

## NEW YORK CITYWIDE IMMUNIZATION REGISTRY (CIR)

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### PARTICIPATION

<b>A</b>	Proportion of children < 6 years of age in the geopolitical area with 2 or more immunizations recorded in the IIS.	111%
<b>B</b>	Proportion of public provider sites in the geopolitical area enrolled in the IIS -- Proportion of enrolled public provider sites that have submitted data in the last 6 months of 2007	100% -- 100%
<b>C</b>	Proportion of private provider sites in the geopolitical area enrolled in the IIS -- Proportion of enrolled private provider sites that have submitted data in the last 6 months of 2007	100% -- 81%
<b>D</b>	Age groups included in IIS.	Birth through 18

### MINIMUM FUNCTIONAL STANDARDS

<b>1</b>	Electronically store all <i>nine</i> NVAC core data elements.	YES
<b>2</b>	Average number of weeks between a child's birth and the establishment of an IIS record.	3
<b>3</b>	Provider can access immunization information in the IIS prior to and/or during patient encounter.	YES
<b>4</b>	Receive and process vaccine and other immunization encounter information within one month of vaccine administration.	YES
<b>5</b>	Has a written confidentiality policy implemented.	YES
<b>6</b>	Has a written security policy implemented.	YES
<b>7</b>	IIS can process an HL7 query for a specific immunization record and return messages with multiple matches or return the record (VXR).	NO
<b>8</b>	IIS can process an HL7 query for a specific immunization record and upload that record into the database (VXU).	NO
<b>9</b>	Automated function at the provider level to determine an individual's immunization needs based on ACIP recommendations.	YES

10	Electronically generate recall and/or reminder notices.	NO
11	Produce immunization coverage reports by provider, geographic region and/or age group.	YES
12	Authorized users can print an "official immunization record" for an individual.	YES
13	Produce a single consolidated and accurate immunization record or an individual.	YES

**DATA QUALITY**

14	IIS is populated by birth data.	YES
15	Monitor patient de-duplication process to assess the amount of duplicates needing manual resolution.	YES
16	Assess the proportion of missing or nonsense data for each of the nine NVAC core data elements.	YES
17	Address patient status:	CIR does not address patient status issues
18	De-duplicate records at the vaccine level:	same CVX code and the same date as duplicates. We are in the

**DATA EXCHANGE**

19	Percentage of different types of electronic format that are received by the IIS over the course of a year:	
	HL7 (any message type or version)	
	Flat file	100
	Database format	
	XML schema	
	Digitally scanned	
	Other	
20	Number of provider EHRs providing immunization data directly to the IIS through an electronic interface.	143
21	Access/data exchange with IIS (from 2006 IISAR):	
	Hospitals	Read/write
	Daycare and Head Start	Read only
	Elementary schools	Read/write
	High schools	Read/write
	Higher education	Read/write
	Correctional facilities	Read/write
	WIC	Read only

STD/HIV	Read/write
Long-term care facilities	Read/write
Health plans	Read only
IHS	None
Veterans Administration	None
Juvenile facilities	Read only
Military	None
Family planning	None
Medicaid	None
Medicare	None

## DATA USE

<b>22</b>	Epidemiology:	
	routine surveillance (i.e., lookup of vx hx)	YES
	outbreak management	YES
	new vaccine uptake	YES
	adoption of new vaccine recommendation	YES
	monitor contraindications	NO
	track adverse events	YES
	track children born to HbsAG unknown/positive mothers for intensified HepB surveillance	YES
<b>23</b>	Vaccine inventory management:	
	doses administered report	YES
	vaccine recall	YES
	VFC eligibility	YES
<b>24</b>	Assessments:	
	UTD status	YES
	school assessments	NO
	vaccine coverage	YES
	pockets of need (geopolitical or demographic pockets of need)	YES
	AFIX	YES
<b>25</b>	Emergency preparedness	YES