

Attachment M 7317-SSSCL - Special Sworn Status Cover Letter for Providers

FROM THE DIRECTOR US CENSUS BUREAU

The U.S. Census Bureau has partnered with the Centers for Disease Control and Prevention (CDC) to conduct a special study of the National Immunization Survey (NIS). Together we are testing a new sample method to increase the coverage of children in the survey and gather more complete and better quality data. Improved data quality will enable the CDC to better evaluate progress toward increasing immunization rates for children.

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/guardians participated in a telephone survey and gave permission for us to contact their child(ren)'s medical provider(s) to obtain an accurate record of their child's immunization history.

We are now contacting the providers that the parents/guardians gave us permission to contact, including your office, to help us gather very important data on immunizations received by the children in the study. Your participation in this effort is vital to its success.

You can assist the Census Bureau in collecting this important data by completing an Immunization History Questionnaire (IHQ) for a specific sample child(ren). We have included an example copy of an IHQ in this packet. When you receive an official IHQ it will be printed with the name and birth date of a specific child.

Because the Census Bureau is collecting the immunization information, **we require that the names and dates of birth of the children who participate in this survey be kept strictly confidential** (as mandated by Title 13 of the U.S. Code, Section 9).

Before the Census Bureau can send IHQs for these children, we first need you to complete the enclosed Immunization Survey Special Sworn Status form BC-1759(P). By signing this form you affirm that you will not reveal the name and date of birth of any child in this study to anyone who does not also 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 for children in the study. IHQs will be mailed to these specific 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 the enclosed BC-1759(P) forms and obtain Special Sworn Status. You may make a copy of a blank form for this purpose.

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.

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]

[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