

11-01

STATEMENT OF POLICY

Immunization Information Systems

Policy

Immunization has been one of the most successful and safest public health measures available to populations worldwide, with an unparalleled record of disease reduction and prevention^{1,2}. Successful public health immunization programs rely on having adequate data to manage the multiple components inherent to such a program. Immunization information systems (IIS) are confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area.

Immunization registries have become increasingly important to facilitate collaboration and communication between vaccinating providers in the new healthcare landscape resulting from the Patient Protection and Affordable Care Act³. The National Association of County and City Health Officials (NACCHO) supports the standardization and consistent use of IIS and requests that the federal government fund the expansion and linkage of this important tool.

NACCHO strongly urges the federal government to:

- Create a standard, interoperable system allowing for information exchange between state and local-level immunization registries and between all pertinent local users, including but not limited to local health departments, physicians and pharmacists, and the relevant IIS;
- Encourage the negotiation of data exchange agreements to allow for interoperability between states or localities with immunization registries;
- Ensure that the connections and capacities between local and state registries, and between local users and the relevant registries, meet all requirements of each stage defined as “meaningful use;”
- Ensure electronic medical records/health records are updated and developed to upload immunization data directly into the state registry;
- Ensure local health departments have access to IIS and available data;
- Ensure that states’ education databases are updated and capable of uploading immunization data directly into the state registry;
- Ensure local input when establishing uniform standards for the diverse array of existing registries;
- Ensure local input when developing laws and policies to facilitate exchange of data, not only across state and local lines but also across the country;



- Assist with policies and technological components to support future international information exchange;
- Assist with the development of laws and policies, which require immunization providers to report and exchange data between education, public health, and medical care providers and systems, including immunization coalitions as appropriate;
- Assist with policy and funds to enable timely and bi-directional exchange of data between IIS and electronic health records; and
- Provide dedicated and sustainable financial support for the technology upgrades and technical maintenance necessary for continued local participation in IIS.

At the local level, NACCHO urges federal and state governments to support the following:

- The ability of local health departments to exchange information within and across state and local levels;
- Appropriate technology for local health departments to receive, record, and transmit immunization data;
- The ability of local health departments to employ staff with the technological skills required to manage registry operations locally, nationally, and internationally;
- The ability of local health departments to employ staff with the technical and epidemiologic skills required to effectively analyze data to formulate an appropriate local public health response;
- The ability for school, physicians, pharmacy, and local public health personnel to use IIS;
- The use of IIS to include results of tuberculosis (TB) and lead testing, where appropriate, especially in jurisdictions where school entry requirements include both immunization and TB test results; and
- Ensure ease of IIS functioning for mitigating vaccine preventable disease outbreaks, to facilitate targeted response efforts.

Justification

Appropriate immunization levels across the lifespan will be difficult to achieve and maintain unless public health officials can assess and monitor vaccination coverage rates within the population. Given the mobility of the American populace in terms of geography, insurance coverage, and use of medical care, it is imperative that interoperable and coordinated local and state-level IIS are supported by the federal government as part of a larger effort to adopt and support the use of health information technology and electronic health records.⁴ This support needs to be sufficient for the registries to meet the current and planned expansion of the definition of meaningful use at all times. In addition, it is important in an increasingly global world that IIS begin to prepare for the possibility of international immunization data exchange. Several IIS goals within Healthy People 2020 exist, such as increasing both the proportion of children younger than six years of age participating in IIS and the number of states with adolescents that have two or more age-appropriate immunizations recorded in IIS.⁵ The Guide to Community Preventive Services recommends the use of IIS based on strong evidence of effectiveness in increasing immunization rates.⁶

The benefits of IIS are many, beyond those already mentioned. Additional benefits include the following:

- Generating reminders to on-time vaccination and prevent missed opportunities to administer vaccines;
- Avoiding unnecessary vaccination due to incomplete or missing vaccination records;
- Improving disease surveillance, outbreak and emergency response at the state and local levels;
- Creating and consolidating comprehensive immunization histories which will therefore expand the number and types of community sites where people can receive vaccinations;
- Identifying underserved communities or populations;
- Identifying under-immunized children and facilitating the recall of those not fully immunized;
- Linking immunization records not only within jurisdictions, but also across the country and internationally;
- Assessing population data on access to vaccines and inequities in coverage in a changing medical care environment; and
- Assisting with vaccine ordering and inventory management.

Public health immunization services are primarily provided at the local level. Federal support with funding, policies, and legal changes that promote the use of IIS will assist local health departments and their state and local partners in their efforts to ensure that the American public remains free of the threats posed by vaccine-preventable diseases.

References

1. Roush, S.W. and Murphy, T.V., and the Vaccine-Preventable Disease Table Working Group (2007). Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. *Journal of the American Medical Association*. 298(18):2155-2163.
2. Ten great public health achievements – United States 2001-2010. Retrieved October 4, 2017 from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm>.
3. Centers for Disease Control and Prevention (2013). Progress in immunization information systems—United States 2012 *Morbidity and Mortality Weekly Report*;62 (49); 1005-1008.
4. Hinman, AR and Ross, DA (2010). Immunization registries can be building blocks for national health information systems. *Health Affairs*. 29(4):676-682.
5. Public Health Service. Healthy People 2020. Retrieved October 4, 2017, from <http://www.healthypeople.gov/hp2020/Objectives/TopicArea.aspx?id=30&TopicArea=Immunization+and+InfectiousDiseases>.
6. Centers for Disease Control and Prevention. The Guide to Community Prevention Services. Retrieved October 4, 2017, from <http://www.thecommunityguide.org/vaccines/universally/index.html>.

Record of Action

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