

# Required Data Elements

Vaccination providers enrolled in the COVID-19 Vaccination Program are required to report the below data elements for each dose administered within 24 hours of administration.

FIELD DEFINITIONS			DATA POPULATION REQUIREMENTS
Field Number	COVID-19 Data Element	Data Element Description and Extract Guidance	Vaccination Event Data Population Requirements
1	Recipient name: first	Recipient's first name	Required
2	Recipient name: middle	Recipient's middle name	Required
3	Recipient name: last	Recipient's last name	Required
4	Recipient date of birth	Recipient's date of birth	Required
5	Recipient sex	Recipient sex	Required
6	Recipient address: street	The street component of the recipient's address	Required
7	Recipient address: city	The city component of the recipient's address	Required
8	Recipient address: state	The state component of the recipient's address	Required if known for this recipient
9	Recipient address: zip code	The zip code of the recipient's address (5 digit or 10 digits, with hyphen, are acceptable)	Required if known for this recipient
10	Recipient race	Patient's race	Required
11	Recipient ethnicity	The ancestry of the patient	Required
12	Administration date	The date the vaccination event occurred (or was intended to occur)	Required
13	CVX	The vaccine type that was administered.	Required
14	NDC	The vaccine product that was administered. Unit of Use (UoU) is preferred if both UoU and Unit of Sale (UoS) are available.	Required if known for this vaccination event
15	MVX	The manufacturer of the vaccine administered	Required if known for this vaccination event

16	<b>Lot number</b>	The lot number of the vaccine administered: Unit of Use (UoU) is preferred if both UoU and Unit of Sale (UoS) are available.	Required if known for this vaccination event
17	<b>Vaccine administering site</b>	The body site of vaccine administration.	Required if known for this vaccination event
18	<b>Vaccine route of administration</b>	The route of vaccine administration (e.g., oral, subcutaneous)	Required if known for this vaccination event
19	<b>Dose number</b>	Dose # in vaccination series provided dose is considered valid (e.g., counts towards immunity).	Required if known for this vaccination event
20	<b>Vaccination series complete</b>	Report if the vaccination series is complete. Select "YES" when the recipient has completed the required doses for the specific vaccine product. If more doses are required select "NO." If unknown, or cannot be calculated, select "UNK."	Required if known for this vaccination event
21	<b>Administered at location</b>	The name of the physical clinic or facility that reported the vaccination, refusal, or missed appointment. In some cases, this could be the same as the responsible organization.	Required
22	<b>Administration address: street</b>	The street component of where the vaccine is being administered/planned to be administered. For long-term care facilities, the recipient's address will be the same as the administration address. For mobile clinics, the administration address should be where the clinic is being held.	Required if known for this vaccination event
23	<b>Administration address: city</b>	The city component of where the vaccine is being administered/planned to be administered. For long-term care facilities, the recipient's address will be the same as the administration address. For mobile clinics, the administration address should be where the clinic is being held.	Required if known for this vaccination event

24	<b>Administration address: state</b>	The state component of where the vaccine is being administered/planned to be administered. For long-term care facilities, the recipient's address will be the same as the administration address. For mobile clinics, the administration address should be where the clinic is being held.	Required if known for this vaccination event
25	<b>Administration address: zip code</b>	The zip code component of where the vaccine is being administered/planned to be administered. For long-term care facilities, the recipient's address will be the same as the administration address. For mobile clinics, the administration address should be where the clinic is being held.	Required if known for this vaccination event
26	<b>Vaccination refusal</b>	Vaccination was refused, select 'Yes'. If the vaccine was administered, select 'No'	Required if known for this vaccination event

27	Comorbidity status	<p>Report if the recipient has a comorbidity. Recipients are a member of a special risk group that are at increased risk of severe illness.</p> <p>If the recipient has at least one of the conditions listed on <a href="https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html">https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html</a>?  CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html for "are at increased risk", select Yes. If they do not have any of those conditions or have "No Existing Conditions" then select No.</p> <p>Example conditions for CDC as of October 23,2020: Cancer, Chronic Kidney Disease, Immunocompromised, Chronic Lung Disease, Obesity, Sickle Cell Disease, Diabetes</p> <p>If unknown or you do not collect this information, please select "UNK"</p>	Required if known for this vaccination event
28	Serology results	<p>Report if there was a positive Serology (Antibody test) result. If the provider knows of any positive serology results, they should report it regardless of if they conducted the test.</p> <p>If you do not collect, please populate with UNK</p>	Required if known for this vaccination event