Section IX. Immunization Information Systems

Instructions

**All grantees are required to complete this report.** Submission of the final Immunization Annual Progress Report must be done by the Immunization Program Manager or designee. Only one Annual Report will be accepted per grantee. If grantees receive information from other regions or counties in their jurisdiction, the grantee must compile the information into one Annual Report. All grantees that conduct registry activities in their state/territory are required to complete questions 1 through 5.

The Annual Report is due on April 30, 2011 of the year following the period of performance. CDC IISSB staff will contact each IIS after April 30th with questions and/or comments about the report and data submitted for CY2010. Revisions to modify submissions are NOT intended to be used for the purpose of reporting additional 2010 IIS data uploads that are submitted to the IIS between April 30, 2011 and May 31, 2011. Revisions to the IIS section of the Annual Report may be forwarded to Janet Kelly, CDC/NCIRD/IISSB at IZK2@cdc.gov and MUST be received by May 31, 2011.

Data Query Guidelines

- IISAR 2010 covers activities between January 1, 2010 and December 31, 2010, including:
  - Immunizations that were administered in CY 2010, but were entered into the IIS after December 31, 2010;
  - Children, adolescents, and adults who were within the specified age range during CY 2010, but were entered into the IIS after December 31, 2010;
  - **Excluding H1N1 vaccines administered and demographic records belonging to kids with only an H1N1 vaccination record in CY 2010.**

**NOTE:** Please contact Janet Kelly, CDC/NCIRD/IISSB at IZK2@cdc.gov to expand on any answers, document an answer you feel is more appropriate than the category provided, if the answer to a question is unknown or data are not available, or if you need clarification on a question or answer choice.

Definitions

**Immunization Information Systems (IIS):** IIS are confidential population-based systems that collect and consolidate vaccination data from multiple providers within a defined geographic area. IIS are important tools for designing and sustaining effective immunization strategies at the provider- and immunization program- levels (e.g., clinical decision support, assessment/vaccination coverage reports, reminder/recall, VFC/AFIX assessments, vaccine inventory management, interoperability with Electronic Health Records [EHR’s], etc).

**IPOM -** The 2008-2012 Immunization Program Operations Manual (IPOM) is a compilation of resources to assist immunization program managers and their staff in implementing comprehensive immunization programs. [http://www.cdc.gov/vaccines/vac-gen/policies/ipom/default.htm](http://www.cdc.gov/vaccines/vac-gen/policies/ipom/default.htm)

**Geopolitical Area** is defined as the area that contains the population of children residing in the geopolitical location covered by the IIS.
**Children, Adolescent and Adults** are considered inactive for the purposes of this reporting if they are (1) Inactive permanently, or (2) have moved or gone elsewhere at a jurisdictional level.

- There is no IIS activity in this state/territory (If no IIS activity, please complete Section A ONLY).

**Section A. Contact Information**

*Logic Guidance:*
- **QUESTIONS 1-5** ARE REQUIRED TO BE COMPLETED BY ALL GRANTEES, INCLUDING THOSE WITH NO IIS ACTIVITY.
- List ONLY government employee contacts in questions 4 and 5

1. Grantee: California

2. Name of IIS: **California Immunization Registry (CIR)**

2a. Immunization Program or IIS web address: **www.cirimweb.org**

3. Name of person(s) completing this report: **Steve P. Nickell, PhD**

4. Programmatic IIS Contact person (a manager or administrator who coordinates IIS activities).
   - Name: **Steve P. Nickell, PhD**
   - State: Select **CA**
   - Title: **Acting Chief, Registry**
   - Zip: **94804**
   - Phone: **510-620-3780 Ext:**
   - Address: **850 Marina Blvd Pky**
   - Fax: **510-620-3747**
   - Address 2: **Building P, 2nd Floor**
   - Email: **Steve.Nickell.cirdph.ca.gov**
   - City: **Richmond**
   - Check if contact person for questions about this report

5. Technical IIS Contact Person (coordinator of IIS software and/or hardware) □ Check if same as programmatic contact.
   - Name: **Michael Powell, MSc**
   - State: Select **CA**
   - Title: **Acting IIS Manager**
   - Zip: **94597**
   - Phone: **412-407-1255 Ext:**
   - Address: **2950 Bushire Ave**
   - Fax: **412-407-1300**
   - Address 2: **Suite 225**
   - Email: **michael.powell.cirdph.ca.gov**
   - City: **Walnut Creek**
   - □ Check if contact person for questions about this report

**SIDN imposes a 15 minute timeout. You must save data at least once every 15 minutes or entered/unsaved data will be lost.**

6. Which age groups are included in your IIS? (IPOM 6.1e)
   - Select one: **All ages**

3/18/2011
Section I. Saturation Measures

19-35 months old Participation

Logic Guidance:

- Include:
  - Doses that were reported after Dec 31, 2010 but administered during CY2010.
  - ALL DOSES (valid and invalid).
- Exclude:
  - Children with addresses outside of your state or geopolitical area. Geopolitical Area is defined as the area that contains the population of children residing in the geopolitical location covered by the IIS.
  - INACTIVE children in IIS. Children are considered inactive for the purposes of this reporting if they are (1) Inactive permanently, or (2) have moved or gone elsewhere at a jurisdictional level
  - H1N1 vaccines administered and demographic records belonging to kids with only an H1N1 vaccination record in CY2010
  - Travel vaccines (Encephalitis, yellow fever, typhoid, etc.)

7. Number of children 19 through 35 months of age in your geopolitical area (2009 Census Data)

8. Number of children 19 through 35 months of age with 2 or more immunizations in the IIS (including the birth dose HepB) that are both in your geopolitical area AND in your IIS

8.1 Proportion of children 19 through 35 months of age with 2 or more immunizations in the IIS that are both in your geopolitical area AND in your IIS (Q8/Q7)

19-35 months old - 4:3:1:3:3:1 Series Completion

Logic Guidance:

- Include:
  - ONLY VALID doses and those with documented immunity or disease.
  - Doses that were reported after Dec 31, 2010 but administered during CY2010.
  - When calculating Varicella coverage level, include those with history of disease.
  - 3+ doses of Hib-containing vaccine as up-to-date when calculating 4:3:1:3:3:1 (4 or more DTaP, 3 or more Polio, 1 or more MMR, 3 or more Hepatitis B, 3 or more Hib, and 1 or more Varicella) series completion.
- Exclude:
  - Children with addresses outside of your state or geopolitical area. Geopolitical Area is defined as the area that contains the population of children residing in the geopolitical location covered by the IIS.
  - INACTIVE children in IIS. Children are considered inactive for the purposes of this reporting if they are (1) Inactive permanently, or (2) have moved or gone elsewhere at a jurisdictional level

9. How many children in Question 8 have received the complete 4:3:1:3:3:1 series?

9.1 Proportion of children that have completed 4:3:1:3:3:1 series in IIS (Q9/Q8)
10. How many children in Question 8 have NOT received the complete 4:3:1:3:1 series?

10.1 Proportion of children that have NOT completed 4:3:1:3:1 series in IIS (Q10/Q8) 52%

11. Of the children in Question 10 how many are missing ONE dose from being up-to-date on their 4:3:1:3:1 series?

11.1 Proportion of children that have not completed 4:3:1:3:1 series who are one dose away from being up-to-date in IIS (Q11/Q10) 10%

19-35 months old - 4:3:1:3:1:4 Series Completion

Logic Guidance:

- Include:
  - ONLY VALID doses and those with documented immunity or disease.
  - Doses that were reported after Dec 31, 2010 but administered during CY2010.
  - When calculating Varicella coverage level, include those with history of disease.
  - 4 or more doses of DTaP, 3 or more doses of poliovirus, 1 or more doses of MMR, 4 or more doses of Hib vaccine (≥3 or >4 depending on brand type). When calculating Varicella coverage level, include those with history of disease. 3 or more doses of Hepatitis B vaccine, 1 or more doses of varicella, and 4 or more doses of PCV. This modified series replaces the 4:3:1:3:1:4 series.
- Exclude:
  - Children with addresses outside of your state or geopolitical area. Geopolitical Area is defined as the area that contains the population of children residing in the geopolitical location covered by the IIS.
  - INACTIVE children in IIS. Children are considered inactive for the purposes of this reporting if they are (1) Inactive permanently, or (2) have moved or gone elsewhere at a jurisdictional level.

12. How many children in Question 8 have received the complete 4:3:1:3:1:4 series?

12.1 Proportion of children that have completed 4:3:1:3:1:4 series in IIS (Q12/Q8) 44%

19-35 months old series - Other Recommended Immunizations

Logic Guidance:

- Include:
  - ONLY VALID doses and those with documented immunity or disease.
  - Doses that were reported after Dec 31, 2010 but administered during CY2010.
- Exclude:
  - Children with addresses outside of your state or geopolitical area. Geopolitical Area is defined as the area that contains the population of children residing in the geopolitical location covered by the IIS.
  - INACTIVE children in IIS. Children are considered inactive for the purposes of this reporting if they are (1)
Inactive permanently, or (2) have moved or gone elsewhere at a jurisdictional level

13. How many children in Question 8 have received at least 2 doses of Hepatitis A vaccine? \(156,917\)

13.1 Proportion of children who have received at least 2 doses of Hepatitis A vaccine. (Q13/Q8) \(37\%\)

14. How many children in Question 8 have received at least 2 doses of Rotavirus vaccine? \(283,542\)

14.1 Proportion of children who have received at least 2 doses of Rotavirus vaccine. (Q14/Q8) \(16\%\)

15. How many children 19-35 months of age have received at least 1 dose of Seasonal Influenza vaccine in your IIS between Aug 1, 2009 – June 30, 2010? \(469,676\)

15.1 Proportion of children in IIS who have received at least 1 dose of Seasonal Influenza vaccine in your IIS between Aug 1, 2009 – June 30, 2010. (Q15/Q7) \(79\%\)

SDN imposes a 15 minute timeout. You must save data at least once every 15 minutes or entered/unsaved data will be lost.

4 months - Under 6 year-old Participation

Logic Guidance:

- For children born from January 1, 2005 through August 31, 2010.
- Include:
  - Doses that were reported after Dec 31, 2010 but administered during CY2010.
  - ALL DOSES (valid and invalid).
- Exclude:
  - Children with addresses outside of your state or geopolitical area. Geopolitical Area is defined as the area that contains the population of children residing in the geopolitical location covered by the IIS.
  - INACTIVE children in IIS. Children are considered inactive for the purposes of this reporting if they are (1) Inactive permanently, or (2) have moved or gone elsewhere at a jurisdictional level
  - Children from duplicate records table
  - H1N1 vaccines administered and demographic records belonging to kids with only an H1N1 vaccination record in CY2010

16. Number of children between ≥4 months of age and < 6 years of age in the geopolitical area. (2009 Census Data)
\(307,837\)

17. How many children between ≥4 months of age and under 6 years of age are both in your geopolitical area AND in your IIS? \(235,070\)

17.1 Proportion of children between ≥4 months of age and under 6 years of age are both in your geopolitical area AND in your IIS. (Q17/Q16) \(37\%\)

3/18/2011
18. How many children in Question 17 have 2 or more immunization that are both in your geopolitical area AND in your IIS? (Healthy People 2020 Objective) [13]

18.1 Proportion of children in Question 17 have 2 or more immunization that are both in your geopolitical area AND in your IIS. (Q18/Q17) [96%]

4 months - Under 6 years of age - Other Recommended Immunizations

19. How many children between ≥4 months of age and < 6 years of age in your IIS who have received at least 1 dose of seasonal Influenza vaccine and recorded in your IIS between Aug 1, 2009 – June 30, 2010 (one flu season) [409525]

19.1 Proportion of children between ≥4 months of age and < 6 years of age in your IIS who have received at least 1 dose of seasonal Influenza vaccine and recorded in your IIS between Aug 1, 2009 – June 30, 2010 (one flu season). (Q19/Q16) [16%]

6 years of age - Series Completion

Logic Guidance:

- Include:
  - ONLY VALID doses and those with documented immunity or disease.
  - Doses that were reported after Dec 31, 2010 but administered during CY2010.
  - 3+ doses of Hib-containing vaccine as up-to-date when calculating 4:3:1:3:1:1 (4 DTaP, 3 Polio, 1 MMR, 3 Hepatitis B, 3 Hib & Varicella) series completion
  - When calculating Varicella coverage level, include those with history of disease
- Exclude:
  - Children with addresses outside of your state or geopolitical area. Geopolitical Area is defined as the area that contains the population of children residing in the geopolitical location covered by the IIS.
  - INACTIVE children in IIS. Children are considered inactive for the purposes of this reporting if they are (1) Inactive permanently, or (2) have moved or gone elsewhere at a jurisdictional level
  - H1N1 vaccines administered and demographic records belonging to kids with only an H1N1 vaccination record in CY2010

20. Number of children 6 years of age in the geopolitical area. (2009 Census Data) [605658]

21. How many children 6 years of age that are both in your geopolitical area AND in your IIS with 2 or more immunizations [924260]

21.1 Proportion of children 6 years of age in the geopolitical area. (Q21/Q20) [92%]

22. How many children in Question 21 have received the complete 4:3:1:3:1:1 series [214972]

3/18/2011
22.1 Proportion of children in Question 21 that have received the complete 4:3:1:3:3:1 series (Q22/Q21)[65%]

SDN imposes a 15 minute timeout. You must save data at least once every 15 minutes or entered/unsaved data will be lost

Adolescent Participation in IIS (11-17 years old)

Logic Guidance - Participation:

- Skip this section if you answered 'a.' on question 6.
- For adolescents 11-17 years (birthdates between Jan 1, 1993 and Dec 31, 1999).
- Include:
  - Doses that were reported after Dec 31, 2010 but administered during CY2010.
  - ONLY count ACIP recommended doses for adolescents.
  - Recommended adolescent doses ONLY if it was administered on or after their 11th birthday and through their 17th birthday (up until 18th birthday). http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2010/10_7-18yrs-schedule-pr.pdf
  - ALL DOSES (valid and invalid).
- Exclude:
  - Travel vaccines (Encephalitis, typhoid, etc.)
  - Adolescents with addresses outside of your state or geopolitical area. Geopolitical Area is defined as the area that contains the population of children residing in the geopolitical location covered by the IIS.
  - INACTIVE adolescents in IIS. Adolescents are considered inactive for the purposes of this reporting if they are (1) Inactive permanently, or (2) have moved or gone elsewhere at a jurisdictional level
  - H1N1 vaccines administered and demographic records belonging to kids with only an H1N1 vaccination record in CY2010
  - Travel vaccines (Encephalitis, yellow fever, typhoid, etc.) http://www.wnc.cdc.gov/travel/content/yellowbook/home-2010.aspx

<table>
<thead>
<tr>
<th>Question</th>
<th>11-12 years of age</th>
<th>13-17 years of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Number of adolescent by age category in your geopolitical area (2009 Census).</td>
<td>978724</td>
<td>3192703</td>
</tr>
<tr>
<td>24. How many adolescents in the following age groups are both in your geopolitical area AND in your IIS?</td>
<td>717281</td>
<td>751972</td>
</tr>
<tr>
<td>24.1 Proportion of adolescents in the following age groups that are both in your geopolitical area AND in your IIS. (Q24/Q23)</td>
<td>69%</td>
<td>55%</td>
</tr>
<tr>
<td>25. How many adolescents in the following age groups in Question 24 have 2 or more immunizations recorded in your IIS? (Healthy People 2020 Objective)</td>
<td>12007</td>
<td>1182093</td>
</tr>
<tr>
<td>25.1 Proportion of adolescents in the following age groups in Question 24 that have 2 or more immunizations recorded in your IIS. (Q25/Q24)</td>
<td>61%</td>
<td>67%</td>
</tr>
</tbody>
</table>

Adolescent Immunization Completeness in IIS (11-17 years old)

Logic Guidance - Participation:

3/18/2011
- Skip this section if you answered 'a.' on question 6.
- For adolescents 11-17 years (birthdate between Jan 1, 1993 and Dec 31, 1999).
- Include:
  - Doses that were reported after Dec 31, 2010 but administered during CY2010.
  - Doses only if administered if was administered on or after their 11th birthday and through their 17th birthday.
  - ONLY Recommended adolescent doses ONLY.
  - VALID DOSES ONLY.
- Exclude:
  - Valid doses outside of ACIP 11 - 17 recommendations, such as doses given due to risk factors or within dosing guidelines outside of ACIP recommendations.
  - Exclude HPV vaccine series given to girls beginning at age 9 or 10, even if the series was completed as an adolescent at age 11 - 17.
  - Exclude doses of Tdap or MCV4 given to active adolescents before age 11 as part of a high-risk group.
  - Travel vaccines (Encephalitis, typhoid, etc.)
  - Adolescents with addresses outside of your state or geopolitical area. Geopolitical Area is defined as the area that contains the population of children residing in the geopolitical location covered by the IIS.
  - INACTIVE adolescents in IIS. Adolescents are considered inactive for the purposes of this reporting if they are (1) Inactive permanently, or (2) have moved or gone elsewhere at a jurisdictional level
  - Adolescents from duplicate records table.
  - H1N1 vaccines administered and demographic records belonging to kids with only an H1N1 vaccination record in CY2010
  - Travel vaccines (Encephalitis, yellow fever, typhoid, etc.)
  - http://www.cdc.gov/travel/content/yellowbook/home-2010.aspx

<table>
<thead>
<tr>
<th>Question</th>
<th>11-12 years of age</th>
<th>13-17 years of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many adolescents in Question 24 have received at least 1 dose of seasonal influenza vaccine and recorded in your IIS between Aug 1, 2009 – June 30, 2010 (one flu season)?</td>
<td>57278</td>
<td>128910</td>
</tr>
<tr>
<td>Do NOT include a seasonal flu dose administered Aug 1, 2009 – June 30, 2010 if the recipient only turned 11 after receiving the dose. If the adolescent received a second dose after turning 11, include the dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.1 Proportion of adolescents in Question 24 have received at least 1 dose of seasonal Influenza vaccine and recorded in your IIS between Aug 1, 2009 – June 30, 2010 (one flu season). (Q26/Q24)</td>
<td>80%</td>
<td>90%</td>
</tr>
<tr>
<td>How many adolescents in Question 24 have at least one dose of Tdap/Td?</td>
<td>349453</td>
<td>1004985</td>
</tr>
<tr>
<td>27.1 Proportion of adolescents in Question 24 that have at least one dose of Tdap/Td. (Q27/Q24)</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>How many adolescents in Question 24 have at least one dose of MCV4/MPSV4?</td>
<td>111720</td>
<td>564477</td>
</tr>
<tr>
<td>28.1 Proportion of adolescents in Question 24 with at least one dose of MCV4/MPSV4. (Q28/Q24)</td>
<td>19%</td>
<td>29%</td>
</tr>
<tr>
<td>How many adolescents FEMALES are both in your geopolitical area AND in your IIS?</td>
<td>320031</td>
<td>1949027</td>
</tr>
</tbody>
</table>

3/18/2011
30. How many adolescent FEMALES in Question 29 have at least 3 doses of HPV?

30.1 Proportion of adolescent FEMALES in Question 29 that have at least 3 doses of HPV (Q30/Q29)

Adult Participation in IIS (≥ 19 years old)

Logic Guidance - Participation:
- Skip this section if you answered 'a.' or 'b.' on question 6.
- Questions 31-32 for adults ≥19 years old: (DOB <= 12/31/1991)
- Questions 33-35 for adults ≥50 years old: (DOB <= 12/31/1960)
- Include:
  - Doses that were reported after Dec 31, 2010 but administered during CY2010.
  - Doses only if administered on or after 19 yrs of age.
  - ALL DOSES (valid and invalid) for Questions 32 and 34.
- Exclude:
  - Travel vaccines (Encephalitis, yellow fever, typhoid, etc.)
    http://www.cdc.gov/travel/content/yellowbook/home-2010.aspx
  - Adults with addresses outside of your state or geopolitical area. Geopolitical Area is defined as the area that contains the population of adults residing in the geopolitical location covered by the IIS.
  - INACTIVE adults in IIS. Adults are considered inactive for the purposes of this reporting if they are (1) Inactive permanently, or (2) have moved or gone elsewhere at a jurisdictional level
  - Adults from duplicate records table.
  - H1N1 vaccines administered and demographic records belonging to adults with only an H1N1 vaccination record in CY2010

31. Number of adults ≥19 years old. (2009 Census Data) 26950835

32. Number of adults ≥19 years old both in your geopolitical area AND in your IIS with 1 or more immunizations recorded in your IIS 470512

32.1 Proportion of ≥19 years old in CY 2010 both in your geopolitical area AND in your IIS with 1 or more immunizations recorded in your IIS (Q32/Q31) 9.7%

33. Number of adults ≥50 years old. (2009 Census Data) 10918846

34. Number of adults ≥50 years old both in your geopolitical area AND in your IIS with 1 or more immunizations recorded in your IIS 57311256

34.1 Proportion of ≥50 years old in CY 2010 both in your geopolitical area AND in your IIS with 1 or more immunizations recorded in your IIS (Q34/Q33) 52.7%

3/18/2011
35. How many adults ≥50 years old both in your geopolitical area AND in your IIS have received at least 1 dose of seasonal influenza vaccine and recorded in your IIS between Aug 1, 2009 – June 30, 2010 (one flu season)?

35.1 Proportion of ≥50 years old in CY 2010 both in your geopolitical area AND in your IIS have received at least 1 dose of seasonal influenza vaccine and recorded in your IIS between Aug 1, 2009 – June 30, 2010 (one flu season)? (Q35/Q34)

SDN imposes a 15 minute timeout. You must save data at least once every 15 minutes or entered/unsaved data will be lost

Provider Site Participation

Logic Guidance:

- **Immunization SITE** definition - A clinic/site is the physical location where a sub-unit of a provider organization is based. This is not the physical location of an intermittent clinic is held.
- **Public Provider Immunization Site** definition - funded by a governmental agency directly. A unit of government is responsible for managing operations.
- **Private Provider Immunization Site** definition - funded privately and indirectly by a governmental agency (CMS for instance). A non-governmental unit is responsible for managing operations.
- Examples:
  a. Public provider Sites:
     1. Public health department operated clinic
     2. Public health department clinic as agent for FQHC/RHC
     3. Public hospital
     4. FQHC/RHC (community, migrant, or rural)
     5. Community health center
     6. Tribal or Indian Health Service clinic
     7. WIC
     8. STD/HIV
     9. Family planning
     10. Juvenile detention center
     11. Correctional facility (all ages)
     12. Drug treatment facility
     13. Other public health facility
  b. Private provider Sites:
     1. Private practice (solo, group, or HMO)
     2. Private practice (solo or group) as agent for FQHC/RHC
     3. Private hospital
     4. Special vaccine clinics, e.g. flu clinics
     5. Pharmacy
     6. Other private health facility

Examples are not mutually exclusive. For example, correctional facilities/drug treatment facilities/Community Health Centers/family planning clinics/etc can be either public or private depending on funding source

Public Provider Site Participation - IIS-based measure

36. Number of public provider immunization SITES in your geopolitical area enrolled in your IIS
37. Number of enrolled public provider immunization SITES in your geopolitical area that have submitted data to your IIS in the last 6 months of the year [1125]

37.1 Proportion of enrolled public provider immunization SITES in your geopolitical area that have submitted data to your IIS in the last 6 months of the year? (Q37/Q36) [59%]

Private Provider Site Participation - IIS-based measure

38. Number of private provider immunization SITES in your geopolitical area enrolled in your IIS [2201]

39. Number of enrolled private provider immunization SITES in your geopolitical area that have submitted data to your IIS in the last 6 months of the year [1045]

39.1 Proportion of enrolled private provider immunization SITES in your geopolitical area that have submitted data to your IIS in the last 6 months of the year? (Q39/Q38) [47%]

Section II. Functional Standards

40. Functional standards

Functional Standard 1:
Electronically store data on all NVAC-approved core data elements.

FS 2.1 Please fill in the following on each core data element fields included in your IIS database

Logical Guidance: Functional Standard 2.1 – NVAC Core Data Elements:

- For children at least 4 months of age and under 6 years of age: born between January 1, 2005 through August 31, 2010
- Where indicated, please provide a brief explanation if % data element in IIS for CY 2010 is less than 50%
- Core Data Elements Bolded under Functional Standard 2.1 are NVAC REQUIRED elements. Provide explanation if % populated is less than 95%. http://www.cdc.gov/vaccines/programs/iis/ifs/ifsredata.htm

<table>
<thead>
<tr>
<th>Core Data Elements (Bold type indicates REQUIRED ELEMENT)</th>
<th>CY2010% Data element Populated</th>
<th>Do you receive this data from the birth record source</th>
<th>Field Status</th>
<th>Explanation if data element populated is &lt;50% for non-required elements and if &lt;95% for required core data elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Patient's First Name [100%]</td>
<td>☑ Yes</td>
<td>□ No field in IIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Patient's Middle Name or Initial [40%]</td>
<td>☑ Yes</td>
<td>□ No field in IIS</td>
<td></td>
<td>NOT A MANDATORY FIELD IN CHIR</td>
</tr>
</tbody>
</table>

3/18/2011
c. Patient's Last Name  
   Yes ☑  
   No ☐  
   □ No field in IIS

d. Patient's Birth Date  
   Yes ☑  
   No ☐  
   □ No field in IIS

e. Patient's Sex  
   Yes ☑  
   No ☐  
   □ No field in IIS

f. Patient's Birth State  
   Yes ☑  
   No ☐  
   □ No field in IIS  
   *NOT A MANDATORY FIELD IN CATR*

g. Patient's birth order  
**Definition:** If the patient was part of a multiple birth, a number indicating the patient's birth order is entered in this field. This field should only be used if *PID-24-Multiple birth indicator* is valued as "yes."
   Yes ☑  
   No ☐  
   □ No field in IIS

h. Patient's Birth Country  
   Yes ☑  
   No ☐  
   □ No field in IIS  
   *NOT A MANDATORY FIELD IN CATR*

i. Mother's Name (first, middle, last, maiden)  
**Definition:** The mother's name element refers to current legal mother (who may or may not be birth mother). To receive credit for the mother's name, at least a surname (last or maiden) and one other name element (one of remaining 3) must be valued.
   First:  
      Yes ☑  
      No ☐  
      □ No field in IIS
   Middle:  
      Yes ☐  
      No ☑  
      □ No field in IIS
   Last:  
      Yes ☑  
      No ☐  
      □ No field in IIS  
      *NOT A MANDATORY FIELD IN CATR*
   Maiden:  
      Yes ☑  
      No ☐  
      □ No field in IIS  
      *NOT A MANDATORY FIELD IN CATR*

j. Vaccine Type  
   Yes ☑  
   No ☐  
   □ No field in IIS

k. Vaccine Manufacturer  
   **Logic guidance:** Only count administered shots in CY2010 for 4 months-<6 year olds. Exclude historical shot records.
l. Vaccine Date

m. Vaccine Lot Number
   Logic guidance: Only count administered shots in CY2010 for 4 months-<6 year olds. Exclude historical shot records.

n. Race
   Definition: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

o. Ethnicity
   Definition: 1) Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) OR 2) Not Hispanic or Latino.

p. Address (Street, City, State, Zip)
   Logic Guidance: Exclude addresses outside your geopolitical area. Include PO box addresses.

q. Phone Number
   Logic Guidance: Exclude addresses outside your geopolitical area. Include PO box addresses.

r. Historical vaccination flag indicator
   Definition: Field to denote that a vaccination was entered based on historical information such as: (source unspecified, from other provider, from parent's written record, from parent's recall, from other IIS, from birth certificate, from school record, or from public agency or if your system has a default value where if blank it defaults to historic).

Field populated: • Yes

□ No field in IIS
s. VFC Eligibility
   **Definition:** A field to denote that a person is eligible for VFC such as: (VFC eligibility not determined/unknown, Not VFC eligible, VFC eligible - Medicaid/Medicaid Managed Care, VFC eligible - Uninsured, VFC eligible – American Indian/Alaskan Native, VFC eligible - Federally Qualified Health Center Patient (under-insured), VFC eligible - State-specific eligibility (e.g. S-CHIP plan), or VFC eligible - Local-specific eligibility).
   - Field populated: ☑ Yes  ☐ No  ☐ No field in IIS

t. History of Varicella Disease Indicator
   **Definition:** A field to denote if person had Varicella
   - Field populated: ☑ Yes  ☐ No  ☐ No field in IIS

u. Patient status indicators:
   **Definition:** A field to denote the status of a patient such as: Active, Inactive, Inactive-Lost to follow-up,(cannot contact), Inactive-Moved or gone elsewhere (transferred), Inactive-Permanently inactive (deceased), Other, or Unknown.
   - Provider level:
     -- Field populated: ☑ Yes  ☐ No  ☐ No field in IIS
   - Jurisdictional level:
     -- Field populated: ☑ Yes  ☐ No  ☐ No field in IIS

v. Email address (NEW)
   **Logic Guidance:** Email address associated to patient that could be used to communicate with patient and/or the parent/guardian.
   - ☐ Yes  ☑ No  ☐ No field in IIS

SDN imposes a 15 minute timeout. You must save data at least once every 15 minutes or entered/unsaved data will be lost

**Logic Guidance: Functional Standard 2.2 and 2.2.1**

- For children born between January 1 through December 31, 2010.
- Include:
  - Records that were reported after Dec 31, 2010 for CY2010 births born in the catchment area
  - Other birth record source includes birthing hospitals, perinatal or newborn screening programs.
- Exclude: Deceased children

Functional Standard 2:
Establish a registry record within 6 weeks of birth for each newborn child born in the catchment area.

FS2.2 What is the average amount of time, IN WEEKS, between a newborn child's birth and the establishment of an IIS record for newborn child in the catchment area?
a. From Vital records
b. From Other birth record sources
c. From NON-birth record sources Please describe source: MANUAL ENTRY / BATCH UPLOAD
d. All records

FS2.2.1 Number newborn children born in the catchment area have an IIS record established within 6 weeks (42 days) of birth in CY2010: [ ] [ ] [ ] [ ]

i) Proportion of newborn children born in the catchment area that have an IIS record established within 6 weeks (42 days) of birth: [ ] [ ] [ ]

Functional Standard 3:
Enable access to and retrieval of immunization information in the registry at the time of encounter.

FS2.3 PRIOR to a patient encounter, can participating providers access immunization information in the IIS? [ ] Yes [ ] No

FS2.3.1 DURING a patient encounter, can participating providers access immunization information in the IIS? [ ] Yes [ ] No

Logic Guidance: Functional Standard 2.4, 2.4.1

- For children at least 4 months of age and under 6 years of age; born between January 1, 2005 through August 31, 2010
- For vaccines administered in CY2010
- Include: Vaccines administered in CY2010 but recorded/reported in 2011
- Exclude:
  - Historical records - Field to denote that a vaccination was entered based on historical information such as:
    - (source unspecified, from other provider, from parent's written record, from parent's recall, from other IIS, from birth certificate, from school record, or from public agency).
  - Exclude H1N1 vaccines.
- Definitions:
  - Batch - vaccines electronically import in batch files that are loaded regularly (daily, weekly, monthly, etc) after provider is enrolled. Should include current vaccines administered.
  - Electronic real time - vaccines electronically transmitted real-time for doses administered after provider is enrolled. Should include have indicator for doses administered and historical (do NOT count historical vaccines).
  - Direct entry - vaccines administered in IIS using the user interface.

Functional Standard 4:
Receive and process immunization information within 1 month 1 of vaccine administration.

FS2.4 For all of the vaccines administered during CY2010 for children at least 4 months of age and under 6 years of age and recorded in the IIS, what percent of vaccine doses were reported to the IIS within the following time frames: Column totals should add up to 100%. Please enter whole numbers - no decimal.

<table>
<thead>
<tr>
<th>No.</th>
<th>Timeframe</th>
<th>Paper</th>
<th>Batch</th>
<th>Electronic Real time</th>
<th>Direct Entry</th>
<th>Cannot separate</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3/18/2011</td>
</tr>
<tr>
<td>a. # Equal to or less than 1 day</td>
<td></td>
<td></td>
<td>✔</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. # greater than 1 day - equal or less than 7 days</td>
<td>✔</td>
<td>✔</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. # greater than 7 days - equal or less than 14 days</td>
<td>✔</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. # greater than 14 days - equal or less than 30 days</td>
<td>✔</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. # greater than 30 days</td>
<td></td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS (Auto-calculated)</td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Column totals should add to 100%

# of Records by type

Functional Standard 5: Protect the confidentiality of health care information.

FS2.5 Has a written confidentiality policy been implemented that protects information in IIS (Note this can be set by state grantee, agency IT department, higher level state Health Information Exchange, state law, etc)? Yes ☐ No


FS2.6 Has a written security policy that protects information in your IIS been implemented? (Note this can be set by state grantee, agency IT department, higher level state Health Information Exchange, state law, etc)? Yes ☒ No

Functional Standard 7: Exchange immunization records using Health Level Seven (HL7) standards.

FS2.7 Is your IIS capable of receiving and/or sending any messages using HL7 message standards consistent with the specifications in the NCIRD's HL7 implementation guides? (version 2.3.1: http://www.edc.gov/vaccines/programs/iis/standards/downloads/HL7-guide2010-508.pdf; version 2.5.1 http://www.edc.gov/vaccines/programs/iis/standards/downloads/HL7-guide2010-508.pdf)

Yes. version 2.3.1 ☒ Yes, version 2.5.1 ☐ Yes, other version ☐ No

**Logic Guidance: Functional Standard 2.7.1-2.7.3 HL7 Capacity**

- If you answered "yes" to any version of HL7 above, please answer the following questions with regard to the current capability of your Immunization Information System (IIS).
- Please consider ONLY your system's capability using HL7, any version. DO NOT consider flat-file or web-interface transactions.
- "Automatically" refers to the IIS performing this function in real-time, triggered by the receipt of an HL7 message from a provider's EHR, without relying upon any manual action of IIS or program staff. Any operation that requires program staff to run a program or start a batch does not qualify as "automatic."

<table>
<thead>
<tr>
<th>No.</th>
<th>Messaging Function</th>
<th>Currently in Production</th>
<th>Available but not used</th>
<th>Will be implemented in &lt; 12 months</th>
<th>Not available nor planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.7.1 Receiving HL7 Messages</td>
<td>IIS imports patient and shot data in HL7 format, but only by manual upload of an HL7 file</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
</tr>
</tbody>
</table>

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Functional Standard 8: Automatically determine the routine childhood immunization(s) needed, in compliance with current ACIP recommendations, when an individual presents for a scheduled immunization.

FS2.8 Does your IIS have a forecasting algorithm function (i.e. scheduler, recommender, etc) in place, accessible at the provider level that identifies needed immunizations, consistent with current ACIP recommendations, given an individual's immunization history to date? ☑ Yes ☐ No

Functional Standard 9: Automatically identify individuals due/late for immunization(s) to enable the production of reminder/recall notifications.

FS2.9 Can your IIS electronically generate the following notifications based on ACIP recommendations? (e.g., notices to be mailed, input to an automated telephone reminder system, lists for provider use)

REMITTER ☑ Yes ☐ No
RECALL ☑ Yes ☐ No

Functional Standard 10: Automatically produce immunization coverage reports by providers, age groups, and geographic areas.

FS2.10 Can your IIS produce immunization coverage reports by providers, age groups, and geographic areas upon request?

Definition: The IIS has a function to assess immunization coverage (e.g., % of children "age-appropriately" immunized based on ACIP recommendations) as of a given date for an individual provider's practice, for the registry's entire catchment area, and for subgroups within a practice or the catchment area (e.g., children of a certain age) either upon request or automatically? (i.e. by provider, age, and geographic) ☑ Yes ☐ No

Functional Standard 11: Produce official immunization records.

FS2.11 Is an IIS function in place that allows authorized users to print a copy of an individual's immunization history that serves as an "official immunization record"? ☑ Yes ☐ No

Functional Standard 12: Promote accuracy and completeness of registry data.

FS2.12 Does the IIS have a patient de-duplication protocol to combine all available information relating to a particular individual into a single accurate immunization record?

Definition: De-duplication algorithm selects records for comparison based on criteria and compares a set of data elements

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based on rules established by the IIS and takes actions as defined by the IIS to merge the records, present them for manual resolution or maintain them as separate records.  ☑ Yes ☐ No

SDN imposes a 15 minute timeout. You must save data at least once every 15 minutes or entered/unsaved data will be lost

Section III. Data Quality

Sub-section III-A. Birth/Death Data Source

Logic Guidance: Questions 41-42 Birth Data

- For children in CY 2010: between January 1 through December 31, 2010
- Count births in your geopolitical/catchment area only
- Include:
  - Count birth dose HepB administered in CY 2010 but can be recorded in 2011
  - Data from Electronic Health Records (EHR)
- Exclude: Births outside your geopolitical area.
- Question 41:
  - Count a newborn record that has been "created" for the first time. Do not count twice if "updated" by another source
  - Count only unique records excluding those marked as duplicates
- Question 42: Birth dose of Hepatitis B is defined as administered within 7 days of birth. (ACIP)

41. Please give the number of records created in your IIS for children born between January 1 through December 31, 2010 per sources listed below.

<table>
<thead>
<tr>
<th>No.</th>
<th>Source</th>
<th># Newborn records created</th>
<th>Manual entry / Fax Direct data entry</th>
<th>Electronic feeds / imported</th>
<th>Cannot differentiate</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Vital records (state/jurisdiction source)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Includes birthing hospitals, perinatal or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>newborn screening programs, billing or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>insurance data, HEDIS or Medicaid data,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>or any other data).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>CY2010 Birth Cohort (US Census, auto-</td>
<td>5588912</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>populated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>TOTAL</td>
<td>555540</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td>Percentage of Cohort in IIS</td>
<td>9470</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42. Please give the number of birth dose Hepatitis B received in your IIS per sources listed below for children born in CY2010 only.

<table>
<thead>
<tr>
<th>No.</th>
<th>Source</th>
<th># birth data received</th>
<th>Manual entry / Fax Direct data entry</th>
<th>Electronic feeds / imported</th>
<th>Cannot differentiate</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Vital records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Includes birthing hospitals, perinatal or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>newborn screening programs, billing or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>insurance data, HEDIS or Medicaid data,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3/18/2011
or any other data).

TOTAL

**Logic Guidance: Questions 43-46 Death Data.**

- For individuals of ALL AGES
- Include: that were reported after December 31, 2010 but occurred during CY2010.

43. Does your IIS have a field to enter date of death? ☑ Yes ☐ No

44. Does your IIS receive date of death from Vital Records?
1. ☑ Yes ☐ No
   Electronically
2. ☑ Yes ☐ No
   Manually

45. Please estimate average number of days from date of death to IIS notification. □□□□ days ☑ Cannot determine

46. Please estimate average number of days from IIS notification to removal/inactivation of the record. □□□□ days ☑ Cannot determine

**Sub-section III-B. Patient Level De-Duplication**

**Logic Guidance: Question 47 Patient Level De-Duplication**

- Age as of December 31, 2010
  - For children at least 4 months of age and under 6 years of age: born between January 1, 2005 through August 31, 2010
- For adolescents 11-17 years old (birthdates between Jan 1, 1993 and Dec 31, 1999)
- Include:
  - ALL patient records in appropriate age range, this implies any patients held in a pending queue used for validation
  - ALL patient records added to IIS as of December 31, 2010
- Exclude:
  - Permanently Inactive patients (deceased).

If Yes to FS2.12:
47. Please fill in appropriate boxes below.

<table>
<thead>
<tr>
<th>No.</th>
<th>Source</th>
<th># children 0-6 years old</th>
<th># adolescents 11-17 years old</th>
<th>Check if cannot determine</th>
<th>If cannot determine please explain</th>
<th>Please explain if &gt;5% duplicates</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>How many TOTAL patient records are in your IIS as of 12/31/2010?</td>
<td>190070</td>
<td>180454</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>How many TOTAL patient records were flagged in your IIS as possible duplicate?</td>
<td>118002</td>
<td>118046</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Percentage of TOTAL</td>
<td>11%</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3/18/2011
How many duplicate records were resolved [combined into one record or determined not duplicate] during CY2010?

(c) Percentage of Resolved 84% 79%

Sub-section III-C. Vaccine Level De-Duplication

**Logic Guidance: Question 48-50 Vaccine Level De-Duplication**

- For children at least 4 months of age and under 6 years of age: born between January 1, 2005 through August 31, 2010
- For patients 11-17 years old (day they turn 11 until day before they turn 18)
- Include:
  - o ALL vaccine records, this implies any vaccination held in a pending or hidden queue used for validation or historical documentation purposes
  - o ALL vaccination records added to IIS as of December 31, 2010.
- Exclude: Permanently inactive patient records (deceased).
- Question 48:
  - o Exclude Twinrix, Oral Typhoid, Rabies, and Mumps, Measles, and Rubella if number of days in between administration dates is within 10 days of each other.

48. Have you implemented VACCINE de-duplication processes in your IIS? ☑ Yes ☐ No

(If No, skip to next section)

49. If yes, do you use a set number of days (i.e. 10) between administration dates when identifying candidates for vaccine de-duplication?

☐ No ☑ Yes - number of days

50. If yes, Please fill in appropriate boxes below. *(SKIP PER CDC)*

<table>
<thead>
<tr>
<th>No.</th>
<th>Source</th>
<th># of duplicated vaccines</th>
<th>Check if cannot determine/Flag</th>
<th>Please explain if &gt;5% duplicates</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>How many TOTAL vaccine records are flagged in your IIS as possible duplicate as of 12/31/2010?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>(b)</td>
<td>How many TOTAL vaccine records are in your IIS as of 12/31/2010?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>(c)</td>
<td>Percentage of TOTAL [Auto-calculated = (a/b)]</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>(d)</td>
<td>How many duplicate vaccine records were resolved [deleted, combined, or marked as not duplicate] during CY2010?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>(e)</td>
<td>Percentage of Resolved [Auto-calculate = d/a]</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

SDN imposes a 15 minute timeout. You must save data at least once every 15 minutes or entered/unsaved data will be lost

Sub-section III-D. Assurance for Incoming Data

**Logic Guidance: Question 50-53 Illogical Data**

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Data Quality Assurance is defined as having a process in place to check for the illogical data as it comes into the IIS and you prevent it from entering.

- Include:
  - ALL patient records in IIS, this implies any patients held in a pending queue used for validation
  - ALL patient records added to IIS as of December 31, 2010.
- Exclude: Permanently inactive patient records (deceased).
- Vital - data from a Vital Statistics import which submits legal birth certificate information
- Other Electronic data (Other Elect) - any data coming in through an electronic feed but can include batch, flat file, real-time data (excludes Vital and UI data).
- User Interface (U.I. - also referred to as direct data entry) - data is entered in IIS user interface.

51. Do you monitor Data Quality of Incoming Data in your IIS? ☑ Yes ☐ No

(If No, skip to next section)

52. Please indicate whether you check for the following illogical data elements for incoming data

<table>
<thead>
<tr>
<th>No.</th>
<th>Source</th>
<th>Currently checking for Vital illogical data</th>
<th>Currently checking for Other Elect. illogical data</th>
<th>Currently checking for U.I. illogical data</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Patient Name, (First, middle, last) - Should not contain invalid name characters such as %</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Patient Date of Birth - Dates should represent valid calendar dates.</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Patient Date of Death - Dates should represent valid calendar dates.</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>Patient Gender - Should be chosen from the standard table of codes for gender.</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td>Mother's Name, Maiden - Should not contain invalid name characters such as %</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td>Vaccination Encounter Date - Dates should represent valid calendar dates.</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td>ZIP Codes - For addresses with a US country code (or a blank US country code that is assumed to be US): ZIP codes may be either 5 or 9 digits in length (ZIP+4) and with a dash appearing after the first 5 digits. This dash should be optional and either removed or added as needed by the registry. Non-US ZIP codes should follow the postal code regulations of that country's postal authority. Registries may choose whether or not to validate non-US postal codes.</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>(h)</td>
<td>Phone Number - Correct format should be XXX-XXX-XXXX. Numbers that are commonly reported but should be rejected: 012-345-6789 'NNN-NNN-NNNN' where N is same number.</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td>Address (street, city, zip code) field - Not blank, no entries like NFA (No forwarding Address).</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

53. Please indicate if your IIS takes the following validation steps for incoming data below.

3/18/2011
<table>
<thead>
<tr>
<th>No.</th>
<th>Data Validation</th>
<th>Currently checking for Other Elect. illogical data</th>
<th>U.L. illogical data</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Vaccine type should match the appropriate administration route</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>(b)</td>
<td>Vaccine type should be paired with the licensed vaccine manufacturer</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>(c)</td>
<td>Vaccination Encounter date must not be before patient date of birth</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>(d)</td>
<td>Vaccination Encounter date should not be after the patient date of death</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>(e)</td>
<td>Vaccination encounter date must be less than or equal to report submission date</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>(f)</td>
<td>Vaccination Encounter date should not be on the patient date of birth unless it is on the list of vaccines recommended on the date of birth (Hep B)</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>(g)</td>
<td>Vaccination encounter date should not be after the lot number expiration date</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>(h)</td>
<td>Route and site should be consistent with the vaccine type</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>(i)</td>
<td>Vaccination and encounter date should be within the vaccine product license date range</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>(j)</td>
<td>An administered vaccine should not have a medical contraindication for a patient</td>
<td>☑ Yes ☐ No</td>
<td>☑ Yes ☐ No</td>
</tr>
</tbody>
</table>

Sub-section II-E. Reminder-Recall

54. Can your IIS run Reminder/Recall at the state/grantee level on behalf of other parties (e.g., Providers)? ☑ Yes ☐ No

55. What type of reminder/recall notification methods does your IIS offer? (check all that apply)
☑ Postcard
☑ Letter
☐ Auto-dialer
☐ Text message
☐ Email
☐ Other [LABELS]

56. Do your provider sites run Reminder/Recall? ☑ Yes ☐ No

57. Do you monitor the number of provider sites that run reminder/recall in your IIS? ☑ Yes ☐ No

58. If yes to 56, how many provider sites used Reminder/Recall in your IIS for CY2010? 4239 ☑ Cannot determine

59. Can your IIS calculate the number of Reminder/Recalls run in CY2010? ☑ Yes ☐ No

60. If yes to 59, how many ran/created during CY2010?
Reminders
Recalls
Total if cannot separate 3039

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Sub-section III-F. Moved or Gone Elsewhere (MOGE)

61. Do you track patient active/inactive (Management of Moved or Gone Elsewhere (MOGE) Status and Other Patient Designations) status in your IIS? ☐ Yes ☐ No

(If No, skip to next section)

62. Please indicate if your IIS has the appropriate patient status fields below.

<table>
<thead>
<tr>
<th>No.</th>
<th>Data Validation</th>
<th>At the Provider level</th>
<th>At the Geographic level</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Active</td>
<td>☑ Yes ☐ No</td>
<td>☐ Yes ☑ No</td>
</tr>
<tr>
<td>(b)</td>
<td>Inactive - Lost to follow-up (cannot contact)</td>
<td>☑ Yes ☐ No</td>
<td>☐ Yes ☑ No</td>
</tr>
<tr>
<td>(c)</td>
<td>Inactive - Moved or gone elsewhere (transferred)</td>
<td>☑ Yes ☐ No</td>
<td>☐ Yes ☑ No</td>
</tr>
<tr>
<td>(d)</td>
<td>Inactive - Permanently inactive (death)</td>
<td>☑ Yes ☐ No</td>
<td>☐ Yes ☑ No</td>
</tr>
<tr>
<td>(e)</td>
<td>Unknown</td>
<td>☑ Yes ☐ No</td>
<td>☐ Yes ☑ No</td>
</tr>
</tbody>
</table>

SDN imposes a 15 minute timeout. You must save data at least once every 15 minutes or entered/unsaved data will be lost.

Section IV. Interoperability


Sub-section IV-A. Electronic Transaction Received by IIS by Type

Logic Guidance: Question 63

- Definition: Electronic transaction is any form of electronic information that is received by your IIS
- Estimate at the patient and vaccination record levels
- Include: Any transaction with new information (history submissions, query requests, updates, etc.).

63. Estimate the percentage of the different types of electronic transactions by format type that are received (excluding the vital record feed) by your IIS during CY2010. (Percentages should total 100%)

| Health Level 7 (any message type or version) | 10% |
| Flat file (include Excel, comma, tab separated, column defined, etc.) | 20% |
| Database format | ☐ |
| XML schema | ☐ |
| Digitally scanned document (can include forms that have to be scanned once they arrive at the IIS, OCR) | ☐ |
| User Interface (real-time data entry) | ☑ |
| Other1 - describe format: | ☐ |
| Other2 - describe format: | ☐ |
| Total | 100% |

Section IV-B. Exchange Volume

64. If Yes to FS 2.7 and 2.7.1, then please indicate the number of records that were exchanged (send and received) with your IIS during CY2010 per the sources listed below?

3/18/2011
<table>
<thead>
<tr>
<th>Exchange requests</th>
<th># of messages</th>
<th>Do not exchange this message type</th>
<th>Check if cannot determine #</th>
</tr>
</thead>
<tbody>
<tr>
<td>HL7 vs 2.3.1 Messages sent by IIS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VXU</td>
<td>52,051</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>VXR</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>VXX</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>ACK</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>QCK</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>VXX</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>ORU</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>ADT</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HL7 vs 2.3.1 Messages received by IIS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VXU</td>
<td>181098</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>VXR</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>VXX</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>ACK</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>QCK</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>VXX</td>
<td>12456509</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>ORU</td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>ADT</td>
<td>58226</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>349613</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section IV-C. Transport Layer Functionality

Logic Guidance: Question 65-67

- Definition: Transport layer refers to the protocol that enables IIS to physically transmit the data contained in an HL7 message to a receiving information system or for a sending information system to transmit it to the IIS. It is not the system that processes, sends, or receives a message, but rather the mechanism used to transfer a message between systems.

65. What protocol do you use to transport data between your IIS and Health Information Systems? choose all that apply:

- [x] a. ebXML
- [x] b. HTTPS/SSL
- [ ] c. CORBA
- [ ] d. SOAP/XMLLP
- [x] e. Message queueing
- [ ] f. Email/SMTP
- [x] g. MLLP
- [ ] h. Other
- [ ] i. Does not apply

66. What application, if any, do you use to transport data between your IIS and Health Information Systems? choose all

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that apply:

☐ a. PHIN-MS  
☐ b. STC Bridge  
☐ c. Rhapsody  
☒ d. Other  
☐ e. Does not apply

Section IV-D. Health Information Exchanges and IIS

67. Does your IIS actively send or receive data from any state/city/regional HIE exchange?  ☐ Yes ☒ No

(If No, skip to question 71)

68. If yes to 67, list them which state/city/regional HIE exchanges you participate in:
State/city/regional HIE exchanges: ____________________________

69. Indicate how you exchange data below Choose all that apply:

☐ Flat file exchange  
☐ HL7 unidirectional ☐ Real-time ☐ Batch  
☐ HL7 bidirectional ☐ Real-time ☐ Batch

70. What information does your IIS receive and supply through the HIE?

a. Just immunization data (vaccine types, dates) ☐ receive ☐ supply  
b. Both immunization data and vaccine forecasting data ☐ receive ☐ supply  
c. Patient demographic data ☐ receive ☐ supply  
d. Other non-immunization data: describe ☐ receive ☐ supply  
e. Have not determined yet ☐ receive ☐ supply

71. Does your IIS exchange data grantee to grantee?  ☐ Yes ☒ No  
If yes, which state(s): ____________________________

72. If yes to 71, Indicate how you exchange data below Choose all that apply:

☐ Flat file exchange  
☐ HL7 unidirectional ☐ Real-time ☐ Batch  
☐ HL7 bidirectional ☐ Real-time ☐ Batch

SDN imposes a 15 minute timeout. You must save data at least once every 15 minutes or entered/unsaved data will be lost  

3/18/2011
### Logic Guidance: Question 74

- Public/private provider sites can be located through various sources, including but not limited to, phone books, AAP, VFC provider data, etc. A provider site may have more than one provider. See detailed description in Provider Participation Section above.
- Definition of EHR: computerized replacement of the paper medical chart as the primary source of patient information.
- Directly to the IIS would include either electronic information batch or real time but would not go through billing systems; it would be direct to the IIS. This should not include those EHR systems that have sent test messages only.

73. Check the names of **EHR vendors** that have transmitted data electronically to your IIS from encounters (ie not billing data) during CY2010.

☑ OR check box if you do not interface with EHR's

<table>
<thead>
<tr>
<th>No.</th>
<th>EHR Vendor / product</th>
<th>Check if providing immunization data directly to your IIS</th>
<th>EHR system submits flat files to IIS</th>
<th>EHR system sends VXU (update) messages to your IIS</th>
<th>EHR system sends VXQ (query) messages to your IIS</th>
<th>If EHR does not send VXQ (query) to your IIS, can they still RECEIVE data from IIS in another format</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Allscripts - Touchworks</td>
<td>✓</td>
<td>✓ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>b.</td>
<td>Cerner</td>
<td>☑</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>c.</td>
<td>Connexin Soft - Office Practicum</td>
<td>✓</td>
<td>✓ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>d.</td>
<td>eClinical - eClinical Works</td>
<td>✓</td>
<td>✓ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>e.</td>
<td>EHS</td>
<td>☑</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>f.</td>
<td>eMDs</td>
<td>☑</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>g.</td>
<td>Epic Systems - Epicare</td>
<td>✓</td>
<td>✓ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>h.</td>
<td>GE Medical - Centricity (Logician)</td>
<td>✓</td>
<td>✓ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>i.</td>
<td>McKesson</td>
<td>☑</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>j.</td>
<td>MD</td>
<td>☑</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>k.</td>
<td>Misys Healthcare Systems</td>
<td>✓</td>
<td>✓ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>l.</td>
<td>Netsmart - Insight</td>
<td>✓</td>
<td>✓ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>m.</td>
<td>NextGen</td>
<td>✓</td>
<td>✓ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>n.</td>
<td>PCC</td>
<td>☑</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>o.</td>
<td>Practice Partners</td>
<td>☑</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>p.</td>
<td>RPMS-IHS</td>
<td>✓</td>
<td>✓ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>q.</td>
<td>Sage (previously Medical Manager)</td>
<td>☑</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>r.</td>
<td>SeaSoft</td>
<td>✓</td>
<td>✓ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>s.</td>
<td>Other - Use template below to add &quot;Other&quot; EHR vendors</td>
<td>✓</td>
<td>✓ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>t.</td>
<td>No vendor</td>
<td>☑</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
<td>☑ Yes ☑ No</td>
</tr>
</tbody>
</table>

---

3/18/2011
u. Do not track EHR vendors [ ]

Add EHR "OTHER" vendors by entering data in fields below. Click the "Add OTHER EHR Vendor Info" button to add the record to the EHR table shown above. Repeat this step to multiple vendors.

**Q73 OTHER EHR VENDORS - DATA ENTRY TEMPLATE**

1. EHR Vendor / Product

2. Check if providing immunization data directly to your IIS [ ]

3. EHR system submits flat files to IIS [ ] Yes [ ] No

4. EHR system sends VXU (update) messages to your IIS [ ] Yes [ ] No

5. EHR system sends VXQ (query) messages to your IIS [ ] Yes [ ] No

6. If EHR does not send VXQ (query) to your IIS, can they still RECEIVE data from IIS in another format [ ] Yes [ ] No

[ ] Add OTHER EHR Vendor Info

When button above is clicked, new item will appear in Q73 table, row "s. Other".

**Section IV-F. VTrckS and IIS**

74. How does your program plan on placing provider orders in VTrckS? Please check all that apply:

- [ ] Utilize your External Information system such as your IIS
- [ ] Enter orders manually into VTrckS on behalf of providers
- [ ] Allow providers to enter order through the web into VTrckS

75. Do you plan to implement an ExIS/IIS with ordering functionality or expand existing ordering functionality within the next 12 months?

- [ ] Yes [ ] No [ ] Don't know

76. Does your IIS currently handle vaccine return orders?

- [ ] Yes [ ] No If Yes, please describe: __________________________

77. Select all types of supporting documentation that your IIS stores for your providers Please check all that apply:

- [ ] Temperature logs
- [x] Doses administered
- [ ] Inventory

SDN imposes a 15 minute timeout. You must save data at least once every 15 minutes or entered/unsaved data will be lost.
Section V. Data Use

Logic Guidance:

- Provider level jurisdiction - A provider organization is accountable for its patients, thus establishing provider level accountability.
- Geographic level jurisdiction - A geographic jurisdiction is one type of jurisdiction and is any defined collection of locations. For example, a city is a geographic jurisdiction and so is a state or a territory. A jurisdiction may contain other jurisdictions – i.e., a state may contain counties and cities. A jurisdiction may be responsible for a population which contains a collection of individuals. A geographic jurisdiction is also accountable for any individual who has been identified as residing within its boundaries, resulting in jurisdiction level accountability.

78. If Yes to FS 2.10, how are the reports generated? (can have answer on both lines)
   Automatic/standard reports Yes No if yes, list type of reports:
   Adhoc reports Yes No if yes, list type of reports:
   Reports tailored to provider’s need.

79. Do you use IIS data for immunization program management purposes such as: Check all that apply:
   a. Epidemiology
      i. routine surveillance Yes No
      ii. outbreak management Yes No
      iii. new vaccine uptake Yes No
      iv. monitor contraindications Yes No
      v. track adverse events Yes No
      vi. track children born to HbsAG unknown/positive mothers for intensified HepB surveillance Yes No
      vii. facilitate report to VAERS (IIS reporting to VAERS for initial evaluation of vaccine safety issues.) Yes No
   b. Program management Reports
      i. IIS data quality reports, if yes please list type of reports Yes No
         Type of reports: Baby boy/Girl clean-up, SuperIK clean-up, Vaccines before 18m, and others upon request.
      ii. Vaccine inventory management
         a). doses administered report Yes No
         b). vaccine recall Yes No
         c). VFC eligibility Yes No
   iii. Assessments
       a). UTD status Yes No

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b). school assessments ☑ Yes ☐ No

c). vaccine coverage ☐ Yes ☑ No

d). pockets of need (geopolitical or demographic pockets of need) ☐ Yes ☑ No

e). AFIX ☐ Yes ☑ No

f). HEDIS reporting ☑ Yes ☐ No.

c). Emergency preparedness ☑ Yes ☐ No

d). Other ☐ Yes ☑ No

Please specify: ____________

80. Is your IIS data geo-coded for Geographic Information System (GIS)? ☐ Yes ☑ No

Definition: Geo-coding is a process of assigning coordinates to addresses so they can be displayed as a point on a map.

81. If yes to 80, do you use IIS data to generate GIS maps (either GIS is built into your IIS or exporting IIS data to GIS software)? ☐ Yes ☑ No

82. If yes to 80, what type(s) of GIS maps do you generate?

83. How are users accessing IIS data through an IIS user interface? Check all that apply:

<table>
<thead>
<tr>
<th>User Types</th>
<th>Read-only (view-only)</th>
<th>Update a record (read/view, update, and exchange a record)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Hospitals (birthing hospitals or hospitals administering birth dose Hepatitis B vaccine) (IPOM 7.1)</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>b) Daycare/Head Start (IPOM 10.2d)</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>c) Elementary Schools (IPOM 10.2d)</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>d) High Schools (IPOM 10.2d)</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>e) Higher Education (trade schools, junior college, college/university)</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>f) Correctional facilities</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>g) WIC (IPOM 11c)</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>h) STD/HIV</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>i) Long-term care facilities (IPOM 7.1)</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>j) Health Plans</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>k) HHS/Urban (IPOM 1.1b)</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

3/18/2011
Add "OTHER" User types by entering data in fields below. Click the "Add OTHER USER TYPE Info" button to add the record to the User Types table shown above. Repeat this step to multiple user types.

Q83 OTHER USER TYPES - DATA ENTRY TEMPLATE

1. User Type

2. Read-only (view-only) □

3. Update a record (read/view, update, and exchange a record) □

When data is entered, and the button above is clicked, a new row will be added to the Q83 user Type table, and will appear below row "v. other".

84. Does your IIS have the following features? Check all that apply:

<table>
<thead>
<tr>
<th>No.</th>
<th>Features</th>
<th>Check if Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Newborn Hearing Screening</td>
<td>□</td>
</tr>
<tr>
<td>b.</td>
<td>Lead Screening</td>
<td>□</td>
</tr>
<tr>
<td>c.</td>
<td>BMI (body mass index)</td>
<td>□</td>
</tr>
<tr>
<td>d.</td>
<td>VPD Surveillance (vaccine preventable diseases)</td>
<td>□</td>
</tr>
<tr>
<td>e.</td>
<td>TB</td>
<td>✓</td>
</tr>
<tr>
<td>f.</td>
<td>Oral health</td>
<td>□</td>
</tr>
<tr>
<td>g.</td>
<td>Other, Please specify</td>
<td>□</td>
</tr>
</tbody>
</table>

Specify: ____________________________

SDN imposes a 15 minute timeout. You must save data at least once every 15 minutes or entered/unsaved data will be lost

Section VI. Legislation

85. What type of authority do you have to operate your IIS?

3/18/2011
86. If your IIS does not operate under general or specific state statutes, regulation or policy, is there a pending legislation/regulation addressing your IIS status?
   ○ Yes ○ No  If Yes, please describe: ________________________________

If your IIS operates under general or specific state statute, regulation, or policy then proceed to the next questions.

87. If your IIS operates under state statutes, regulation or policy (either general or specific) please provide the official web-link to the legislation/regulation/policy:
   Web link: ________________________________
   ○ No regulation for IIS
   ○ No web-link

88. Does the legislation/regulation/policy mandating reporting of some or all vaccines to the IIS by providers?
   ○ Yes
   ○ No

   If Yes: □ Local public health agencies
   □ Other public providers (FQHC, RHC, etc)
   □ Private providers
   □ Other: ________________________________

89. If Yes to 88, is there a mechanism in place to enforce the mandate? If yes, please describe
   ○ Yes
   ○ No
   If yes, please specify action taken: ________________________________

90. Is your IIS:
   ○ Opt-in / explicit consent (requires consent for all ages)
   ○ Opt-in / explicit consent (requires consent for all except for patients < 19 years of age)
   ○ Opt-out / implied consent
   ○ Other, please specify: ________________________________

Explicit consent definition: requires individual/guardian permission before any immunization information about the patient is entered into the IIS.
Implicit consent definition: After sufficient notice, the individual/guardian is presumed to have consented to release of information to the IIS unless indicated otherwise.
Section VII. Funding

91. What funding sources did you use for IIS development/operations in CY2010? Answer all that apply:

Dollar Amount by Source

a. CDC immunization 317 grant funds (includes VFC and DA)

b. State

c. Local

d. Private

e. In-kind

f. CMS/MMIS

g. CMS/HITECH

h. HRSA

i. Other federal Programs

j. Emergency Preparedness

k. non-profit

l. Other (specify):

92. Of the 317 immunization grant funds allocated for IIS in CY2010, how much did you spend by December 31, 2010 (include Direct Assistance funds)? Please provide a dollar amount.

93. Of the VFC funds allocated for IIS in CY2010, how much did you spend by December 31, 2010? Please provide a dollar amount.

Please select "Final" when you have completed all data entry for the CY 2010 Immunization Information Systems section.

- In-process  C Final

save iis data

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