



ARIZONA

— DEPARTMENT OF —

HEALTH SERVICES

**Can we do it in REDCap?
Sure!**

Monica Romero | Management Analyst - REDCap
Valentin Sostaric | Immunizations Data Systems Chief
Arizona Department of Health Services
Gemille Purnell | CDC Public Health Advisor



ARIZONA

ASIIS • ARIZONA STATE IMMUNIZATION INFORMATION SYSTEM

- State Mandate: 1998
- Registry developed & hosted by STC

SITES REPORTING

~4,700

Active reporting sites

HL7 REPORTERS

~4,100

Total HL7 interfaces

BI-DIRECTIONAL HL7

~3,600

Two-way reporters

VFC PROVIDERS

~670

Vaccines for Children

PUBLIC VACCINES SHIPPED '25

1.21M

Doses shipped in 2025

PUBLIC VACCINES ADMIN. '25

1.20M

Doses administered in 2025

≈ APPROXIMATE FIGURES

★ ARIZONA — 2025




IT ALL STARTED WHEN...



- New opportunities to improve efficiency and coordination
- Forced by change in technology on the Agency level



 
REDTRACKER
CENTRALIZED PROVIDER INTERACTION SYSTEM

Powered by: 

Record ID **TEST** Test Organization,
Test Facility

Data Collection Instrument	Status
Facility Name	
Enter Contact With Provider	+
Alert	+
Data Logger Temp Submissions	+
IPS	+

Repeating Instruments [?](#)

Enter Contact With Provider (7) + Add new ^

#	Label
1	10-21-2021 SH - Vaccine Incident
2	04-06-2022 SH - Vaccine Incident
3	06-23-2022 SH - Mail Data Logger
4	02-14-2023 PR - Inactivation
5	05-18-2023 PR - IQIP
6	10-13-2023 PR - Inactivation
7	01-18-2024 SH - General

Alert (9) + Add new ^

#	Label
1	09-28-2021 Not allowed to order VFC
2	02-22-2022 Temperature compliance review
3	02-28-2022 Temperature compliance review
4	02-08-2023 Provider reported temperature excursion fridge
5	02-13-2023 Not allowed to order, Provider reported temperature excursion fridge
6	02-14-2023 Not allowed to order VFC
7	07-28-2023 Temperature compliance review VFC
8	07-28-2023 Temperature compliance review VFC
9	10-13-2023 Not allowed to order, Inactivation VFC

Data Logger Temp Submissions (3) + Add new ^

#	Label
1	09-01-2021,09-15-2021, Gap- missing data
2	09-01-2021,04-06-2022, Everything submitted
3	04-06-2022,01-18-2024, Everything submitted

IPS (1) + Add new ^

#	Label
1	Phoenix Region





PANDEMIC PROVIDER ENROLLMENT FORM

RAPID REGISTRATION • CDC STRUCTURED OUTPUT • DELAY-FREE DISTRIBUTION

Powered by:



- Rapid provider registration
- Structured output
- COVID-19 vaccine distribution





CDC Agreement Section B

BIZS Facility 150 N. 18th Ave

This survey form is Section B of the CDC COVID-19 Vaccination Program Provider Agreement.

Note: Section A of the CDC Agreement is a separate survey form. A link to Section A is on your survey queue page.

AZ disclaimers:

- The fields were populated using data collected from previous forms. If anything is incorrect, stop and call the Arizona Immunization Program Office for help.
- Vaccine redistribution is not allowed without ADHS Immunization Program approval.
- Records must be kept available for 6 years in Arizona.

CDC COVID-19 Vaccination Program Provider Agreement

Please complete Sections A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)-collectively, Responsible Officers-must complete and sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A). CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination Location covered under the Organization listed in Section A.

Section B. CDC COVID-19 Vaccination Program Provider Profile Information

Please complete and sign this form for your Organization location. If you are enrolling on behalf of one or more other affiliated Organization vaccination locations, complete and sign this form for each location. Each individual Organization vaccination location must adhere to the requirements listed in Section A.

Organization location name

BIZS Facility

* must provide value

Will another Organization location order COVID-19 vaccine for this site?

- Yes
 No

* must provide value

CONTACT INFORMATION FOR LOCATION'S PRIMARY COVID-19 VACCINE COORDINATOR

Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments

Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments

Monday	Tuesday	Wednesday	Thursday	Friday
AM: 08:00 H:M	AM: 08:00 H:M	AM: 08:00 H:M	AM: 08:00 H:M	AM: 08:00 H:M
PM: 17:00 H:M	PM: 17:00 H:M	PM: 17:00 H:M	PM: 17:00 H:M	PM: 17:00 H:M

For official use only:

VTcks ID for this location, if applicable: _____

Vaccines for Children (VFC) PIN, if applicable: _____

IIS ID, if applicable: _____

Unique COVID-19 Organization ID (from Section A): Unique Location ID**:

** The jurisdiction completing Section B must be an Arizona or an Arizona-recognized awardee jurisdiction. If you are completing Section B for a location in another jurisdiction, please refer to section B, the

Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?

Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?

- Yes
 No
 Not Applicable

* must provide value

List IIS Identifier:

ASIS

Estimated number of 10-dose multidose vials (MDVs) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza season) at the following temperatures:

Estimated number of 10-dose multidose vials (MDVs) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza season) at the following temperatures:

	Capacity	Approximately ____ additional 10-dose MDVs
Refrigerated (2°C to 8°C):	Yes <input type="checkbox"/>	10 <input type="text"/>
Frozen (-15° to -25°C):	No <input type="checkbox"/>	
Ultra-frozen (-60° to -80°C): No	No <input type="checkbox"/>	

Storage unit details for this location

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:

Example:	CDC & Co/Red series two-door/refrigerator
1. Fridge	StandAlone RF <input type="text"/>
2. Freezer	StandAlone FZ <input type="text"/>
3. Ultra-low-freezer	<input type="text"/>
4.	<input type="text"/>





Externally facing forms

External:

- Providers and schools submitting updates and requests

Internal:

- Structured tasks
- Real-time logs
- Automated communication
- Multi-team workflows
- Accountability and timely resolution

<p>2025 RE-ENROLLMENT Annual Provider Re-enrollment & Lifecycle</p>	<p>PROVIDER PROFILE CHANGE FORM Seamless Profile Updates & Data Maintenance</p>	<p>VFC NEW PROVIDER ENROLLMENT VFC Program Access & New Provider Intake</p>	
<p>VFC INACTIVATION WORKFLOW Structured Provider Exit & Deactivation Tasks</p>	<p>UPDATE SIGNATORY PROVIDER FORM Authorized Signature Changes & Agreement Forms</p>	<p>IDR ADD/EDIT A SCHOOL School Data Management & Record Access</p>	<p>HL7 HL7 ASIIS HL7 DATA EXCHANGE INTEREST FORM Immunization Registry Data Interoperability & System Interest</p>



Vaccine for Children (VFC) Inactivation Form

Bureau of Immunization Services (BIZS)

Email: ArizonaVFC@azdhs.gov | Phone: (602) 364-3642 | Fax: (602) 364-3276

Please ensure you have reviewed the [VFC Inactivation Checklist](#) before completing this form. Complete this form thirty (30) days before the date of your inactivation. *You will not be inactivated until all vaccines are no longer in your inventory.*

FACILITY INFORMATION

Facility Name: ASIS Pin #:

Facility Address: Suite #:

City: State: Zip:

Telephone:

Reason for inactivation:

Will your office remain open for private patient care?

Will your office still need access to ASIS?

* must provide value

Facility Contacts

Medical Director or Equivalent (M.D., D.O., N.P.):

Record ID TEST 9999, Test Facility,04-01-2026

Data Collection Instrument	Status
VFC Inactivation Form (survey)	<input checked="" type="checkbox"/>
Manager - Step 1 Admin	<input checked="" type="checkbox"/>
IPS - Step 2 Checklist	<input checked="" type="checkbox"/>
Notice Of Action (survey)	<input checked="" type="checkbox"/>
Manager - Step 3	<input checked="" type="checkbox"/>
ASIS - Step 4	<input checked="" type="checkbox"/>
IPS - Step 5 Inactivation	<input type="checkbox"/>
Send Email To Provider For More Info 1 (survey)	<input type="checkbox"/>
Provider Survey To Submit Additional Info 1 (survey)	<input type="checkbox"/>
Send Email To Provider For More Info 2	<input type="checkbox"/>
Provider Survey To Submit Additional Info 2 (survey)	<input type="checkbox"/>
Send Email To Provider For More Info 3	<input type="checkbox"/>
Provider Survey To Submit Additional Info 3 (survey)	<input type="checkbox"/>

Viable vaccines will need to be transferred to another provider. Non-viable vaccines must be returned to the distributor. You will not be inactivated until all vaccines are no longer in your inventory.

[Add signature](#)

Initial here to acknowledge that you are responsible for transferring VFC vaccines to another provider with prior approval from the BIZS.

Viable vaccines will need to be transferred to another provider. Non-viable vaccines must be returned to the distributor. **You will not be inactivated until all vaccines are no longer in your inventory.**

You must include the lot number, quantity, and expiration date for each vaccine in your inventory.

You have two options for submitting this information:

Option 1: Upload a copy of the Lot number reconciliation inventory page from ASIS, making sure that the information accurately reflects the doses in your inventory. You can [click here to view the job-aid](#).

Option 2: Manually enter the vaccine type and details.

Which method will you use to submit the vaccine type, lot number, quantity, and expiration date?

Upload a copy of the lot number reconciliation inventory page from ASIS showing the vaccines that are in your vaccine inventory.

[Upload file](#)

[Click here to view the job-aid.](#)

* must provide value

Signature of *Blue Rainbow* Medical Director or equivalent responsible for VFC program

[Add signature](#)

Today M-D-Y

* must provide value

Notice of Action

This is to inform you that the Vaccines for Children (VFC) program staff have initiated an administrative action for your office

Administrative Action Taken:

Date of Action Taken: 04-01-2026 Today M-D-Y

- Placed on Probationary Status
- Inactivation
- Re-Activation Notice
- Probationary Status Removed

The reason(s) for the administrative action is checked below:

Date of Request: 04-01-2026 Today M-D-Y

- Requesting inactivation from the VFC Program
- Does not provide immunizations to Medicaid children
- No private vaccine supply in the refrigerator and records indicate insured children are seen here
- Administering expired vaccine
- Failure to meet vaccine management requirements
- Failure to submit annual re-enrollment
- Provider found to have committed Fraud and Abuse of VFC vaccines
- Re-Activation Notice
- Other

Physician's Name: Minnie Mouse

Pin #: 9999

NPI #: 1234567890

Medical License #: 12548

Name of VFC Contact: Daisy Duck

Name of Practice: Test Facility

Phone #: (602) 364-3642

Practice Address: 150 N 18th Ave

Suite #: 310b

City: Phoenix

Zip: 85007

Prepared by: Monica R (For Testing Purposes)

Phone: (602) 365-3234

Date Prepared: 04-01-2026 Today M-D-Y

Fax: (602) 364-3276

Comments:

Provider is asking for inactivation, doctor will be retiring and the office will closing. All viable doses have been transferred to . Any expired vaccines were removed from inventory and return processed. Provider can return to VFC Program at any time.

Expand

If you have any questions, please contact our office at 602-364-3642

For ADHS USE ONLY:

Approved by VFC Administrator:

[signature_2026-04-01_1522.png \(0.01 MB\)](#)

[Remove signature](#) or [Send-It](#)

Date Sent to AHCCCS: 04-01-2026 Today M-D-Y

Approved by BIZS Administrator:

[signature_2026-04-01_1522.png \(0.01 MB\)](#)

Date Sent to Practice: 04-01-2026 Today M-D-Y

CUSTOM MASS COMMUNICATION TOOLS

EFFICIENT, TARGETED MESSAGES FOR PUBLIC HEALTH



IDR School Certificates

Automated School Recognition
& Communication



VFC Provider Communications

Targeted VFC Program
Messages & Updates

Powered by
REDCap

Sixth Grade Compliance Certificate - BIZS School Inbox x



AZ Imms Do Not Reply

to me, gemille.purnell

11:51 AM (25 minutes ago) ☆ ☺ ↶ ⋮

Dear School Staff and Principal:

Thank you for submitting your annual Immunization Data Report for your school as required pursuant to A.R.S. § 15-874 and A.A.C. R9-6-707.

Congratulations on 100% compliance for all state-required immunizations!

100% compliance means that you have documentation of immunization or exemption for every student in your reported grade. Pursuant to A.R.S. § 15-872: *A pupil shall not be allowed to attend school without submitting documentary proof [of immunization] to the school administrator unless the pupil is exempted from immunization pursuant to section 15-873.*

Your certificate is attached. Thank you for your continued efforts to protect the health of our students and communities. Your diligence, hard work, and dedication are recognized and appreciated.

If you are eligible to receive another compliance or coverage certificate, you will receive it in a separate email.

If you have any questions regarding the Immunization Data Report, please email us at AZIDR@azdhs.gov.

Immunization Data Analytics Team
Bureau of Immunization Services
Arizona Department of Health Services



150 N. 18th Avenue
Phoenix, AZ 85007



CERTIFICATE

OF EXCELLENCE IN IMMUNIZATION COMPLIANCE FOR THE
2024-2025 SCHOOL YEAR

FOR

Sixth Grade

**Recognizing your valuable contributions in defending against vaccine
preventable disease across the State of Arizona**

ACHIEVED 100% IMMUNIZATION COMPLIANCE FOR ALL VACCINES

Lauren Krebs

LAUREN KREBS

IMMUNIZATION ASSESSMENT COORDINATOR
BUREAU OF IMMUNIZATION SERVICES





SPECIALIZED IMMUNIZATION PROCESSES

REDCap Extensions for Niche Onboarding.



Yellow Fever Application

Specialized Vaccine Ordering
& Lifecycle.



Immunization Order Request Form

Streamlined Order Requests
& Workflow Tasks.

Application to Be Certified as a Yellow Fever Vaccination Center in Arizona

Applicant: Title:

AZ Provider Identifier Expiration Date M-D-Y

Email

* must provide value

Contact Person

* must provide value

Organization Details

Name of Organization

Address

Phone Number: Fax Number:

Website:

Organization Type

Is the practice restricted to members or affiliates only? Yes No

Does the practice administer yellow fever vaccine to those under 18 years of age? Yes No

* must provide value

How many locations are you applying for?

* must provide value

Uniform Stamp

By checking this box, I attest that all of the health care providers and staff who provide yellow fever vaccine to patients have taken the CDC Yellow Fever online training program and will take it at least every 2 years.

* must provide value

Signature of Applicant: _____

Immunization Order Request Form

Bureau of Immunization Services (BIZS)

Email: arizonavfc@azdhs.gov | Phone: (602) 364-3630 | Fax: (602) 364-3285

Arizona Department of Health Services: 150 N. 18TH Ave, Suite 260 Phoenix, AZ 85007

Please fill out the following form if you are requesting forms and items from the Bureau of Immunization Services. This form replaces the previous pdf order form. You will receive an email to check on the status of your order.

Facility Name:

Contact Person: Name: Email: Phone:

Address: Street Address: Suite/Building #:
City: State: **Arizona** Zip:

Please include if the mailing address is different:

Mailing Address: Suite/Building #:
City: State: **Arizona** Zip:

# of Requested Packs/Rolls	FORMS / ITEMS	
<input type="text" value="50"/> 50/pk	Lifetime Immunization Record Card - Blue Book (providers/immunizers only)	LIRC 5000 Rev. 1/25
<input type="text" value="EA"/> EA	It's the Law "No Shots? No School!" - Admissions Poster	6-Imm-018 Rev. 4/25
<input type="text" value="5"/> 5/pk	"Do Not Unplug" Signs - English & Spanish	6-IMM-012
<input type="text" value="100"/> 100/roll	VFC Stickers for Vaccines	6-IMM-034
<input type="text" value="100"/> 100/roll	VFA Stickers for Vaccines (for CHD & VFA Partners)	6-IMM-076

*Please print current Vaccine Information Statements at www.cdc.gov/vaccines/hcp/vis



ARIZONA IMMUNIZATION PROVIDER REPORT SUITE

✓ Powered by REDCap



One email containing:

- Unique QR code
- Unique Link
- Survey Login Code



Dear Vaccines For Children (VFC) Provider,

Thank you for all that you do to keep the children in Arizona up-to-date on their immunizations.

The Arizona Immunization Provider Report Suite, launched by the Bureau of Immunization Services (BIZS), enables providers to review VFC vaccinations recorded in ASIIS, data quality, and HL7 Interface reports. Updates will be provided *quarterly*.

The link is unique to Test Facility with VFC Pin BIZS, and can be shared with VFC staff at your facility. **Your Survey Login Code is BIZS.**

[Click here to go to Arizona Immunization Provider Report Suite.](#)

Or you can access it by scanning the QR code with a device equipped with a QR code reader app.



This email was sent by REDCap Bureau of Immunization Services (BIZS). Do not reply. Please contact the BIZS if you have questions. ArizonaVFC@azdhs.gov 602-364-3899



Powered by:



Arizona Immunization Provider Report Suite

Bureau of Immunization Services (BIZS)

Email: ArizonaVFC@azdhs.gov | Phone: (602) 364-3642 | Fax: (602) 364-3276

VFC PIN TEST - Test Facility

The Arizona Immunization Provider Report Suite allows providers to review VFC vaccinations recorded in ASIS, data quality, and HL7 Interface reports, with quarterly updates.

Select the report you would like to review

Dose Accountability Report Cards

Data Quality Reports

HL7 Interface Reports

reset

Data Quality Report Card

The screenshot shows a web application interface for a 'Data at Rest Data Quality Assessment Report'. The page title is 'DARDQ-page-v7.2'. The report is dated Thursday, January 16, 2025, at 8:06 PM. The assessed cohort is 'Patients born: 01/01/2022 - 12/31/2023' with an assessment date of 'December 2024'. The report details for 'VFC PIN TEST' are as follows:

Organization (IRMS) ID	Organization (IRMS) Name
99999	TEST
Facility ID	Facility Name
99999	TEST

2025

Benefits:

- Status check for the providers.
- Convey the alignment with the IIS Data Quality Blueprint
- Opens a dialog with the providers
- Opportunity for data monitoring and verification
- Opportunity to check for data quality issues with reporting

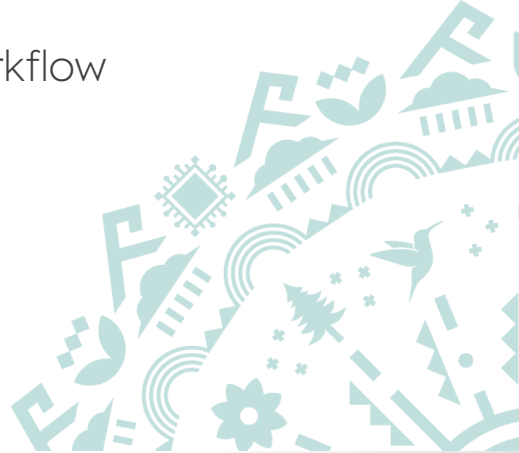




VACCINE INCIDENT REPORT

Report Incidents involving Vaccine Temperature Excursions, Damage, or Shipment Issues

Internal & External Workflow with Branching Logic



Re-enrollment Training



Dose Adjustment Guide

Internal Tools with Branching Logic

Customized Adaptive Instruction & Branching Logic

Link to [BIZS Re-enrollment FAQs](#)

Link to [VFC Re-Enrollment Approval: Job Breakdown Sheet for Standardized Work](#)

Link to [Re-enrollment Provider Guide](#)

Link to [Re-enrollment insufficient reasons email template](#)

Link to [ASIS](#)

VFC Facility Contacts

Signatory Physician: Ekta Bajaj
Primary Coordinator: Angela Armenta
Backup Coordinator: Marta Maldonado
Additional Backup Coordinator: _____

Notes

Include Date, Name of person you spoke with, Your Name

Include Date, Name of person you spoke with, Your Name

Expand

Vaccine Accountability Management Plan (VAMP)

Verify that the facility office name, phone number, address, and PIN are complete

Correct Incorrect

reset

Verify that the signatory physician, primary coordinator, backup coordinator section is complete with:

- Email Address
- Phone Number
- Signature dated within the last year

Verify that the emergency storage facility information is complete

Under useful contacts, verify that the provider is:

- Electricity company
- Data logger company
- County/local county health department
- Designated VFC Awardee

**This question should only be marked correct if all 4 requirements are met*

Under the vaccine storage section, verify that the approved vaccine storage unit:

[Medical License Search](#)
[DO License Search](#)
[Nursing Board Search](#)

**Licenses must be from the state of Arizona with the exception of IHS facilities.*

**All providers prescribing vaccines in the practice should be listed (MD, DO, NP, FNP, PA). At least one provider/vaccinator needs to be listed. A valid Medical License Number is required. All license numbers must be ACTIVE (unencumbered for CNP)*

Verify that all providers listed have a correct and active NPI number.

[NPI Search](#)

**The provider NPI must be ACTIVE and the name and the NPI must match what the provider listed in ASIS*

Provider/Practice Profile

Verify that the Provider/Practice Profile has any numbers entered other than 0.

Correct Incorrect

reset

Cold Storage Unit

Verify that what is listed in ASIS matches* what is listed on the VAMP.

- Manufacturer Name
- Unit Model Number

Correct Incorrect

reset

**If there is a discrepancy beyond a typo, please reach out to the provider*

Verify in ASIS that the data logger information matches* the submitted calibration certificates

Correct Incorrect

reset

**If there is a discrepancy, use the information on the calibration certificate to make the updates in ASIS.*

The typed name of the authorized signer is the signatory physician.

Correct Incorrect

reset

**If not, please update the name in ASIS.*

REMOVE excess doses (correct added doses)

Rules for clearing the inventory

- First: ADD removed doses to correct and prevent any negative numbers
- Second: REMOVE excess doses

** If possible try to MATCH the resulting total with the total number of doses received from orders, transfers, etc. and subtracted returned, wasted, etc.*

Adjustment reasons for adding doses available on the Reconciliation screen

The below reasons are accessible to the provider via the Reconciliation screen and are displayed in this guide in the order shown on the Reconciliation screen

Please select the adjustment reasons used:

- #Category: Correction #Reason: Correction of invalid entry
- #Category: Correction #Reason: Correction to wasted doses (disposed)
- #Category: Correction #Reason: Correction to wasted doses (returned)
- #Category: Correction #Reason: Correction to doses used
- #Category: Order Received #Reason: Received from VFC program
- #Category: Order Received #Reason: Received directly from vendor, not VFC supplied
- #Category: Order Received #Reason: Dose Count Variance Multi Dose Vial
- #Category: Order Received #Reason: Received from CDC, not VFC supplied
- #Category: Order Received #Reason: Received from depot
- #Category: Order Received #Reason: Order Received
- #Category: Transfer #Reason: Received from another provider
- #Category: Transfer #Reason: Borrowed from Private Inventory
- #Category: Transfer #Reason: Borrowed from

#Category: Order Received

The adjustment reasons adds qty to Doses Available and Doses Total

#Category: Order Received includes:

- Received from VFC program
- Received directly from vendor, not VFC supplied
- Dose Count Variance Multi-dose Vial
- Received from CDC, not VFC supplied
- Received from depot
- Order Received

⚠ #Category: Order Received adjustment reasons should not be used by the providers.

Investigate further to determine if adjustments are made by BIZS staff and if they need to be removed from the inventory

Resolution:

- Search / Add Inventory
- Select the "Found" button left of the list number





Powered by:



ASIIS IRMS Merge Log:

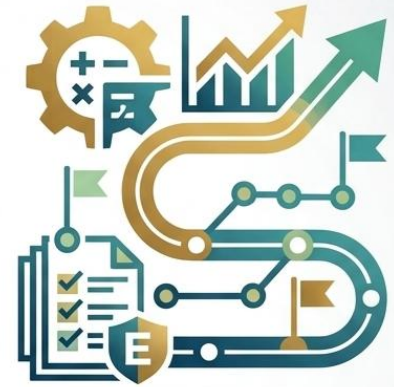
enables real-time logging and collaboration across teams following a specific workflow

Immunization Project Enhancements Timeline:

provides transparent project updates to stakeholders



ASIIS IRMS Merge Log



Immunization Project Enhancements Timeline

TRANSPARENT PROJECT UPDATES



Record ID 1
 To rename the record, see the record action drop-down at top of the Record Home Page.

Requestor: yong.wang@azdhs.gov Date: 03-23-2023 M-D-Y

Type of merge:

 Internally Initiated

 Provider Initiated

reset

ASIIS Pin: 1808

Vaccine Program:

 VFC

 COVID

 Other

 None

Is the facility an HL7 reporter?

 Yes No

reset

What is the IRMS_SYS_ID?

Organization Name

Facility to Eliminate:

Facility to Eliminate Name:

Is the destination IRMS existing in ASIIS?

Date Completed

Choose their assigned IPS to have an email se

Notify the HL7 and ASIIS QA & testing Teams this for review.

Record ID 1
 Pin TEST VFC PIN, OLD VFC FACILITY, IRMS 12345
[Select other record](#)

Data Collection Instruments:

- Facility Merge Request
- IPS
- Setup
- Merge Process in ASIIS
- IPS/ASIIS
- REDCap
- HL7 Followup

Lock entire record

ARIZONA
 DEPARTMENT OF
 HEALTH SERVICES

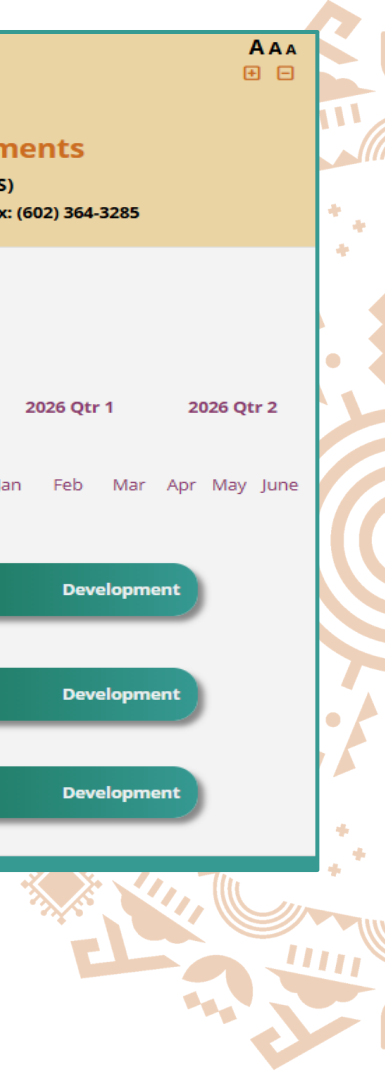
AAA
 

Immunization Project Enhancements

Bureau of Immunization Services (BIZS)
 Email: arizonavfc@azdhs.gov | Phone: (602) 364-3630 | Fax: (602) 364-3285

Ongoing projects

Project	Status												
	2025 Qtr 3			2025 Qtr 4			2026 Qtr 1			2026 Qtr 2			
Project Name	Est. Launch Date	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
VFC Operations Guide	Apr. 2026	Development											
VFC Site Visit Survey	Apr. 2026	Development											
VFC Borrowing Report	Apr. 2026	Development											





We also use REDCap for...

You guessed it ...

Surveys



REDCap Program Surveys

CUSTOMIZABLE PUBLIC HEALTH FEEDBACK



Prebook & ASIIS Surveys

TARGETED PROGRAM INSIGHTS



2026-2027 Flu Brand Preference

Hello VFC Providers,

In an effort to offer Influenza vaccines best suited to your patient population, the Bureau of Immunization Services (BIZS) is asking for your feedback. The survey will enable you to express the needs of your office for the 2026-2027 Flu season.

Please complete this survey by **Friday, January 30, 2026.**

Thank you for being a part of the Arizona Vaccines for Children Program.

1) VFC PIN #

* must provide value

2) Name of person filling out this form

* must provide value

What influenza brand(s) would you most likely order next year? Please rank each vaccine in the order of your preference. (1 being your highest preferred and 6 being your least preferred)

(One selection allowed per column)	1st Choice	2nd	3rd	4th	5th	6th Choice
3) Fluzone (6 months +) Single Dose Syringe <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Flumist (2 years +) Single Dose Intranasal Sprayer <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Fluarix (6 months +) Single Dose Syringe <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Flulaval (6 months +) Single Dose Syringe <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Flucelvax (6 months +) Single Dose Syringe <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Flublok (9 years +) Single Dose Syringe <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Please estimate the number of doses you anticipate ordering for the 2026-2027 Flu Season. <small>* must provide value</small>	<input type="text"/>					

Submit





Repurposing resulted in:

- Centralized communication
- Automated workflows
- Improved visibility and transparency
- Reduced manual processes
- Accelerated response times
- Enhanced coordination
- Significant cost savings





ARIZONA
— DEPARTMENT OF —
HEALTH SERVICES

MARICOPA
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PUBLIC HEALTH



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