AIM wishes to submit several comments on the Draft Proposed IIS functional standards and core data elements for 2013-2017. We appreciate the opportunity to provide these comments after discussion of the standards and elements by the AIM Registry Committee and Executive Committee.

AIM applauds these standards and believes they are moving in the right direction and offers these comments:

- Although the functional standards don’t put restrictions on an age, a lot of the supporting documents seem to do so. The references to VFC providers in section 3 on page 2 and the references to young people, kindergartners and adolescents give the impression that these standards only apply to children. Immunization Information systems should strive for birth to death registries as they move forward. That goal should be defined early on in the document.

- On page 2, #3, with regard to the reference for complete and timely demographic information, AIM suggests the use of the word “current” and timely. Immunization information systems often have incorrect address information so the goal is for addresses to be current. “Timely” data should be entered into the registry so it can be useful for assessments and also for when a provider needs to give the next appropriate shot. “Current” data assures the most up-to-date information which should always be reviewed and updated at every opportunity the record is being accessed.

- In reference to Appendix B Proposed Core Data Elements of the Proposed IIS Functional Standards for 2013-2017, AIM encourages that a cell phone number be added in addition to the home phone number as so that updates and communications can be conveyed via text.

- In reviewing the Core Data Elements, some of the federal VIS requirements were included, highlighted in yellow. AIM suggests including the title of the person administering the vaccine. This would complete the list of six elements(five of which are already included in Appendix B) of the Pink Book Appendix E Fact #8 Vaccine Information Statement (VIS) that providers must record in the patient’s chart or permanent office log or file to verify that a VIS was given.

Thank you for this opportunity to provide comments.