



## SNAPSHOTS

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

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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](mailto: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 IIS has reached. SnapShots is sent to subscribers quarterly and posted on AIRA's web site: [www.immregistries.org](http://www.immregistries.org).

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### President's Report

It was such a pleasure to see many of you – old friends and new – at the National Immunization Conference in March. Talking together about common issues, sharing challenges, solutions, and laughs is always revitalizing for me.

As usual, AIRA was very busy at the conference! The pre-conference workshop was a great success. Despite freakish, flight-delaying weather across the country from San Diego to Atlanta, all our presenters and 41 of the 50 registered participants made it! The focus was IIS/EMR interoperability, a hot topic for

all of us. In addition to a presentation by Noam Arzt on the “big picture,” five IIS programs (Colorado, New York City, Rhode Island, Michigan and Washington State) presented on their experiences thus far integrating their IIS with electronic medical records. The evaluation feedback we received was positive – 82% of the respondents indicated that they were very satisfied with the workshop.

Recognition is also an important part of the NIC for AIRA. It was an honor for me to present the 2007 *Center of Excellence Award* to Oregon ALERT at the opening plenary of the conference. On Tuesday evening, March 18, AIRA hosted a special Awards Reception. While the attendees enjoyed refreshments, AIRA presented its annual Volunteer Service Awards to partners and volunteers that have worked above and beyond this past year to further the progress of Immunization Information Systems. This year's awardees were:

PARTNERSHIP AWARD

American Academy of Pediatrics (AAP)

SERVICE EXCELLENCE AWARDS

David Lyalin, Northrop Grumman

Indian Health Services (IHS)

VOLUNTEER SERVICE AWARDS

Bridget Ahrens (VT)

Emily Peterson-Stauffer (MN)

In this issue of SnapShots you will find a variety of articles on the innovative ways that IIS are being used as core tools for public health and private health efforts. Two of the articles are related to the “interoperability” focus of our pre-conference workshop at the NIC: “IIS in a Health Information Exchange Network World” and “Working with Providers and EHRs to Exchange Immunization Data.” This is our work of the future, and the future starts now! AIRA is here to help you weed through the complexity of organizations, standards, and acronyms. We have representation on a number of committees and memberships in national organizations that are developing standards around interoperability and data exchange.

For more information about AIRA activities on your behalf in this area, please go to [http://www.immregistries.org/news/hit\\_index.phtml](http://www.immregistries.org/news/hit_index.phtml). This section of the AIRA web site is dedicated to the news and resources around the latest in health information technology and its impact on and integration with immunization information systems. Some of the topics covered will be EMRs, EHRs, RHIOs, NHIN, PHIN, and standards such as HL7.

Enjoy this issue of Snapshots and have a wonderful summer!

Best regards,

*Sherry*

*Sherry Riddick (WA), AIRA President*

## **Louisiana Conducts “Paperless” Mass Immunization Flu Clinics**

The Louisiana Immunization Network for Kids Statewide (LINKS) successfully completed a statewide influenza mass immunization drill on October 25, 2007. Every citizen in Louisiana was invited to participate and was offered a free flu vaccine through a large mass media campaign. The drill was the result of five months planning and was conducted by over 700 public health workers and 185 volunteers.

It was designed to demonstrate the state's ability to quickly set up dispensing centers, provide mass vaccinations in response to a public health emergency, and manage data collection/analysis through LINKS, Louisiana's web-based electronic immunization management system, rather than paper forms.

Nine sites throughout Louisiana were selected, consisting of churches, schools, community centers and a mall. Each site was given only two hours notice for setup. The initial goal was to administer 11,000 influenza vaccines in the six hour drill (200/hour at each site).

The final outcome was 26,927 influenza vaccines administered, more than double the planned number of vaccinations. The majority were directly entered into LINKS, thereby providing public health managers critical real-time information on the number of patients being served at each clinic, as well as real-time views of vaccine inventory. The Mass Immunization application, a system specialized for emergency responses, was utilized to efficiently process the patient record information into the LINKS database.

“Utilizing LINKS allowed managers at the Emergency Operations Center to view vaccine utilization, which included the early realization that significantly more vaccine would be needed urgently during the drill. It also gave real-time population statistics, and allowed for rapid electronic data capture. This information would be critical during a pandemic, when a multi-dose series of influenza vaccine would be required,” said Dr. Frank Welch, Medical Director of Community Preparedness for the Louisiana Department of Health and Hospitals.

Out of the nine sites administering the vaccine, two experienced technical difficulty, requiring them to record information by paper for at least a portion of the drill. During the time that these two sites reverted back to paper recording, they administered approximately 3,000 influenza vaccines which were entered into LINKS from the paper recordings over the next 3 days. There was clearly a higher level of accuracy associated with direct data entry as there was a higher rate of data entry errors for the information first captured on paper.

Scientific Technologies Corporation (STC), which implemented and maintains the LINKS registry and the Mass Immunization Module used during the drill, provided technical support staff throughout the drill.

*Editors note: Check out the plenary from the 2008 NIC where Dr. Welch presented on this topic.*  
<http://cdc.confex.com/cdc/nic2008/webprogram/Session8568.html>.

*Submitted by Mike Garcia, STC (AZ)*

## **A Good Day in Philadelphia for the KIDS Immunization Registry**

On April 28, 2008, the Master of Public Health Program at Thomas Jefferson University in Philadelphia held a symposium, Health Information Technology (HIT) Initiatives: Linking Healthcare, Consumers and Public Health, A Public Health Informatics Perspective. Dr. Rob Simmons, the MPH program director engaged Ruth Gubernick and Sue Salkowitz to organize the program, select the topics and invite speakers. Our task was to give the Jefferson community an overview of the HIT landscape and a concrete example of a public health practitioner using an informatics application to perform public health functions to show why they should care about this topic. Of course we chose the IIS!

Our national speaker, Dr. John Loonsk, who had presented at a special AIRA education program at the 2007 NIC, was really tuned into IIS, and referenced them in his excellent overview. Our state level

speaker, Mark Jacobs, co-chairman of the emerging PA eHealth Initiative, showed the linkages between clinical care and public health that PAeHi will promote.

We invited our colleague, Jim Lutz, Program Manager/Senior Public Health Advisor of the Immunization Program at the Philadelphia Department of Public Health, to demonstrate ways that the KIDS Registry helps him with the performance of his program functions. In his excellent presentation, Jim identified the KIDS Registry as the core tool used by the Philadelphia Department of Public Health (PDPH) to reach and maintain high coverage rates for all recommended infant/childhood vaccines. He demonstrated how it is used by health care providers of pediatric vaccines (all of whom are required to report by Regulation) who can access consolidated immunization records of their patients via the Internet or phone/fax and can access, via KIDS, the recommended vaccine schedule for an individual child or general information on the most recent immunization standards of care. They can also use KIDS to report the overall vaccination coverage rate for their practice. In a series of graphics he showed how PDPH program staff can monitor vaccine coverage rates by provider site and census tract, in order to direct resources where rates are low and evaluate the effectiveness of initiatives to raise vaccination rates in underserved areas. He made a visual and compelling case.

At a separate meeting that night at the College of Physicians in Philadelphia, Dr. Donald Schwarz, Deputy Mayor for Health and Opportunity and Health Commissioner for the City of Philadelphia, outlined the vision of the administration of the new Mayor, Michael Nutter. Dr Schwarz, prior to his current appointment, was the Mary D. Ames Associate Professor of Child Advocacy in the Department of Pediatrics of the University of Pennsylvania School of Medicine at The Children's Hospital of Philadelphia (CHOP). He was aware of KIDS from his CHOP tenure, as CHOP exchanges records from its EHR and touted the web-based access and availability to all physicians. Philadelphia is facing a problem with the closure of most of its OB delivery hospitals, and he fears that many women will deliver at hospitals which do not have their prenatal care record. Dr. Schwarz sees KIDS as a successful model that benefits clinicians, patients and public health, and he plans to add a prenatal care module to it, which will provide access to providers and allow the PDPH to monitor prenatal care.

*Submitted by Sue Salkowitz and Ruth Gubernick*

## **IIS in a Health Information Exchange Network World**

Immunization Information Systems (IIS) are unique among public health systems. While most public health systems primarily support internal agency operations, IIS equally (if not predominantly) supports the clinician out in the field – public and private – while also supporting public health programs, and traditional public health monitoring and assurance. These external organizations and individuals are users of IIS applications and data, and represent the source of much of the data that gets stored within the IIS.

There is a growing movement towards deployment of electronic data systems of many kinds to improve healthcare effectiveness and efficiency. The near ubiquity of the Internet has enabled system-to-system sharing of data more than ever before. Health Information Exchange Networks (HIENs) operated by Regional Health Information Organizations (RHIOs) have developed as the technical infrastructure for enabling interoperability between systems. Over the next few years IIS projects will need to focus more resources on the collection and provision of electronic data. Why is system to system interoperability so important to IIS? There are four major drivers for this activity:

1. **Reduce the burden of on-line data entry:** As more and more reporting organizations (practices, hospitals, and clinics) deploy electronic health record systems (EHR-S), more and more immunization data will already exist in electronic form even before it is ready to be sent to an IIS.

Yet in many jurisdictions, users are forced to key-enter immunization data twice (or more): once in a local system, and then again in the IIS. This duplicative activity can be eliminated through proper implementation of electronic data exchange.

2. **Pressure to *only* use institutional applications:** As the abundance of computer applications proliferates, many organizations (especially larger organizations) attempt to reign in the cost of supporting a multitude of applications by streamlining the number and type of applications that are available to users. Often, external applications – like an IIS – are perceived of as difficult to support and distracting for users. An increasing number of institutions will *discourage* their users from logging in to IIS while at the same time looking for alternative ways to provide the data and special features that IIS offers within their local systems.
3. **Leverage existing and emerging data exchange capabilities:** Disease surveillance and syndromic surveillance activities often provide the foundation for basic data exchange between clinical organizations and the agency. Electronic laboratory results, ePrescribing, and telemedicine provide additional opportunities in the private sector. Over time, more opportunities will come about for public health to leverage these existing and emerging activities and make it easier for users to participate with less effort and more accuracy. In many cases, not only does IIS *not* have to “reinvent the wheel” but IIS can often ride along on existing data exchange relationships and installations.
4. **It’s one of the Minimum Functional Standards for IIS:** Automated exchange of immunization records is one of the minimum functional standards for IIS as defined by the Centers for Disease Control and Prevention (CDC).<sup>1</sup> Though there is no certification process as of yet for IIS, compliance with CDC minimum functional standards is certainly strongly advised, if not required, to receive these public funds.

So what should IIS projects do? First, determine whether there are HIEN projects active in your state or jurisdiction and consider joining the projects as stakeholders and participants. These activities will become the center of health data exchange whether you participate in them or not. Second, work as quickly as possible to enable your IIS to exchange data via HL7. Third, consider getting involved in one of the standards development efforts currently underway relevant to immunization data exchange. Finally, participate in AIRA and other organizations that help public health’s voice be heard on important informatics and policy issues.

For more information see:

Noam H. Arzt with contributions by Susan Salkowitz, *Evolution of Public Health Information Systems: Enterprise-wide Approaches*, July 2007.

<<http://www.hln.com/assets/pdf/UT-White-Paper-Final.pdf>>

Noam H. Arzt, *Guide to Immunization-related Electronic Data Exchange*, May 2008.

<<http://www.hln.com/assets/pdf/IZ-DataX-Guide.pdf>>

Patricia Gibbons, et al, *Coming to Terms: Scoping Interoperability for Health Care*, Health Level 7 Electronic Health Record Interoperability Work Group, February 2007.

<<http://www.hln.com/assets/pdf/Coming-to-Terms-February-2007.pdf>>

*Submitted by Noam Arzt, HLN (CA)*

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<sup>1</sup> See <http://www.cdc.gov/vaccines/programs/iis/stds/min-funct-std-2001.htm>

## Working with Providers and EHRs to Exchange Immunization Data

The CDC Implementation Guide for Immunization Transactions Using the Health Level Seven (HL7) Protocol provides basic guidance for registries for exchanging immunization messages with various partners including providers who are using Electronic Health Records (EHRs). In addition to this guidance, there are many questions that a registry may want to address with their providers or EMR vendor partners before embarking on data exchanges.

Each EHR product is different and often exists in multiple versions or releases, which operate differently. Likewise, each provider may utilize the features of an EHR slightly differently. It is important to identify contacts for both the providers you wish to exchange data with and their EHR vendors. These contacts are needed to resolve both policy and technical issues that may arise. It is also important to understand if there are any third parties involved such as user groups, a buying collaborative, or RHIOs which might take an active interest in immunization data exchanges.

When providers adapt an EHR they often implement the products in different ways. Some scan historical immunization information into the EHR, others load previously submitted data from the registry into the EHR, others enter all historical data. It is important to understand what data will be sent to the registry and under what circumstances. Likewise, it is important to understand how they define historical data. Is it data administered in the past by the practice and added to the registry, or is it data that was not administered by the practice for which they have a record?

It is also important to fully understand what data will be sent to the registry in the HL7 messages. Does the registry require any data elements beyond those required by the HL7 standard? Have all the codes used in the EHR been appropriately mapped to the code sets used by HL7? Even when an EHR product has the fields required by a registry and can include them in their HL7 message it is important to determine that the provider using the product is populating the desired fields. Some fields routinely utilized by registries may not be available in the HL7 message sent to the registry such as parent's name, mother's maiden name, and VFC codes. The data sent from a single EHR product may vary depending on the provider site and how the product is being utilized.

Understanding the provider's cost of implementing HL7 data exchanges with the registry is also important. Does the vendor charge for the registry interface or is it part of the product? In addition to having the interface, there is usually a process for testing which may have costs associated with it. Data migration to or from the registry may also bear an additional cost to the provider. Registries, the HL7 Guide, and EHR software all implement new versions over time. It is important to understand the impact of these new versions and expectations about how upgrades impact data exchange.

It is essential to remind providers as they implement an EHR that they still need to assure compliance with State and Federal laws and regulations. Data required for participation in the Vaccine For Children (VFC) Program must still be collected, as must data required by the National Vaccine Injury Act. Each State may also have its legal requirements related to confidentiality or the registry.

Despite having HL7 Standards, the implementation of each data exchange between a provider and an immunization registry presents a unique experience. It is critical to continually monitor immunization transactions and respond to any unexpected changes in reporting behavior. Changes in code sets, software versions or even staff may result in unexpected errors.

*Submitted by Kim Salisbury-Keith (RI)*

## IIS Present at National AHIC Subcommittee Meeting

Three Immunization Information Systems – New York City, New York State, and San Diego – were invited to give presentations at recent meetings of the American Health Information Community (AHIC) Population Health and Clinical Care (PHCCC) Subcommittee. These IIS described their experiences in integrating with other child health information systems within public health departments and in building linkages for information exchange with private health care providers. The presentations may be found on the AIRA Web site at [http://www.immregistries.org/news/hit\\_index.phtml](http://www.immregistries.org/news/hit_index.phtml), along with written testimony on the same topics submitted to the AHIC PHCCC Subcommittee by Dave Ross, ScD., and Alan Hinman, M.D., M.P.H., of the Public Health Informatics Institute (PHII).

AIRA supports the work of the AHIC PHCCC Subcommittee to develop standards to promote interoperability of public and private health information systems. IIS have much to contribute by sharing our real-life experiences over the last decade, our standards development work, and our recent efforts to build real-time, bi-directional data exchange with provider electronic health records systems (EHRs). Support is building within AIRA to advocate for the certification of provider EHRs to include interoperability with IIS. Any IIS interested in presenting to the AHIC PHCCC Subcommittee are encouraged to contact Cindy Sutliff, Executive Director of AIRA, at [csutliff@health.nyc.gov](mailto:csutliff@health.nyc.gov).

*Submitted by Amy Metroka (NYC)*

## Upcoming Changes to Indian Health Service RPMS Program and Extract Software

Last year, the Indian Health Service (IHS) published a long-awaited guide to data exchange between the IHS data system and State IIS. The document, titled “*Working Together on Data Exchange: a Guide to Indian Health Service (IHS) and State Immunization Information System (SIIS) Interfaces*”, is available on the AIRA website: [http://www.immregistries.org/pdf/IHS\\_Interface\\_Guide.pdf](http://www.immregistries.org/pdf/IHS_Interface_Guide.pdf).

The guide explains in clear steps how to implement bidirectional data exchange between the IHS RPMS system (Resource and Patient Management System) and state IIS. As more states have come on board with implementing data exchange, however, the IHS recognizes the need to make some changes to the RPMS immunization software as well as the immunization data exchange software (called BYIM) used to send batch HL7 messages to state IIS.

One of the changes being made to the RPMS immunization software is the inclusion of a field to capture VFC eligibility information for each vaccine dose, and the addition of this field to the BYIM data exchange messages. Previously, the VFC eligible code for Native American was derived by converting a beneficiary code in RPMS to the Native American VFC category upon import into the IIS; however, this did not allow sites to flag non-Native clients as VFC eligible (e.g., those on Medicaid). With this addition, sites will be able to choose VFC eligibility categories as outlined in the HL7 Implementation Guide for Immunization Data Transactions, Version 2.2, released by CDC in June of 2006. There will be eight codes to choose from, two of which are used for state-specific and local-specific eligibility, allowing some flexibility for states that may differ slightly in how they track vaccine eligibility.

In addition to the inclusion of the VFC eligibility codes into the BYIM messages, the next version, due out in the fall of 2008, will allow sites to send data on clients aged 0-18 only or for all ages. Functionality for real-time exports (as opposed to batch exports) will also be added. For more information on these changes, contact Cecile Town at [Cecile.Town@ihs.gov](mailto:Cecile.Town@ihs.gov).

*Submitted by Mary Beth Kurilo (OR) and Amy Groom (IHS)*

## State to State Data Exchange Preventing Extra Immunization

After working through the legal requirements, in late 2006, the Wisconsin Immunization Registry (WIR) and Minnesota Immunization Information Connection (MIIC) IIS program managers signed an MOU that would allow each IIS to exchange weekly batch files so that residents who received care in the other state would have the immunizations sent to the home IIS. Local public health and private providers in both states have begun to see the benefits in time saved of having to call numerous clinics to get complete histories as well as knowing that the patients are properly immunized. A child that recently moved to Minnesota from Wisconsin was recently seen at the Stearns County Public Health department. The child's mother thought that he was behind on his shots but after checking the Minnesota IIS, the nurse found that MIIC had all his shots from the Wisconsin clinic. "So instead of one of everything, he got only two, almost on time! Thank you WIR and MIIC."

*Submitted by Emily Peterson (MN) and Tom Maerz (WI)*

## Use of the Arizona State Immunization Information System (ASIIS) During the Pima County (Tucson, Arizona) Measles Outbreak

Beginning in February 2008, Pima County has been experiencing a measles outbreak. The index case was a woman from Switzerland who spent time in the emergency room of a Tucson, Arizona hospital. As of May 21, 2008, there have been 22 confirmed cases and a number of suspected cases of the disease in the state, 21 of which are Pima County residents. The recommended minimum age for the MMR vaccine was reduced to 6 months of age for the areas affected by the outbreak.

As a result, the Pima County Health Department has conducted immunization clinics to vaccinate exposed individuals, children 6 to 12 months of age, and health care workers with the MMR vaccine. Individuals, mainly children, suspected to have an immunization administered in the past 10 years, but presented without an immunization record, were looked up in the ASIIS database for their MMR vaccination history. ASIIS was also used to ensure individuals have not received another live virus vaccine in the past 30 days.

ASIIS data was also utilized by Arizona's Medicaid program (AHCCCS) to identify children between the ages of 6 months and 6 years of age residing in Pima County that required one or more MMR's in order to be fully vaccinated. The AHCCCS health plans then contacted the families to ensure proper immunization of the children.

ASIIS reports, which can assist in immunization efforts, include a reminder report which can generate mailing labels for those requiring a vaccination between 6 and 12 months of age, and a patient immunization record which is designated as official documentation of immunizations. Aggregate MMR vaccine data is being used to identify the age groups being served and as an indication of the volume of vaccines that need to be ordered for future clinics.

*Submitted by Lisa Rasmussen and Kathy Fredrickson (AZ)*

## Data Quality Validations Guide Now Available Online

The American Immunization Registry Association (AIRA) has published a "best practices" guide on data quality validation in Immunization Information Systems (IIS). *Data quality assurance in IIS: Incoming*

*Data* is a 100-page compendium of rationale, strategy, best practices, and benefits for helping IIS managers develop data quality checks to apply on incoming data.

The workgroup included staff from AIRA, CDC, state health departments, and consulting firms. A panel of 12 subject matter experts met in a face-to-face meeting in August 2007 in Atlanta, GA for an intense facilitated session to develop these guidelines. Numerous pre- and post-session teleconferences and off-line efforts complemented work at the face-to-face meeting. The document is now complete and available on the AIRA web site: [http://www.immregistries.org/pdf/AIRA\\_MIROW\\_Chap3\\_DQA\\_02112008.pdf](http://www.immregistries.org/pdf/AIRA_MIROW_Chap3_DQA_02112008.pdf).

This is a continuation of the initiative that AIRA launched in April 2005 to assess which registry functional components were problematic to deploy and could benefit from collective guidance. The overall goal of this effort is to develop (topic-by-topic) an IIS “best practices” guidebook for registry functionality. The released guide on data quality assurance will be one of the topic sections in the overall guidebook. Other guidance chapters are online at <http://www.immregistries.org/pubs/mirow.phtml>.

The best practices guide would allow IIS to achieve the following benefits of higher data quality:

- Increased provider trust
- Increased use of the data
- Improvements in clinical practices
- Improved health of the patient
- Improved public health

**A few of the recommendations contained in the guide –**

The experts have:

- Developed principles on which to base the incoming data quality assurance process, business rules (specific validation checks) to follow, and specific scenarios that illustrate application of principles and business rules.
- Developed and re-confirmed key definitions for data quality assurance.
- Described healthcare providers' pre-certification as a process of evaluating the incoming data quality of new submitters, prior to allowing them to regularly add data to IIS in order to ensure that the data sent are correctly formatted and complete, thereby helping to identify systemic data errors prior to data imports.
- Recommended that there should be a general source profile for each kind of provider (e.g., pediatric, geriatric) that the IIS should maintain to identify expected distributions of vaccinations.

The results of this project are intended to support a uniform alignment of the data quality validations used in IIS, as well as to document what a peer group of IIS experts believe should be examined in incoming data.

*Submitted by Warren Williams (CDC/NCIRD), Elaine Lowery (CO), David Lyalin (Northrup Grumman)*

## **AIRA Submits Recommendations on FERPA**

On March 24, 2008, the Department of Education, Office of Planning, Evaluation and Policy Development, issued a public notice that the regulations in the Federal Educational Rights and Privacy Act of 1974 (FERPA) were being revised. The public was given until May 8, 2008, to comment. AIRA

was excited to have the chance to comment on FERPA. We convened an ad-hoc work group to review the proposed changes and write up a formal submission.

AIRA's response made three basic recommendations.

1. *Remove the immunization record from a student's education record.* By removing the immunization information from the education record, this information would not be subject to FERPA regulations and available to be shared with the public immunization information system.
2. *Subject routine immunization data collection and sharing to State, Local, and Regional public health laws and regulations, not FERPA.* Immunization information sharing should not be subject to Federal regulations but rather to State, local and regional information sharing guidelines.
3. *Enable ongoing immunization data sharing from school to IIS as an emergency preparedness activity.* FERPA should not inhibit local public health from carrying out its statutory responsibilities of emergency preparedness.

Other interested stakeholders, such as the Association of Immunization Managers (AIM), also submitted their comments on the proposed FERPA revisions. We are all hopeful that changes to these Federal regulations will remove the legal barriers to the sharing of vital immunization information between schools and IIS.

The entire AIRA response is available on the AIRA web site.

[http://www.immregistries.org/docs/FERPA\\_Changes\\_Response\\_FINAL\\_1.doc](http://www.immregistries.org/docs/FERPA_Changes_Response_FINAL_1.doc)

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