STUDY SERIES
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The National Immunization Survey Evaluation Study Special Sworn Status Procedures: Focus Group Results

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Executive Summary

The National Immunization Survey (NIS), sponsored by the Centers for Disease Control and Prevention, is currently a random-digit-dial telephone survey that monitors child immunization levels. Parents in the eligible households complete an interview, and provide their child's immunization history and permission to contact the child's medical provider to verify the child's immunization records.

The U.S. Census Bureau is conducting an Evaluation Study to test the possibility of conducting the NIS using the American Community Survey as the sampling frame. Because this Evaluation Study will use a Census Bureau sampling frame, it must be conducted under the Census Bureau's Title 13 requirements. Providers must receive Special Sworn Status before they can provide the child's detailed immunization history. The procedures for obtaining Special Sworn Status from the health care providers add an extra step to the NIS data collection process.

To understand how health care providers would react to the mailing materials that constitute this extra step, in the spring of 2009 we conducted four focus groups: two with public clinic health care providers in Baltimore, MD and two with private practice health care providers in Miami, FL. At each location, we conducted one focus group with doctors and one focus group with a mix of nurses and other office staff (i.e., office managers). The focus groups yielded the following results:

- Nurses and office staff had different reactions to the material than did physicians.

While the nurses and other staff generally put aside or, at most, scanned the cover letter, the physicians read it carefully. Also, the nursing and office staff expressed a desire to see different information in the cover letter than did physicians. The doctors preferred to see more information about immunizations, while the nurses and other staff wanted to see less information overall.

- Participants said the initial cover letter was too long and the font was too small, creating a dense effect, and was generally off-putting.

- Participants felt the letter did not adequately explain the purpose of the mailing.

In the initial version of the letter, the first three paragraphs contained background and HIPAA information with which they were already familiar. Because of the seemingly redundant information on the front of the letter, participants did not notice that Special Sworn Status protected the "confidentiality of the children selected for this survey."

- In contrast to the letter, participants liked the format of the insert, which explained Special Sworn Status in a bulleted list.

- Participants did not understand that the Special Sworn Status was to protect the fact that a specific patient participated in the NIS.

Because medical providers are well-versed in HIPAA requirements, they had a difficult time understanding that it is not the immunization information that they need to keep confidential. We often heard providers say they were filling out information they already had on file -- the names of the patients in their office. Compounding this issue is the fact that providers routinely provide immunization data to schools, day care centers, and other sources. In some cities, immunization records are semi-public.

- Because participants had a hard time understanding that they needed to protect the names of the children who participate in the NIS, they felt that Special Sworn Status and the associated fines with violating confidentiality were both severe and intimidating, to the point of discouraging survey participation.

Once we explained the purpose of the new procedure they generally said they would sign the form and return it. However, we still saw some signs of reluctance. One physician and one nurse said that while they would sign the form, the rest of the staff would not. One of these participants added that she would not expect her staff to sign the form. The main problems seemed to be with the understanding of the process, as explained in the accompanying materials. The content of the form did not require revision.

- There was some concern over how many people in the office would have to sign a form.

The concern was largely centered on the words “each person who has access to the data” on the initial version of the letter. The revised version of the materials alleviated this problem.

After the focus groups concluded, we made recommendations to the sponsor for how to revise the documents so that they convey the appropriate information without appearing too intimidating. This report presents the detailed results and our final recommendations for the Special Sworn Status mailing package.

The National Immunization Survey Evaluation Study Provider Focus Groups

The National Immunization Survey (NIS) is a random-digit-dial telephone survey, sponsored by the Centers for Disease Control and Prevention (CDC), that monitors child immunization levels. The survey involves contacting households in an attempt to locate ones with children aged 19-35 months. Parents in the eligible households complete an interview and provide their child's immunization history, the name and address of that child's health care providers, and permission to contact those providers. The health care providers then receive and complete an Immunization History Questionnaire, which documents the child's detailed immunization history.

The U.S. Census Bureau is conducting an Evaluation Study to test the possibility of conducting the NIS using the American Community Survey as the sampling frame rather than its current random-digit-dial sample. Because this Evaluation Study will use a Census sampling frame, it must be conducted under the Census Bureau's Title 13 requirements. The most significant consequence of Title 13 requirements is that the health care providers must obtain Special Sworn Status before they can receive the questionnaires to ensure that only people with Special Sworn Status will have access to the names of the patients in the NIS.

Procedures for obtaining Special Sworn Status from the health care providers add an extra, critical step to the NIS data collection process. Completion of this extra step is essential to obtain high quality data in the Evaluation Study. To understand how health care providers would react to the mailing materials that constitute this extra step, we conducted focus groups with groups with health care providers in Baltimore, MD and Miami, FL. This report contains the results of the focus groups.

Method

Participants:

In April 2009, we conducted two focus groups in Baltimore, MD, and in May 2009, we conducted two focus groups in Miami, FL. At each site, one group consisted of physicians, and the other group consisted of nurses and other non-physician office staff. To get a sense of whether the type of practice might affect reactions to the mailing materials, we also further characterized the groups by the type of health care provider. The focus groups held in Baltimore were comprised of participants from public health clinics. The focus groups held in Miami were comprised of participants from private practices. Table 1 shows selected demographics characteristics of our two focus groups.

We recruited our Baltimore area respondents from the NIS Provider Look-up File provided to us by the Demographic Surveys Division (DSD). During their NIS telephone interview, parents provide the name and addresses of their child's health care providers who are responsible for giving immunizations. The Provider Look-up File contains these names and addresses. The NIS uses this database to send out the IHQs to the sampled children's health care providers. The project staff sent recruitment follow-up letters on CDC letterhead to these addresses. Although the mailing list was quite large

(approximately 400 provider addresses), we discovered that it was somewhat outdated. Baltimore is not currently in the NIS sample, and therefore, the list of providers is not accurate and up-to-date. We received approximately 50 postmaster returns. As a result, our recruitment rate was not very high. Overall, we received five responses from office staff and four responses from physicians. Four non-physicians participated in the first focus group. Two physicians participated in the second focus group.

To improve our recruiting efficiency, for the second set of focus groups, we decided to select a large city that was both in-sample and over-sampled for the current NIS field period. Additionally, because our Baltimore focus groups contained public sector medical providers we had the additional requirement of selecting a city that had a large proportion of private health care providers in the database. The CDC investigated which cities would meet both of these criteria, and determined that Miami was the best option.

The CDC provided us with a more current list of health care providers through a different source than the NIS Provider Lookup. The Florida Department of Health/Bureau of Immunization in Miami-Dade County sponsors the Vaccines for Children (VFC) program. The VFC program maintains an up-to date list of providers that currently give child immunization. We mailed recruitment letters to practices in this database, using the same recruitment and follow-up letters that we used in Baltimore. Additionally, because the VFC program had the capability to send "blast" faxes to all the health care providers on their list, we sent two follow-up faxes. Despite these additional recruiting resources, our response rate was about the same, with four non-physician-staff and five physicians responding. Two nurses showed up for the first focus group. Four physicians showed up for the second focus group.

Table 1: Focus Group Participant Demographics.

Sex

	Baltimore		***Miami***	
	Non-doctors	Doctors	Non-doctors	Doctors
Female	4	1	2	2
Male	0	1	0	2
Total	4	2	2	4

Race

	Baltimore		***Miami***	
	Non-doctors	Doctors	Non-doctors	Doctors
Black	1	0	1	0
White	3	2	1	1
Hispanic	0	0	0	3
Total	4	2	2	4

Materials:

Because the Evaluation Study falls under the authority of Title 13, providers must have Special Sworn Status before getting access to NIS sample information. They will have to sign the SSS oath not to disclose the names of their patients who are participating in this survey. To administer this oath, the Census Bureau will send out a mailing package that contains information about the NIS and immunizations, the oath forms, and some additional materials explaining how providers should treat all survey-related documentation. These materials are the mailing package we were evaluating in our focus groups. The package included six different documents: a cover letter, two copies of the Special Sworn Status oath form, an informational insert, a sample copy of the Immunization History Questionnaire that special sworn health care providers will complete, a set of Frequently Asked Questions, and a copy of a Morbidity and Mortality Weekly Report that contains NIS results. The mailing package will also include a postage-paid return envelope in which providers will return the signed oath forms.

In this section we describe the materials that we were evaluating in the first set of focus groups. We describe the changes to the materials for the subsequent focus groups in the results section.

Mailing Envelope
The documents will come to providers in a large, white, business-sized (9 7/16" by 12 7/16") envelope with a Department of Commerce return address. Because the actual mailing envelope design was not yet finalized, we used a regulation outer envelope. The envelope contained no address label mock-up.

Cover Letter
The cover letter was printed on official Department of Commerce/Census Bureau letterhead and addressed from the Acting Director of the Census Bureau. It was printed in a small font and contained text on both sides of the sheet of paper. The letter also contained the standard Census wordmark on the bottom of the letter. Appendix A contains a copy of this initial letter.

Immunization Survey Special Sworn Status Form (SSS form)
This form, officially called BC-1759 (P), is the actual legal "oath" of non-disclosure for Special Sworn Status. It meets the Census Bureau's legal requirements for the oath. The language had been modified somewhat in consultation with the Census Bureau's Legal Staff to be more readable for non-Census Bureau employees. Appendix B contains a copy of this form.

Special Sworn Status Insert (SSS insert)
The insert was printed on an 8 ½" by 11" sheet of paper with the CDC and Census Bureau logos at the top of the page. The insert contained two clearly-defined sections of bulleted text. The top section explained Special Sworn Status in more detail. The bottom section provided instructions on how to handle the questionnaires and other Title 13 protected survey documentation. The insert was paper clipped to the front of two copies of the SSS form. Appendix C contains the insert for the first set of focus groups.

Immunization History Questionnaire (IHQ)
The IHQ was printed on 8 ½" by 11" paper with pink background, black text, and white answer spaces. The pages were printed back-to-back, and stapled together in booklet format. However, the plan for the Evaluation Study is to have one-sided sheets to facilitate the faxing back of completed forms. The box identifying the sampled child was blank. Appendix D contains the IHQ participants evaluated in the first focus group.

Frequently Asked Questions (FAQ)
The FAQ we tested included three pages of 8 ½" by 11" text and contained a list of bolded questions and non-bolded answers. The FAQ provided additional information to any subsequent questions participants may have about protected health information, HIPAA, the Privacy Rule, and the NIS. Appendix E contains the FAQ for the first set of focus groups.

Morbidity and Mortality Weekly Report (MMWR)
The final piece of the mailing package was a copy of MMWR, a CDC publication that reports on health topics and the health statistics from its survey data collection programs. The particular copy of the MMWR in the packet is a recent compilation of immunization

statistics compiled from the NIS. The 6-page report was printed in color and stapled in booklet format. Appendix F contains a copy of this publication.

It should be noted that although the FAQ and MMWR will be sent in the actual mailing package, we did not include them in the initial envelope we handed to the respondents at the start of the focus group.

Procedures:
We conducted our focus groups in conference-type rooms at locations convenient to our participants. For the Baltimore focus groups, we used the Early Local Census Office in downtown Baltimore. We conducted the Miami focus groups at a local hotel. Staff from DSD and CDC attended three of the four focus groups as observers. We escorted participants into the facility and seated them around a table in a large conference room. To begin the focus group, the moderator explained the purpose of the focus group, mentioned the audio-recording of the session, walked the participants through the consent procedure, and had participants sign the consent form that granted permission for tape-recording. The moderator also explained the "ground rules" for focus group participation. The moderator then began the focus group, starting with a few questions about familiarity with the NIS as a "warm up."

We divided our focus group discussions into several parts. After the moderator distributed the envelopes containing the materials, we first had an "observation" period to capture participant's initial behavior as they interacted with the materials for the first time. The moderator handed out the mailing envelopes and gave the participants several minutes to look over the materials. During this initial perusal, we observed participants and made notes on their behavior, noting how carefully they looked over materials. Of particular interest was how much they appeared to read through the cover letter and the materials on which they spent the most time.

After participants had sufficient time to look over and take in the materials, the moderator moved on to discuss each mailing piece separately, starting with the cover letter. When discussing each mailing piece, the moderator posed specific questions to the respondents to guide the discussion and cover specific aspects of the materials and procedures. Because we did not include the FAQ and the MMWR in the original mailing package, we handed them out to participants toward the end of the focus groups and again posed structured question to guide the discussion.

Appendix G contains a copy of the moderator's guide. However, we did not strictly follow the flow of the guide. Many of the topics we discussed were interrelated, coming up at several points in the session. To a large degree, we allowed our participants to guide the direction of the discussion. If they happened to bring up issues with other aspects of the materials and procedures, we would segue into that discussion. We covered the important aspects of the issues, but not necessarily in the order outlined in the guide.

Results

In the following section, we present the findings of the focus groups. We present global issues that affected respondents' reactions to the materials and Special Sworn Status as a whole. We then present detailed results that relate to each individual mailing piece.

Issues Related to Special Sworn Status

Throughout all four focus groups, the Special Sworn Status concept was the central discussion point. Initially, we expected the materials to be the primary focus, and that we would be able to capture any reactions to the overall concept during those discussions. However, it became immediately clear in the first focus group that our participants struggled not only with the materials themselves, but with their actual purpose and necessity. Because participants' concepts of Special Sworn Status tended to usurp the discussion, we separately present our findings that relate to how participants understood and reacted to Special Sworn Status. We will report specific reactions to aspects of the materials that did or not did not successfully communicate the concept in later sections of this report.

The most salient obstacle we encountered during the focus groups was providers' understanding of the Special Sworn Status oath (SSS oath) and its implications. Providers seemed to have a tentative grasp on Special Sworn Status, often wavering in their understanding. Although the content of the materials and participants' lack of attention to them did contribute to the misunderstandings, the major issue seemed to be one of semantic understanding. Two major issues surfaced during the focus groups: (1) a misunderstanding of what the SSS oath indicates, and (2) reactions to the responsibilities and implications of having Special Sworn Status.

There were two different misunderstandings about the SSS oath. First, not having carefully read the letter, some participants developed the initial understanding that Special Sworn Status involved an oath to provide accurate and consistent immunization information. One participant referred to the SSS oath as a sworn statement indicating that she was providing "legitimate, accurate information." In other words, these participants thought Special Sworn Status protected the accuracy of the data the NIS collects. Accordingly, these participants thought printing their name on the SSS form was a way for the CDC to track the person filling out the IHQs. If there were a discrepancy or suspected inaccuracy, the CDC would contact the person who signed the SSS form, and that individual would be liable for any inaccuracies.

Because of this misunderstanding, these participants expressed some sensitivity to the oath. They wondered why the government would assume that they might not provide accurate information. One participant even expressed concern over her liability because patients sometimes receive shots from other providers. Those other records may not be accurate, exposing the person filling out the form to the risks and consequences of providing inaccurate immunization data.

The second misinterpretation of Special Sworn Status that we discovered was revealed as the most common misunderstanding. Participants thought that Special Sworn Status was

about protecting patients' medical information. This misperception was most likely the result of the automatic association that medical providers have with privacy and confidentiality. The materials that introduce this extra step to NIS participation repeatedly refer to "confidentiality." For medical providers, the most salient association with confidentiality is with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. Federal law requires that medical providers comply with the Privacy Rule, which regulates how providers and insurance companies handle medical information. HIPAA protects patients against the unauthorized disclosure of health information, asserting the privacy and confidentiality of patient medical information.

Because the providers were quite familiar with the concept of confidentiality as it relates to medical information, they tended to focus on the protection of the immunization information. As one participant said, in reaction to reading through the materials, "Anything between that patient and myself is between that patient and myself. I think we get that." Another participant commented, "We get it. We don't need [to be told about privacy]." Participants often used "privacy" and "confidentiality" interchangeably. They failed to realize that Special Sworn Status is concerned not with the disclosure risk of medical information to third parties, but with the protection of the names of survey participants even from internal staff who have access to patient information but who do not have Special Sworn Status. As one participant stated, "The confidentiality. I'm not sure why it's required. I'm curious as to why… because we don't really share information about the child with anyone." Another participant commented, "I don't think that this is necessary in order to maintain confidentiality of patient information that we provide to the United States Government."

Compounding this misunderstanding was the fact that providers routinely provide immunization data to schools, day care centers, and other sources. One respondent said, "Really what I'm giving is a vaccine record. Not anything confidential -- too confidential. We give it to the schools. We give it to the WIC office or the shots registry." In some cities, immunization records are even semi-public, existing in a database that county and city health officials can access and use for their own reporting. This confusion about the confidentiality of immunization information led to concern for one respondent, as she began wondering if this mailing meant that there were changes to HIPAA. She wondered if immunization information was suddenly confidential and that she might be liable for previous unlawful disclosures.

In addition to their confusion about confidentiality, providers also found the concept of Special Sworn Status and the associated requirements and implications to be heavy-handed and intimidating. One participant said, "I mean, [staff] are already bound by HIPAA and everything. But to actually sign something that says they're gonna go to prison… I think they'd be worried about that." Participants consistently echoed the concern that Special Sworn Status required a responsibility that they would be unwilling to accept. As one participant summarized, "This is serious. This is something big… Like this is really serious stuff… This is something serious, so, therefore, just let me put this aside. This is something that might get me in trouble."

Several participants mentioned that they would simply send the materials to the "higher-ups" in their practice and allow senior management to accept responsibility for the consequences of violating Title 13. In other words, the seriousness of Title 13 would greatly discourage NIS participation. Although these participants' comments were based on a misunderstanding of Special Sworn Status, even when participants understood the concept, they still found it intimidating and over-the-top. One participant commented, "Until you can tell me that I don't have to go to prison for somebody opening that mail, I'm not signing that statement." She was worried about the consequences of "accidental disclosure."

Even after we described the meaning of Special Sworn Status and the purpose of the mailing, providers continually waffled in their understanding of what they needed to protect. Participants who verbalized a correct understanding of the concept would nevertheless later revert back to questioning why immunization information was confidential and why they needed to be reminded of it. Medical providers seemed so well-primed with the confidentiality of medical information that they continually lost their grasp on protecting the fact that one or more of their patients would be participating in a Census Bureau survey.

To a large extent, this strong association is not one that the careful construction of materials can counteract. Even when providers read through the materials somewhat carefully, the mention of "confidentiality" seemed to waylay their thought processes into only processing the confidentiality of medical information. Counteracting this strong association is quite a difficult task. As we note later, our continued explanations of the SSS form assuaged many of the participants' concerns. However, providers will not be able to benefit from such an interpersonal "education" in the actual NIS Evaluation Study. While we hope that our changes to the materials will alleviate some of the misunderstanding, only the results of the field test indicate to what degree that is possible.

Mailing Pieces

In this section we discuss the results pertaining to the individual pieces in the mailing package. We limited our discussion to the cover letter, the SSS form, the informational insert, and the FAQ. While we asked our participants for reactions to including the IHQ and MMWR in the package, we were not specifically evaluating their content. Because we recommended changes to the materials that the sponsors accepted before the start of the second set of focus groups, we discuss our results in two parts. For each mailing piece, we present results from the first set of focus groups first and the result of the second set of focus groups second.

Cover Letter:

Focus Groups 1 and 2:

There was a distinct difference in the way the physicians and the nurses and other office staff approached the reading of the materials in the mailing package. The non-physicians tended to quickly scan the cover letter and spend more time on the SSS form, the informational insert, or the IHQ. Half of the respondents did not even turn the letter over

to see if there was anything on the back. In fact, the back introduced the information about the SSS form, which was the focus of the mailing. In contrast, the physicians read the cover letter and the other materials much more intently.

However, despite having a different focus of attention, both groups had similar evaluations of the cover letter. All participants generally agreed that the letter was too long, the print was too small, and the look of it was generally off-putting. Several participants used the words "dense" and "intimidating" to describe the letter. In addition, neither group felt that the letter adequately conveyed the purpose of the mailing. The first three paragraphs contained information they were already familiar with. This redundancy, in conjunction with the unattractive look of the letter, discouraged participants from paying careful attention to the rest of the letter. One participant noted that the letter should get "straight to the point," rather than having the front page filled with general information about the NIS.

When participants, at our direction, looked carefully at the back of the letter, they noticed that the form "must be completed by **each** person who will have access to the data sent by the Census Bureau." However, this more careful reading did not help to clarify any questions the participants had. In fact, it only added to the confusion.

Two issues surfaced with regard to this sentence. First, some participants interpreted the term "access" very broadly, thinking that it would involve everyone who would come in contact with the mailing package, including the people who opened the mail for the office or the postal carrier who delivered it. Second, they interpreted the word "data" as the immunization information they would send to the Census Bureau. They did not consider the names of their patients on the IHQs to be "data" the Census Bureau would send to them. As explained above, they did not understand that Special Sworn Status protected the names of the patients, even though the same paragraph stated that "by signing th[e] form you agree to keep the identity of patients involved in this study confidential."

When we mentioned that the survey questionnaires would come addressed "Confidential, To Be Opened By Addressee(s) Only," it made the participants less uneasy. Participants were familiar with this type of mailing, as they frequently receive medical test results and other confidential information addressed this way. Those office members with Special Sworn Status could make a list of patients for whom they needed the immunization information and ask staff without Special Sworn Status to retrieve the charts without having to reveal to reason for the chart-pull. Some of the doctors reported using this procedure to protect other confidential patient information.

Because the cover letter was not effective in communicating the purpose of the mailing, we asked our participants what would improve its effectiveness. They provided a number of suggestions. First, the cover letter should mention the purpose of the mailing on the front, making clearer the fact that the form is meant to protect the identity of the patients in the survey. Second, some participants suggested that the bulleted format of the insert would be a good way to structure the cover letter, rather than lengthy paragraphs and small font. Finally, participants suggested that the cover letter should specify that the

actual survey materials would come only to the people who complete and return SSS forms.

Revisions:
Based on the results of the focus groups and our participants' suggestions, we made major cosmetic and substantive changes to the cover letter.

We made the following cosmetic changes:

1. We shortened the letter to include the signatures on the first page and increased the font size.

2. We used a question-and-answer format (similar to an FAQ) on the back of the letter because some of the non-substantive, mandated information about the survey would not fit on the front. We added a sentence on the front that referred readers to the back.

3. We added a step-wise set of instructions reiterating what providers need to do next to obtain SSS and participate in the survey.

4. Finally, we used bullets on the back of the letter to list the additional materials in the mailing package.

We also made a number of substantive changes to the letter:

1. We deleted the words "access" and "data."

2. We condensed the first three paragraphs, containing "background" information on the survey, into a single, introductory paragraph.

3. In an effort to more clearly communicate that it is the names of the children in the survey that must be kept confidential under Title 13, we linked that concept with obtaining Special Sworn Status.

4. We included the fact that survey questionnaires would come addressed "Confidential, To Be Opened By Addressee(s) Only" in one of the bulleted lists.

Attachment H contains the revised cover letter that reflects these changes.

Focus Groups 3 and 4:
As with our first two focus groups, the non-physicians and the physicians in our second set of focus groups reacted to the revised cover letter differently. Although one of the participants gave the cover letter a very brief once-over, the nurses almost immediately put the cover letter aside. In contrast, the physicians read the letter and other materials intently. Two doctors even wrote notes and underlined text on the materials. The nurses said they normally would not read these types of letters because they would "head

straight to the source." Unfortunately, in this case, the source was the IHQ, which meant they spend the most time on that, rather than the SSS form or the explanatory materials. The physicians said they more likely to read things routinely. One of the physicians said he reads everything. We observed similar behavior in our previous focus groups.

When it came to their reactions to the look of the form, participants in both focus groups used similar terms to describe the cover letter, indicating it looked "official," "routine," and "straightforward." The mention of CDC in the letter led one participant to think it was a blanket letter about immunization. This assumption is what prompted her to set the letter aside without bothering to read it. The comments about the foreboding look of the font and lengthy paragraphs were not repeated in this round; our cosmetic revisions to make the letter less dense seemed to have worked.

However, participants in both groups did not react as positively to the substantive revisions to the letter. They did not see the need to talk about privacy and HIPAA, and said the titles, sections, and codes were too much information. As previously mentioned in our discussion of the SSS concept, one participant found the mention of these codes to be "serious," making her unwilling to participate in the NIS. Another participant commented that if there was a legal reason why these things needed to be included, then including that information was acceptable. However, in the absence of such a requirement, that information should not be included.

Also, the physicians expressed a desire to see more of an appeal toward their own contribution to the efforts to immunize more children. One physician mentioned, "The most important thing is that every child gets immunized…The point is to figure out who is being vaccinated, which shots are being typically missed, and why. And it's one tiny paragraph." To them, the most important part of the letter was the description of the broader purpose of the survey.

Additionally, because they initially failed to understand the Special Sworn Status concept, the office staff found the increased focus on Special Sworn Status to be "overkill." One participant noticed the capitalized "SPECIAL SWORN STATUS," and thought it was "nervy" to focus so much attention on the concept. They also thought the amount of information about Special Sworn Status in the letter was excessive. "It wasn't necessary for something so easy."

Participants provided some suggestions for revising the letter. Two participants commented that the signatures on the front of the letter indicated "finality," a format that would be likely to cause people not to read the back. In fact, these participants only noticed content on the back of the letter when they flipped it "face-down" to set it aside. Also, they felt that they did not need to know the information about the CDC's authority for collecting the survey data. They recommended that the letter have a limited discussion about confidentiality. They also reacted positively to the steps on the back of the form and thought we should definitely keep them in the letter. Finally, one of the nurses suggested that it would be helpful to use "research/IRB language" to communicate

the confidentiality of the patients in the survey. She thought providers would be familiar with this type of language, making the letter easier to read.

Recommendations:
Despite our best intentions to translate what we heard in the first set of focus groups into revisions to the cover letter, the revisions were not entirely successful. Accordingly, our final recommendations take a different approach to communicating the purpose of the mailing. Attachment I contains a draft of our final recommended changes to the cover letter. As with our previous revisions, we recommend both cosmetic and substantive changes.

We recommended the following cosmetic changes:

1. To increase the prominence of the SSS form as the purpose of the mailing, we created a 5 ½" x 8 ½" version of the cover letter as the front page of a folded, 8 ½" x 11" sheet of paper. The intent of this change is two-fold. First, we wanted to steer away from a traditional-looking cover letter. We wanted to increase the likelihood that providers will pay more attention to the cover letter because of its unique look. Second, we wanted the cover letter and set of instructions for completing the SSS form to form a "booklet" around the actual forms. The cover letter should appear on the front and back of the top side of the folded sheet of paper, and the steps should appear on the bottom, underneath the SSS forms.

2. To further catch the eye and encourage recipients to read the letter, we used a series of short paragraphs, increasing the amount of white space in the letter. If possible, we would like to have a colored background similar to the cover letter for the 2010 Census.

We recommended the following substantive changes to the cover letter:

1. To de-emphasize the references to HIPAA that made participants consistently view Title 13 as unnecessary, we deleted any reference to it from the letter.

2. To emphasize the major point that the confidentiality of the names of the patients in the survey is essential, we bolded this statement in the letter.

3. To decrease the ominous tone of the language related to Special Sworn Status, we described it operationally as a form that needs to be completed and returned. This text is in bold to increase its visibility. We downplayed the meaning of signing the form, reducing it to a single sentence.

SSS Form:
Focus Groups 1 and 2:
Participants found the language in Section D of the form, particularly the terms "penalty of perjury," "oath," and "special sworn status," to be threatening, intimidating, and

"scary." The intimidation factor led one of the physicians to say he would send the mailing to the "higher-ups" in his practice "and hope that it never came back." If his boss asked for his viewpoint about participating in the survey, he would point to the language in Section D as a deciding factor against participation. The physicians felt that this form would definitely discourage participation in the survey. The non-physicians also echoed this sentiment. They indicated that many of the clerical staff in their office would be unwilling to sign the form, given the intimidating language.

Participants also had trouble with determining who should sign and return the SSS form. Participants in both groups had the understanding that everyone in the office had to sign the form if they would see the IHQ or open the mail. The mailing package only included one form, and participants failed to notice that the letter mentions making photocopies of it. Accordingly, given the handling of the mail in their respective offices, the participants thought it would be impractical to assume that only a single person would see the form. The fact that some clerical staff who handle mail might be unwilling to sign the form increases the likelihood that employees without Special Sworn Status would be viewing the confidential information.

Finally, one physician noted the box on the SSS form, requiring that the signer indicate that he or she is at least 18 years old. The fact that someone must be 18 to obtain Special Sworn Status is not mentioned in any of the other materials in the mailing package. This requirement might be problematic because some offices employ underage high school students as summer interns.

Revisions:
We did not make any changes to the SSS form. The legal requirements of Title 13 largely dictate the content of the form, making it not amenable to revision. However, the content of the form itself did not require revision. Once we explained the purpose of the new procedure, participants generally said they would sign the form and return it. The main problems seemed to be with the explanation of the process that was not clear from the accompanying materials.

Focus Groups 3 and 4:
Much like our participants in the first two focus groups, physicians found the language in Section D to be intimidating. One physician said, "No matter how you put it, it doesn't change the words on the form that you want us to fill out." One physician also said she thought some doctors would read it and throw it in the trash. She said the form would scare her office staff. Consequently, they would refuse to fill it out. She also added that she would not expect them to sign it or to provide the immunization information on the IHQ. She would complete the survey questionnaires herself. The nurses said the language on the form was pretty clear, and it was clear how to fill it out.

Recommendations:
We did not make any final recommendations for changing the SSS form.

SSS Insert:

Focus Groups 1 and 2:

In the first set of focus groups, participants seemed to notice the informational insert, but it did not clarify any of their confusion. Even after reading the insert, the non-physicians still did not understand that everyone who has access to the questionnaires should sign the SSS form. For the physicians, the insert only escalated their concerns about liability, namely because of the many possible meanings of the vague term "access." The insert mentions that "anyone in your office who receives or is privy to information about the child(ren) in this survey." This bullet point prompted a discussion similar to the one about the cover letter, with the physicians expressing concern about the people who come in contact with this mailing, even in a sealed envelope.

The instruction not to keep copies of the IHQ and to keep the documents in a locked, separate, secure location also caused the participants concern. Such requirements would require significant changes to the way their offices deal with forms and patient information. One of the physicians indicated that his office has no other secure storage besides the patient files.

As in the first set of focus groups, these participants gave us suggestions on how to improve the insert. Once participants understood Special Sworn Status and its requirements, some participants mentioned that it might be easier for the Census Bureau to send their own staff to collect the information. If immunization information was so important and yet so secretive, then we should not be asking them "to do [the Bureau] a favor while putting [themselves] at risk." There would be no violations of confidentiality if the Census Bureau's staff collected the information, and the physicians indicated they would be more than happy to let the staff have access to the files. While this suggestion certainly has merit, it also has budgetary consequences.

Other participants offered different suggestions. They thought that the practice or clinic could have one "blanket" SSS form that covered the entire practice, rather than multiple forms focused on individual people. However, it should be noted that this suggestion was born out of not realizing that providers could photocopy the form for other people to sign. Participants also suggested pre-printing the practice name and address in Section A. (We found out later that this will be done.) Participants disagreed about whether entries for Section B should be pre-printed. While pre-printing this section would make the form easier to fill out, one participant correctly noted that someone may have left the job or might be out of the office for a long period of time. No one seemed to notice that we would have no way of knowing whose information should be pre-printed in Section B.

At this point in the focus group, after we had discussed all the individual mailing pieces, we explained the purpose of the mailing in more detail because participants were still laboring under their misunderstanding of Special Sworn Status. We noted that the name and date of birth of the patient in the survey, which would be pre-printed on the IHQs that a practice receives, was the crucial information that signing the form protected. While participants were quite surprised that patient names are confidential information under Title 13, the explanation seemed to alleviate many of their concerns. The physicians said

they would assume the sole responsibility for protecting the confidentiality of the information, which would alleviate their serious concerns related to who might have access to the information. They realized it was not the envelope that contained the IHQ that needed protection, only the IHQs inside.

While the content of the insert was problematic, the format was not. Several participants preferred the bullet format, which they said was easier on the eye and the attention span. They even expressed a desire to see the cover letter mirror the same format.

Revisions:
Based on the results of the focus groups, we made the following major, substantive changes to the insert:

1. We introduced Title 13 earlier in the insert.

2. We stated more directly that signing the SSS form meant agreeing not to disclose the names of patients in the NIS.

3. We stated that the IHQs would come to the practice or clinic labeled "Confidential, To Be Opened By Addressee(s) Only."

4. We noted that the secure place to keep the IHQs and the parental consent documents could be a lockable desk drawer or office.

5. We rewrote the instruction about who should complete a SSS form, deleting the word "access."

Attachment J contains the revised insert.

Focus Groups 3 and 4:
The revisions were helpful in alleviating some of the problems observed in the first set of focus groups. The misunderstandings about how many people in the office would need to sign a form did not resurface. Participants understood that they could be the designated person to complete the forms and that they could designate a backup. Some of the improvement in understanding was likely due to including a second copy of the SSS form in the mailing (which will be done in the field) in addition to changes in the text of the insert. However, the desire to have more than one SSS designee for the NIS still presents some logistical problems for providers. One participant noted that there was no one else in her office who could serve as back-up, in the event that she was out of the office.

Participants also had other logistical concerns for how to handle the survey and survey documentation. One participant commented on the last bullet on the insert, which instructed that SSS employees should turn over confidential materials when leaving the employ of the practice or clinic. This participant indicated that remembering to turn over these materials to someone else would not necessarily be a top priority. She was also

thinking in terms of someone who was fired, who might be escorted out of the building with no chance to turn over materials to anyone. However, for the most part, participants recognized that if they followed the procedures of destroying faxed consent forms and questionnaires, there would be no materials to hand over to anyone else.

Participants in these focus groups again mentioned that keeping materials locked up (the parental consents and the yet-to-be-filled-out IHQs) was not a practical requirement. Some offices may not have the ability to restrict access to any office paperwork, let alone the IHQs and consent forms. One participant noted that her office and desk are always unlocked in case someone needs access to vital information in her absence.

Similarly, the logistics of not retaining copies of the forms is a change in procedure for some of the providers. Participants had different policies about keeping a copy of completed form in their patients' charts. For practices with electronic records, not including a copy of the IHQ in the patients chart is a non-issue. For offices without electronic records, having a copy is helpful in case the form gets lost in the mail or the Census Bureau does not receive it. However, these participants noted that if they were instructed not to keep copies in the chart, they would not do so.

Also, participants brought up two key issues regarding the use of fax machines to return survey questionnaires. One participant wondered about the legal ramifications of accidentally faxing an IHQ to the wrong fax number. She wondered if she might be liable for the accidental disclosure. Another participant wondered about using fax machines that have digital memory. The machine would store the confidential information, potentially creating a liability.

Finally, one participant commented on the fourth bullet in the "Explanation" section of the insert, which read, "Only people who will see or know the identity of the children in this survey may obtain Special Sworn Status." She found this bullet point to be confusing, perhaps because it does not seem as restrictive as it is meant to be. The sentence implies that everyone should be looking at the questionnaires, just so that they can get Special Sworn Status. The sentence would make more sense if the clauses were reversed to read, "Only people with Special Sworn Status may see or know the identity of the children in this survey."

<u>Recommendations:</u>
Our recommendations for revising the insert come less from the findings of the second set of focus groups and more from a general sense of the discussion about all the mailing pieces across all of the focus groups. We developed a different format for conveying the information, consisting of the following elements:

1. We created a separate sheet containing the steps for participating in the survey and attached it to the front of the SSS form. This change will increase the likelihood that providers will read the insert.

2. We reworded and expanded the scope of the steps, putting all the procedural information in a single place, under the heading "What Do I Need to Do to Participate in This Study?" The editing included shortening the wording of the steps on the back of the cover letter, and incorporating the relevant information from the previous draft of the insert.

3. We placed the remaining bullets on the insert under a single heading, "Explanation of the Immunization Survey Special Sworn Status." We recommend placing this on the folded sheet containing the cover letter. It would be located on what is page 3 of a 4-page booklet, on the inside facing the reader. Because participants tended to gloss over lengthy materials, we recommend keeping these bullets on a single page. In the interest of space, we recommend that the fourth bullet, which does not contain any new information, be removed if necessary.

4. We reworded the awkwardly constructed bullet to read, "Only people who obtain Special Sworn Status may see or know the identity of the children in the survey…"

5. We removed faxing as an option for returning questionnaires and parental consent forms. We recognize that this is an operational change that needs further discussion with the sponsor.

Attachment K contains an example of this revised design.

IHQ:
Because our main task was to evaluate the materials that introduce the SSS steps, we did not focus much attention on the IHQ. The questionnaire was out of scope for the focus groups. However, we did gather some interesting observations about the questionnaire that contributed to some of the difficulty we observed throughout the focus group.

Some participants paid a lot of attention to the IHQ at the beginning of the focus group. These participants reviewed the questionnaire to see what was the same or different this time. Also, participants who had previously completed IHQs were accustomed to receiving a mailing package containing to-be-completed IHQs. These participants assumed that the IHQ was not a sample form, but would actually come with the name of a child on it. As mentioned in the discussion of the cover letter, participants were unclear as to why the questionnaire required extra protections. Prior experience with the survey added to these participants' confusion over confidentiality.

To clear up confusion about whether this was an actual questionnaire, we also made a change to the IHQ for the second set of focus groups. We added a watermark that read "Sample Copy For Informational Purposes Only" to the first page. Attachment L is a copy of the revised IHQ.

We noted that the watermark did not help to clarify the fact that the IHQ in the mailing was a sample copy. Participants familiar with the survey still assumed that the mailing would include actual IHQs with the names of sampled children on the form. They often asked if they would be receiving the mailing package every time they had to fill out an

IHQ for their patients. After the focus groups, we talked with the sponsors about how to make the sample copy of the IHQ look more informational. We suggested adding a generic name and date of birth (i.e., "Johnny Jones, 07/27/2007") in the box where actual participant names will appear and include a text box that reiterates that the names that will appear in those boxes on actual questionnaires will be the confidential information. The sponsors liked this idea because it would also help to clarify Special Sworn Status in the other materials.

Frequently Asked Questions (FAQs) and Morbidity and Mortality Weekly Report (MMWR)"

Focus Groups 1 and 2:

We held off until the end of the focus groups to give participants the FAQs and the MMWR because our main goal was to collect information specific to the purpose of the mailing. Going into the focus groups, we had some concern that including these materials would make the mailing too cumbersome. However, this issue did not surface. Participants definitely felt that these documents were useful and should be included in the mailing package. They liked having the information contained in the MMWR because it provided information about how the CDC uses the data the NIS collects. Providers liked to be able to compare their state immunization levels with the immunization levels of other states. They also liked to be able to monitor vaccination success. Our participants also had favorable reactions to the FAQs, indicating that it was nice to have them as a reference.

Revisions:

Although focus group participants did not review and comment on the content of the FAQs, we made some revisions to supplement the changes to the cover letter. We added questions and answers that differentiated Title 13 from the HIPAA Privacy Rule (which participants were quite familiar with) and that outlined what the reader needed to do to comply with Title 13. We also made some minor changes to the pre-existing FAQs to attempt to simplify and more easily address potential respondent concerns. For example, in the question that asks about the requirement to put a notation that the medical record has been accessed, we added a "no" at the beginning of the response. Attachment M contains the revised FAQs.

Focus Groups 3 and 4:

Because there was much discussion about the other materials, participants in the second set of focus groups did not have much time to read the revised FAQ. Overall, participants had few comments. The nurses did not notice the new FAQ about the difference between HIPAA privacy regulations and Title 13. The prominence of HIPAA in the FAQ also seemed to exacerbate their confusion about the confidential information.

The physicians did not comment on the content of the materials. However, some participants mentioned they would look at the FAQ, and other participants said they would not look at them.

Recommendations:
We did not develop a revised FAQ. Our recommendation, however, would be to delete many of the questions that have to do with HIPAA, and thereby give added emphasis to the questions relating to Title 13. The negative aspects of mentioning HIPAA seemed to far outweigh any advantageous aspects. Participants never voiced any concerns about a conflict between the HIPAA Privacy Rule and providing the immunization data, so references to HIPAA do not seem to be necessary.

Mailing Envelope:
Because we did not have the actual mailing envelope, we were unable to fully test participants' reactions to this aspect of the materials. Some participants expressed curiosity about how the envelopes would appear. They also expressed concern about how "attention grabbing" the envelope might be, given the number of similar-looking mailings they tend to receive on daily basis. Ultimately, because our envelope was not the exact envelope that providers will receive during the Evaluation Study, we were unable to fully test any reactions to the look of the mailing envelope.

Conclusions

Overall, both sets of focus groups shed light on the materials that will introduce the SSS requirements in the NIS. It became clear very early on in the first focus groups that the original materials we tested were quite problematic. Through a series of significant revisions across both sets of focus groups, we attempted to fine tune the materials to incorporate the feedback we received from our provider participants.

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001

OFFICE OF THE DIRECTOR

7317-SSSCL
(4-2009)

FROM THE ACTING DIRECTOR
U.S. CENSUS BUREAU

The U.S. Public Health Service is committed to reaching the ***Healthy People 2010*** objective that at least 90 percent of children in the United States complete their primary vaccination series by their second birthday. To measure progress toward this goal, the Centers for Disease Control and Prevention conducts the National Immunization Survey (NIS). One component of this survey is the Provider Record Check Study. This study collects and reports the most complete information available on the current vaccination levels of preschool children for each state.

On behalf of the Centers for Disease Control and Prevention (CDC), the U.S. Census Bureau is conducting a special study of the National Immunization Survey Provider Record Check Study to measure a new sampling methodology that may improve the coverage of eligible children. While your office or clinic may have participated in this important survey in the past, we ask for your help by making it possible to test these new methods and determine whether they result in improvements to the survey.

We are requesting information from all medical providers on vaccinations given and the dates of vaccination for children 19 through 35 months of age whose parent or guardian participated in the telephone survey. We are allowed to obtain immunization information from your records because the parent/guardian agreed to participate in this study, and verbally consented during their interview to allow us to contact you for their child(ren)'s immunization information. The protected health information requested is the minimum necessary to determine the vaccination status of children in the survey. Enclosed for your information and reference is an article from the *Morbidity and Mortality Weekly Report* about vaccination coverage levels in the nation. This report is based on the vaccination history reports from medical providers. A copy of the Immunization History Questionnaire that will need to be completed for each child is also enclosed.

Please be assured that there are several ways that the Privacy Rule (as mandated by the Health Insurance Portability and Accountability Act (HIPAA)) allows you to participate in the NIS. Disclosures of patient data are permitted for public health surveillance purposes. In addition, a Privacy Board at the CDC has reviewed this study. Furthermore, a parent or guardian has given verbal authorization for the release of the child's immunization history to us. Documentation of this verbal consent will be included in the request for immunization data. We invite you to visit the CDC respondent website http://www.cdc.gov/nis for information regarding the survey, including important policies and procedures regarding confidentiality and meeting the HIPAA Privacy Rule requirements. Additional information regarding HIPAA is available at the following website: http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/publichealth/index.html. The Census Bureau will provide you with all of the documentation needed for accounting purposes.

This survey is authorized by Title 42, United States Code, Sections 306 & 2102(a)(7) of the Public Health Service Act and by The National Childhood Vaccine Injury Act of 1986. Legal authorization for the Census Bureau to conduct the survey is granted by Title 13, United States Code, Section 8. The information you provide will be treated confidentially, as specified by law in Section 9 of Title 13. We will not release any information that could identify you, your practice, your facility, the child, or the child's family. The information collected will be used for statistical purposes only. Although your participation is voluntary, we hope that you will choose to participate in this very important study.

You may participate by completing the enclosed Immunization Survey Special Sworn Status form(s). This form gives you authorization to help the Census Bureau in performing its duty and protects the confidentiality of the children selected for this survey. By signing this form you agree to keep the identity of patients involved in this study confidential. An explanation of the steps to take to maintain this confidentiality is included in this packet. Please note that a separate form (BC-1759(P)) must be completed by **each** person who will have access to the data sent by the Census Bureau and/or who will be completing the questionnaire(s) for this survey. Copies of the form can be made if additional forms are needed; however, the signature on each form must be original. Furthermore, for your convenience the information in Part A of this form for the Practice/Clinic/Hospital has been preprinted. Please make any corrections to this information on the form. Mail all completed forms in the enclosed prepaid envelope to:

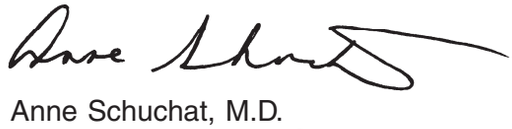
U.S. Census Bureau
Attention SPB/DSPU/64C,
1201 E 10th Street,
Jeffersonville, IN 47132-0001

We request that the Immunization Survey Special Sworn Status forms be completed and returned within seven (7) days of receipt of this letter. Once we receive the signed form(s), we will send copies of the form(s) used to document the parent/guardian verbal consent to disclose information from their child(ren)'s immunization record(s) and copies of the Immunization History Questionnaire(s) to be completed. We estimate that each questionnaire will take approximately 15 minutes to complete. Efforts will be made to consolidate multiple requests for immunization records for children in your practice. However, as the survey collects information continuously over several months, you may receive additional requests for immunization information on other children for whom you provide medical care.

If you have any questions or comments about the enclosed material, or the records being requested, please call 1-888-595-1340. Your participation in the National Immunization Survey Provider Record Check Study is greatly appreciated.

Sincerely,

Thomas L. Mesenbourg
Acting Director
U.S. Census Bureau



Anne Schuchat, M.D.
Rear Admiral, United States Public Health Service
Director, National Center for Immunization and Respiratory Diseases

Enclosures:

Immunization Survey Special Sworn Status Forms (2)
Explanation of the Immunization Special Sworn Status (2)
Immunization History Questionnaire
MMWR article
Frequently Asked Questons about the HIPAA and the NIS
Business Reply Envelope

Form **BC-1759 (P)**
OMB. No. 0607-0725
Approval expires 8/31/2010

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

IMMUNIZATION SURVEY SPECIAL SWORN STATUS

Instructions: A separate form must be completed by each person who will have access to the data sent by the U.S. Census Bureau and/or who will be completing the data collection forms for the National Immunization Survey.

PART A - PRACTICE/CLINIC/HOSPITAL INFORMATION

1. Practice/Clinic/Hospital name

2. Practice/Clinic/Hospital address

3. Practice/Clinic/Hospital telephone number *(Including area code)*

PART B – CONTACT IDENTIFICATION

Please provide your name and contact information.

1. Name (*Last, First, Middle)*

□ By checking this box, I agree that I am 18 years old or older

2. Contact telephone number (*Including Area Code and extension)*

3. Position/Job title

PART C – WAIVER OF COMPENSATION

I, the undersigned, offer my services to the U.S. Census Bureau as Special Sworn staff on a voluntary basis without compensation.

PART D – OATH OF NONDISCLOSURE

By signing below, I, _____**,** certify, under penalty of perjury, that I will keep the identity of any patients related to this survey confidential. I will not disclose information that might identify a person in the National Immunization Survey Evaluation Study to any person other than those with Census Bureau Special Sworn Status and direct involvement in this study. I also understand that under Title 13, U.S.C. section 214 and Title 18, U.S.C.3551, et. seq., the penalty for unlawful disclosure is a fine of not more than $250,000 or imprisonment for not more than 5 years, or both.

_____ *(Signature of appointee)*

_____ *(Date)*

□ □ □ □ □

Census Bureau
Office Use Only

7317-SSSII

Explanation of the Immunization Survey Special Sworn Status

- A survey of immunizations for children between the ages of 19–35 months is being conducted by the U.S. Census Bureau on behalf of the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

- Section 23(c) of Title 13 in the United States Code provides authority for the Census Bureau to swear in people to assist the Census Bureau in performing its duty.

- To help the Census Bureau protect the confidentiality of the children selected for this survey, health care staff who receive information on the children and provide the immunization records for the children must complete an Immunization Survey Special Sworn Status form, BC-1759 (P).

- By signing the enclosed form, you agree not to disclose that your patient(s) was a subject of this study to anyone who has not signed a Special Sworn Status form regarding this study.

Steps to Protect Confidentiality With Special Sworn Status

- Keep all Immunization History Questionnaires (IHQs) and consent documents in a locked, secure location accessible only by others with Special Sworn Status.

- Do not put any documentation (or copies) related to the survey in the child(ren)'s medical records, including the consent documents, IHQs, and the HIPAA Accountings of Disclosure. If it is required by the policies of your specific office to place disclosure documentation in the child(ren)'s medical record, please call the Census Bureau at 1-888-595-1339 to request a disclosure form specially prepared for this study.

- Return the parent/guardian consent documentation to the Census Bureau with the completed questionnaires in the postage-paid envelope. It is not necessary to keep the consent documents in your office. If it is more convenient for you to fax the IHQ/vaccination information you may also destroy the consent documents along with any hard copy IHQs in your office once the information has been submitted.

- Anyone in your office who receives or is privy to information about the child(ren) in the survey will need Special Sworn Status. Should another person in your office require access to this survey's confidential information, they will need to complete an Immunization Survey Special Sworn Status form prior to receiving access to this information. Please contact the Census Bureau at 1-888-595-1339 for additional Special Sworn Status forms or you may make a copy of any blank forms you already have on hand.

- In the event that you leave the employment of your current office, hand over all materials related to the survey to another member of the office with Special Sworn Status. If no one is available, please return all IHQs and consent documents to the Census Bureau.

OMB No. XXXX-XXXX; Approval Expires XX/XX/XXXX

National Immunization Survey Evaluation Study

Immunization History Questionnaire

FORM **7317-IHQ**
(3-23-2009)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases

START HERE → Please review your records and complete this questionnaire for the child identified on the label to the right. Complete pages 1 and 3 only. Return the questionnaire in the postage-paid envelope or fax to (812) 218–3678. This information is confidential, if faxing, please take extra care to dial the correct number.

1. Which of the following best describes your Immunization records for this child?

1 ☐ You have all or partial immunization records for this child, for vaccines given by your practice or other practices.
→ Was any of the immunization information for this child obtained from your community or state registry?
1 ☐ Yes 2 ☐ No 3 ☐ Don't know
Go to question 2 below.

2 ☐ This facility gives immunizations only at birth (hospital). *Go to question 2 below.*

3 ☐ Other – *Explain* ↙

4 ☐ You have provided care to this child, but do not have immunization records.

5 ☐ You have no record of providing care to this child.

Please complete items 5–9 and return form as instructed above.

2. According to your records, what is this child's date of birth?

Month | Day | Year

3 ☐ Don't know

3. What was the date of this child's FIRST visit, for any reason, to this place of practice?

Month | Day | Year

3 ☐ Don't know

4. What was the date of this child's MOST RECENT visit, for any reason, to this place of practice?

Month | Day | Year

3 ☐ Don't know

5. How many physicians work at this practice, including those who work part-time?

1 ☐ 1 3 ☐ 3 5 ☐ 7–10
2 ☐ 2 4 ☐ 4–6 6 ☐ 11 or more

6. Which of the following best describes this facility? Check only one box, representing the most specific description.

1 ☐ Federally-qualified health center including community/migrant/rural/Indian health center
2 ☐ Hospital-based clinic, including university clinic, or residency teaching practice.
3 ☐ Private practice, including solo, group practice, or HMO.
4 ☐ Public health department-operated clinic
5 ☐ Military health care facility
6 ☐ WIC clinic
7 ☐ Other – *Explain* ↙

7. Does your practice order vaccines from your state or local health department to administer to children?

1 ☐ Yes 2 ☐ No 3 ☐ Don't know
4 ☐ Not applicable (Practice does not administer vaccines)

8. Did you or your facility report any of this child's immunizations to your community or state registry?

1 ☐ Yes 2 ☐ No 3 ☐ Don't know
4 ☐ Not applicable (No registry in my community/state)
5 ☐ Not applicable (Practice does not administer vaccines)

9. Contact information for the person returning this form.

Name:

1 ☐ Physician 5 ☐ Nurse
2 ☐ Office Manager/ 6 ☐ Medical Records Administrator/Technician
3 ☐ Receptionist
4 ☐ Other

Telephone number | Fax number

10. *Go to next page* →

Please review the instructions and examples below. Then complete the "Shot Grid" on the next page.

Refer to your vaccination records for the child named on the labels on the front cover and next page of this form.

▶ **Be sure to mark the box for the correct combination vaccine for each dose as shown in the example below. If the combination included both DTaP and Hib, or HepB and Hib, be sure to enter the information in both vaccine categories. Note that the same vaccine (a combination DTap-Hib vaccine) is entered under both DTaP and Hib in the example below.**

EXAMPLE

Vaccine		Date Given (Month / Day / Year)	Given by other practice	Type of Vaccine (Mark one box for each vaccine dose)
DTaP	1	11 / 20 / 2006	1 ☐ Yes 2 ☒ No	1 ☐ DTaP/DTP 2 ☐ DTaP-Hib 3 ☒ DTaP-HepB-IPV 4 ☐ DTap-IPV-Hib
	2	11 / 18 / 2007	1 ☒ Yes 2 ☐ No	1 ☐ DTaP/DTP 2 ☒ DTaP-Hib 3 ☐ DTaP-HepB-IPV 4 ☐ DTap-IPV-Hib
Hib	1	11 / 20 / 2006	1 ☐ Yes 2 ☒ No	1 ☐ Hib-Merck* 2 ☐ Hib-sanofi** 3 ☐ HepB-Hib 4 ☒ DTap-Hib 5 ☐ DTaP-IPV-Hib
	2	11 / 18 / 2007	1 ☒ Yes 2 ☐ No	1 ☒ Hib-Merck* 2 ☐ Hib-sanofi** 3 ☐ HepB-Hib 4 ☐ DTap-Hib 5 ☐ DTaP-IPV-Hib

▶ **Be sure to mark the "Yes" or "No" box under "Given by other practice?" for each vaccination (see example above).**

▶ **Be sure to mark the "Yes" or "No" box indicating "Given at birth?" for the first Hep B dose (see example below).**

Vaccine		Date Given (Month / Day / Year)	Given by other practice	Type of Vaccine (Mark one box for each vaccine dose)
Hepatitis B	1	07 / 19 / 2006	1 ☒ Yes 2 ☐ No	1 ☒ HepB Only 2 ☐ HepB-Hib 3 ☐ DTaP-HepB-IPV
Dose 1 given at birth? 1 ☒ Yes 2 ☐ No				
	2		1 ☐ Yes 2 ☐ No	1 ☐ HepB Only 2 ☐ HepB-Hib 3 ☐ DTaP-HepB-IPV

▶ **Use the "Other" space to enter any vaccines not listed on the next page or any additional doses of listed vaccines that were given to this child (see example below).**

Vaccine		Date Given (Month / Day / Year)	Given by other practice	Please enter a description of each vaccine dose.
Other	1	11 / 20 / 2007	1 ☐ Yes 2 ☒ No	BCG
	2		1 ☐ Yes 2 ☐ No	

▶ **After completing the "Shot Grid" on the next page, please return this form in the envelope provided.**

(Optional) You may also attach a copy of your Immunization history records for this child to this form and send it back to the U.S. Census Bureau, Attention SPB/DSPU/64C, 1201 E 10th Street, Jeffersonville, IN 47132-0001. If you choose this option, please answer all questions on page 1.

Or you may fax this confidential information to (812)218–3678. If faxing this form, separate the pages and fax pages 1 and 3. Do not fax this page.

Vaccine		Date Given (Month / Day / Year)	Given by other practice?	Type of Vaccine
Hepatitis B	1		1 Yes 2 No	*Mark one box for each vaccine dose* 1 HepB Only 2 HepB-Hib 3 DTaP-HepB-IPV
Dose 1 given at birth? 1 Yes 2 No				
	2		1 Yes 2 No	1 HepB Only 2 HepB-Hib 3 DTaP-HepB-IPV
	3		1 Yes 2 No	1 HepB Only 2 HepB-Hib 3 DTaP-HepB-IPV
	4		1 Yes 2 No	1 HepB Only 2 HepB-Hib 3 DTaP-HepB-IPV
DTaP	1		1 Yes 2 No	*Mark one box for each vaccine dose* 1 DTaP/DTP 2 DTaP-Hib 3 DTaP-HepB-IPV 4 DTaP-IPV-Hib
	2		1 Yes 2 No	1 DTaP/DTP 2 DTaP-Hib 3 DTaP-HepB-IPV 4 DTaP-IPV-Hib
	3		1 Yes 2 No	1 DTaP/DTP 2 DTaP-Hib 3 DTaP-HepB-IPV 4 DTaP-IPV-Hib
	4		1 Yes 2 No	1 DTaP/DTP 2 DTaP-Hib 3 DTaP-HepB-IPV 4 DTaP-IPV-Hib
	5		1 Yes 2 No	1 DTaP/DTP 2 DTaP-Hib 3 DTaP-HepB-IPV 4 DTaP-IPV-Hib
Hib	1		1 Yes 2 No	*Mark one box for each vaccine dose* 1 Hib-Merck* 2 Hib-sanofi** 3 HepB-Hib 4 DTaP-Hib 5 DTaP-IPV-Hib
	2		1 Yes 2 No	1 Hib-Merck* 2 Hib-sanofi** 3 HepB-Hib 4 DTaP-Hib 5 DTaP-IPV-Hib
	3		1 Yes 2 No	1 Hib-Merck* 2 Hib-sanofi** 3 HepB-Hib 4 DTaP-Hib 5 DTaP-IPV-Hib
	4		1 Yes 2 No	1 Hib-Merck* 2 Hib-sanofi** 3 HepB-Hib 4 DTaP-Hib 5 DTaP-IPV-Hib
	5		1 Yes 2 No	1 Hib-Merck* 2 Hib-sanofi** 3 HepB-Hib 4 DTaP-Hib 5 DTaP-IPV-Hib
				*PedvaxHIB®, PRP-OMP **ActHIB®, PRP-T
Polio	1		1 Yes 2 No	*Mark one box for each vaccine dose* 1 OPV 2 IPV 3 DTaP-HepB-IPV 4 DTaP-IPV-Hib
	2		1 Yes 2 No	1 OPV 2 IPV 3 DTaP-HepB-IPV 4 DTaP-IPV-Hib
	3		1 Yes 2 No	1 OPV 2 IPV 3 DTaP-HepB-IPV 4 DTaP-IPV-Hib
	4		1 Yes 2 No	1 OPV 2 IPV 3 DTaP-HepB-IPV 4 DTaP-IPV-Hib
Pneumo-coccal	1		1 Yes 2 No	*Mark one box for each vaccine dose* 1 Conjugate 2 Polysaccharide
	2		1 Yes 2 No	1 Conjugate 2 Polysaccharide
	3		1 Yes 2 No	1 Conjugate 2 Polysaccharide
	4		1 Yes 2 No	1 Conjugate 2 Polysaccharide
Rotavirus	1		1 Yes 2 No	*Mark one box for each vaccine dose* 1 RotaTeq® – Merck 2 Rotarix® – GSK
	2		1 Yes 2 No	1 RotaTeq® – Merck 2 Rotarix® – GSK
	3		1 Yes 2 No	1 RotaTeq® – Merck 2 Rotarix® – GSK
MMR	1		1 Yes 2 No	*Mark one box for each vaccine dose* 1 MMR 2 Measles only 3 MMR-Varicella
	2		1 Yes 2 No	1 MMR 2 Measles only 3 MMR-Varicella
Varicella	1		1 Yes 2 No	*Mark one box for each vaccine dose* 1 Varicella only 2 MMR-Varicella
	2		1 Yes 2 No	1 Varicella only 2 MMR-Varicella
Hepatitis A	1		1 Yes 2 No	***Please remember to answer all questions on page 1.***
	2		1 Yes 2 No	
Influenza	1		1 Yes 2 No	*Injected flu vaccines (e.g., Fluzone®)*: 1 TIV *Inhaled nasal flu spray (e.g., FluMist®)*: 2 LAIV
	2		1 Yes 2 No	1 TIV 2 LAIV
	3		1 Yes 2 No	1 TIV 2 LAIV
	4		1 Yes 2 No	1 TIV 2 LAIV
Other	1		1 Yes 2 No	***Please enter a description of each vaccine dose.***
	2		1 Yes 2 No	
	3		1 Yes 2 No	

If you need more space to report vaccines, please attach additional sheets.

Thank You for your help with this important Study!

Please return this questionnaire in the included postage paid envelope or send to this address:

U.S. Census Bureau
Attention: SPB/DSPU/64C
1201 E 10th Street
Jeffersonville, IN 47132-0001

or fax to 1–XXX–XXX–XXXX

In Partnership with

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

If you would like more information about the vaccine recommendations, or data and statistics, go to www.cdc.gov/vaccines.

If you have any questions or comments about this study, please call 1–888–595–1340.

Notice – Public reporting burden for this collection of information is estimated to average 15 minutes or less per questionnaire, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Office of Management and Budget (OMB) approved this survey and gave it OMB approval Number of 0607-XXX. Displaying this number shows that the Census Bureau is authorized to conduct this survey. Please use this number in any correspondence concerning this survey.

Assurances of Confidentiality – The law authorizes the Census Bureau to collect information for this survey (Title 13, United States Code (U.S.C.), Section 182). Section 9 of this law requires us to keep all information about you and your household strictly confidential. The Census Bureau will use this information only for statistical purposes. Everyone who has access to your responses is subject to a prison term, a fine up to $250,000, or both, if any information is revealed that identifies you or your household.

FORM **7317-FAQ**
(3-25-2009)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases

Frequently Asked Questions about HIPAA and the National Immunization Survey

WHAT IS PROTECTED HEALTH INFORMATION?

Protected health information includes all medical records and other individually identifiable information used or disclosed by an entity subject to the Privacy Rule. This would include directly identifiable information such as patient names, and other information such as social security numbers that could be used to identify an individual.

WHY IS THE NATIONAL IMMUNIZATION SURVEY REQUESTING PROTECTED HEALTH INFORMATION FROM PROVIDERS?

We have discovered that vaccination information from doctors and clinics is the most up-to-date and comprehensive and that the quality of the study's results is much improved by combining the information given by households with that given by these medical providers. It is important that we obtain the most reliable information possible about children's vaccinations so that we can provide the public with reliable information about vaccination rates.

HOW DOES THE PRIVACY RULE ALLOW PARTICIPATION IN THE NIS?

Please be assured that your participation in the National Immunization Survey is allowed by the Privacy Rule, as stipulated in the Health Insurance Portability and Accountability Act (HIPAA). Disclosures of patient data are permitted for public health surveillance purposes. A Privacy Board at the Centers for Disease Control and Prevention has also reviewed this study. In addition, a parent or guardian has given verbal authorization for the release of the child's immunization history to us. Documentation of this verbal consent will be included in the request for immunization data.

The Centers for Disease Control and Prevention (CDC) has provided and made available on their website the material that you may need to verify, under Privacy Rule requirement, that you are permitted to disclose to the CDC the information requested in this survey. The protected health information requested is the minimum necessary to accomplish the objectives of the study. *Please see: www.cdc.gov/vaccines.*

ARE PROVIDERS REQUIRED TO COMPLY WITH THE HIPAA PRIVACY RULE?

Health care providers who transmit financial and administrative health information electronically must comply with the Rule as of April 14, 2003. For example, if you submit claims electronically, you would be required to comply with the Rule.

WHAT DO I HAVE TO DO TO COMPLY WITH THE PRIVACY RULE?

Accounting of disclosure is required should patients inquire about disclosures of protected health information. There are several things that would assure that you comply with the Rule when participating in the survey. First, the privacy notice that you provide to your patients must indicate that patient information may be disclosed for research or public health purposes. You will also need to keep track of disclosures made for this survey. The Census Bureau will provide you with all of the necessary documentation you need to keep track of the disclosures. The documentation will include CDC as the public health authority to which the access was given, a description of the records and health information accessed, the general purpose for the disclosure, and when access was provided.

WHY DO I HAVE TO ACCOUNT FOR THESE DISCLOSURES?

Under the Privacy Rule, patients have a right to an accounting of disclosures that have been made of their identifiable information for various purposes, including disclosures for public health and research purposes.

DOES THE PRIVACY RULE REQUIRE A NOTATION IN EACH MEDICAL RECORD THAT HAS BEEN ACCESED BY PUBLIC HEALTH AUTHORITIES?

The Privacy Rule does not require a notation in each medical record that has been accessed by public health authorities, as long as the information required under the Privacy Rule is included in the accounting for disclosure. The Health and Human Services Office of Civil Rights does not recommend placing this information in each medical record. Should your practice want to place a notice in the child's record, the Census Bureau will provide these notices for you.

WHY SHOULD YOU USE THE ACCOUNTING NOTICES PROVIDED BY THE CENSUS BUREAU?

To maintain confidentiality under the Census Bureau's Title 13 authority, only persons with Special Sworn Status can know the identity of the children who are participating in this survey. The accounting notices provided to you will not refer to the specific survey the child is participating in, but will generally state that the records were accessed by the CDC.

WHAT IF I WANT MY INSTITUTIONAL REVIEW BOARD (IRB) TO REVIEW THIS PROJECT?

Your IRB could verify that the documentation we have provided adheres to the requirements of the Privacy Rule under HIPAA.

WHERE CAN I FIND THE REQUIREMENTS OF THE PRIVACY RULE?

A summary of the Privacy Rule can be found at
http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/privacysummary.pdf

The following parts of the rule were referred to above:

Disclosures without patient authorization – 45 CFR 164.512
Disclosures for public health activities – 45 CFR 164.512(b)
Disclosures for research purposes – 45 CFR 164.512(i)
Verification requirements – 45 CFR 164.514(h)
Privacy notice – 45 CFR 164.520
Accounting of disclosures – 45 CFR 164.528
Minimum necessary requirements – 45 CFR 164.502(b) and 45 CFR 164.514(d)

HIPAA guidelines are also available at the following websites:
http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/publichealth/index.html
http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/research/index.html

UNDER WHAT AUTHORIZATION DO YOU COLLECT THIS INFORMATION?

This study is authorized by Title 42, United States Codes, Sections 306 & 2102(a)(7) of the Public Health Service Act and by The National Childhood Vaccine Injury Act of 1986. Legal authorization for the Census Bureau to conduct this study is granted by Title 13, United States Code, Section 8. The information you supply will be treated confidentially, as specified by law in Section 9 of Title 13. We will not release any information that could identify you, your practice, your facility, the child, or the child's family. The information will be used for statistical purposes only.

DO I HAVE TO PARTICIPATE?

The survey is voluntary, and there are no penalties for not participating; however, we hope that you will choose to participate. We expect that it will take about 15 minutes to complete an Immunization History Questionnaire for each selected child in your practice. Your actual time may be somewhat shorter or longer than this depending upon the immunization history of the child.

HOW ARE THE DATA USED?

Data from this study will be used for analysis purposes only to determine if the changes made to the survey's sampling methods and procedures result in improvements to the survey in terms of cost, response, and coverage.

MMWR™
Morbidity and Mortality Weekly Report
www.cdc.gov/mmwr

Weekly September 5, 2008 / Vol. 57 / No. 35

National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2007

The National Immunization Survey (NIS) provides vaccination coverage estimates among children aged 19–35 months for each of the 50 states and selected urban areas.* This report describes the results of the 2007 NIS, which provided coverage estimates among children born during January 2004–July 2006. *Healthy People 2010* established vaccination coverage targets of 90% for each of the vaccines included in the combined 4:3:1:3:3:1† vaccine series and a target of 80% for the combined series (*1*). Findings from the 2007 NIS indicated that ≥90% coverage was achieved for most of the routinely recommended vaccines (*2*). The majority of parents were vaccinating their children, with less than 1% of children receiving no vaccines by age 19–35 months. The coverage level for the 4:3:1:3:3:1 series remained steady at 77.4%, compared with 76.9% in 2006. Among states and local areas, substantial variability continued, with estimated vaccination coverage ranging from 63.1% to 91.3%. Coverage remained high across all racial/ethnic groups and was not significantly different among racial/ethnic groups after adjusting for poverty status. However, for some vaccines, coverage remained lower among children living below the poverty level compared with children living at or above the poverty level. Maintaining high vaccination coverage and continued attention to reducing current poverty disparities is needed to limit the spread -preventable diseases and ensure that children are protected.

To collect vaccination information on age-eligible children (i.e., those aged 19–35 months), NIS uses a quarterly, random-digit–dialing sample of telephone numbers for each survey area. When respondents grant permission to contact providers, the telephone interview is followed by a mail survey of the children's vaccination providers to validate immunization information. NIS methodology, including how the responses are weighted to represent the population of children aged 19–35 months, has been described previously (*3*). During 2007, the household response rate (*4*) was 64.9%; a total of 17,017 children with provider-verified vaccination records were included in this report, representing 68.6% of all children with completed household interviews. Statistical analyses were conducted using t-tests. Differences were considered statistically significant at $p<0.05$. A poverty status variable§ was added to the logistic regression models to control for racial/ethnic differences among children living at or above the poverty level and children living below the poverty level. This report describes coverage levels for vaccines that have been included in the routine childhood vaccination schedule recommended by the Advisory Committee on Immunization Practices (ACIP) since 2000 or before (*2*).

* Fourteen local areas were sampled separately for the 2007 NIS. These included six areas that receive federal immunization grant funds and are included in the NIS sample every year (District of Columbia; Chicago, Illinois; New York, New York; Philadelphia County, Pennsylvania; Bexar County, Texas; and Houston, Texas); seven previously sampled areas (Alameda County, California; Los Angeles County, California; San Bernardino County, California; Miami-Dade County, Florida; Marion County, Indiana; Dallas County, Texas; and El Paso County, Texas); and one area sampled for the first time (western Washington). Local areas sampled in the NIS might change yearly as state immunization programs target local assessments where they are most needed.

† ≥4 doses of diphtheria, tetanus toxoid, and any acellular pertussis vaccine, which can include diphtheria and tetanus toxoid vaccine or diphtheria, tetanus toxoid, and pertussis vaccine (DTaP); ≥3 doses of poliovirus vaccine; ≥1 dose of measles, mumps, and rubella vaccine; ≥3 doses of *Haemophilus influenzae* type b vaccine; ≥3 doses of hepatitis B vaccine; and ≥1 dose of varicella vaccine).

§ Poverty status was based on 2006 U.S. Census poverty thresholds (available at http://www.census.gov/hhes/www/poverty.html).

INSIDE

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In 2007, national coverage with the 4:3:1:3:3:1 series was 77.4%; this coverage has been stable since 2004. Coverage with the combined 4:3:1:3:3:1:4 vaccine series (i.e., the 4:3:1:3:3:1 series plus ≥4 doses of 7-valent pneumococcal conjugate vaccine [PCV7]) is being reported for the first time and was 66.5%. National coverage was ≥90% for each of the vaccines included in the 4:3:1:3:3:1 series except for ≥4 doses of DTaP (84.5%); coverage with ≥3 doses of DTaP was 95.5% (Table 1). Coverage with ≥1 dose of varicella vaccine (VAR) reached 90% for the first time. VAR coverage among American Indian/Alaska Native (AI/AN)[¶] children increased significantly, from 85.4% in 2006 to 94.9% in 2007. National vaccination coverage estimates for PCV7 continued to increase, from 86.9% in 2006 to 90.0% in 2007 for ≥3 doses and from 68.4% to 75.3% for ≥4 doses. Among AI/AN children, coverage with the fourth dose of PCV7 increased significantly, from 62.7% to 80.4%.

Substantial differences were observed in vaccination coverage among states and local areas (Table 2). Estimated coverage for the 4:3:1:3:3:1 series ranged from 91.3% in Maryland to 63.1% in Nevada. Among the 14 local areas included in the 2007 NIS, coverage with the 4:3:1:3:3:1 series ranged from 82.2% in Philadelphia, Pennsylvania, to 69.6% in San Bernardino, California.

Vaccination coverage levels were higher among AI/ANs compared with whites for measles, mumps, and rubella (MMR) vaccine, hepatitis B (HepB) vaccine, and VAR (Table 3). Coverage with the fourth dose of DTaP and the fourth dose of PCV7 among black children was not significantly lower than white children after controlling for poverty status. Vaccination coverage with the fourth dose of DTaP and the fourth dose of PCV7 was lower among children living below the poverty level compared with children living at or above the poverty level, but this difference declined from 6.1% in 2006 to 4.8% in 2007 for ≥4 doses of DTaP and from 9.4% in 2006 to 3.5% in 2007 for ≥4 doses of PCV7. Vaccination coverage levels were similar across all racial/ethnic groups for the 4:3:1:3:3:1 series. Coverage differed for this series among children living at or above the poverty level compared with children living below the poverty level, but this difference declined from 4.9% in 2006 to 3.2% in 2007. Coverage between white and black children with the 4:3:1:3:3:1:4 series was not significantly different after controlling for poverty status.

[¶] For this report, persons identified as white, black, Asian, or American Indian/Alaska Native are all non-Hispanic. Persons identified as Hispanic might be of any race.

TABLE 1. Estimated vaccination coverage among children aged 19–35 months, by selected vaccines and dosages — National Immunization Survey, United States, 2003–2007

Vaccine	2003*		2004†		2005§		2006¶		2007**	
	%	(95% CI††)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
DTP/DT/DTaP§§										
≥3 doses	96.0	(±0.5)	95.9	(±0.5)	96.1	(±0.5)	95.8	(±0.5)	95.5	(±0.5)
≥4 doses	84.8	(±0.8)	85.5	(±0.8)	85.7	(±0.9)	85.2	(±0.9)	84.5	(±0.9)
Poliovirus	91.6	(±0.7)	91.6	(±0.7)	91.7	(±0.7)	92.8	(±0.6)	92.6	(±0.7)
MMR¶¶ ≥1 dose	93.0	(±0.6)	93.0	(±0.6)	91.5	(±0.7)	92.3	(±0.6)	92.3	(±0.7)
Hib*** ≥3 doses	93.9	(±0.6)	93.5	(±0.6)	93.9	(±0.6)	93.4	(±0.6)	92.6	(±0.7)
Hepatitis B ≥3 doses	92.4	(±0.6)	92.4	(±0.6)	92.9	(±0.6)	93.3	(±0.6)	92.7	(±0.7)
Varicella ≥1 dose	84.8	(±0.8)	87.5	(±0.7)	87.9	(±0.8)	89.2	(±0.7)	90.0	(±0.7)
PCV7†††										
≥3 doses	68.1	(±1.0)	73.2	(±1.0)	82.8	(±1.0)	86.9	(±0.8)	90.0	(±0.8)
≥4 doses	35.8	(±1.0)	43.4	(±1.1)	53.7	(±1.3)	68.4	(±1.1)	75.3	(±1.2)
Combined series										
4:3:1§§§	82.2	(±0.9)	83.5	(±0.9)	83.1	(±1.0)	83.1	(±0.9)	82.8	(±1.0)
4:3:1:3¶¶¶	81.3	(±0.9)	82.5	(±0.9)	82.4	(±1.0)	82.1	(±1.0)	81.8	(±1.0)
4:3:1:3:3****	79.4	(±0.9)	80.9	(±0.9)	80.8	(±1.0)	80.5	(±1.0)	80.1	(±1.0)
4:3:1:3:3:1††††	72.5	(±1.0)	76.0	(±1.0)	76.1	(±1.1)	76.9	(±1.0)	77.4	(±1.1)
4:3:1:3:3:1:4§§§§	30.8	(±1.0)	38.4	(±1.1)	47.2	(±1.3)	60.1	(±1.2)	66.5	(±1.3)
Children who received no vaccinations	0.4	(±0.1)	0.4	(±0.2)	0.4	(±0.1)	0.4	(±0.1)	0.6	(±0.2)

* Born during January 2000–July 2002.
† Born during January 2001–July 2003.
§ Born during February 2002–July 2004.
¶ Born during January 2003–June 2005 (2006 estimates based on National Immunization Survey dataset, which was rereleased on February 25, 2008, after correcting for Hispanic overcount in nine states).
** Born during January 2004–July 2006.
†† Confidence interval.
§§ Diphtheria, tetanus toxoids and pertussis vaccines, diphtheria and tetanus toxoids, and diphtheria, tetanus toxoids, and any acellular pertussis vaccine.
¶¶ Measles, mumps, and rubella vaccine.
*** *Haemophilus influenzae* type b (Hib) vaccine.
††† 7-valent pneumococcal conjugate vaccine (PCV7).
§§§ ≥4 doses of DTaP, ≥3 doses of poliovirus vaccine, and ≥1 dose of any measles-containing vaccine.
¶¶¶ 4:3:1 plus ≥3 doses of Hib vaccine.
**** 4:3:1:3 plus ≥3 doses of hepatitis B vaccine.
†††† 4:3:1:3:3 plus ≥1 dose of varicella vaccine.
§§§§ 4:3:1:3:3:1: plus ≥4 doses of PCV7.

Reported by: *N Darling, MPH, M Kolasa, MPH, KG Wooten, MA, Immunization Svcs Div, National Center for Immunization and Respiratory Diseases, CDC.*

Editorial Note: NIS is the only population-based, provider-verified survey to provide national, state, and local area estimates of vaccination coverage among children aged 19–35 months. The results of the 2007 survey indicate that vaccination coverage for vaccines recommended routinely by ACIP since 2000 and before (*2*) reached record high levels. Improvements in vaccination coverage for VAR meant that national coverage estimates for all individual vaccines in the 4:3:1:3:3:1 series were ≥90%, except coverage with ≥4 doses of DTaP. Coverage with ≥4 doses of PCV7 also was <90%. However, 3-dose coverage for both DTaP and PCV7 remained high. Coverage with ≥4 doses of PCV7 increased significantly to 75.3% in 2007, a substantial increase since PCV7 was first recommended in 2000 (*5*). However, coverage with ≥4 doses of DTaP has not changed during the past 5 years. Increasing coverage for the fourth dose of DTaP and the fourth dose of PCV7 would improve national coverage for the 4:3:1:3:3:1 series and the 4:3:1:3:3:1:4 series, which will be used to monitor the *Healthy People 2010* immunization objectives beginning with 2009 NIS data. The vaccine shortage that ended in September 2004 (*6*) might have reduced coverage with the fourth dose of PCV7 among children in the 2007 NIS cohort (i.e., those born during January 2004–July 2006). Use of effective interventions, such as parent and provider reminder/recall, reducing out-of-pocket costs, increasing access to vaccination, and multicomponent interventions that include education might further improve overall coverage in areas where coverage is low (*7*). In addition, closing the coverage gap between areas with the highest and lowest coverage remains a priority. To achieve this, further collaborative efforts among CDC, state immunization coordinators, immunization programs, and other entities are essential.

Vaccination coverage among AI/AN children for VAR, MMR vaccine, and the fourth dose of PCV7 increased significantly in 2007 compared with 2006; in 2007, coverage levels among AI/AN children were higher for two of these vaccines (VAR and MMR vaccine) compared with white children. Improved exchange of data between the Indian Health Service information system and state immunization information systems and implementation of evidence-based strategies such as reminder/recall at Indian Health Service and tribal

TABLE 2. Estimated vaccination coverage for the 4:3:1:3:3:1* and 4:3:1:3:3:1:4† vaccination series and selected individual vaccines among children aged 19–35 months, by state and selected local areas — National Immunization Survey, United States, 2007§

State/Area	≥4 DTaP¶		≥1 MMR**		≥1 VAR††		≥4 PCV7§§		4:3:1:3:3:1		4:3:1:3:3:1:4	
	%	(95% CI¶¶)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
United States	**84.5**	**(±0.9)**	**92.3**	**(±0.7)**	**90.0**	**(±0.7)**	**75.3**	**(±1.2)**	**77.4**	**(±1.1)**	**66.5**	**(±1.3)**
Alabama	85.4	(±5.2)	95.0	(±2.8)	92.0	(±4.5)	79.6	(±5.7)	78.2	(±6.3)	67.3	(±7.0)
Alaska	81.7	(±5.6)	89.7	(±4.1)	80.5	(±6.0)	80.9	(±6.0)	70.1	(±6.8)	64.4	(±7.3)
Arizona	85.4	(±5.7)	89.0	(±4.8)	86.0	(±5.4)	76.8	(±6.6)	75.2	(±6.7)	66.1	(±7.3)
Arkansas	78.8	(±5.8)	92.5	(±3.1)	89.2	(±4.2)	65.4	(±6.4)	72.3	(±6.2)	57.4	(±6.5)
California	84.9	(±4.0)	94.6	(±2.4)	93.2	(±2.6)	78.8	(±4.8)	77.1	(±4.7)	67.7	(±5.4)
Alameda County	83.1	(±5.4)	91.6	(±4.4)	89.6	(±4.5)	80.7	(±5.7)	76.3	(±5.8)	69.4	(±6.2)
Los Angeles County	84.0	(±5.3)	95.8	(±2.8)	93.9	(±3.3)	74.8	(±6.2)	78.0	(±5.9)	65.0	(±6.7)
San Bernardino County	74.8	(±6.2)	90.3	(±4.3)	89.8	(±4.4)	68.6	(±6.4)	69.6	(±6.5)	57.5	(±6.8)
Rest of state	86.4	(±5.8)	94.7	(±3.5)	93.5	(±3.8)	81.3	(±7.1)	77.4	(±7.0)	69.7	(±8.1)
Colorado	82.1	(±7.0)	91.2	(±4.5)	88.9	(±5.9)	70.7	(±8.7)	78.0	(±7.8)	64.3	(±9.1)
Connecticut	91.1	(±4.4)	95.3	(±2.8)	94.2	(±3.3)	88.8	(±4.9)	86.8	(±5.0)	81.2	(±5.9)
Delaware	86.9	(±4.5)	94.8	(±3.3)	92.1	(±3.8)	77.3	(±6.2)	80.3	(±5.7)	68.6	(±6.7)
District of Columbia	85.1	(±5.6)	95.2	(±3.3)	94.0	(±3.5)	77.5	(±6.2)	81.6	(±5.9)	71.0	(±6.7)
Florida	85.0	(±5.2)	92.3	(±4.1)	90.2	(±4.4)	66.1	(±6.7)	80.3	(±5.5)	61.8	(±6.8)
Miami-Dade County	86.0	(±5.0)	95.4	(±3.0)	90.8	(±4.5)	61.2	(±7.3)	76.1	(±6.3)	53.8	(±7.4)
Rest of state	84.9	(±6.0)	91.8	(±4.8)	90.1	(±5.1)	67.0	(±7.8)	81.0	(±6.4)	63.2	(±7.9)
Georgia	85.5	(±5.2)	91.4	(±4.2)	91.6	(±4.1)	75.5	(±6.7)	79.6	(±6.0)	65.9	(±7.2)
Hawaii	90.6	(±3.8)	93.8	(±3.7)	95.5	(±2.6)	80.7	(±5.8)	87.5	(±4.5)	77.4	(±6.1)
Idaho	77.2	(±6.3)	86.1	(±5.2)	75.5	(±6.4)	66.6	(±7.2)	65.6	(±7.2)	52.9	(±7.6)
Illinois	81.6	(±4.2)	93.1	(±2.7)	88.7	(±3.4)	76.0	(±4.5)	73.5	(±4.8)	65.8	(±5.0)
City of Chicago	78.2	(±6.4)	89.5	(±4.7)	88.8	(±4.2)	69.0	(±6.7)	71.0	(±6.7)	60.6	(±6.8)
Rest of state	82.7	(±5.2)	94.4	(±3.2)	88.7	(±4.4)	78.5	(±5.6)	74.4	(±6.0)	67.6	(±6.3)
Indiana	80.3	(±4.4)	90.4	(±3.3)	88.3	(±3.5)	70.4	(±5.2)	74.0	(±4.6)	61.8	(±5.3)
Marion County	80.8	(±5.2)	87.5	(±4.6)	86.0	(±4.6)	75.0	(±5.7)	71.4	(±5.9)	63.2	(±6.3)
Rest of state	80.2	(±5.2)	91.0	(±3.9)	88.8	(±4.2)	69.4	(±6.1)	74.5	(±5.4)	61.5	(±6.3)
Iowa	83.0	(±5.9)	93.0	(±3.8)	88.2	(±4.6)	72.3	(±6.6)	75.9	(±6.3)	64.2	(±6.9)
Kansas	87.0	(±4.9)	93.1	(±3.5)	88.7	(±4.1)	75.0	(±6.2)	76.0	(±6.0)	64.8	(±6.8)
Kentucky	85.2	(±5.8)	90.8	(±4.6)	87.9	(±5.1)	69.7	(±6.5)	78.2	(±6.2)	63.3	(±6.7)
Louisiana	80.1	(±5.9)	92.9	(±3.4)	91.5	(±3.7)	76.0	(±6.0)	77.0	(±6.1)	66.9	(±6.9)
Maine	86.7	(±5.4)	90.2	(±4.8)	85.5	(±5.3)	82.5	(±5.6)	72.9	(±6.9)	67.0	(±7.2)
Maryland	94.8	(±2.4)	97.1	(±2.0)	96.8	(±1.9)	84.4	(±5.9)	91.3	(±3.1)	79.9	(±6.2)
Massachusetts	90.0	(±5.0)	93.3	(±4.6)	87.4	(±5.6)	85.1	(±6.3)	77.9	(±7.3)	76.0	(±7.4)
Michigan	84.3	(±6.1)	89.5	(±5.3)	89.5	(±5.3)	71.1	(±7.4)	78.8	(±6.7)	66.9	(±7.5)
Minnesota	88.9	(±4.7)	94.9	(±2.8)	89.1	(±4.7)	82.1	(±6.2)	80.5	(±6.1)	72.8	(±6.9)
Mississippi	81.0	(±6.8)	87.2	(±5.8)	88.4	(±5.6)	65.8	(±7.8)	77.1	(±7.0)	61.2	(±7.9)
Missouri	80.6	(±6.5)	89.0	(±5.2)	89.4	(±5.0)	73.7	(±7.0)	76.1	(±6.9)	64.7	(±7.5)
Montana	79.1	(±5.8)	89.6	(±4.0)	78.5	(±5.8)	70.7	(±6.7)	65.3	(±6.9)	58.0	(±7.0)
Nebraska	87.8	(±5.3)	94.0	(±3.7)	93.8	(±3.8)	80.5	(±6.5)	82.9	(±6.0)	74.4	(±7.1)
Nevada	71.4	(±7.3)	86.3	(±4.9)	83.3	(±5.5)	61.7	(±7.5)	63.1	(±7.6)	50.7	(±7.5)
New Hampshire	94.4	(±3.5)	96.6	(±2.6)	95.2	(±3.1)	87.3	(±5.3)	90.6	(±4.3)	80.5	(±6.2)
New Jersey	85.3	(±5.9)	91.2	(±5.5)	92.5	(±4.8)	69.3	(±7.8)	80.5	(±6.4)	62.3	(±7.9)
New Mexico	81.6	(±7.0)	90.6	(±3.6)	88.8	(±3.9)	72.0	(±7.6)	76.0	(±7.2)	65.4	(±7.7)
New York	88.9	(±2.9)	93.6	(±2.1)	88.4	(±3.2)	75.1	(±4.5)	77.8	(±4.1)	65.2	(±4.9)
City of New York	84.7	(±4.5)	91.9	(±3.2)	89.0	(±3.9)	73.4	(±5.4)	76.3	(±5.3)	64.4	(±6.0)
Rest of state	92.8	(±3.8)	95.2	(±2.6)	87.8	(±5.1)	76.7	(±7.2)	79.1	(±6.3)	65.9	(±7.6)
North Carolina	85.8	(±5.0)	96.9	(±2.0)	93.3	(±4.1)	81.7	(±5.6)	77.3	(±6.5)	70.1	(±7.0)
North Dakota	85.5	(±4.9)	95.2	(±2.9)	91.5	(±3.8)	81.4	(±5.5)	77.2	(±5.7)	68.9	(±6.3)
Ohio	86.6	(±4.9)	90.7	(±3.7)	89.1	(±4.1)	74.7	(±6.0)	77.7	(±5.8)	64.5	(±6.5)
Oklahoma	82.7	(±6.0)	89.9	(±5.0)	89.7	(±5.0)	58.3	(±7.8)	78.5	(±6.3)	53.3	(±7.7)
Oregon	77.8	(±7.3)	88.9	(±5.3)	84.2	(±6.3)	70.1	(±7.5)	70.5	(±7.6)	62.7	(±7.8)
Pennsylvania	86.4	(±3.6)	93.8	(±2.5)	91.9	(±2.8)	79.1	(±4.4)	78.8	(±4.3)	68.3	(±4.9)
Philadelphia County	88.3	(±5.4)	92.2	(±4.5)	91.8	(±4.4)	81.2	(±6.5)	82.2	(±6.2)	73.0	(±7.3)
Rest of state	86.0	(±4.2)	94.1	(±2.8)	92.0	(±3.2)	78.8	(±5.1)	78.2	(±4.9)	67.5	(±5.7)
Rhode Island	84.9	(±6.1)	94.7	(±3.9)	92.1	(±4.1)	90.7	(±4.4)	75.0	(±7.0)	69.2	(±7.4)
South Carolina	84.2	(±4.5)	92.5	(±3.2)	91.5	(±3.3)	80.8	(±4.8)	79.5	(±5.0)	74.9	(±5.3)
South Dakota	88.7	(±4.5)	95.0	(±2.4)	85.3	(±5.2)	54.3	(±7.4)	76.9	(±6.1)	45.8	(±7.4)

* Includes ≥4 doses of diphtheria, tetanus toxoid, and any acellular pertussis vaccine (DTaP) (also can include diphtheria and tetanus toxoid vaccine or diphtheria, tetanus toxoid, and pertussis vaccine); ≥3 doses of poliovirus vaccine; ≥1 dose of any measles-containing vaccine; ≥3 doses of *Haemophilus influenzae* type b vaccine; ≥3 doses of hepatitis B vaccine; and ≥1 dose of varicella vaccine.
† 4:3:1:3:3:1 plus ≥4 doses of 7-valent pneumococcal conjugate vaccine (PCV7).
§ Children in the 2007 National Immunization Survey were born during January 2004–July 2006.
¶ ≥4 doses of DTaP.
** ≥1 dose of measles, mumps, and rubella vaccine.
†† ≥1 dose of varicella vaccine at or after child's first birthday.
§§ ≥3 doses of PCV7.
¶¶ Confidence interval.

TABLE 2. (*Continued*) Estimated vaccination coverage for the 4:3:1:3:3:1* and 4:3:1:3:3:1:4† vaccination series and selected individual vaccines among children aged 19–35 months, by state and selected local areas — National Immunization Survey, United States, 2007§

State/Area	≥4 DTaP¶		≥1 MMR**		≥1 VAR††		≥4 PCV7§§		4:3:1:3:3:1		4:3:1:3:3:1:4	
	%	(95% CI¶¶)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Tennessee	84.8	(±6.0)	94.5	(±4.3)	92.3	(±4.7)	72.6	(±7.5)	78.7	(±6.7)	64.3	(±7.7)
Texas	82.1	(±3.5)	90.4	(±2.6)	90.0	(±2.6)	75.7	(±4.0)	77.3	(±3.8)	68.5	(±4.4)
Bexar County	85.5	(±4.8)	90.9	(±3.9)	88.8	(±4.3)	79.1	(±5.5)	80.1	(±5.3)	74.0	(±5.8)
City of Houston	77.9	(±5.6)	89.4	(±3.8)	89.6	(±3.8)	71.6	(±5.9)	73.0	(±5.7)	64.1	(±6.2)
Dallas County	77.0	(±6.0)	89.9	(±4.1)	90.0	(±4.1)	70.8	(±6.3)	71.9	(±6.2)	61.0	(±6.8)
El Paso County	81.8	(±5.7)	90.3	(±4.8)	91.1	(±4.7)	69.3	(±6.9)	77.4	(±6.2)	63.1	(±7.1)
Rest of state	83.4	(±5.1)	90.6	(±3.8)	90.2	(±3.8)	77.4	(±5.8)	78.7	(±5.6)	70.4	(±6.4)
Utah	82.2	(±5.3)	90.9	(±4.0)	86.6	(±4.8)	70.7	(±6.4)	73.6	(±6.1)	61.4	(±6.8)
Vermont	81.9	(±7.5)	93.6	(±5.2)	77.6	(±7.8)	84.2	(±7.0)	67.3	(±8.3)	62.7	(±8.5)
Virginia	84.1	(±4.8)	90.9	(±3.8)	87.8	(±4.5)	79.1	(±5.1)	75.5	(±5.7)	67.9	(±6.1)
Washington	80.9	(±5.4)	90.5	(±3.9)	84.0	(±4.9)	73.8	(±6.0)	69.0	(±6.1)	64.6	(±6.2)
Western Washington	88.1	(±4.8)	91.9	(±3.9)	80.8	(±5.9)	82.3	(±5.8)	71.3	(±6.7)	66.8	(±7.0)
Rest of state	79.3	(±6.4)	90.2	(±4.6)	84.8	(±5.8)	71.9	(±7.2)	68.4	(±7.3)	64.1	(±7.4)
West Virginia	84.5	(±4.9)	96.2	(±2.1)	89.2	(±3.8)	75.8	(±5.7)	75.5	(±5.6)	64.9	(±6.2)
Wisconsin	82.0	(±6.1)	91.4	(±4.6)	86.7	(±5.4)	78.7	(±6.5)	77.1	(±6.6)	69.6	(±7.2)
Wyoming	78.7	(±6.1)	87.5	(±5.2)	78.5	(±6.3)	68.0	(±6.7)	70.2	(±6.8)	58.7	(±7.1)

TABLE 3. Estimated vaccination coverage among children aged 19–35 months, by selected vaccines and dosages, race/ethnicity,* and poverty level† — National Immunization Survey, United States, 2007§

Vaccine	White		Black		Hispanic		American Indian/ Alaska Native		Asian		Below poverty level		At or above poverty level	
	%	(95% CI¶)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
DTaP**														
≥3 doses	95.5	(±0.7)	93.9	(±1.8)	96.1	(±1.1)	97.3	(±2.9)	96.4	(±2.4)	94.1	(±1.2)	96.0	(±0.6)
≥4 doses	85.3	(±1.2)	82.3	(±2.7)	83.8	(±2.2)	86.4	(±7.1)	87.5	(±4.0)	81.1	(±2.1)	85.9	(±1.1)
Poliovirus	92.6	(±0.9)	91.1	(±2.1)	93.0	(±1.6)	94.8	(±5.5)	95.0	(±2.6)	91.9	(±1.3)	92.8	(±0.9)
MMR†† ≥1 dose	92.1	(±0.8)	91.5	(±2.0)	92.6	(±1.6)	96.2	(±3.2)	93.9	(±3.5)	91.3	(±1.4)	92.6	(±0.8)
Hib§§ ≥3 doses	92.9	(±0.9)	90.8	(±2.2)	93.5	(±1.4)	95.0	(±4.1)	91.0	(±3.4)	91.0	(±1.5)	93.1	(±0.8)
Hepatitis B ≥3 doses	92.5	(±0.9)	91.2	(±2.1)	93.6	(±1.6)	96.7	(±3.0)	93.8	(±2.9)	92.1	(±1.4)	92.9	(±0.9)
Varicella ≥1 dose	89.2	(±1.0)	89.8	(±2.2)	90.6	(±1.7)	94.9	(±3.5)	93.7	(±2.9)	89.2	(±1.6)	90.1	(±0.9)
PCV7¶¶														
≥3 doses	89.8	(±0.9)	89.5	(±2.2)	91.0	(±1.7)	94.0	(±4.3)	86.8	(±4.7)	89.0	(±1.6)	90.3	(±0.9)
≥4 doses	76.6	(±1.4)	70.3	(±3.4)	75.4	(±2.6)	80.4	(±7.1)	75.0	(±5.9)	72.8	(±2.4)	76.3	(±1.4)
Combined series														
4:3:1:3***	82.6	(±1.2)	79.5	(±2.9)	81.5	(±2.3)	85.3	(±7.2)	81.9	(±5.1)	78.8	(±2.2)	82.9	(±1.2)
4:3:1:3:3†††	81.0	(±1.3)	77.5	(±3.1)	79.8	(±2.4)	85.1	(±7.3)	80.7	(±5.2)	76.9	(±2.3)	81.4	(±1.2)
4:3:1:3:3:1§§§	77.5	(±1.3)	75.3	(±3.2)	78.0	(±2.5)	82.7	(±7.5)	79.4	(±5.3)	75.0	(±2.3)	78.2	(±1.3)
4:3:1:3:3:1:4¶¶¶	67.0	(±1.6)	62.0	(±3.6)	67.0	(±2.8)	74.6	(±8.4)	68.6	(±6.5)	64.7	(±2.7)	66.9	(±1.5)

* Persons identified as white, black, Asian, or American Indian/Alaska Native are all non-Hispanic. Persons identified as Hispanic might be of any race. Native Hawaiian or other Pacific Islanders and multiple races were not included because of small sample sizes.
† Poverty status was based on 2006 U.S. Census poverty thresholds (available at http://www.census.gov/hhes/www/poverty.html).
§ Children in the 2007 National Immunization Survey were born during January 2004–July 2006.
¶ Confidence interval.
** Diphtheria, tetanus toxoid, and any acellular pertussis vaccine, which can include diphtheria and tetanus toxoid vaccine or diphtheria, tetanus toxoid, and pertussis vaccine.
†† Measles, mumps, and rubella vaccine.
§§ *Haemophilus influenzae* type b (Hib) vaccine.
¶¶ 7-valent pneumococcal conjugate vaccine (PCV7).
***≥4 doses of DTP/DT/DTaP, ≥3 doses of poliovirus vaccine, and ≥1 dose of any measles-containing vaccine, and ≥3 doses of Hib vaccine.
†††4:3:1:3 plus ≥3 doses of hepatitis B vaccine.
§§§4:3:1:3:3 plus ≥1 dose of varicella vaccine.
¶¶¶4:3:1:3:3:1 plus ≥4 doses of PCV7.

facilities, might have contributed to these increases in vaccination coverage (A. Groom, CDC, personal communication, August 2008). However, further monitoring is needed to determine whether these levels will be sustained.

As in 2006, the results of the 2007 NIS indicate that differences in poverty status accounted for the observed differences in coverage between white and black children for the fourth dose of DTaP and fourth dose of PCV7. In 2007, these differences in coverage between children living at or above the poverty level compared with children living below the poverty level were reduced by one percentage point for DTaP and by nearly six percentage points for PCV7. Continued efforts are needed to improve vaccination coverage among children of all racial and ethnic groups living below the poverty level.

The 2007 NIS results confirm that the majority of parents are vaccinating their children, with less than 1% of children receiving no vaccines by age 19–35 months. Although vaccination coverage in this age group remains high, recent outbreaks of measles have occurred in certain communities (*8*). Several factors might explain this apparent paradox. Despite record high coverage with MMR vaccine, nearly 8% of children aged 19–35 months surveyed for the 2007 NIS remained unvaccinated. Measles is highly contagious, and clustering of unimmunized children within geographic areas can increase risk for measles and other vaccine-preventable disease transmission. Clusters of unimmunized children might not be detected by NIS methods and might not be visible in national and state rates. Furthermore, any changes in vaccination behaviors among parents of children born after July 2006 would not have been detected by the 2007 survey. Increased attention to parental concerns about vaccine safety has become apparent in recent years (*9*). The 2008 NIS is collecting information on parental concerns about vaccine safety to better assess parental attitudes and beliefs about vaccines. In addition, CDC and its partners are developing new educational materials that can assist parents in making fully informed decisions about immunizing their children.**

The findings in this report are subject to at least three limitations. First, NIS is a telephone survey, and statistical adjustments might not compensate fully for nonresponse and households without landline telephones. Second, underestimates of vaccination coverage might have resulted from the exclusive use of provider-verified vaccination histories because completeness of these records is unknown. Finally, although national coverage estimates are precise, annual estimates and trends for state and local areas should be interpreted with caution because of smaller sample sizes and wider confidence intervals.

Achieving and maintaining high vaccination coverage levels is important to further reduce the burden of vaccine-preventable diseases and prevent a resurgence of measles and other diseases that have been eliminated in the United States (*10*). Although vaccination coverage estimates were at record highs and above the *Healthy People 2010* target for most of the routinely recommended vaccines in 2007, ongoing efforts through partnerships among national, state, local, private, and public entities are needed to sustain these levels and ensure that vaccination programs in the United States remain strong.

** Additional information available at http://www.cdc.gov/vaccines.

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MODERATOR'S GUIDE FOR FOCUS GROUP INTERVIEWS ABOUT THE SPECIAL SWORN STATUS FORM COMPLETED BY HEALTH CARE PROVIDERS FOR THE NATIONAL IMMUNIZATION SURVEY

Good evening and thank you all for coming. We are here to talk about some new procedures for conducting the National Immunization Survey. Before we start, I want to give you some general or background information about the survey.

It is conducted by the Centers for Disease Control and Prevention to collect up-to-date information on current vaccination levels for preschool children in each state. To do this, a sample of households is contacted and telephone interviews are conducted among parents or guardians of children in the eligible age ranges. They are asked about their children's immunization history and are asked for permission to contact their child's health care provider for specific information about the types of vaccines the child received and when the vaccines were received. After that, health care providers who are named by the parents or guardians are contacted and asked to complete an Immunization History Questionnaire for the child.

Today, we are going to be talking about some of those forms that you, as health care providers, may be filling out if your practice participates in this survey. We want your feedback on these forms and some changes to the survey that have to do with your role in it.

We will be tape-recording our conversation today so I can concentrate on what you are saying rather than having to concentrate on taking notes. I need to get your consent to be tape recorded, so I will distribute this form for you to read and sign. In addition to getting your participation to tape, it also states that your participation in this session is voluntary and lets you know that the information you provide is confidential.

[Introduce observers]

Ground Rules:
Before we begin, I'd like to set some ground rules for our discussion:

1. Please turn off your cell phones.
2. Let's only use first names to protect everyone's confidentiality.
3. We want to hear a variety of thoughts and opinions, so it's important that we respect one another's points of view even if we disagree. I will make sure everyone gets a chance to share their ideas.
4. It's important that only one person speak at a time.
5. At some points during our discussion, I may ask you to give others a chance to talk or ask you to speak up a little more.

How many of you have completed the Immunization History Questionnaire before?

[SHOW THE QUESTIONNAIRE TO THE GROUP]

A. For participants who have completed surveys before:

Do you remember how the procedures worked in your office?

Who made the decision to complete the forms?

How many people were involved in filling out the forms?

Has your office completed the forms every time you've received them? If no, why not?

Did you think filling out the forms was a worthwhile thing to do or not a worthwhile thing to do? Why?

B. For participants who have not completed surveys before:

Has your office ever been asked to complete these questionnaires before?

If yes, why do you think your office did not complete them?

If yes, who normally would complete these types of forms?

Do you think your office would complete the forms in the future, if your office were to receive them?

If yes, would you yourself be completing the forms in the future?

PURPOSE OF FOCUS GROUPS

Some of you have indicated that you are familiar with this survey. You have received forms in the mail with a child's name on it requesting that you fill it out and send it back.

We're here today because the Census Bureau is conducting a special study that may change the way this survey is conducted to improve the coverage of eligible children.

With this new methodology, health care providers will now receive a new mailing that will ask them to sign a new form. This mailing will first come before your office receives any future Immunization Questionnaires for specific children in your practice. It's part of the Census Bureau's rules for maintaining the confidentiality of the information we collect.

In a moment, I am going to hand out this mailing that introduces this new procedure and the new form.

During this discussion, we want you to give your opinions about the materials that will be included in this new mailing.

REACTION TO CONTENT/LANGUAGE OF LETTER AND SSS FORM

I am going to hand out the mailing and give you a few minutes to read through these materials.

> [HAND OUT ENVELOPES -- TRY TO OBSERVE PARTICIPANTS' BEHAVIOR. DO THEY GO BACK AND FORTH FROM LETTER TO FORM TO SEE HOW THEY ARE CONNECTED? DO THEY TURN LETTER OVER AND READ BACK?]

What was your first reaction when you read the letter and the form? [What we're particularly interested in is the content of the materials; we will talk about other types of reactions later.]

LETTER

Let's go over the items separately and we'll start with the letter.

What was the main purpose of the letter, based on your understanding of it?

How much of the letter did you read?

> **Were there parts you spent more time on than others? If so, what were they?**

Was it easy or hard to read? Why? [PROBE ABOUT BOTH THE "LOOK" AND LANGUAGE IN THE LETTER]

Were there any parts of the letter that would encourage you to help with the survey? If so, what were they?

Were there parts of the letter that might discourage you from helping with the survey? If so, what were they?

SSS FORM

The next thing we're going to talk about is the form labeled "Immunization Survey Special Sworn Status."

What was the main purpose of the form, based on your understanding of it?

Were there parts that you spent more time on than others? If so, what were they?

Was the language easy to understand or difficult to understand?

Was it clear what you were supposed to do? If not, what wasn't clear?

What would you do if you needed more than one person to sign the form?

Did you notice there was more than one copy of the form?

What would you do if you needed more than two people to sign the form?

Is there anything on the form that might make you hesitant to fill it out? If so, what was it?

Can I get you to fill it out for me? [HAVE PARTICIPANTS COMPLETE THE FORM, IF POSSIBLE]

[If participants have questions about the language or structure of the form, get specific information about the source of their misunderstanding and suggestions they have for making it easier to understand]

INSERT

Did you notice the brochure containing the explanation of the immunization survey special sworn status?

What was the main purpose of the brochure?

How much of it did you read?

Were there parts you spent more time on than others?

Did it help you understand the SSS form better? If so, how? If not, why?

Do any of the requirements/procedures mentioned on this insert cause a problem for you? [FIND OUT IF THE SPECIAL DISCLOSURE DOCUMENTATION AND REQUEST TO NOT PUT ANYTHING IN MEDICAL RECORD IS PROBLEMATIC -- ARE THEY LIKELY TO REQUEST THE SPECIAL DOCUMENTATION.

THOUGHTS ABOUT SSS

Now we have some more general questions about some of the things we have been talking about. The form that you filled out (show form if necessary) had the title "Special Sworn Status."

What do you think of that title "Special Sworn Status"?

What do you think "Special Sworn Status" means?

What sorts of expectations do you think come along with having SSS?

What are your thoughts on those expectations?

Do you have any questions or concerns about what those expectations might mean for you?

UNDERSTANDING WHO NEEDS TO SIGN

If your office decides to participate in this study, who will have access to the Immunization Survey Questionnaires?

How many people is that?

Based on your understanding of Special Sworn Status, how many of those people should sign the Special Sworn Status form?

Everyone who will see or fill out the immunization questionnaire will need to sign this form.

[PROBE DISCREPANCY BETWEEN PEOPLE WHO HAVE ACCESS AND PEOPLE WHO SIGN SSS FORM]

What can we do to this form and/or the letter to make that more clear?

Would it be easier to designate people to obtain SSS? [Probe if they didn't notice this paragraph in the letter.]

How would you choose those people?

Who would they be?

Would being able to designate certain people alleviate or raise any concerns about you participation in the NIS? Why or Why not?

HANDLING ACCESS TO T-13 -- DESIGNATING SSS

The envelopes that contain the IHQs with children's names and dates of birth on them will come addressed to the people who fill out and return the SSS forms. The envelope will be marked, "Confidential, For Addressee only."

Does your office ever receive these types of confidential correspondences?

How [does/would] your office handle them? [Find out how they make sure no one else sees that information]

Who would open the envelope? Is there a chance that anyone else would see what's in it?

Would it change the way you normally fill out forms? How? [For offices that have previously participated and for filling out form in general -- Find out if this disrupts their normal procedures]

Would addressing the envelopes this way make it easier or more difficult for your office to participate? Why?

Would it raise any concerns for you?

WILLINGNESS TO FILL OUT FORM

Do you think staff in your office would be willing to fill out this form? Why or why not?

What changes could we make to the SSS form to make it more likely that people in your office would sign it?

Would this requirement to complete this form make a difference in your office's decision to participate in the National Immunization Survey?

[IF ANYONE MENTIONS THE HIPAA REQUIREMENTS, HAND OUT THE FAQs ABOUT HIPAA AND THE NIS; FIND OUT WHETHER THIS ANSWERS THEIR QUESTIONS]

ADDITIONAL MATERIALS: FAQs AND MMWR

These are some additional materials that will come with the initial mailing of the Special Sworn Status form, and I'm going to hand them out so you can look at them.

[HAND OUT HIPAA FAQs IF YOU HAVE NOT ALREADY DONE SO and MMWR]

Would it be helpful to have this additional information in the envelope?

Would the information about how Special Sworn Status relates to HIPAA be helpful?

Would the informational material about how the survey results are used be helpful?

What other kind of information would be useful to you to include in the initial mailing?

What else, if anything, would you like to see that might increase your likelihood of signing the Special Sworn Status form?

So if all these things are included in the envelope, this is what it would look like.

[HOLD UP A STUFFED ENVELOPE FOR Ps TO SEE]

What are your thoughts on getting it in the mail?

Is there anything in this envelope that you think doesn't need to be there?

Is there anything in this envelope that would discourage your office from participating in the survey?

ELECTRONIC SUBMISSIONS/SIGNATURES (if time permits)

Now we're going to move to slightly different topics.

We are also interested in knowing how we can make it easier for you to respond to this survey. We have some proposed ideas about how to do that.

First, I want to ask about how you would like to submit the IHQs, and what would be easiest for you and your practice. Currently, you can either mail back or fax the IHQs once they are filled out.

If electronic submissions were possible, would you prefer submitting Immunization History Questionnaire electronically over the Internet, versus filling out paper forms and returning them by mail or fax? Why do you feel that way?

Which would be easier? Harder?

Which would require more time to do? Less time to do?

Which would be the least costly for you? The most costly for you?

Now I'd like to ask about different ways to receive some of the other documents that go along with the IHQ.

When you receive an IHQ packet for children in your practice, the packet also will contain signed permission forms, indicating that permission has been received from the child's parent/guardian to release the immunization information. The permission forms may be signed electronically by Census Bureau staff when permission is received during a telephone interview with the child's parent/guardian or they may be signed directly by the parent/guardian if the interview takes place face-to-face.

Would it make any difference in your willingness to participate in the NIS if the consent forms were signed electronically? Signed directly?

If your office received permissions forms signed electronically, would you have any concerns regarding the authenticity of the permission if it were displayed in an electronic signature?

FINAL Qs/WRAP-UP

We have one final overall question. We've had a lot of discussion about things that might make a difference in your willingness to participate in the NIS.

Do you have any other concerns about participating in the survey?

Do you have any other suggestions for what might make it easier for you to respond to the survey?

Other than anything we've already talked about, is there anything else that we could say or do that would increase your chances of participating in the NIS?

What would make your office more likely to respond?

[IF ANY QUESTIONS ABOUT THE NEW PROCEDURES HAVE BEEN PUT OFF UNTIL THE END, ANSWER THEM NOW]

7317-SSSCL

FROM THE DIRECTOR
US CENSUS BUREAU

On behalf of the Centers for Disease Control and Prevention (CDC), the U.S. Census Bureau is conducting a special component of the National Immunization Survey (NIS) to improve coverage of eligible children. The NIS collects and reports the most complete information available on current vaccination levels of preschool children at national, state, and local levels. Immunization history information is collected from all medical providers for children ages 19 through 35 months whose parent/guardian agreed to participate in the survey. Your office or clinic may have participated in this important survey in the past. Although your participation is voluntary, we hope that you will choose to participate in this component of the NIS, the Provider Record Check Study.

We know your practice complies with the Privacy Rule (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). The Census Bureau is bound by an even stricter mandate, Title 13 of the U.S. Code, Section 8. It requires that even the names of children in its surveys be kept confidential, not just medical information. Your office will receive an Immunization History Questionnaire (IHQ), which will have the name and date of birth of a child in your practice printed on the form. Anyone in your office who will see the mailed IHQs with the names of children in this study will need to have Special Sworn Status. Having Special Sworn Status means that each of these people agrees to comply with Title 13 and keep the identity of the children in this study confidential.

Only people in your office who have SPECIAL SWORN STATUS can receive and complete IHQs. IHQs will be addressed to these people and marked, “Confidential, To Be Opened By Addressee(s) Only.” If it is more convenient, you may wish to designate **two or more** individuals to complete forms to obtain Special Sworn Status. Immunization Survey Special Sworn Status forms (BC 1759 (P)) are enclosed with this letter. Please see the back of this letter for information on what you will need to do next.

If you have questions or comments about the enclosed material, or any questions about this study, please call 1-888-595-1339. Your participation in the National Immunization Survey is greatly appreciated.

Sincerely,

[Electronic Signature]

[Director’s Name]
Director, U.S. Census Bureau

Electronic Signature]

Anne Schuchat, M.D.
Rear Admiral United States Public Health Service
Director, National Center for Immunization and Respiratory Diseases

Enclosures

WHAT DO I NEED TO DO?
With this study, participating in this special study will involve the following steps:

1. Have **each** person who will see the name and date of birth of children in the NIS complete the BC 1759(P) “Immunization Survey Special Sworn Status Form.” You may make copies of the form.
2. Mail forms back to the Census Bureau in the enclosed envelope within seven (7) days of receipt of this letter.
3. After we receive signed forms, we will mail IHQs directly to people with Special Sworn Status. After filling them out, please return them to the Census Bureau. As we collect information from parent/guardians of children over the next several months, you may receive additional requests for immunization information on other children for whom you provide medical care. We will attempt to limit these mailings where possible

WHAT OTHER INFORMATION IS INCLUDED IN THIS MAILING?

- **Form BC 1759 (P)**, the Immunization Survey Special Sworn Status Form;
- **Form 7317-SSSII**, which explains the Special Sworn Status form and how to protect the confidentiality of the materials in this survey;
- **Form 7317-FAQ**, a set of frequently asked questions about the NIS, HIPAA, and Title 13;
- **Form 7317-IHQ,** a sample copy of the IHQ;
- **Morbidity and Mortality Weekly Report**, about national vaccination coverage levels produced from the NIS.

UNDER WHAT AUTHORIZATION DO YOU COLLECT THIS INFORMATION?
This study is authorized by Title 42, United States Code, Sections 306 & 2102(a)(7) of the Public Health Service Act and by The National Childhood Vaccine Injury Act of 1986. Legal authorization for the Census Bureau to conduct this study is granted by Title 13, United States Code, Section 8. The information you supply will be treated confidentially, as specified by law in Section 9 of Title 13. We will not release any information that could identify you, your practice, your facility, the child, or the child's family. The information will be used for statistical purposes only.

FROM THE DIRECTOR
US CENSUS BUREAU

You are being asked to participate in a special component of the National Immunization Survey.

The National Immunization Survey collects and reports the most complete information available on current vaccination levels of preschool children, ages 19 through 35 months, at national, state, and local levels.

To collect this information, parents or guardians participate in a telephone survey and then give permission for us to contact their child's medical provider(s) to obtain an accurate record of the child's immunization history.

The purpose of this special study is to improve the immunization data this survey collects. In order to make sure we can reach eligible children and get an accurate picture of child immunizations, the Census Bureau, on behalf of the Centers for Disease Control and Prevention (CDC) is conducting this special study.

The Census Bureau takes care to maintain the confidentiality of the people participating in its survey. Because the Census Bureau is collecting the immunization information, **we require that the names of the children who participate in this survey be kept strictly confidential** (as mandated by Title 13 of the U.S. Code, Section 8).

In order to receive Immunization History Questionnaires (IHQs), the survey that will request a child's detailed immunization history, **we ask that you sign and complete the enclosed Immunization Survey Special Sworn Status form.** Signing this form indicates that you agree not to reveal that you have filled out this survey for a child in your practice to anyone except people who have Special Sworn Status.

Only people in your office who sign this form and return it to the Census Bureau can receive and complete IHQs. IHQs will be addressed to these people and marked, "Confidential, To Be Opened By Addressee(s) Only."

If it is more convenient, you may wish to designate **two or more** individuals to complete forms and obtain Special Sworn Status. Immunization Survey Special Sworn Status forms (BC 1759(P)) are enclosed with this letter.

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Although your participation is voluntary, we hope that you will participate. If you have questions or comments about the enclosed material, or any questions about this study, please call 1-888-595-1339. Your participation in the National Immunization Survey is greatly appreciated.

Sincerely,

[Electronic Signature]	Electronic Signature]
[Director's Name] Director, U.S. Census Bureau	Anne Schuchat, M.D. Rear Admiral United States Public Health Service Director, National Center for Immunization and Respiratory Diseases

Enclosures

7317-SSSII

Explanation of the Immunization Survey Special Sworn Status

- Since the U. S. will be conducting this special component of the National Immunization Survey, the names of the children selected for the survey are confidential under Title 13, Section 8 in the United States Code. Section 23(c) of Title 13 provides authority for the Census Bureau to swear in people to assist the Census Bureau in performing its duty.

- Health care providers who will see the children's names on the Immunization History Questionnaire (IHQ) and/or provide the immunization data must obtain Special Sworn Status (SSS) by completing an Immunization Survey Special Sworn Status form, BC-1759 (P).

- By signing the Special Sworn Status form (enclosed), you agree not to disclose that your patient(s) was included in the National Immunization Survey to anyone who has not signed one of these forms.

- Only people who will see or know the identity of the children in this survey may obtain Special Sworn Status; this may be one or many people in your office. If you need more than two forms, you may make copies.

Steps to Protect Patient Confidentiality under Title 13

- When your office receives the Immunization History Questionnaires for patients in your practice, it will be labeled, "Confidential, To Be Opened By Addressee(s) Only," and will be addressed ONLY to the people in your office who have obtained Special Sworn Status.

- Please keep all IHQs that contain a child's name and date of birth and any parental consent documents in a locked, secure location, accessible only to people with Special Sworn Status. This location could be a lockable desk drawer or lockable office.

- Do not put any documentation (or copies) related to the survey in the child(ren)'s medical records, including the consent documents, IHQs, and the HIPAA Accountings of Disclosure. If it is required by the policies of your specific office to place disclosure documentation in the child(ren)'s medical record, please call the Census Bureau at 1-888-595-1339 to request a disclosure form specially prepared for this study.

- After someone with Special Sworn Status fills out the IHQs your office may receive, return the parent/guardian consent documentation to the Census Bureau with the completed questionnaires in the postage-paid envelope. It is not necessary to keep the consent documents in your office. If it is more convenient for you to fax the IHQ/vaccination information, you may destroy the consent documents along with any hard copy IHQs in your office once the information has been submitted.

- Should another person in your office need to know the identity of children in the survey, they will need to complete and return to the Census Bureau an Immunization Survey Special Sworn Status form prior to viewing this information. Please contact the Census Bureau at 1-888-595-1339 for additional Special Sworn Status forms or you may make a copy of any blank forms you already have on hand, however the signature on each form must be original.

- In the event that someone with Special Sworn Status leaves the employment of your current office, he or she should hand over all materials related to the survey to another member of the office with Special Sworn Status. If no one else has Special Sworn Status, please return all IHQs and consent documents to the Census Bureau.

Explanation of the Immunization Survey Special Sworn Status

- Since the U. S. will be conducting this special component of the National Immunization Survey, the names of the children selected for the survey are confidential under Title 13, Section 8 in the United States Code. Section 23(c) of Title 13 provides authority for the Census Bureau to swear in people to assist the Census Bureau in performing its duty.

- Health care providers who will see the children's names on the Immunization History Questionnaire (IHQ) and/or provide the immunization data must obtain Special Sworn Status by completing an Immunization Survey Special Sworn Status form, BC-1759 (P).

- By signing the Special Sworn Status form (enclosed), you agree not to disclose that your patient(s) was included in the National Immunization Survey to anyone who has not signed one of these forms.

- Should another person in your office need to know the identity of children in the survey, they will need to complete and return to the Census Bureau an Immunization Survey Special Sworn Status form prior to viewing this information. Please contact the Census Bureau at 1-888-595-1339 for additional Special Sworn Status forms or you may make a copy of any blank forms you already have on hand, however the signature on each form must be original.

- In the event that someone with Special Sworn Status leaves the employment of your current office, he or she should hand over all materials related to the survey to another member of the office with Special Sworn Status. If no one else has Special Sworn Status, please return all IHQs and consent documents to the Census Bureau.

OMB No. XXXX-XXXX; Approval Expires XX/XX/XXXX

National Immunization Survey Evaluation Study

Immunization History Questionnaire

FORM **7317-IHQFG**
(5-7-2009)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases

START HERE → Please review your records and complete this questionnaire for the child identified on the label to the right. Complete pages 1 and 3 only. Return the questionnaire in the postage-paid envelope or fax toll-free to 1–888–595–1338. This information is confidential, if faxing, please take extra care to dial the correct number.

1. Which of the following best describes your Immunization records for this child?

1 ☐ You have all or partial immunization records for this child, for vaccines given by your practice or other practices.
→ Was any of the immunization information for this child obtained from your community or state registry?
1 ☐ Yes 2 ☐ No 3 ☐ Don't know
Go to question 2 below.

2 ☐ This facility gives immunizations only at birth (hospital). *Go to question 2 below.*

3 ☐ Other – *Explain* ↙

4 ☐ You have provided care to this child, but do not have immunization records.

5 ☐ You have no record of providing care to this child.

Please complete items 5–9 and return form as instructed above.

2. According to your records, what is this child's date of birth?

Month | Day | Year

3 ☐ Don't know

3. What was the date of this child's FIRST visit, for any reason, to this place of practice?

Month | Day | Year

3 ☐ Don't know

4. What was the date of this child's MOST RECENT visit, for any reason, to this place of practice?

Month | Day | Year

3 ☐ Don't know

5. How many physicians work at this practice, including those who work part-time?

1 ☐ 1 3 ☐ 3 5 ☐ 7–10
2 ☐ 2 4 ☐ 4–6 6 ☐ 11 or more

6. Which of the following best describes this facility? Check only one box, representing the most specific description.

1 ☐ Federally-qualified health center including community/migrant/rural/Indian health center
2 ☐ Hospital-based clinic, including university clinic, or residency teaching practice.
3 ☐ Private practice, including solo, group practice, or HMO.
4 ☐ Public health department-operated clinic
5 ☐ Military health care facility
6 ☐ WIC clinic
7 ☐ Other – *Explain* ↙

7. Does your practice order vaccines from your state or local health department to administer to children?

1 ☐ Yes 2 ☐ No 3 ☐ Don't know
4 ☐ Not applicable (Practice does not administer vaccines)

8. Did you or your facility report any of this child's immunizations to your community or state registry?

1 ☐ Yes 2 ☐ No 3 ☐ Don't know
4 ☐ Not applicable (No registry in my community/state)
5 ☐ Not applicable (Practice does not administer vaccines)

9. Contact information for the person returning this form.

Name:

1 ☐ Physician
2 ☐ Office Manager/
3 ☐ Receptionist
4 ☐ Other
5 ☐ Nurse
6 ☐ Medical Records Administrator/Technician

Telephone number	Fax number

10. *Go to next page* →

Please review the instructions and examples below. Then complete the "Shot Grid" on the next page.

Refer to your vaccination records for the child named on the labels on the front cover and next page of this form.

▶ **Be sure to mark the box for the correct combination vaccine for each dose as shown in the example below. If the combination included both DTaP and Hib, or HepB and Hib, be sure to enter the information in both vaccine categories. Note that the same vaccine (a combination DTap-Hib vaccine) is entered under both DTaP and Hib in the example below.**

EXAMPLE

Vaccine		Date Given (Month / Day / Year)	Given by other practice	Type of Vaccine (Mark one box for each vaccine dose)
DTaP	1	11 / 20 / 2006	1 ☐ Yes 2 ☒ No	1 ☐ DTaP/DTP 2 ☐ DTaP-Hib 3 ☒ DTaP-HepB-IPV 4 ☐ DTap-IPV-Hib
	2	11 / 18 / 2007	1 ☒ Yes 2 ☐ No	1 ☐ DTaP/DTP 2 ☒ DTaP-Hib 3 ☐ DTaP-HepB-IPV 4 ☐ DTap-IPV-Hib
Hib	1	11 / 20 / 2006	1 ☐ Yes 2 ☒ No	1 ☐ Hib-Merck* 2 ☐ Hib-sanofi** 3 ☐ HepB-Hib 4 ☒ DTap-Hib 5 ☐ DTaP-IPV-Hib
	2	11 / 18 / 2007	1 ☒ Yes 2 ☐ No	1 ☒ Hib-Merck* 2 ☐ Hib-sanofi** 3 ☐ HepB-Hib 4 ☐ DTap-Hib 5 ☐ DTaP-IPV-Hib

▶ **Be sure to mark the "Yes" or "No" box under "Given by other practice?" for each vaccination (see example above).**

▶ **Be sure to mark the "Yes" or "No" box indicating "Given at birth?" for the first Hep B dose (see example below).**

Vaccine		Date Given (Month / Day / Year)	Given by other practice	Type of Vaccine (Mark one box for each vaccine dose)
Hepatitis B	1	07 / 19 / 2006	1 ☒ Yes 2 ☐ No	1 ☒ HepB Only 2 ☐ HepB-Hib 3 ☐ DTaP-HepB-IPV
Dose 1 given at birth? 1 ☒ Yes 2 ☐ No				
	2		1 ☐ Yes 2 ☐ No	1 ☐ HepB Only 2 ☐ HepB-Hib 3 ☐ DTaP-HepB-IPV

▶ **Use the "Other" space to enter any vaccines not listed on the next page or any additional doses of listed vaccines that were given to this child (see example below).**

Vaccine		Date Given (Month / Day / Year)	Given by other practice	Please enter a description of each vaccine dose.
Other	1	11 / 20 / 2007	1 ☐ Yes 2 ☒ No	BCG
	2		1 ☐ Yes 2 ☐ No	

▶ **After completing the "Shot Grid" on the next page, please return this form in the envelope provided.**

(Optional) You may also attach a copy of your Immunization history records for this child to this form and send it back to the U.S. Census Bureau, Attention SPB/DSPU/64C, 1201 E 10th Street, Jeffersonville, IN 47132-0001. If you choose this option, please answer all questions on page 1.

Or you may fax this confidential information toll-free to 1–888–595–1338. If faxing this form, separate the pages and fax pages 1 and 3. Do not fax this page.

FORM 7317-IHQFG (5-7-2009)

Vaccine		Date Given (Month / Day / Year)	Given by other practice?	Type of Vaccine
Hepatitis B	**1**		1 ☐ Yes 2 ☐ No	*Mark one box for each vaccine dose* 1 ☐ HepB Only 2 ☐ HepB-Hib 3 ☐ DTaP-HepB-IPV
Dose 1 given at birth? 1 ☐ Yes 2 ☐ No				
	2		1 ☐ Yes 2 ☐ No	1 ☐ HepB Only 2 ☐ HepB-Hib 3 ☐ DTaP-HepB-IPV
	3		1 ☐ Yes 2 ☐ No	1 ☐ HepB Only 2 ☐ HepB-Hib 3 ☐ DTaP-HepB-IPV
	4		1 ☐ Yes 2 ☐ No	1 ☐ HepB Only 2 ☐ HepB-Hib 3 ☐ DTaP-HepB-IPV
DTaP	**1**		1 ☐ Yes 2 ☐ No	*Mark one box for each vaccine dose* 1 ☐ DTaP/DTP 2 ☐ DTaP-Hib 3 ☐ DTaP-HepB-IPV 4 ☐ DTaP-IPV-Hib
	2		1 ☐ Yes 2 ☐ No	1 ☐ DTaP/DTP 2 ☐ DTaP-Hib 3 ☐ DTaP-HepB-IPV 4 ☐ DTaP-IPV-Hib
	3		1 ☐ Yes 2 ☐ No	1 ☐ DTaP/DTP 2 ☐ DTaP-Hib 3 ☐ DTaP-HepB-IPV 4 ☐ DTaP-IPV-Hib
	4		1 ☐ Yes 2 ☐ No	1 ☐ DTaP/DTP 2 ☐ DTaP-Hib 3 ☐ DTaP-HepB-IPV 4 ☐ DTaP-IPV-Hib
	5		1 ☐ Yes 2 ☐ No	1 ☐ DTaP/DTP 2 ☐ DTaP-Hib 3 ☐ DTaP-HepB-IPV 4 ☐ DTaP-IPV-Hib
Hib	**1**		1 ☐ Yes 2 ☐ No	*Mark one box for each vaccine dose* 1 ☐ Hib-Merck* 2 ☐ Hib-sanofi** 3 ☐ HepB-Hib 4 ☐ DTaP-Hib 5 ☐ DTaP-IPV-Hib
	2		1 ☐ Yes 2 ☐ No	1 ☐ Hib-Merck* 2 ☐ Hib-sanofi** 3 ☐ HepB-Hib 4 ☐ DTaP-Hib 5 ☐ DTaP-IPV-Hib
	3		1 ☐ Yes 2 ☐ No	1 ☐ Hib-Merck* 2 ☐ Hib-sanofi** 3 ☐ HepB-Hib 4 ☐ DTaP-Hib 5 ☐ DTaP-IPV-Hib
	4		1 ☐ Yes 2 ☐ No	1 ☐ Hib-Merck* 2 ☐ Hib-sanofi** 3 ☐ HepB-Hib 4 ☐ DTaP-Hib 5 ☐ DTaP-IPV-Hib
	5		1 ☐ Yes 2 ☐ No	1 ☐ Hib-Merck* 2 ☐ Hib-sanofi** 3 ☐ HepB-Hib 4 ☐ DTaP-Hib 5 ☐ DTaP-IPV-Hib
				*PedvaxHIB®, PRP-OMP **ActHIB®, PRP-T
Polio	**1**		1 ☐ Yes 2 ☐ No	*Mark one box for each vaccine dose* 1 ☐ OPV 2 ☐ IPV 3 ☐ DTaP-HepB-IPV 4 ☐ DTaP-IPV-Hib
	2		1 ☐ Yes 2 ☐ No	1 ☐ OPV 2 ☐ IPV 3 ☐ DTaP-HepB-IPV 4 ☐ DTaP-IPV-Hib
	3		1 ☐ Yes 2 ☐ No	1 ☐ OPV 2 ☐ IPV 3 ☐ DTaP-HepB-IPV 4 ☐ DTaP-IPV-Hib
	4		1 ☐ Yes 2 ☐ No	1 ☐ OPV 2 ☐ IPV 3 ☐ DTaP-HepB-IPV 4 ☐ DTaP-IPV-Hib
Pneumo-coccal	**1**		1 ☐ Yes 2 ☐ No	*Mark one box for each vaccine dose* 1 ☐ Conjugate 2 ☐ Polysaccharide
	2		1 ☐ Yes 2 ☐ No	1 ☐ Conjugate 2 ☐ Polysaccharide
	3		1 ☐ Yes 2 ☐ No	1 ☐ Conjugate 2 ☐ Polysaccharide
	4		1 ☐ Yes 2 ☐ No	1 ☐ Conjugate 2 ☐ Polysaccharide
Rotavirus	**1**		1 ☐ Yes 2 ☐ No	*Mark one box for each vaccine dose* 1 ☐ RotaTeq® – Merck 2 ☐ Rotarix® – GSK
	2		1 ☐ Yes 2 ☐ No	1 ☐ RotaTeq® – Merck 2 ☐ Rotarix® – GSK
	3		1 ☐ Yes 2 ☐ No	1 ☐ RotaTeq® – Merck 2 ☐ Rotarix® – GSK
MMR	**1**		1 ☐ Yes 2 ☐ No	*Mark one box for each vaccine dose* 1 ☐ MMR 2 ☐ Measles only 3 ☐ MMR-Varicella
	2		1 ☐ Yes 2 ☐ No	1 ☐ MMR 2 ☐ Measles only 3 ☐ MMR-Varicella
Varicella	**1**		1 ☐ Yes 2 ☐ No	*Mark one box for each vaccine dose* 1 ☐ Varicella only 2 ☐ MMR-Varicella
	2		1 ☐ Yes 2 ☐ No	1 ☐ Varicella only 2 ☐ MMR-Varicella
Hepatitis A	**1**		1 ☐ Yes 2 ☐ No	***Please remember to answer all questions on page 1.***
	2		1 ☐ Yes 2 ☐ No	
Influenza	**1**		1 ☐ Yes 2 ☐ No	*Injected flu vaccines (e.g., Fluzone®)*: 1 ☐ TIV *Inhaled nasal flu spray (e.g., FluMist®)*: 2 ☐ LAIV
	2		1 ☐ Yes 2 ☐ No	1 ☐ TIV 2 ☐ LAIV
	3		1 ☐ Yes 2 ☐ No	1 ☐ TIV 2 ☐ LAIV
	4		1 ☐ Yes 2 ☐ No	1 ☐ TIV 2 ☐ LAIV
Other	**1**		1 ☐ Yes 2 ☐ No	***Please enter a description of each vaccine dose.***
	2		1 ☐ Yes 2 ☐ No	
	3		1 ☐ Yes 2 ☐ No	

If you need more space to report vaccines, please attach additional sheets.

Thank You for your help with this important Study!

Please return this questionnaire in the included postage paid envelope or send to this address:

U.S. Census Bureau
Attention: SPB/DSPU/64C
1201 E 10th Street
Jeffersonville, IN 47132-0001

Or fax toll-free to 1–888–595–1338

In Partnership with

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

If you would like more information about the vaccine recommendations, or data and statistics, go to www.cdc.gov/vaccines.

If you have any questions or comments about this study, please call 1–888–595–1339.

Notice – Public reporting burden for this collection of information is estimated to average 15 minutes or less per questionnaire, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Office of Management and Budget (OMB) approved this survey and gave it OMB approval Number of 0607-XXX. Displaying this number shows that the Census Bureau is authorized to conduct this survey. Please use this number in any correspondence concerning this survey.

Assurances of Confidentiality – The law authorizes the Census Bureau to collect information for this survey (Title 13, United States Code (U.S.C.), Section 182). Section 9 of this law requires us to keep all information about you and your household strictly confidential. The Census Bureau will use this information only for statistical purposes. Everyone who has access to your responses is subject to a prison term, a fine up to $250,000, or both, if any information is revealed that identifies you or your household.

7317-FAQ

Frequently Asked Questions about the National Immunization Survey and Confidentiality Issues (HIPAA and Title 13)

WHY IS THE NATIONAL IMMUNIZATION SURVEY (NIS) REQUESTING PROTECTED HEALTH INFORMATION FROM PROVIDERS?

Protected health information includes all medical records and other individually identifiable information used or disclosed by an entity subject to the Privacy Rule. This would include directly identifiable information such as patient names, and other information such as social security numbers that could be used to identify an individual.

Vaccination information from doctors and clinics is the most up-to-date and comprehensive and that the quality of the study's results is much improved by combining the information given by households with that given by medical providers. It is important that we obtain the most reliable information possible about children's vaccinations so that we can provide the public with reliable information about vaccination rates.

WHAT IS THE DIFFERENCE BETWEEN TITLE 13 AND THE HIPAA PRIVACY RULE?

Title 13, United States Code is the authority under which the Census Bureau is conducting the survey. Like the HIPAA privacy rule, it ensures confidentiality of the immunization data connected with the name of any patient. However, it also ensures that the identity of a patient in the survey also must remain confidential. For this reason additional procedures are in place that require Special Sworn Status for anyone in your office who will see the name and date of birth of your patients who are in the NIS.

HOW DOES THE PRIVACY RULE ALLOW PARTICIPATION IN THE NIS?

Your participation in the NIS is allowed by the Privacy Rule, as stipulated in the Health Insurance Portability and Accountability Act (HIPAA), because disclosures of patient data are permitted for public health surveillance purposes. A Privacy Board at the Centers for Disease Control and Prevention (CDC) has also reviewed this study. In addition, a parent or guardian has given verbal authorization for the release of the child's immunization history to us. Documentation of this verbal consent will be included in the request for immunization data.

Documentation that can verify, under Privacy Rule requirements, that you are permitted to disclose to the CDC the information requested in this survey is available on their website at ***www.cdc.gov/vaccines*****.** The protected health information requested is the minimum necessary to accomplish the objectives of the study.

WHAT DO I HAVE TO DO TO COMPLY WITH THE PRIVACY RULE?

There are several ways to assure that you comply with the Rule when participating in the survey. First, the privacy notice that you provide to your patients must indicate that patient information may be disclosed for research or public health purposes. You will also need to keep track of disclosures made for this survey. The Census Bureau will provide you with all of the documentation you need to keep track of the disclosures.

WHY DO I HAVE TO ACCOUNT FOR THESE DISCLOSURES?

Under the Privacy Rule, patients have a right to an accounting of disclosures that have been made of their identifiable information for various purposes, including disclosures for public health and research purposes**.**

WHAT DO I HAVE TO DO TO COMPLY WITH TITLE 13?

Anyone who will see the name of patients in this practice who are included in the NIS must complete an "Immunization Survey Special Sworn Status" form and return it to the Census Bureau before receiving the immunization questionnaires.

In compliance with Title 13, the documentation of disclosure of protected information will include CDC as the public health authority to which the access was given, a description of the records and health information accessed, the general purpose for the disclosure, and when access was provided. Other details about how you can comply with Title 13 are contained on form 7317-SSSII (included in this mailing)**.**

DOES THE PRIVACY RULE REQUIRE A NOTATION IN EACH MEDICAL RECORD THAT HAS BEEN ACCESSED FOR PUBLIC HEALTH SURVEILLANCE OR RESEARCH?

No, this is not necessary as long as the information required under the Privacy Rule is included in the accounting for disclosure. The Health and Human Services Office of Civil Rights does **not** recommend placing this information in each medical record.

WHY SHOULD I USE THE ACCOUNTING NOTICES PROVIDED BY THE CENSUS BUREAU?

To maintain confidentiality under the Census Bureau's Title 13 authority, only persons with Special Sworn Status can know the identity of the children who are participating in this survey. The accounting notices provided to you will not refer to the specific survey the child is participating in, but will generally state that the records were accessed by the CDC.

UNDER WHAT AUTHORIZATION DO YOU COLLECT THIS INFORMATION?

This study is authorized by Title 42, United States Code, Sections 306 & 2102(a)(7) of the Public Health Service Act and by The National Childhood Vaccine Injury Act of 1986.

Legal authorization for the Census Bureau to conduct this study is granted by Title 13, United States Code, Section 8. The information you supply will be treated confidentially, as specified by law in Section 9 of Title 13. We will not release any information that could identify you, your practice, your facility, the child, or the child's family. The information will be used for statistical purposes only.

DO I HAVE TO PARTICIPATE?

The survey is voluntary, and there are no penalties for not participating; however, we hope that you will choose to participate. We expect that it will take about 15 minutes to complete an Immunization History Questionnaire for each selected child in your practice. Your actual time may be somewhat shorter or longer than this depending upon the immunization history of the child.

WHAT IF I WANT MY INSTITUTIONAL REVIEW BOARD (IRB) TO REVIEW THIS PROJECT?

Your IRB could verify that the documentation we have provided adheres to the requirements of the Privacy Rule under HIPAA.

WHERE CAN I FIND THE REQUIREMENTS OF THE PRIVACY RULE?

A summary of the Privacy Rule can be found at
http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/privacysummary.pdf

The following parts of the rule were referred to above:

Disclosures without patient authorization – 45 CFR 164.512
Disclosures for public health activities – 45 CFR 164.512(b)
Disclosures for research purposes – 45 CFR 164.512(i)
Verification requirements – 45 CFR 164.514(h)
Privacy notice – 45 CFR 164.520
Accounting of disclosures – 45 CFR 164.528
Minimum necessary requirements – 45 CFR 164.502(b) and 45 CFR 164.514(d)

HIPAA guidelines are also available at the following websites:
http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/publichealth/index.html
http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/research/index.html