

SNAPSHOTS

Immunization registry news from the American Immunization Registry Association (AIRA)

Welcome to SnapShots, the American Immunization Registry Association's newsletter about the progress, best practices, and accomplishments of immunization information systems across the country. We invite you to share news about your registry. Email us at aira@immregistries.org or call us at (212) 676-2325 with information about a successful programmatic or technical innovation, major accomplishment, or milestone that your registry has reached. SnapShots is sent to subscribers quarterly and posted on AIRA's web site: www.immregistries.org.

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President's Message

Influenza vaccine pre-orders have been placed and the health care system in the United States is preparing for the next flu season. As providers prepare to send reminder letters to their patients and public health departments prepare for mass immunization clinics, it is in the back of all our minds.... *Are we prepared for a pandemic flu crisis?* This issue focuses on pandemic flu preparedness and the use of Immunization Information Systems for data collection and reporting.

One of the benefits of pan flu preparedness activities in Michigan was the legislative change in April 2006 allowing MCIR (Michigan Care Improvement Registry) to become a lifespan registry and to collect more than immunization data. This legislative change opened the door for the Michigan Department of Community Health to design an all hazard module in MCIR. Antiviral reporting has been added to MCIR along with the reporting needs required to transmit data to the Countermeasure and Response Administration (CRA) System.

Most states are going to use their IIS during a pandemic flu response. All of us have worked so hard to promote the value of our system through out our local jurisdictions. We should not be overlooked during this planning phase. If you want to further enhance your system I recommend that you use this issue of SnapShots to promote the work that is being done across the country. You can influence the decision

makers in your area on the need to prioritize funding towards IIS development and implementation. Ask your decision makers, "Are we ready?"

The AIRA pre conference workshop on pandemic flu preparedness at the 2006 National Immunization Conference was a huge success. There was a lot of energy, focus, and productivity. I would like to end by extending my thanks to everyone who presented, attended and brought your good ideas and energy to this informative learning opportunity. And I wish to add a special thanks to Cindy, Ina and Angie for all their work in preparing the materials for the workshop.

Therese Hoyle, AIRA President

CDC Survey on IIS Pan Flu Preparedness

For several years, the CDC/NIP has been encouraging their grantees to develop pandemic flu preparedness plans. Most grantees did develop such plans, with some grantees indicating that their IIS would be the key tool used to track influenza vaccines, vaccinations administered, and antiviral products. At the start of 2006, the CDC developed a survey to more accurately assess the readiness of IIS nationwide to respond to a pandemic flu outbreak. This information would assist the national pandemic flu preparedness efforts to ensure the collection of critical data.

Questions on the CDC pan flu survey focused on the current and planned functionality of 317 grantee immunization information systems. The survey was administered online through the AIRA web site. Emails with the link to the survey were sent to all immunization program managers and immunization registry managers on March 15, 2006. A letter from CDC/NIP/IRSB was attached to the email, as was the National Pandemic Influenza Vaccination Tracking document. Each grantee site was encouraged to fill out one completed survey as a collaboration among the immunization program, IIS staff, and BT staff. They had two weeks to answer the survey. There were 35 respondents to the survey: 31 states, Puerto Rico, New York City, Philadelphia, and Houston/Harris County.

The results of the survey showed that 29 of the respondents (83%) answered that their IIS will be used for collecting individual vaccine doses for pandemic flu. Three answered "no" to this question and three did not know. On the question of whether the IIS currently has the capability to collect vaccine doses for all ages, 34 answered "yes." The one that answered "no" to this question is planning to extend their capability to allow for this in the event of an emergency. Seventy-one percent (71%) of the respondents have the legal authority to collect vaccine doses for all ages. Twenty-two (22) respondents noted that using the IIS to collect flu vaccine data is part of their state pan flu preparedness plan. Seven answered "no" to this and six did not know.

Virtually all (34) respondents can provide important data such as vaccine manufacturer and lot number for doses administered, and ID, city and zip code for providers. When it comes to tracking antivirals, most IIS do not have functionality. Only 12 respondents answered that they can collect data on antivirals administered, although another 14 projects are giving consideration to extending their capability to collect this information. More than two-thirds (71%) of the respondents did collect flu vaccination data between 9/1/2004 and 3/31/2005, however only 51% can report aggregated vaccination data within one week of receiving the data from providers.

In summary, while only 61% of immunization program grantees answered the survey, the information gathered from the survey is still valuable. There is a lot of current capability and functionality existing in the IIS nationwide, but there is still work to be done to ensure that all states and jurisdictions can confidentially rely on their IIS during a pandemic flu.

AIRA Holds Pre-Conference Workshop at 2006 NIC

Following on the success of AIRA pre-conference workshops held in past years at the Immunization Registry Conference (IRC), this year AIRA held its first pre-conference workshop at a National Immunization Conference (NIC). The workshop took place the afternoon of Sunday, March 5, 2006, and was titled "PANDEMIC FLU: Preparing your Immunization Program and Immunization Information System (IIS) for Potential Outbreaks. ARE WE READY?"

The workshop was very well attended; IIS programs from around the country were represented. Workshop leaders updated the attendees on federal, state and local efforts for achieving a state of readiness and quick response to the threat of pandemic flu. Topics included prioritization groups, vaccine procurement and distribution, vaccine safety, data collection and aggregate reporting. The role of immunization information systems at all levels of preparedness planning was a key discussion. Exercises on strategy development and planning checklists were included.

The federal overview was presented by Dr. Ray Strikas, Associate Director for Adult Immunization at CDC/NIP. Dr. Strikas began his presentation by updating the workshop with the latest information on the H5N1 (avian flu) virus. He gave a breakdown of the FY 2006 \$3.8 billion emergency supplemental budget, including \$246 million earmarked for international activities, disease surveillance, *vaccine registries*, research and clinical trials. Dr. Strikas summarized the roles and responsibilities of the federal, state, and local jurisdictions as laid out in the HHS pandemic flu plan.

Cynthia Vinion, CRA Systems Architect, gave a presentation on the use of the CDC Countermeasure and Response Administration (CRA) system during a pandemic flu crisis. The CRA system replaces the CDC PVS (Pre-Event Vaccination System) for smallpox and will manage information on the administration of vaccines and antivirals. Detailed information on CRA can be found at <http://www.cdc.gov/phn/preparedness/cra.html>.

Examples of state and local pandemic flu preparedness planning were presented by Tom Maerz (WI), Jim Aspevig (MT), and Angel Aponte (NYC). Tom spoke on the role of WIR (Wisconsin Immunization Registry) and the Wisconsin SNS (Strategic National Stockpile) application in that state's pandemic flu planning. Jim presented on strategies for establishing a working relationship between an IIS and a jurisdiction's SNS. And Angel spoke about the New York City Immunization Registry's (CIR) capacity to capture pandemic flu vaccine data. Barbara Canavan (OR), Mary Beth Kurilo (OR) and Therese Hoyle (MI) presented planning checklists and led the workshop attendees in an action planning exercise.

Barbara Canavan helped to organize the workshop and in her view, the biggest gains were sharing the materials with the entire immunization program when she returned to Oregon. Barbara said:

The managers and staff were impressed (and inspired) with the work from the Michigan, Wisconsin, Montana, and the New York City registries. These examples certainly helped us imagine how we could integrate our registry with preparedness activities.

Paul Lewis, Public Health MD, is in charge of Oregon's Pandemic Influenza Plan. His response to the AIRA Pandemic Flu Workshop materials:

It looks like the creativity of immunization registrars around the country can save those of us in public health preparedness from reinventing a bad version of the wheel for tracking emergency vaccines and pharmaceuticals. It is exciting to see the creative approaches of immunization

registries in helping to address routine and emergency public health information management with the same systems. A strong, effective partnership of public health partnership and clinicians in an emergency requires a familiar, established system for sharing information on vaccines and pharmaceuticals. Oregon's immunization registry (ALERT) is in daily use in Oregon and it can fulfill this need.

Hawaii is now in the process of developing their Statewide Immunization Information System and several staff members attended the workshop. The information they gained will assist in their IIS development. According to James Wasa from the Hawaii Immunization Registry, Hawaii is incorporating the ability to capture data for Pandemic Flu Preparedness into its functionality. Points of interest from the workshop include:

- How other states incorporated Pandemic Preparedness into their IIS (e.g. create recall letters specific to pandemic flu response, recording of administration of antivirals).
- How information collected in an IIS share common fields that would be collected in a Strategic National Stockpile application and how these two applications can be interfaced or combined.

Overall, the workshop improved Hawaii's understanding of the types of information that would be necessary to capture in an IIS without having to create a separate system.

You can access all the workshop leaders' PowerPoint presentations on the AIRA web site at http://www.immregistries.org/news/AIRA_news.phtml.

Taking CRA by the Horns – Wyoming Style!

The Wyoming Immunization Registry (WyIR) was implemented in 1999. As of April 2006, WyIR contained over 240,000 patients (almost half of the entire state population), approximately 2.3 million vaccinations and 451 active user accounts. With CRA, VMBIP and PHIN certification looming and program funds diminishing, the State of Wyoming is looking outside of the box to meet the requirements for a preparedness solution. The Wyoming Immunization Program has approached various partners to explore opportunities for building WyIR beyond its current immunization base to become a more comprehensive preparedness, surveillance and response application. Potential stakeholders include bioterrorism, pandemic influenza, HRSA, pharmacies and schools.

Some of the recent discussion includes evolving WyIR to track medications and inventories, perform surveillance of school and daycare attendance, track OTC pharmacy sales, monitor critical hospital resources and ICD-9 Codes, identify high-risk groups on an as needed basis and monitor antibiotic adverse events. With these enhancements, the new WyIR would serve as an immunization management system (WyIR), vaccine/medication ordering and distribution management tool, syndromic surveillance monitoring system and a critical resource tracking application. If successfully leveraged and implemented as planned, Wyoming would offer a comprehensive and integrated solution to identify the possible emergence/pre-emergence of an outbreak, prepare lists of affected patients and contacts, respond accordingly with countermeasures and services, and create meaningful reports for use during and after the response effort.

The benefits of using WyIR as the base for this effort include:

- Integrated solution operating on a single platform
- Database well-populated with patients and demographics
- Large number of users already trained and familiar with the user interface

- Potential for cost-sharing with other clients using products developed and supported by Scientific Technologies Corporation (STC)
- Application is supported under a maintenance contract that includes technical support and customization of application(s)
- WyIR and associated modules are proven tools that have been successfully deployed in response to public health emergencies and field exercises/drills

The efforts of the Wyoming Immunization Program provide a model of partnership and collaboration to develop cost-effective solutions for addressing the needs of multiple programs/agencies related to public health preparedness and response. For more information on Wyoming's approach to identifying stakeholders and getting them to the table for discussion, contact Katelyn Wells-Fahling, Immunization Program Manager, 307.777.6001, or Robert Grenwelge, CDC Public Health Advisor, 307.777.7487.

Contributed by Danielle Reader-Jolley, STC

Public Health Informatics Institute Debuts New “Unique Records Portfolio”

The Public Health Informatics Institute has released its latest product, The Unique Records Portfolio, a collection of useful information and usable tools designed to help public health practitioners and private health care providers tackle their “deduplication” challenges. With the goal of creating an accurate, unique health record for each individual in an information system, the Portfolio provides much-needed guidance in the systematic matching and merging of records.

Child health integration projects create enterprise-wide, person-centric systems from disparate databases with different business rules for identification of individuals. Data cleaning activities – deduplication – consist of various processes:

- matching, identifying existing records that might be for the same person;
- linking, referencing records for the same individual to each other with the individual records;
- remaining in their separate systems; and
- merging, combining multiple records into one record.

These processes are often termed “record coalescing,” which refers to linking records, merging records, or both.

The Unique Records Portfolio is a product of Connections, a community of practice that assists public health agencies with planning and developing integrated information systems essential to improving the health of children. The Portfolio guides information systems managers through the major concepts around creating a unified record for an individual.

For public health leaders, the Portfolio also provides a high-level overview, from resource and policy perspectives, on the implications of integrated systems and strategies for record matching, linking, and merging.

For the health care industry in general, the Portfolio provides welcome insights and strategies for creating cleaner, more usable data in an information system. The book focuses especially on the challenges of deduplication within integrated health information systems.

In partnership with the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA/MCHB), the Public Health Informatics Institute (the Institute) launched Connections in the summer of 2004 to facilitate peer-to-peer knowledge sharing and problem solving

among 18 public health agencies throughout the country. Connections members formed a workgroup of experts to tackle this major project with principal author Stephen Clyde of Utah State University and project manager Susan Salkowitz of Salkowitz Associates, LLC.

The Institute's goal is that public and private health practitioners will find the Portfolio valuable enough to "spread the word" by giving the book to their colleagues, staff, or students. Using the Portfolio as a textbook in health informatics courses would add a strong resource to the curriculum.

The Institute welcomes input and comments about the Portfolio – how it is being used and how its content can be improved. For more information, e-mail portfolio@phii.org.

To order The Unique Records Portfolio, please visit www.phii.org/pages/Portfolio-Order.asp.

Announcing AIRA'S Best Practice of the Month

Beginning in July 2006, check out the "Best Practice of the Month" on the AIRA website. This new initiative is your opportunity to learn from what other IIS have effectively done to realize improvement in the areas of data quality, funding, provider relations, data use, integration, technical capacity, and privacy/confidentiality.

Do you have a Best Practice that you would like to share with AIRA and other IIS? We would love to hear about it. If you have successfully demonstrated a strategy that has resulted in measurable improvements to your registry performance and operations, let us help you celebrate by publishing it on the AIRA website. Visit the following link to find out about submitting your best practice.
http://www.immregistries.org/know/best_practices.phtml

For questions and/or additional information, please contact either Ina Kichen, AIRA Research Manager, at ikichen@immregistries.org, or Julie Clark, Michigan Childhood Immunization Registry Coordinator, at jclark@phdm.org.

Upcoming Conferences

7th National Conference on Immunization Coalitions

Wednesday, August 9 to Friday, August 11

<http://www.seeuthere.com/event/m2c666-455170415278>

4th Annual Public Health Information Network (PHIN) Conference

Monday, Sept. 25 to Wednesday, 27, 2006

<http://www.cdc.gov/phn/06conference/index.html>

3rd Health Information Technology Summit

Monday, Sept. 25 to Wednesday, 27, 2006

<http://www.hitsummit.com/>

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