CDC Panel Discussion: Advancing IIS Together

Tuesday, August 4, 2020
3-4 PM ET
AIРА Webinar Series

- Tuesdays, August 4 - September 22, 2020
- 3-4 PM ET
- Join Us!

## Webinar Series at a Glance

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Before We Get Started

All phone lines are muted

This meeting is being recorded and will be posted on the AIRA repository
How do I ask a question?

There will be time allotted for Q&A following the presentation.

Send an e-mail to: info@immregistries.org

Select the chat icon next to the host and type question into the chat box.
Today’s Speakers

- **Cindy Weinbaum, MD, MPH**, Deputy Director, Immunization Services Division, CDC/NCIRD/ISD/OD
- **Michelle Banks**, VFC Compliance & QI Lead, CDC/NCIRD/ISD/POB
- **Lynn Gibbs-Scharf, MPH**, Branch Chief, CDC/NCIRD/ISD/IISSB
The National Vaccination Landscape During the COVID-19 Pandemic:

Update from the CDC

Cindy Weinbaum, MD, MPH
Deputy Director, Immunization Services Division

August 3, 2020
Routine immunization program
Doctors see worrisome reduction in childhood immunization rates during pandemic

Coronavirus sharply disrupting global vaccinations, including HPV, diphtheria, tetanus and pertussis

World Health Organization | July 17, 2020

With Michigan vaccine rates down almost 50%, Beaumont is offering curbside vaccinations for kids

State health officials are reporting a 44.5% decrease in immunizations since COVID-19 began spreading throughout Michigan. That decline is magnifying public health concerns about kids potentially catching vaccine-preventable diseases.

And a wave of new infections of deadly diseases on top of the global pandemic could spell increased uncertainty for children and parents. That’s because the vaccine rate in the state had already fallen over the past two years.
Pediatrics among the hardest-hit specialties

62% reduction in pediatric outpatient visits by April 5th

Ateev, M. et al., To the Point (blog), Commonwealth Fund, updated May 19, 2020.
Pediatrics continues to be hardest-hit

Cumulative 40% reduction in pediatric outpatient visits by end of June

Data are only for select specialties shown. The decline shown is reflective of all visit types (in-person and telemedicine). Visits from nurse practitioners and physician assistants are not included.

https://doi.org/10.26099/2v5t-9y63
COVID-19 has disrupted routine childhood vaccination

Comparison of Weekly VFC Provider Orders between FY19 and FY20

- Gaps between weekly vaccine orders have narrowed
- Substantial catch-up still needed

Source: CDC
Since the nadir of visits in late March, there has been a substantial rebound in visits among people covered by Medicare. The rebound among people covered by Medicaid has lagged.

https://doi.org/10.26099/2v5t-9y63
By the week of June 14th, visits by adults \( \geq 75y \) were depressed only 3% from baseline. But among children ages 3 to 5, visits remain depressed 43% from baseline.

Adult immunization has also decreased with COVID: Medicare Data, by week, 2019 and 2020

CDC unpublished data: do not circulate
Flu vaccination
COVID prevention may be influenza prevention...

Australia's flu season has been suppressed by covid-19 lockdown

Influenza cases in Australia (laboratory-confirmed)

We expect SARS-CoV-2 to continue to circulate in the fall. Increasing influenza vaccine coverage can decrease stress on the healthcare system:
- Decrease doctor visits and hospitalizations
- Decrease individuals needing diagnostic testing

Focus increased flu vaccination efforts on adults at higher risk from COVID-19:
- Staff and residents of long-term care facilities
- Adults with underlying illnesses
- African-American and Hispanic communities
- Adults who are part of critical infrastructure

However, in the US, we must plan to increase influenza vaccine coverage to decrease healthcare utilization.
## Racial and ethnic disparities in influenza coverage

Reducing existing disparities will be important to protect minority and at-risk populations for both influenza and future COVID-19 vaccines.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Risk group</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-49 years</td>
<td>Non-high risk</td>
<td>29%</td>
<td>35%</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>High risk</td>
<td>31%</td>
<td>49%</td>
<td>64%</td>
</tr>
<tr>
<td>50-64 years</td>
<td>Non-high risk</td>
<td>40%</td>
<td>42%</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>High risk</td>
<td>40%</td>
<td>65%</td>
<td>64%</td>
</tr>
<tr>
<td>≥65 years</td>
<td>Non-high risk</td>
<td>32%</td>
<td>43%</td>
<td>61%</td>
</tr>
<tr>
<td></td>
<td>High risk</td>
<td>33%</td>
<td>52%</td>
<td>65%</td>
</tr>
</tbody>
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Source: National Health Interview Survey, 2017
COVID-19 vaccine planning
Preparing for COVID-19 Vaccine

- CDC is working with cross-USG Operation Warp Speed to plan vaccine trials, program, and safety and effectiveness monitoring
- State Immunization programs updating immunization information systems (IIS) for documenting vaccination and second dose reminder/recall
- Planning underway for public sector vaccine distribution
- ACIP WG and full ACIP are considering recommendations for COVID-19 vaccine use
- NASEM is considering prioritization of vaccine when supply is limited
COVID-19 vaccines in human clinical trials – United States*

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Manufacturer</th>
<th>Type</th>
<th>Phase</th>
<th>Trial characteristics</th>
<th>Trial #</th>
</tr>
</thead>
</table>
| mRNA-1273      | Moderna TX, Inc.              | mRNA       | II    | • 2 doses (0, 28d)  
• IM administration  
• 18-55, 56+ years  
• Phase III: July 2020 | NCT04283461     |
|                |                               |            |       |                                                                                        | NCT04405076     |
| mRNA-BNT162    | Pfizer, Inc./BioNTech         | mRNA       | I/II  | • Single or 2 doses  
• IM administration  
• 18-85 years      | NCT04368728    |
| INO-4800       | Inovio Pharmaceuticals, Inc.  | DNA plasmid| I/II  | • 2 doses (0, 4w)  
• SC administration/electroporation  
• ≥18 years     | NCT04336410    |
| KBP-COVID-19   | Kentucky BioProcessing, Inc.  | Protein subunit | I/II | • 2 doses (1,22d)  
• IM administration  
• 18-49, 50-70   | NCT04473690    |

*As of July 23, 2020; trials have commenced or are approved to commence.
What next?
CDC activities with immunization programs and partners to support routine childhood vaccination

- **Monitor** vaccination service delivery to inform targeted interventions

- **Support**
  - Providers through the development of guidance and support materials
  - Catch-up vaccination through reminder/recall systems
  - Access to vaccines by identifying gaps in VFC provider network and increasing funding for VFC vaccine purchase and operations
  - Identification of policy interventions to support healthcare providers

- **Communicate**
  - Importance of vaccination to parents, providers, and partners
  - Information on VFC program to families

- **Plan** back-to-school vaccination activities during the summer and influenza vaccination in the fall
Promoting awareness of Vaccines for Children (VFC) program among parents

- Prior to the pandemic, ~50% of U.S. children eligible to receive free vaccines through VFC
  - More may be eligible now due to recent loss insurance or increased economic hardship

- Parents of recently-eligible children may not be aware of VFC

- Partners and providers can help improve vaccine access by increasing awareness and enrollment in VFC program

https://www.cdc.gov/vaccines/programs/vfc/index.html
Resources for communicating with parents about routine vaccination during the COVID-19 pandemic

CDC resources for parents and immunization partners

AAP’s #CallYourPediatrician campaign


School vaccination requirements provide a critical checkpoint for children’s vaccination status

- Many children need to receive vaccines during the summer to stay up-to-date and comply with school vaccination requirements
- Important that back-to-school vaccine clinics take place this summer, to provide children an opportunity for vaccination
- If circumstances do not allow all children to receive needed vaccines, jurisdictions should consider extending provisional enrollment or grace periods to give children time to come into compliance without being penalized or resorting to an exemption
Influenza vaccination planning for 2020-2021 season

- Maximize available vaccine supply
  - Expect >190M doses for U.S. market

- Operational considerations
  - Outreach to those at higher risk
  - Planning for potential need for social distancing
  - Extending influenza vaccination season (September through December or later)

- Enhancing communication
  - Align with COVID-19 messaging
  - Messaging for African-American and Hispanic communities

Influenza Vaccine Doses Distributed By Season, 2008-9 to 2019-20, and Projected, 2020-21

![Graph showing influenza vaccine doses distributed by season from 2008-9 to 2019-20, with projected data for 2020-21.]
Public sector influenza vaccination program has been supplemented for the 2020-2021 influenza season

- Two Components
  - Cooperative Agreement with 64 Immunization Program Awardees (2020-2021; $140 million)
  - Supplemental influenza vaccine doses (2020; 7.1 million doses)

- Funding to support operational costs associated with planning and implementation of expanded influenza vaccination program extending into December or later

- Supplemental vaccine doses to be allocated among the awardees
  - Strong recommendation for awardee partnerships with Community Health Centers (CHCs)
  - Facilitating connections with CHCs through CDC relationship with the National Association of Community Health Centers
How is CDC addressing racial and ethnic disparities for flu and COVID-19 vaccine campaigns?

- “Convening of Experts” on racial and ethnic disparities in adult immunization
  - Involving local communities in messaging and implementation
  - Partner engagement for seasonal influenza vaccination, with an emphasis on finding national organizations that have local affiliates that would help extend our reach in a meaningful way.
  - Engagement across CDC to identify existing approaches and partnerships for integration of flu (and eventually COVID-19) vaccination.

- Conducting focus groups
  - Multiple diverse audiences
  - To inform messaging and media campaign to African American audiences
Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)

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Program Operations Branch

Michelle Banks
Strengthening the domestic immunization program – drivers for change

- Improving collaboration with immunization awardees
- Improving immunization coverage levels
- Addressing disparities and under-vaccination
- IIS integration
Strengthening the domestic immunization program – drivers for change

Improving collaboration with immunization awardees

- Immunization Awardee Meeting (IAM) – January 2020
- Situational awareness surveys
- Restart Guidance Modules
- Virtual VFC oversight
- COVID-19 State Needs Assessment and Pilot Planning Initiative

Improving immunization coverage levels

Addressing disparities and under-vaccination

IIS integration
Immunization Awardee Meeting (IAM)

- Held January 28 – 30, 2020
- Emphasized role of IIS in immunization program operations
- Awardee IIS managers strongly encouraged to attend
- Breakout sessions geared toward program managers and IIS managers
- 46 awardee registrants whose area of work was IIS

“Great that IIS manager was specifically included, and that IIS Track was created. Hope to see this in the future as well.”

“Excellent engagement from both IIS and Imm Program Managers, which made for a much more rich and informative meeting.”
Situational Awareness Surveys

- Biweekly survey of immunization awardees to understand impact of COVID-19 pandemic on routine immunization work
- Most recent survey: Use of IIS to assess vaccine uptake during the COVID-19 pandemic
  - Program capacity to provide IIS data to CDC to assess the impact of the COVID-19 pandemic on routine and influenza vaccination for all ages
  - Reasons jurisdictions are unable to provide data to CDC
  - Data that jurisdictions would be able to provide to CDC to assess the impact of COVID-19 on routine and influenza vaccination
  - Jurisdictions that would require Data Use Agreements to share data with CDC and the expected time needed to get the agreement in place
Catch-Up Vaccination and Routine Immunization Restart Guidance

- 5 guidance modules to assist awardees with planning for catch-up vaccination activities and restarting routine immunization work
  - COVID-19 situational awareness
  - Perinatal hepatitis B prevention
  - Resuming vaccine operations
  - Resuming IQIP operations
  - Vaccination catch-up

- Focus areas aligned with IPOM with recommended activities
- Queried awardees re: areas requiring CDC technical assistance
Virtual VFC Oversight Options

- Virtual enrollment visits
- Hybrid compliance visits
- Virtual compliance visits
- Virtual storage and handling visits

Awardee Safety Guidance for VFC and IQIP Site Visits

- For awardees who wish to resume in-person visits
- General safety/infection prevention and control recommendations
COVID-19 State Needs Assessment and Pilot Planning Initiative (SNAPPI)

- Multi-agency federal team will work with a small number of awardees to plan and prepare for the COVID-19 vaccination response in their specific jurisdictions.
- This work will support state, local, and tribal (SLTL) efforts in the selected jurisdictions, as well as serve as a pilot for supporting other jurisdictions, and provide valuable insight into state/local planning efforts.
SNAPPI Objectives

- Provide technical assistance on COVID 19 vaccination response planning process
- Better inform Operation Warp Speed’s (OWS) understanding of jurisdiction plans and technical assistance needs
- Broaden participation in planning efforts to include Department of Defense and OWS participation
- Develop model plans that may be shared with all jurisdictions prior to COVID 19 vaccine release
- Accelerate SLTL readiness for a large-scale vaccination campaign
- Build on expanded influenza vaccination campaign planning work
Strengthening the Domestic Immunization Program – Drivers for Change

Improving collaboration with immunization awardees
- Immunization Awardee Meeting (IAM) – January 2020
- Situational awareness surveys
- Restart Guidance Modules
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Improving immunization coverage levels
- VFC Provider COVID-19 Survey
- Investigation of declines in vaccine ordering
- Supporting provider quality improvement

Addressing disparities and under-vaccination

IIS integration
VFC Provider COVID-19 Survey

May 2020 survey of 1,933 VFC provider practices found:

- 1,727 (89.8%) were currently open
- 1,397 (81.1%) offering immunization services to all pediatric patients.
- 1,135 (59.1%) were likely able to provide immunization services to new pediatric patients if necessary.

Provision of Pediatric Immunization Services During the COVID-19 Pandemic: an Assessment of Capacity Among Pediatric Immunization Providers Participating in the Vaccines for Children Program — United States, May 2020
https://www.cdc.gov/mmwr/volumes/69/wr/mm6927a2.htm

- How does or will this practice identify patients who are due or overdue for vaccines?
  - 78% - By reviewing electronic health record (EHR)/electronic medical record (EMR) records
  - 29% - By querying our IIS

- How does or will this practice remind pediatric patients of vaccines due soon and recall patients who are overdue for vaccines?
  - 25% - automated reminders using our IIS, EHR/EMR, or another electronic system
  - 6% - state or jurisdiction’s public health department sends out reminders through the IIS
Investigation of Declines in Vaccine Ordering

- Decreases in VFC vaccine doses ordered noted in March/April
- Increases since that time nationally and in most awardee jurisdictions
- Ordering continues to lag in some areas
- CDC will partner with 5-7 awardees to understand what factors are driving ordering patterns locally and what is being planned to assist areas with low recent vaccine orders
Supporting Provider Quality Improvement

- Immunization Quality Improvement for Providers (IQIP) program
- Virtual option developed for initial site visit: “teleIQIP”
Strengthening the domestic immunization program – drivers for change

- Immunization Awardee Meeting (IAM) – January 2020
- Situational awareness surveys
- Restart Guidance Modules
- Virtual VFC oversight
- COVID-19 State Needs Assessment and Pilot Planning Initiative

Improving collaboration with immunization awardees

- VFC Provider COVID-19 Survey
- Investigation of declines in vaccine ordering
- Supporting provider quality improvement

Improving immunization coverage levels

- Understand and address disparities (e.g., urban/rural, poverty-related)
- Identify and address under-vaccinated populations
- Develop strategies for ensuring at-risk populations have access to vaccines

Addressing disparities and under-vaccination

IIS integration
Addressing disparities and under-vaccinated populations must remain a priority during the pandemic

- Program Effectiveness requirement of immunization awardees
  - Identify and work to address local populations with low coverage
- Include underserved communities/populations in COVID-19 planning efforts
- Continue efforts to learn more about root causes of disparities
  - Ongoing research cooperative agreements
Strengthening the domestic immunization program – drivers for change

**Improving collaboration with immunization awardees**
- Immunization Awardee Meeting (IAM) – January 2020
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**Improving immunization coverage levels**
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**Addressing disparities and under-vaccination**
- Understand and address disparities (e.g., urban/rural, poverty-related)
- Identify and address under-vaccinated populations
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**IIS integration**
- Integrate IIS as a core component of immunization programs
Examples of IIS Linkages to Program Operations

Vaccine Access & Management
- IPOM Chapter C
- IIS Standards: 1, 9, 23, 25, 26

Provider Quality Improvement
- IPOM Chapter F
- IIS Standards: 1, 9, 11, 12, 18

Coverage Estimates
- IPOM Chapter D
- IIS Standards: 1, 10, 11, 18, 19, 20

Program Effectiveness
- IPOM Chapter B
- IIS Standards: 1, 10, 11, 12, 18, 19

Pandemic Preparedness
- IPOM Chapter I
- IIS Standards: 11, 12, 14

Foundational Capability: Childhood data completeness (0-18), pediatric Clinical Decision Support for Immunizations, coverage estimates for childhood vaccinations, standards-based bi-directional exchange with EHRs
Questions and Discussion

For more information, contact CDC
1-800-CDC-INFO (232-4636)

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Advancing IIS Together

Lynn Gibbs Scharf, MPH, Branch Chief
August 4, 2020
Today

• Review the IIS strategy and focus areas
• Discuss progress we have made as a community in the 3 key focus areas
• Engage in question and answer session with audience
Since sharing our new strategy at AIRA last year, we have been working toward our shared goal with the IIS community - to improve immunization outcomes.

Focus Area 1: Deploy clear model for IIS, with performance measures, incentives, and individualized roadmaps for improvement.

Focus Area 2: Foster IIS cost reduction through increased transparency, economies of scale, and optimized use of resources.

Focus Area 3: Advance IIS through strong leadership, communication, coordination, and innovation.
Focus Area 1: Deploy clear model for IIS, with performance measures, incentives, and individualized roadmaps for improvement

IIS Data Quality Blueprint
Defines a set of measures and corresponding activities to focus awardees’ efforts on improving IIS data quality

IISB Technical Assistance
Established TA collaborative and will use Blueprint measures to prioritize TA and support awardees in data quality improvement

Data Quality Report
Provides each awardee a snapshot of particular metrics, organized by data quality characteristics

Chapter D of the 2020 IPOM
Supports IIS along a continuum from system implementation with foundational capability through maintenance of an advanced system that provides high-quality data

CoAg Activities and Measures
Reflects a set of activities and associated measures for the 2020 317/VFC CoAg work plan, based on the Awardee’s data quality report. Components revised based on awardee feedback

Advancing IIS Data Quality
The Blueprint centers the data quality improvement journey on four characteristics and a set of milestones

**Endpoint**

IISs will be the trusted source for reliable immunization data. As the trusted source, IISs will produce data to support:

- Immunization coverage assessments
- Identification of pockets of need
- Responses to emerging needs

**Characteristics**

The Blueprint focuses on four data quality characteristics to track progress on improved IIS data quality

- Complete
- Available
- Valid
- Timely

**Milestones**

The Blueprint defines eight milestones that are indicative of high quality IIS data and that IISs should strive to meet within 3-5 years
CDC is developing measures to track progress on the Blueprint which will be reflected in the 2021 IISAR

What are the Blueprint Measures and how do they relate to the Milestones?
The Blueprint Milestones are a way of indicating success for each Data Quality Characteristic

The Blueprint measures will track progress against these Milestones, indicating that Blueprint activities have been adequately conducted and sufficient progress has been made.

What does this mean for the IISAR?
• Recently drafted Blueprint measures will be reflected in 2021 IISAR to streamline reporting
• IISAR reporting will be simplified to more closely align to the measures developed for the Blueprint
• Each awardee will have a chance to weigh in on the measures when the IISAR is released later this year
Focusing on IIS data quality allows us to amplify the impact of immunization programs

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<th>Focus Area 1</th>
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**Improving Immunization Coverage Rates**
- High IIS data quality will benefit the community by informing policies and interventions that will improve immunization coverage rates

**Increasing Provider Participation**
- As vaccination providers understand the value of and trust IIS data, they are more likely to:
  - Use the data to better serve patients
  - Report data to the IIS

**Guiding Immunization Program Operations**
- By continuously improving data quality, immunization programs will have data to:
  - Develop data-driven interventions
  - Monitor and improve program performance
  - Streamline operations

*Improving data quality will help IISs develop the foundation for continued progress in all aspects of immunization programs*
Focus Area 2: Foster IIS cost reduction through increased transparency, economies of scale, and optimized use of resources

Fostering transparency across awardees

Leveraging your IIS Consortium brought awardees together based on their IIS vendors to identify opportunities for collaboration and cost/resource sharing for system enhancements

Assessments & Cost Analysis

Tracking IIS Costs session at IAM focused on hearing from awardees about the processes for defining and tracking costs associated with IIS functionality, operations, system maintenance, enhancements, etc.

IISSB created and pilot tested a cost analysis tool through which we collected and analyzed cost data with the WIR Consortium

Our goal is to use the tool for all awardees
Focus Area 3: Advance IIS through strong leadership, communication, coordination, and innovation

Stakeholder engagement and communication activities

- IISSB launched proactive communication channels with external stakeholders
  - Weekly IIS Info Brief to IIS community
  - Monthly All-Awardee Forums
  - Vendor Engagement Activities
- AIRA Working group formed to review and provide feedback about the development of VAMS
The 2020 Immunization Awardee Meeting was a concerted effort to include program and IIS managers.

Overview of 2020 IIS Programming at IAM

- 5 IIS-specific topics covered
- 7 Sessions + 1 Plenary
- More than 30 IIS-focused staff attended

I was thankful to hear a more clear direction for IIS strategies moving forward.

Useful: I had the opportunity to meet managers from other IIS programs that are new to CDC, creating some new links for information sharing.
CDC Defined Multiple Critical Components to Vaccine Implementation

- Prioritizing population
- Allocation of Vaccine
- Distribution (MFR - Dist - State)
- Administration
- Safety, Effectiveness, Uptake, Second dose
- Vaccine Recovery
- Supply - Monitor, Track, Report
- Vaccine Uptake, Use, and Coverage
- ADE and VE Monitoring and Reporting
- Regulatory Considerations

Communication and Stakeholder Guidance (state, local, special populations, private sector partners, public)

Data Needs
CDC’s Vaccine Planning Unit Monitoring & Assessment Team (VPU MAT) Oversees Vaccine Data Planning

Work Handled by other CDC VPU teams:
- Maintaining and Strengthening Immunization Programs
- Routine Childhood Immunizations
- Influenza Response
- Phases Implementation Planning (including guidance on priority populations)

Work Handled by CDC VPU MAT team:
- Advance technology to support vaccination efforts with a focus on:
  - Augmenting technology used at vaccination sites
  - Improving reporting to public health (IIS, IZ Gateway, etc.)
- Align and coordinate on requirements, and improve consistency for reporting vaccine related information
- Support communication and stakeholder guidance
As part of the COVID-19 response, IISSB focus areas include:

- IIS Readiness
- Vaccine Administration Management System
- Immunization Gateway
- Immunization Data Lake
- Data & Analytics
Questions

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Questions?

• We’d love to hear from you!
• Click the chat icon (💬) to submit a question or email info@immregistries.org
Week 2: The Immunization Gateway Portfolio

Tuesday, August 11, 2020, 3 – 4 p.m. ET

Learn how the Immunization (IZ) Gateway project is being used as a key tool in the pandemic response.

Moderator: Rebecca Coyle, MSEd, Executive Director, AIRA

The Immunization Gateway Portfolio: Preparing for COVID-19 Mass Vaccination

Enrich your ability to form immunization data exchange relationships with provider organizations operating in multiple states by learning from the HHS Immunization Gateway portfolio. During this session, presenters will share how the IZ Gateway is being used as a key tool for immunization data exchange between IIS, provider organizations, and consumers in the COVID-19 pandemic response.

Presenters:

- **Lori Moore**, Public Health Analyst, CDC/DDID/NCIRD/ISD, [ohu1@cdc.gov](mailto:ohu1@cdc.gov)
- **Dan Chaput**, IT Specialist, Office of the National Coordinator for Health Information Technology, [Daniel.Chaput@hhs.gov](mailto:Daniel.Chaput@hhs.gov)
- **Kelly Carulli**, Director, Audacious Inquiry, [kcarulli@ainq.com](mailto:kcarulli@ainq.com)
- **Erin Maurer O'Shea**, MPH, Technical Analyst, AIRA, [eoshea@immregistries.org](mailto:eoshea@immregistries.org)