

### EHR Vendor HL7 2.5.1 USIIS VXU Required Data Elements for the COVID-19 Vaccine

HL7 Segment Specifics for both VXU	
MSH-3 (USIIS code for vendor)	Send value in all messages, for all facilities = USIIS assigns the value
MSH-4 (Sending Facility)	Send value per facility location = USIIS assigns value per facility location
MSH-5 (USIIS code Interface ID)	Send value in all messages, for all facilities = USIIS assigns the value
MSH-11 (Processing ID)	Test: doesn't matter if value is D(evelopment), T(esting) or P(roduction). Production: must be <b>P</b> .
MSH-12 (Version)	Must be included. USIIS accepts: <b>2.5.1</b> (no other text)

HL7 Segment Specifics for VXU Message		
HL7 Segment	Description and Extract Guidance	Data Population Requirements
PID-3.5 (Patient Identifier)	USIIS requires <b>MR</b> type. Also support <b>SS</b> and <b>MA</b> types – as repeating identifiers.	Required
PID-5 Patient Name	This field contains the names of the patient, The primary or legal name of the patient is reported first. Therefore, the name type code in this field should be "L - Legal". Refer to HL7 Table 0200 - Name Type for valid values.	Required
PID-6 Mother's Maiden Name	This field contains the family name under which the mother was born (i.e., before marriage). It is used to distinguish between patients with the same last name.	Required if known for this recipient
PID-7 Date/Time of Birth	This field contains the patient's date and time of birth.	Required
PID-8 Administrative Sex	This field contains the patient's sex. Refer to User-defined Table 0001 - Administrative Sex for suggested values.	Required
PID-10 Race	This field refers to the patient's race. Refer to User-defined Table 0005 - Race for suggested values.	Required
PID-11 Patient Address	This field contains the mailing address of the patient.	Required
PID-13 Phone Number	This field contains the patient's personal phone numbers.	Required if known for this recipient
PID-22 Ethnic Group	This field further defines the patient's ancestry. Refer to Table CDCREC - Ethnic Group.	Required
RXR-1 Route	This field is the route of administration.	Required
RXR-2 Administration Site	This field contains the site of the administration route.	Required
RXA-3 Vaccine administered date	Indicates the date that the vaccine was administered.	Required
RXA-5 Vaccine administered	Indicates which product (vaccine) was administered – CVX/NDC	CVX – Required; NDC – Required if known for this vaccination event
RXA-6 Administered amount	This field records the amount of pharmaceutical administered.	Required if known for this vaccination event

RXA-7 Administered units	This field must be in simple units that reflect the actual quantity of the substance administered. USIIS will assume 'ml' if not valued.	Required if known for this vaccination event
RXA-9 Administration Notes	Required - send to indicate if facility administered the immunization or whether the facility entered the immunization as part of the patient history. If RXA-9 is blank, USIIS treats immunization as <i>not</i> administered.	Required
RXA-10 Administering provider	This is the person who gave the administration or the vaccinator. It is not the ordering clinician.	Required if known for this vaccination event
RXA-11 Administered at location	This is the clinic/site where the vaccine was administered. RXA-11.1.1 should be USIIS Provider	Required
RXA-15 Vaccine Lot Number	Indicates the lot number for the vaccine administered.	Required
RXA-16 Vaccine Lot Expiration Date provider	Indicates the expiry date for the vaccine administered.	Required if known for this vaccination event
RXA-17 Vaccine Manufacturer	Indicates the manufacturer of the vaccine administered – MVX code.	Required
RXA-20 (Completion Status) [Complete, Refused, Partially administered, Not administered]	USIIS will only load immunizations with code <b>CP</b> . Others sent will not be loaded—e.g., RE, PA, NA.	Required
RXA-21 (Action Code) [A(dd), D(elete), U(pdate)]	USIIS will treat U(pdate) as an A(dd). Will D(elete) ever be sent? If so, will need to test the scenario.	Required
OBX segment – values that should be sent in this segment	<ul style="list-style-type: none"> <li>• Vaccine funding program eligibility (Financial Class), OBX-3: 64994-7</li> <li>• VIS Published Date, OBX-3: 29768-9</li> <li>• VIS Delivered Date, OBX-3: 29769-7</li> <li>• Contraindications, OBX-3: 30945-0</li> <li>• Contraindication Effective Date, OBX-3: 30946-8</li> <li>• Reactions, OBX-3: 31044-1</li> <li>• Immunity, OBX-3: 59784-9</li> <li>• Vaccine Type, OBX-3: 30956-7</li> <li>• Vaccine funding source, OBX-3: 30963-3</li> <li>• Dose number, OBX-3: 30973-2</li> <li>• Number of doses in primary series, OBX-3: 59782-3</li> <li>• Status in immunization series, OBX-3: 59783-1</li> </ul>	Required if known for this vaccination event

\*For the referenced tables and for more details please visit: <https://www.cdc.gov/vaccines/programs/iis/technical-guidance/downloads/hl7guide-1-5-2014-11.pdf>