

UPIF Provider's Guide

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Introduction

Overview

The Department of Health and Mental Hygiene's Citywide Immunization Registry (CIR) is designed to serve as a repository of immunization information for individuals residing in New York City. The repository will function as an information source for staff members of the DOHMH Bureau of Immunization and for NYC health care providers and agencies concerned with health who have regular contact with individuals requiring immunizations.

CIR patient data will come from a variety of existing information systems, most of which will provide ongoing data feeds. These existing systems include large hospitals in New York City, both those that are part of the NYC Health and Hospitals Corporation, as well as private hospitals, clinics, and medical offices. In addition, plans are currently in place to link immunization registries throughout New York state to simplify tracking of individuals who move within the state, or who cross jurisdictional boundaries to obtain medical care.

The integrity and security of CIR patient data is critical. Input data quality will be reviewed, and data may be edited before it is inserted into the database. Access to the data will be restricted, so that immunization providers and agencies concerned with health can get the information that they need to correctly vaccinate an individual, while limiting their ability to get residential and demographic information. The system will also restrict the ability for unauthorized personnel to randomly access patient information.

UPIF

The CIR Universal Provider Interface Format (UPIF) has been defined to provide a standard mechanism for the batch transfer of information between immunization providers and the CIR. UPIF batch files can be submitted electronically or on a magnetic medium. Each facility using UPIF to submit patient immunization data may submit their files on a different schedule, although the Health Code requires that immunizations be reported within 14 days of administration.

Immunization providers will be able to perform the following CIR transactions through the submission of UPIF files:

- Add a new patient to CIR.
- Update a patient's residence and demographic information.
- Add a new immunization event for a patient.

The UPIF contains four basic record types, which are used to identify the source of the file, perform add and update patient transactions, insert immunization events, and check file consistency.

The two principal record types have a similar structure, with an identical patient identification block followed by the appropriate data. The identification block includes universal patient ID numbers (e.g., Medicaid), facility patient identification numbers, and primary and auxiliary key data. There are several advantages to this approach:

- Patient transactions and immunization event transactions are completely independent.
- If an immunization event arrives for a patient who does not yet exist in the CIR, sufficient information is available to create a new patient record.
- Support of a single patient identification mechanism.

UPIF Record Structure

Source Record

Header	Sender Identification
--------	-----------------------

Patient Record

Header	Patient Identification	Residential and Demographic Information
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Immunization Event Record

Header	Patient Identification	Immunization Event Data
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Trailer Record

Header	File Statistics
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A facility can use the UPIF to *register* a patient with the facility's own medical record number. Once a patient has been registered by a facility, the medical record number can be used as an identification key.

Reporting Requirements — NYC Health Code Mandate

The New York City Health Code mandates the following:

- Information for new patients and immunization events shall be reported within 14 days of administration of the immunizations (i.e., report at least bi-weekly, or more frequently).
- Reporting of all immunizations administered to all patients under the age of nineteen years is required (effective August 18, 2005).
- Reporting of immunizations administered to patients age nineteen years and over, with the patient's consent documented in the medical record, is voluntary (effective August 18, 2005).
- If an immunization history is maintained for a patient, it should be reported at the same time the patient is initially reported to CIR.

Reporting Requirements — UPIF Processing

- Each UPIF batch file must contain a Sender Record to identify the source of the batch submission. The Sender Record must be the first record in the file.
- Each UPIF batch file must contain a Trailer Record to indicate the end of file, and the number of records that the file contains. The Trailer Record must be the last record in the file.
- If a facility wishes to use its own patient number for patient identification, it must submit a Patient Record that provides all available primary and auxiliary key information for the patient, *prior* to the use of that patient identification number in reporting immunization events.
- A facility using their own patient number to identify a patient must still provide the First Name, Last Name, Date of Birth, and Gender as corroborating patient identification information.
- A facility using a NYS Medicaid number to identify a patient must still provide the First Name, Last Name, Date of Birth, and Gender as corroborating patient identification information.
- If a facility wishes to submit multiple files in the same batch submission, a Sender Record and a Trailer Record must be indicated for each subsequent file and/or facility code.

Sample:

```
1|S|N|9999X01|Facility_SiteA|06/25/2008|
2|M|S|I|I|I|I|.....
3|M|S|I|I|I|I|.....
4|M|S|I|I|I|I|.....
5|U
1|S|N|9999X02|Facility_SiteB|06/25/2008|
2|M|S|I|I|I|I|.....
3|M|S|I|I|I|I|.....
4|M|S|I|I|I|I|.....
5|U
1|S|N|9999X03|Facility_SiteC|06/25/2008|
2|M|S|I|I|I|I|.....
3|M|S|I|I|I|I|.....
4|M|S|I|I|I|I|.....
5|U|
```

Reporting Process

Each facility will need to review their options for reporting immunization information. Facilities that wish to use the UPIF for batch file transfer may choose between electronic submission and the use of magnetic media.

Certification

Before the UPIF can be used to submit patient information to the CIR, a facility must undergo a DOHMH certification process. The purpose of certification is to qualify the facility's own processes for generating the UPIF from their medical record systems.

Test Runs

The certification process is focused on the submission of test batches of UPIF data to the CIR. Each test batch will be validated at the field and record level to insure conformance to the UPIF specification. Problems in the test batch will be logged in a test report, and returned to the facility.

It is strongly recommended that a facility reapply for certification if they make changes to their medical records system that could affect the generation of UPIF files.

Regular Reporting

At the end of each reporting period, a facility will go through the following process:

1. Prepare the file. Provide information for all patients who have been added to the system (or whose records have been modified)¹, and all immunization events that have taken place during the reporting period.
2. Transfer file. Send the UPIF batch file to the CIR for processing.
3. Review batch processing report. Determine whether errors occurred during batch file processing, and whether resubmission of information is necessary.

Online Submission

The CIR will support the online submission of UPIF batch files via the Web File Repository (WFR). This is a secure and simple tool used for transferring (uploading) files from your computer to the CIR via the Internet. WFR encrypts patient data for electronic transfer to the CIR, in accordance with the HIPAA Security Rule. This method for sending files is recommended, since you will no longer need to use magnetic media, and the files will be traceable. For more information on submitting UPIF files through the WFR, please call the CIR at 212-676-2323.

Magnetic Media Submission

The CIR will also support the submission of UPIF batch files on magnetic media and CD-ROM.

¹ Facilities that have medical record systems that make it difficult to extract patient records that have changed during a reporting period can submit all appropriate patient records on a quarterly or semi-annual basis, in addition to regular reporting of immunization data.

Each floppy disk, CD or zip disk should contain a single UPIF batch file.

The following media formats are supported by the CIR:

- 3-1/2" floppy disks (PC-formatted)
- CD-ROM (High-Sierra format)
- Zip disk

UPIF Processing Flow

Patient Identification

The CIR uses several different identification strategies to correlate each input record with the appropriate patient in the system. Among the strategies used are:

- Medicaid Number - NYS Medicaid identification numbers can be used to identify patients in CIR. For security purposes, the primary identification elements (i.e., First Name, Last Name, Date of Birth, and Gender) must also be provided to corroborate the use of the Medicaid number.
- Patient Medical Record System Number - A facility's own patient identification number (e.g., medical record number, chart number) can be used to identify patients in the Registry. For security purposes, the primary identification elements (i.e., First Name, Last Name, Date of Birth, and Gender) must also be provided to corroborate the use of the Medical Record System number.
- Primary Identification Elements - Many patients can be identified through the use of a small set of data elements (i.e., First Name, Last Name, Date of Birth, and Gender).
- Primary and Auxiliary Identification Elements - In addition to the primary data elements listed above, the CIR will use a number of additional data elements (e.g., telephone number, mother's maiden name) to identify unique record matches.
- Partial Matching - If the CIR fails to identify an exact match, a partial matching scheme between subsets of specified fields will be used.

It is strongly recommended that each UPIF record contain as many of the primary and auxiliary identification elements as are known to the facility. This increases the likelihood of a match, as well as helping to maintain the accuracy and completeness of CIR patient data.

UPIF Record Formats

This section specifies the details of the UPIF record structure. It describes both the structure of the record and the specific data elements.

File Name

A single UPIF file will contain sender, patient, and immunization data.

NAME	DESCRIPTION
Uxxxxxxx.nnn	<p>xxxxxxx is the seven-character institution code (provided by the DOHMH during registration).</p> <p>nnn is the sequence number. Initially 0, incremented (by one) as each UPIF file is submitted.</p>

Record Format

There are four record types used in the UPIF format. Two of the record types contain patient information, the other two identify the source of the data and provide essential consistency checking. The four record types use a common structure to simplify generation and loading.

Data Types

DATA TYPE	DESCRIPTION
(x)	Maximum length is <i>x</i> .
Char (x)	Text value is blank padded to fixed length <i>x</i> .
Varchar (x)	Text value is variable length.
Date	Date value must be in the format <i>MM/DD/YYYY</i> .
Number (x)	Numeric value must be a whole number.

Separators and Delimiters

The UPIF specifies a small number of characters to be used as separators between fields and records.

TYPE	SYMBOL	HEX VALUE	WHERE USED
Field		7C	Between two fields in the same record
Record	<carriage return>	0D	At the end of each record
End of file	(platform specific)	<end of file>	At the end of the file

A null field in a record should be represented by placing nothing at all (i.e., neither text nor blanks) between the field separators.

Sender Record

The sender record is always the first record in the file.

FIELD NUMBER	DATA ELEMENT	DATA TYPE	REQUIRED?	DESCRIPTION
1	Sequence Number	Number (7)	Yes. First record in file, so the value must be 1.	Identifies the position of the record in the file. Used in error reporting to indicate where a problem occurred.
2	Record Type	Char (1)	Yes. Always S.	Sender record.
3	Record Action	Char (1)	Yes. Either T or N.	T identifies a Test Run (for use during certification); N identifies a normal batch.
4	Facility Code	Varchar (7)	Yes	Your facility ID as registered with the CIR system. Recorded during registration by the DOHMH.
5	Facility/Unit Name	Varchar (40)	Yes	Your facility name as registered with the CIR system. Provided during registration by the DOHMH.
6	Batch Date	Date	Yes. Please use MM/DD/YYYY date format.	Date the UPIF file was produced.
7	Contact Information	Varchar (40)	Yes	Name and/or phone number for contact if a problem occurs during processing.

Patient Information Record

FIELD NUMBER	DATA ELEMENT	DATA TYPE	REQUIRED?	DESCRIPTION
<i>Record Header</i>				
1	Sequence Number	Number (7)	Yes	Identifies the position of the record in the file. Used in error reporting to indicate where a problem occurred.
2	Record Type	Char (1)	Yes. Must be P .	Patient Record
3	Reserved	Char (1)	Yes. Must be S .	Reserved for future use.
<i>Identification Numbers</i>				
4	Patient Number	Varchar (15)	Strongly Recommended	Patient identification number (e.g., medical record number, chart number) the sending facility uses to identify the patient. Used as a key value for patient search. If provided, the primary key values (first and last name, gender, DOB) must also be provided for corroboration.
5	NYS Medicaid Number	Char (8)	Strongly Recommended	Used as a key value for patient search. If provided, the primary key values (first and last name, gender, DOB) must also be provided for corroboration.
<i>Primary Key Fields</i>				
6	Date of Birth	Date	Yes. Please use MM/DD/YYYY date format	Patient's date of birth. Primary search key.
7	Gender	Char (1)	Yes	Patient's gender. Must be M for male or F for female. Primary search key.
8	First Name	Varchar (25)	Yes	Patient's first name. Primary search key.

9	Last Name	Varchar (25)	Yes	Patient's last name. Primary search key.
Auxiliary Key Fields				
10	Multiple Birth Indicator	Char (1)	Strongly Recommended	Was patient part of a multiple birth event (e.g., twins). Y if true, N otherwise.
11	Mother's Maiden Name	Varchar (25)	Strongly Recommended	
12	Mother's Date of Birth	Date	Strongly recommended. Please use MM/DD/YYYY Y date format	
13	Patient's Middle Name	Varchar (25)	No	
14	Patient's Alternate First Name	Varchar (25)	No	Patient's other first name (e.g., Nickname)
15	Patient's Alternate Last Name	Varchar (25)	No	Patient's other last name (e.g., Stepparent's name)
16	Birth Facility Code	Varchar (5)	No	The facility within NYC where the patient was born. Refer to the Birth Facility reference table.
17	House Number	Varchar (10)	Strongly Recommended	
18	Street Name	Varchar (40)	Strongly Recommended	
19	Apt. Number	Varchar (5)	Strongly Recommended	The numbers and/or letters designating the apartment.
20	City	Varchar (40)	Strongly Recommended	The city/town/community in which the patient resides.
21	State	Char (2)	No	Refer to State Code reference table
22	Zip Code	Char (5)	Strongly Recommended	

23	Zip4	Char (4)	No	
24	Telephone Number	Char (10)	No	Full telephone number (including area code)
<i>Residential and Demographic Information</i>				
25	Mother's First Name	Varchar (25)	Strongly Recommended	
26	Mother's Last Name	Varchar (25)	No	
27	Father's First Name	Varchar (25)	No	
28	Father's Last Name	Varchar (25)	No	
29	Guardian's First Name	Varchar (25)	No	
30	Guardian's Last Name	Varchar (25)	No	
31	Hispanic	Char (1)	No	Must be Y (yes), N (no), or U (unknown).
32	Race Code	Number (2)	No	Refer to Race Code reference table.
33	Language Spoken at Home	Char (2)	No	Refer to Language code reference table.
34	Birth Country Code	Char (3)	No	The country code where the patient was born. Refer to the Country reference table.
35	Birth State Code	Char (2)	No	The state code where the patient was born. Refer to the State reference table.
36	VFC Eligibility	Number (1)	Strongly Recommended	Refer to the VFC Eligibility reference table.

Immunization Event Record

FIELD NUMBER	DATA ELEMENT	DATA TYPE	REQUIRED?	DESCRIPTION
<i>Record Header</i>				
1	Sequence Number	Number (7)	Yes	A sequence number for the record within the file.
2	Record Type	Char (1)	Yes. Must be M .	Immunization Record.
3	Reserved	Char (1)	Yes. Must be S .	Reserved for future use.
<i>Identification Numbers</i>				
4	Patient Number	Varchar (15)	Strongly Recommended	Patient identification number (e.g., medical record number, chart number) the sending facility uses to identify the patient. Used as a key value for patient search. If provided, the primary key values (first and last name, gender, DOB) must also be provided for corroboration.
5	Medicaid Number	Char (8)	Strongly Recommended	Used as a key value for patient search. If provided, the primary key values (first and last name, gender, DOB) must also be provided for corroboration.
<i>Primary Key Fields</i>				
6	Date of Birth	Date	Yes. Please use MM/DD/YYYY date format	Patient's date of birth. Primary search key.
7	Gender	Char (1)	Yes	Patient's gender. Must be M -male or F -female. Primary search key.
8	First Name	Varchar (25)	Yes	Patient's first name. Primary search key.
9	Last Name	Varchar (25)	Yes	Patient's last name. Primary search key.

<i>Auxiliary Key Fields</i>				
10	Multiple Birth Indicator	Char(1)	Strongly Recommended	Was patient part of a multiple birth event (e.g., twins). Y if true, N otherwise.
11	Mother's Maiden Name	Varchar (25)	Strongly Recommended	
12	Mother's Date of Birth	Date	Strongly Recommended. Please use MM/DD/YYYY date format	
13	Patient's Middle Name	Varchar (25)	No	
14	Patient's Alternate First Name	Varchar (25)	No	Patient's other first name (e.g., Nickname)
15	Patient's Alternate Last Name	Varchar (25)	No	Patient's other last name (e.g., Stepparent's name)
16	Birth Facility Code	Varchar (5)	No	The facility within NYC where the patient was born. Refer to the Birth Facility reference table.
17	House Number	Varchar (10)	Strongly Recommended	
18	Street Name	Varchar (40)	Strongly Recommended	
19	Apt. Number	Varchar(5)	Strongly Recommended	
20	City	Varchar (40)	Strongly Recommended	The city/town/community in which the patient resides.
21	State	Char(2)	No	Refer to State Code reference table
22	Zip Code	Char(5)	Strongly Recommended	
23	Zip4	Char(4)	No	

24	Telephone Number	Char(10)	No	Full telephone number (including area code)
<i>Mandatory Reporting Information</i>				
25	Vaccination Date Or Disease/Titer Date	Date	Yes. Please use MM/DD/YYYY date format	Date vaccination was administered, disease occurred or titers reported
26	Vaccine Code Or Disease Code	Char (4) Varchar (12)	Yes	Refer to Vaccine reference table. Refer to Disease reference table
27	Immunization Information Source Or Evidence of Immunity Type	Char (1)	Yes	The original source of information about the event. Refer to Immunization Information Source / Evidence of Immunity Type reference table
28	Provider First Name	Varchar (25)	Yes	
29	Provider Last Name	Varchar (25)	Yes	
30	Provider License Number	Char (6)	Yes	Provider's six-character license number.
<i>Additional Information</i>				
31	Dose Number	Number (2)	No	Dose number is used for reference purposes only.
32	Vaccine Lot Number	Varchar (16)	Strongly Recommended	Lot number of vaccine.
33	Manufacturer Code	Varchar (6)	Strongly Recommended	Refer to Manufacturer reference table.
34	VFC Eligibility	Number (1)	Strongly Recommended	Refer to VFC Eligibility reference table.

35	Health Plan Code	Varchar (2)	No	Refer to Health Plan reference table.
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Trailer Record

FIELD NUMBER	DATA ELEMENT	DATA TYPE	REQUIRED?	DESCRIPTION
1	Sequence Number	Number (7)	Yes	Record count number. Represents total number of records in this file.
2	Record Type	Char (1)	Yes. Must be U	UPIF Trailer Record

Questions and Answers

What is UPIF?

UPIF stands for the Universal Provider Interface Format. The purpose of the UPIF is to permit providers with existing medical record systems to submit information to the Citywide Immunization Registry in a batch file format.

What is the CIR?

The Citywide Immunization Registry is a computer system operated by the Bureau of Immunization of the NYC Department of Health and Mental Hygiene. The purpose of the CIR is to track immunizations received by individuals in NYC. The information will be used to identify under-immunized individuals, as well as to serve as a source of data for authorized immunization providers and agencies concerned with health.

Why should I tell the CIR about my patients?

The New York City Health Code, effective August 18, 2005, mandates reporting of immunizations administered to all people age eighteen years and younger, and allows for voluntary reporting of immunizations administered to people age nineteen years and older, with consent. Health care providers authorized to administer immunizations report the immunizations to the CIR.

Do I have to use the UPIF to inform the CIR about my patients?

No. The CIR allows providers to use a variety of different mechanisms to report immunizations.

- If you deliver all of your immunizations under the auspices of a clinic or hospital, you should determine whether the immunizations are being reported to the CIR for you through the facility's own information system.
- If you have a computer with Internet access available, you may report immunizations to the CIR through the Online Registry. You may also look up, and print out, the immunization records of your patients through the Online Registry and see recommendations of immunizations due.
- If you don't have a computer system available, immunizations can be reported to the CIR on paper forms.

Do I have to tell you about all my patients?

You are required to report all immunizations administered to all individuals age 18 years and under. You may choose to report immunizations administered to individuals age 19 years and over, with the patient's consent documented in the medical record.

Do I have to have a Sender Record in each file?

Yes. The Sender Record is necessary for the CIR to determine the source of patient immunization information.

Do I have to send a Patient Record for each patient?

No. You can fulfill the requirements of the mandate just by sending immunization records.

Do I have to send an Immunization Record for each immunization I deliver?

You must send an Immunization Record for each immunization you provide to an individual who is under nineteen years of age.

Do I have to send a Trailer Record?

Yes. The Trailer Record is used to indicate that there are no more records to be processed. The Trailer Record is also used for consistency checking.

Do I have to send information for all of the fields that are required?

Yes.

Does the order in which I send you the records matter?

Yes. The Sender Record must be the first record in the file, and the Trailer Record must be the last record in the file. The Patient and Immunization Records may be sent in any order, and even intermixed.

How frequently do I need to send information to the CIR?

The NYC Department of Health and Mental Hygiene mandates that the CIR be informed within 14 days for all patient immunizations. We strongly encourage you to send information more frequently, as it will help to keep the CIR current.

Do I need to send the CIR historical information about my patients?

If your medical record system contains immunization histories for individuals under nineteen years of age, then you should report this information to the CIR. If your medical record system contains immunization histories for patients nineteen years of age and over, then you must get consent from the patient before reporting this information to the CIR.

Do I need to report VFC eligibility and Child Health Plus B status?

For providers who participate in the Vaccines for Children Program (VFC), The VFC Eligibility status (field 34 in the Immunization Event Record) must be reported. Please refer to page 41 for a list of VFC Eligibility and Child Health Plus B status codes.

When would the Immunization Source be anyone other than myself?

If you did not give the immunizations yourself and are reporting the patient's immunization history, then the Immunization Source field should indicate where the information about the event came from. The fields should be used as follows:

Code	Description
V	Vaccinator. Used if the physician identified in the immunization event was responsible for giving the immunization. The Provider First Name, Provider Last Name, and Provider License Number fields refer to the physician who gave the immunization and is reporting it.
D	Document. Used if the information in the immunization event was taken from the yellow card or Lifetime Health Record. The Provider First Name, Provider Last Name, and Provider License Number fields refer to the reporting physician, and not the physician who gave the immunization.
O	Other Provider. Used if the information about the event came from another provider.

The Provider First Name, Provider Last Name and Provider License number fields refer to the reporting physician, and not the physician who gave the immunization.

S System. Used if the information came from another immunization registry system.

It is expected that this code will generally be used for transfer of information between registries, and not by reporting providers.

If you have additional questions about this, contact the CIR.

What will happen if I send duplicate records to the CIR?

Duplicate records will be processed, and discarded if no new information is found.

We realize that it will be difficult for some medical record systems to keep track of whether they have already sent information about a particular patient to the CIR. To address these problems, the following is suggested:

- When you are ready to begin sending information to the CIR, send Patient and Immunization records for all current patients who are less than nineteen years of age.
- Send a Patient record to the CIR for each new patient who is added to the CIR during a reporting period.
- Send an Immunization record to the CIR for each immunization that you deliver during a reporting period.
- To ensure that the CIR is aware of all patient updates, send a new Patient record for each current patient in your system once every six months.

What if my medical records system does not contain all of the required UPIF information?

You should contact the Bureau of Immunization to discuss the situation. They will determine if an exception is warranted, or if you should use one of the alternate mechanisms (described above) to submit patient immunization data.

How do I get started providing information to the CIR with UPIF?

Assuming that you have already created a UPIF file, contact the CIR at (212) 676-2323 to arrange for certification testing. We will set up a time for you to submit your data, and you will receive timely feedback on whether it conforms to the UPIF guidelines. UPIF certification can often involve several iterations as errors in the records are corrected and the file is resubmitted. Once all of the problems have been resolved, you can begin submitting information to the CIR.

How will I find out if there are problems with the data I have submitted?

Immunization providers who upload their UPIF files using WFR will be able to view and print a feedback report through WFR after the file is processed.

Immunization providers who submit their UPIF files on magnetic media will be contacted by the CIR if problems occur during processing.

Where do I send the UPIF file?

To send the file using WFR:

Please call (212) 676-2323 and ask to speak to Shirley Huie.

To mail the magnetic media to the CIR:

By Mail:

Citywide Immunization Registry
NYC DOHMH
125 Worth Street, CN-64R
New York, NY 10013
Attn: Fritzner Paul

By Courier Service:

Citywide Immunization Registry
NYC DOHMH
2 Lafayette Street, 19th Floor
New York, NY 10007
Attn: Fritzner Paul

Who should I contact for additional information?

Citywide Immunization Registry
NYC Department of Health and Mental Hygiene
125 Worth Street, CN-64R
New York, NY 10013

Voice: (212) 676-2323
Fax: (212) 676-2314

Examples

This section provides several fictitious examples of how the record format is populated.

The | symbol is used in these examples as a field separator. The ↵ symbol is used to indicate where a carriage return (normally an invisible character) is placed. The record length in several of the records exceeds the line length of this document, so the records have been split across multiple lines.

Sender Record

The sender record is expected as the first element in a UPIF file, so the record number should always be 1. The last field, which contains contact information, is for human use should a problem occur during file processing.

```
1|S|N|1020021|Bronx General|07/19/1996|C.P. Wong (212)555-  
1212↵
```

Patient Information Record

The first example offers a fairly complete patient record. Patient information records will seldom be completely populated, since some elements may not apply or may not be tracked by the sending facility.

```
5|P|S|||02/01/1996|M|Harry|Riff|||L|Lee||13103|45|Broadway|15  
C|New  
York|NY|10006||2128096600|Judy|Riff|Ralph|Riff||U|2|01|USA|NY  
|2↵
```

The second example of a patient information record demonstrates how a facility's patient identification number can be provided to the CIR. When the number is provided for the first time by a facility (along with all known identification elements), it will be recorded within the CIR. Subsequent uses of the patient identification number (such as that shown in the immunization event record section below), can be provided with a minimum of identification information and still have a very high probability of getting a unique match with a patient record.

```
9|P|S|YOU2917B||6/14/95|M|Woody|You|Y|||41609|158-  
01|Sanford  
Avenue|2B|Flushing|NY|11358||7184451111|||N|4|03|NY|1↵
```

Note that the null fields in each record are represented through adjacent field separators with no intervening text of blank spaces.

Immunization Event Record

This immunization event record uses the same patient identification block as the first patient information record shown above.

```
13|M|S|||02/01/1996|M|Harry|Riff|||L|Lee||13103|45|Broadway|1  
5C|New  
York|NY|10006||2128096600|04/30/1996|01|V|Connie|Cristantiello  
|000084|1||5|OX↵
```

Tables

Birth Facility.....	6
Borough.....	6
Country	6
County	6
Health Plan	6
Immunization Information Source/ Evidence of Immunity Type	6
Language.....	6
Manufacturer.....	6
Race	6
State.....	6
Vaccine.....	6
VFC Eligibility.....	47
Disease	47

Birth Facility

<u>Code</u>	<u>Name</u>
11215	ALLEN PAVILION
42601	ASTORIA GENERAL HOSPITAL*
31350	BAPTIST HOSPITAL*
51719	BAYLEY SETON HOSPITAL*
11102	BEEKMAN DOWNTOWN HOSPITAL / NY DOWNTOWN
13103	BELLEVUE HOSPITAL
11107	BETH ISRAEL HOSPITAL
42604	BOULEVARD HOSPITAL*
21427	BRONX LEBANON
23463	BRONX MUNICIPAL HOSPITAL / JACOBI
24403	BRONX STATE HOSPITAL*
31507	BROOKDALE HOSPITAL
30005	BROOKLYN BIRTHING CENTER
31510	BROOKLYN HOSPITAL
34516	BROOKLYN STATE HOSPITAL*
31520	CALEDONIAN HOSPITAL*
17126	CARDINAL COOKE HEALTH CARE CNTR*
43634	CITY HOSPITAL AT ELMHURST
11191	COLUMBIA PRESBYTERIAN HOSPITAL
11116	COLUMBUS HOSPITAL*
31545	COMMUNITY HOSPITAL*
33522	CONEY ISLAND HOSPITAL
44607	CREEDMOOR STATE HOSPITAL*
33524	CUMBERLAND HOSPITAL*
42660	DEEPDALE HOSPITAL*
11121	DOCTORS HOSPITAL - MANHATTAN*
52709	DOCTORS HOSPITAL - STATEN ISLAND*
32349	FLATBUSH HOSPITAL
41609	FLUSHING HOSPITAL*
41618	FLUSHING HOSPITAL (NORTH DIV)*
28000	FOUNDLING - BRONX*
38000	FOUNDLING - BROOKLYN*
18000	FOUNDLING - MANHATTAN*
48000	FOUNDLING - QUEENS*
58000	FOUNDLING - STATEN ISLAND*
33529	GREENPOINT HOSPITAL*
13134	HARLEM HOSPITAL
26000	HOME - BRONX
36000	HOME - BROOKLYN
16000	HOME - MANHATTAN
46000	HOME - QUEENS
56000	HOME - STATEN ISLAND
31540	INTERFAITH HOSPITAL
41612	JAMAICA HOSPITAL

Birth Facility continued

<u>Code</u>	<u>Name</u>
11154	JEWISH MEMORIAL HOSPITAL*
42656	KEW GARDENS GENERAL HOSPITAL*
33538	KINGS COUNTY HOSPITAL
32503	KINGS HIGHWAY HOSPITAL*
41619	LAGUARDIA HOSPITAL / N. SHORE UNIV HOSP
11157	LE ROY HOSPITAL*
11156	LENOX HILL HOSPITAL
23428	LINCOLN HOSPITAL
31542	LONG ISLAND COLLEGE HOSPITAL
41626	LONG ISLAND JEWISH HOSPITAL
31550	LUTHERAN MED CNTR (SIS ELIZ DIV)
31535	MAIMONIDES HOSPITAL
14163	MANHATTAN STATE HOSPITAL*
41615	MARY IMMACULATE HOSPITAL*
10002	MATERNITY CENTER ASSOCIATION*
31547	METHODIST HOSPITAL
13165	METROPOLITAN HOSPITAL
21483	MISERICORDIA HOSP. / OUR LADY OF MERCY
21429	MONTEFIORE HOSPITAL*
11171	MOUNT SINAI HOSPITAL
13231	NEW GOUVERNIER HOSPITAL*
23475	NORTH BRONX CENTER HOSPITAL
11147	NORTH GENERAL*
41647	NY HOSPITAL MED CNTR OF QUEENS
11178	NYPH/WEILL CORNELL MED CENTER
41658	OSTEOPATHIC HOSPITAL
27000	OTHER PLACE - BRONX*
37000	OTHER PLACE - BROOKLYN*
17000	OTHER PLACE - MANHATTAN*
47000	OTHER PLACE - QUEENS*
57000	OTHER PLACE - STATEN ISLAND*
22402	PARKCHESTER GENERAL HOSPITAL*
42659	PARKWAY HOSPITAL*
22459	PELHAM BAY GENERAL HOSPITAL*
41625	PENINSULAR HOSPITAL*
42635	PHYSICANS HOSPITAL*
22432	PROSPECT HOSPITAL*
43620	QUEENS GENERAL HOSPITAL
11196	ROOSEVELT HOSPITAL
51714	SI UNIV HOSPITAL, NORTH
51707	SI UNIV HOSPITAL, SOUTH*
21422	ST. BARNABAS
11199	ST. CLARES HOSPITAL*
41610	ST. JOHNS EPIS (SOUTH SHORE DIV)

Birth Facility continued

<u>Code</u>	<u>Name</u>
41629	ST. JOHNS HOSPITAL
11203	ST. LUKE'S HOSPITAL*
11223	ST. LUKE'S/WOMANS HOSPITAL
31559	ST. MARYS HOSPITAL
11207	ST. VINCENTS – MANHATTAN
51711	ST. VINCENTS - STATEN ISLAND
42675	TERRACE HGTS HOSPITAL*
11189	TISCH HOSPITAL / RUSK / UNIV. HOSP
55716	U.S. PUBLIC HEALTH*
21439	UNION HOSPITAL*
31514	UNIV HOSPITAL OF BROOKLYN
90000	UNKNOWN
29000	UNKNOWN - BRONX*
39000	UNKNOWN - BROOKLYN*
19000	UNKNOWN - MANHATTAN*
49000	UNKNOWN - QUEENS*
59000	UNKNOWN - STATEN ISLAND*
31569	VICTORY MEMORIAL HOSPITAL
21413	WEILER HOSPITAL
22443	WESTCHESTER SQUARE HOSPITAL*
54722	WILLOW BROOK SCHOOL*
20003	WOMEN'S HEALTH & BIRTHING CENTER
33539	WOODHULL CARE CENTER
31573	WYCKOFF HEIGHTS HOSPITAL

Borough

<u>Code</u>	<u>Name</u>
3	BROOKLYN
1	MANHATTAN
6	NEW YORK STATE (OUTSIDE NYC)
8	OUTSIDE NEW YORK STATE
4	QUEENS
5	STATEN ISLAND
2	THE BRONX
9	UNKNOWN OR NOT STATED

Country

<u>Code</u>	<u>Name</u>
AFG	AFGHANISTAN
ALB	ALBANIA
ALG	ALGERIA
AND	ANDORRA
ANG	ANGOLA
ANT	ANTIGUA & BARBUDA
ARG	ARGENTINA
ARM	ARMENIA
ARU	ARUBA
AUL	AUSTRALIA
AUS	AUSTRIA
AZE	AZERBAIJAN
AZO	AZORES ISLANDS
BAH	BAHAMAS
BHR	BAHRAIN
BAL	BALEARIC ISLANDS
BAN	BANGLADESH
BAR	BARBADOS
BAS	BASQUE
BLA	BELARUS
BEL	BELGIUM
BEZ	BELIZE
BEN	BENIN
BER	BERBER
BEM	BERMUDA
BHU	BHUTAN
BOL	BOLIVIA
BON	BONAIRE
BOS	BOSNIA (HERCEGOVINA)
BOT	BOTSWANA
BRA	BRAZIL
BRE	BRETON
BRU	BRUNEI
BUL	BULGARIA
BUK	BURKINA FASO
BUR	BURMA
BUI	BURUNDI
CAM	CAMBODIA
CAO	CAMEROON
CAN	CANADA
CAZ	CANAL ZONE
CAY	CANARY ISLANDS
CAP	CAPE VERDES ISLANDS

Country continued

<u>Code</u>	<u>Name</u>
CAR	CAROLINA ISLANDS
CAI	CAYMON ISLANDS
CEN	CENTRAL AFRICAN REPUBLIC
CEY	CEYLON
CHA	CHAD
CHL	CHILE
CHI	CHINA
COL	COLOMBIA
COM	COMORO ISLANDS
CON	CONGO
COS	COSTA RICA
CRO	CROATIA
CUB	CUBA
CUR	CURACAO
CYP	CYPRUS
CZE	CZECH REPUBLIC
DEN	DENMARK
DJI	DJIBOUTI
DOC	DOMINICA
DOM	DOMINICAN REPUBLIC
EAS	EAST INDIES (NOT SPECIFIED)
ECU	ECUADOR
EGY	EGYPT
ELS	EL SALVADOR
EQU	EQUATORIAL GUINEA
EST	ESTONIA
ETH	ETHIOPIA
FAL	FALKLAND ISLANDS
FIJ	FIJI
FIN	FINLAND
FRA	FRANCE
FRE	FRENCH GUIANA
GAB	GABON
GAL	GALAPAGOS ISLANDS
GAM	GAMBIA
GEO	GEORGIA
GER	GERMANY
GHA	GHANA
GIB	GIBRALTAR
GRE	GREECE
GRL	GREENLAND
GRD	GRENADA
GUP	GUADELOUPE
GUM	GUAM

Country continued

<u>Code</u>	<u>Name</u>
GUA	GUATEMALA
GUI	GUINEA
GUB	GUINEA BISSAU
GUY	GUYANA
HAI	HAITI
HON	HONDURAS
HOK	HONG KONG
HUN	HUNGARY
IBE	IBERIA
ICE	ICELAND
IND	INDIA
INO	INDONESIA
IRN	IRAN
IRQ	IRAQ
IRE	IRELAND
ISR	ISRAEL
ITA	ITALY
IVO	IVORY COAST
JAM	JAMAICA
JAP	JAPAN
JOR	JORDAN
KAS	KASHMIR
KAZ	KAZAKHSTAN
KEN	KENYA KIR KIRIBATI
KOR	KOREA
KUW	KUWAIT
KYR	KYRGYZSTAN
LAO	LAOS
LAT	LATVIA
LEB	LEBANON
LES	LESOTHO
LIB	LIBERIA
LBY	LIBYA
LIE	LIECHTENSTEIN
LIT	LITHUANIA
LUX	LUXEMBOURG
MAC	MACAO
MAE	MACEDONIA
MAD	MADAGASCAR
MAW	MALAWI
MAY	MALAYSIA
MAV	MALDIVES
MAL	MALI
MAT	MALTA

Country continued

<u>Code</u>	<u>Name</u>
MAN	MARIANA ISLANDS
MAS	MARSHALL ISLANDS
MAQ	MARTINIQUE
MAU	MAURITANIA
MAR	MAURITIUS
MEL	MELNESIA
MEX	MEXICO
MIC	MICRONESIA
MID	MIDWAY ISLAND
MOD	MOLDOVA
MOC	MONACO
MON	MONGOLIA
MOT	MONTSERRAT
MOR	MOROCCO
MOZ	MOZAMBIQUE
MYA	MYANMAR (FORMERLY BURMA)
NAM	NAMIBIA (SOUTH WEST AFRICA)
NAU	NAURU
NEP	NEPAL
NET	NETHERLANDS
NEV	NEVIS & ST. CHRISTOPHER (ST. KITTS)
NWC	NEW CALEDONIA
NWG	NEW GUINEA
NWZ	NEW ZEALAND
NIC	NICARAGUA
NIG	NIGER
NGA	NIGERIA
NOR	NORWAY
OKI	OKINAWA
OMA	OMAN
XAF	OTHER AFRICAN
XAS	OTHER ASIAN
XCA	OTHER CENT. AMERICAN (CARIBBEAN)
XEU	OTHER EUROPEAN
XNA	OTHER NORTH AMERICAN
XPI	OTHER PACIFIC ISLANDER
XSA	OTHER SOUTH AMERICAN
XSP	OTHER SPANISH
PAK	PAKISTAN
PAL	PALESTINE
PAN	PANAMA
PAP	PAPUA NEW GUINEA
PAR	PARAGUAY
PER	PERU

Country continued

<u>Code</u>	<u>Name</u>
PHI	PHILIPPINES
POL	POLAND
POR	PORTUGAL
PUE	PUERTO RICO
QAT	QATAR
RHO	RHODESIA
RUM	ROMANIA
RUS	RUSSIA
RWA	RWANDA
SMA	SAMOA (AMERICAN)
SMW	SAMOA (WESTERN)
SAN	SAN MARINO
SAO	SAO TOME & PRINCIPE
SAU	SAUDI ARABIA
SCA	SCANDINAVIA
SEN	SENEGAL
SER	SERBIA
SEY	SEYCHELLES
SIE	SIERRA LEONE
SIN	SINGAPORE
SLV	SLOVAK REPUBLIC
SOL	SOLOMON ISLANDS
SLO	SOLVENIA
SOM	SOMALL REPUBLIC
SOU	SOUTH AFRICA
SPA	SPAIN
SRI	SRI LANKA
STB	ST. BARTHOLEMY
STL	ST. LUCIA
STM	ST. MAARTIN (DUTCH)
STN	ST. MAARTIN (FRENCH)
STV	ST. VINCENT & GRENADINES
STA	STATELESS PERSON
SUD	SUDAN
SUR	SURINAM
SWA	SWAZILAND
SWE	SWEDEN
SWI	SWITZERLAND
SYR	SYRIA
TAH	TAHITI
TAI	TAIWAN
TAJ	TAJIKISTAN
TAN	TANZANIA
TAT	TATAR

Country continued

<u>Code</u>	<u>Name</u>
THA	THAILAND
TIB	TIBET
TOG	TOGO
TON	TONGO
TOR	TRTOLA
TRI	TRINIDAD & TOBAGO
TRU	TRUK ISLANDS
TUN	TUNISIA
TUR	TURKEY
TRK	TURKMENISTAN
TUK	TURKS & CALCOS
UGA	UGANDA
UKR	UKRAINE
UAE	UNITED ARAB EMIRATES
UKG	UNITED KINGDOM
USA	UNITED STATES
XXX	UNKNOWN OR NOT STATED
URU	URUGUAY
USR	USSR
UZB	UZBEKISTAN
VAN	VANUATU
VAT	VATICAN CITY
VEN	VENEZUELA
VIE	VIETNAM
VIR	VIRGIN ISLANDS
WAL	WALLOON
WES	WEST INDIES (NOT SPECIFIED)
YAP	YAP ISLANDS
YEM	YEMEN (ARAB REPUBLIC)
YMA	YEMEN (PEOPLES DEM. REP)
YUG	YUGOSLAVIA
ZAI	ZAIRE
ZAM	ZAMBIA
ZIM	ZIMBABWE

County

<u>Code</u>	<u>Name</u>
02	BRONX
03	KINGS
01	NEW YORK
06	NEW YORK STATE (OUTSIDE NYC)
08	OUTSIDE NEW YORK STATE
04	QUEENS
05	RICHMOND
99	UNKNOWN

Health Plan

<u>Code</u>	<u>Name</u>
AB	ABC HEALTH PLAN
AE	AETNA U.S. HEALTHCARE
BH	BETTER HEALTH PLAN
CP	CAREPLUS
CC	CENTERCARE
CI	CIGNA HEALTH CARE OF NEW YORK
CH	COMMUNITY CHOICE HEALTH PLAN
CW	COMMUNITY CHOICE HEALTH PLAN OF WESTCHESTER
CO	COMMUNITY PREMIER PLUS
BC	EMPIRE BLUE CROSS BLUE SHIELD
FI	FIDELIS
GE	GENESIS
GH	GHI/PARTNERS IN HEALTH
HF	HEALTHFIRST
HE	HEALTHPLUS
HP	HIP
MA	MAGNAHEALTH
MP	METROPLUS
MH	MHSNY (MANAGED HEALTH SYSTEMS OF NEW YORK)
NH	NEIGHBORHOOD HEALTH PROVIDERS
NY	NEW YORK HOSPITAL
NL	NYL CARE HEALTH PLANS OF NEW YORK
XX	OTHER PLAN
OX	OXFORD
PA	PARTNERS IN HEALTH
PH	PHS (PHYSICIANS HEALTH SERVICES OF NEW YORK)
PR	PRUDENTIAL HEALTH CARE PLAN OF NEW YORK
QE	QUESTMORE (EMPIRE)
BX	THE BRONX HEALTH PLAN
UH	UNITED HEALTHCARE OF NEW YORK
UP	UNIVERSAL HEALTH PLAN
US	US HEALTH CARE
VY	VYTRA HEALTHCARE
WE	WELLCARE
WT	WESTCHESTER PHSP
99	UNKNOWN
-1	NO HEALTH PLAN

Immunization Information Source / Evidence of Immunity Type

<u>Code</u>	<u>Name</u>
D	DOCUMENT
O	OTHER PROVIDER
S	OTHER SYSTEM
V	VACCINATOR
H	HISTORY OF DISEASE
T	TITER

Note: See pages 21-22.

Language

<u>Code</u>	<u>Name</u>
07	ARABIC
03	CHINESE
01	ENGLISH
06	HAITIAN-CREOLE
04	KOREAN
09	OTHER
05	RUSSIAN
02	SPANISH

Manufacturer

<u>Code</u>	<u>Name</u>
AB	ABBOTT
AD	ADAMS
ALP	ALPHA THERAPEUTIC CORPORTATION
AR	ARMOUR [Inactive –use AVB]
AVB	AVENTIS BEHRING, L.L.C [Inactive –use ZLB]
AVI	AVIRON
BA	BAXTER [Inactive –use BAH]
BAH	BAXTER HEALTHCARE CORPORATION
BAY	BAYER CORPORATION
BP	BERNA [Inactive –use BPC]
BPC	BERNA PRODUCTS CORPORATION
CEN	CENTEON L.L.C. [Inactive –use AVB]
CHI	CHIRON CORPORATION [Inactive- use NOV]
CMP	CELLTECH MEDEVA PHARMACEUTICALS [Inactive –use NOV]
CNJ	CANGENE CORPORATION
CON	CONNAUGHT (Inactive-use PMC)
DVC	DYNPORT VACCINE COMPANY
EVN	EVANS MEDICAL LIMITED (Inactive-use CHI)
GEO	GEOVAX LABS, INC.
GRE	GREER LABORATORIES, INC.

Manufacturer continued

<u>Code</u>	<u>Name</u>
IAG	IMMUNO INTERNATIONAL AG [Inactive—use BAH]
IM	MERIEUX [inactive –Use PMC]
IUS	IMMUNO -US , INC.
JPN	THE RESEARCH FOUNDATION FOR MICROBIAL DISEASES /OSAKA UNIV (BIKEN)
KGC	KOREA GREEN CROSS CORPORATION
LED	LEDERLE [Inactive –Use WAL]
MA	MASSACHUSETTS PH [Inactive –Use MBL]
MBL	MASSACHUSETTS BIOLOGIC LABORATORIES
MED	MEDIMMUNE, INC.
MIL	MILES [Inactive—use BAY]
MIP	BIOPORT CORPORATION
MSD	MERCK
NAB	NABI
NAV	NORTH AMERICAN VACCINE, INC. [Inactive--use BAH]
NOV	NOVARTIS PHARMACEUTICAL CORPORATION
NVX	NOVAVAX, INC.
NYB	NEW YORK BLOOD CENTER
ORT	ORTO-CLINICAL DIAGNOSTICS
OTC	ORGANON TEKNIKA CORPORATION
OTH	OTHER MANUFACTURER
PD	PARKEDALE PHARMACEUTICALS
PMC	SANOFI PASTEUR
PRX	PRAXIS BIOLOGICS [Inactive –Use WAL]
PWJ	POWDERJECT PHARMACEUTICALS [Inactive—useNOV]
SCL	SCLAVO
SI	SWISS SERUM AND VACCINE INST. [Inactive –Use BPC]
SKB	GLAXOSMITHKLINE
SOL	SOLVAY PHARMACEUTICALS
TAL	TALECRIS BIOTHERAPEUTICS
USA	UNITED STATES ARMY MEDICAL RESEARCH AND MATERIAL COMMAND
UNK	UNKNOWN
VXG	VAXGENE
WA	WYETH-AYERST [Inactive –Use WAL]
WAL	WYETH-AYERST
ZLB	ZLB BEHRING

For an updated list, please go to: <http://www.cdc.gov/nip/registry/hl7/hl7-mvx.htm>

Race

<u>Code</u>	<u>Name</u>
4	ASIAN
1	BLACK
3	NATIVE AM/ALASKAN ESKIMO
9	OTHER OR UNKNOWN
5	PACIFIC ISLANDER
2	WHITE

State

<u>Code</u>	<u>Name</u>
AL	ALABAMA
AK	ALASKA
AZ	ARIZONA
AR	ARKANSAS
CA	CALIFORNIA
CO	COLORADO
CT	CONNECTICUT
DE	DELAWARE
DC	DISTRICT OF COLUMBIA
FL	FLORIDA
FN	FOREIGN
GA	GEORGIA
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

State Continued

NJ	NEW JERSEY
NM	NEW MEXICO
NY	NEW YORK
NC	NORTH CAROLINA
ND	NORTH DAKOTA
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
XX	UNKNOWN, NOT STATED OR OUT OF COUNTRY
UT	UTAH
VT	VERMONT
VI	VIRGIN ISLANDS
VA	VIRGINIA
WA	WASHINGTON
WV	WEST VIRGINIA
WI	WISCONSIN
WY	WYOMING

Vaccine

VACCINE GROUPS	NAME	BRAND NAME	CIR CODE	CPT CODE	DESCRIPTION
DTaP/DT/Td/Tdap	Diphtheria Antitoxin		12	90296	diphtheria antitoxin
	DT	generic	28	90702	diphtheria and tetanus toxoids, adsorbed for pediatric use, < 7 yrs.
	DTaP	Tripedia®; Infanrix®	20	90700	diphtheria, tetanus toxoids and acellular pertussis vaccine (DTaP), for use in individuals younger than seven years, for intramuscular use
	DTaP, 5 pertussis antigens ⁵	DAPTACEL®	106	90700	diphtheria, tetanus toxoids and acellular pertussis vaccine (DTaP), 5 pertussis antigens
	DTP ⁶	Tri-Immunol®	01	90701	diphtheria, tetanus toxoids and pertussis vaccine
	DTaP, NOS ¹		107		diphtheria, tetanus toxoids and acellular pertussis vaccine, NOS
	Td	DECAVAC®	113	90714	Tetanus, diphtheria, absorbed, preservative-free, (Td;≥7yrs)
	Td	generic	09	90718	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals ≥ 7 yrs, for intramuscular use
	Tdap	ADACEL™ Boostrix™	115	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), 11-64 yrs, for intramuscular use Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), 10-18 yrs, for intramuscular use
	TIG	Baytet®	13	90389	tetanus immune globulin
	Tetanus Toxoid	generic	35	90703	tetanus toxoid, for intramuscular use
DTaP-Hib	DTaP-Hib	TriHIBit®	50	90721	DTaP- <i>Haemophilus influenzae</i> type b conjugate vaccine
DTP-Hib	DTP-Hib ⁶	Tetramune®; ACTHib/DTP®	22	90720	DTP- <i>Haemophilus influenzae</i> type b conjugate vaccine
DTaP-HepB-IPV	DTaP-HepB-IPV	Pediarix®	110	90723	DTaP, hepatitis B and poliovirus vaccine

VACCINE GROUPS	NAME	BRAND NAME	CIR CODE	CPT CODE	DESCRIPTION
DTaP-IPV	DTaP-IPV	Kinrix™	130	90696	DTaP-IPV, 4 to 6 yrs.
DTaP-IPV/Hib	DTaP-IPV/Hib	Pentacel®	120	90698	DTaP-IPV and <i>Haemophilus influenzae</i> type b conjugate vaccine
Hep B	HBIG	BayHepB®; Nabi-HB	30	90371	hepatitis B immune globulin
	Hep B	ENGERIX-B®; RECOMBIVAX HB®	08	90744	hepatitis B vaccine, pediatric or pediatric/adolescent dosage
	Hep B ^{2, 6}	ENGERIX-B®; RECOMBIVAX HB®	42	90745	hepatitis B vaccine, adolescent/high-risk infant dosage
	Hep B- adult ⁴	ENGERIX-B®; RECOMBIVAX HB®	43	90743 90746	hepatitis B vaccine, 11-15 years, 2 dose schedule; hepatitis B vaccine, adult >20 years, 3 dose schedule
	Hep B-dialysis	ENGERIX-B®; RECOMBIVAX HB®	44	90747	hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 4 dose schedule
	Hep B, NOS ¹		45		hepatitis B vaccine, NOS
Hep A	Hep A, adult	Havrix®; VAQTA®	52	90632	hepatitis A vaccine, adult dosage >=18 years, 2 dose series
	Hep A, ped/adol, 2 dose	Havrix®; VAQTA®	83	90633	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule
	Hep A, ped/adol, 3 dose ⁶	Havrix®; VAQTA®	84	90634	hepatitis A vaccine, pediatric/adolescent dosage, 3 dose schedule
	Hep A, pediatric, NOS ¹		31		hepatitis A vaccine, pediatric dosage, NOS
HepA HepB	Hep A Hep B	Twinrix®	104	90636	Hepatitis A and Hepatitis B (Hep A-HepB), adult dosage >=18 years, intramuscular
HepB-Hib	HepB-Hib	COMVAX®	51	90748	<i>Haemophilus influenzae</i> type b conjugate and Hepatitis B vaccine
Hib	Hib-HbOC	HibTiter®	47	90645	<i>Haemophilus influenzae</i> type b vaccine, HbOC conjugate

VACCINE GROUPS	NAME	BRAND NAME	CIR CODE	CPT CODE	DESCRIPTION
	Hib-PRP-D ⁶	ProHIBit®	46	90646	<i>Haemophilus influenzae</i> type b vaccine, PRP-D conjugate
	Hib-PRP-OMP	PedvaxHIB®	49	90647	<i>Haemophilus influenzae</i> type b vaccine, PRP-OMP conjugate
	Hib-PRP-T	ActHIB®	48	90648	<i>Haemophilus influenzae</i> type b vaccine, PRP-T conjugate
	Hib, NOS ¹		17		<i>Haemophilus influenzae</i> type b vaccine, conjugate NOS
Human Papilloma Virus	HPV	Gardasil™	62	90649	Human Papilloma Virus (types 6,11,16 and 18), quadravalent vaccine, women ages 9-26, for intramuscular use
Influenza	Influenza, intranasal	FluMist®	111	90660	influenza virus vaccine, live, attenuated, for intranasal use
	Influenza-split	Fluzone-split®; Fluvirin®	15	90655	influenza virus vaccine, split virus, preservative free , 6-35 months old, 0.25mL dosage, single-dose syringe
				90657	influenza virus vaccine, split virus, for children 6-35 months of age, 0.25mL dosage, for intramuscular use
				90656	influenza virus vaccine, split virus, preservative free, >=3 years old, 0.5mL dosage, single dose
	90658	influenza virus vaccine, split virus, for use in individuals >=3 years old, 0.5mL dosage, for intramuscular use			
Influenza-whole ⁶	Fluzone-split®; Fluvirin®	16	90659	influenza virus vaccine, whole virus	
	H1N1-09, Nasal		125	90663	novel influenza-H1N1-09, live virus for nasal administration
	H1N1-09, Preservative Free		126	90663	novel influenza-H1N1-09, preservative free, injectable
	H1N1-09, Injectable		127	90663	novel influenza-H1N1-09, injectable
	H1N1-09, All formulations		128	90663	novel influenza-H1N1-09, all formulations

VACCINE GROUPS	NAME	BRAND NAME	CIR CODE	CPT CODE	DESCRIPTION
MMR/ Measles/Rubella	MMR	MMR II®	03	90707	measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
	MMRV	ProQuad®	94	90710	measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
	Measles	ATTENUVAX®	05	90705	measles virus vaccine, live, for subcutaneous use
	Measles and Rubella	M-R VAX II®	04	90708	measles and rubella virus vaccine, live, for subcutaneous use
	Mumps	MUMPSVAX®	07	90704	mumps virus vaccine, live, for subcutaneous use
	Rubella	Meruvax II®	06	90706	rubella virus vaccine, live, for subcutaneous use
	Rubella/Mumps ⁶		38		rubella and mumps virus vaccine
Meningococcal	Meningococcal A,C,Y,W-135 diphtheria conjugate	Menactra®	114	90734	meningococcal conjugate (MCV4; 2-55 yrs.)
	Meningococcal polysaccharide	Menomune®	32	90733	meningococcal polysaccharide vaccine (MPSV4; ≥2 yrs.)
	Meningococcal, NOS ¹		108		Meningococcal, NOS
Pneumococcal	Pneumococcal conjugate	Prevnar® (PCV7)	100	90669	pneumococcal conjugate vaccine
	Pneumococcal polysaccharide	Pneumovax 23®	33	90732	pneumococcal vaccine, polysaccharide, ≥2 yrs, for subcutaneous or intramuscular use
	Pneumococcal, NOS ¹		109		pneumococcal vaccine, NOS
Polio	IPV (e-IPV)	IPOL®	10	90713	poliovirus vaccine, inactivated, for subcutaneous or intramuscular use
	OPV ⁶	Orimune®	02	90712	poliovirus vaccine, live, oral
	Polio, NOS ¹		89		poliovirus vaccine, NOS
Rotavirus	Rotavirus (RV5)	RotaTeq™	116	90680	rotavirus vaccine, pentavalent, live, oral, 3 dose schedule
	Rotavirus (RV1)	Rotarix™	119	90681	rotavirus vaccine, human, attenuated, live oral, 2 dose schedule

VACCINE GROUPS	NAME	BRAND NAME	CIR CODE	CPT CODE	DESCRIPTION
	Rotavirus ⁶	Rotashield®	74	90680	rotavirus vaccine, tetravalent, live, oral
	Rotavirus, NOS ¹		122		rotavirus vaccine, NOS
Varicella	Varicella	Varivax®	21	90716	varicella virus vaccine
	VZIG	Generic VZIG VariZIG	36 117	90396	varicella zoster immune globulin
Other	BCG ⁶	Glaxo strain®; Tice strain®	19	90585	Bacillus Calmette-Guerin vaccine
	IG, NOS ¹		14		immune globulin, NOS
	Plague Vaccine ⁶		23	90727	plague vaccine, for intramuscular use
	Rabies-intradermal injection	Imovax Rabies I.D.®	40	90676	rabies vaccine, for intradermal injection
	Rabies-intramuscular injection	RabAvert®; Imovax IM	18	90675	rabies vaccine, for intramuscular injection
	RIG	BayRab®; Imogam®	34	90375	rabies immune globulin
	RSV IGIV	Respigam	71	90379	respiratory syncytial virus immune globulin, intravenous
	RSV-MAb	SYNAGIS®	93	90378	respiratory syncytial virus monoclonal antibody (palivizumab), IM
	Typhoid, live oral Ty21	Vivitif Berna	25	90690	typhoid, live, oral
	Typhoid	Typhim Vi	101	90691	typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
	Yellow Fever	YF-VAX	37	90717	yellow fever vaccine, live, for subcutaneous use
	Zoster (shingles)	Zostavax®	121	90736	herpes Zoster (shingles) vaccine, >= 60 years of age, for subcutaneous use

1 NOS=not otherwise specified; avoid using NOS codes except to record historical records that lack indicated specificity.

2 As of August 27, 1998, Merck ceased distribution of their adolescent/high-risk infant hepatitis B vaccine dosage. Code 42 should only be used to record historical records. For current administration of hepatitis B vaccine, pediatric / adolescent dosage, use code 08.

3 Code 99 will not be used in this table to avoid confusion with code 999.

4 As of September 1999, a 2-dose hepatitis B schedule for adolescents (11-15 year olds) was FDA approved for Merck's Recombivax HB adult formulation. Use code 43 for both the 2-dose and the 3-dose schedules. Note the CPT codes differ.

5 As of May 2002, the FDA approved Aventis Pasteur's DTaP vaccine Daptacel for use in the U.S. Aventis Pasteur also manufactures the DTaP vaccine Tripedia. D'apatacel contains 5 pertussis antigens, while Tripedia contains 2 pertussis antigens. To distinguish between the two Aventis Pasteur DTaP vaccines, code 106 was added to represent Dapatacel. Use code 106 for Daptacel and code 20 for Tripedia and other DTaP vaccines.

6 These vaccines are no longer manufactured in the U.S. but may be used to report historical records of known specificity.

Note: List may not include all brand names. The use of brand names does not imply endorsement of any product by the NYC Department of Health and Mental Hygiene.

Source: CDC. For a complete and updated list: /www.cdc.gov/nip/registry/st_terr/tech/stds/cpt.htm

VFC Eligibility

<u>Code</u>	<u>Name</u>
1	MEDICAID
2	UNINSURED
3	INSURANCE DOES NOT COVER VACCINE
4	NATIVE AM/ALASKAN ESKIMO
5	NOT ELIGIBLE
6	CHILD HEALTH PLUS B
9	REPORT AS UNKNOWN

Disease

<u>Code</u>	<u>Name</u>
070.1	Hepatitis A
070.30	Hepatitis B
052.9	Varicella
055.9	Measles
072.9	Mumps
056.9	Rubella

Sample UPIF Document

1|S|N|5678C04|MyPracticeName|05/07/2006|MyFirstName MyLastName (718) 555-1212

2|P|S|5678|XY56789A|01/30/1994|F|JANE|DOE|N|111111 111 AVENUE A. ||BROOKLYN|NY|11207||7180000000|JILL|HILL|N|1|1

3|M|S|5678| XY56789A |01/30/1994|F|JANE|DOE|N|111111111 AVENUE A. ||BROOKLYN|NY|11207||7180000000|02/12/2006|15|V|FEMALE
|DOCTOR|11111|1|MH

4|P|S|1112|AB23456Z|09/14/1990|F|JILL|DOE|N|222 AVENUE B. APT 5-H||BKLYN|NY|11206||7180000000|MARY|HILL|N|1|1

5|M|S|1112|AB23456Z |09/14/1990|F|JILL|DOE|N|222 AVENUE B. APT 5-H||BKLYN|NY|11206||7180000000|02/06/2006|15|V|MALE|DOCTOR|11111|1|XX

6|M|S|1112|AB23456Z |09/14/1990|F|JILL|DOE|N|222 AVENUE B.APT 5-

H||BKLYN|NY|11206||7180000000|11/01/06/1990|110|D|EXAM|DOCTOR|21111|1|XX

7|U