

# COVID-19 Vaccine Tracking Q&As for IIS Awardees

These Q&As are intended to address common questions from awardees related CDC’s COVID-19 vaccination tracking efforts. CDC will routinely incorporate new questions and update previous questions as new information becomes available. Each question includes a date to indicate when it was last updated. New and updated questions are highlighted.

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## Vaccine Administration Management System (VAMS)

### VAMS Background

#### **How will COVID-19 vaccine administration be tracked? (Updated 10/20/2020)**

All COVID-19 vaccine providers must be able to report vaccine administration data. Ideally, we want all providers to be reporting into jurisdictional IIS. CDC recognizes that all provider sites may not be able to meet this requirement and that modernizing current IISs to meet COVID-19 reporting requirements may be a challenge.

CDC built a web-based Vaccine Administration Management System (VAMS), which jurisdictions may opt to use to support vaccination operation and data collection/tracking to meet COVID-19 vaccination requirements.

#### **Why did CDC build VAMS when we already have IISs? (6/18/2020)**

CDC’s discussions about IIS capabilities with all 64 awardees revealed that there are numerous IIS modernization needs and inconsistent, disparate capabilities to support vaccination activities. In addition, IISs are not consistently capable of sharing data with CDC in near real time. Given the accelerated timeline needed to implement a national, coordinated vaccine tracking approach, CDC is developing a system that can be used to support vaccination settings. This will allow IISs time to make the necessary improvements to support COVID-19 vaccine tracking in traditional healthcare settings.

#### **How did CDC consult jurisdictions in developing the plans for using VAMS? (6/18/2020)**

CDC consults the IIS community, AIRA, and AIM, regularly. In addition, we met with all 64 jurisdictions’ IIS teams to understand their systems’ capabilities and needs as we prepare for a new vaccine. Our plans were shaped by these discussions and continue to evolve.

CDC is engaging regularly with an ad hoc AIRA work group to give us feedback on VAMS. The workgroup includes immunization program managers, IIS managers, and preparedness coordinators.

#### **Who built the platform for VAMS? (6/18/2020)**

CDC contracted with Deloitte Consulting to build the new system.

**Has VAMS been pilot tested? (8/13/2020)**

VAMS was pilot tested during the week of July 27, 2020. California, Indiana, Nevada, and Vermont participated in the pilot. Feedback from the pilot has been used for continued development of the system and training materials for users.

**Can a jurisdiction use their IIS or a vaccine administration tracking solution other than VAMS?**

**(Updated 10/20/2020)**

Jurisdictions may use their IISs or other systems that are in the market to support clinic operations and COVID-19 reporting needs. VAMS provides an alternative for those that do not have a drop down system or if existing systems cannot meet COVID-19 reporting requirements. CDC is anticipating that the need for accurate, rapid data on COVID-19 vaccine administration will be greater than ever. Data will need to be consistent, near real time, deidentified, and record level. Discussions with each IIS jurisdiction have made it clear that many cannot meet this need. VAMS will allow for reliable, rapid data collection in a consistent manner across all jurisdictions and avoid potentially complicated variations in data quality and availability.

**Will there be a training component? (Updated 10/20/2020)**

Yes, the CDC is hosting a series of VAMS Orientation sessions for jurisdiction users to learn, understand, and perform the various activities associated with their role. The following training materials also will be available:

- **User manuals** that provide role-specific, step-by-step instructions to complete processes in VAMS.
- A **pocket manual** developed specifically for healthcare professionals
- A **VAMS FAQ** that provides role-specific FAQs developed for each user group
- A **model training plan** that provides step-by-step guidance for jurisdictions and includes a list of role-specific support materials

Additionally, jurisdictions will receive implementation support from the VAMS onboarding team as they prepare for and go-live with VAMS.

## VAMS Capabilities

**What capabilities will VAMS have? (Updated 10/20/2020)**

VAMS has interfaces for patient, employers/organizations, clinic provider, and public health (federal and state/jurisdiction) users. Here is a brief overview of each interface:

- The patient interface allows registration and appointment management
- The employer interface allows organizations to identify and register targeted groups such as critical workforce who will receive the vaccine
- The clinic interface allows clinic management, appointment scheduling, vaccine inventory management and recording of vaccine administration
- The public health interface allows identification of employers/organizations with critical workforce or organizations who serve targeted risk groups, identification of vaccination clinics, and data analysis and reporting

Additional details about each VAMS interface and its capabilities can be found in the VAMS Demonstration and VAMS Info Sheet, which are available on the [ISD Awardees SharePoint Portal](#).

**Who is responsible for identifying the mass vaccination clinic providers and employers that use VAMS? (8/13/2020)**

Jurisdictions using VAMS play a key role in identifying and reaching out to providers and employers with critical workforce or organizations who serve targeted risk groups. Employer/organizations and clinic provider choices will be based on forthcoming information that will be provided by CDC on which populations will be targeted when the vaccine first becomes available.

**Will VAMS be used to schedule appointments? (6/18/2020)**

Vaccination clinics will be able to set up clinic information (e.g., location, times of operation) and allow for individuals to schedule vaccination appointments. VAMS will have a mobile- and web-friendly patient interface that allows registered individuals to make and manage appointments at a location that is most convenient for them.

**Can appointments for vaccination be made outside VAMS? (6/18/2020)**

The easiest way to make appointments will be using VAMS. Clinics may also offer a manual or alternative method for individuals to schedule a vaccination appointment.

**How will people without access to mobile devices schedule an appointment? (8/13/2020)**

VAMS is a web-based tool, so people will be able to schedule an appointment using a computer, tablet, or smartphone that can access the internet. We anticipate that resources such as computer tablets will be available at locations that allow for on-site or walk-in registration. Manual processes for registration will be established in the event that they are needed.

**Does VAMS allow on-site, clinic-level inventory management? (8/13/2020)**

Yes, VAMS has an inventory management module that allows vaccination clinics to manage their clinic-level inventory of COVID-19 vaccine.

**Does VAMS work offline in areas without internet service? (NEW 10/20/2020)**

VAMS requires an internet connection. However, CDC is working on guidance for implementing a paper process such as a form to collect information that could be entered in VAMS once an internet connection is available. Jurisdictions should develop and test backup solutions for offline use if the internet becomes unavailable and should explore methods for sending second-dose reminders for vaccine recipients as needed.

## Data Sharing

**How will VAMS interface with electronic health records (EHRs)? (6/18/2020)**

We anticipate that in vaccination clinics, most vaccine administrations will be scheduled and recorded using the new system instead of an EHR. Many of these vaccination clinics may be in non-traditional settings, such as distribution centers and schools where there is no existing EHR. CDC plans for the data collected using VAMS to be transferred to the IIS via the IZ Gateway. Then the data can be queried by providers using EHRs.

**What vaccine administration data elements will CDC require the jurisdictions to report? (Updated 10/20/2020)**

All vaccine administration data elements are available in the COVID-19 Vaccination Reporting Specifications (CVRS), which is on the [ISD Awardees SharePoint Portal](#). There is also an accompanying reporting instructions document on the [ISD Awardees SharePoint Portal](#).

The CVRS defines the COVID-19 vaccine administration reporting requirements for submission to the CDC Immunization Data Clearinghouse (DCH). This specification addresses how IISs will report these data to CDC's DCH, as well as how provider organizations that are unable to report to IISs can still report to CDC's DCH to ensure a comprehensive accounting of administered doses of COVID-19 vaccine.

**Will jurisdictions have access to their data in VAMS? (6/18/2020)**

Yes, jurisdictions will have access to all information collected in VAMS for their jurisdiction. All data are protected and secured, with access to data provided by various user levels established by each jurisdiction.

**Will immunization data collected via VAMS be available to the IIS? (Updated 10/20/2020)**

Yes, IISs will be able to receive individual vaccination record data from VAMS. CDC's primary plan is for IISs to receive data collected through VAMS via the IZ Gateway, which will allow all records collected through VAMS to be sent to identified jurisdiction's IIS. However, CDC recognizes that not every jurisdiction will be able to onboard their IIS to IZ Gateway in time for initial vaccine administration tracking. CDC will have an alternative method to retrieve VAMS data for those jurisdictions.

CDC is working to make the transfer happen as quickly as possible, although it may not be real-time transfer for jurisdictions not using the IZ Gateway. VAMS will identify the appropriate jurisdiction to receive the data based on where the vaccine was administered. This identifier will be used to route the message to the appropriate jurisdiction via IZ Gateway.

**Who is the owner of the data collected through VAMS? (8/13/2020)**

The vaccination clinic that is using VAMS will be the owner and administrator of the immunization data.

**What is the format of HL7 messages sent by VAMS? (8/13/2020)**

The format of the HL7 message will be based on the specifications detailed in the "[HL7 Version 2.5.1 Implementation Guide for Immunization Messaging](#)." CDC will publish a local HL7 implementation guide for VAMS to address system-specific details.

## THE IMMUNIZATION GATEWAY

The Immunization Gateway (IZ Gateway) is a high priority for CDC. We recognize that awardees have significant policy, operational, and technical questions about the IZ Gateway. Additional information about the IZ Gateway can be found in the IZ Gateway Overview document dated 6.18.2020 and IZ Gateway Info Sheet published on 7.31.2020. CDC has also developed an IZ Gateway Q&A document. Each document is available on the awardee SharePoint site.

## IIS PREPARATIONS AND ACTIVITIES

**Why are we onboarding new providers if VAMS is going to handle the vaccination process and collect the data? (6/18/2020)**

The IIS will continue to play an important role for vaccine data collection. We anticipate the new system will be used primarily for the initial phases of vaccine administration. The IIS will still be important for tracking vaccination throughout subsequent phases, which is critical to our pandemic response and prevention efforts.

**How should we target and prioritize providers for onboarding? (6/18/2020)**

Your jurisdiction should review all providers currently registered to onboard to the IIS and prioritize providers most likely to be delivering COVID-19 vaccine in your jurisdiction. You might do this by considering provider type and size. For example, large clinics with multiple general practitioners would be prioritized over a single provider in an area with many providers. Jurisdictions should also examine providers who are not registered to onboard but are likely to deliver COVID-19 vaccine. We recognize not all providers or facilities have an EHR system capable of connecting to or exchanging data with the IIS—another factor to consider in prioritization. You may want to consider coordinating these efforts with your jurisdiction's preparedness coordinator.

**What support will there be for onboarding adult providers to the IIS? (6/18/2020)**

CDC is currently examining options for enhanced onboarding support. We understand that jurisdictions need staff to aid with provider onboarding.