ALERT Immunization Information System

Flat File Transfer Specification

Version 1.5

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ALERT IIS Flat File Transfer Specification

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Introduction

Thank you for your interest in electronic data exchange with the Oregon ALERT Immunization Information System (IIS). Getting timely and accurate immunization data into ALERT IIS is important for your clinic and for the individuals you serve. While standardized Health Level Seven (HL7) messaging is the preferred format for exchanging data with ALERT IIS., the Oregon Immunization Program is interested in finding the least burdensome method for your clinic to submit data to ALERT IIS.

ALERT IIS has made available an interactive user interface on the World Wide Web for authorized users to enter, query, and update patient immunization records. The Web interface makes ALERT IIS information and functions available on desktops around the state. However, some immunization providers already store and process similar data in their own information systems and may wish to keep using those systems while also participating in the ALERT IIS. Others may have different needs and may decide they don't want to enter data into two diverse systems. For these clinics, electronic transfer is the preferred method to accomplish this goal. ALERT IIS staff will work with your team to identify the data exchange method, format, and frequency that makes the most sense for your practice.

Data Submission Frequency

Timely data submission to ALERT IIS benefits providers and the patients they serve by making complete immunization records accessible the system as soon as possible. This also assists public clinics with reporting requirements. ALERT IIS encourages, at minimum, weekly data submissions whenever possible for all providers. Public clinics are required to submit data within 14 days of administration, and regardless of the method of data submission you choose, you are required to send vaccine eligibility by dose.

Data Formats Accepted

Data is typically pulled from Electronic Medical Record (EMR) systems or from Practice Management or billing systems. If you have both EMR and billing data systems, ALERT IIS encourages you to pull data from the EMR, as we have found these data to be more complete (e.g., self-pay, history of disease, and historical immunizations are often in the EMR but not in billing databases).

ALERT currently accepts the following electronic file types:
- Fixed length flat text files, specific to lengths specified by ALERT IIS spec
- Comma Delimited (csv) files
- Health Level Seven (HL7) Version 2.3.1, 2.4[1] and 2.5.1 batch files
- Health Level Seven (HL7) Version 2.4 and 2.5.1 Real Time Transfer

This document defines requirements for fixed format text file submissions. Please share this document with technical staff and your software vendor.

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[1] HL7 2.4 represents Oregon's implementation of the June 2006 CDC HL7 2.3.1 specification.

Flat Files Defined

A fixed length flat file stores data in a plain text file. Each line of the text file holds one record, with each field being a predetermined fixed length. ALERT IIS accepts fixed length text files that specifically follow the ALERT IIS specifications..

A fixed record length file is one where each record is the same length, and each field is also a fixed length. In exporting from your electronic system, padding will be needed to achieve this.

For example, the first two records of a file with First and Last Name fields in a flat file might look like this (do not use ** in the file sent to ALERT IIS):

John****Doe*******
Roger***Smith*****

Note: **The asterisk (*) is used to represent a space.** Please do not use asterisk in files sent to ALERT IIS.

ALERT IIS accepts four flat files for immunization data: Patient File (required), Immunization File (required for immunization updates), Comment File (optional), and Event File (optional). The Patient File houses demographic information about the client. The Immunization File captures vaccination data for immunizations administered or reported as histories. The Comment File is used to report history of disease, refusals, as well as allergies or adverse reactions. The Event File is used if immunizations are provided as part of a Countermeasure Response Administration (CRA) Event which is used to prepare for, counteract, or offset a possible (preparedness) or actual (response) agent release or disease outbreak. The Event File describes the event and includes project areas, priority groups and event start and end dates.

Required Data

ALERT IIS needs to receive patient and vaccination data for each individual that receives an immunization. These data must be sent in two separate files: a Patient File and an Immunization File. The files will be linked via a unique Record Identifier supplied by the provider of the file. This identifier will uniquely identify each patient and will appear in each file submitted to link individual immunizations to the appropriate patient.

At a minimum, ALERT IIS requires the following data fields for each patient receiving an immunization:

Required Patient File Fields
- Record Identifier
- First Name
- Last Name
- Birth Date
- At least two additional identifying demographic fields

Required Immunization File Fields
- Record Identifier
- Vaccine Code
- Vaccination Date
- *Lot number andVaccine Eligibility Code[2] and therefore, the Immunization information Source field*

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[2] Providers participating in the Vaccines for Children (VFC) program must submit vaccine eligibility codes for all administered vaccines by January 1, 2013.

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When submitting one or more of the optional flat files (Comments File or Event File), the following fields are required.

Required Comment File Fields
- Record Identifier
- Comment Code

Required Event File Fields
- Record Identifier
- Event Code
- Priority Group

Strongly Encouraged Data:

Vaccines for Children (VFC) Accountability
Clinics that receive any supplied vaccine will be required to provide **vaccine eligibility** coding information and **lot number** electronically by January 1, 2013. ALERT IIS strongly encourages clinics to provide this data, prior to the mandate going into effect. This greatly simplifies federally required vaccine accountability for your clinic. Submitting these data to ALERT can save countless hours to reconcile VFC reports every year, can assure you are eligible to receive all the vaccine you need for eligible children, and can make access to vaccines in short supply much simpler. Allow our staff to assist you in setting up this field now.

Matching Records
Due to the large volume of records ALERT IIS receives from various sources, additional demographic and immunization information is essential to ensure ALERT IIS matches immunization records reported from multiple sources appropriately. If you are unable to supply this information, ALERT IIS will not be able to merge your data with other sources to compile a single complete immunization record for each client. Complete records benefit your clinic by providing you with the best possible client data. **ALERT IIS encourages sites to send as many demographic elements as possible (e.g., Address, Telephone number, Social Security Number, Mother's maiden name, Parent/guardian name, or Medicaid Number**) to improve appropriate record matching.

Site identifiers (for clinics with multiple sites)
ALERT IIS highly recommends that clinics with multiple sites provide site-specific identifiers to both demographic and immunization records whenever possible. This will enable ALERT IIS staff to provide recall reminders to appropriate clinics. Site-specific identifiers make it easier to match a recall report to a child's medical record. These identifiers also enable Immunization Program staff to provide assessments for each clinic site. *Clinics that receive state supplied vaccine must submit site identifiers if file contains data for multiple clinics.*

Performance Measures
In addition, your clinic may want to send elements that you can use for your own performance measurements. For example, you may want to consider sending provider identifiers, which would allow you to receive performance reports on individual providers in your practice. Please include as much information as possible.

Vaccine Recalls
Entering vaccine lot and manufacturer into ALERT IIS can save your clinic valuable time and resources in case of a vaccine recall or adverse event.

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Field Order and Format Requirements

The following tables describe the fields to include in each of the flat files discussed. Files need to be generated using the American Standard Code for Information Interchange (ASCII) character set[3]. ASCII is a character-encoding scheme based on the ordering of the English alphabet. Special characters should not be included in names. Each line of data needs to be terminated with a carriage return/line feed.

Each table contains Column, Data Type, Pos #, R/SE, Default and Notes information.
- *Column*: The name of the data element.
- *Data length*: Each field's data should be left-justified and padded with blanks to the specified length. If the data in a field is numeric (e.g., dates, zip-code, telephone number, SSN, CVX code) only numeric digits should be entered and padded with blanks as needed.
- *Pos #:* The position of the start of the field in the flat file.
- *R/SE:* R = Required field. SE = Strongly Encouraged field. (see above)
- *Default*: Default value that will appear in ALERT IIS if the field is blank.
- *Notes*: Description of the column and code sets to use (where applicable).

Character Fields
These fields must be left justified and padded with blanks to reach the field length specified.

Date Fields
Dates must be entered in this format: MMDDYYYY with leading zeroes (e.g., 01012001).

Null Values
All fields must be present in the flat file with the specified length. If a site is unable to supply information for a specified field, the entire field must be padded with blanks.

ALERT IIS recommends submitting as many of the elements listed below for maximum completeness.. At a minimum, fields identified with an 'R' in the 'R/SE' column must be submitted for ALERT IIS to process the file.

While initial file set up and testing must be done, extracting these data from your system for submission to ALERT IIS relieves the burden of dual data entry efforts from your clinic. Due to the variety of EMRs, Practice Management and billing systems in use, automating data extracts for routine submission to ALERT IIS may require assistance from clinic technical staff or your software vendor. Please contact ALERT IIS technical staff at 800-980-9431 if you have questions regarding this process.

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[3] http://www.asciitable.com/

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Patient File (Required)

Column	Data Length	Pos #	R/SE	Default	Notes
Record Identifier	32	1	R		Supplied by sender, used to link a Patient to Immunization records.
Patient Status	1	33	SE	A	Use the IIS code set for **Patient Status**. (Note: Right click and select 'Open Hyperlink' to view corresponding code sets for all hyperlinks).
First Name	50	34	R		Patients with no first name or who have special characters within the name will cause entire patient record not to import
Middle Name	50	84	SE		
Last Name	50	134	R		Patients with no last name or who have special characters within the name will cause entire patient record not to import
Name Suffix	10	184			JR, III, etc.
Birth Date	8	194	R		MMDDYYYY
Death Date	8	202			MMDDYYYY
Mother's First Name	50	210	SE		ALERT IIS will accept imported data but WILL NOT populate this field on export.
Mother's Maiden Last Name	50	260	SE		ALERT IIS will accept imported data but WILL NOT populate this field on export.
Mother's HBsAg Status	1	310			Use the IIS code set for **Mother's HBsAg Status**. ALERT IIS will accept imported data but WILL NOT populate this field on export.
Sex (Gender)	1	311	R SE?		Use the ALERT IIS code set for **Sex (Gender)**.
American Indian or Alaska Native	1	312			'Y' if Yes
Asian	1	313			'Y' if Yes
Native Hawaiian or Other Pacific Islander	1	314			'Y' if Yes
Black or African-American	1	315			'Y' if Yes
White	1	316			'Y' if Yes
Other Race	1	317			'Y' if Yes
Ethnicity	2	318			Use the ALERT IIS code set for **Ethnicity**.
Social Security Number	9	320	SE		ALERT IIS will accept imported data but WILL NOT populate this field on export.
Contact Allowed	2	329		02	Controls whether notices are sent. Use the ALERT IIS code set for **Contact**. If <null> default to '02' - contact allowed.
Patient ID	32	331	SE		Must be provided for site specific patient Id to be returned upon export. Identifier within the sending organization's system. Typically, this is a Chart Number, Medical Record Number, etc. It may be the same as the Record Identifier. If provided here, it may be used to facilitate access to the patient's records through the user interface.

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Column	Data Length	Pos #	R/SE	Default	Notes
Medicaid ID	20	363	SE		
Responsible Party First Name	50	383			Responsible party would be a parent or guardian or someone responsible for the care of this patient.
Responsible Party Middle Name	50	433			
Responsible Party Last Name	50	483			
Responsible Party Relationship	3	533			Use the ALERT IIS code set for **Relationship** to the patient.
Street Address Line	55	536	SE		Address is loaded for the patient and the responsible person. Primary address information (i.e. 100 TAFT ST.)
Other Address Line	55	591			Secondary address information (i.e. APT 104, STE 530) Do not place a secondary address in this field. Additional addresses for the patient or responsible parties may be added through the user interface.
PO Box Route Line	55	646			If patient has PO Box mailing address, enter here.
City	52	701	SE		
State	2	753	SE		2 character state abbreviation, ex. OR
Zip Code	9	755	SE		5 or 9 digits without separators (padded with blanks if 5) ex. 97123**** or 971235678.
County	5	764			Use the ALERT IIS code set for **County**.
Phone	17	769	SE		Format as digits only starting with the area code, ex. 6081234567. Extension up to 7 digits allowed.
Sending Organization	8	786	SE		This is the Organization Code of the provider organization that owns this patient and corresponding immunization records. Contact the ALERT IIS Help Desk for the appropriate Organization Code. This field is optional if an organization is sending all of its own records. This field is required if an organization other than the organization that owns the record(s) is transmitting this file. **FOR INVENTORY DEDUCTION: Inventory deduction will occur for the sending organization specified in this field. If empty, inventory deduction will occur for the organization transmitting the file.**
Total	*793*				

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Immunization File (Required)

Column	Data Length	Pos #	R/SE	Default	Notes
Record Identifier	32	1	R		Supplied by sender, used to link Immunizations to a Patients record.
NDC Code	13	33	*		***One of these five vaccine codes is required**.
Trade Name	24	46	*		See ALERT IIS Vaccine Codes PDF or
CPT Code	5	70	*		Spreadsheet.
CVX Code	3	75	*		NDC Formats: 99999-9999-99
Vaccine Group	16	78	*		99999-*999-99 99999-9999-*9
Vaccination Date	8	94	R		MMDDYYYY
Administration Route Code	2	102			Use the ALERT IIS code set for **Administration Route.**
Body Site Code	4	104			Use the ALERT IIS code set for **Body Site.**
Reaction Code	8	108			Use the ALERT IIS code set for **Reaction.** Do not place a secondary reaction code in this field. Additional reactions for the patient may be added through the user interface.
Manufacturer Code	4	116	SE		Use the ALERT IIS code set for **Manufacturers.**
Immunization Information Source	2	120	SE	01	Use 00 for an immunization which was administered by the sending organization. For historical doses from the patient's record, use values 01 through 07 or OU, for value descriptions, see ALERT IIS code set for **Immunization Information Source**. If left empty, default will be saved. **FOR INVENTORY DEDUCTION: '00' is mandatory.**
Lot Number	30	122	SE		Converted records will be stored in ALERT IIS as historical records, so the Lot Number will not correspond to inventory tracked in ALERT IIS, but Lot Number can still be stored as historical information. **FOR INVENTORY DEDUCTION: Lot # is mandatory and must exactly match inventory list in IIS .**
Provider Name	50	152			If entering historical doses, enter the name of the provider or clinic that administered the vaccination, if known.
Administered By Name	50	202			The name of the person who administered the vaccination.
Sending Organization	8	252	SE		This is the Organization Code of the provider organization that owns this patient and corresponding immunization records. Contact the ALERT IIS Help Desk for the appropriate Organization Code. * This field is optional if an organization

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Column	Data Length	Pos #	R/SE	Default	Notes
					is sending all of its own records. This field is used if an organization other than the organization that owns the record(s) is transmitting this file. **FOR INVENTORY DEDUCTION: Inventory deduction will occur for the sending organization specified in this field. If empty, inventory deduction will occur for the organization transmitting the file.**
Vaccine Eligibility	1	260	SE		Populate with Oregon **Vaccine Eligibility Codes**. REQUIRED FOR INVENTORY DEDUCTION
Total	*260*				

Comment File (Optional File – Not Required)

Column	Data Length	Pos #	R/SE	Default	Notes
Record Identifier	32	1	R		Supplied by sender, used to link Comments to a Patients record.
Comment Code	6	33	R		Use the ALERT IIS code set for **Comments**.
Begin Date	8	39	R		Begin date to which the comment applies. MMDDYYYY
End Date	8	47			End date to which the comment applies. MMDDYYYY
Total	*54*				

Notes on Refusals:
Refusals are sent in the optional Comment file. Please bear in mind the following when sending in refusals or receiving output flat files from ALERT IIS:

a) ALERT IIS will write out multiple refusals of the same vaccine on different dates for those patients who have them.

b) ALERT IIS will accept incoming refusals of the same vaccine on different dates (Begin Date) and store them both; however, if the dates are the same, only one will be stored.

Event File (Optional File – Not Required)

Column	Data Length	Pos #	R/SE	Default	Notes
Record Identifier	32	1	R		Supplied by sender, used to link Event and Priority Group to a Patient's record
Event Code	20	33	R		Corresponds to alphanumeric Event Code as stored in ALERT IIS Contact the ALERT IIS Help Desk for the appropriate Event Code.

Priority Group	20	53	R		Use the ALERT IIS code set for **Priority Group.** Contact the ALERT IIS Help Desk for the appropriate Priority Group Codes that are valid for the Event.
Total	*72*				

Examples

Records need to be blank filled (i.e., padded with spaces on the right to the required field length). In the following example, **blanks are represented with the '*' character for illustrative purposes**.

Patient Record

This Information:

Record ID:	17727736
Status Active:	A
Name:	Courtney Lee Brown, MD
Birth Date:	9/10/1994
Mother's Maiden Name:	Anne Green
Mother's HbsAg Status:	Positive
Gender:	Female
Race:	White
Ethnicity:	Not Hispanic
SSN:	111223333
Contact Allowed:	Yes
Patient ID:	CHART33321
Medicaid ID:	MEDID11011
Responsible Party:	Tim Daniel Brown
Relationship:	Father
Address:	1234 Test Street, Apt 491 Portland, OR 53221
PO Box:	PO Box 740
County:	Clackamas
Phone:	4932227744
Sending Organization:	AL9999

Results in the following Patient record:

```
17727736**********************ACOURTNEY***************************************
*LEE**************************************************BROWN**************************
********************MD********09101994********ANNE******************************
**************GREEN**********************************************YF****Y*NH111223333
02CHART33321*********************MEDID11011**********TIM************************
********************DANIEL************************************************BROWN****
**********************************************FTH1234*Test*Street*********************
**************Apt*491*****************************************************PO*Box*740***
***************************************************PORTLAND***************************
************OR53221****OR0054932227744*******AL9999**
```

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Immunization Record

This information:

Record ID:	17727736
NDC Code:	49281-0549-10
Trade Name:	ActHib
CPT Code:	90648
CVX Code:	48
Vaccine Group:	Hib
Date Administered:	10/13/2003
Admin Route:	Intramuscular
Body Site Code:	Left Vastus Lateralis
Reaction Code:	None
Manufacturer:	sanofi Pasteur
Information Source:	Administered by this clinic
Lot Number:	abc123
Provider Name:	None, this is not historical information
Administered by:	Robert J. Test, MD
Site Name:	Test Site Name
Sending Organization:	AL9999
Vaccine Eligibility:	Uninsured

Results in the following Immunization record:

```
17727736**********************49281-0549-
10ActHib****************9064848*Hib************10132003IMLVL*********PMC*00abc123**
*****************************************************************************ROBERT*J*TES
T*MD********************************AL9999**N
```

Comment Record

This information:

Record ID:	17727736
Comment Code:	Patient had Varicella
Begin Date:	10/1/1999
End Date:	not applicable

Results in the following Comment record:

```
17727736************************33A***10011999*********
```

Event Record

This information:

Record ID:	17727736
Event Code:	DAX2008
Priority Group:	General Population, Tier 5

Results in the following Event record:

```
17727736***********************DAX2008************GPT5***************
```

Next Steps

If your site is a good candidate for electronic data transfer to ALERT IIS, please call and request to speak to ALERT IIS technical staff at 800-980-9431. ALERT IIS staff will obtain some general information about your site and data systems. If sending data via flat file format is the appropriate next step, you'll be asked to submit a test file for review. Once data issues are resolved and a go-live date is agreed upon, you will be set up for routine data transfer by receiving login information for each user who will have the responsibility of uploading files and reviewing possible error messages that are generated. ALERT IIS and health education staff will work with you to capture additional data not input into your system (immunization histories, etc).

If electronic transfer is not a viable option for your clinic and you wish to explore entry of client immunization data directly using the online entry system, or you have any questions about submitting data to ALERT IIS, please do not hesitate to contact ALERT technical staff at 800-980-9431.

Thank you for working with ALERT IIS on this important effort.

ALERT IIS Code Sets

Table Item	Code	Description
Administration Route	ID	Intradermal
	IM	Intramuscular
	IN	Intranasal
	IV	Intravenous
	PO	Oral
	SC	Subcutaneous
	TD	Transdermal
	MP	Percutaneous (multiple puncture – Small Pox)
Body Site	BN	Bilateral Nares
	LA	Left Arm
	LD	Left Deltoid
	LG	Left Gluteous Medius
	LLFA	Left Lower Forearm
	LN	Left Naris
	LT	Left Thigh
	LVL	Left Vastus Lateralis
	MO	Mouth
	RA	Right Arm
	RD	Right Deltoid
	RG	Right Gluteous Medius
	RLFA	Right Lower Forearm
	RN	Right Naris
	RT	Right Thigh
	RVL	Right Vastus Lateralis
Comments	03	Allergy to baker's yeast (anaphylactic)
	04	Allergy to egg ingestion (anaphylactic)
	05	Allergy to gelatin (anaphylactic)
	06	Allergy to neomycin (anaphylactic) MMR & IPV
	07	Allergy to Streptomycin (anaphylactic)
	08	Allergy to Thimerosal (anaphylactic)
	09	Allergy to previous dose of this vaccine or to any of its unlisted vaccine components (anaphylactic)
	10	Anaphylactic (life-threatening) reaction to previous dose of this vaccine
	11	Collapse or shock like state within 48 hours of previous dose of this vaccine
	12	Convulsions (fits, seizures) within 3 days of previous dose of DTP/DTaP
	13	"Persistent, inconsolable crying lasting 3 hours within 48 hours of previous dose of DTP/DTaP"
	14	Current diarrhea, moderate to severe
	15	Encephalopathy within 7 days of previous dose of DTP

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Table Item	Code	Description
	16	Current fever with moderate-to-severe illness
	17	Fever of 40.5 C (105 F) within 48 hours of previous dose of DTP/DTaP
	18	Guillain-Barre Syndrome (GBS) within 6 weeks after DTP/DTaP
	21	Current acute illness, moderate to severe
	22	Chronic illness
	23	Immune globulin (IG) administration, recent or simultaneous
	24	Immunity: Diphtheria
	25	Immunity: Haemophilus Influenzae type B
	HEPA_I	Immunity: Hepatitis A
	26	Immunity: Hepatitis B Hepatitis B titer – immune Hepatitis B ANTIBODY to surface antigen, positive (immune)
	27	Immunity: Measles Measles titer – immune
	28	Immunity: Mumps Mumps titer – immune
	29	Immunity: Pertussis History of Pertussis
	30	Immunity: Poliovirus
	31	Immunity: Rubella History of Rubella Rubella titer – immune
	32	Immunity: Tetanus
	33	Immunity: Varicella (chicken pox) Varicella titer – immune
	33A	History of Varicella/chicken pox
	36	Immunodeficiency (in recipient) OPV & MMR & VZV
	37	Neurologic disorders, underlying (seizure disorder)
	38	Otitis media (ear infection) moderate to severe
	39	Pregnancy (in recipient)
	40	Thrombocytopenia
	41	Thrombocytopenia purpura (history)
	P1	Refusal of DT
	P2	Refusal of DTaP
	P3	Refusal of HepB
	P4	Refusal of Hib
	P5	Parental refusal of MMR
	P6	Refusal of Pneumococcal
	P7	Refusal of Polio
	P8	Refusal of TD
	P9	Refusal of Varicella
	P10	Refusal of Smallpox
	PB	Refusal of HepA
	PC	Refusal of Influenza
	PG	Refusal of Pertussis
Contact	01	No Contact Allowed – Notices are not to be sent.

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Table Item	Code	Description
	02	Contact Allowed – Notices will be sent.
County	**OR001**	Baker
	OR003	Benton
	OR005	Clackamas
	OR007	Clatsop
	OR009	Columbia
	OR011	Coos
	OR013	Crook
	OR015	Curry
	OR017	Deschutes
	OR019	Douglas
	OR021	Gilliam
	OR023	Grant
	OR025	Harney
	OR027	Hood River
	OR029	Jackson
	OR031	Jefferson
	OR033	Josephine
	OR035	Klamath
	OR037	Lake
	OR039	Lane
	OR041	Lincoln
	OR043	Linn
	OR045	Malheur
	OR047	Marion
	OR049	Morrow
	OR051	Multnomah
	OR053	Polk
	OR055	Sherman
	OR057	Tillamook
	OR059	Umatilla
	OR061	Union
	OR063	Wallowa
	OR065	Wasco
	OR067	Washington
	OR069	Wheeler
	OR071	Yamhill
Ethnicity	**NH**	Not Hispanic or Latino
	H	Hispanic or Latino
Immunization Information Source	**00**	New Immunization Administered (by Sending Organization)
	01	Source Unspecified
	02	Other Provider
	03	Parent Written Record

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Table Item	Code	Description
	04	Parent Recall
	05	Other Registry
	06	Birth Certificate
	07	School Record
	OU	Outside USA
Manufacturers	**AD**	ADAMS LABORATORIES
	AB	Abbott Laboratories
	AKR	Akorn, Inc.
	ALP	Alpha Therapeutic Corporation
	AVI	Aviron
	BRR	Barr Laboratories
	BAH	Baxter Healthcare Corporation
	BAY	Bayer
	BP	Berna Products
	MIP	Bioport Corporation
	BTP	Biotest Pharmaceuticals Corporation
	CSL	CSL Biotherapies
	CNJ	Cangene Corporation
	DVC	DynPort Vaccine Company, LLC
	GEO	GeoVax Labs, Inc.
	SKB	GlaxoSmithKline
	GRE	Greer Laboratories Inc.
	IUS	Immuno-U.S., Inc.
	INT	Intercell Biomedical
	KGC	Korea Green Cross Corporation
	MBL	Massachusetts Biologic Laboratories
	MED	Medimmune, Inc.
	MSD	Merck & Co., Inc.
	NAB	NABI
	NYB	New York Blood Center
	NOV	Novartis Pharmaceutical Corp
	NVX	Novavax, Inc.
	OTC	Organon Teknika Corporation
	ORT	Ortho-Clinical Diagnostics
	JPN	Osaka University
	PD	Parkedale Pharmaceuticals
	PFR	Pfizer-Wyeth
	PMC	Sanofi Pasteur Inc.
	SCL	Sclavo, Inc.
	SOL	Solvay Pharmaceuticals
	TAL	Talecris Biotherapeutics
	USA	Us Army Med Research
	VXG	VaxGen

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Table Item	Code	Description
	ZLB	ZLB Behring
	OTH	Other manufacturer
	UNK	Unknown manufacturer
Mother's HBsAg Status	**1**	Negative
	2	Not Screened
	3	Positive
	4	Unknown
Patient Status	**A**	Active
	I	Inactive-Other
	M	Inactive-MOGE
	P	Inactive-Permanently (deceased)
	L	Inactive-Lost to Follow Up
	O	Inactive-One Time Only
	S	Inactive-MOOSA
	U	Inactive-Unknown
Priority Group	**HNST1**	Homeland and nations security, Tier 1
	HNST2	Homeland and nations security, Tier 2
	HNST3	Homeland and nations security, Tier 3
	HCCSST1	Health care and community support services, Tier 1
	HCCSST2	Health care and community support services, Tier 2
	HCCSST3	Health care and community support services, Tier 3
	CIT1	Critical Infrastructure, Tier 1
	CIT2	Critical Infrastructure, Tier 2
	CIT3	Critical Infrastructure, Tier 3
	GPT1	General population, Tier 1
	GPT2	General population, Tier 2
	GPT3	General population, Tier 3
	GPT4	General population, Tier 4
	GPT5	General population, Tier 5
Race	**Y**	American Indian or Alaska Native
	Y	Asian
	Y	Native Hawaiian or Other Pacific Islander
	Y	Black or African-American
	Y	White
	Y	Other
Relationship	**ASC**	Associate
	BRO	Brother
	CGV	Care giver
	CHD	Child
	DEP	Handicapped dependent
	DOM	Life partner
	EMC	Emergency contact

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Table Item	Code	Description
	EME	Employee
	EMR	Employer
	EXF	Extended family
	FCH	Foster Child
	FND	Friend
	FTH	Father
	GCH	Grandchild
	GRD	Guardian
	GRP	Grandparent
	MGR	Manager
	MTH	Mother
	NCH	Natural child
	NON	None
	OAD	Other adult
	OTH	Other
	PAR	Parent
	SCH	Stepchild
	SEL	Self
	SIB	Sibling
	SIS	Sister
	SPO	Spouse
	UNK	Unknown
	WRD	Ward of court
Reaction Codes	**10**	Anaphylactic reaction
	11	Hypotonic-hyporesponsive collapse within 48 hours of immunization
	12	Seizure occurring within 3 days of immunization
	13	Persistent crying lasting >= 3 hours within 48 hours of immunization
	17	Temperature >= 105 (40.5 C) within 48 hours of immunization
	PERTCONT	Pertussis allergic reaction
	TETCONT	Tetanus allergic reaction
Reaction Codes (VAERS)	**D**	Patient Died
	L	Life threatening illness
	E	Emergency room/doctor visit required
	H	Hospitalization required
	P	Resulted in prolongation of hospitalization
	J	Resulted in permanent disability
Sex (Gender)	**F**	Female
	M	Male
	U	Unknown
Vaccine Eligibility Code	**N**	No Insurance
	M	Medicaid, OHP

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Table Item	Code	Description
	A	Am. Indian/AK Native
	F	Underinsured, FQHC
	O	Other State Supplied
	S	Special Projects
	G	IG only
	L	Locally Owned
	B	Billable/Not Eligible
State Codes	**AL**	ALABAMA
	AK	ALASKA
	AZ	ARIZONA
	AR	ARKANSAS
	CA	CALIFORNIA
	CO	COLORADO
	CT	CONNECTICUT
	DE	DELAWARE
	DC	DISTRICT OF COLUMBIA
	FL	FLORIDA
	GA	GEORGIA
	OK	OKLAHOMA
	HI	HAWAII
	ID	IDAHO
	IL	ILLINOIS
	IN	INDIANA
	IA	IOWA
	KS	KANSAS
	KY	KENTUCKY
	LA	LOUISIANA
	ME	MAINE
	MD	MARYLAND
	MA	MASSACHUSETTS
	MI	MICHIGAN
	MN	MINNESOTA
	MS	MISSISSIPPI
	MO	MISSOURI
	MT	MONTANA
	NE	NEBRASKA
	NV	NEVADA
	NH	NEW HAMPSHIRE
	NJ	NEW JERSEY
	NM	NEW MEXICO
	NY	NEW YORK
	NC	NORTH CAROLINA
	ND	NORTH DAKOTA
	OH	OHIO
	OR	OREGON
	PA	PENNSYLVANIA
	RI	RHODE ISLAND

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Table Item	Code	Description
	SC	SOUTH CAROLINA
	SD	SOUTH DAKOTA
	TN	TENNESSEE
	TX	TEXAS
	UT	UTAH
	VA	VIRGINIA
	WA	WASHINGTON
	WV	WEST VIRGINIA
	WI	WISCONSIN
	WY	WYOMING
	AS	AMERICAN SAMOA
	FM	FEDERATED STATES OF MICRONESIA
	GU	GUAM
	MH	MARSHALL ISLANDS
	MP	NORTHERN MARIANA ISLANDS
	PW	PALAU
	PR	PUERTO RICO
	UM	US MINOR OUTLYING ISLANDS
	VI	US VIRGIN ISLANDS
	VT	VERMONT
Vaccines Administered	NDC Code	(National Drug Code) See ALERT IIS Vaccine Codes PDF or Spreadsheet.
	Trade Name	See ALERT IIS Vaccine Codes PDF or Spreadsheet.
	CPT Code	(Current Procedural Code) See ALERT IIS Vaccine Codes PDF or Spreadsheet.
	CVX Code	(Vaccines Administered Code) See ALERT IIS Vaccine Codes PDF or Spreadsheet.
	Vaccine Group	See ALERT IIS Vaccine Codes PDF or Spreadsheet.

Change History

Published / Revised Date	Version #	Author	Section / Nature of Change
06/25/2010	1.0	HP	Initial approved version.
07/29/2010	1.1	HP	Client File length is 793.
09/30/2010	1.2	HP	2 Relationships removed 'OWN' and 'TRA'
11/29/2010	1.3	HP	R/SE replaced Required column. County Clackamas example corrected.
07/22/2011	1.4	OHA	Minor updates/corrections.
04/23/2013	1.5	OHA	Updates to Eligibility Codes/Inventory Requirements