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Citywide Immunization Registry
We help you call the shots!
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Frequently Asked Questions
Provider Quarterly Report (PQR) Dashboard in the CIR Online Registry

1. What is the purpose of this dashboard?

This dashboard from the New York City Health Department's (Health Department's) Bureau of Immunization will help you better monitor and improve your up-to-date (UTD) and Vaccines for Children (VFC) vaccine accountability percentages. Making sure your patients stay UTD in accordance with Advisory Committee on Immunization Practices (ACIP) schedules is a cornerstone of immunization best practices. Vaccinate your patients per the ACIP schedules and report all immunizations administered to the Health Department's Citywide Immunization Registry (CIR).

For sites that participate in the VFC program, correctly and completely accounting for VFC vaccines is an essential part of this federal program and guarantees your continued access to VFC vaccines. The Doses Administered Report % (DAR) for your site is included in the PQR dashboard.

2. What are the Childhood Vaccination Coverage Rates?

In the 19- to 35-month-olds section, values indicate the percentage of your patients ages 19 to 35 months who received and had documented in the CIR the recommended 4:3:1:4:3:1:4 series immunizations (4 DTaP, 3 polio, 1 MMR, 4 Hib, 3 hep B, 1 varicella, 4 PCV). The CIR identifies a patient as yours for the 19- to 35-month-olds report if your facility administered and reported the patient's last series immunization at age 361 days or older.

In the 24- to 35-month-olds section, values indicate the percentage of your patients ages 24 to 35 months who received and had documented in the CIR the recommended 4:3:1:4:3:1:4 series immunizations (4 DTaP, 3 polio, 1 MMR, 4 Hib, 3 hep B, 1 varicella, 4 PCV). The CIR identifies a patient as yours for the 24- to 35-month-olds report if your facility administered and reported the patient's last series immunization at age 361 days or older.

To reach the target CIR UTD percentage of 90 percent, a provider with 100 patients in the particular age range must document in the CIR that 90 of these 100 patients received all of the valid 4:3:1:4:3:1:4 series immunizations and are UTD. If a patient is missing one of these immunizations, or if an immunization is invalid because it was administered at an incorrect age or interval, the patient will not be considered UTD.

These calculations are produced for individual facilities and facility groups.

3. What are the Adolescent Vaccination Coverage Rates?

In the 13- to 17-year-old section, values indicate the percentage of your patients ages 13 to 17 years who received and had documented in the CIR the recommended 1:1:3 series immunizations (1 Td or Tdap, 1 MenACWY, 2 or 3 HPV [depending on when HPV series was started]). The CIR identifies a patient as yours for the 13- to 17-year-old report if your facility administered and reported the patient's last series immunization at or after 9 years of age.

In the 13-year-old section, values indicate the percentage of your patients ages 13 years who received and had documented in the CIR the recommended 1:1:2/3 series immunizations (1 Td or Tdap, 1 MenACWY, 2 or 3 HPV [depending on when HPV series was started]) by their 13th birthday. The CIR identifies a patient as yours for the 13-year-old report if your facility administered and reported the patient's last series immunization at or after 9 years of age.

To reach the target CIR UTD percentage of 90 percent, a provider with 100 patients in the particular age range must document in the CIR that 90 of these 100 patients received all of the valid 1:1:2/3 series immunizations. If a patient is missing one of these immunizations, or if an immunization is invalid because it was administered at an incorrect age or interval, the patient will not be considered UTD. Additionally, for the 13-year-old report, all valid doses within the 1:1:2/3 series must be administered before the patient's 13th birthday to be considered UTD; any dose administered after the 13th birthday will not be counted toward the UTD percent for the 1:1:2/3 series.

These calculations are produced for individual facilities and groups.

4. What is the IQIP Measure? How is it different from other vaccination coverage rates?

As part of participation in the VFC program, enrolled provider sites are encouraged to participate in the Immunization Quality Improvement for Providers (IQIP) program if selected. IQIP is the Centers for Disease Control and Prevention's (CDC's) VFC provider-level immunization quality improvement (QI) program. The goal of IQIP is to work together to identify opportunities to improve vaccine uptake so that more children and adolescents are vaccinated on time and protected against vaccine-preventable diseases. For IQIP, the CDC-recommended age cohort for childhood vaccination assessments is 24-35 months and for adolescent assessments is 13 years. These parameters are in accordance with the ACIP-recommended routine schedules and best facilitate evaluation of on-time childhood immunization performance of the 4:3:1:4:3:1:4 series by the 2nd birthday and of the 1:1:2/3 series for adolescents by the 13th birthday.

5. What are the Influenza UTD Coverage rates?

This is the percentage of your patients in the specified age range who are UTD for the flu vaccine. In this section, a child between the ages of 6- to 59 months is included as your patient if you reported the last immunization administered to them at age 14 days or older. A child between 5 and 10 years of age is included as your patient if you reported the last immunization administered to them at age 4 or older. A child between 11 and 18 years of age is included as your patient if you reported the last immunization administered to them at age 10 years or older.

Vaccinate your patients against influenza and report all immunizations administered to the CIR. All people ages 6 months and older should receive an annual flu vaccine, unless they have a valid medical contraindication. Children ages 6 months through 8 years are required to receive two doses of flu vaccine at least four weeks apart, unless they received at least two doses of flu vaccine over prior seasons. If a child received two doses over any prior seasons, regardless of whether the doses were in the same or consecutive influenza seasons, they will need only one dose in the current season. For more information on influenza, visit nyc.gov/flu.

These calculations are produced for individual facilities and groups.

6. How can I improve my human papillomavirus (HPV) vaccine coverage?

a. Give a strong HPV vaccine recommendation. Health care provider recommendations are one of the most important and strongest determinants of whether a patient will be vaccinated against HPV at a visit. Recommend the HPV vaccine in the same way as you offer Tdap and meningococcal vaccines and do not single out the HPV vaccine in your discussions with parents.
b. Start the conversation at the first opportunity. HPV vaccine can be given starting at age 9 years. Explain that immunization at ages 9 to 12 years offers children the best protection possible, often before exposure to HPV infection.
c. Focus the conversation on cancer prevention. HPV causes about 36,500 new cancers in the U.S. each year, including cervical, vaginal and vulvar cancers in women, penile cancers in men, and anal and throat cancers in both men and women; most of these cancers could be prevented with vaccination. Do not address sexual transmission unless directly asked (disease transmission is rarely discussed when recommending other vaccines).
d. Avoid missed opportunities. The persistent gap in coverage between HPV vaccine and the other recommended adolescent vaccines indicates missed opportunities to protect patients from HPV-associated cancers. Use every health care visit as an opportunity to ensure your patients are fully vaccinated against HPV. Teens in New York State seeking sexual health care services do not need a parent or guardian's permission to receive the HPV vaccine. If the HPV vaccine was always given when 13-year-olds received their Tdap vaccination, then coverage for at least one HPV dose could be 97 percent instead of 65 percent.
e. Welcome questions from parents, especially about vaccine safety and effectiveness. Stress the strong safety record of the HPV vaccine and the vaccine's potential to prevent more than 90% of cancers caused by HPV. Receipt of HPV vaccine is not associated with increased sexual activity.
f. Read the Health Department's HPV Vaccine Action Kit for additional tips and information: visit nyc.gov/health and search "HPV Vaccine Action Kit."

7. What can I do to increase my UTD percentages?

The CIR's Online Registry application can help you increase the percentage of your patients vaccinated. Use the Online Registry's reminder/recall features to create a list of patients due for immunizations, and to print letters and address labels to recall these patients to bring them UTD.

To improve your CIR UTD percentages immediately for all vaccines, compare the immunizations in the patient's chart or handheld (paper) record to their CIR record. Report any immunizations to the CIR that are documented in the chart or handheld (paper) record but have not yet been reported.

The Online Registry also allows you to update a patient's status to inactive so you can exclude inactive patients from UTD calculations for your facility. An inactive patient's chart should include documentation that the patient has moved and/or transferred to another health care provider and that you have tried to contact the patient or family three times. Be sure to indicate "MOGE" (moved or gone elsewhere) if a patient is no longer in your practice.

For more information about these features, go to the Online Registry and see "Online Registry Resources" on the lower left half of the sign-in page. If you are not already using the Online Registry, email cir@health.nyc.gov or call 347-396-2400 to set up access.

Additionally, consider participating in an immunization quality improvement project either on your own, with your network, and/or through IQIP (see Question 4). The goal of IQIP is to work together to identify opportunities to improve vaccine uptake so that more children and adolescents are vaccinated on time and protected against vaccine-preventable diseases. The program is delivered over 12 months and consists of an initial site visit, 2-month check-in, 6-month check-in, and 12-month follow-up, with guidance and technical assistance provided by the Health Department during this time. For more information and to register your interest in the VFC IQIP program, please email nycimmunize@health.nyc.gov

8. I've been reporting all of my immunizations, but my CIR UTD percentage is low. Why?

The following are the most common reasons your UTD percentage might be low:

a. Your electronic billing or electronic health records system may not include newer vaccines, such as PCV20 and their codes. Contact your system administrator immediately to request updates. Call the CIR at 347-396-2400 if you need assistance after you contact your system administrator.
b. There may be duplicate records in the CIR because of inconsistencies in reporting patient names, errors in birth dates or reporting only minimal demographic information (e.g., only name, birth date and gender) to the CIR. Please report the patient's Medicaid number, when applicable, as well as address and telephone number to help with patient record-matching.
c. Immunizations administered to your patient in the past by you or other providers may not have been reported. Entering these immunizations through the Online Registry may improve your CIR UTD percentages immediately.

9. What is my percentile ranking for immunization coverage?

Percentile rankings allow you to compare your practice's immunization coverage to your New York City (NYC) peers. For example, a percentile of 60 means that 60 percent of NYC pediatric practices have immunization coverage below your practice's coverage, and 40 percent have coverage at or above your practice's coverage. Percentiles are calculated for practices with at least 10 patients in the given age range.

10. What do the "Citywide Vaccination Coverage" graphs show?

These graphs show how many facilities had immunization coverage that was 0 to < 5 percent, 5 to < 10 percent, 10 to < 15 percent, 20 to < 30 percent, etc., up to the number of facilities whose UTD coverage rate was 95 to 100 percent. To see how your facility's coverage compares with the rest of NYC facilities, find your immunization coverage range on the x-axis and see how many facilities fall into higher and lower ranges.

11. How can I obtain more information about my group's UTD rates and DAR percentages?

In the group section of the dashboard, you are able to download detailed information about group UTD rates and DAR percentages. Click on the download button in each section of the group to have your data exported to Excel files.

The vaccine coverage downloads will provide 'total' patients', 'total_utd' patients and the 'percent_utd' for facility in the group for the past year.

The group DAR downloads contain counts of VFC-eligible patients and patients with unknown VFC-eligibility for all the facilities in the group for the past year.

12. I've been reporting all of my immunizations, but my DAR is lower than usual. Why?

Immunizations reported with no indication of patient VFC-eligibility status are not counted as VFC eligible in the CIR-generated DAR. Your DAR may have decreased as a result of not reporting the correct VFC-eligibility status for each vaccine administered to a VFC-eligible patient.

Please note that flu doses are not included in the DAR because the vaccine is seasonal.

13. How can I increase my DAR?

To increase your DAR, make sure that each immunization is reported to the CIR with accurate VFC-eligibility status.

14. I've returned a lot of vaccines to VFC. How does this affect my DAR?

Vaccine wastage will reduce your DAR – even if the vaccine is expired, out of temperature range, or returned to VFC. Avoid wastage by ordering at the right frequency and in the right amounts, and by rotating stock so that vaccines with earlier expiration dates are used first. For assistance, email nycimmunize@health.nyc.gov. Influenza vaccine doses, both reported and shipped, have been removed from the DAR so returning unused influenza vaccine will not affect your DAR.

15. My practices' reports are grouped. Will my VFC vaccine shipment amount be based on my group DAR or my individual facility DAR?

Your shipment will be based on your group DAR. If your individual facility DAR is 90 percent or higher, but your group DAR is less than 90 percent, you are subject to reduced shipments. Having a uniform reporting procedure for all sites helps ensure timely, complete, and accurate reporting to the CIR by all providers. Work with your administrator to determine the best procedure for your group to reach the target of 90 percent or higher. Target improvement efforts to sites with low DARs and encourage those sites with high DARs to share their best practices.

16. Why is my DAR higher than my UTD?

The DAR and CIR UTD measure different indicators.

The DAR measures how well your facility accounts for VFC doses sent to your facility by dividing the number of VFC doses you reported to the CIR as having been administered to a VFC-eligible patient by the number of VFC doses you received. For example, a provider who received 1,000 doses from VFC within the last 12 months (denominator) and who reported 900 doses as having been administered to VFC- and CHIP-eligible patients (numerator) will have a DAR of 90 percent.

Please note: Influenza doses are not included in the DAR because the vaccine is seasonal.

The CIR UTD measures the percentage of your patients, ages 19 to 35 months and ages 13 to 17 years, who have received and had documented in the CIR the appropriate recommended series vaccines. During influenza season, instead of the adolescent coverage, the CIR UTD measures the percentage of patients in the specified age ranges (0 to 59 months, 5 to 10 years and 11 to 18 years) who are UTD for influenza vaccine.

To increase your DAR, see Question 12; to increase your CIR coverage, see Question 7.

17. How often should I report to the CIR?

The New York City Health Code and New York State Public Health Law Section 2168 require that NYC providers report all immunizations administered to patients aged 18 years or younger to the CIR within 14 days of administration, but many electronic health record (EHR) systems report to the CIR in real-time.

Providers are strongly recommended to report immunizations administered to people ages 19 and older to the CIR with the patient's oral or written consent. Reporting to the CIR will allow providers and patients the ability to view consolidated immunization records. CIR also provides decision support to identify recommended vaccines and when they should be administered. Patients can look up immunization records using the My Vaccine Record (MVR) website. The website allows users to obtain an immunization record and SMART® Health Card verifiable QR codes.

18. What is the best way to report to the CIR?

Reporting in real-time from electronic health records systems using CIR HL7 Webservices or using the Online Registry are the two fastest ways to report to the CIR. Report historical and current immunizations to ensure patients' immunization histories are complete in the CIR (see Question 19 for more details on entering historical immunizations).

19. Should I report historical immunizations that were administered by other providers but are not in the CIR?

Yes, you should report historical immunizations administered by you or other providers if the immunizations are documented on the patient's handheld record or in the patient's chart. However, If a patient presents with a historical record and you are not sure of the record's validity, call the provider who administered the earlier vaccines; if there is no indication of who the provider was and the patient cannot provide you with a name and contact information for that provider, do not report those vaccines. If, upon reviewing a CIR record, you believe there are fraudulent immunizations contained in them, please call 347-396-2400 or email vaxfraud@health.nyc.gov. Explain your findings without including personal identifiers about the patient in your email.