

DATA TRANSLATION TOOL (DTT) SPECIFICATION GUIDE



STATE IMMUNIZATION INFORMATION SYSTEM (SIIS)

Scientific Technologies Corporation





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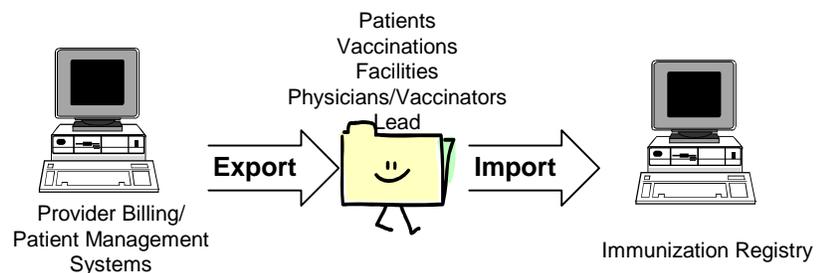
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1 INTRODUCTION DATA TRANSLATION TOOL (DTT)

Provider billing systems and patient management systems (PMS) typically store data that immunization registries require.

Organizations benefit by using the automated processes to move the data from the initial point of entry (the billing system or PMS) to the immunization registry since manually entering the same data more than once is not desired.



For the purpose of immunization registries, this data consists of the following record types (a.k.a., data elements):

- Patient (demographics)
- Vaccinations
- Physicians (and/or vaccinators)
- Facilities
- Lead

Patient demographics and Vaccinations data are the most commonly sent files and are usually sent in one file. Lead data must be sent in the same file as Patient (demographics).



These record types can be combined in either a single file (which is recommended), or multiple files (up to five files—one each for Patients, Lead, Vaccinations, Facilities, and Physicians). If multiple files are used, the files can be loaded in any order, but you will not be able to view the vaccinations until the associated patients are loaded.

Exports can be created through provider billing or patient management systems that can periodically be imported into the state’s central immunization registry using the **Data Translation Tool (DTT)**. This tool is used to simplify creation of export files because it has the flexibility to accept files with varied formats.

Note: If you have an existing **Export** file for your application, you may not need to create a new file. Contact your state administrator for clarification. Additionally, if you have an existing profile that sends multiple files, refer to **Appendix K** for the DTT Data File Profile Form containing a list of required data elements.

When importing data to the registry, it is imperative that the appropriate data elements are provided and in an acceptable format. The order of the elements or fields is not critical; however, once a profile has been defined on the central registry, the file format must remain consistent.

ABOUT THIS GUIDE

This guide was prepared to be used as the specification instructions for setting up a file with the correct data elements (fields) for the DTT. It is not a replacement for the Iweb Application User Guide; thus, if instructions are needed for the actual use of the DTT Export and/or Import tool, please refer to the Iweb Application User Guide.



2 FILE FORMAT ELEMENTS

This section of the document discusses the various file formats, file size, and field information.

For additional information, refer to **Appendix K** for the DTT Data File Profile form.

FORMAT

The file format can either be:

- **Character Delimited (ASCII Text)** – Although, the pipe symbol (|) is recommended, other characters may be used including the **TAB** character. The use of commas and periods are not recommended since these characters can be embedded within the data.
- **Fixed Length Delimited**– If using the record type of **FIXED LENGTH**, you WILL need to “pad or fill” the fields with trailing spaces (blanks) so the field is the correct length; otherwise, padding the fields is NOT recommended for the other file formats (Character or TAB).
- **Tab Delimited**

FILE SIZE

The maximum size for import files will vary depending on the Internet connection speed and quality; however, it is preferred to send a data set of 1000 records or more.



FIELDS

The data elements can be referred to as the file content. The file content will contain fields of data.

The following guidelines pertain to **field content** for character-delimited, tab-delimited, and fixed length record types.

- Required and optional fields are listed in **Appendix K: DTT Data File Profile Form**. Required fields can be in any order, but should be consistent.
- Fields containing the word “Code” are referred to as “Code-based” fields. “Code-based” fields can be *mapped* or translated to the SIIS codes. Examples of “Code-based” fields are: Vaccine Code, Manufacturer Code, County Code, Ethnicity Code, etc. Code-based fields can be located in the **Appendices** section.
- Fields should not be “padded or filled” with the words “Unknown” or “Unreadable.”
- If valid data is not available, leave the field blank or empty.
- Fields have a maximum length. If the data length is larger than the maximum, it will get truncated (cut off at the field’s length).
 - The data length can be smaller than the maximum—do not insert spaces after the data to attempt to make the field its maximum length unless your file format is **FIXED LENGTH**.



3 CREATING A DATA FILE

The process for creating a data file is listed below along with examples.

The fields, length, data type, and whether they are required or not, are listed in the tables located in the **Appendix K: DTT Data File Profile Form**. Additionally, there are other codes that may be used such as ICD-9 codes and are located in the Appendices section.

THE PROCESS

The process of creating a data file is as follows:

1. Create the data file. Refer to the section below titled, “Instructions” for details.
2. Send the data file to STC’s contact person in order to test the validity of the data before it goes into a production environment.
3. The file is received by STC and the following tasks are done:
 - Tested for validity. It will be edited if necessary, and then returned to you with a report indicating whether the data passed or failed.
 - If the data failed, the report will indicate what needs to be corrected before the data file will be ready to be imported into the Iweb application (production environment).

COMMON DATA FILE ERRORS

Some common errors that occur are as follows:



-
- Records contain duplicate patient IDs.
 - Each record is followed by two carriage returns.
 - Address is represented by one field value rather than three fields.
Street Address, City, Zip Code
VERSUS
Street Address|City|Zip Code
 - First Names and Middle Initial are concatenated on some but not all records.
John J|Smith
VERSUS
John|J|Smith
 - Facility or Physicians are not identified by ID in a patient record, resulting in duplicate Physicians or Facilities.
 - When composing field values, commas and special characters are used.

ITEMS TO BE SENT TO STC

The items that should be sent to STC for testing are:

- Data File.
- (optional, but preferred) DTT Data File Profile Form (**Appendix K**).

INSTRUCTIONS

The instructions are as follows:

1. Submit, preferably a data set of greater than 1000 records.



-
2. Model the data set file to represent one record per line. Refer to the section titled, “DTT Data File Profile Form Example.”
 - When sending a patient record, you must provide an example mapping with every record to include: Medical Record Number, Patient First Name, Patient Last Name, Patient DOB, Patient Mailing Address1, Patient Address City, Patient Address State Code, Patient Address Zip Code
 3. Use only one carriage return at the end of each record.
 4. Use a | delimiter between each field value.
 5. Provide us with a mapping of your data file(s) by completing the “DTT Data File Profile” form located in the **Appendix K**. This form should include example records, mapped field names, and field position in the records.
 6. Forward the data file and the “DTT Data File Profile” form to the DTT Support Specialist (listed in the “STC Contact Information” section below).

STC CONTACT INFORMATION

The following DTT Support Specialist is your point of contact for any questions regarding this process:

Support Specialist: Meredith McNeill

Phone Number: 602-241-1502, extension 1111

Email Address: Meredith_McNeill@stchome.com



DTT DATA FILE PROFILE FORM EXAMPLE

The examples shown below represent the “DTT Data File Profile” form that is used to submit your data file. Each “record type” will have two tables: 1) a table for you to fill in your “sample” records, and 2) another table for the detailed list of fields. The example shown below depicts a patient record. The tables on the “DTT Data File Profile” form also provide an example of a record being sent.

Data File Profile Form Example Record type	
Example Record Type Alpha	(This is an example of how to complete the profile for a patient record.)
Please provide two examples records below:	
<p>Medical Record Number Patient First Name Patient Last Name Patient DOB Address City State Zip </p> <p>125454 bob barker 10/26/1997 1442 E Main phoenix az 85306 90700 12/05/2006 3452983 Mary Jones K 101 Thomas Phoenix AZ 85018 </p>	

Detailed Description of Patient Record				
Field	Length	Req?	Mapped Value	Field Position
Medical Record Number	16	R	ID	1
Patient First Name	48	R	Client First Name	2
Patient Last Name	48	R	Client Last Name	3
Patient DOB	10	R	Client Date of Birth	4
Patient Mailing Address 1	48	O	Mailing Address	5
Patient Address City	48	O	Mailing City	6
Patient Address State Code	2	O	Mailing State	7
Patient Address Zip Code	5	O	Mailing Zip Code	8



DTT DATA FILE PROFILE FORM INFORMATION

The “DTT Data File Profile” form can be located in **Appendix K** and is the last appendix section so that you can easily remove it from this guide and fill it out.

The “DTT Data File Profile” form includes the following:

- Field Names
- Field Lengths
- Whether the field is Required or Optional field
- Mapped Value
- Field Position
- Data Type
- Any additional Comments

This form is to be filled out and preferably submitted to STC with your data file, and is used for testing your data file. You may also want to keep a copy of this information for your own records.

This form is provided to assist in the creation of your file and offers the “typical” fields to include per “record type.”

ADDITIONAL INFORMATION

The following information is provided to assist you in creating your file.

Fields containing the word “Code” are referred to as “Code-based” fields. “Code-based” fields can be *mapped* or translated to the SIIS codes. Examples of “Code-based” fields and their Appendix sections are:



-
- Vaccine Code (**Appendix A**)
 - State County Codes (**Appendix B**)
 - Ethnicity Codes (**Appendix C**)
 - Race Codes (**Appendix D**)
 - Inactive Codes (**Appendix E**)
 - VFC Eligibility Codes (**Appendix F**)
 - Anatomical Site Codes (**Appendix G**)
 - Manufacturer Codes (**Appendix H**)
 - Adverse Reaction Codes (**Appendix I**)
 - ICD-9 Codes (**Appendix J**)
 - DTT Data Profile Form (**Appendix K**)



4 APPENDICES

APPENDIX A: CPT AND CDC VACCINE CODES

If the CPT Code is not available, use either the SIIS Code or the CDC code. These codes are mapped to each other and will be translated. This table is alphabetized by CPT Description.

CPT CODE	CPT DESCRIPTION	SIIS DESCRIPTION	SIIS CODE	CDC VACC CODE	EXPIRATION DATE
N/A		Pertussis	11	11	
N/A		IG, NOS	14	14	
	rubella and mumps virus vaccine, live	Rubella/Mumps	38	38	1/1/2003
N/A		DTP/Hib/HepB	106	102	
N/A		Polio, NOS	204	89	
N/A		Pneumococcal – unspecified	205	109	
N/A	Smallpox	Smallpox	207	75	
N/A		DTaP, 5 pertussis antigens	210	106	



CPT CODE	CPT DESCRIPTION	SIIS DESCRIPTION	SIIS CODE	CDC VACC CODE	EXPIRATION DATE
N/A		Smallpox Vaccine, Diluted	212	105	
N/A		Tetanus toxoids, NOS	217	112	
N/A		DTaP, NOS	600	107	
N/A		Meningococcal, NOS	918	108	
N/A		Meningococcal C Conjugate	919	103	
86580	PPD (tuberculosis skin test) Intradermal	PPD Test	30	96	
86580	PPD (tuberculosis skin test)	PPD Test	30	96	
86580	PPD (tuberculosis skin test) NOS	PPD Test	30	98	
86585	PPD (tuberculosis skin test) Tine Test	PPD Test	30	97	
86648	Diphtheria antitoxin	Diphtheria antitoxin	58	12	
90281	Immune globulin (IG), human for intramuscular use	IG	14	86	
90283	Immune globulin (IGIV), human, for intravenous use	Immune globulin, (IGIV)	15	87	
90287	Botulinum antitoxin, equine, any route	Botulinum Antitoxin	48	27	
90288	Botulism immune globulin, human, for intravenous use	Botulism IG, human, intravenous	500	N/A	
90291	Cytomegalovirus immune globulin (CMV-IGIV), human for intravenous use	CMVIG	49	29	



Appendices

CPT CODE	CPT DESCRIPTION	SIIS DESCRIPTION	SIIS CODE	CDC VACC CODE	EXPIRATION DATE
90296	Diphtheria antitoxin, equine, any route	Diphtheria antitoxin	58	12	
90371	Hepatitis B immune globulin (HBIG), human, for intravenous use	HBIG	29	30	
90375	Rabies immune globulin (RIG), human, for intravenous use	RIG	52	34	
90376	Rabies immune globulin, heat treated (RIG-HT), human, for intramuscular and-or subcutaneous use	RIG	52	34	
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50mg, each	RSV-IgIM	208	93	
90379	Respiratory syncytial virus immune globulin (RSV-IGIV), human, for intravenous use	RSV-IGIV	209	71	
90384	Immune globulin (IGIV), human, for intravenous use	RhIG, full-dose, intramuscular	300	N/A	
90385	Rho(D) immune globulin (RhIG), human, mini-dose, for intramuscular use	RhIG, mini-dose, intramuscular	301	N/A	
90386	Rho(D) immune globulin (RhIG), human, for intravenous use	RhIG, intravenous	302	N/A	
90389	Tetanus immune globulin (TIG), human, for intramuscular use	TIG	13	13	
90393	Vaccinia immune globulin, human, for intramuscular use	VIG Vaccinia IG	211	79	
90396	Varicella-zoster immune globulin, human, for intramuscular use	VZIG	36	36	
90399	Unlisted immune globulin	Unknown vaccine or IG	213		
90476	Adenovirus vaccine, type 4, live, for oral use	Adenovirus, type 4, live, oral	400	54	



CPT CODE	CPT DESCRIPTION	SIIS DESCRIPTION	SIIS CODE	CDC VACC CODE	EXPIRATION DATE
90477	Adenovirus vaccine, type 7, live, for oral use	Adenovirus, type 7, live, oral	401	55	
90581	Anthrax vaccine, for subcutaneous use	Anthrax	37	24	
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	BCG	19	19	
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	BCG	19	19	
90592	Cholera	Cholera	26	N/A	
90632	Hep A, Adult dosage for intramuscular use	Hep A 2 dose - Adult	105	52	
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Hep A 2 dose - Ped/Adol	34	83	
90634	Hepatitis A vaccine, pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	Hep A 3 dose - Ped/Adol	103	84	
90636	Hepatitis A and hepatitis B (HepA-HepB), adult dosage, for intramuscular use	Hep A/Hep B - Adult	104	104	
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	Hib--HbOC	47	47	
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	Hib-PRP-D	46	46	
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate, (3 dose schedule), for intramuscular use	Hib--PRP-OMP	23	49	
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate, (4 dose schedule), for intramuscular use	Hib--PRP-T	24	48	
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent) 3 dose schedule, for intramuscular use	HPV, quadrivalent	925	62	



Appendices

CPT CODE	CPT DESCRIPTION	SIIS DESCRIPTION	SIIS CODE	CDC VACC CODE	EXPIRATION DATE
90655	Influenza virus vaccine, split virus, preservative free, children 6-35 mos., for intramuscular use	Influenza split, 6-35 mos, presv free	605	15	
90656	Influenza virus vaccine, split virus, preservative free, 36 mos and older.	Influenza split, 36+ mos, presv free	606	15	
90657	Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular use	Influenza split, 6-35 mos.	602	15	
90658	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular use	Influenza split, 36 mos. and older	603	15	
90659	Influenza virus vaccine, whole virus, for intramuscular or jet injection use	Influenza Whole	16	16	9/2/2003
90660	Influenza virus vaccine, live, for intranasal use	Influenza Nasal Spray	62	111	
90665	Lyme disease vaccine, adult dosage, for intramuscular use	Lyme Disease	60	66	
90669	Pneumococcal conjugate vaccine, polyvalent, for children under five years, for intramuscular use	Pneumococcal(PCV7)	102	100	
90675	Rabies Intramuscular	Rabies	40	18	
90676	Rabies Intradermal	Rabies Intradermal	63	40	
90680	Rotavirus vaccine, tetravalent, live, for oral use	Rotavirus	59	74	
90690	Typhoid vaccine, live oral	Typhoid, oral	25	25	
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	Typhoid, ViCPs	41	101	
90692	Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or Intradermal use	Typhoid, parenteral	601	41	
90692	Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or Intradermal use	Typhoid, parenteral	601	53	

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CPT CODE	CPT DESCRIPTION	SIIS DESCRIPTION	SIIS CODE	CDC VACC CODE	EXPIRATION DATE
90693	Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military)	DTaP/Hib	53	53	
90698	Diphtheria, tetanus toxoids and acellular pertussis, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV), for IM use	DTaP/Hib/IPV	920	N/A	
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), children younger than 7 years, intramuscular use	DTaP	20	20	
90701	Diphtheria and tetanus toxoids and pertussis vaccine (DTP)	DTP	1	01	
90702	Diphtheria and tetanus toxoids (DT) absorbed for use in individuals younger than seven years, for intramuscular use	DT (Pediatric)	28	28	
90703	Tetanus toxoid adsorbed, intramuscular use	Tetanus Toxoid, adsorbed	35	35	
90704	Mumps virus vaccine, live, subcutaneous use	Mumps	7	07	
90705	Measles virus vaccine, live, subcutaneous use	Measles	5	05	
90706	Rubella virus vaccine, live, subcutaneous use	Rubella	6	06	
90707	Measles, mumps and rubella virus vaccine (MMR), live, subcutaneous use	MMR	3	03	
90708	Measles and rubella virus vaccine, live, subcutaneous use	M/R	4	04	
90710	Measles, mumps, rubella, varicella vaccine	MMR/Varicella	54	94	
90711	Diphtheria, tetanus toxoids, and pertussis (DTP) and injectable poliomyelitis vaccine	DTP/IPV	55	N/A	1/1/2000
90712	Poliovirus vaccine, live, oral (any type(s))	OPV	2	02	



Appendices

CPT CODE	CPT DESCRIPTION	SIIS DESCRIPTION	SIIS CODE	CDC VACC CODE	EXPIRATION DATE
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous use or intramuscular use	IPV	10	10	
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals seven years or older, for intramuscular use	Adult Td Preserv Free	67	113	
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use	Tdap	921	115	
90716	Varicella (chicken pox) vaccine	Varicella	21	21	
90717	Yellow fever vaccine	Yellow Fever	32	37	
90718	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals seven years or older, for intramuscular use	Td (Adult)	9	09	
90719	Diphtheria toxoid	Diphtheria Toxoid	12	N/A	
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP) and Hemophilus influenza B vaccine (DTP-HIB) for intramuscular use	DTP/Hib	22	22	
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP) and Hemophilus influenza B (HIB) vaccine	DTaP/Hib	53	50	
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use	DTaP/Hep B/IPV	203	110	
90724	influenza virus vaccine	Influenza, NOS	16	88	01/01/2000
90725	Cholera vaccine	Cholera	26	26	
90726	Rabies vaccine	Rabies, NOS	40	90	1/1/2000

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CPT CODE	CPT DESCRIPTION	SIIS DESCRIPTION	SIIS CODE	CDC VACC CODE	EXPIRATION DATE
90727	Plague vaccine, intramuscular use	Plague	50	23	
90728	BCG Vaccine	BCG	19	19	1/1/2000
90730	Hepatitis A vaccine	Hep A , NOS	34	85	
90731	Hepatitis B vaccine	Hep B - unspecified	45	45	1/1/2000
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use	Pneumococcal(PPV23)	31	33	
90733	Meningococcal polysaccharide vaccine (any group(s)) MPSV4	Meningococcal (MPSV4)	33	32	
90734	Meningococcal A,C,Y,W-135 diphtheria conjugate (MCV4)	Meningococcal Conjugate (MCV4)	918	114	
90735	Japanese encephalitis virus vaccine, for subcutaneous use	Japanese Encephalitis	39	39	
90737	Hemophilus influenza B	Hib-- unspecified	17	17	1/1/2000
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	Hepatitis B-- dialysis	42	44	
90741	Immunization, passive; immune serum globulin, human (ISG)	IG	14	14	1/1/2000
90742	Immunization, passive; specific hyper immune serum globulin (e.g., hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella-zoster)	IG	14	14	1/1/2000
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use	Hep B 2 dose - Adol/Adult	202	43	



Appendices

CPT CODE	CPT DESCRIPTION	SIIS DESCRIPTION	SIIS CODE	CDC VACC CODE	EXPIRATION DATE
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	Hepatitis B--adol. or pediatric	8	08	
90745	Immunization, active, hepatitis B vaccine; 11-19 years	Hepatitis B--adolescent, high risk	56	42	1/1/2001
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	Hepatitis B--adult	43	43	
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	Hepatitis B--dialysis	42	44	
90748	Hepatitis B vaccine and Hemophilus influenza b vaccine (Hepb-Hib), for intramuscular use	Hep B/Hib	57	51	
90749	Unlisted vaccine toxoid	Unknown vaccine or IG	213		



APPENDIX B: STATE COUNTY CODES

ARIZONA

COUNTY	COUNTY CODE
ARIZONA	
APACHE	4001
COCHISE	4003
COCONINO	4005
GILA	4007
GRAHAM	4009
GREENLEE	4011
LA PAZ	4012
MARICOPA	4013
MOHAVE	4015
NAVAJO	4017
PIMA	4019
PINAL	4021
SANTA CRUZ	4023
YAVAPAI	4025
YUMA	4027



IDAHO

COUNTY	COUNTY CODE
IDAHO	
ADA	16001
ADAMS	16003
BANNOCK	16005
BEAR LAKE	16007
BENEWAH	16009
BINGHAM	16011
BLAINE	16013
BOISE	16015
BONNER	16017
BONNEVILLE	16019
BOUNDARY	16021
BUTTE	16023
CAMAS	16025
CANYON	16027
CARIBOU	16029
CASSIA	16031
CLARK	16033
CLEARWATER	16035
CUSTER	16037
ELMORE	16039
FRANKLIN	16041
FREMONT	16043
GEM	16045
GOODING	16047
IDAHO	16049
JEFFERSON	16051
JEROME	16053
KOOTENAI	16055
LATAH	16057
LEMHI	16059
LEWIS	16061
LINCOLN	16063
MADISON	16065
MINIDOKA	16067
NEZ PERCE	16069
ONEIDA	16071
OWYHEE	16073
PAYETTE	16075
POWER	16077



COUNTY	COUNTY CODE
IDAHO	
SHOSHONE	16079
TETON	16081
TWIN FALLS	16083
VALLEY	16085
WASHINGTON	16087

**INDIANA**

COUNTY	COUNTY CODE
INDIANA	
ADAMS	18001
ALLEN	18003
BARTHOLOMEW	18005
BENTON	18007
BLACKFORD	18009
BOONE	18011
BROWN	18013
CARROLL	18015
CASS	18017
CLARK	18019
CLAY	18021
CLINTON	18023
CRAWFORD	18025
DAVISS	18027
DE KALB	18033
DEARBORN	18029
DECATUR	18031
DELAWARE	18035
DUBOIS	18037
ELKHART	18039
FAYETTE	18041
FLOYD	18043
FOUNTAIN	18045
FRANKLIN	18047
FULTON	18049
GIBSON	18051
GRANT	18053
GREENE	18055
HAMILTON	18057
HANCOCK	18059
HARRISON	18061
HENDRICKS	18063
HENRY	18065
HOWARD	18067
HUNTINGTON	18069
JACKSON	18071
JASPER	18073
JAY	18075



COUNTY	COUNTY CODE
INDIANA	
JEFFERSON	18077
JENNINGS	18079
JOHNSON	18081
KNOX	18083
KOSCIUSKO	18085
LA PORTE	18091
LAGRANGE	18087
LAKE	18089
LAWRENCE	18093
MADISON	18095
MARION	18097
MARSHALL	18099
MARTIN	18101
MIAMI	18103
MONROE	18105
MONTGOMERY	18107
MORGAN	18109
NEWTON	18111
NOBLE	18113
OHIO	18115
ORANGE	18117
OWEN	18119
PARKE	18121
PERRY	18123
PIKE	18125
PORTER	18127
POSEY	18129
PULASKI	18131
PUTNAM	18133
RANDOLPH	18135
RIPLEY	18137
RUSH	18139
SCOTT	18143
SHELBY	18145
SPENCER	18147
ST. JOSEPH	18141
STARKE	18149
STEUBEN	18151
SULLIVAN	18153
SWITZERLAND	18155
TIPPECANOE	18157
TIPTON	18159
UNION	18161



COUNTY	COUNTY CODE
INDIANA	
VANDEBURGH	18163
VERMILLION	18165
VIGO	18167
WABASH	18169
WARREN	18171
WARRICK	18173
WASHINGTON	18175
WAYNE	18177
WELLS	18179
WHITE	18181
WHITLEY	18183



LOUISIANA

COUNTY	COUNTY CODE
LOUISIANA	
ACADIA	22001
ALLEN	22003
ASCENSION	22005
ASSUMPTION	22007
AVOUELLES	22009
BEAUREGARD	22011
BIENVILLE	22013
BOSSIER	22015
CADDO	22017
CALCASIEU	22019
CALDWELL	22021
CAMERON	22023
CATAHOULA	22025
CLAIBORNE	22027
CONCORDIA	22029
DE SOTO	22031
EAST BATON ROUGE	22033
EAST CARROLL	22035
EAST FELICIANA	22037
EVANGELINE	22039
FRANKLIN	22041
GRANT	22043
IBERIA	22045
IBERVILLE	22047
JACKSON	22049
JEFFERSON	22051
JEFFERSON DAVIS	22053
LA SALLE	22059
LAFAYETTE	22055
LAFOURCHE	22057
LINCOLN	22061
LIVINGSTON	22063



COUNTY	COUNTY CODE
LOUISIANA	
MADISON	22065
MOREHOUSE	22067
NATCHITOCHE	22069
ORLEANS	22071
OUACHITA	22073
PLAQUEMINES	22075
POINTE COUPEE	22077
RAPIDES	22079
RED RIVER	22081
RICHLAND	22083
SABINE	22085
ST. BERNARD	22087
ST. CHARLES	22089
ST. HELENA	22091
ST. JAMES	22093
ST. JOHN THE BAPTIST	22095
ST. LANDRY	22097
ST. MARTIN	22099
ST. MARY	22101
ST. TAMMANY	22103
TANGIPAHOA	22105
TENSAS	22107
TERREBONNE	22109
UNION	22111
VERMILION	22113
VERNON	22115
WASHINGTON	22117
WEBSTER	22119
WEST BATON ROUGE	22121
WEST CARROLL	22123
WEST FELICIANA	22125
WINN	22127



WASHINGTON

COUNTY	COUNTY CODE
WASHINGTON	
ADAMS	53001
ASOTIN	53003
BENTON	53005
CHELAN	53007
CLALLAM	53009
CLARK	53011
COLUMBIA	53013
COWLITZ	53015
DOUGLAS	53017
FERRY	53019
FRANKLIN	53021
GARFIELD	53023
GRANT	53025
GRAYS HARBOR	53027
ISLAND	53029
JEFFERSON	53031
KING	53033
KITSAP	53035
KITTITAS	53037
KLICKITAT	53039
LEWIS	53041
LINCOLN	53043
MASON	53045
OKANOGAN	53047
PACIFIC	53049
PEND OREILLE	53051
PIERCE	53053
SAN JUAN	53055
SKAGIT	53057
SKAMANIA	53059
SNOHOMISH	53061
SPOKANE	53063
STEVENS	53065
THURSTON	53067
WAHKIAKUM	53069
WALLA WALLA	53071
WHATCOM	53073
WHITMAN	53075
YAKIMA	53077



WEST VIRGINIA

COUNTY	COUNTY CODE
WEST VIRGINIA	
BARBOUR	54001
BERKELEY	54003
BOONE	54005
BRAXTON	54007
BROOKE	54009
CABELL	54011
CALHOUN	54013
CLAY	54015
DODDRIDGE	54017
FAYETTE	54019
GILMER	54021
GRANT	54023
GREENBRIER	54025
HAMPSHIRE	54027
HANCOCK	54029
HARDY	54031
HARRISON	54033
JACKSON	54035
JEFFERSON	54037
KANAWHA	54039
LEWIS	54041
LINCOLN	54043
LOGAN	54045
MARION	54049
MARSHALL	54051
MASON	54053
MCDOWELL	54047
MERCER	54055
MINERAL	54057
MINGO	54059
MONONGALIA	54061
MONROE	54063
MORGAN	54065
NICHOLAS	54067
OHIO	54069
PENDLETON	54071
PLEASANTS	54073
POCAHONTAS	54075
PRESTON	54077



COUNTY	COUNTY CODE
WEST VIRGINIA	
PUTNAM	54079
RALEIGH	54081
RANDOLPH	54083
RITCHIE	54085
ROANE	54087
SUMMERS	54089
TAYLOR	54091
TUCKER	54093
TYLER	54095
UPSHUR	54097
WAYNE	54099
WEBSTER	54101
WETZEL	54103
WIRT	54105
WOOD	54107
WYOMING	54109



WYOMING

COUNTY	COUNTY CODE
WYOMING	
ALBANY	56001
BIG HORN	56003
CAMPBELL	56005
CARBON	56007
CONVERSE	56009
CROOK	56011
FREMONT	56013
GOSHEN	56015
HOT SPRINGS	56017
JOHNSON	56019
LARAMIE	56021
LINCOLN	56023
NATRONA	56025
NIOBRARA	56027
PARK	56029
PLATTE	56031
SHERIDAN	56033
SUBLETTE	56035
SWEETWATER	56037
TETON	56039
UINTA	56041
WASHAKIE	56043
WESTON	56045



APPENDIX C: ETHNICITY CODES

ETHNICITY CODE	DESCRIPTION
1	Hispanic
2	Non-Hispanic
3	Unknown

APPENDIX D: RACE CODES

RACE CODE	DESCRIPTION
1	Caucasian (or White)
2	African American
4	Asian
5	Native American (or American Indian)
6	Other
7	Native Hawaiian or Other Pacific Islander
8	Multi-Racial



APPENDIX E: INACTIVE CODES

INACTIVE CODE	DESCRIPTION
A	Address Incorrect
D	Deceased
F	Postal Forward Order Expired
G	Moved or Gone Elsewhere
M	Moved out of State
N	No Postal Forward on File
O	Other
P	Changed to another provider
R (Indiana Only)	Archive
U	Delivery Unsuccessful

APPENDIX F: VFC ELIGIBLE CODES

VFC CODE	DESCRIPTION
(blank)	Ineligible
1	Medicaid
2	Uninsured
3	Native American or Native Alaskan
4	Underinsured
6 (for Arizona use only)	Kids Care
7 (for Indiana use only)	Hoosier Healthwise Package C



APPENDIX G: ANATOMICAL SITE & ROUTE CODES

ANATOMICAL SITE CODES

ANATOMICAL SITE CODE	DESCRIPTION
LEFT_ARM	Left Arm
LEFT_THIGH	Left Thigh
LEFT_GLUTEUS	Left Gluteus
MOUTH	Mouth
NOSE	Nose
RIGHT_ARM	Right Arm
RIGHT_THIGH	Right Thigh
RIGHT_GLUTEUS	Right Gluteus

ANATOMICAL ROUTE CODES

ANATOMICAL ROUTE CODE	DESCRIPTION
INTRAMUSCULAR	Intramuscular
INTRADERMAL	Intradermal
SUBCUTANEOUS	Subcutaneous
ORAL	Oral
NASAL	Nasal



APPENDIX H: MANUFACTURER CODES

CODE	MANUFACTURER
AB	ABBOT
AD	ADAMS
ALP	ALPHA
AVB	AVENTIS BEHRING L.L.C.
AVI	AVIRON
BAH	BAXTER HEALTHCARE CORPORATION
BAY	BAYER CORPORATION
BPC	BERNA PRODUCTS CORPORATION
CHI	CHIRON CORPORATION
GRE	GREER
IUS	IMMUNO-US
JPN	MICROBIAL DIS/OSAKA U
KGC	KOREA GREEN CROSS
MBL	MASSACHUSETTS BIOLOGICAL LABS
MED	MEDIMMUNE, INC.
MIP	MICHIGAN DEPT PH
MSD	MERCK
NAB.	NORTH AMER. BIOLOGICALS, INC
NOV	NOVARTIS PHARMACEUTICAL CORP.
NYB	NEW YORK BLOOD CENTER
ORT	ORTHO-CLINICAL DIAGNOSTICS
OTC	ORGANON TEKNIKA
OTH	OTHER
PD	PARKEDALE PHARMACEUTICALS
PMC	AVENTIS PASTEUR INC.
PWJ	POWERJECT PHARMACEUTICALS
SCL	SCLAVO
SKB	GLAXOSMITHKLINE
UNK	UNKNOWN MANUFACTURER



CODE	MANUFACTURER
USA	U.S. ARMY MEDICAL RESEARCH
WAL	WYETH-AYERST

APPENDIX I: ADVERSE REACTION CODES

VACCINE NAME	ADVERSE REACTION CODE	DESCRIPTION
Anthrax	22	Injection site reaction
Anthrax	23	Systemic reactions, i.e., immediate hypersensitivity, fever of muscle aches.
DT Pediatric	2	Anaphylaxis or anaphylactic shock
DT Pediatric	3	Brachial neuritis
DT Pediatric	4	Any sequel (including death) of events
DTP	2	Anaphylaxis or anaphylactic shock
DTP	3	Brachial neuritis
DTP	4	Any sequela (including death) of events
DTP	5	Encephalopathy (or encephalitis)
DTP/Hib	2	Anaphylaxis or anaphylactic shock
DTP/Hib	3	Brachial Neuritis
DTP/Hib	4	Any sequela (including death) of events
DTP/Hib	5	Encephalopathy (or encephalitis)
DTP/IPV	2	Anaphylaxis or anaphylactic shock
DTP/IPV	3	Brachial neuritis



VACCINE NAME	ADVERSE REACTION CODE	DESCRIPTION
DTP/IPV	4	Any sequela (including death) of events
DTP/IPV	5	Encephalopathy (or encephalitis)
DtaP	2	Anaphylaxis or anaphylactic shock
DtaP	3	Brachial neuritis
DtaP	4	Any sequela (including death) of events
DtaP	5	Encephalopathy (or encephalitis)
DTaP, 5 pertussis antigens	2	Anaphylaxis or anaphylactic shock
DTaP, 5 pertussis antigens	3	Brachial neuritis
DTaP, 5 pertussis antigens	4	Any sequela (including death) of events
DTaP, 5 pertussis antigens	5	Encephalopathy (or encephalitis)
DTaP/Hep B/IPV	2	Anaphylaxis or anaphylactic shock
DTaP/Hep B/IPV	3	Brachial neuritis
DTaP/Hep B/IPV	4	Any sequela (including death) of events
DTaP/Hep B/IPV	5	Encephalopathy (or encephalitis)
DTaP/Hib	2	Anaphylaxis or anaphylactic shock
DTaP/Hib	3	Brachial neuritis
DTaP/Hib	4	Any sequela (including death) of events
DTaP/Hib	5	Encephalopathy (or encephalitis)



VACCINE NAME	ADVERSE REACTION CODE	DESCRIPTION
Hep B – unspecified	2	Anaphylaxis or anaphylactic shock
Hep B – unspecified	4	Any sequela (including death) of events
Hep B 2 dose – Adol/Adult	2	Anaphylaxis or anaphylactic shock
Hep B 2 dose – Adol/Adult	4	Any sequela (including death) of events
Hep B Ped/Adol – Preserv Free	2	Anaphylaxis or anaphylactic shock
Hep B Ped/Adol – Preserv Free	4	Any sequela (including death) of events
Hep B Ped/Adol – W/Thimerosal	2	Anaphylaxis or anaphylactic shock
Hep B Ped/Adol – W/Thimerosal	4	Any sequela (including death) of events
Hep B/Hib	2	Anaphylaxis or anaphylactic shock
Hep B/Hib	4	Any sequela (including death) of events
Hepatitis B—adult	2	Anaphylaxis or anaphylactic shock
Hepatitis B—adult	4	Any sequela (including death) of events
Hib—PRP-OMP	4	Any sequela (including death) of events
Hib—PRP-OMP	15	Early on-set HIB disease
Hib—PRP-T	4	Any sequela (including death) of events
Hib—PRP-T	15	Early on-set HIB disease
Hib-PRP-D	4	Any sequela (including death) of events
Hib-PRP-D	15	Early on-set HIB disease
IPV	2	Anaphylaxis or anaphylactic shock



VACCINE NAME	ADVERSE REACTION CODE	DESCRIPTION
IPV	4	Any sequela (including death) of events
M/R	2	Anaphylaxis or anaphylactic shock
M/R	4	Any sequela (including death) of events
M/R	5	Encephalopathy (or encephalitis)
M/R	6	Chronic arthritis
M/R	7	Thrombocytopenic purpura
M/R	8	Vaccine-strain measles viral infection in an immunodeficient recipient
MMR	2	Anaphylaxis or anaphylactic shock
MMR	4	Any sequela (including death) of events
MMR	5	Encephalopathy (or encephalitis)
MMR	6	Chronic arthritis
MMR	7	Thrombocytopenic purpura
MMR	8	Vaccine-strain measles viral infection in an immunodeficient recipient
MMR/Varicella	2	Anaphylaxis or anaphylactic shock
MMR/Varicella	4	Any sequela (including death) of events
MMR/Varicella	5	Encephalopathy (or encephalitis)
MMR/Varicella	6	Chronic arthritis
MMR/Varicella	7	Thrombocytopenic purpura
MMR/Varicella	8	Vaccine-strain measles viral infection in an immunodeficient recipient



VACCINE NAME	ADVERSE REACTION CODE	DESCRIPTION
Measles	2	Anaphylaxis or anaphylactic shock
Measles	4	Any sequela (including death) of events
Measles	5	Encephalopathy (or encephalitis)
Measles	7	Thrombocytopenic purpura
Measles	8	Vaccine-strain measles viral infection in an immunodeficient recipient
Mumps	2	Anaphylaxis or anaphylactic shock
Mumps	4	Any sequela (including death) of events
Mumps	5	Encephalopathy (or encephalitis)
OPV	4	Any sequela (including death) of events
OPV	9	Paralytic polio in a non-immunodeficient recipient
OPV	10	Paralytic polio in an immunodeficient recipient
OPV	11	Paralytic polio in a vaccine-associated community case
OPV	12	Vaccine-strain polio viral infection in a non-immunodeficient recipient
OPV	13	Vaccine-strain polio viral infection in an immunodeficient recipient
OPV	14	Vaccine-strain polio viral infection in a vaccine-associated community case
Pertussis	2	Anaphylaxis or anaphylactic shock
Pertussis	4	Any sequela (including death) of events



VACCINE NAME	ADVERSE REACTION CODE	DESCRIPTION
Pertussis	5	Encephalopathy (or encephalitis)
Rubella	2	Anaphylaxis or anaphylactic shock
Rubella	4	Any sequela (including death) of events
Rubella	5	Encephalopathy (or encephalitis)
Rubella	6	Chronic arthritis
Rubella/Mumps	2	Anaphylaxis or anaphylactic shock
Rubella/Mumps	4	Any sequela (including death) of events
Rubella/Mumps	5	Encephalopathy (or encephalitis)
Rubella/Mumps	6	Chronic arthritis
Smallpox	16	Inadvertent autoinoculation
Smallpox	17	Eczema vaccinatum
Smallpox	18	Generalized vaccinia
Smallpox	19	Progressive vaccinia
Smallpox	20	Erythematous or urticarial rashes
Smallpox	21	Post vaccinia encephalitis
Smallpox	24	Fetal vaccinia
Smallpox	25	Death
Td (Adult)	2	Anaphylaxis or anaphylactic shock
Td (Adult)	3	Brachial neuritis
Td (Adult)	4	Any sequela (including death) of events
Tetanus Toxoid	2	Anaphylaxis or anaphylactic shock
Tetanus Toxoid	3	Brachial neuritis



VACCINE NAME	ADVERSE REACTION CODE	DESCRIPTION
Tetanus Toxoid	4	Any sequela (including death) of events
Tetanus Toxoids, NOS	2	Anaphylaxis or anaphylactic shock
Tetanus Toxoids, NOS	3	Brachial neuritis
Tetanus Toxoids, NOS	4	Any sequela (including death) of events

APPENDIX J: ICD-9 CODES

The mapping of ICD-9 Codes to SIIS Vaccine Codes are listed in the table.

ICD9 CODE	SIIS VACC CODE	ICD9 DESCRIPTION
V06.1	206	Immunization, DTP
V06.3	55	Immunization, DTP/polio
V05.3	45	Immunization, Hepatitis
V03.81	17	Immunization, HIB
V04.81	108	Immunization, Influenza
V06.4	3	Immunization, MMR
V03.82	205	Immunization, Pneumovax
V04.0	204	Immunization, Polio
V04.82	208	Immunization, RSV
V04.1	207	Immunization, Smallpox
V06.5	9	Immunization, Td



ICD9 CODE	SIIS VACC CODE	ICD9 DESCRIPTION
V03.1	604	Immunization, Typhoid
V05.4	21	Immunization, Varicella



APPENDIX K: DTT DATA FILE PROFILE FORM

PATIENT RECORDS

Sample record is shown in the “Example Patient Records” table.

Example Patient Records						
Please provide two example records below:						
Medical Record Number Patient First Name Patient Last Name Patient DOB Address City State Zip 125454 bob barker 10/26/1997 1442 E Main phoenix az 85306 90700 12/05/2006 3452983 Mary Jones K 101 Thomas Phoenix AZ 85018						

Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Medical Record Number	30	R			Number	Your unique identifying number for a specific patient. Once you associate a unique identifier with a particular patient, you should always send the same number for that patient.
Patient First Name	48	R			String	



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Patient Last Name	48	R			String	
Patient DOB	10	R			Date	<p>Format: Dates can be defined in the profile, so they can be sent in any standard format, i.e., MM/DD/YYYY</p> <p>Note: If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry.</p>
*At least one of these three FAMILY fields is required. (Note: Use all of these fields if they are available.)						
Guardian First Name	48	R*			String	
Mother Maiden Name	48	R*			String	
Guardian Social Security Number	11	R*			String	
<p>**At least one of these three ADDRESS field combinations MUST be used.</p> <p>a) Patient Address Street with Patient Address City and Patient Address State Code</p> <p>b) Patient Address Street with Patient Address Zip and Patient Address State code</p> <p>c) Patient Phone Number with Patient Phone Area Code and Patient Address State code</p>						
Patient Mailing Address 1	45	R**			String	<p>If the patient's mailing address is a P.O. Box, spell out P.O. Box, PO Box, POB, P.O.B. or Box followed by a space and the number, and if possible, put the physical address in the Patient Physical Address field.</p> <p>If the patient has a street address, put the entire street address here including suite</p>



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
						number, etc. and leave the Patient Physical Address field blank. Note: Use all of these fields if they are available.
Patient Address City	30	R**			String	
Patient Address State Code	2	R**			String	
Patient Address Zip Code	10	R**			Number	
Patient Phone Number Area Code	3	R**			Number	
Patient Phone Number	8	R**			Number	
If a FACILITY or PHYSICIAN is provided, it is recommended a Facility or Physician file is created for all known Physicians and/or Facilities. It is also recommended the Patient Record only contain the referenced Physician and/or Facility ID^						
Facility ID	25	O^			String	Your unique identifying number for a specific facility. Once you associate a unique identifier with a particular facility, you should always send the same number for that facility. On a patient record, this is the facility that identifies the patient's medical home.



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Physician ID	25	O^			String	Your unique identifying number for a specific physician or vaccinator. Once you associate a unique identifier with a particular physician or vaccinator, you should always send the same number for that physician or vaccinator. On a patient record, this is the physician that identifies the patient's primary care physician.
Birthing Facility	100	O			Varchar	
Block Recall	1	O			String	Specifies whether the patient should be blocked from being recalled. Y indicates the patient should be blocked from being recalled; otherwise, leave blank.
Comments	254	O			String	
Death Date	10	O			Date	
Guardian Full Name	153	O			String	
Guardian Last Name	48	O			String	
Guardian Middle Name	48	O			String	
Guardian Work Phone Number	10	O			Number	Format: (999) 999-9999



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Inactive Code	1	O			Number	Code that determines if the child is still an “active” patient in the plan or practice. Leaving this field blank indicates the patient is active. Acceptable codes are located in Appendix E .
Legacy Patient ID	30	O			String	
Managed Care Plan Date	10	O			Date	Date patient enrolled in managed health care plan. Note: Dates can be defined in the profile, so they can be sent in any standard format. If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry.
Managed Care Plan ID	25	O			String	Identifying number associated with the patient’s health care plan.
Managed Care Plan Name	30	O			String	
Military	1	O			String	
Patient Address County Code	38	O			String	
Patient Address is Valid	1	O			String	



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Patient Admission Date	10	O			Date	
Patient Birth Country	2	O			String	
Patient Birth File Number	16	O			String	
Patient Birth State	2	O			String	
Patient Block Health Promotion	30	O			String	
Patient Cell Phone	38	O			Number	
Patient County FIPS Code	10	O			Number	Acceptable codes are located in Appendix B . Note: Code-based fields (fields contained the word “code”) can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).
Patient Email Address	40	O			String	Patient or guardian email address
Patient Ethnicity Code	12	O			String	Ethnicity codes are located in Appendix C . Note: Code-based fields (fields contained the word “code”) can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).
Patient Full Name	153	O			String	
Patient Gender Code	1	O			String	M for Male, F for Female, U for Unknown, O



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
						for Other. Note: Code-based fields (fields contained the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).
Patient Grade	32	O			Varchar	This field can be mapped or you can use the code that already exists in the system.
Patient Health District/Region	12	O			String	Must be Numeric.
Patient Language Code	1	O			String	E=English, S=Spanish. Note: Code-based fields (fields contained the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).
Patient Mailing Address 2	40	O			String	
Patient Medicaid Number	16	O			String	
Patient Medicaid Provider Number	30	O			String	This is an alphanumeric field.
Patient Middle Name	48	O			String	
Patient Occupation Code	10	O			String	



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Patient Phone Extension	10	O			Number	
Patient Physical Address	45	O			String	Used when a PO Box is used. Indicates where the patient actually lives.
Patient Race Code	1	O			String	Acceptable codes are located in Appendix D . Note: Code-based fields (fields contained the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).
Patient Record Created By	30	O			String	
Patient Record Creation Date	10	O			Date	
Patient Record Last Update	10	O			String	
Patient Record Last Updated By	30	O			String	
Patient SSN	11	O			Number	Format: 999-99-9999
Patient Suffix	5	O			String	Sr., Jr., etc.
Patient VFC Eligible Code	2	O			Number	Acceptable codes are located in Appendix F . Note: Code-based fields (fields contained the word "code") can be mapped (which means translating the import file code to coincide with



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
						the SIIS registry acceptance codes).
Patient Work Phone	38	O			Number	
Programs List	60	O			String	A semi-colon delimited list of programs the patient belongs. The program name must exactly match the name used by the receiving system. To specify a member ID for a program, place a comma after the program name, followed by the member ID for that program.
School District Code	12	O			Number	Positive integer. This is the School Identifier that is assigned by IWeb and is not truly a district. The School IDs table is available upon request.
School Entry Date	10	O			Date	
School External District ID	20	O			Varchar	(State-specific for LA). Used for a one-time import of Louisiana school data to link schools to JPAMS school codes. School codes will be stored in the Other System ID field. School code will allow immunization data sent by schools using JPAMS system to be linked to School Reports in the School Nurse Module. It should be noted that each year, LA will obtain an updated list from the Department of Education containing all active schools in the state. This import will need to occur each year before the start of the school year.



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
School External School ID	20	O			Varchar	Refer to the comments for the field, "School External District ID."
School ID	38	O			Number	



VACCINATION RECORDS

Sample record is shown in the “Example Patient and Vaccination Records” table.

Example Vaccination Records	
Please provide two example records below:	
<p>Medical Record Number Patient First Name Patient Last Name Patient DOB Address City State Zip Cpt Immunization date </p> <p>125454 bob barker 10/26/1997 1442 E Main phoenix az 85306 90700 12/05/2006 </p>	

Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Medical Record Number	30	R			Number	Your unique identifying number for a specific patient. Once you associate a unique identifier with a particular patient, you should always send the same number for that patient.



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Immunization Date	10	R			Date	Date a shot was given. Format: Dates can be defined in the profile, so they can be sent in any standard format, i.e., MM/DD/YYYY Note: If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry.
At least one of the three vaccine code types*						
CPT Vaccine Code	38	R*			Number	You may map your values using the CDC Vaccine Code, SIIS vaccine Code, or CPT Vaccine Code. If the CPT Vaccine Code is not available, refer to Appendix A for a list of SIIS or CDC Vaccine codes that can be used in its place. Note: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).
CDC Vaccine Code	38	R*			Number	
SIIS Vaccine Code	38	R*			Number	
If a Facility or Physician is provided, it is recommended a Facility or Physician file is created for all known Physicians and/or Facilities. It is also recommended the Patient Record only contain the referenced Physician and/or Facility ID^						
Contraindication Facility ID	25	O^			String	Facility ID where the contraindication was documented.
Facility ID	25	O^			String	



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Vaccination Facility ID	25	O^			String	This facility indicates the facility where the patient was vaccinated.
Vaccination Physician ID	25	O^			String	This physician indicates the vaccinator.
Adverse Reaction Code	12	O^			Number	Positive integer. Indicates if patient had reaction to shot. Adverse Reaction Codes are located in Appendix I . Note: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).
Anatomical Route Code	3	O			String	Acceptable codes are located in Appendix G . Note: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).
Anatomical Site Code	3	O			String	Acceptable codes are located in Appendix G . Note: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Campaign	30	O			Number	When using Campaign, Tier may be used also. Refer to the field named TIER for additional information.
Contraindication Code	38	O			Number	Code of the contraindication.
Contraindication Deletion Date	10	O			Date	Date of the contraindication deletion.
Contraindication Vaccine Code	38	O			Number	SIIS Vaccine Code or CPT Vaccine Code.
Deletion Date	10	O			Date	<p>Date the vaccination record was deleted. Must be left blank except for deletions.</p> <p>This DATE should NOT be sent when sending a new vaccination, or when sending an update that does not change one of the three key fields (explained below). To instruct the central registry to delete a vaccination, send the vaccination with this field occupied by a valid date. Vaccinations are tracked using three key fields: medical record number, vaccination type, and vaccination date. If any of these fields in a vaccination record are edited, the vaccination with the original key fields should be sent as a deletion and the changed vaccination should be sent as a new vaccination.</p> <p>Note: Dates can be defined in the profile, so</p>



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
						they can be sent in any standard format. Note: If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry.
Historical Vaccination	1	O			String	Y for historical vaccination.
Lot Number	20	O			String	Lot number of the vaccine administered. Lot number will not be accepted without an accompanying manufacturer code.
Manufacturer (Name)	30	O			String	Vaccine manufacturer Name. Alphanumeric name.
Manufacturer Code	30	O			Number	Manufacturer code for the lot number of the administered vaccine. Manufacturer codes will not be accepted without an accompanying lot number. Acceptable codes are located in Appendix H . Note: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).
Permanent Contraindication	38	O			String	
TB Induration (mm)	2	O			Number	This field is only valid for PPD results. For any other vaccine, this field should be blank.
Tier	30	O			Number	When using Tier, Campaign may be used also.



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
						Refer to the field named CAMPAIGN for additional information.
Vaccination Comments	254	O			String	Comments regarding the vaccination.
Vaccination Health District (Region)	12	O			String	Positive Integer.
Vaccination Record Created By	30	O			String	
Vaccination Record Creation Date	10	O			Date	
Vaccination Record Last Update	10	O			String	
Vaccination Record Last Update By	30	O			String	
Vaccination VFC Eligible	2	O			Number	VFC Eligibility for the vaccination.
Vaccinator	30	O			String	Name of vaccinating person or physician. Do not send if sending Vaccination Physician ID.
Vaccine is Publicly Supplied	1	O			String	Indicator flag for Vaccine revealing whether it was publicly supplied or not. The Publicly Supplied flag can be imported with a Vaccination sent through batch.
VIS Form Given Date	10	O			Date	Note: Dates can be defined in the profile, so they can be sent in any standard format.



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
						Note: If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry.
VIS Publication Date 1	10	O			Date	Note: Dates can be defined in the profile, so they can be sent in any standard format. Note: If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry.
VIS Publication Date 2	10	O			Date	
VIS Publication Date 3	10	O			Date	
VIS Publication Date 4	10	O			Date	



PHYSICIAN RECORDS

Example Physician Records

Please provide two example records below:

Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Physician ID	25	R			String	Your unique identifying number for a specific physician or vaccinator. Once you associate a unique identifier with a particular physician or vaccinator, you should always send the same number for that physician or vaccinator. On a patient record, this is the physician that identifies the patient's primary care physician.



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Physician Last Name	48	R			String	Last Name of the Physician or Vaccinator.
BOMEX Number	12	O			Number	(Used by Arizona) An acronym for <u>B</u> oard of <u>M</u> edical <u>E</u> xaminers medical license number.
DO Number	15	O			String	Doctor of Osteopathy state assigned license number.
Physician Email Address	40	O			String	Email address for the physician.
Physician Fax Number Area Code	3	O			Number	Area code for the Physician's Fax. Format: 999
Physician Fax Number	8	O			Number	Fax number for the Physician's Fax. Format: 999-9999
Physician First Name	48	O			String	First name of the Physician/Vaccinator.
Physician Full Name	153	O				
Physician Health District (Region)	12	O			Number	Whole number representing District or Region of the Physician.
Physician is Inactive (Status)	1	O			String	Status of the Physician.
Physician Middle Name	48	O			String	Physician/Vaccinator's middle name.
Physician Phone Number Area Code	3	O			Number	Format: 999



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Physician Phone Extension	10	O			Number	Extension of the Physician's phone number.
Physician Phone Number	8	O			Number	Format: 999-9999
Physician SSN	11	O			Number	Format: 999-99-9999
Physician Suffix	5	O			String	Suffix at the end of the Physician or Vaccinator's name. For example: DO, MD, RN, etc.
Physician Type	1	O			String	



FACILITY RECORDS

Example Facility Records

Please provide two example records below:

Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Facility ID	25	R			String	Your unique identifying number for a specific facility. Once you associate a unique identifier with a particular facility, you should always send the same number for that facility. On a patient record, this is the facility that identifies the patient's medical home.
Facility Name	50	R			String	Name of the facility.





Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Facility Abbreviated Name	30	O			String	Short "abbreviated name for the facility if entered. The short name is 30 characters long while the Facility Name 50 characters long
Facility Address City	30	O			String	Name of the city where the facility is located.
Facility Address State Code	2	O			String	Two letter abbreviation in capital letters.
Facility Address ZIP Code	10	O			Number	Format: 99999 or 99999-9999
Facility Contact First Name	48	O			String	
Facility Contact Full Name	153	O			String	
Facility Contact Last Name	48	O			String	
Facility County/FIPS Code	12	O			String	Acceptable codes are located in Appendix B .
Facility Display Name	30	O			String	
Facility Email Address	40	O			String	



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Facility Fax Number Area Code	3	O			Number	Format: 999
Facility Fax Number	8	O			Number	Format: 999-9999
Facility Health District	12	O			String	A whole number representing the health district number of the Facility.
Facility Mailing Address 1	45	O			String	If the facility's mailing address is a P.O. Box, spell out P.O. Box, PO Box, POB, P.O.B. or Box followed by a space and the number, and if possible, put the physical address in the Facility Physical Address field. If the facility has a street address, put the entire street address here including suite number, etc. and leave the Facility Physical Address field blank.
Facility Mailing Address 2	45	O			String	Line two of the mailing address for the facility.
Facility Name	50	O			String	



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Facility Phone (Number) Area Code	3	O			Number	Format: 999
Facility Phone Number	8	O			Number	Format: 999-9999
Facility Phone (Number) Extension	10	O			Number	Extension number associated with the Facility's phone number
Facility Physical Address	45	O			String	Used when P.O. Box is used and indicates where the facility is actually located.



LEAD RECORDS

Example Lead Records
Please provide two example records below:

Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Medical Record Number	30	R			Number	Your unique identifying number for a specific patient. Once you associate a unique identifier with a particular patient, you should always send the same number for that patient.
Patient First Name	48	R			String	
Patient Last Name	48	R			String	





Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Patient DOB	10	R			Date	Patient's date of birth. Format: mm/dd/yyyy Note: If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry.
Lead Sample Draw Date	10	R			Date	Note: Dates can be defined in the profile, so they can be sent in any standard format
At least one of these three ADDRESS field combinations MUST be used** a) Patient Address Street with Patient Address City and Patient Address State Code b) Patient Address Street with Patient Address Zip and Patient Address State Code c) Patient Phone Number with Patient Phone Area Code and Patient Address State Code						
Patient Mailing Address 1	45	R**			String	If the patient's mailing address is a P.O. Box, spell out P.O. Box, PO Box, POB, P.O.B. or Box followed by a space and the number, and if possible, put the physical address in the Patient Physical Address field. If the patient has a street address, put the entire street address here including suite number, etc. and leave the Patient Physical Address field blank. Note: Use all of these fields if they are available.
Patient Address City	30	R**			String	
Patient Address State Code	2	R**			String	
Patient Address Zip Code	10	R**			Number	
Patient Phone Number Area Code	3	R**			Number	
Patient Phone Number	8	R**			Number	



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Block Recall	1	O			String	Specifies whether the patient should be blocked from being recalled. Y indicates the patient should be blocked from being recalled; otherwise, leave blank.
Comments	254	O			String	Alphanumeric
Guardian Last Name	48	O			String	
Guardian Middle Name	48	O			String	
Guardian Work Phone Number	10	O			Number	Format: (999) 999-9999
Historical Vaccination	1	O			String	Y for historical vaccination.
Inactive Code	1	O			String	Code that determines if the child is still an "active" patient in the plan or practice. Leaving this field blank indicates the patient is active. Acceptable codes are located in Appendix E.
Lead Lab Facility ID	25	O			String	Name of the Lab.
Lead PBB Result	10	O			Number	Numeric result of the PBB test.
Lead Result Reported Date	10	O			Date	Date the result was reported.



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Lead Sample Analyzed Date	10	O			Date	Date the sample was analyzed.
Lead Sample Type Code	1	O			String	Code type of the lead sample.
Lead Screening Site Code	1	O			String	Code of the lead screening site.
Lead Test Reason Code	1	O			String	Character code of the lead test reason.
Managed Health Care Plan Date	10	O			Date	Date patient enrolled in managed health care plan. Note: Dates can be defined in the profile, so they can be sent in any standard format. Note: If additional information such as a timestamp is sent with the date, the DTT will strip it off and only store the date in the registry.
Managed Health Care Plan ID	25	O			String	Identifying number associated with the patient's health care plan.
Managed Health Care Plan Name	30	O			String	Name of the patient's health care plan.
Patient Birth Country	2	O			String	Birth Country of the patient.



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Patient Birth File Number	16	O			String	A unique number identifying the birth file for the patient.
Patient Birth State	2	O			String	Two letter abbreviation in capital letters.
Patient County FIPS Code	10	O			Number	Acceptable codes are located in Appendix B . Note: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).
Patient Email Address	40	O			String	Patient or guardian email address Format: username@email.com
Patient Ethnicity Code	12	O			Number	Ethnicity codes are located in Appendix C . Note: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).
Patient Gender Code	1	O			String	M for Male, F for Female, U for Unknown, O for Other Note: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Patient Health District/Region	12	O			String	Must be numeric.
Patient Language Code	1	O			String	E=English, S=Spanish Note: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).
Patient Medicaid Number	16	O			String	Patient's Medicaid number.
Patient Middle Name	48	O			String	Middle name of the patient.
Patient Phone Extension	10	O			Number	Patient's extension associated with his phone number.
Patient Physical Address	45	O			String	Used when PO Box is used. Indicates where the patient actually lives.
Patient Race Code	1	O			String	Acceptable codes are located in Appendix D . Note: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIS registry acceptance codes).
Patient SSN	11	O			Number	Format: 999-99-9999



Field	Length	R=Required O=Optional	Mapped Value	Field Position	Data Type	Comments
Patient Suffix	5	O			String	Sr., Jr., etc.
Patient VFC Eligible Code	2	O			Number	Acceptable codes are located in Appendix F . Note: "Code-based" fields (fields containing the word "code") can be mapped (which means translating the import file code to coincide with the SIIIS registry acceptance codes).
Programs List	60	O			String	A semi-colon delimited list of programs the patient belongs. The program name must exactly match the name used by the receiving system. To specify a member ID for a program, place a comma after the program name, followed by the member ID for that program.
School District Code	12	O			Number	Positive integer. The School IDs table is available upon request.
