# Section IX. 2013 Immunization Information Systems Annual Report (IISAR)

#### What is the Immunization Information Systems Annual Report (IISAR)?

The IISAR is an annual survey that assesses immunization program performance in developing, maintaining, and enhancing Immunization Information Systems activities for a given calendar year. It is a reporting requirement for the 64 immunization programs that receive funding under section 317b of the Public Health Service Act.

#### A brief note on methods

- The IISAR is a self-reported, self-validated survey administered by CDC and answered by immunization program awardees. CDC may contact you with questions after submission in order to continue data validation.
- Data are collected prior to Census estimates are released for the year of the survey. For this reason, we include Census estimates in the survey for the year prior to provide preliminary estimates for some measures. These preliminary estimates are revised when the final Census data are released, approximately in June/July each year for the prior years' data. CDC provides preliminary estimates on the IISAR to ensure the estimates are concordant with the program and past years' data.

#### Changes in 2013

The IISAR has undergone significant revisions in 2013 to address the new Functional Standards for IIS, 2013-2017 available at: <a href="https://www.cdc.gov/vaccines/programs/iis/func-stds.html">https://www.cdc.gov/vaccines/programs/iis/func-stds.html</a>. This year's survey asks questions in many areas within the new Functional Standards. It is not intended to be comprehensive in addressing all areas within each Functional Standard, and is not meant to imply that some Functional Standards are more important than others. The IISAR is one tool among many that is used to gather information that is used to monitor awardee progress in achieving the new Functional Standards.

#### Instructions

- All awardees that conduct IIS activities in their state/city/territory are required to complete this report.
- All awardees with IIS in transition are required to complete questions 1 through 7 and should consult with their IISSB Project Officer to discuss completing other data elements on the questionnaire.
- Items in italics are completed by CDC; awardees only need to respond to questions that are NOT italicized.
- Throughout the IISAR questionnaire, age ranges are described as from age X *through* Y months/years. This terminology is consistent with language used by the Advisory Committee on Immunization Practices and indicates the lower and upper age limits for who should be included in data collection. In all cases, age X is the lower bound and age Y is the upper bound. For example, adolescents aged 11 through 17 years should include adolescents at least 11 years old and less than 18 years of age. Those younger than 11 years, or 18 years or older, would not be included in this group.
- Submission of the final Immunization Information Systems Annual Progress Report must be done by the Immunization Program Manager or designee.
- Only one Annual Report will be accepted per awardee. If awardees receive information from other regions or counties in their jurisdiction, the awardee must compile the information into one Annual Report.
- The Annual Report is **due on March 31, 2014**; the year of performance is CY2013. CDC IISSB staff will contact each IIS after March 31 with questions and/or comments about the report and data submitted for CY2013. <u>After</u>

March 31, 2014, the submission data will be corrected and revised. Any revised submissions from awardees should correct issues with the submitted data as of March 31 ONLY. When submitting revisions, do NOT submit additional 2013 data that were uploaded AFTER the March 31 cutoff date.

• Please contact Terence Ng, CDC/NCIRD/IISSB at VFK5@cdc.gov or Cristina Cardemil at IYK8@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.

# **CONTACT INFORMATION and SCOPE OF IIS**

#### Logic Guidance:

Questions 1-7 are required to be completed by all awardees, including those with IIS in transition or temporarily inactive List ONLY government employee contacts in questions 5 and 6

- 1. Awardee\_\_\_\_\_\_ 2. Name of IIS
- 3. IIS web address (If none, include Immunization Program web address) \_\_\_\_\_\_
- 4. Name of person(s) submitting this report\_\_\_\_\_

5. Programmatic IIS Contact Person (a manager or administrator who coordinates IIS activities):

a. First na	ame:	k	o. Last Name:		c. State	Select	<b>_</b>	
d. Title		e. Zip		f. Affiliation		g. Phone: _		h.
Ext	_ i. Address		j. Fax		k. Address	2	I.	
Email		m. City		n. 🗖 Check	if contact	person for questio	ons about t	his report

6. Technical IIS Contact Person (coordinator of IIS software and/or hardware) :

a. Check if same as programmatic contact *(if yes, autopopulate b-o)* 

b. First name	c. Last	Name		d. State	Select	<b>T</b>	
e. Title	f. Zip		_g. Affiliation		h. Phone:		i.
Ext j. Address		_ k. Fax		_ I. Address	2	_	
m.Email	n. City		o. 🗖 Ch	eck if contac	t person for questi	ons about thi	s report

7. There is no IIS in this state/city/territory. (If yes, block out entire report)

FUNCTIONAL STANDARD 1: Support the delivery of clinical immunization services at the point of immunization administration, regardless of setting

**1.1** The IIS provides individual immunization records accessible to authorized users at the point and time where immunization services are being delivered.

**1.2** The IIS has an automated function that determines vaccines due, past due, or coming due ("vaccine forecast") in a manner consistent with current ACIP recommendations. Any deficiency is visible to the clinical user each time an individual's record is viewed.

**1.3** The IIS automatically identifies individuals due/past due for immunization(s), to enable the production of reminder/recall notifications from within the IIS itself or from interoperable systems.

1.4 When the IIS receives queries from other health information systems, it can generate an automatic response in accordance with interoperability standards endorsed by CDC for message content/format and transport.

**1.5** The IIS can receive submissions in accordance with interoperability standards endorsed by CDC for message content/format and transport.

# Logic Guidance:

- Q8: CDSi recommendations are available at: <u>http://www.cdc.gov/vaccines/programs/iis/interop-proj/cds.html</u>. If test cases were run during CY2013, please respond Yes to this question.
- For questions that refer to HL7 version 2.3.1, include messages identified as version 2.3.1, 2.3 or 2.4.

# • Q10-14:

• Consider ONLY your system's capability to use HL7. DO NOT consider flat-file or web-interface transactions.

• Consider message exchanges that occurred in CY2013 only. DO NOT consider messages exchanged AFTER Dec 31, 2013.

- Consider ONLY messages received or sent by your production IIS, NOT a test system.
- Refer to NCIRD's Implementation Guide for Immunization Data Transactions for more information on

using Version 2.3.1 or 2.5.1 of the Health Level Seven (HL7) Standard Protocol http://www.cdc.gov/vaccines/programs/iis/technical-guidance/downloads/hl7guide.pdf and to the SOAP Implementation Resources, Formal Specification, and Mini-Guide documents for more information on SOAP http://www.cdc.gov/vaccines/programs/iis/interop-proj/ehr.html#technical

8. Has your IIS incorporated the guidance and recommendations from the Clinical Decision Support Workgroup (CDSi)? Yes, fully / Yes, partially / No

9. In 2013, could users accessing the IIS through the User Interface view a vaccination forecast on the same screen as the individual's vaccination record, without having to navigate to other screens in the IIS? Yes / No

10. In 2013, did your IIS send an immunization forecast to another system via HL7? Yes / No

# 11. In CY2013 could your IIS **send an HL7 v2.3.1 outbound message** to another system in production? Yes No (*If No, skip table and go to next question*)

Messages <b>SENT</b> by IIS to another	send this message type to another system?	this message type to another system?
system		
VXR	a. 🗆 Yes 🛛 No	b. 🗆 Yes 🛛 No
VXX	c. 🗆 Yes 🛛 No	d. 🗆 Yes 🛛 No
ACK	e. 🗆 Yes 🛛 No	f. 🗆 Yes 🛛 No
QCK	g. 🗆 Yes 🛛 No	h. 🗆 Yes 🛛 No
ORU	i. 🗆 Yes 🛛 No	j. 🗆 Yes 🛛 No
ADT	k. 🗆 Yes 🛛 No	I. 🗆 Yes 🛛 No

12. In CY2013, could your IIS **receive an HL7 v2.3.1 inbound message** from another system in production? □ Yes □ No (*If No, skip table and go to next question*)

HL7 v2.3.1	In CY2013, <b>could</b> your IIS	In CY2013, <b>did</b> your IIS
Messages	receive this message type	receive this message type
RECEIVED by IIS	from another system?	from another system?
from another		
system		
VXU	a. 🗆 Yes 🛛 No	b. 🗆 Yes 🛛 No
VXQ	c. 🗆 Yes 🛛 No	d. 🗆 Yes 🛛 No
ORU	e. 🗆 Yes 🛛 No	f. 🗆 Yes 🛛 No
ADT	g. 🗆 Yes 🛛 No	h. 🗆 Yes 🛛 No
ACK	g. 🗆 Yes 🛛 No	h. 🗆 Yes 🛛 No

13. In CY2013 could your IIS **send an HL7 v2.5.1 outbound message** to another system in production? □ Yes □ No (*If No, skip table and go to next question*)

HL7 v2.5.1	In CY2013, <b>could</b> your IIS	In CY2013, <b>did</b> your IIS send		
Messages SENT by	send this message type to	this message type to		
IIS to another	another system?	another system?		
system				
ADT	a. 🗆 Yes 🛛 No	b. 🗆 Yes 🛛 No		
RSP	c. 🗆 Yes 🛛 No	d. 🗆 Yes 🛛 No		
ACK	e. 🗆 Yes 🛛 No	f. 🗆 Yes 🛛 No		

14. In CY2013, could your IIS **receive an HL7 v2.5.1 inbound message** from another system in production? □ Yes □ No (*If No, skip table and go to next question*)

HL7 v2.5.1	In CY2013, <b>could</b> your IIS	In CY2013, <b>did</b> your IIS
Messages	receive this message type	receive this message type
<b>RECEIVED</b> by IIS	from another system?	from another system?
from another		
system		
VXU	a. 🗆 Yes 🛛 No	b. 🗆 Yes 🛛 No
ADT	c. 🗆 Yes 🛛 No	d. 🗆 Yes 🛛 No
QBP	e. 🗆 Yes 🛛 No	f. 🗆 Yes 🛛 No
АСК	g. 🗆 Yes 🛛 No	h. 🗆 Yes 🛛 No

- 15. What protocol do you use to transport data between your IIS and Health Information Systems? Please choose all that apply:
  - o ebXML

- HTTPS/REST
- o sFTP
- SOAP/XMLP
- Message queuing
- o Email/SMTP
- o MLLP
- o Other
- Does not apply

FUNCTIONAL STANDARD 2: Support the activities and requirements for publicly-purchased vaccine, including Vaccines for Children (VFC) and state purchase programs

2.1 The IIS has a vaccine inventory function that tracks and decrements inventory at the provider site level according to VFC program requirements.

2.2 The IIS vaccine inventory function is available to direct data entry users and can interoperate with EHR or other inventory systems.

2.3 The IIS vaccine inventory function automatically decrements as vaccine doses are recorded.

2.4 Eligibility is tracked at the dose level for all doses administered.

2.5 The IIS interfaces with the national vaccine ordering, inventory, and distribution system (currently VTrckS).

2.6 The IIS can provide data and/or produce management reports for VFC and other public vaccine programs.

Logic guidance:

The following questions refer only to functions for publicly-purchased vaccines.

Q17 and Q19: *Availability* of a function refers to the *presence* of a function, not necessarily the use of that function. Q19: Examples of the interaction between the vaccine inventory function and the electronic health record (EHR) include but are not limited to automatic decrementing of doses, and the ability to see inventory within the EHR.

Q21, Q22, and Q23: Please see Chapter 5 of the MIROW guide **Immunization Information System Collaboration with Vaccines For Children Program and Grantee Immunization Programs** for more information on the reports at http://www.immregistries.org/AIRA-MIROW\_IIS-VFC\_Best\_Practice\_Guide\_04-14-2011.pdf

16. In 2013, did your IIS have a vaccine inventory function that tracked inventory at the provider site level? Yes / No

- 17. If Yes to #16, was your vaccine inventory function available to direct data entry users? Yes / No
  - 18. If Yes to #17, if an immunization was recorded by a direct entry user, did your inventory function automatically decrement that dose from the computerized inventory? Yes / No
- 19. If Yes to #16, was your vaccine inventory function available to EHR users via HL7 linkage? Yes / No
  - 20. If Yes to #19, if an immunization was reported to the IIS from an EHR, did your inventory function automatically decrement that dose from the IIS's computerized inventory? Yes / No

21. In 2013, did your IIS produce a report, or was the data in your IIS used to produce a report, that supported the process of producing estimates for the number of vaccines that will be administered to specified age groups by individual VFC provider organizations during the upcoming year? Yes / No

- 22. In 2013, did your IIS produce a report, or was the data in your IIS used to produce a report, that supported the process of producing estimates for the aggregated total of the number of vaccines that will be administered to specified age groups by all VFC provider organizations in your jurisdiction during the upcoming year? Yes / No
- 23. In 2013, did your IIS produce a report, or was the data in your IIS used to produce a report, that supported the process of detailing vaccine doses administered by individual VFC provider organizations? Yes / No

FUNCTIONAL STANDARD 3: Maintain data quality (accurate, complete, timely data) on all immunization and demographic information in the IIS

3.1 The IIS provides consolidated demographic and immunization records for persons of all ages in its geopolitical area, except where prohibited by law, regulation, or policy.

3.2 The IIS can regularly evaluate incoming and existing patient records to identify, prevent, and resolve duplicate and fragmented records.

3.3 The IIS can regularly evaluate incoming and existing immunization information to identify, prevent, and resolve duplicate vaccination events.

3.4 The IIS can store all IIS Core Data Elements.

**3.5** The IIS can establish a record in a timely manner from sources such as Vital Records for each newborn child born and residing at the date of birth in its geopolitical area.

3.6 The IIS records and makes available all submitted vaccination and/or demographic information in a timely manner.

3.7 The IIS documents active/inactive status of individuals at both the provider organization/site and geographic levels.

# Age groups

- 24. Which age groups are included in your IIS? Select one:
- a. Birth through 59 months of age
- b. Birth through 18 years of age
- c. All ages, including adults
- d. Other (specify)\_\_\_\_\_

# Logic guidance:

For Q26-27, include:

-Children known to have been born in and residing in the state/city on the date of birth.

-Children known to have been born in the state/city, whose state/city of residence on the date of birth is unknown but who currently are known to reside in your jurisdiction.

-Children known to have been residing in the state/city on the date of birth but whose state of birth is unknown. -Children whose state/city of birth and state/city of residence on the date of birth are both unknown but who currently are known to reside in your jurisdiction.

Exclude:

-Children who are known to have been born outside the state/city. -Children known to have been residing outside of the jurisdiction on the date of birth.

# Birth population capture

25. Number of children in the geopolitical area born from January 1 through December 31, 2013 (2013 Census Data)

26. Number of patient records created in your IIS for children born and residing in your geopolitical area and born from January 1 through December 31, 2013 from Vital Records \_\_\_\_\_\_

- 27. Number of patient records created in your IIS for children born and residing in your geopolitical area and born from January 1 through December 31, 2013 from sources other than Vital Records \_\_\_\_\_
  - a. Proportion of children in the IIS born from Jan1 through Dec 31 2013 with records created in the IIS from Vital Records (Q26/Q25)
  - b. Proportion of children in the IIS born from Jan1 through Dec 31 2013 with records created in the IIS from all sources (Q26+Q27 / Q25)

### Logic Guidance:

- For children born from Jan 1, 2008 through Aug 31, 2013.
- Include:
  - All doses (valid and invalid) administered **before** 1/1/2014, including those **recorded** in the IIS after 12/31/2013.
- 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.
  - <u>INACTIVE</u> children in IIS. Children are considered inactive for this report if they are (1) inactive permanently, or (2) have moved or gone elsewhere from the geopolitical area covered by the IIS.
  - o H1N1 vaccines administered
  - Demographic records belonging to those with only an H1N1 vaccination record.
  - Travel vaccines (yellow fever, typhoid, etc.) <u>http://wwwnc.cdc.gov/travel/page/yellowbook-2012-home.htm</u>.
  - o non-vaccine products (e.g. immune globulins, PPD)
  - 28. Number of children aged 4 months through 5 years in the geopolitical area (2013 Census Data)
  - 29. Child enrollment: Number of children aged 4 months through 5 years (born from Jan 1, 2008 through Aug 31, 2013) in both in your geopolitical area AND in your IIS\_\_\_\_\_\_
    - a. Proportion of children aged 4 months through 5 years in both your geopolitical area AND in your IIS (Q29/Q28)
  - 30. Child participation: Number of children in question 29 (children born from Jan 1, 2008 through Aug 31, 2013 that are both in your geopolitical area AND in your IIS) that have 2 or more immunizations recorded in your IIS (Healthy People 2020 Objective)
    - a. Proportion of children aged 4 months through 5 years in your geopolitical area and IIS that have 2 or more immunizations recorded in your IIS (Q34/28)

# Logic Guidance – Adolescent participation

- Skip this section if you answered 'a' on question 24.
- For adolescents born from Jan 1, 1996 through Dec 31, 2002
- Include:
  - All doses (valid and invalid) administered before 1/1/2014, including those recorded in the IIS after 12/31/2013.
  - Adolescent doses ONLY if they were <u>administered</u> from age 9 through 17 years. Only include: Tdap/Td, HPV, meningococcal, seasonal influenza, pneumococcal, HepA, HepB, polio, MMR, and varicella. http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html#printable
- Exclude:
  - o Doses administered to adolescents before the child's 9<sup>th</sup> birthday.
  - 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.
  - <u>INACTIVE</u> adolescents in IIS. Adolescents are considered inactive for this report if they are (1) inactive permanently, or (2) have moved or gone elsewhere from the geopolitical area covered by the IIS.
  - H1N1 vaccines administered and demographic records belonging to those with only an H1N1 vaccination record.
  - o Travel vaccines (yellow fever, typhoid, etc.) <u>http://wwwnc.cdc.gov/travel/page/yellowbook-home-2014</u>
  - o non-vaccine products (e.g. immune globulins, PPD)
  - 31. Number of adolescents aged 11 through 17 years in your geopolitical area (2013 Census Data)
  - *32.* How many adolescents aged 11 through 17 years (born from Jan 1, 1996 through Dec 31, 2002) are both in your geopolitical area AND in your IIS? \_\_\_\_\_\_
    - a. Adolescent enrollment: Proportion of adolescents aged 11 through 17 years that are both in your geopolitical area AND in your IIS (Q32/Q31)
  - 33. How many adolescents in question 32 (adolescents born from Jan 1, 1996 through Dec 31, 2002 that are both in your geopolitical area AND in your IIS) have 2 or more adolescent immunizations administered from age 9 through 17 years recorded in your IIS? (Healthy People 2020 Objective) \_\_\_\_\_\_
    - a. Adolescent participation: Proportion of adolescents aged 11 through 17 years in your geopolitical area and IIS that have 2 or more adolescent immunizations recorded in your IIS (Q33/Q31)

# Logic Guidance - Adult Participation in IIS

- Skip this section if you answered 'a' or 'b' on question 24.
  - For adults born on or before Dec 31, 1994
- Include:
  - All doses (valid and invalid) administered before 1/1/2014, including those recorded in the IIS after 12/31/2013.
  - Adult doses ONLY if they were <u>administered</u> from age 19 years and older. Only include: seasonal influenza, Tdap/Td, varicella, HPV, zoster, MMR, pneumococcal, meningococcal, HepA, and HepB http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf
- Exclude:
  - Doses administered before 19 years of age.
  - 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.
  - <u>INACTIVE</u> adults. Adults are considered inactive for this report if they are (1) inactive permanently, or (2) have moved or gone elsewhere from the geopolitical area covered by the IIS.
  - H1N1 vaccines administered and demographic records belonging to those with only an H1N1 vaccination record.
  - o Travel vaccines (yellow fever, typhoid, etc.) http://wwwnc.cdc.gov/travel/page/yellowbook-home-2014
  - o non-vaccine products (e.g. immune globulins, PPD)
- 34. Number of adults aged 19 years and older in your geopolitical area (2013 Census Data)
- 35. How many adults aged 19 years and older (born on or before Dec 31, 1994) are both in your geopolitical area AND in your IIS?
  - a. Adult enrollment: Proportion of adults aged 19 years and older that are both in your geopolitical area AND in your IIS (Q35/Q34)
- 36. How many adults in question 35 (born on or before Dec 31, 1994 who are both in your geopolitical area AND in your IIS) have 1 or more adult immunization(s) administered at 19 years and older recorded in your IIS?
  - a. Adult participation: Proportion of adults aged 19 years and older in your geopolitical area and IIS that have 1 or more adult immunization(s) recorded in your IIS (Q36/Q34)

#### **Provider Site Participation**

#### Logic Guidance

- Immunization Site: A service delivery location (public or private) that maintains permanent records (excluding temporary or mobile immunization clinics, health fairs, etc.).
- **Public Provider Immunization Site:** an immunization site funded by a governmental agency directly; a unit of government is responsible for managing operations.
- **Private Provider Immunization Site**: an immunization site funded privately and or indirectly by a governmental agency (e.g., CMS); a non-governmental unit is responsible for managing operations.
- Include:

All provider sites enrolled in your IIS, regardless of age group served by those sites or your IIS. All provider sites enrolled in the IIS as of December 31, 2013.

• Exclude:

**Provider sites that only enrolled to provide emergency vaccines such as during pandemic response scenarios.** (e.g., exclude a community center that only enrolled due to H1N1 and does not provide other immunizations. However, include a pediatrician that enrolled due to H1N1, but provides routine immunizations.)

Examples of Public Provider Sites	Examples of Private Provider Sites
Public health department operated clinic	Private practice (solo, group, or HMO)
Public health department clinic as agent for	Private practice (solo or group) as agent
FQHC/RHC	for FQHC/RHC
Public hospital	Private hospital
FQHC/RHC (community, migrant, or rural)	Special vaccine clinics, e.g. flu clinics
Community health center	Pharmacy
Tribal or Indian Health Service clinic	Other private health facility
WIC	
STD/HIV	
Family planning	
Juvenile detention center	
Correctional facility (all ages)	
Drug treatment facility	
Military health care facility	

NOTE: 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 Sites		
	VFC Sites	Non-VFC Sites
37. Number of public provider sites in your geopolitical area enrolled in your IIS as of Dec 31, 2013	a.	b.
<ol> <li>Number of enrolled public provider sites reporting data to your IIS at least once from Jul 1 – Dec 31, 2013</li> </ol>	a.	b.

PRIVATE Provider Sites		
	VFC Sites	Non-VFC Sites
39. Number of private provider sites in your geopolitical area enrolled in your IIS as of Dec 31, 2013	а.	b.
<ol> <li>Number of enrolled private provider sites reporting data to your IIS at least once from Jul 1 – Dec 31, 2013</li> </ol>	a.	b.

#### 4:3:1:3:3:1:4 Series Coverage (for children aged 19 through 35 months)

#### Logic Guidance:

- **Coverage** is defined as the number of individuals in a certain age group who received an immunization(s) divided by the census-based estimate of persons in that age group in your geopolitical area.
- For children born from Jan 1, 2011 through May 31, 2012.
- Doses administered **before** 1/1/2014, including those **recorded** after 12/31/2013.
- The 4:3:1:3:3:1:4 series includes 4 or more DTaP/DTP/DT, 3 or more Polio, 1 or more MMR, 3 or more Hepatitis
   B, ≥3 or ≥4 of Hib\*, 1 or more Varicella<sup>†</sup>, and 4 or more pneumococcal containing vaccine).
  - \*When calculating Hib doses, include children who received 4+ Hib-containing vaccine doses (includes any type of Hib vaccine, including Hib, unspecified formulation) or 2 Hib-OMP doses (manufactured by Merck; includes PedVaxHib and Comvax) followed by ≥1 Hib dose of any type.

#### Valid Doses:

- Include:
  - Valid doses are defined as doses that were administered according to ACIP recommendations.
  - † When counting Varicella, INCLUDE those with history of disease.

#### All Doses:

- Include:
  - o Both valid and invalid doses.
  - † When counting Varicella, EXCLUDE those with history of disease.

#### For Both Columns (Valid and All Doses):

- 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.
  - <u>INACTIVE</u> children in IIS. Children are considered inactive for this report if they are (1) inactive permanently, or (2) have moved or gone elsewhere from the geopolitical area covered by the IIS.

	Valid doses	All doses
41. Number of children aged 19 through 35 months in your geopolitical area (2013 Census Data)		
42. How many children born during Jan 1, 2011 through May 31, 2012 that are in your geopolitical area have received the complete 4:3:1:3:3:1:4 series?		
a. Coverage – Proportion of children aged 19 through 35 months in the population that have completed the 4:3:1:3:3:1:4 series (Q.42/Q.41)		

# Adolescent Immunization Coverage (for adolescents aged 13 through 17 years)

### Logic Guidance – Adolescent Immunization Coverage in IIS

- Skip this section if you answered 'a' on question 24.
- For adolescents born from Jan 1, 1996 through Dec 31,2000
- **Coverage** is defined as the number of individuals in a certain age group who received an immunization(s) divided by the census-based estimate of persons in that age group in your geopolitical area.

### Valid Doses

- Valid doses are defined as doses that were administered according to ACIP recommendations.
- Include:
  - Doses administered **before** 1/1/2014, including those **recorded** after 12/31/2013.
  - o Valid ACIP recommended adolescent doses administered at any time before the child's 18<sup>th</sup> birthday

# All Doses (Valid and Invalid)

- Include:
  - Doses administered **before** 1/1/2014, including those **recorded** after 12/31/2013.
  - o All ACIP recommended adolescent doses administered at any time before the child's 18th birthday

# For Both Columns (Valid and All Doses)

- Exclude:
  - 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.
  - <u>INACTIVE</u> adolescents in IIS. Adolescents are considered inactive for this report if they are (1) inactive permanently, or (2) have moved or gone elsewhere at a jurisdictional level.

43. Number of adolescents aged 13 through 17 years in your geopolitical area (2013 Census Data)		
	Valid doses	All dose
44. How many adolescents aged 13 through 17 years (born from Jan 1, 1996 through Dec 31, 2000) that are both in your geopolitical area AND in your IIS have at least one dose of Tdap/Td?		
a. Coverage - Proportion of adolescents aged 13 through 17 years in the population that have at least one dose of Tdap/Td. (Q44/Q43)		
45. How many adolescent FEMALES aged 13 through 17 years are in your geopolitical area? (2013 Census Data)		
46. How many adolescent FEMALES aged 13 through 17 years (born from Jan 1, 1996 through Dec 31, 2000) that are both in your geopolitical area AND in your IIS have at least 3 doses of HPV?		
a. Coverage – Proportion of adolescent FEMALES aged 13 through 17 years in the population that have at least 3 doses of HPV (Q.46/Q.45)		
47. How many adolescent MALES aged 13 through 17 years are in your geopolitical area? (2013 Census Data)		
<ul><li>48. How many adolescent MALES aged 13 through 17 years (born from Jan 1, 1996 through Dec 31, 2000) that are both in your geopolitical area AND in your IIS have at least 3 doses of HPV?</li></ul>		
a. Coverage – Proportion of adolescent MALES aged 13 through 17 years in the population that have at least 3 doses of HPV (Q.48/Q.47)		

#### Patient- and vaccine-level deduplication

For Q49, 50, 51, and 52, deduplication includes both manual and automatic processes. Systematic deduplication refers to a pre-defined process for deduplication and could include manual and or automatic functions.

- 49. In 2013, did your IIS assess each incoming patient record for deduplication at the time the record was submitted to the IIS? Yes / No
- 50. In 2013, did your IIS systematically deduplicate existing patient records? Yes / No
- 51. In 2013, did your IIS assess each incoming vaccination record for deduplication at the time the record was submitted to the IIS? Yes / No
- 52. In 2013, did your IIS systematically deduplicate existing vaccination records? Yes / No

#### **Core Data Elements—Patient Records**

#### Logic Guidance: Core Data Elements – Patient Records

- Please fill in the following on each core data element field included in your IIS database.
- For children with date of birth from Jan 1 to Dec 31, 2013.
- Exclude:
  - o Children who are known to have been born outside the state/city.
  - o Children known to have been residing outside of the jurisdiction on the date of birth.
  - 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.
  - <u>INACTIVE</u> children in IIS. Children are considered inactive for this report if they are (1) inactive permanently, or (2) have moved or gone elsewhere from the geopolitical area covered by the IIS.
  - H1N1 vaccines administered and demographic records belonging to those with only an H1N1 vaccination record.
  - o Travel vaccines (yellow fever, typhoid, etc.) <u>http://wwwnc.cdc.gov/travel/page/yellowbook-home-2014</u>
  - non-vaccine products (e.g. immune globulins, PPD)

52.b Based on the exclusion criteria above, what is the number of patient records in the IIS for all children with date of birth from Jan 1, 2013 through Dec 31, 2013?

Patient-level core data elements Field Status (check one)	Number of child records with date of birth from Jan 1 to Dec 31, 2013, with field populated with data	Percentage of child records with date of birth from Jan 1 to Dec 31, 2013 with field populated with data. Denominator from Q52b (auto-calculated)
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		<u> </u>	$\sim$
53. Patient ID (e.g., can be the IIS ID, or other type)	a. 🗆 Field present 🗆 No field		
54. Patient ID – Assigning Authority (i.e., owning source) (e.g., could be the IIS, or other)	a. 🗆 Field present 🗆 No field		
55. Patient ID – Type (e.g. medical record number, IIS ID)	a. 🗆 Field present 🗆 No field		
56. Patient Name	<ul> <li>a. First Name</li> <li>□ Field present □ No field</li> <li>b. Middle Name</li> <li>□ Field present □ No field</li> <li>c. Last Name</li> <li>□ Field present □ No field</li> </ul>	d. # e. # f. #	g. Q56/(Q52b) h. – i
57.Patient Alias Name	<ul> <li>a. First Name</li> <li>□ Field present □ No field</li> <li>b. Middle Name</li> <li>□ Field present □ No field</li> <li>c. Last Name</li> <li>□ Field present □ No field</li> </ul>		
58. Patient Date of Birth	a. 🗆 Field present 🗆 No field	b. #	C
59. Patient Gender	a. 🗆 Field present 🗆 No field	b. #	C
60. Patient Multiple Birth Indicator	a. 🗆 Field present 🗆 No field		
61. Patient Birth Order	a. 🗆 Field present 🗆 No field		
<b>62. Responsible Person Name</b> Logic guidance: if there is more than one responsible person name in your IIS, only include one person per child record. Examples of responsible persons include guardian, adoptive or foster parent	<ul> <li>a. First Name</li> <li>a. First Name</li> <li>b. Field present  No field</li> <li>b. Middle Name Field present  No field</li> <li>c. Last Name Field present  No field</li> <li>d. Relationship to patient Field present  No field</li> </ul>	<ul> <li>e. # Responsible Person First Name</li> <li>f. # Responsible Person Middle Name</li> <li>g. # Responsible Person Last Name</li> <li>h. # Responsible Person Relationship</li> </ul>	i.— j.— k.— I.—
63. Mother's Name	<ul> <li>a. First Name</li> <li>Field present  No field </li> <li>b. Middle Name Field present  No field </li> <li>c. Last Name Field present  No field </li> <li>d. Maiden Last Name Field present  No field </li> </ul>	<ul> <li>e. # Mother's First Name</li> <li>f. # Mother's Middle Name</li> <li>g. # Mother's Last Name</li> <li>h. # Mother's Maiden Name</li> </ul>	i.— j.— k.— I.—
<b>64. Address</b> (Street, City, State, Country, Zip, County) Logic guidance: if there is more than	<ul> <li>a. Street: ☐ Field present ☐ No field</li> <li>b. City: ☐ Field present ☐ No field</li> <li>c. State: ☐ Field present ☐ No field</li> </ul>	g. # Street h. # City i. # State j. # Country	m. – n. – o. –
		j	p. –

			T
one address listed per child, only include one per child record	<ul> <li>d. Country:□ Field present □ No field</li> <li>e. Zip: □ Field present □ No field</li> <li>f. County:□ Field present □ No</li> </ul>	k. # Zip code I. # County	q.— r. –
	field		
65. Race	a. 🗆 Field present 🗆 No field	b. #	c
<ul> <li>66. Ethnicity</li> <li>Hispanic or Latino [A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race]</li> <li>Not Hispanic or Latino</li> </ul>	a. 🗆 Field present 🗆 No field	b. #	d
67. Birthing Facility Name	a. 🗆 Field present 🗆 No field		
68. Patient Birth state	a. 🗆 Field present 🗆 No field		
69. Patient Primary Language			$\land$
Logic guidance: refers to the language listed for either the patient or the parent/responsible person	a. 🗆 Field present 🗆 No field		
<b>70. Patient Telephone Number</b> Logic guidance: refers to the telephone number of either the patient or the parent/responsible person	a. 🗆 Field present 🗆 No field	b. #	c
71. Phone Number Type (e.g. home, cell)	a. 🗆 Field present 🗆 No field		
<b>72. Patient E-mail address</b> Logic guidance: refers to the language of either the patient or the parent/responsible person	a. 🗆 Field present 🗆 No field	b. #	C
<ul> <li>73. Patient status indicators:</li> <li>Definition: A field to denote the status of a patient.</li> <li>Examples:</li> <li>Active</li> </ul>			
<ul> <li>Inactive</li> <li>Inactive – Lost to follow-up (cannot contact)</li> <li>Inactive – Moved or gone</li> </ul>	a. Provider facility level: □ Field present □ No field	c. Provider level #	e. – f
elsewhere (transferred) • Inactive – Permanently inactive (deceased)	b. <b>IIS</b> (Jurisdictional) level: □ Field present □ No field	d. Jurisdictional level #	1
NOTE: If the patient has more than one patient status indicator in your IIS (e.g. for multiple provider sites), include the patient in the numerator			

if they have at least <b>one</b> active or inactive status indicated in their record.		
74. History of Vaccine Preventable Disease (e.g., varicella)	a. 🗆 Field present 🗆 No field	
75. Date of History of Vaccine Preventable Disease	a. 🗆 Field present 🗆 No field	

#### **Core Data Elements—Vaccination Records**

#### Logic Guidance: Core Data Elements – Vaccination Records

- Please fill in the following on each core data element field included in your IIS database.
- These questions pertain to all vaccinations administered to from January 1, 2013 through December 31, 2013, for persons of all ages.
- Exclude:
  - Persons 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.
  - <u>INACTIVE</u> persons in IIS. Persons are considered inactive for this report if they are (1) inactive permanently, or (2) have moved or gone elsewhere from the geopolitical area covered by the IIS.
  - H1N1 vaccines administered and demographic records belonging to those with only an H1N1 vaccination record.
  - o Travel vaccines (yellow fever, typhoid, etc.) <u>http://wwwnc.cdc.gov/travel/page/yellowbook-home-2014</u>
  - o Historical vaccinations
  - o non-vaccine products (e.g. immune globulins, PPD)

**76.** What is the number of vaccination records in the IIS for vaccines administered to all children, adolescents and adults in the IIS from Jan 1, 2013 through Dec 31, 2013?

Vaccination core data elements	Field Status (check one)	Number of vaccination records with vaccine date of administration from Jan 1 to Dec 31, 2013, for persons of all ages, <u>with field populated with</u> <u>data</u>	Percentage of vaccination records with vaccine date of administration from Jan 1 to Dec 31, 2013 with field populated with data. Denominator from Q76 (auto- calculated)
77. Vaccine Product Type Administered	a. 🗆 Field present 🗆 No field	b. #	C
78. Vaccination Administration Date	a. 🗆 Field present 🗆 No field	b. #	C
79. Vaccine Manufacture Name	a. 🗆 Field present 🗆 No field	b. #	C
80. Vaccine Lot Number	a. 🗆 Field present 🗆 No field	b. #	C
81. Vaccine Expiration Date	a. 🗆 Field present 🗆 No field	b. #	C
82. Vaccine Dose Volume	a. 🗆 Field present 🗆 No field		
83. Vaccine Dose Unit	a. 🗆 Field present 🗆 No field		
84. Vaccine Site of Administration	a. 🗆 Field present 🗆 No field	b. #	C
85. Vaccine Route of Administration	a. 🗆 Field present 🗆 No field	b. #	C
86. Vaccine Ordering Provider Name	a. 🗆 Field present 🗆 No field	b. #	C
87. Vaccine Administering Provider Name	a. 🗆 Field present 🗆 No field	b. #	C
88. Vaccine Administering Provider Suffix (e.g. MD, RN, LPN)	a. 🗆 Field present 🗆 No field		
89. Vaccination Event Information Source (i.e. administered or historical)	a. 🗆 Field present 🗆 No field		
90. VIS Type	a. 🗆 Field present 🗆 No field	b. #	C
91. VIS Publication Date	a. 🗆 Field present 🗆 No field	b. #	C
92. VIS Date Given to Patient	a. 🗆 Field present 🗆 No field	b. #	C
93. Contraindication(s) / Precaution(s)	a. 🗆 Field present 🗆 No field		

94. Contraindication(s) / Precaution(s) Observation Date(s)	a. 🗆 Field present 🗆 No field	
95. Exemption(s) / Parent Refusal(s) of Vaccine	a. 🗆 Field present 🗆 No field	
96. Date of Exemption(s) / Parent Refusal(s) of Vaccine	a. 🗆 Field present 🗆 No field	
97. Vaccine Reaction(s)	a. 🗆 Field present 🗆 No field	

### Vaccination core data element for VFC/awardee program vaccine eligibility at the dose level

### Logic guidance: Vaccination core data element for VFC/awardee program vaccine eligibility at the dose level

• If VFC/awardee program vaccine eligibility is **stored in the IIS at the dose level** (i.e. a VFC/awardee program vaccine eligibility status is assigned to and stored for every administered dose recorded in the IIS), answer 'field present' and complete questions b,c, e and f. This is true if the eligibility status is collected and stored by the IIS for each uniquely administered dose, or if eligibility is collected at the vaccination event/visit level (i.e. for all vaccinations administered during a single vaccination event) and is translated by the IIS to the dose level (e.g. the eligibility status for the event is recorded as VFC-Medicaid and the IIS assigns this status to a vaccination record indicating DTaP administered during the visit but not to a vaccination record indicating yellow fever vaccine administered during the same visit). If VFC / awardee program eligibility is stored in the IIS at the **vaccination event/visit level** and not translated by the IIS to each unique administered dose, answer 'no field' present.

• For this question only, please limit to doses administered from January 1 through December 31, 2013 to 0-18 year olds (date of birth January 1, 1995 through December 31, 2013) as only this age group is eligible for VFC.

- Provider is counted as VFC provider if enrolled as such during the entire calendar year
- Exclude historical doses

Vaccination core data element	Field status (check one)	VFC providers only		Non-VFC providers only	
<ul> <li>98. VFC/Awardee Program</li> <li>Vaccine Eligibility at Dose</li> <li>Level</li> <li>Examples: <ul> <li>Not VFC eligible</li> <li>VFC eligible – Medicaid</li> <li>VFC eligible – Uninsured</li> <li>VFC eligible – American Indian/Alaskan Native</li> <li>VFC eligible – Underinsured (FQHC/RHC/Provider with delegated authority)</li> <li>VFC eligible – State- or Local- specific eligibility</li> <li>Eligible for a non-VFC funding source (e.g., state or locally defined)</li> </ul> </li> </ul>	a. □ Field present □ No field	<ul> <li>b. # numerator (number of vaccination records with vaccine date of administration from Jan 1 through Dec 31, 2013, administered to persons aged 0 through 18 years (DOB Jan 1 1995 through Dec 31 2013), by VFC providers only with this field populated with data)</li> <li>c. # denominator (number of vaccination records administered to persons aged 0 through 18 years (DOB Jan 1 1995 through Dec 31 2013) by VFC providers only in the IIS in 2013)</li> </ul>	d. percent vaccination records with vaccine date of administration from Jan 1 through Dec 31, 2013 administered to persons aged 0 through 18 years with field populated with data (Q98b/c)	e. # numerator (number of vaccination records with vaccine date of administration from Jan 1 through Dec 31, 2013, administered to persons aged 0 through 18 years (DOB Jan 1 1995 through Dec 31 2013), by non-VFC providers only with <b>this field</b> <b>populated with data</b> ) f. # denominator (number of vaccination records administered to persons aged 0 through 18 years (DOB Jan 1 1995 through Dec 31 2013) by non-VFC providers only in the IIS in 2013)	g. percent vaccinatio n records with vaccine date of administra tion from Jan 1 through Dec 31, 2013 for persons aged 0 through 18 years with field populated with data (Q98e/f)

#### Timeliness of birth records in IIS

# Logic Guidance

- Other birth record source includes birthing hospitals, perinatal or newborn screening programs.
- Day 0 refers to the date of birth.
- Days listed refer to calendar days.
- Columns a and b are mutually exclusive.
- Include:
  - Records that were reported after Dec 31, 2013 for CY2013 births born in the catchment area.
  - Children born from January 1 through December 31, 2013.
- Exclude:
  - Children who are known to have been born outside the state/city
  - Children known to have been residing outside of the jurisdiction at the date of birth.
  - <u>INACTIVE</u> 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.

**99.** For children born 1/1/2013-12/31/2013 born and residing in the IIS's geopolitical area , what number had a record established in the IIS within the following days after birth:

	a. Number of children with record established from vital records	b. Number of children with record established from sources other than vital records	Percentage of children with records established in the specified timeframe (auto- calculated)
≤1 day	a.	b.	c. (a+b)/(s+t)
>1 day - ≤7 days	d.	е.	f. (d+e)/(s+t)
>7 days - ≤14 days	g.	h.	i. (g+h)/(s+t)
>14 days - ≤30 days	j.	k.	l. (j+k)/(s+t)
>30 days - ≤45 days	m.	n.	o. (m+n)/(s+t)
>45 days	р.	q.	r. (p+q)/(s+t)
Total (auto-calculated)	S	t	

### Timeliness of vaccination records in IIS

# Logic Guidance

• Age at which vaccine is administered should be determined by the date of vaccine administration during CY2013.

• A person who receives a vaccination in more than one of the age groups listed below will be counted in more than one category. For example, an 18 year old who receives a vaccination at age 18 years, then turns 19 years old during CY2013 and has another vaccination at age 19 years, will be counted in both columns.

• Timeframes listed refer to calendar days.

#### • Include:

- Doses that were reported after Dec 31, 2013 but administered during CY2013.
- Vaccinations administered in CY2013 for all persons in the IIS
- All doses (valid and invalid)
- Exclude:
  - <u>INACTIVE</u> persons in IIS. Persons 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.
  - Persons with addresses outside of your state or geopolitical area. Geopolitical Area is defined as the area that contains the population of people residing in the geopolitical location covered by the IIS.
  - H1N1 vaccines administered and demographic records belonging to those with only an H1N1 vaccination record.
  - Travel vaccines (yellow fever, typhoid, etc.) http://wwwnc.cdc.gov/travel/page/yellowbook-home-2014.
  - Historical records.

**100.** For vaccinations administered in CY2013 to all persons in the IIS, list the number of vaccine doses reported to the IIS within the following time frames:

	Number of vaccine doses administered to children and adolescents aged 0 through 18 years (i.e. non-historical) during CY2013	Number of vaccine doses administered to adults aged 19 years and older (i.e. non- historical) during CY2013	Percentage of doses reported for persons aged 0 through 18 years for the specified timeframe (auto-calculated)	Percentage of doses reported for adults aged 19 years and older for the specified timeframe (auto-calculated)
≤1 day	A	В	M (A/K)	N (B/L)
>1 day - ≤7 days	С	D	О (С/К)	P (D/L)
>7 days - ≤14 days	E	F	Q (E/K)	R (F/L)
>14 days - ≤30 days	G	Н	S (G/K)	T (H/L)
>30 days	1	J	U (I/K)	V (J/L)
Total (auto- calculated)	К	L		

Functional Standard 4: Preserve the integrity, security, availability and privacy of all personally-identifiable health and demographic data in the IIS

4.1 The IIS program has written confidentiality and privacy practices and policies based on applicable law or regulation that protect all individuals whose data are contained in the system.

4.2 The IIS has user access controls and logging, including distinct credentials for each user, leastprivilege access, and routine maintenance of access privileges.

4.3 The IIS is operated or hosted on secure hardware and software in accordance with industry standards for protected health information, including standards for security/encryption, uptime and disaster recovery.

**101.** Does your IIS have written confidentiality and privacy practices and policies based on applicable law and regulation that protect all individuals whose data are contained in the system? Yes / No

# Functional Standard 5: Provide immunization information to all authorized stakeholders

5.1 The IIS can provide immunization data access to healthcare providers, public health, and other authorized stakeholders (e.g., schools, public programs, payers) according to law, regulation or policy.

5.2 The IIS can generate predefined and/or ad hoc reports (e.g., immunization coverage, vaccine usage, and other important indicators by geographic, demographic, provider, or provider groups) for authorized users without assistance from IIS personnel.

5.3 With appropriate levels of authentication, IIS can provide copies of immunization records to individuals or parents/guardians with custodial rights.

5.4 The IIS can produce an immunization record acceptable for official purposes (e.g., school, child care, camp).

#### Logic Guidance

• For questions 102-103, for each User Type, if you have some stakeholders with read-only access and some with read/update access, please select 'Yes'' in both columns.

User type	102. In 2013, did the following user type have read-only access to your IIS data? Check all that apply.	103. In 2013, did the following user types have the ability to read and update a record? Check all that apply.
Hospitals	a. Yes / No	a. Yes / No
Daycare/Headstart	b. Yes / No	b. Yes / No
Elementary schools	c. Yes / No	c. Yes / No
Middle schools	d. Yes / No	d. Yes / No
High schools	e. Yes / No	e. Yes / No
WIC	f. Yes / No	f. Yes / No
STD/HIV	g. Yes / No	g. Yes / No
Long-term care facilities	h. Yes / No	h. Yes / No
Health plans	i. Yes / No	i. Yes / No
IHS/Tribal/Urban	j. Yes / No	j. Yes / No
Veterans administration	k. Yes / No	k. Yes / No
Family planning	I. Yes / No	I. Yes / No
Medicaid	m. Yes / No	m. Yes / No
Medicare	n. Yes / No	n. Yes / No
Retail clinic/Pharmacy	o. Yes / No	o. Yes / No

Report type	104. In 2013, did your IIS provide a predefined / automated report on the following topics?	105. If yes, in 2013 who was able to run these reports? Please check all applicable:
Immunization coverage by geography	a. Yes / No	a. IIS staff / Immunization providers /
(e.g. zip code, county)		Other users
Immunization coverage by provider site	b. Yes / No	b.IIS staff / Immunization providers /
		Other users
Vaccine usage	c. Yes / No	c. IIS staff / Immunization providers /

Logic guidance: vaccine usage refers to a report of doses administered, such as by age or vaccine		Other users
Line List (e.g., to facilitate a vaccine recall, outbreak management)	d. Yes / No	d.IIS staff / Immunization providers / Other users
Healthcare Effectiveness Data and Information Set (HEDIS)	e. Yes / No	e.IIS staff / Immunization providers / Other users
Logic guidance: For more information on HEDIS see <u>http://www.ncqa.org/HEDISQualityMeasureme</u> <u>nt/WhatisHEDIS.aspx</u> and <u>http://www.ncqa.org/portals/0/Childhood%20I</u> <u>mmunization%20Status.pdf</u>		

**106.** If your IIS needed to run a report not previously defined in the above table, can immunization program staff construct and run this report without assistance from an external party (e.g., IIS vendor)?

Always / Most of the time / Sometimes / Never

Logic guidance for question 107: Access credentials for individuals or parents/guardians may be granted through a screening process facilitated by the immunization program / IIS personnel and/or by other authorized users of the IIS (e.g. providers). A "yes" answer to question 107 means that regardless of the mechanism for granting access, individuals or parents/guardians are able to access their own records without assistance from immunization program or provider staff.

**107.** Does your IIS provide the means for individuals or parents/guardians with custodial rights to access their immunization records without staff involvement? Yes / No

Functional Standard 6: Promote vaccine safety in public and private provider settings

6.1 Provide the necessary reports and/or functionality to facilitate vaccine recalls when necessary, including the identification of recipients by vaccine lot, manufacturer, provider, and/or time frame
6.2 Facilitate reporting and/or investigation of adverse events following immunization.

- **108.** Do you have a link to the Vaccine Adverse Event Reporting System (VAERS) form in your IIS? Yes / No
- 109. Can the VAERS form be autopopulated with information from the IIS? Yes / No
- 110. Does your program use the IIS to investigate a vaccine adverse event? Yes / No