



AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

Discovery Session

Highlights from #AIRA2026

May 18, 2026 | 4:00 p.m. ET



AIRA 2026 National Meeting Recap

Tesha Lucas, AIRA

Pittsburgh, PA: The City of Bridges



Keynote: Communication Untapped

Transfer of **what** and **why**

Keys to communication

1. **Purpose**
2. **Audience**
3. **Benefits**
4. **Storytelling**
5. **Grabber**
6. **Clincher**

25%

the percentage of things you say
your audience will actually remember

AIRA Awards



Igniting Improvement: AIRA's Push to Modernize Systems & Unite Partners

PANELISTS

- **Mary Beth Kurilo, MPH, MSW, AIRA** – Moderator/Speaker
- **Megan Fields, MPH, AIRA** - Speaker
- **Melissa McClung, MSPH, AIRA** - Speaker
- **Mandy Harris, State of Nevada** - Speaker
- **Kristin Glaza, Oracle Health** - Speaker
- **Dr. Bernie Eskridge, MD, University of Missouri Health Care** - Speaker





the
Game
of

L I F E





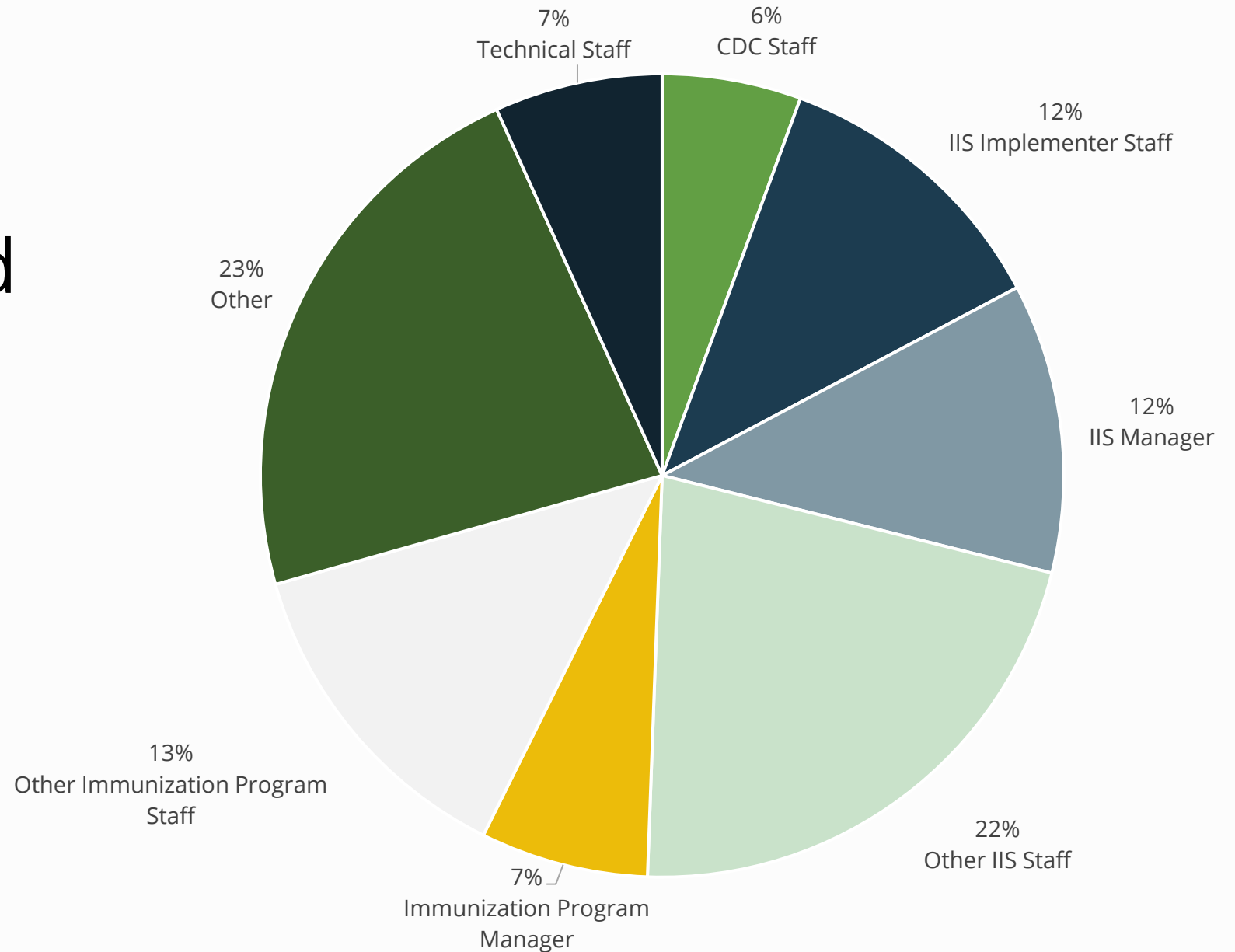
A Special Announcement Closed Out AIRA 2026



MAY 25-27
AIRA 2027
NATIONAL
MEETING
LOUISVILLE, KENTUCKY



Who Attended the National Meeting



THANK YOU TO ALL OF OUR 2025-2026 CORPORATE PARTNERS

TITANIUM



DIAMOND



PLATINUM



GOLD



SILVER





Today's Presenters

- **Mary Woinarowicz, MA**, Immunization Unit Director, North Dakota Health & Human Services
- **Nicole Ackerman, MPH**, Bureau Chief of Data Modernization and Interoperability, Missouri Department of Health and Senior Services
- **Sarah Finley, MS**, Research and Data Analysis Manager, Missouri Department of Health and Senior Services



Providing Real-time, Actionable Data to North Dakota Immunization Providers

Mary Woinarowicz, MA
Immunization Director

NORTH
Dakota | Health & Human Services
Be Legendary.

Background

North Dakota Immunization Information System (NDIIS)

Awardee developed since 1988

First web-based version available in 1996

Completed major modernization project in November 2024

Lifespan system with records for 100% of ND residents

NDIIS today



- 1.55 million active patient records
- State law mandates reporting for children 18 years and younger
- Adults may opt out



- 23.87 million dose records
- 91% of doses entered within 1 day
- 99% of doses entered within 30 days



- 526 individual provider sites sending data from their EHR
- Average 107,666 immunization messages per month
- Average 744,562 query messages per month

Making More Data Readily Available

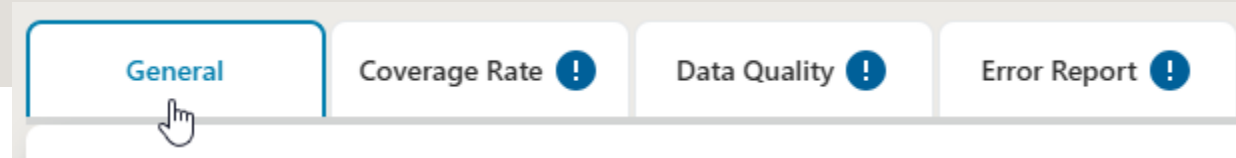
- One of the primary goals for modernizing North Dakota's IIS was to provide an improved user experience.
- As part of the on-going effort to achieve this goal, the NDHHS team created immunization provider-specific dashboards that are integrated into the IIS homepage.
- The dashboards:
 - provide real-time, actionable data for North Dakota immunization providers
 - reduce the burden on provider and immunization program staff who previously had to manually run multiple different reports to view the same information

Integrated Dashboards

Integrated Dashboards

- Available to all IIS users upon login
- Provides more real-time information without having to navigate farther into the system
- Information is specific to the selected facility
- All information is refreshed daily
- All dashboards include links to other functions and reports, encouraging user action
- Coverage Rate, Data Quality, and Error Report dashboards all have an indicator when provider has not met established targets

General Information Dashboard



- Provides general provider information including:
 - Number of pending orders*
 - Indicator if temperature logs and inventory reconciliation are current*
 - Facility address and Site administrator contact information
 - User and access request details
 - Doses administered by month
 - List of vaccine expiring in the next 30 days
 - Outstanding borrow/return balances*

**only available for VFC-VFA enrolled providers*

General Information Dashboard

Ordering ORDERS

Assigned to Provider

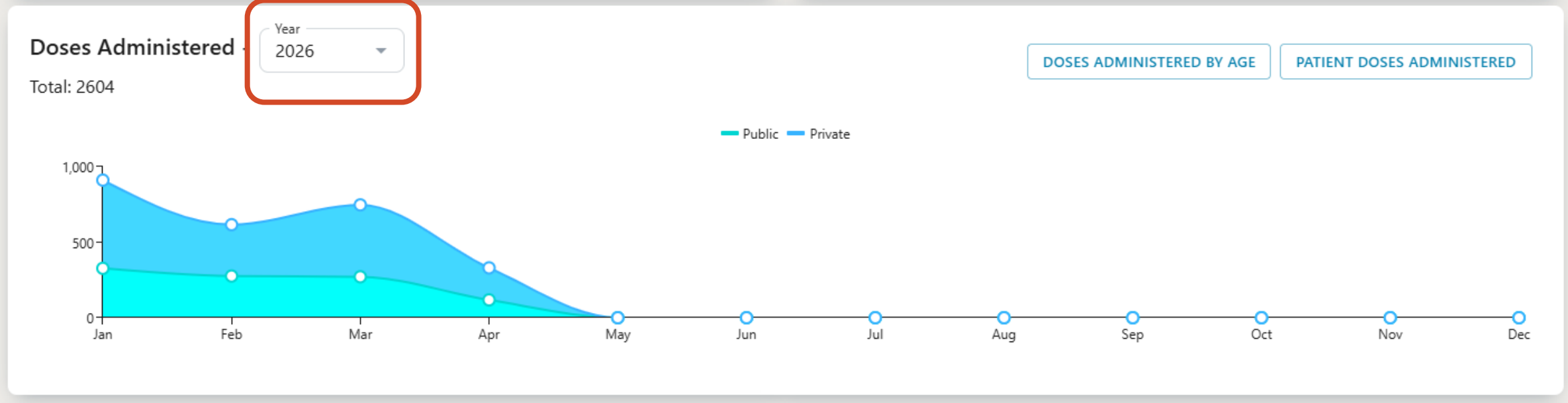
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Assigned to DHHS

0

✔ Temperature Logs are up to date.

✔ Inventory Reconciliation must be done before ordering.



General Information Dashboard

Provider Information

[VIEW DETAIL](#)

Details 6096 - Sanford North Bismarck Pediatrics 765 W INTERSTATE AVE BISMARCK, ND 58503	Administrator Email: Phone:
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Users & Access Requests

[REQUESTS](#) [USERS](#)

Requests to Process 6	Active Users 19
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General Information Dashboard

Vaccines Expiring in the Next 30 Days

[LOT INVENTORY EXPIRING REPORT](#)

Vaccine Type	Quantity On Hand	Lot Number	Expiration Date ↑
MMR	40	Y008077	04/19/2026
MMRV	36	Y017513	04/19/2026
HPV-9	16	2014790	04/22/2026
HPV-9	100	Y003462	04/23/2026
MMR	8	Y008290	04/24/2026
DTaP/IPV/Hib/HBV	4	U7768AA	04/29/2026
MMRV	48	Y018161	04/29/2026
DTAP - 5	8	3CA25C1	04/30/2026
DTaP-Hib-IPV (Pentacel)	40	UK199AA	04/30/2026
MCV4 MenQuadfi	4	U7996BB	04/30/2026

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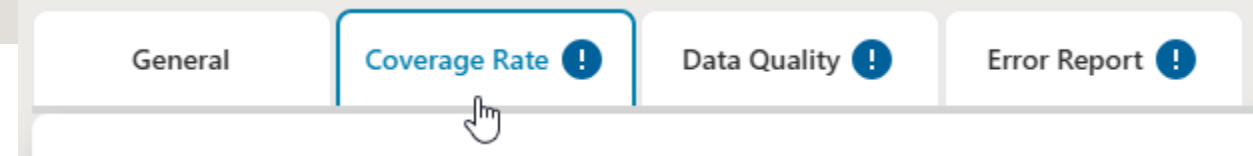
Borrow / Return Balance

[BORROW AND RETURN LOTS - BALANCE REPORT](#)

Vaccine Type	Doses Owed to Public Supply	Doses Owed to Private Supply
DTaP	0	1
DTaP-Hib-IPV (Pentacel)	0	10
DTAP/IPV	1	0
DTaP/IPV/Hib/HBV	0	3
HAV Pediatric	1	0
HBV Pediatric	0	6
HIB	0	1
HPV	0	3
Influenza (Injectable)	0	1
IPV	0	3

1-10 of 18 < >

Coverage Rate Dashboard



- Coverage rates calculated for:

- Infants 19-35 months

- 4 DTaP, 3 Hepatitis B, 1 MMR, 3 Polio, UTD Hib, 1 varicella, UTD PCV, 2 Hepatitis A

- Children 4-6 years

- 5 DTaP, 3 Hepatitis B, 2 MMR, 4 Polio, 2 varicella

- Adolescents 13-18 years and 16-18 years

- 13-18 years: 1 Td/Tdap, 1 MCV4, 2 varicella, UTD HPV

- 16-18 Years: 2 MCV, 2 Men B

- Adults 19-59 years, 19 years and older, and 50 years and older

- 19-59 years: UTD Hepatitis B

- 19 and older: UTD Td/Tdap

- 50 and older: UTD PCV, UTD Zoster

- Only shows coverage rates if provider has patients in that cohort

Coverage Rate Dashboard

Coverage Rate 19-35 Months

as of 04/18/2026, 1:07 AM

[COVERAGE RATE REPORT](#) [REMINDER RECALL](#)

i Row will be highlighted if it falls below the goal of 90%

Total Number of Patients	Up-To-Date Patients	% Up-To-Date Patients
615	410	66.67 %

Vaccine	Up-To-Date	% Up-To-Date
2 - HEPATITIS A	437	71.06 %
3 - HEPATITIS B	563	91.54 %
1 - MMR	551	89.59 %
1 - VARICELLA	538	87.48 %
4 - DTAP	482	78.37 %
3 - POLIO	556	90.41 %
UTD HIB	511	83.09 %
UTD PCV	536	87.15 %

Coverage Rate Age 4-6

as of 04/18/2026, 1:08 AM

[COVERAGE RATE REPORT](#) [REMINDER RECALL](#)

i Row will be highlighted if it falls below the goal of 95%

Total Number of Patients	Up-To-Date Patients	% Up-To-Date Patients
1,448	958	66.16 %

Vaccine	Up-To-Date	% Up-To-Date
2 - MMR	991	68.44 %
3 - HEPATITIS B	1,342	92.68 %
5 - DTAP	979	67.61 %
2 - VARICELLA	983	67.89 %
4 - POLIO	1,232	85.08 %

Coverage Rate Dashboard

Coverage Rate Age 13-18

as of 04/18/2026, 1:07 AM

[COVERAGE RATE REPORT](#) [REMINDER RECALL](#)

i Row will be highlighted if it falls below the goal of 90%

Total Number of Patients	Up-To-Date Patients	% Up-To-Date Patients
1,990	1,254	63.02 %

Vaccine	Up-To-Date	% Up-To-Date
1 - MCV4	1,868	93.87 %
1 - TD/TDAP	1,876	94.27 %
2 - VARICELLA	1,948	97.89 %
UTD HPV	1,264	63.52 %

Coverage Rate Age 16-18

as of 04/18/2026, 1:07 AM

[COVERAGE RATE REPORT](#) [REMINDER RECALL](#)

i Row will be highlighted if it falls below the goal of 90%

Total Number of Patients	Up-To-Date Patients	% Up-To-Date Patients
895	241	26.93 %

Vaccine	Up-To-Date	% Up-To-Date
2 - MCV4	606	67.71 %
UTD MEN B	242	27.04 %

Coverage Rate Dashboard

Coverage Rate Age 19-59

as of 04/18/2026, 1:06 AM

[COVERAGE RATE REPORT](#)

[REMINDER RECALL](#)

i Row will be highlighted if it falls below the goal of 80%

Total Number of Patients	Up-To-Date Patients	% Up-To-Date Patients
--------------------------	---------------------	-----------------------

800	778	97.25 %
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Vaccine	Up-To-Date	% Up-To-Date
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UTD HEPATITIS B	778	97.25 %
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Coverage Rate Age 19+

as of 04/18/2026, 1:27 AM

[COVERAGE RATE REPORT](#)

[REMINDER RECALL](#)

i Row will be highlighted if it falls below the goal of 80%

Total Number of Patients	Up-To-Date Patients	% Up-To-Date Patients
--------------------------	---------------------	-----------------------

801	505	63.05 %
-----	-----	---------

Vaccine	Up-To-Date	% Up-To-Date
---------	------------	--------------

UTD TD/TDAP	505	63.05 %
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Coverage Rate Age 50+

as of 04/18/2026, 1:09 AM

[COVERAGE RATE REPORT](#)

[REMINDER RECALL](#)

i Row will be highlighted if it falls below the goal of 80%

Total Number of Patients	Up-To-Date Patients	% Up-To-Date Patients
--------------------------	---------------------	-----------------------

3	0	0.00 %
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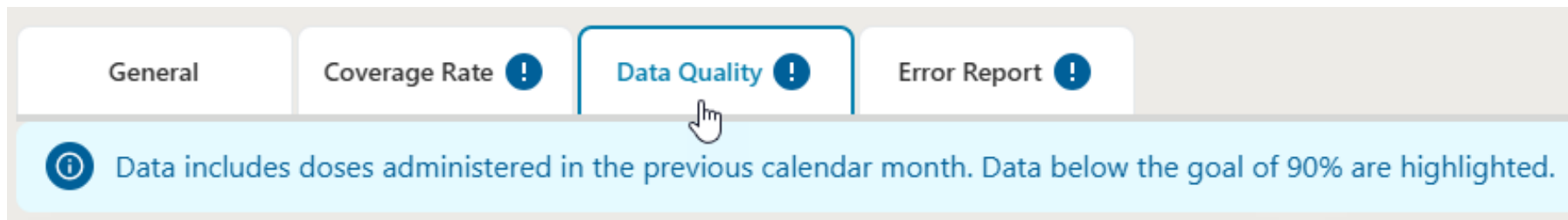
Vaccine	Up-To-Date	% Up-To-Date
---------	------------	--------------

UTD PCV	0	0.00 %
---------	---	--------

UTD ZOSTER	1	33.33 %
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Data Quality Dashboard

- Provides data completeness for required dose data elements for all doses administered during the previous calendar month
- Provides data completeness for required patient demographic data elements for patients who had dose administered during the previous calendar month
- Shows data entry timeliness for the past twelve months



Data Entry Completeness Demographics

[MISSING DEMOGRAPHIC DATA REPORT](#)

Data Element	% Complete
First Name	100.00 %
Last Name	100.00 %
Middle Name	90.15 %
Race	100.00 %
Ethnicity	2.77 %
Sex	100.00 %
Address Line1	100.00 %
City	100.00 %
State	100.00 %
Postal Code	100.00 %
County	99.69 %
Phone Number	93.23 %
Phone Number Type	87.38 %
Email	47.69 %

Data Quality Dashboard

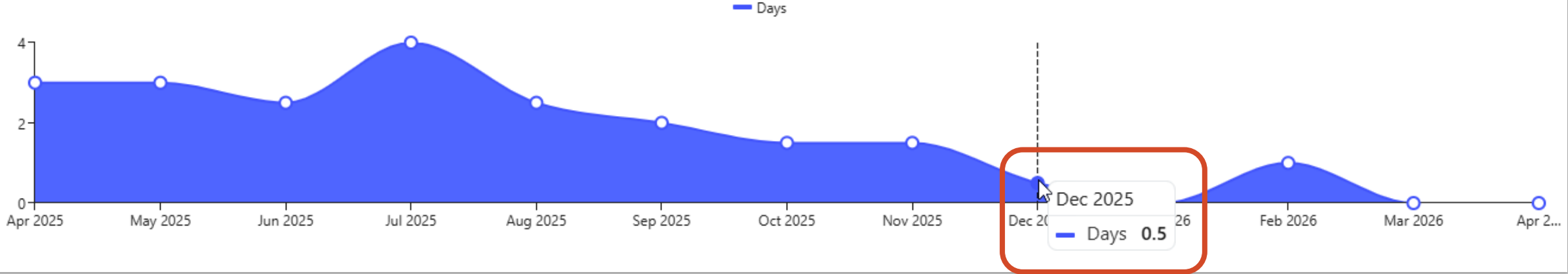
Data Entry Completeness Immunizations

[MISSING DOSE DATA REPORT](#)

Data Element	% Complete
Lot Number	100.00 %
Funding Source	100.00 %
Manufacturer	100.00 %
Expiration Date	100.00 %
Administration Site	88.55 %
Administration Route	100.00 %
Dose Volume	100.00 %

Data Quality Dashboard

Data Entry Timeliness



Error Report Dashboard

Check out my presentation on
Automating North Dakota's Monthly Error Report
during session **5D / Automating Data**
on **04/30/2026** from **9:45 AM-11:00 AM** for a
more in-depth look at the fourth NDHHS homepage
dashboard

Provider Survey Results

Provider Satisfaction Survey

- Immunization Unit surveys providers annually to assess overall satisfaction with the program and gather feedback on ways to improve and better support immunization providers
- Survey includes IIS-specific questions
- The 2025 survey asked:
 - how they are using the new dashboard information
 - where we have additional opportunities for improvement
 - what additional information would providers like to see incorporated on the integrated dashboards

Survey Results (48 responses)

- Survey respondents were asked, on a scale of 1-10:
 - how helpful and beneficial is the NDHHS home page information, including all information and alerts on the 'General', 'Coverage Rate', and 'Data Quality' tabs, to your work (0 = not helpful/beneficial, 10 = extremely helpful/beneficial)
- Question received an average score of 8/10
- Lower scores came from providers who have not used or paid much attention to the dashboard information
- Providers who have used the dashboards scored their usefulness higher

Thank you!



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MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

Health.Mo.Gov



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People, Process, and Progress: *Adapting Agile for Public Health Teams*

Nicole Ackerman, DMI Chief &
Sarah Finley, Research and Data Analysis Manager

Overview



Background & Operational Challenges



What is Agile



Limitations of Traditional Workflows



ShowMeVax: Challenges, Response,
Redesign



Agile-Inspired Practice Adoption



Results, Lessons Learned, Takeaways

Why This Topic Matters



- Public health operational teams are under pressure from increasing complexity, high message volume, changing standards, and limited staffing.
- When work is managed through inboxes, spreadsheets, and static documents, teams become reactive.
- The goal is not to add process for the sake of process.
- The goal is to reduce confusion, improve visibility, and make work easier to manage.

What is Agile?



Definition: Agile is a way of working that values **flexibility, collaboration, and delivering value continuously**. *A way to **structure the unpredictable** while keeping flexibility.*

Agile Manifesto (2001): Created by software leaders frustrated with rigid project management.

Four core values:

- **Individuals & interactions** over processes & tools
- **Working solutions** over comprehensive documentation
- **Customer collaboration** over contract negotiation
- **Responding to change** over following a strict plan

For operations: Responding to requests, solving problems, and improving workflows.

Why Agile Works Beyond Software



- **Our work is dynamic, not linear.** Requests arrive through email at unpredictable times.
- Traditional approaches (first-come, first-serve, or “whoever sees it first”) resulted in **inefficiency & confusion.**

Agile lets us: Create a **single backlog** of work:

- Prioritize based on **impact and urgency**, not noise
- Review and adjust priorities weekly
- Maintain visibility for the **team and leadership**

Why Agile Works for Operations



Our work is:

- **Unpredictable:** A single issue can require technical review, program coordination, provider outreach, and documentation updates
- **Request-driven:** Work arrives from many channels and at uneven speeds
- **Time-sensitive:** The team has to balance throughput with quality and compliance
- **Complex:** Requires review and deep understanding

Agile helps:

- **Organize incoming work:** Visible work reduces dropped handoffs
- **Prioritize effectively:** Visible status reduces the need for ad hoc updates
- **Accelerated solution:** Increase team collaboration and problem-solving
- **Maintain visibility:** Visible blockers accelerate decisions

The Cost of Not Having Structure



- Tasks get lost in email
- Work gets duplicated
- No clear ownership
- Hard to answer: “What’s being worked on right now?”
- Knowledge lost
- Limited visibility into progress
- Increased time for onboarding facilities

Stats:

- Employees spend ~28% of their workweek managing email (McKinsey)
- **62% of survey respondents** say they struggle with too much time spent searching for information in their workday

Agile Principles Adapted for Our Team



Weekly standups: quick alignment: review backlog, share updates, surface blockers

Issue backlog in MS Lists: central hub for requests and our source of truth

Task transparency: clear statuses (To Do / In Progress / Blocked / Done)

Collaborative ownership: anyone can take ownership, not just managers assigning

Continuous improvement: tweak process regularly (retrospectives)

Weekly Standups



Review backlog



What's new? What's changed?



Update statuses



Discuss priorities & blockers

What do we need to solve this week?







Discuss priorities & blockers

What do we need to solve this week?

The Issue Backlog



Title	Category	Details/Notes	Priority	Status	Owner
HL7 Error – Missing Patient ID	Error	Message rejected due to missing PID segment	Low	 Blocked	Sarah
Onboarding – Dr. Smith Clinic	Onboarding	Need to configure EHR connection	Medium	 In Progress	John
Fix – Data Export Issue	Request	Export script failing intermittently	High	 To Do	Nicole
HL7 Error – Invalid Date Format	Error	DOB not accepted by IIS	Medium	 Done	Tom

Example Backlog Entries



Title	Category	Details/Notes	Priority	Status	Owner
HL7 Error – Missing Patient ID	Error	<ul style="list-style-type: none">• Reported by Dr. Smith (drsmith@clinic.org) via email• HL7 message rejected due to missing PID segment• Logged Aug 21, 2025• Reviewed in standup Aug 22 – Sarah contacting vendor• Update sent Aug 23 – waiting on clinic EHR fix• Resolution: Vendor patched system, closed Aug 25	High	Done	Jenny
Onboarding – Dr. Smith Clinic	Onboarding	<ul style="list-style-type: none">• Request from onboarding@clinic.org• New provider needs EHR connection set up• Logged Aug 20, 2025• Standup Aug 21 – John assigned• Follow-up email to clinic sent Aug 22• Pending credentials from clinic	Medium	In Progress	John

Living, Lightweight Documentation



- Documentation should be **easy to update**, not static or burdensome
- Team members are expected to **make edits, add context, and improve clarity over time**
- This creates **shared ownership** instead of relying on one person to maintain everything
- Lightweight documents support **collaboration, continuity, and faster process improvement**
- The goal is to keep documentation **useful, current, and practical without creating a heavy lift**

Retrospectives Drive Improvement



Retrospective: focused on lessons learned, process improvement, and what should change going forward and happen **quarterly**

- Typically last **45–60 minutes**, depending on the amount of change, issues, or process discussion needed

How they differ from standups:

- Standups = current work, status, blockers, weekly priorities
- Retrospectives = lessons learned, process gaps, what to improve next

They help teams identify:

- What is working well
- What is creating friction
- What should be adjusted or improved



Benefits Gained

Clarity: clear priorities and standardized process

Increased accountability: The owner of a task is known from the start

Collaboration: backlog and standups keep everyone in sync

Efficiency: less time in email, faster task resolution

Autonomy: team members can self-manage work

Visibility: leadership sees high-level progress

Training: Reduced staff training time from 8 – 9 months to 8 weeks



Hidden Wins

These efforts have supported the mission of building **clearer, more collaborative, and more sustainable operations**

- Identified inconsistent testing processes
- Clarified communication pathways
- Reduced duplicated effort
- Improved team autonomy

Why This Works

- No new systems required
- Built on existing tools
- Focused on **people + process**, not technology

Final Takeaway



Agile is not just for software teams. Its core principles can be adapted to operational environments that require **visibility, coordination, and flexibility**

For public health onboarding operations, Agile provides a practical way to manage **changing priorities, incoming requests, and collaborative work** without relying on rigid processes

The goal is not to add complexity. The goal is to create a workflow that is **more organized, more transparent, and easier to improve over time**

Sustainable modernization can begin with the tools and teams already in place when the work is structured intentionally



References

- https://www.microsoft.com/en-us/worklab/work-trend-index/will-ai-fix-work?utm_source=chatgpt.com
- <https://agilemanifesto.org/>
- <https://www.mckinsey.com/industries/technology-media-and-telecommunications/our-insights/the-social-economy>
- https://www.microsoft.com/en-us/worklab/work-trend-index/will-ai-fix-work?utm_source=chatgpt.com
- https://www.pmi.org/learning/thought-leadership/future-of-project-work?utm_source=chatgpt.com



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QUESTIONS?



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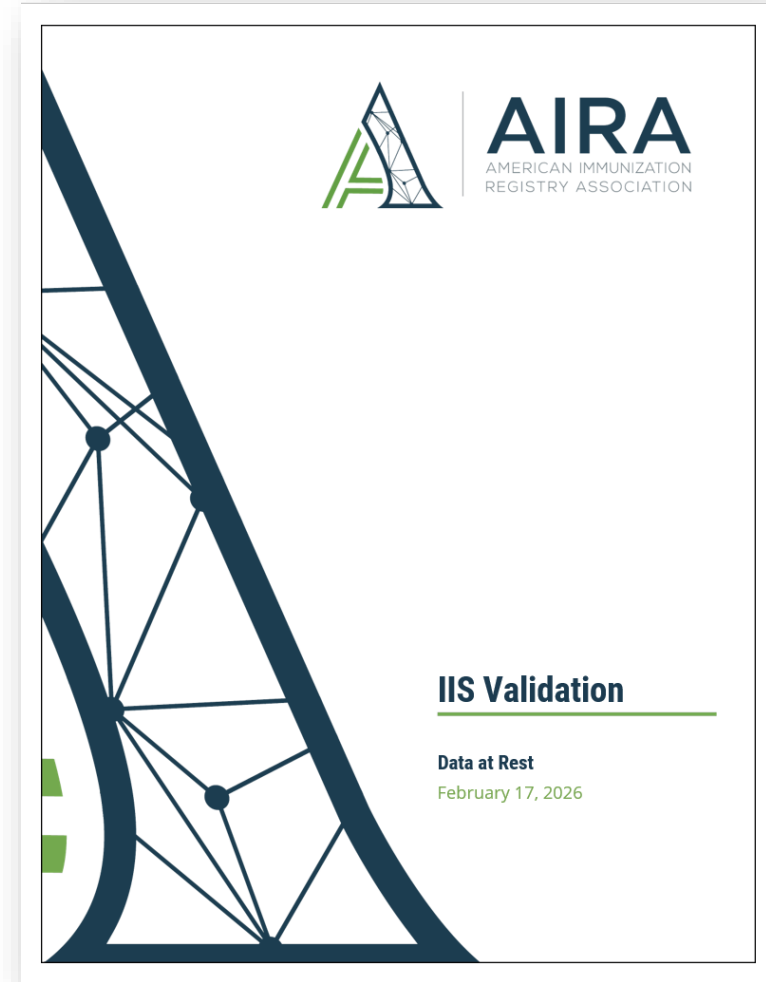


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PROMOTING HEALTH AND SAFETY

DAR is moving towards validation in M&I!

- Review and comment on the Measures and Tests for DAR document by **6/3/2026**
- Access the document here



Thank you to our presenters,
and thanks to all of you for
joining us!

Please complete a brief evaluation survey

The next Discovery Session
will be on **June 22, 2026**