

Appendix B – IIS Core Data Elements

This appendix lists each of the core data elements that an IIS will be required to store and/or produce per Functional Requirement 3.4 within the 2013-2018 timeframe. This is not a comprehensive list of all items that external information systems such as EHRs, vital records, practice management or billing systems are expected to store and send; that will likely be included in a future work effort. Where appropriate, the IIS may infer or auto populate distinct values; actual architectural solutions will differ among systems.

*** denotes new core data elements since last NVAC review (2007)**

Patient ID (previously listed as “Medicaid Number”)	* Patient Telephone Number Type (e.g., home, cell)
* Patient ID: Assigning Authority ID (i.e., owning source)	* Patient E-mail Address
* Patient ID: Type (e.g., medical record number, IIS ID)	Patient status indicator—Provider facility level
Patient Name: First	Patient status indicator—IIS level
Patient Name: Middle	Vaccine Product Type Administered
Patient Name: Last	Vaccination Administration Date
Patient Alias Name: First	Vaccine Manufacture Name
Patient Alias Name: Middle	Vaccine Lot Number
Patient Alias Name: Last	Vaccine Expiration Date
Patient Date of Birth	* Vaccine dose volume and unit
Patient Gender	Vaccine Site of Administration
* Patient Multiple Birth Indicator	* Vaccine Route of Administration
Patient Birth Order	* Vaccine Ordering Provider Name
* Responsible Person Name: First	Vaccine Administering Provider Name
* Responsible Person Name: Middle	Vaccine Administering Provider Suffix (e.g., MD, RN, LPN)
* Responsible Person Name: Last	Vaccination Event Information Source (i.e., administered or historical)
* Responsible Person Name: Relationship to Patient	VFC/grantee program vaccine eligibility at dose level
Mother’s Name: First	* VIS Type & Publication Date
Mother’s Name: Middle	* VIS Date given to patient
Mother’s Name: Last	* Contraindication(s)/Precaution(s)
Mother’s Name: Maiden Last	* Contraindication(s)/Precaution(s) Observation Date(s)
Patient Address: Street	* Exemption(s)/Parent Refusal(s) of Vaccine
Patient Address: City	* Date of Exemption/Parent Refusal of Vaccine
Patient Address: State	* Vaccine Reaction(s)
Patient Address: Country	History of vaccine preventable disease (e.g., varicella)
Patient Address: Zipcode	* Date of History of Vaccine Preventable Disease
* Patient Address: County of Residence	
Race	
Ethnicity	
Birth Facility Name	
Patient Birth State	
Patient Primary Language	
Patient Telephone Number	