



## NDIIS DATA REQUEST

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DISEASE CONTROL AND FORENSIC PATHOLOGY

SFN 61133 (Revised 06-2023)

The North Dakota Immunization Information System (NDIIS) is a confidential, population-based information system that collects and consolidates immunization data for North Dakota residents. The system was established in 1996 and is operated by the North Dakota Department of Health & Human Services (NDHHS) according to state law ([NDCC 23-01-05.3](#)).

All information in the NDIIS is kept confidential; however, the NDHHS may provide certain aggregate data or a de-identified record-level data set. Please be aware that some data requests may not be fulfilled; data may be suppressed to meet confidentiality requirements, or a data use agreement may be required before a request can be fulfilled.

To make a request for data from the NDIIS, please complete the following form in its entirety and submit to the NDIIS team via email at [NDIIS@nd.gov](mailto:NDIIS@nd.gov). Simple data requests can usually be processed within one to two weeks, but complex requests, those that require clarification with the requestor or that require a data use agreement may take longer.

If you would like to discuss your request with a member of the NDIIS team, please check the "consultation requested" box on the form and you will be contacted.

NDIIS team members will be given the opportunity to review research findings resulting from this data request **no less than 30 days prior to data presentation or publication**. This includes, but is not limited to, abstracts, manuscripts, presentations and press releases, as well as other formats (e.g. electronic documents). Such review will not indicate NDHHS approval of methods and interpretation of results, but rather approval that methods have been explained appropriately. Additionally, NDIIS team members will be given an acknowledgement credit for providing data used for the published analysis.

**NDIIS Data Request**

Requestor's Name		Date
Organization or Affiliation		
Requestor's Telephone Number	Requestor's Email Address	
Project Title		
Project Objectives (including purpose, relevant background, hypothesis, etc.)		
Type of data requested: <input type="checkbox"/> Unpublished, aggregate data <input type="checkbox"/> De-identified, record-level data set		
Is this project being reviewed by an institution or peer review committee? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please indicate which institution or committee will be reviewing the project.		
In as much detail as possible, please describe the data you are requesting, including justification for each data element being requested.		

Data are provided in an Excel spreadsheet. If you're not sure what fields you need, please check the consultation box and you will be contacted by a member of the NDIIIS team to discuss your request.

**Consultation requested**

The following are some commonly used qualifiers for NDIIIS data. Please check those which apply to your request.

**Vaccine information:**

- Only valid doses (If not checked, all doses, valid and invalid, will be included)

**Provider information:**

- Only Vaccines For Children (VFC) providers  
 All North Dakota providers  
 All NDIIIS providers  
 Other subset of NDIIIS providers (please specify) \_\_\_\_\_

**Time Period:**

<input type="checkbox"/> Calendar year	Please indicate year:	
<input type="checkbox"/> Date range	From:	To:

**Age Range:**

<input type="checkbox"/> Age range (specify if age is in years or months)	From:	To:
<input type="checkbox"/> Birthdate range	From:	To:

**Other data qualifiers:**

Please list any other qualifiers that will help to describe or limit the data you are requesting.

**Confidentiality:**

Please describe the security plan for the data (i.e., password protection, encrypted data, etc.), including how and where the data will be stored and the duration of the storage.

**Will the data be made available to anyone other than the requestor?**

*Under no circumstances may the requestor use this data for any other project than the one described in this request, nor may they provide this data to any other individual for other project purposes.*

**Yes**       **No**

If yes, please include names of individuals to whom will it be made available, their role on the project, and why will they need access to the data being provided?

In general, requests can be completed in one to two weeks. Simple requests may take less time, complex requests may take longer. If the request requires more than 5 hours of work to fulfill, the requestor may be charged for the analyst's time to create the data set.

**Data must be received by:**

If you would like to receive this data more than once throughout the course of your project or if you would like to receive the data on a regular, on-going basis, please specify the frequency with which you will need the data and provide detailed justification for the need for on-going receipt of the data.

**Official Use Only: This section to be completed by NDHHS team member**

Request includes identifying variables (Data use agreement may be required. **Request must be forwarded to NDHHS HIPAA Privacy Officer.**)

**Final disposition:**

Data request approved and data sent to requestor on \_\_\_\_\_  
Date

Data request not approved on \_\_\_\_\_  
Date

Comments:

Signature

Date