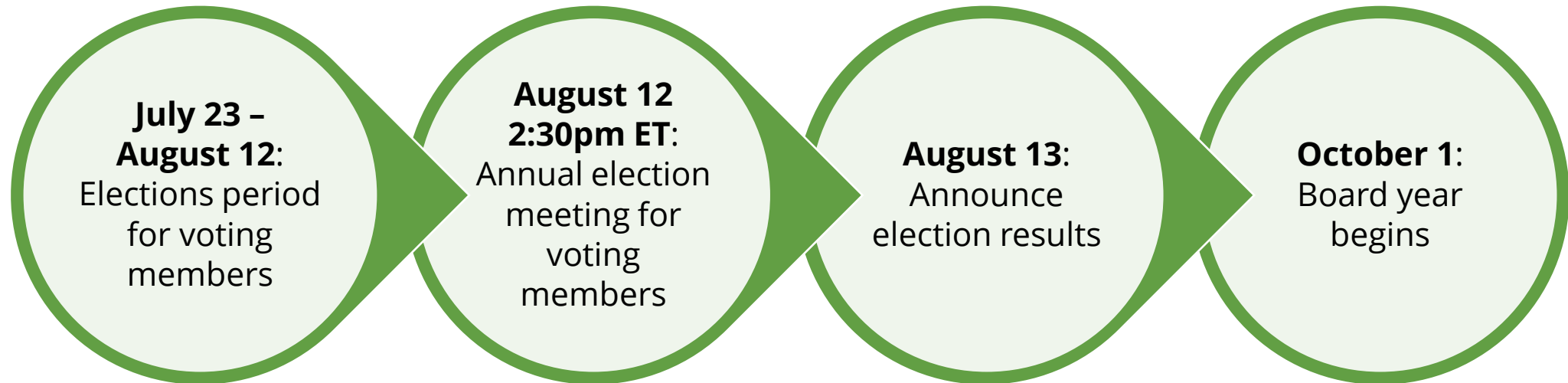
The Executive Committee may be composed of the President, President-Elect, Treasurer, Secretary and any other Officer(s) elected by the Board. The President shall chair the Executive Committee. All members have voting rights.



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Elections Timeline



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Other Updates



Measurement & Improvement

- Submission and Acknowledgment Validation
 - July 7: Town hall meeting
 - Comments were collected through Friday, July 17



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Added to the Repository

- Vaccine Code Set Considerations: If Only It Were Rocket Science
- MIROW Principles and Business Rules Reports

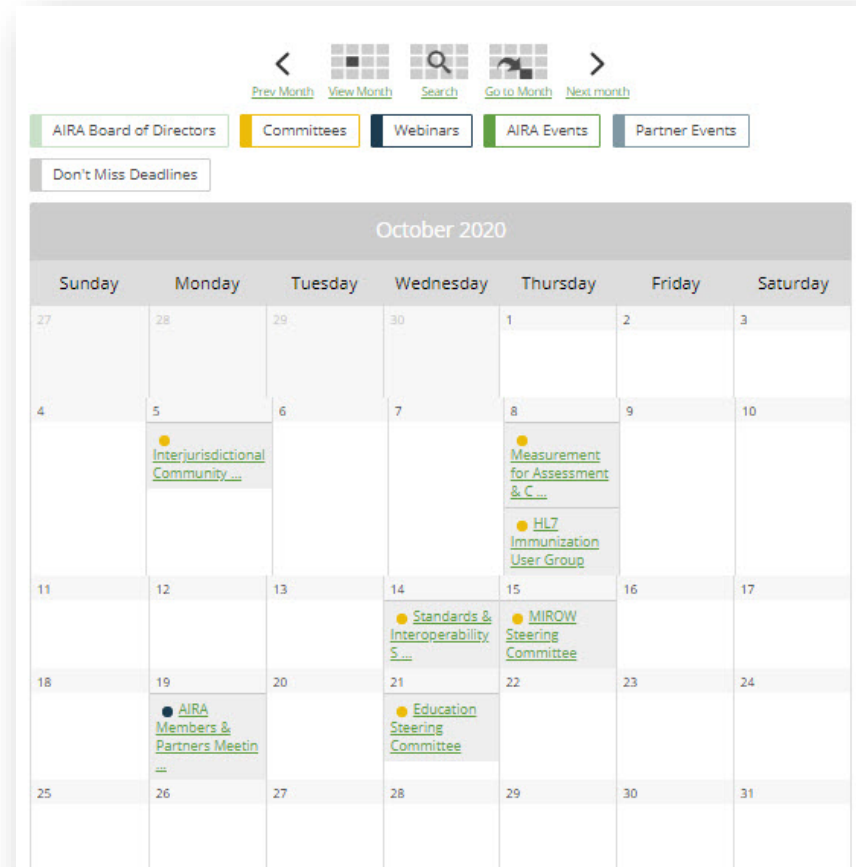


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Upcoming Partner Meetings

- Quarterly schedule
- Register for remaining 2020 meeting
 - October 19
- Meeting information and the link to register are listed on our events calendar



The screenshot displays a web-based calendar interface for October 2020. At the top, there are navigation links: 'Prev Month', 'View Month', 'Search', 'Go to Month', and 'Next month'. Below these are tabs for 'AIRA Board of Directors', 'Committees' (which is selected), 'Webinars', 'AIRA Events', and 'Partner Events'. A 'Don't Miss Deadlines' button is also visible. The calendar grid shows the following events:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	1	2	3
4	5 ● Interjurisdictional Community ...	6	7	8 ● Measurement for Assessment & C... ● HL7 Immunization User Group	9	10
11	12	13	14 ● Standards & Interoperability S...	15 ● MIROW Steering Committee	16	17
18	19 ● AIRA Members & Partners Meetin ...	20	21 ● Education Steering Committee	22	23	24
25	26	27	28	29	30	31



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AIRA has a new address

- Beginning July 27th AIRA's new address is:



1717 Pennsylvania Ave. Suite 1025
Washington DC 20006

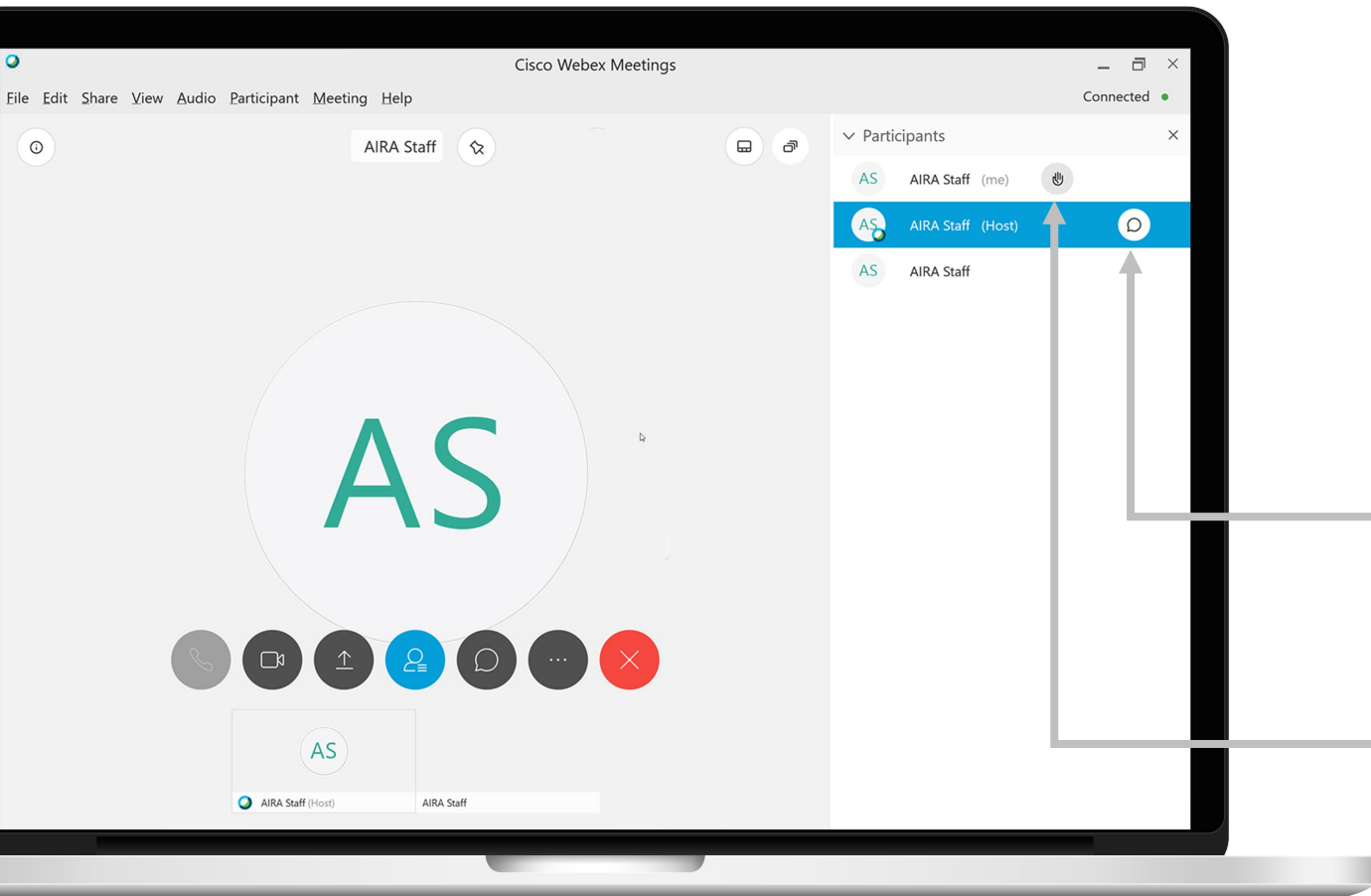
- Membership renewals include the new address – please notify your finance department



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:



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Thank you for joining us!

Next Meeting: October 19, 2020 at 2 pm ET