TECHNICAL IMPLEMENTATION GUIDE: VACCINE ADMINISTRATION

Vaccine 2D Barcode Scanning Implementation Toolkit

National Center for Immunization and Respiratory Diseases (NCIRD)
Centers for Disease Control and Prevention (CDC)
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- Indicates that the page includes a checklist or activity.
Introduction

The Technical Implementation Guide: Vaccine Administration is intended for information technology (IT) personnel and/or electronic medical record (EMR) personnel who are assisting with the implementation of vaccine two-dimensional (2D) barcode scanning for vaccine administration in ambulatory clinics, health care facilities, and health systems. This Guide provides recommendations on technology needs and training drawn from pilot projects performed by CDC from 2011 to 2017 and additional information from the field.

It is important to note that a 2D barcode must be present on the vaccine’s primary packaging (e.g., the unit of use (UoU), vial, or syringe) to scan for vaccine administration. While 2D barcodes are mandatory on the vaccine secondary packaging, or unit of sale (UoS), the secondary packaging barcode is not needed while scanning for administration. Manufacturers are not required to add UoU barcodes to products, but an increasing number have added barcodes to the UoU packaging for the purpose of scanning upon administration.

Using This Guide

This Guide is divided into the following chronological phases. The first two and the last two phases have been paired in this document because the tasks in the pairings are closely related.

1. Plan & Prepare
2. Go-Live & Maintain

For more information on...

Implementing vaccine 2D barcode scanning for inventory, refer to Technical Implementation Guide: Vaccine Inventory.

Implementing vaccine 2D barcode scanning for data entry to the Immunization Information System (IIS), jump to page 22.
Plan and Prepare

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Overview of Technology Components

Scanners cannot work independently—they must communicate with computing devices to transmit data to an EMR when a 2D barcode is scanned on the UoU packaging. The scanners, computers, and EMRs must be properly configured for smooth implementation and seamless integration of 2D barcode scanning into the vaccine administration workflow.

1. **2D Barcode Scanning Devices**
   Scanners or mobile applications with 2D barcode scanning capabilities must be available at the appropriate locations and should be configured to scan the appropriate barcode.

2. **Computing Devices**
   Computers, tablets, and/or mobile workstations that can access and edit the EMR must be prepared to receive information from the scanners, either through a wired or wireless scanner.

3. **EMR System**
   The EMR, or an approved third-party medical record application, must have the capability to capture and parse all data available in the scanned barcode (National Drug Code (NDC), lot number, expiration date).

Technology Considerations for Workflow Decisions

The Project Lead, IT personnel, and/or EMR personnel should discuss the feasibility of scanner installation in the desired location(s) identified by the health care providers and determine if additional equipment is needed to integrate 2D barcode scanning into the workflow. Hardware purchasing and installation decisions directly affect workflow, so it is important that all personnel collaborate during this stage.

- **Suitable Scanner Locations**
  (e.g., central prep station, patient rooms, mobile stations)

- **Number of Scanners**
  (e.g., number of primary and backup scanners)

- **Types of Scanners**
  (e.g., wired, wireless)

- **Additional Equipment**
  (e.g., mobile workstations, computers, stands, mobile devices)

A sample process flow and suggested questions for the Project Lead can be found in the appendix.
Scanning Devices: Procurement

The revised vaccine administration workflow should determine the number and type of scanners needed in the clinic. There are several scanners in the market that are suitable for use in a clinic setting. Below are some considerations to review before purchasing scanners. If implementing in a health system, procurement decisions may be made centrally.

Ensure that the chosen scanner is compatible with both your hardware (e.g., computers, workstations) and software (e.g., EMR, IIS).

- **Reminder:** 2D barcodes require imager barcode scanners and cannot be read by 1D laser scanners.

Determine the number of wired or wireless scanners needed.

- Wired scanners cost ~$135 to $300 each, with wireless options from ~$260 to $800 (as of May 2020).
- Wired scanners can be moved from one computer to another if needed. Wireless scanners may rely on Bluetooth connections, which can make switching computers time-consuming and cumbersome.
- If installing a Bluetooth scanner, confirm that computers have Bluetooth capability and consider any additional security requirements.
- Confirm that the wire length of wired scanners supports the previously selected scanner location(s).

Account for stands or wall mounts, if needed. Note that the preferences of the health care providers should be considered while determining location and set up of stands and wall mounts.

If your clinic already uses a scanner or mobile device for another purpose and wishes to use this device for vaccine 2D barcode scanning, confirm that the device:

- Has 2D barcode scanning capabilities.
- Is placed in the proper location or can be relocated to the proper location.
- Can be configured to the EMR/IIS using the configuration barcode.

The American Academy of Pediatrics (AAP) outlines other considerations for choosing a scanner.
Scanning Devices: Configuration

Configuration barcodes provide instructions to the scanner for how to parse the data contained in the 2D barcode. The scanner will follow those instructions until configured otherwise. For example, if the UoU configuration barcode is scanned, that scanner will be prepared to receive and parse UoU barcodes into the appropriate fields of the patient record in the EMR until a different configuration barcode is scanned. Configuration barcodes may also be rescanned to “reset” the scanner if any issues arise with configuration to the EMR. Note that configuration barcodes will be different from the setup barcodes provided by the scanner manufacturer, which may also need to be rescanned if a reset is needed.

Configuration barcodes will be unique for the type of barcode and for your EMR. For example, a Vaccine Information Statement (VIS) barcode contains different data than the UoU barcode and will therefore need to populate different fields in the EMR (see VIS Barcode Specifications in the appendix for more information). However, once created, the same UoU and VIS configuration barcodes may be able to accommodate all scanners within the health facility or across health system locations (if applicable) using the same EMR.

If your EMR does not provide configuration technical assistance (TA), you may need to create a configuration barcode. To create a configuration barcode, the characters in the barcode’s data string will need to be mapped to the corresponding data fields in the EMR.

Tip from the field:

If your EMR does not provide configuration barcodes or TA for configuring your scanner, consider reaching out to other health care systems that use your EMR to discuss their existing configuration barcodes, which may be able to be modified to fit your needs.

Refer to pages 19 and 20 for the data strings of the UoU and VIS barcodes (respectively) and a representation of the EMR fields that should receive the scanned and imported barcode data.
**Plan and Prepare**

**Scanning Devices: Installation**

After procurement, scanners must be connected to the computing device, configured to the EMR, and tested. To configure the scanner to the EMR, a configuration barcode should be obtained or created for each type of barcode (UoU for administration, and possibly VIS for VIS documentation) that will be scanned. Installation, configuration, and testing instructions are listed below. Note that the order of these steps may vary at your organization or some steps may be bypassed depending on configuration services provided by your EMR.

**INSTALL scanner**

1. Use a USB cable to connect wired scanners to a computing device. Wireless scanners (or mobile devices) can be connected to a computing device through Bluetooth or other protocol in the scanner manufacturer’s user manual.
2. Connect the power adaptor to a power source, if needed.
3. Power on the scanner and confirm that the scanner is functional.

**SCAN configuration barcode**

4. Log in to the EMR and navigate to the relevant page and field.
5. Follow the steps in the scanning manual (provided by your scanner manufacturer) to properly set up your scanner and to ensure connectivity.
6. Scan configuration barcode to instruct the scanner how to parse the data into the EMR fields.

**TEST scanner on sample**

7. Scan a sample UoU found on a vaccine product or VIS barcode found on a VIS. You may wish to use a nonproduction environment in the EMR while scanning a sample barcode.
8. Confirm that the system properly reads the data elements in the 2D barcode on the UoU or VIS.
9. Confirm that the system accesses the appropriate mapping tables in the back end by confirming the accuracy of the data in the populated fields.
10. Repeat steps 4 through 9 for each type of barcode (UoU and VIS). Remember that when a configuration barcode is scanned, the EMR will follow that configuration until it is given alternate instructions through a different configuration barcode.

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**Key for success:** Consider storing copies of all configuration barcodes by each scanning station. The barcodes are helpful to have available if there are issues with configuration and the scanner needs to be “reset.”

For scanner troubleshooting tips, see page 12.
**EMR: Functionality for Vaccine Administration**

Implementation of 2D barcode scanning for vaccine administration requires an EMR capable of capturing and processing the barcode data. Listed below are required and recommended EMR functionalities for successful 2D barcode scanning during vaccine administration. Items are listed chronologically within each grouping.

### Minimum Required Functionalities
- Monitor and establish connection with the barcode scanner.
- Receive and process incoming 2D barcode data from the UoU.
- Validate that the barcode is applicable to the EMR module.
- Read the data elements present in the 2D barcode string.
- Display the scanned data elements and other key data in the respective fields.
- Allow users to verify scanned data and manually enter additional data that cannot be automatically imported.
- Allow users to manually edit fields after data has been imported.
- Provide separate set of VIS fields to capture information for each VIS given (if applicable).
- Notify users when a barcode is not identifiable.

### Additional Recommended Functionalities
- Use the scanned data to look up other key data about the vaccine or VIS (e.g., manufacturer and other product information) in the mapping table.
- If applicable, validate barcode data against the product identifier, expiration date, and lot number stored in the inventory for the same vaccine.
  - Warn users in the event of missing data or discrepancy.
  - Use all three data elements to access stored inventory data for additional data such as manufacturer and other product information.
- Save original scanned values (if providing an option to modify them).
- Alert users if the barcode indicates that the vaccine is expired.
- Validate the scanned vaccine against the patient medical record for accuracy.
- If administration module is connected to inventory, alert users if vaccine is not present in inventory or is recalled.

### Third-Party Apps
If your EMR does not have 2D barcode scanning capability, reach out to your vendor to discuss compatible third-party applications with scanning functionality.

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**For more information on...**

Required and recommended EMR functionalities, refer to the [EMR/IIS 2D Barcode Functional Capabilities Guide](#).

Questions to ask your EMR vendor when determining compatibility and capabilities, refer to the [EMR capability guide in the appendix](#).
Training

Train IT and EMR Personnel

All IT and EMR personnel should be properly trained to use 2D barcode scanners and equipped to support the staff that will be scanning 2D barcodes on vaccines. A “train-the-trainers” training may be helpful for health systems implementing scanning across facilities to ensure that IT and EMR personnel are prepared to support the health care providers and other personnel who may use the 2D barcode scanners.

Train Health Care Providers

Additionally, IT and EMR personnel may be able to support the overarching training conducted for staff prior to implementation or go-live. The IT and EMR personnel should coordinate with the Project Lead to confirm the training plan and their role in delivering the technology-related aspect of training.

At a minimum, it is recommended that the training for scanner use covers the following technology-related topics:

- Barcode data and the fields that are expected to populate upon scanning.
- Instructions for scanner use.
- Explanation of setup barcodes provided by the scanner manufacturer and how to use them.
- Explanation of configuration barcodes and how to use them.
- Scanner maintenance.
- Basic troubleshooting tips:
  - Confirm that scanner is plugged in to the appropriate outlets if needed.
  - Clean lens of scanner.
  - Rescan configuration barcode.
  - Restart scanning screen in software to restart scanning process.
- Procedures for escalating issues (help desk contact information, ticket creation, etc.).
- Instructions for scanning to IIS, if applicable.

Key for success: Hands-on experience of scanning in a training or nonproduction environment in the EMR can enhance training for health care providers and other staff who may use the 2D scanners and may reduce the number of challenges and questions that arise after go-live.

For more guidance on training staff, refer to the training materials.
Go-Live and Maintain

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Technology Checklist for Go-Live

Complete the following checklist for go-live to ensure that everything is functioning properly and ready for use. You may wish to add additional items to this checklist as you prepare.

- Have all scanners and other hardware been installed, properly set up, and tested for functionality?
- Have all scanners been plugged in and set up in desired locations?
- Have all scanners been configured using the appropriate (manufacturer, UoU, VIS, and/or IIS) configuration barcode?
- Has a sample UoU or VIS barcode been scanned by each scanner to confirm proper configuration with the EMR?
- Have the appropriate configuration barcodes been stationed by each scanner or workstation for troubleshooting?
- If applicable, is a configuration barcode available for IIS configuration?
- Have scanning instructions and/or troubleshooting tips been made available by each scanning station?
- Has the mapping table been updated and confirmed to be accurate?
- Have monitoring and evaluation methods been put in place (if applicable)?

Key for success: Confirm system administrators and EMR contacts are aware of implementation plans and the go-live date, and confirm that the necessary personnel are available for immediate questions and technical assistance.
**Maintenance**

Maintaining functional technology is critical for implementation of 2D barcode scanning and sustaining high scanning rates. While the bulk of the work is done in the Plan and Prepare phase, maintenance and ongoing tasks will be required after 2D barcode scanning is implemented to continue supporting the practice.

**Mapping Table |** The mapping table will only be useful if the data is accurate. It will need to be regularly validated and maintained.

**When a vaccine is restocked:**
- Confirm that the UoU data elements in the mapping table are entered.
- Validate mapping table data to confirm that no changes have been made (e.g., quantity, dose, route of administration) since the last shipment.

**If a new vaccine is ordered:**
- Add data to the mapping table for the new vaccine. Some known information may be entered prior to receipt of the shipment (i.e., vaccine name).
- Scan the UoU barcodes and validate the data in the mapping table.

**Technology |** If any of the technology components—the scanning device, computing device, or EMR—changes or malfunctions, the scanning process will break down.

- Confirm scanners are functional. They may need to be reprogrammed or replaced after significant use.
- Monitor EMR updates. Review the release notes for updates that might impact scanning. For example, an EMR update may require a new configuration barcode.
- Be prepared to adjust technology and hardware according to changes in workflow. Identifying the best workflow can be an iterative process, so anticipate changes as 2D barcode scanning is implemented.

**Training |** Continuous and ad hoc training on technology and workflow expectations can improve staff performance. Below are a few instances where continued or ad hoc training may be required:

- The scanning workflow is revised.
- A new employee is onboarded.
- There is a reduction in scanning adoption and practices.

Confirm that all parties are aware of their responsibilities, including the cadence for monitoring and maintenance.
# Troubleshooting Tips

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>RESOLUTION</th>
</tr>
</thead>
</table>
| **The scanner is not working at all.** | • Verify that the scanner is properly connected to the computing device.  
• Confirm wired scanners are firmly plugged into the computer.  
• Confirm that the wireless scanner’s Bluetooth is not disconnected from the computing device. If the scanner has a battery, confirm that the battery is sufficiently charged. |
| **The scanner does not scan consistently.** | • Verify that a red beam of light is visible when a vial is placed underneath the lens (in mounted mode). If a red beam is not visible, verify that the scanner is securely attached to the computer.  
• Confirm that the scanner lens is clean. If you are not sure, clean the scanner lens with an alcohol prep pad or a moist clean cloth and then dry with a clean cloth. Water droplets severely degrade scanning efficiency.  
• Check the scanner lens to see if it is scratched. If so, it will need to be serviced/replaced. Please call or email the scanner manufacturer or call the number on the base of your scanner.  
• Try to scan the barcode with another scanner. If successful, then the problem is with the first scanner and it should be serviced. Try resetting the scanner to factory settings, scanning the setup barcodes from the manufacturer, and rescanning the configuration barcode. |
| **Sometimes, the scanner has trouble reading barcodes.** | • Vaccine manufacturers have tried to address readability of vaccine barcodes in terms of barcode label quality. However, if you still have trouble reading certain barcodes please report to CDC at [issb2dbarcode@cdc.gov](mailto:issb2dbarcode@cdc.gov), after escalating appropriately within your organization. CDC regularly works with vaccine manufacturers to ensure all packaging meets regulatory requirements and usability standards.  
• If you need to reconfigure your scanner to a different system (EMR, inventory management system, and/or IIS) and have trouble reading the scanner configuration barcodes provided to you, repeated copying might have degraded the barcode quality. Try printing a fresh copy from the electronic copy to reinstate optimal quality of the barcodes. |
| **The wrong fields are being populated with the barcode data.** | • Confirm the scanner is properly configured by rescanning the scanner manufacturer’s standard setup barcode and your organization’s configuration barcode.  
• Confirm the configuration barcode is correct (e.g., confirm the UoU configuration barcode is scanned prior to scanning the UoU barcode on the vaccine).  
• Encourage quality assurance checks and allow for manual entry to adjust if data parsing is problematic, due to situations such as the lot number beginning with the same number as the GS1 application identifier. |
| **The mapping table is not populating the expected fields.** | • Confirm that the data in the mapping table are up to date. CDC’s NDC Crosswalk tables may be useful resources when updating mapping tables, though they are not comprehensive and additional data sources may be needed. |
# FAQs

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will the scanner be damaged if it gets wet?</td>
<td>The sealed casing of your scanner protects it from minimal amounts of moisture. However, it should not be sprayed or immersed in liquid.</td>
</tr>
<tr>
<td>What are the software requirements and how does the system actually work?</td>
<td>No additional software is required, nor is there a “system” that is being added to yours. The scanner works in place of a keyboard. The user needs only to put the cursor on the field before scanning. The scanner is configured to read the 2D barcode from the vial or packaging and populate the lot number and expiration date fields into an EMR or IIS system.</td>
</tr>
<tr>
<td>Will the scanner be configured for both my IIS and EMR?</td>
<td>Yes, as long as the EMR and IIS have the data fields to capture lot number and expiration date, the scanner should work with both systems. In some EMR and IIS systems, the lot number field is a dropdown menu and the lot number is appended by other fields. For example, a lot number, such as 12345Y, may display with other fields: 12345Y</td>
</tr>
<tr>
<td>Will the scanner be damaged if dropped on the floor?</td>
<td>The scanners are expected to survive a free fall of six feet onto a hard concrete floor. However, we encourage you to position it away from workplace settings that could damage its internal parts.</td>
</tr>
<tr>
<td>Can I detach the scanner any time or do I need to do something special first, such as a safe stop?</td>
<td>While it is advisable to “safe eject” attached devices, the scanners have not been shown to be adversely impacted if unplugged without doing so. However, please close out the EMR/IIS software menu if it is actively accessing the scanner to prevent potential data loss or interruption of workflow.</td>
</tr>
</tbody>
</table>
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# Acronyms

<table>
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<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2D</td>
<td>Two-dimensional</td>
</tr>
<tr>
<td>AAP</td>
<td>American Academy of Pediatrics</td>
</tr>
<tr>
<td>EMR</td>
<td>Electronic medical record</td>
</tr>
<tr>
<td>GDTI</td>
<td>Global Document Type Identifier</td>
</tr>
<tr>
<td>GTIN</td>
<td>Global Trade Identification Number</td>
</tr>
<tr>
<td>IIS</td>
<td>Immunization Information System</td>
</tr>
<tr>
<td>IT</td>
<td>Information technology</td>
</tr>
<tr>
<td>NDC</td>
<td>National Drug Code</td>
</tr>
<tr>
<td>TA</td>
<td>Technical assistance</td>
</tr>
<tr>
<td>UoS</td>
<td>Unit of sale</td>
</tr>
<tr>
<td>UoU</td>
<td>Unit of use</td>
</tr>
<tr>
<td>VIS</td>
<td>Vaccine Information Statement</td>
</tr>
</tbody>
</table>
Sample Process Flow for Vaccine Administration

Outlined below is the sample process for 2D barcode scanning in a facility that has implemented scanning for administration.

The sample process flow assumes that the EMR has a mapping table that can populate EMR fields, the EMR pushes data to the IIS, and the VIS is scanned. This process flow is a sample and may be adapted to fit your organization’s needs if helpful for implementation.

Physician orders vaccine

Health care personnel collects ordered vaccine

Vaccine UoU barcode scanned for administration

Health care personnel prepares vaccine

EMR record populated with UoU information

VIS scanned

Vaccine administration record saved

Data submitted directly to IIS

For more details on workflow, refer to the Workflow Determination Tool.

Additional fields may be populated by doctor’s order or from mapping table when UoU is scanned.

UoU data can also be manually entered if needed (e.g., product not 2D barcoded).

If your IIS does not accept data directly from your EMR, see page 22.

This is an optional step depending on requirements of your EMR. See page 20 for details.
Questions for Project Lead

Hardware purchasing and installation decisions have direct implications on workflow. The Project Lead, IT personnel, and health care providers should work together during this planning stage to ensure that the technology fits the vaccine administration workflow needs and vice versa. Below are questions to discuss with the Project Lead to understand hardware and technology needs.

☐ Where will scanners need to be installed?
☐ How many scanners are needed at each location?
☐ Are computers already set up near the desired scanner locations?
  ☐ Can any computers be relocated?
  ☐ How many additional computers may be needed?
  ☐ Are mobile workstations or devices an option?
☐ Are wired or wireless scanners preferred in each location?
  ☐ If a wire is needed, how long should the wire be?
  ☐ If wireless, do any security issues need to be addressed?
☐ Is there enough space to install the scanner, or is rearranging needed?
  ☐ Is a wall mount or stand needed?
☐ Will any scanners be used with mobile stations?
☐ Will the scanners be used with one or more processes (e.g., administration, inventory, IIS, VIS)?

After discussing with the Project Lead, refer to page 4 for considerations to keep in mind while purchasing scanners and other equipment.
EMR Capability Guide

2D barcode scanning can play a role in recording vaccine administration and Vaccine Information Statements (VIS). Both use cases require unique functionalities from your EMR. Below are some sample questions you can ask your EMR vendor to help determine your 2D barcode scanning capability.

<table>
<thead>
<tr>
<th>Task</th>
<th>Questions for EMR Vendor</th>
</tr>
</thead>
</table>
| Vaccine administration | • Does the EMR have 2D vaccine barcode scanning capability in its current use?  
  ❖ If not, is scanning capability available in a different or upgraded package?  
  ❖ If not, is there a third-party application that could be used for this purpose?  
  • Does the EMR recommend certain 2D barcode scanners or require certain scanner specifications?  
  • If inventory is managed through the EMR and linked to the vaccine administration module, is it set up so that it will create an alert if the vaccine is any of the following:  
  ❖ Expired.  
  ❖ From the wrong funding source.  
  ❖ Not one which has been ordered.  
  ❖ Active in the office’s inventory.  
  ❖ The one with the shortest expiration date. |
| VIS recording      | • Is the EMR capable of recording VIS prior to administering a vaccine?  
  • Can the EMR use scanned data elements (i.e., VIS document code and edition date) to look up additional information about the VIS? |

For additional list of questions, please visit the [AAP website](#).
UoU Barcode Specifications

The data string pictured below is sample data for a UoU barcode. This diagram should be referenced when creating a configuration barcode. The NDC, expiration date, and lot number should be parsed to populate the respective fields in the EMR after proper scanner configuration.

![Barcode Diagram]

The sample vaccine administration record below includes several fields commonly displayed in EMRs during vaccine administration. Based on your EMR’s data fields, the lot number, NDC, and expiration date fields may be populated when the UoU 2D barcode is scanned. However, EMRs vary across health systems so the displayed fields will be dependent on your EMR. For example, an EMR might not have the NDC displayed on the record, but it will capture and process it in the back end.

Vaccine Administration Record

<table>
<thead>
<tr>
<th>Lot Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer</td>
<td>Time</td>
</tr>
<tr>
<td>NDC</td>
<td>Dose</td>
</tr>
<tr>
<td>Product</td>
<td>Site</td>
</tr>
<tr>
<td>Exp. Date</td>
<td>Route</td>
</tr>
</tbody>
</table>

A mapping table or database with stored vaccine data may enable the remaining fields to be populated when a 2D barcode is scanned. See Mapping Table for Vaccine Administration for more information.
VIS Barcode Specifications

2D barcodes are also included on Vaccine Information Statements (VIS), which are informational documents shared with the patient at the time of vaccine administration. The purpose of this barcode is to provide the option of electronically capturing the name and the edition date of the VIS, as required by the National Childhood Vaccine Injury Act (NCVIA).

Requirements and protocols for VIS documentation may vary among EMRs and clinic policies. There are several approved methods for sharing the VIS with the patient. Some clinics may provide electronic VIS documents to patients and require only a checkbox in the EMR to confirm that the VIS was given to the patient. Other clinics may provide hard copies and require data entry in the EMR.

Work with the Project Lead to confirm the VIS protocols at your clinic or health system and what information needs to be entered in the EMR at the time of vaccine administration. If documentation of the Global Document Type Identifier (GDTI) and edition date is required in the EMR, the use of 2D scanning may be a useful method for entering this information. The data string pictured below indicates the components of a VIS barcode and can be referenced when creating a configuration barcode.

2530886983000111121206

GS1 Application Identifier for GDTI

GDTI (Global Document Type Identifier)

Serial Component Edition Date

11 + YYMMDD

For more information on VIS, visit https://www.cdc.gov/vaccines/hcp/vis/.
Mapping Table for Vaccine Administration

A mapping table or database with stored vaccine data enables additional fields to be populated when a 2D barcode is scanned. Even though the UoU barcode contains only three data fields, additional fields in the vaccine administration record, such as the product name, manufacturer, dose, and route, may be populated upon scanning. The sample vaccine administration record below portrays sample data fields that may be able to be populated by the mapping table.

<table>
<thead>
<tr>
<th>Vaccine Administration Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot Number</td>
</tr>
<tr>
<td>Manufacturer</td>
</tr>
<tr>
<td>NDC</td>
</tr>
<tr>
<td>Product</td>
</tr>
<tr>
<td>Exp. Date</td>
</tr>
</tbody>
</table>

Depending on the facility’s workflow, a doctor’s vaccine order may populate some of the fields of the record from the mapping table prior to scanning for administration. In this case, the EMR can validate that the scanned vaccine matches the ordered vaccine or can alert the vaccine administrator if the incorrect vaccine was scanned.

If a similar mapping table is not already in use in your EMR, a one-time setup may be needed. Once the mapping table is set up, it is important that the data are accurate and up to date. The information should be validated upon the receipt of a vaccine shipment, or any other time that the data may have updates. If available, follow your EMR’s recommendations for populating and validating the data.

Basic recommended data elements are listed to the right, but additional data elements may be helpful and applicable to your clinic’s needs. CDC’s NDC Crosswalk Tables may be a useful source for populating the table, though it is not comprehensive and additional data sources may be needed.

Recommended Data Elements for Mapping Table

- UoU NDC*
- UoU GTIN*
- UoU Lot Number*
- Expiration Date*
- Product Name
- Manufacturer
- Dose
- Route of Administration

*Indicates which elements are found in UoU barcodes. If the scanned data elements match the data found in the mapping table, the corresponding data elements may populate the EMR record fields.
Immunization Information System

In addition to scanning for vaccine administration and vaccine inventory, a third use case for scanning is for data entry to the Immunization Information System (IIS). Many EMRs push data to the IIS so that dual entry of vaccine data to the IIS is not necessary. However, the IIS may accept scanned data if the EMR does not push data to the IIS.

Because vaccine administration records are frequently transmitted from the EMR directly to the IIS, IIS data can benefit from the increased data accuracy of 2D barcode scanning. If the EMR transmits vaccine administration data directly to the IIS, no further action is needed. However, if the IIS does NOT automatically accept data from the EMR and manual/dual entry is required, vaccine administration data entry may be performed with 2D barcode scanning.

If the IIS platform already accommodates 2D barcode scanning, reference the configuration instructions to create a unique configuration barcode. Though the same information will be imported, the IIS is a different interface than the EMR and will likely require a unique configuration barcode.

If the IIS platform does not accommodate 2D barcode scanning, it may be helpful to discuss system capabilities with your IIS vendor, as the requirements for integrating 2D barcode scanning into the EMR are the same for the IIS.

Note: Integration with the IIS may be managed from the health system level. If the clinic is part of a health system, confirm how IIS is managed prior to following the steps listed above.
Resources

**Immunization Information Technology: A Guide for Pediatricians on Immunization Information Systems and Two-Dimensional Barcoding**, AAP

**Functional Capabilities Report**, CDC

**NDC Lookup Crosswalk**, CDC

Below are other resources available in the Implementation Toolkit listed roughly in the order that they may be referenced during implementation.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
<th>Intended User</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-pager: <strong>Vaccine 2D Barcode Scanning</strong></td>
<td>Informational one-pager with overview of vaccine 2D barcode scanning and benefits to implementation</td>
<td>Health care leadership, site-level administrator, personnel unfamiliar with or new to 2D scanning</td>
</tr>
<tr>
<td><strong>Guide for Project Lead</strong></td>
<td>Guide for all aspects of planning the implementation of vaccine 2D barcode scanning</td>
<td>Health care leadership, site-level administrator</td>
</tr>
<tr>
<td><strong>Technical Implementation Guide: Vaccine Inventory</strong></td>
<td>Guide for technology and hardware needs for implementing 2D barcode scanning for vaccine inventory</td>
<td>IT personnel, inventory management system personnel</td>
</tr>
<tr>
<td><strong>Workflow Determination Tool</strong></td>
<td>Workflow process maps for identifying where and how to add 2D barcode scanning into the vaccine administration workflow</td>
<td>Health care leadership, site-level administrator, inventory manager</td>
</tr>
<tr>
<td>One-pager: <strong>Vaccine 2D Barcoding for Mass Vaccinations</strong></td>
<td>Informational one-pager on the benefits of 2D barcode scanning in a mass vaccination scenario</td>
<td>Health care leadership, site-level administrator, inventory manager</td>
</tr>
</tbody>
</table>