

# **Dane County Immunization Coalition General Membership Meeting Summary Tuesday, May 18, 2010**

PHMDC gave an example of the advantage of maintaining a robust registry in a recent Hepatitis A case follow up. The majority of the case contacts were in WIR and were found to have a 73% immunization rate in a daycare which greatly reduced the followup needed with contacts to the case.

## **WIR Reporting**

Tom Maerz presented information on the Wisconsin Immunization Registry (WIR). 20 states are currently using copies of the WIR.

The Departments of Public Health and private health care organizations have different access to data and reports reflecting their cohort coverage. Reports can be obtained by age cohort (e.g. < 72 months, or adolescents). In addition to establishing how completely a particular cohort is immunized, you can also establish how successful efforts to completely immunize a particular cohort by measuring refusal history.

WIR uses two data servers. One is a production server and the other, a report server. It takes approximately 30-45 days to receive data from health care organizations. HMO's typically report data to WIR monthly. So, if one is seeking an annual report, it should not be run until a couple of months after the year-end. Report data can be exported to a) text, b) spreadsheet, or c) PDF files.

## **WIR Tools Available**

- 1) Up-to-date report – Counts the number of a particular cohort that has received the recommended number of immunizations. Also identifies those needing one vaccine to become up to date.
- 2) Fall off rate report – Identifies the number of individuals who have fallen off their immunization schedule. This can be useful in identifying cohorts needing closer follow up and outreach (e.g. missing 5<sup>th</sup> DTaP).
- 3) Birth dose Hepatitis B – Will tie into birth certificate data.
- 4) Missed opportunities – Shows when at least one needed vaccine was given, but not all.
- 5) Benchmark report – Primary addresses of those in need of and having received childhood, adolescent, and adult vaccines can be plotted on maps.
- 6) Recall: Reminder – Looks at individuals who are overdue and soon to be due for vaccines. Vaccines needed in addition to specific data requested on the report are included as well. Reminder letters can be edited to include specific data desired. Correspondence options include creating letters, postcards, mailing labels, or custom letters. Lists of clients can also be created for auto-dialing reminders.

## **Miscellaneous**

- The WIR helpdesk can assist organizations in determining report requests. Please call when desired and they will walk you through it.
- Titers can be entered into the “comment” tab. The date of the titer result should be included.
- Newborns must all be entered into vital records and, as a result, their data are also entered into WIR.
- Pentacel and Polio vaccines – WIR does not forecast the additional polio dose if needed, after 4 yrs old.
- Since 2003, there has been “real time” data exchange. There is capacity for WIR data to populate Epic immunization records, however, not all entities want this exchange. WIR is currently working with Epic to unit one “picture” of the data so that when data is entered into Epic, it will transfer directly into WIR.
- Minimum school vaccination requirements are less than ACIP recommendations. Schools look only at the number of doses and do not generally evaluate the spacing of doses. School requirements were developed in consideration of those children who started immunizing late and based on the age 3 years + catch-up schedule. School access to WIR uses the minimum school requirements to determine “up to date” status, NOT ACIP recommendations.
- 3,000 schools in Wisconsin are currently using WIR but cannot release this information to families due to the Family Education Release Protection Act (FERPA).
- There are future plans to include data regarding lead testing within WIR. Health care professionals will be required to enter their credentials (authorization code) due to HIPAA compliance.

## **Challenges to consider going forward:**

- How can we encourage or require all health care providers to use WIR?
- Hospitals want access to WIR but have difficulty with the process of entering data, therefore have not had access.

Respectfully submitted by: Linda Capener