

ALERT Immunization Information System

Flat File Transfer Specification

Version 1.4

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Introduction:

Thank you for your interest in electronic data exchange with ALERT. Getting immunization data into ALERT is important for your clinic and for the individuals you serve. ALERT is interested in finding the least burdensome method for your clinic to submit data to ALERT.

The Oregon ALERT Immunization Information System (ALERT IIS) has made available an interactive user interface on the World Wide Web for authorized users to enter, query, and update patient immunization records. The Web interface makes ALERT IIS information and functions available on desktops around the state. However, some immunization providers already store and process similar data in their own information systems and may wish to keep using those systems while also participating in the statewide IIS. Others may have different needs and may decide they don't want to enter data into two diverse systems. For many clinics electronic transfer is the preferred method to accomplish this goal.

This document explains required and preferred files and data elements and cites several links to assist you in determining if electronic data transfer is a viable option for your clinic. Please share this document with technical staff and/or your software vendor.

Data Frequency:

Timely data submission to the registry benefits providers by getting complete immunization histories to the web as soon as possible. This also assists public clinics with reporting requirements. ALERT encourages, at minimum, weekly data submissions wherever possible for all providers. Public clinics are required to submit data within 14 days of administration. Real-time data submission is also possible via Health Level Seven (HL7) real-time messaging (see Data Formats Accepted below).

Data Formats Accepted:

Data is typically pulled from Electronic Medical Record (EMR) systems or from Practice Management or billing systems. If you have both EMR and billing data systems, ALERT encourages you to pull data from the EMR, as we have found these data to be more complete (e.g., self-pay, history of disease, and historical immunizations are often in the EMR but not in billing databases).

ALERT currently accepts the following electronic file types:

- Fixed format flat text files
- Health Level Seven (HL7) Version 2.4 standard files
- Health Level Seven (HL7) Version 2.4 Real Time Transfer

This document defines requirements for fixed format text file submissions.

Flat Files Defined:

A flat file stores data in a plain text file. Each line of the text file holds one record, with fields either separated by delimiters, such as commas or tabs, or with fields having a fixed length. ALERT accepts fixed length text files.

A fixed record length file is one where each record is the same length, and each field is also a fixed length. In exporting from your electronic system, padding will be needed to achieve this.

For example, the first two records of a file with First and Last Name fields might look something like this.

```
John****Doe*****  
Roger***Smith*****
```

Note that the * symbol is used to represent a space.

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ALERT IIS accepts four flat files for immunization data: Patient File (required), Immunization File (required), Comment File (optional), and Event File (optional). The Patient File houses demographic information about the client. The Immunization File captures vaccination data for immunizations administered or reported as histories. The Comment File is used to report history of disease, refusals, as well as allergies or adverse reactions. The Event File is used if immunizations are provided as part of a Countermeasure Response Administration (CRA) Event which is used to prepare for, counteract, or offset a possible (preparedness) or actual (response) agent release or disease outbreak. The Event File describes the event and includes project areas, priority groups and event start and end dates.

Required Data:

ALERT needs to receive patient and vaccination data for each individual that receives an immunization. These data must be sent in two separate files: a Patient File and an Immunization File. The files will be linked via a Record Identifier supplied by the provider of the file. This identifier will uniquely identify each patient and will appear in each file submitted to link the immunization to the patient. You may want to use your Chart Number or Medical Record Number for this identifier.

At a minimum, ALERT will need the following data fields for each patient receiving immunizations:

Required Patient File Fields:

- Record Identifier
- First Name
- Last Name
- Birth Date
- At least two additional identifying demographic fields, such as address, phone, etc. (see section on matching under "Strongly Encouraged Data" below)

Required Immunization File Fields:

- Record Identifier
- Vaccine Code
- Vaccination Date

When submitting one or more of the optional flat files (Comments File or Event File), the following fields are required.

Required Comment File Fields:

- Record Identifier
- Comment Code

Required Event File Fields:

- Record Identifier
- Event Code
- Priority Group

Strongly Encouraged Data:

Vaccines for Children (VFC) Accountability:

Clinics participating in the federal VFC program are encouraged to provide vaccine eligibility coding information electronically. This greatly simplifies federally required vaccine accountability for your clinic. Submitting these data to ALERT can save countless hours to reconcile VFC reports every year, can assure you are eligible to receive all the vaccine you need for eligible children, and can make access to vaccines in short supply much simpler. In the next few years, submitting VFC eligibility

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data to ALERT will become a requirement for sites receiving state supplied vaccine. Allow our staff to assist you in setting up this field now.

Matching Records:

Due to the large volume of records ALERT receives from various sources, additional demographic and immunization information is essential to ensure ALERT matches immunization records reported from multiple sources appropriately. If you are unable to supply this information, ALERT will not be able to merge your data with other sources to obtain one complete immunization record. More complete records benefit your clinic by providing you with the best possible client data. ALERT encourages sites to send as many demographic elements as possible (e.g., Address, Telephone number, Social Security Number, Mother's maiden name, Parent/guardian name, or Medicaid Number) to improve appropriate record matching.

Site identifiers (for clinics with multiple sites):

ALERT highly recommends that clinics with multiple sites provide site-specific identifiers to both demographic and immunization records wherever possible. This will enable ALERT staff to provide recall reminders to appropriate clinics. Site-specific identifiers will also make it easier to match a recall report to a child's medical chart/record. These identifiers also enable Immunization staff to provide assessments for each clinic site.

Performance Measures:

In addition, your clinic may want to send elements that you can use for your own performance measures. For example, you may want to consider sending provider identifiers, which would allow you to receive performance reports on individual providers in your practice. Please include as much information as possible.

Vaccine Recalls:

Entering vaccine lot and manufacturer into the ALERT database can save your clinic valuable time and resources in case of a vaccine recall or adverse event.

Field Order and Format Requirements:

The following tables describe the fields to include in each of the flat files discussed. Files need to be generated using the American Standard Code for Information Interchange (ASCII) character set. ASCII is a character-encoding scheme based on the ordering of the English alphabet. Records will be fixed length and need to be terminated with a carriage return/line feed.

Each table contains Column, Data Type, Pos #, R/SE, Default and Notes information.

- *Column:* The name of the data element.
- *Data length:* each field's data should be left-justified and padded with blanks to this length. If the data in a field is numeric (e.g., dates, zip-code, telephone number, SSN, CVX code) only numeric digits should be entered and padded with blanks as needed.
- *Pos #:* The position of the start of the field in the flat file.
- *R/SE:* R = Required field. SE = Strongly Encouraged field. (see section "Strongly Encouraged Data" above)
- *Default:* Default value that will appear in ALERT if the field is blank.
- *Notes:* Description of the column and code sets to use (where applicable).

Character fields need to be left justified and blank-filled and date fields in format MMDDYYYY with leading zeroes. All fields must be present in the flat file with the specified length. If a site is unable to supply information for a specified field, the entire field needs to be blank-filled.

Please submit as much as possible of the listed elements below for completeness. At a minimum, fields identified with an 'R' in the 'R/SE' column must be submitted for ALERT IIS to process the file.

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Extracting data eliminates the need for additional efforts from your clinic, since the data is already entered into your system. There is the initial file set up and testing to get the process in place. Due to the variety of EMRs, Practice Management and billing systems in use, automating data extracts for routine submission to ALERT may require assistance from clinic technical staff and/or your software vendor initially. Please contact ALERT technical staff at 800-980-9431 if you have questions regarding this process.

Patient File (Required)

Column	Data Length	Pos #	R/SE	Default	Notes
Record Identifier	32	1	R		Supplied by sender, used to link a Patient to Immunization records.
Patient Status	1	33	SE	A	Use the IIS code set for Patient Status . (Note: Right click and select 'Open Hyperlink' to view corresponding code sets for all hyperlinks).
First Name	50	34	R		If patient does not have a first name, "NO FIRST NAME" must be entered in this field.
Middle Name	50	84	SE		
Last Name	50	134	R		
Name Suffix	10	184			JR, III, etc.
Birth Date	8	194	R		MMDDYYYY
Death Date	8	202			MMDDYYYY
Mother's First Name	50	210	SE		ALERT IIS will accept imported data but WILL NOT populate this field on export.
Mother's Maiden Last Name	50	260	SE		ALERT IIS will accept imported data but WILL NOT populate this field on export.
Mother's HBsAg Status	1	310			Use the IIS code set for Mother's HBsAg Status . ALERT IIS will accept imported data but WILL NOT populate this field on export.
Sex (Gender)	1	311	R		Use the ALERT IIS code set for Sex (Gender) .
American Indian or Alaska Native	1	312			'Y' if Yes
Asian	1	313			'Y' if Yes
Native Hawaiian or Other Pacific Islander	1	314			'Y' if Yes
Black or African-American	1	315			'Y' if Yes
White	1	316			'Y' if Yes
Other Race	1	317			'Y' if Yes
Ethnicity	2	318			Use the ALERT IIS code set for Ethnicity .
Social Security Number	9	320	SE		ALERT IIS will accept imported data but WILL NOT populate this field on export.
Contact Allowed	2	329		02	Controls whether notices are sent. Use the ALERT IIS code set for Contact . If <null> default to '02' - contact allowed.
Patient ID	32	331	SE		Identifier within the sending organization's system. Typically, this is a Chart Number, Medical Record Number,

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Column	Data Length	Pos #	R/SE	Default	Notes
					etc. It may be the same as the Record Identifier. If provided here, it may be used to facilitate access to the patient's records through the user interface.
Medicaid ID	20	363	SE		
Responsible Party First Name	50	383			Responsible party would be a parent or guardian or someone responsible for the care of this patient.
Responsible Party Middle Name	50	433			
Responsible Party Last Name	50	483			
Responsible Party Relationship	3	533			Use the ALERT IIS code set for Relationship to the patient.
Street Address Line	55	536	SE		Address is loaded for the patient and the responsible person. Primary address information (i.e. 100 TAFT ST.)
Other Address Line	55	591			Secondary address information (i.e. APT 104, STE 530) Do not place a secondary address in this field. Additional addresses for the patient or responsible parties may be added through the user interface.
PO Box Route Line	55	646			If patient has PO Box mailing address, enter here.
City	52	701	SE		
State	2	753	SE		2 character state abbreviation, ex. OR
Zip Code	9	755	SE		5 or 9 digits without separators (padded with blanks if 5) ex. 97123**** or 971235678.
County	5	764			Use the ALERT IIS code set for County .
Phone	17	769	SE		Format as digits only starting with the area code, ex. 6081234567. Extension up to 7 digits allowed.
Sending Organization	8	786	SE		This is the Organization Code of the provider organization that owns this patient and corresponding immunization records. Contact the ALERT IIS Help Desk for the appropriate Organization Code. * This field is optional if an organization is sending all of its own records. This field is used if an organization other than the organization that owns the record(s) is transmitting this file.
Total	793				

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Immunization File (Required)

Column	Data Length	Pos #	R/SE	Default	Notes
Record Identifier	32	1	R		Supplied by sender, used to link Immunizations to a Patients record.
NDC Code	13	33	*		*One of these five vaccine codes is required. Multiple may be transmitted. See ALERT IIS Vaccine Codes PDF or Spreadsheet . NDC Formats: 99999-9999-99 99999-*999-99 99999-9999-*9
Trade Name	24	46	*		
CPT Code	5	70	*		
CVX Code	3	75	*		
Vaccine Group	16	78	*		
Vaccination Date	8	94	R		MMDDYYYY
Administration Route Code	2	102			Use the ALERT IIS code set for Administration Route .
Body Site Code	4	104			Use the ALERT IIS code set for Body Site .
Reaction Code	8	108			Use the ALERT IIS code set for Reaction . Do not place a secondary reaction code in this field. Additional reactions for the patient may be added through the user interface.
Manufacturer Code	4	116	SE		Use the ALERT IIS code set for Manufacturers .
Immunization Information Source	2	120		01	Use 00 for an immunization which was administered by the sending organization. For historical doses from the patient's record, use values 01 through 07 or OU, for value descriptions, see ALERT IIS code set for Immunization Information Source . If left empty, default will be saved. FOR INVENTORY DEDUCTION: '00' is mandatory.
Lot Number	30	122	SE		Converted records will be stored in ALERT IIS as historical records, so the Lot Number will not correspond to inventory tracked in ALERT IIS, but Lot Number can still be stored as historical information. FOR INVENTORY DEDUCTION: Lot # is mandatory.
Provider Name	50	152			If entering historical doses, enter the name of the provider or clinic that administered the vaccination, if known.
Administered By Name	50	202			The name of the person who administered the vaccination.
Sending Organization	8	252	SE		This is the Organization Code of the provider organization that owns this patient and corresponding immunization records. Contact the ALERT IIS Help Desk for the appropriate Organization Code. * This field is optional if an organization is sending all of its own records. This

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Column	Data Length	Pos #	R/SE	Default	Notes
					field is used if an organization other than the organization that owns the record(s) is transmitting this file. FOR INVENTORY DEDUCTION: Inventory deduction will occur for the sending organization specified in this field. If empty, inventory deduction will occur for the organization transmitting the file.
Vaccine Eligibility	1	260	SE		Populate with Oregon Vaccine Eligibility Codes
Total	260				

Comment File (Optional File – Not Required)

Column	Data Length	Pos #	R/SE	Default	Notes
Record Identifier	32	1	R		Supplied by sender, used to link Comments to a Patients record.
Comment Code	6	33	R		Use the ALERT IIS code set for Comments .
Begin Date	8	39	R		Begin date to which the comment applies. MMDDYYYY
End Date	8	47			End date to which the comment applies. MMDDYYYY
Total	54				

Notes on Refusals:

Refusals are sent in the optional Comment file. Please bear in mind the following when sending in refusals or receiving output flat files from the ALERT IIS:

- a) The ALERT IIS will write out multiple refusals of the same vaccine on different dates for those patients who have them.
- b) The ALERT IIS will accept incoming refusals of the same vaccine on different dates (Begin Date) and store them both; however, if the dates are the same, then only one will be stored.

Event File (Optional File – Not Required)

Column	Data Length	Pos #	R/SE	Default	Notes
Record Identifier	32	1	R		Supplied by sender, used to link Event and Priority Group to a Patient's record
Event Code	20	33	R		Corresponds to alphanumeric Event Code as stored in ALERT IIS Contact the ALERT IIS Help Desk for the appropriate Event Code.
Priority Group	20	53	R		Use the ALERT IIS code set for Priority Group . Contact the ALERT IIS Help Desk for the appropriate Priority Group Codes that are valid for the Event.
Total	72				

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Examples:

Records need to be blank filled (i.e., padded with spaces on the right to the required field length). In the following example, blanks are represented with the '*' character for illustrative purposes.

This Information:

Record ID: 17727736
Status Active: A
Name: Courtney Lee Brown, MD
Birth Date: 9/10/1994
Mother's Maiden Name: Anne Green
Mother's HbsAg Status: Positive
Gender: Female
Race: White
Ethnicity: Not Hispanic
SSN: 111223333
Contact Allowed: Yes
Patient ID: CHART33321
Medicaid ID: MEDID11011
Responsible Party: Tim Daniel Brown
Relationship: Father
Address: 1234 Test Street, Apt 491 Portland, OR 53221
PO Box: PO Box 740
County: Clackamas
Phone: 4932227744
Sending Organization: AL9999

Results in the following Patient record:

Patient Record

```
17727736*****ACOURTNEY*****  
*LEE*****BROWN*****  
*****MD*****09101994*****ANNE*****  
*****GREEN*****YF***Y*NH111223333  
02CHART33321*****MEDID11011*****TIM*****  
*****DANIEL*****BROWN****  
*****FTH1234*Test*Street*****  
*****Apt*491*****PO*Box*740***  
*****PORTLAND*****  
*****OR53221***OR0054932227744*****AL9999**
```

This information:

Record ID: 17727736
NDC Code: 49281-0549-10
Trade Name: ActHib
CPT Code: 90648
CVX Code: 48
Vaccine Group: Hib
Date Administered: 10/13/2003
Admin Route: Intramuscular
Body Site Code: Left Vastus Lateralis
Reaction Code: None
Manufacturer: sanofi Pasteur
Information Source: Administered by this clinic
Lot Number: abc123
Provider Name: None, this is not historical information
Administered by: Robert J. Test, MD
Site Name: Test Site Name

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Sending Organization: AL9999

Vaccine Eligibility: Uninsured

Results in the following Immunization record:

Immunization Record

17727736*****49281-0549-
10ActHib*****9064848*Hib*****10132003IMLVL*****PMC*00abc123**
*****ROBERT*J*TES
T*MD*****AL9999**N

This information:

Record ID: 17727736
Comment Code: Patient had Varicella
Begin Date: 10/1/1999
End Date: not applicable

Results in the following Comment record:

Comment Record

17727736*****33A***10011999*****

This information:

Record ID: 17727736
Event Code: DAX2008
Priority Group: General Population, Tier 5

Results in the following Event record:

Event Record

17727736*****DAX2008*****GPT5*****

Next Steps:

If you believe your site is a good candidate for electronic data transfer to ALERT, please call and request to speak to ALERT technical staff at 800-980-9431. ALERT staff will obtain some general information about your site and data systems. Next steps include receiving a test file from your site, and once any data issues are resolved, setting up routine data transfer. ALERT and health education staff will also work with you to capture any additional data not input into your system (immunization histories, etc).

If electronic transfer is not a viable option for your clinic and you wish to explore entry of client immunization data directly using the online entry system, please contact us at 800-980-9431 about other methods of submission.

If you have any questions about submitting data to ALERT, please do not hesitate to contact ALERT technical staff at 800-980-9431. Thank you for working with ALERT on this important effort.

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ALERT IIS Code Sets

Table Item	Code	Description
Administration Route	ID	Intradermal
	IM	Intramuscular
	IN	Intranasal
	IV	Intravenous
	PO	Oral
	SC	Subcutaneous
	TD	Transdermal
	MP	Percutaneous (multiple puncture – Small Pox)
Body Site	BN	Bilateral Nares
	LA	Left Arm
	LD	Left Deltoid
	LG	Left Gluteous Medius
	LLFA	Left Lower Forearm
	LN	Left Naris
	LT	Left Thigh
	LVL	Left Vastus Lateralis
	MO	Mouth
	RA	Right Arm
	RD	Right Deltoid
	RG	Right Gluteous Medius
	RLFA	Right Lower Forearm
	RN	Right Naris
	RT	Right Thigh
	RVL	Right Vastus Lateralis
Comments	03	Allergy to baker's yeast (anaphylactic)
	04	Allergy to egg ingestion (anaphylactic)
	05	Allergy to gelatin (anaphylactic)
	06	Allergy to neomycin (anaphylactic) MMR & IPV
	07	Allergy to Streptomycin (anaphylactic)
	08	Allergy to Thimerosal (anaphylactic)
	09	Allergy to previous dose of this vaccine or to any of its unlisted vaccine components (anaphylactic)
	10	Anaphylactic (life-threatening) reaction to previous dose of this vaccine
	11	Collapse or shock like state within 48 hours of previous dose of this vaccine
	12	Convulsions (fits, seizures) within 3 days of previous dose of DTP/DTaP
	13	"Persistent, inconsolable crying lasting 3 hours within 48 hours of previous dose of DTP/DTaP"
	14	Current diarrhea, moderate to severe
	15	Encephalopathy within 7 days of previous dose of DTP

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Table Item	Code	Description
	16	Current fever with moderate-to-severe illness
	17	Fever of 40.5 C (105 F) within 48 hours of previous dose of DTP/DTaP
	18	Guillain-Barre Syndrome (GBS) within 6 weeks after DTP/DTaP
	21	Current acute illness, moderate to severe
	22	Chronic illness
	23	Immune globulin (IG) administration, recent or simultaneous
	24	Immunity: Diphtheria
	25	Immunity: Haemophilus Influenzae type B
	HEPA_I	Immunity: Hepatitis A
	26	Immunity: Hepatitis B Hepatitis B titer – immune Hepatitis B ANTIBODY to surface antigen, positive (immune)
	27	Immunity: Measles Measles titer – immune
	28	Immunity: Mumps Mumps titer – immune
	29	Immunity: Pertussis History of Pertussis
	30	Immunity: Poliovirus
	31	Immunity: Rubella History of Rubella Rubella titer – immune
	32	Immunity: Tetanus
	33	Immunity: Varicella (chicken pox) Varicella titer – immune
	33A	History of Varicella/chicken pox
	36	Immunodeficiency (in recipient) OPV & MMR & VZV
	37	Neurologic disorders, underlying (seizure disorder)
	38	Otitis media (ear infection) moderate to severe
	39	Pregnancy (in recipient)
	40	Thrombocytopenia
	41	Thrombocytopenia purpura (history)
	P1	Refusal of DT
	P2	Refusal of DTaP
	P3	Refusal of HepB
	P4	Refusal of Hib
	P5	Parental refusal of MMR
	P6	Refusal of Pneumococcal
	P7	Refusal of Polio
	P8	Refusal of TD
	P9	Refusal of Varicella
	P10	Refusal of Smallpox
	PB	Refusal of HepA
	PC	Refusal of Influenza
	PG	Refusal of Pertussis
Contact	01	No Contact Allowed – Notices are not to be sent.

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Table Item	Code	Description
	02	Contact Allowed – Notices will be sent.
County	OR001	Baker
	OR003	Benton
	OR005	Clackamas
	OR007	Clatsop
	OR009	Columbia
	OR011	Coos
	OR013	Crook
	OR015	Curry
	OR017	Deschutes
	OR019	Douglas
	OR021	Gilliam
	OR023	Grant
	OR025	Harney
	OR027	Hood River
	OR029	Jackson
	OR031	Jefferson
	OR033	Josephine
	OR035	Klamath
	OR037	Lake
	OR039	Lane
	OR041	Lincoln
	OR043	Linn
	OR045	Malheur
	OR047	Marion
	OR049	Morrow
	OR051	Multnomah
	OR053	Polk
	OR055	Sherman
	OR057	Tillamook
	OR059	Umatilla
	OR061	Union
	OR063	Wallowa
	OR065	Wasco
	OR067	Washington
	OR069	Wheeler
	OR071	Yamhill
Ethnicity	NH	Not Hispanic or Latino
	H	Hispanic or Latino
Immunization Information Source	00	New Immunization Administered (by Sending Organization)
	01	Source Unspecified
	02	Other Provider
	03	Parent Written Record

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Table Item	Code	Description
	04	Parent Recall
	05	Other Registry
	06	Birth Certificate
	07	School Record
	OU	Outside USA
Manufacturers	AD	ADAMS LABORATORIES
	AB	Abbott Laboratories
	AKR	Akorn, Inc.
	ALP	Alpha Therapeutic Corporation
	AVI	Aviron
	BRR	Barr Laboratories
	BAH	Baxter Healthcare Corporation
	BAY	Bayer
	BP	Berna Products
	MIP	Bioport Corporation
	BTP	Biotest Pharmaceuticals Corporation
	CSL	CSL Biotherapies
	CNJ	Cangene Corporation
	DVC	DynPort Vaccine Company, LLC
	GEO	GeoVax Labs, Inc.
	SKB	GlaxoSmithKline
	GRE	Greer Laboratories Inc.
	IUS	Immuno-U.S., Inc.
	INT	Intercell Biomedical
	KGC	Korea Green Cross Corporation
	MBL	Massachusetts Biologic Laboratories
	MED	Medimmune, Inc.
	MSD	Merck & Co., Inc.
	NAB	NABI
	NYB	New York Blood Center
	NOV	Novartis Pharmaceutical Corp
	NVX	Novavax, Inc.
	OTC	Organon Teknika Corporation
	ORT	Ortho-Clinical Diagnostics
	JPN	Osaka University
	PD	Parkedale Pharmaceuticals
	PFR	Pfizer-Wyeth
	PMC	Sanofi Pasteur Inc.
	SCL	Sclavo, Inc.
	SOL	Solvay Pharmaceuticals
	TAL	Talecris Biotherapeutics
	USA	Us Army Med Research
	VXG	VaxGen

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Table Item	Code	Description
	ZLB	ZLB Behring
	OTH	Other manufacturer
	UNK	Unknown manufacturer
Mother's HBsAg Status	1	Negative
	2	Not Screened
	3	Positive
	4	Unknown
Patient Status	A	Active
	I	Inactive-Other
	M	Inactive-MOGE
	P	Inactive-Permanently (deceased)
	L	Inactive-Lost to Follow Up
	O	Inactive-One Time Only
	S	Inactive-MOOSA
	U	Inactive-Unknown
Priority Group	HNST1	Homeland and nations security, Tier 1
	HNST2	Homeland and nations security, Tier 2
	HNST3	Homeland and nations security, Tier 3
	HCCSST1	Health care and community support services, Tier 1
	HCCSST2	Health care and community support services, Tier 2
	HCCSST3	Health care and community support services, Tier 3
	CIT1	Critical Infrastructure, Tier 1
	CIT2	Critical Infrastructure, Tier 2
	CIT3	Critical Infrastructure, Tier 3
	GPT1	General population, Tier 1
	GPT2	General population, Tier 2
	GPT3	General population, Tier 3
	GPT4	General population, Tier 4
	GPT5	General population, Tier 5
Race	Y	American Indian or Alaska Native
	Y	Asian
	Y	Native Hawaiian or Other Pacific Islander
	Y	Black or African-American
	Y	White
	Y	Other
Relationship	ASC	Associate
	BRO	Brother
	CGV	Care giver
	CHD	Child
	DEP	Handicapped dependent
	DOM	Life partner
	EMC	Emergency contact

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Table Item	Code	Description
	EME	Employee
	EMR	Employer
	EXF	Extended family
	FCH	Foster Child
	FND	Friend
	FTH	Father
	GCH	Grandchild
	GRD	Guardian
	GRP	Grandparent
	MGR	Manager
	MTH	Mother
	NCH	Natural child
	NON	None
	OAD	Other adult
	OTH	Other
	PAR	Parent
	SCH	Stepchild
	SEL	Self
	SIB	Sibling
	SIS	Sister
	SPO	Spouse
	UNK	Unknown
	WRD	Ward of court
Reaction Codes	10	Anaphylactic reaction
	11	Hypotonic-hyporesponsive collapse within 48 hours of immunization
	12	Seizure occurring within 3 days of immunization
	13	Persistent crying lasting \geq 3 hours within 48 hours of immunization
	17	Temperature \geq 105 (40.5 C) within 48 hours of immunization
	PERTCONT	Pertussis allergic reaction
	TETCONT	Tetanus allergic reaction
Reaction Codes (VAERS)	D	Patient Died
	L	Life threatening illness
	E	Emergency room/doctor visit required
	H	Hospitalization required
	P	Resulted in prolongation of hospitalization
	J	Resulted in permanent disability
Sex (Gender)	F	Female
	M	Male
	U	Unknown
Vaccine Eligibility Code	N	No Insurance
	M	Medicaid, OHP

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Table Item	Code	Description
	A	Am. Indian/AK Native
	F	Underinsured, FQHC
	U	Underinsured, not FQHC
	C	Insured, Co-pay Unaffordable
	O	Other State Supplied
	R	Unknown Insurance Status
	S	Special Projects
	G	IG only
	L	Locally Owned
	B	Billable/Not Eligible
	Q	Org not VFC active
State Codes	AL	ALABAMA
	AK	ALASKA
	AZ	ARIZONA
	AR	ARKANSAS
	CA	CALIFORNIA
	CO	COLORADO
	CT	CONNECTICUT
	DE	DELAWARE
	DC	DISTRICT OF COLUMBIA
	FL	FLORIDA
	GA	GEORGIA
	OK	OKLAHOMA
	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
	NJ	NEW JERSEY
	NM	NEW MEXICO
	NY	NEW YORK
	NC	NORTH CAROLINA
	ND	NORTH DAKOTA

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Table Item	Code	Description
	OH	OHIO
	OR	OREGON
	PA	PENNSYLVANIA
	RI	RHODE ISLAND
	SC	SOUTH CAROLINA
	SD	SOUTH DAKOTA
	TN	TENNESSEE
	TX	TEXAS
	UT	UTAH
	VA	VIRGINIA
	WA	WASHINGTON
	WV	WEST VIRGINIA
	WI	WISCONSIN
	WY	WYOMING
	AS	AMERICAN SAMOA
	FM	FEDERATED STATES OF MICRONESIA
	GU	GUAM
	MH	MARSHALL ISLANDS
	MP	NORTHERN MARIANA ISLANDS
	PW	PALAU
	PR	PUERTO RICO
	UM	US MINOR OUTLYING ISLANDS
	VI	US VIRGIN ISLANDS
	VT	VERMONT
Vaccines Administered	NDC Code	(National Drug Code) See ALERT IIS Vaccine Codes PDF or Spreadsheet .
	Trade Name	See ALERT IIS Vaccine Codes PDF or Spreadsheet .
	CPT Code	(Current Procedural Code) See ALERT IIS Vaccine Codes PDF or Spreadsheet .
	CVX Code	(Vaccines Administered Code) See ALERT IIS Vaccine Codes PDF or Spreadsheet .
	Vaccine Group	See ALERT IIS Vaccine Codes PDF or Spreadsheet .

Change History

Published / Revised Date	Version #	Author	Section / Nature of Change
06/25/2010	1.0	HP	Initial approved version.
07/29/2010	1.1	HP	Client File length is 793.
09/30/2010	1.2	HP	2 Relationships removed 'OWN' and 'TRA'
11/29/2010	1.3	HP	R/SE replaced Required column. County Clackamas example corrected.
07/22/2011	1.4	OHA	Minor updates/corrections.