

## CDC COVID-19 Vaccination Reporting Specification (CVRS): Version 3

### Introduction

This specification defines the COVID-19 vaccination reporting requirements to the Centers for Disease Control and Prevention's (CDC) COVID-19 Data Clearinghouse (DCH). Whenever possible, existing and new connections between provider organizations and immunization information systems (IISs) should be leveraged to report vaccinations directly to IISs. This specification addresses how IISs will report these data to CDC's DCH, as well as how provider organizations that are unable to report to IISs can still report to CDC's DCH to ensure a comprehensive accounting of administered doses of COVID-19 vaccine.

The COVID-19 Vaccination Reporting Specification (CVRS) provides requirements for three data models: redacted, identified, and Privacy Preserving Record Linkage (PPRL). Each data model is represented by a tab in the CVRS ("Redacted Extract Fields", "Identified Extract Fields", and "PPRL Extract Fields") that specifies the submission requirements for the 45 data elements contained within. Currently, submitters may submit data according to the data model of their choosing to the DCH, however, use of the PPRL data model is encouraged. If interested in switching data models (e.g., from "Redacted" to "Identified"), please inform the CDC before doing so.

Each data model allows for the submission of either redacted case-level data, "Redacted Extract" and "PPRL" data models, or identified case-level data, "Identified" data model. All data models are the same file format but vary in what identifying information is provided.

Further, the CVRS allows for submission of two different types of events: (1) vaccination events and (2) vaccine refusals. Each has unique requirements and is defined in the "Redacted Extract Fields," "Identified Extract Fields," and "PPRL Extract Fields" tabs. Only vaccination events are required to be reported at this time.

CDC understands that not all IISs collect data about comorbidities or serology. When these data are not collected by the IIS, the values for these variables must be reported as "unknown." It is also understood that an IIS may not have information about refusals. Information on comorbidities, serology, and vaccine refusals are only required to be reported if and when available.

### Data Conventions

- 1) All data shall be output to the extract file as UTF-8 encoded text strings without change.
- 2) Fields in the extract file shall be separated by a tab character.

**NOTE:** It is possible for some extracted data elements to contain one or more tab (ASCII 09) characters. In such instances, any tab characters appearing in data elements shall be mapped to space (ASCII 32) characters in the extract file.

- 3) Files can be new-line terminated or carriage return new-line terminated.

- 4) The first line must be a header row containing all variable names, even if data will not be sent in for those variables.

- 5) Three data types are used in the extract specification:

String: Free text fields

Date: Formatted YYYY-MM-DD or YYYY-MM

Coded Value: A selection of predefined values. NOTE: Many coded values are from HL7, with some extensions to support unknown and local law/policy restrictions.

- 6) Field-level data population requirements are defined in the extract specification spreadsheet using the following language:

Required: These fields must have a value. Without a value, these records will not be accepted by the DCH. For redacted reporting, some fields default to "Redacted." In coded values, codes have been provided to accommodate local law/policy restrictions or unknown values.

Required if known: These fields must be populated if the value is known, but if the field value is unknown, then the field may not be populated. Regardless of data population, submitting entities must be able to record and submit this information in their systems.

Do not populate: There are conditional situations in which it does not make sense to populate a field (e.g., a lot number for a vaccine refusal). In these cases, the expectation is that the field is left empty, but still represented in the extract (i.e., do not skip the field in the extract).

- 7) Data are not case-sensitive.

### Extract File Conventions

- 1) Each day a single file will be extracted and sent to CDC's DCH.
- 2) The extract file shall be named using the format yyyyymmdd\_NN\_AAA\_Z.txt:

yyyy = 4-digit year

mm = 2-digit month

dd = 2-digit day of month

\_NN = sequential count of file for given day (e.g., 01, 02). This will likely always be 01.

\_AAA = awardee or submitting entity 3-character code. These codes are listed on the "Submitting Entity Codes" tab.

\_Z = abbreviation of whether the file contains additions (A), updates (U), or deletes(D)

The date portion of the file name should represent the date being reported, not necessarily the date the extract was run.

- 3) Individual extract files must not exceed 200,000 records. Data submissions over 200,000 records must be broken into subsequent files.

### Daily Extract Criteria for COVID-19 Vaccines

#### Inclusion Criteria

- 1) Each extract shall include one specific day of COVID-19 vaccine data.
- 2) Each extract shall include all newly created COVID-19 vaccination events or refusals for the day.
- 3) IISs shall include records even if the patient address is outside of their jurisdiction.
- 4) Patients who have more than one event in a single day (e.g., a refusal and a vaccination event) will have two records (lines) in the extract file.
- 5) Include both administered and historical vaccines unless the vaccination event is a confirmed duplicate.

#### Exclusion Criteria

- 1) Do NOT include newly created COVID-19 vaccination events that have been provided to the IIS from another originating jurisdiction (IIS) (e.g., through the IZ Gateway or other sharing arrangements).

NOTE: This does not include pharmacy data. Please submit ALL pharmacy data received.

#### Extract Timing

- 1) Reporting time period: 12:00 am to 11:59 pm.

- 2) Deadline for submission: 12:00 pm local time the following day (e.g., 12 hours after the close of the reporting period). This includes holidays and weekends.

NOTE: Batch processing may be submitted the following day (e.g., prior to 12:00 pm local time the following day) to allow for nightly calculations or data quality checks to be completed prior to extract and submission to CDC's DCH.

NOTE: If no doses are administered on a given day, a CVRS file that includes a header row with no data in the rows beneath the header row MUST be submitted to the DCH.

CVRS Version History			
Version	Date	Description of Changes	Created/Modified By
v2	11/4/2020	<p>Instruction Changes:</p> <ul style="list-style-type: none"> <li>o Removed all references to missed appointments</li> <li>o Added language about reporting requirements in "Introduction"</li> <li>o Added line termination guidance in "Data Conventions"</li> <li>o Added character case guidance in "Data Conventions"</li> <li>o Added submitting entity code to the file name in "Extract File Conventions"</li> <li>o Added file record limit to "Extract File Conventions"</li> <li>o Added "for COVID-19 vaccines" to "Daily Extract Criteria"</li> <li>o Added guidance for historical vaccines to "Daily Extract Criteria"</li> <li>o Added guidance on shared events to "Exclusion Criteria"</li> <li>o Added guidance for timing of submissions to "Extract Timing"</li> <li>o Added version number to bottom of instructions</li> </ul> <p>Deidentified Extract Fields Changes:</p> <ul style="list-style-type: none"> <li>o Shifted Field Numbers</li> <li>o Changed valueset options for "Administered at location:type"</li> <li>o Removed the following: "Missed Appointment Data Population Requirements" column, Vaccine administering provider suffix data element, and Recipient missed vaccination appointment data element</li> <li>o Provided guidance for the following data elements: Vaccination Event ID, Recipient ID, VTrckS Provider PIN, Administration Address data elements, Comorbidity Status, Serology Results</li> </ul>	Lauren Shaw
v2.5	11/20/2020	<ul style="list-style-type: none"> <li>o Identified data model was added</li> </ul> <p>Instruction Changes:</p> <ul style="list-style-type: none"> <li>o Added language about reporting identified data to the "Introduction".</li> <li>o Updated guidance regarding the requirement to submit all variable names in the extract, whether the variable contains data or not.</li> <li>o Updated guidance in the "Extract Timing" section clarifying that data must be sent on weekends and holidays.</li> </ul> <p>For all data models:</p> <ul style="list-style-type: none"> <li>o Updated guidance for administered at location and VTrckS Provider PIN</li> </ul>	Chrissy Miner
v3	5/14/2021	<ul style="list-style-type: none"> <li>o PPRL data model was added</li> <li>o Removed "Submitting Entities" tab</li> </ul> <p>Instruction Changes:</p> <ul style="list-style-type: none"> <li>o Provided file naming conventions for additions, updates, and deletes</li> </ul> <p>For all data models:</p> <ul style="list-style-type: none"> <li>o Updated the PPRL ID definition</li> <li>o Added guidance for international recipient and administration address data elements</li> <li>o Added Pacific Islands and US military state codes and associated hyperlink was added</li> <li>o Added hyperlinks for CVX, MVX, and NDC code sets</li> </ul>	Chrissy Miner and Beth Neuhaus

FIELD DEFINITIONS				DATA POPULATION		FIELD-LEVEL TECHNICAL SPECS		
Field Number	COVID_19 Data Element	Variable Name	Data Element Description and Extract Guidance	Vaccination Event Data Population Requirements	Vaccination Refusal Data Population Requirements	Value Set	Data Type	Sample Responses
1	Vaccination event ID	vax_event_id	The vaccination event's unique identifier within the system. This should be a unique identifier for each vaccination event. This data element, along with Recipient ID and DCH assigned submitter identifier, is used for de-duplication.	Required	Required	n/a	String	568971356
2	Extract type	ext_type	Extract type defines whether this file contains completely de-identified data, PPRL ID, or fully identifiable data.	Required. Set to the value 'D'	Required. Set to the value 'D'	Locally Defined Value Set: D (deidentified) P (PPRL) I (Identified)	Coded Value	D
3	PPRL generated ID	pprl_id	Privacy Preserving Record Linkage ID. Not used at the submitter level. Only used at the DCH level.	Retired, DO NOT POPULATE	Retired, DO NOT POPULATE	n/a	String	
4	Recipient ID	recip_id	Unique ID for this recipient. This can be the ID used by the submitting system or a randomly assigned unique identifier. However, the ID must be consistent across reports to allow linking doses to the same recipient ID. This data element, along with vaccination event ID and DCH assigned submitter identifier, is used for de-duplication.	Required	Required	n/a	String	135498413
5	Recipient name: first	recip_first_name	Recipient's first name	Required. Set to the value "Redacted"	Required. Set to the value "Redacted"	n/a	String	Redacted
6	Recipient name: middle	recip_middle_name	Recipient's middle name	Required. Set to the value "Redacted"	Required. Set to the value "Redacted"	n/a	String	Redacted
7	Recipient name: last	recip_last_name	Recipient's last name	Required. Set to the value "Redacted"	Required. Set to the value "Redacted"	n/a	String	Redacted
8	Recipient date of birth	recip_dob	Recipient's date of birth. Recipient's date of birth should be before the administration date.	Required	Required	n/a	Date	1968-05-27
9	Recipient sex	recip_sex	Recipient sex	Required	Required	HL7 User Defined table 0001 M (Male) F (Female) U (Unknown/undifferentiated)	Coded Value	F
10	Recipient address: street	recip_address_street	The street component of the recipient's address. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required. Set to the value "Redacted"	Required. Set to the value "Redacted"	n/a	String	Redacted
11	Recipient address: street 2	recip_address_street_2	The street 2 component of the recipient's address. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required if known. If populated, set to the value "Redacted"	Required if known. If populated, set to the value "Redacted"	n/a	String	Redacted
12	Recipient address: city	recip_address_city	The city component of the recipient's address. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required. Set to the value "Redacted"	Required. Set to the value "Redacted"	n/a	String	Redacted
13	Recipient address: county	recip_address_county	The county component of the recipient's address. This is the five-digit FIPS county code. Do NOT populate for international addresses. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required if known for this recipient	Required if known for this recipient	FIPS Codes <a href="https://www.census.gov/geographies/reference-files/2019/demo/popest/2019-fips.html">https://www.census.gov/geographies/reference-files/2019/demo/popest/2019-fips.html</a>	Coded Value	13121
14	Recipient address: state	recip_address_state	The state component of the recipient's address. Do NOT populate for non-military affiliated international addresses. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required if known for this recipient	Required if known for this recipient	US Postal Service two-character State and Possession abbreviations (Note: Geographical Directional Abbreviations are not included): <a href="https://pe.usps.com/text/pub28/28apb.htm">https://pe.usps.com/text/pub28/28apb.htm</a>	Coded Value	GA
15	Recipient address: zip code	recip_address_zip	The ZIP code of the recipient's address (5-digit or 10-digits, with hyphen, are acceptable). Do NOT populate for non-military affiliated international addresses. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required if known for this recipient	Required if known for this recipient	n/a	String	30301
16	Recipient race 1	recip_race_1	Patient's race	Required	Required	HL7 User Defined table 0005 1002-5 (American Indian or Alaska Native) 2028-8 (Asian) 2076-8 (Native Hawaiian or Other Pacific Islander) 2054-5 (Black or African American) 2106-3 (White) 2131-3 (Other Race) UNK (Unknown) POL (Unable to report due to policy/law)	Coded Value	1002-5
17	Recipient race 2	recip_race_2	Patient's race. Fields recipient race 2-6 support recipients with more than 1 race. (Skip if only one race reported.)	Required if known for this recipient	Required if known for this recipient	See Value Set in "Recipient Race 1" field	Coded Value	2076-8
18	Recipient race 3	recip_race_3	Patient's race. Fields recipient race 2-6 support recipients with more than 1 race. (Skip if only one race reported.)	Required if known for this recipient	Required if known for this recipient	See Value Set in "Recipient Race 1" field	Coded Value	2106-3
19	Recipient race 4	recip_race_4	Patient's race. Fields recipient race 2-6 support recipients with more than 1 race. (Skip if only one race reported.)	Required if known for this recipient	Required if known for this recipient	See Value Set in "Recipient Race 1" field	Coded Value	2131-1
20	Recipient race 5	recip_race_5	Patient's race. Fields recipient race 2-6 support recipients with more than 1 race. (Skip if only one race reported.)	Required if known for this recipient	Required if known for this recipient	See Value Set in "Recipient Race 1" field	Coded Value	2054-5
21	Recipient race 6	recip_race_6	Patient's race. Fields recipient race 2-6 support recipients with more than 1 race. (Skip if only one race reported.)	Required if known for this recipient	Required if known for this recipient	See Value Set in "Recipient Race 1" field	Coded Value	2028-9
22	Recipient ethnicity	recip_ethnicity	The ancestry of the patient	Required	Required	HL7 User Defined table 0189 2135-2 (Hispanic or Latino) 2186-5 (Not Hispanic or Latino) UNK (Unknown ethnicity) POL (Unable to report to do policy/law)	Coded Value	2135-2
23	Administration date	admin_date	The date the vaccination event occurred (or was intended to occur). Administration dates should not be dated before the recipient's Date of Birth, should not be dated after the date of record submission, and should not be in 2019 or earlier.	Required	Required. This will represent the date the vaccine was refused.	n/a	Date	2020-12-15
24	CVX	cvx	The vaccine type that was administered. Note: CVX code 213 "SARS-CoV-2 (COVID-19) vaccine, UNSPECIFIED" may only be used for vaccination refusals where the vaccination type is unspecified.	Required	Required	For CVX codes, source data can be found at the following weblink: <a href="https://www2a.cdc.gov/vaccines/is/standards/vaccines.asp?rpt=cvx">https://www2a.cdc.gov/vaccines/is/standards/vaccines.asp?rpt=cvx</a>	Coded Value	901
25	NDC	ndc	The vaccine product that was administered. Unit of Use (UoU) is preferred if both UoU and Unit of Sale (UoS) are available. Note: NDC-11 formats are preferred over NDC-10 formats	Required if known for this vaccination event	Do not populate	For NDC codes, source data can be found at the following weblink: <a href="https://www2a.cdc.gov/vaccines/is/standards/ndc_crosswalk.asp">https://www2a.cdc.gov/vaccines/is/standards/ndc_crosswalk.asp</a>	Coded Value	
26	MVX	mvx	The manufacturer of the vaccine administered	Required if known for this vaccination event	Do not populate	For MVX codes, source data can be found at the following weblink: <a href="https://www2a.cdc.gov/vaccines/is/standards/vaccines.asp?rpt=mvx">https://www2a.cdc.gov/vaccines/is/standards/vaccines.asp?rpt=mvx</a>	Coded Value	BBB
27	Lot number	lot_number	The lot number of the vaccine administered. Unit of Use (UoU) is preferred if both UoU and Unit of Sale (UoS) are available.	Required if known for this vaccination event	Do not populate	n/a	String	A###A
28	Vaccine expiration date	vax_expiration	The expiration date of the vaccine administered. This can either be YYYY-MM-DD or YYYY-MM.	Required if known for this vaccination event	Do not populate	n/a	Date	2021-06-18
29	Vaccine administering site	vax_admin_site	The body site of vaccine administration.	Required if known for this vaccination event	Do not populate	HL7 defined table 0163 LT (left thigh) LT (left lateral) LD (left deltoid) LG (left gluteus medius) LV (left vastus lateralis) LLFA (left lower forearm) RT (right thigh) RA (right lateral) RD (right deltoid) RG (right gluteus medius) RV (right vastus lateralis) RFA (right lower forearm)	Coded Value	LA
30	Vaccine route of administration	vax_route	The route of vaccine administration (e.g., oral, subcutaneous)	Required if known for this vaccination event	Do not populate	HL7 defined table 0162 or FDA NCI Thesaurus (NCIT) NCIT values preferred and provided for reference C3828 (Intradermal) C28161 (Intramuscular) C38284 (Nasal) C38276 (Intravenous) C38288 (Oral) C38290 (Subcutaneous) C38329 (Subdermal) C38336 (Transdermal)	Coded Value	C38238
31	Dose number	dose_num	Dose # in vaccination series provided dose is considered valid (e.g., counts towards immunity).	Required	Do not populate	Locally Defined Value Set: 1 (Valid first dose) 2 (Valid second dose) 3 (Valid third dose) 4 (Valid fourth dose) 5 (Valid fifth dose) 6 (Valid sixth dose) INV (Invalid dose) UNK (Unknown validity)	Coded Value	2
32	Vaccination series complete	vax_series_complete	Report if the vaccination series is complete. Select: YES when the recipient has completed the required doses for the specific vaccine product. If more doses are required select "NO." If unknown, or cannot be calculated, select "UNK."	Required	Do not populate	Locally Defined Value Set: YES (yes) NO (no) UNK (Unknown)	Coded Value	YES
33	Responsible organization	responsible_org	The name of the parent organization or health system that originated and is accountable for the content of the record. If an organization has several clinics or facilities, this would be the organization that represents all of the clinics/facilities. (The "Administered at location" field is the name of individual physical location.).	Required	Required	n/a	String	Emory Hospital
34	Administered at location	admin_name	The name of the physical clinic or facility that reported the vaccination or refusal. In some cases, this could be the same as the responsible organization. For historical records where specific clinic location information is not available, please populate this data element with information from the "Responsible Organization" data element above. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required	Required	n/a	String	Hope Clinic

35	VRcks provider PIN	vrcks_prov_pin	<p>The value of VRcks Provider PIN can take one of two formats. The first listed below is the preferred format, but both are accepted. The value of VRcks Provider PIN is used to link data in the Data Lake, DCH, VRcks and VAMS, and other systems. It is critical that the value of VRcks Provider PIN for a given provider matches in all of these systems.</p> <p>Acceptable formats for VRcks Provider PIN are:</p> <ul style="list-style-type: none"> <li>•Preferred: The nine-character string formed by the three-character Grantee Code followed by the six-character Provider PIN (e.g., ALA000123 SCA 123456). This is the preferred format because it ensures that leading zeros in the Provider PIN appear correctly in the extract file.</li> <li>•Also accepted: The up to six-character Provider PIN described in the VRcks Extract specification document without the three-character Grantee Code (e.g., 123456, 123, 000123). If your jurisdiction uses leading zeroes in VRcks, leading zeroes must be included for this data element in the extract file.</li> </ul> <p>Additional considerations include:</p> <ul style="list-style-type: none"> <li>•If the event is reported as historical, assign the VRcks Provider PIN of the reporting entity.</li> <li>•Pharmacies should refer to the additional guidance given in "Instructions for Pharmacies" for this data element.</li> </ul>	Required if known for this vaccination event	Required if known for this vaccination event	n/a	String	123456
36	Administered at location: type	admin_type	<p>The characteristic of the provider site that reported the vaccination, refusal, or missed appointment.</p> <p>Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.</p>	Required	Required	<p>Locally Defined Value Set:</p> <ul style="list-style-type: none"> <li>1 (Commercial vaccination service provider)</li> <li>2 (Corrections/detention health services)</li> <li>3 (Health center – community)</li> <li>4 (Health center – migrant or refugee)</li> <li>5 (Health center – occupational)</li> <li>6 (Health center – STD/HIV clinic)</li> <li>7 (Health center – student)</li> <li>8 (Home health care provider)</li> <li>9 (Inpatient)</li> <li>10 (Indian Health Service)</li> <li>11 (Tribal health)</li> <li>12 (Medical practice – family medicine)</li> <li>13 (Medical practice – pediatrics)</li> <li>14 (Medical practice – internal medicine)</li> <li>15 (Medical practice – OB/GYN)</li> <li>16 (Medical practice – other specialty)</li> <li>17 (Pharmacy – chain)</li> <li>18 (Pharmacy – independent)</li> <li>19 (Public health provider – public health clinic)</li> <li>20 (Public health provider – Federally Qualified Health Center)</li> <li>21 (Public health provider – Rural Health Clinic)</li> <li>22 (Long-term care – nursing home, skilled nursing facility, federally certified)</li> <li>23 (Long-term care – nursing home, skilled nursing facility, non-federally certified)</li> <li>24 (Long-term care – assisted living)</li> <li>25 (Long-term care – intellectual or developmental disability)</li> <li>26 (Long-term care – combination)</li> <li>27 (Urgent care)</li> <li>28 (Other)</li> <li>UNK (Unknown)</li> </ul>	Coded Value	17
37	Administration address: street	admin_address_street	<p>The street component of where the vaccine is being administered/planned to be administered. For mobile clinics, the administration address should be where the clinic is being held. Do NOT populate for non-military affiliated international addresses.</p> <p>Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.</p>	Required if known for this vaccination event	Required if known for this refusal	n/a	String	123 Long Road
38	Administration address: street 2	admin_address_street_2	<p>The street 2 component of where the vaccine is being administered/planned to be administered. For mobile clinics, the administration address should be where the clinic is being held. Do NOT populate for non-military affiliated international addresses.</p> <p>Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.</p>	Required if known for this vaccination event	Required if known for this refusal	n/a	String	Suite #300
39	Administration address: city	admin_address_city	<p>The city component of where the vaccine is being administered/planned to be administered. For mobile clinics, the administration address should be where the clinic is being held. Do NOT populate for non-military affiliated international addresses.</p> <p>Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.</p>	Required if known for this vaccination event	Required if known for this refusal	n/a	String	Atlanta
40	Administration address: county	admin_address_county	<p>The county component of where the vaccine is being administered/planned to be administered. For mobile clinics, the administration address should be where the clinic is being held. Do NOT populate for non-military affiliated international addresses.</p> <p>Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.</p>	Required if known for this vaccination event	Required if known for this refusal	FIPS codes: <a href="https://www.census.gov/geographies/reference-files/2019/demo/popest/2019-fips.html">https://www.census.gov/geographies/reference-files/2019/demo/popest/2019-fips.html</a>	Coded Value	13121
41	Administration address: state	admin_address_state	<p>The state component of where the vaccine is being administered/planned to be administered. For mobile clinics, the administration address should be where the clinic is being held. Do NOT populate for non-military affiliated international addresses.</p> <p>Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.</p>	Required if known for this vaccination event	Required if known for this refusal	US Postal Service two-character State and Possession abbreviations (Note: Geographical Directional Abbreviations are not included): <a href="https://pe.usps.com/text/pub28/28apb.htm">https://pe.usps.com/text/pub28/28apb.htm</a>	Coded Value	GA
42	Administration address: zip code	admin_address_zip	<p>The zip code component of where the vaccine is being administered/planned to be administered. For mobile clinics, the administration address should be where the clinic is being held. Do NOT populate for non-military affiliated international addresses.</p> <p>Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.</p>	Required if known for this vaccination event	Required if known for this refusal	n/a	String	30301
43	Vaccination refusal	vax_refusal	<p>Vaccination was refused, select 'Yes'. If the vaccine was administered, select 'No'</p>	Required. Set to the value 'No'	Required. Set to the value 'Yes'	<p>Locally Defined Value Set:</p> <ul style="list-style-type: none"> <li>YES (Yes)</li> <li>NO (No)</li> </ul>	Coded Value	NO
44	Comorbidity status	cmorbid_status	<p>Report if the recipient has a comorbidity. Recipients are a member of a special risk group that are at increased risk of severe illness.</p> <p>If the recipient has at least one of the conditions listed on <a href="https://www.cdc.gov/Coronavirus/2019-nCoV/need-extra-precautions/people-with-medical-conditions.html">https://www.cdc.gov/Coronavirus/2019-nCoV/need-extra-precautions/people-with-medical-conditions.html</a> (CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-nCoV%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html) for "are at increased risk", select Yes. If they do not have any of those conditions or have "No Existing Conditions" then select No.</p> <p>Example conditions for CDC as of October 23, 2020: Cancer, Chronic Kidney Disease, Immunocompromised, Chronic Lung Disease, Obesity, Sickle Cell Disease, Diabetes</p> <p>If unknown or you do not collect this information, please select "UNK"</p>	Required	Required	<p>Locally Defined Value Set:</p> <ul style="list-style-type: none"> <li>YES (Yes)</li> <li>NO (No)</li> <li>UNK (Unknown)</li> </ul>	Coded Value	YES
45	Serology results	serology	<p>Report if there was a positive Serology (Antibody test) result. If the provider knows of any positive serology results, they should report it regardless of if they conducted the test.</p> <p>If you do not collect, please populate with UNK</p>	Required	Required	<p>Locally Defined Value Set:</p> <ul style="list-style-type: none"> <li>YES (Yes)</li> <li>NO (No)</li> <li>UNK (Unknown)</li> </ul>	Coded Value	UNK

FIELD DEFINITIONS				Data Population		FIELD-LEVEL TECHNICAL SPECS		
Field Number	COVID-19 Data Element	Variable Name	Data Element Description and Extract Guidance	Vaccination Event Data Population Requirements	Vaccination Refusal Data Population Requirements	Value Set	Data Type	Sample Responses
1	Vaccination event ID	vax_event_id	The vaccination event's unique identifier within the system. This should be a unique identifier for each vaccination event. This data element, along with Recipient ID and DCH assigned submitter identifier, is used for de-duplication.	Required	Required	n/a	String	568971356
2	Extract type	ext_type	Extract type defines whether this file contains completely de-identified data, PPRL ID, or fully identifiable data.	Required. Set to the value 'I'	Required. Set to the value 'I'	Locally Defined Value Set: D (Deidentified) P (PPRL) I (Identified)	Coded Value	D
3	PPRL generated ID	pprl_id	Privacy Preserving Record Linkage ID. Not used at the submitter level. Only used at the DCH level.	Retired, DO NOT POPULATE	Retired, DO NOT POPULATE	n/a	String	
4	Recipient ID	recip_id	Unique ID for this recipient. This can be the ID used by the submitting system or a randomly assigned unique identifier. However, the ID must be consistent across reports to allow linking doses to the same recipient ID. This data element, along with vaccination event ID and DCH assigned submitter identifier, is used for de-duplication.	Required	Required	n/a	String	135498413
5	Recipient name: first	recip_first_name	Recipient's first name.	Required. If this information cannot be provided, is missing, or unknown please populate with "UNK".	Required. If this information cannot be provided, is missing, or unknown please populate with "UNK".	n/a	String	Mary
6	Recipient name: middle	recip_middle_name	Recipient's middle name.	Required. If this information cannot be provided, is missing, or unknown please populate with "UNK".	Required. If this information cannot be provided, is missing, or unknown please populate with "UNK".	n/a	String	Jane
7	Recipient name: last	recip_last_name	Recipient's last name.	Required. If this information cannot be provided, is missing, or unknown please populate with "UNK".	Required. If this information cannot be provided, is missing, or unknown please populate with "UNK".	n/a	String	Smith
8	Recipient date of birth	recip_dob	Recipient's date of birth. Recipient's date of birth should be before the administration date.	Required	Required	n/a	Date	1968-05-27
9	Recipient sex	recip_sex	Recipient sex	Required	Required	HL7 User Defined table 0001 M (Male) F (Female) U (Unknown/differentiated)	Coded Value	F
10	Recipient address: street	recip_address_street	The street component of the recipient's address. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required. If this information cannot be provided, is missing, or unknown please populate with "UNK".	Required. If this information cannot be provided, is missing, or unknown please populate with "UNK".	n/a	String	123 Main Street
11	Recipient address: street 2	recip_address_street_2	The street 2 component of the recipient's address. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required. If this information cannot be provided, is missing, or unknown please populate with "UNK".	Required. If this information cannot be provided, is missing, or unknown please populate with "UNK".	n/a	String	Apt. 456
12	Recipient address: city	recip_address_city	The city component of the recipient's address. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required. If this information cannot be provided, is missing, or unknown please populate with "UNK".	Required. If this information cannot be provided, is missing, or unknown please populate with "UNK".	n/a	String	Springfield
13	Recipient address: county	recip_address_county	The county component of the recipient's address. This is the five-digit FIPS county code. Do NOT populate for international addresses. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required if known	Required if known	FIPS Codes <a href="https://www.census.gov/geographies/reference-files/2019/demo/popest/2019-fips.html">https://www.census.gov/geographies/reference-files/2019/demo/popest/2019-fips.html</a>	Coded Value	13121
14	Recipient address: state	recip_address_state	The state component of the recipient's address. Do NOT populate for non-military affiliated international addresses. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required if known	Required if known	US Postal Service two-character State and Possession abbreviations (Note: Geographical Directional Abbreviations are not included); <a href="https://pe.usps.com/text/pub28/28apb.htm">https://pe.usps.com/text/pub28/28apb.htm</a>	Coded Value	GA
15	Recipient address: zip code	recip_address_zip	The ZIP code of the recipient's address (5-digit or 10-digits, with hyphen, are acceptable). Do NOT populate for non-military affiliated international addresses. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required if known	Required if known	n/a	String	30301
16	Recipient race 1	recip_race_1	Patient's race	Required	Required	HL7 User Defined table 0005 1002-5 (American Indian or Alaska Native) 2028-9 (Asian) 2076-5 (Native Hawaiian or Other Pacific Islander) 2054-5 (Black or African American) 2106-3 (White) 2131-1 (Other Race) UNK (Unknown) POL (Unable to report due to policy/law)	Coded Value	1002-5
17	Recipient race 2	recip_race_2	Patient's race. Fields recipient race 2-6 support recipients with more than 1 race. (Skip if only one race reported).	Required if known for this recipient	Required if known for this recipient	See Value Set in "Recipient Race 1" field	Coded Value	2076-8
18	Recipient race 3	recip_race_3	Patient's race. Fields recipient race 2-6 support recipients with more than 1 race. (Skip if only one race reported).	Required if known for this recipient	Required if known for this recipient	See Value Set in "Recipient Race 1" field	Coded Value	2106-3
19	Recipient race 4	recip_race_4	Patient's race. Fields recipient race 2-6 support recipients with more than 1 race. (Skip if only one race reported).	Required if known for this recipient	Required if known for this recipient	See Value Set in "Recipient Race 1" field	Coded Value	2131-1
20	Recipient race 5	recip_race_5	Patient's race. Fields recipient race 2-6 support recipients with more than 1 race. (Skip if only one race reported).	Required if known for this recipient	Required if known for this recipient	See Value Set in "Recipient Race 1" field	Coded Value	2054-5
21	Recipient race 6	recip_race_6	Patient's race. Fields recipient race 2-6 support recipients with more than 1 race. (Skip if only one race reported).	Required if known for this recipient	Required if known for this recipient	See Value Set in "Recipient Race 1" field	Coded Value	2028-9
22	Recipient ethnicity	recip_ethnicity	The ancestry of the patient	Required	Required	HL7 User Defined table 0189 2135-2 (Hispanic or Latino) 2186-5 (Not Hispanic or Latino) UNK (Unknown ethnicity) POL (Unable to report to do policy/law)	Coded Value	2135-2
23	Administration date	admin_date	The date the vaccination event occurred (or was intended to occur). Administration dates should not be dated before the recipient's Date of Birth, should not be dated after the date of record submission, and should not be in 2019 or earlier.	Required	Required. This will represent the date the vaccine was refused.	n/a	Date	2020-12-15
24	CVX	cvx	The vaccine type that was administered. Note: CVX code 213 "SARS-CoV-2 (COVID-19) vaccine, UNSPECIFIED" may only be used for vaccination refusals where the vaccination type is unspecified.	Required	Required	For CVX codes, source data can be found at the following weblink: <a href="https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?pt=cvx">https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?pt=cvx</a>	Coded Value	901
25	NDC	ndc	The vaccine product that was administered. Unit of Use (UoU) is preferred if both UoU and Unit of Sale (UoS) are available. Note: NDC-11 formats are preferred over NDC-10 formats	Required if known for this vaccination event	Do not populate	For NDC codes, source data can be found at the following weblink: <a href="https://www2a.cdc.gov/vaccines/iis/iisstandards/ndc_crosswalk.asp">https://www2a.cdc.gov/vaccines/iis/iisstandards/ndc_crosswalk.asp</a>	Coded Value	
26	MVX	mvx	The manufacturer of the vaccine administered	Required if known for this vaccination event	Do not populate	For MVX codes, source data can be found at the following weblink: <a href="https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?pt=mvx">https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?pt=mvx</a>	Coded Value	BBB
27	Lot number	lot_number	The lot number of the vaccine administered: Unit of Use (UoU) is preferred if both UoU and Unit of Sale (UoS) are available.	Required if known for this vaccination event	Do not populate	n/a	String	A###A
28	Vaccine expiration date	vax_expiration	The expiration date of the vaccine administered. This can either be YYYY-MM-DD or YYYY-MM	Required if known for this vaccination event	Do not populate	n/a	Date	2021-06-18
29	Vaccine administering site	vax_admin_site	The body site of vaccine administration.	Required if known for this vaccination event	Do not populate	HL7 defined table 0163 LT (left thigh) LA (left arm) LD (left deltoid) LG (left gluteus medius) LV (left vastus lateralis) LFA (left lower forearm) RT (right thigh) RA (right arm) RD (right deltoid) RG (right gluteus medius) RV (right vastus lateralis) RLFA (right lower forearm)	Coded Value	LA
30	Vaccine route of administration	vax_route	The route of vaccine administration (e.g., oral, subcutaneous)	Required if known for this vaccination event	Do not populate	HL7 defined table 0162 or FDA NCI Thesaurus (NCIT) NCIT values preferred and provided for reference C30224 (Intradermal) C21641 (Intramuscular) C38241 (Nasal) C38276 (Intravenous) C38288 (Oral) C38676 (Percutaneous) C38299 (Subcutaneous) C38305 (Transdermal)	Coded Value	C38238

31	Dose number	dose_num	Dose # in vaccination series provided dose is considered valid (e.g., counts towards immunity).	Required	Do not populate	Locally Defined Value Set: 1 (Valid first dose) 2 (Valid second dose) 3 (Valid third dose) 4 (Valid fourth dose) 5 (Valid fifth dose) 6 (Valid sixth dose) INV (Invalid dose) UNK (Unknown validity)	Coded Value	2
32	Vaccination series complete	vax_series_complete	Report if the vaccination series is complete. Select "YES" when the recipient has completed the required doses for the specific vaccine product. If more doses are required select "NO." If unknown, or cannot be calculated, select "UNK."	Required	Do not populate	Locally Defined Value Set: YES (Yes) NO (No) UNK (Unknown)	Coded Value	YES
33	Responsible organization	responsible_org	The name of the parent organization or health system that originated and is accountable for the content of the record. If an organization has several clinics or facilities, this would be the organization that represents all of the clinics/facilities. (The "Administered at location" field is the name of individual physical location.)	Required	Required	n/a	String	Emory Hospital
34	Administered at location	admin_name	The name of the physical clinic or facility that reported the vaccination or refusal. In some cases, this could be the same as the responsible organization. For historical records where specific clinic location information is not available, please populate this data element with information from the "Responsible Organization" data element above.  Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required	Required	n/a	String	Hope Clinic
35	VTrckS provider PIN	vtrcks_prov_pin	The value of VTrckS Provider PIN can take one of two formats. The first listed below is the preferred format, but both are accepted. The value of VTrckS Provider PIN is used to link data in the Data Lake, DCH, VTrckS and VAMS, and other systems. It is critical that the value of VTrckS Provider PIN for a given provider matches in all of these systems.  Acceptable formats for VTrckS Provider PIN are:  •Preferred: The nine-character string formed by the three-character Grantee Code followed by the six-character Provider PIN (e.g., AU000123, SCA, 1234). This is the preferred format because it ensures that leading zeros in the Provider PIN appear correctly in the extract file.  •Also accepted: The up to six-character Provider PIN described in the VTrckS Ext specification document without the three-character Grantee Code (e.g., 123456, 123, 000123). If your jurisdiction uses leading zeroes in VTrckS, leading zeroes must be included for this data element in the extract file.  Additional considerations include:  •If the event is reported as historical, assign the VTrckS Provider PIN of the reporting entity. •Pharmacies should refer to the additional guidance given in "Instructions for Pharmacies" for this data element.	Required if known for this vaccination event	Required if known for this vaccination event	n/a	String	123456
36	Administered at location: type	admin_type	The characteristic of the provider site that reported the vaccination, refusal, or missed appointment.  Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required	Required	Locally Defined Value Set: 1 (Commercial vaccination service provider) 2 (Corrections/detention health services) 3 (Health center – community) 4 (Health center – migrant or refugee) 5 (Health center – occupational) 6 (Health center – STD/HIV clinic) 7 (Health center – student) 8 (Home health care provider) 9 (Hospital) 10 (Indian Health Service) 11 (Tribal health) 12 (Medical practice – family medicine) 13 (Medical practice – pediatrics) 14 (Medical practice – internal medicine) 15 (Medical practice – OB/GYN) 16 (Medical practice – other specialty) 17 (Pharmacy – chain) 18 (Pharmacy – independent) 19 (Public health provider – public health clinic) 20 (Public health provider – Federally Qualified Health Center) 21 (Public health provider – Rural Health Clinic) 22 (Long-term care – nursing home, skilled nursing facility, federally certified) 23 (Long-term care – nursing home, skilled nursing facility, non-federally certified) 24 (Long-term care – assisted living) 25 (Long-term care – intellectual or developmental disability) 26 (Long-term care – combination) 27 (Urgent care) 28 (Other) UNK (Unknown)	Coded Value	17
37	Administration address: street	admin_address_street	The street component of where the vaccine is being administered/planned to be administered. For mobile clinics, the administration address should be where the clinic is being held. Do NOT populate for non-military affiliated international addresses.  Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required if known for this vaccination event	Required if known for this refusal	n/a	String	123 Long Road
38	Administration address: street 2	admin_address_street_2	The street 2 component of where the vaccine is being administered/planned to be administered. For mobile clinics, the administration address should be where the clinic is being held. Do NOT populate for non-military affiliated international addresses.  Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required if known for this vaccination event	Required if known for this refusal	n/a	String	Suite #300
39	Administration address: city	admin_address_city	The city component of where the vaccine is being administered/planned to be administered. For mobile clinics, the administration address should be where the clinic is being held. Do NOT populate for non-military affiliated international addresses.  Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required if known for this vaccination event	Required if known for this refusal	n/a	String	Atlanta
40	Administration address: county	admin_address_county	The county component of where the vaccine is being administered/planned to be administered. This is the five-digit FIPS county code. For mobile clinics, the administration address should be where the clinic is being held. Do NOT populate for international addresses.  Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required if known for this vaccination event	Required if known for this refusal	FIPS codes <a href="https://www.census.gov/geographies/reference-files/2019/demo/popest/2019-fips.html">https://www.census.gov/geographies/reference-files/2019/demo/popest/2019-fips.html</a>	Coded Value	13121
41	Administration address: state	admin_address_state	The state component of where the vaccine is being administered/planned to be administered. For mobile clinics, the administration address should be where the clinic is being held. Do NOT populate for non-military affiliated international addresses.  Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required if known for this vaccination event	Required if known for this refusal	US Postal Service two-character State and Possession abbreviations (Note: Geographical Directional Abbreviations are not included): <a href="https://pe.usps.com/text/pub28/28apb.htm">https://pe.usps.com/text/pub28/28apb.htm</a>	Coded Value	GA
42	Administration address: zip code	admin_address_zip	The zip code component of where the vaccine is being administered/planned to be administered. For mobile clinics, the administration address should be where the clinic is being held. Do NOT populate for non-military affiliated international addresses.  Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required if known for this vaccination event	Required if known for this refusal	n/a	String	30301
43	Vaccination refusal	vax_refusal	Vaccination was refused, select 'Yes'. If the vaccine was administered, select 'No'	Required. Set to the value 'No'	Required. Set to the value 'Yes'	Locally Defined Value Set: YES (Yes) NO (No)	Coded Value	NO

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

FIELD DEFINITIONS				Data Population		FIELD-LEVEL TECHNICAL SPECS		
Field Number	COVID-19 Data Element	Variable Name	Data Element Description and Extract Guidance	Vaccination Event Data Population Requirements	Vaccination Refusal Data Population Requirements	Value Set	Data Type	Sample Responses
1	Vaccination event ID	vax_event_id	The vaccination event's unique identifier within the system. This should be a unique identifier for each vaccination event. This data element, along with Recipient ID and DCH assigned submitter identifier, is used for de-duplication.	Required	Required	n/a	String	568971356
2	Extract type	ext_type	Extract type defines whether this file contains completely de-identified data, PPRID, or fully identifiable data.	Required. Set to the value 'P'	Required. Set to the value 'P'	Locally Defined Value Set: D (Deidentified) P (PPRL) I (Identified)	Coded Value	P
4	Recipient ID	recip_id	Unique ID for this recipient. This can be the ID used by the submitting system or a randomly assigned unique identifier. However, the ID must be consistent across reports to allow linking doses to the same recipient ID. This data element, along with vaccination event ID and DCH assigned submitter identifier, is used for de-duplication.	Required	Required	n/a	String	135498413
5 Recipient name: first	recip_first_name	recip_first_name	Recipient's first name	Required. Set to the value "Redacted"	Required. Set to the value "Redacted"	n/a	String	Mary
6 Recipient name: middle	recip_middle_name	recip_middle_name	Recipient's middle name	Required. Set to the value "Redacted"	Required. Set to the value "Redacted"	n/a	String	Jane
7 Recipient name: last	recip_last_name	recip_last_name	Recipient's last name	Required. Set to the value "Redacted"	Required. Set to the value "Redacted"	n/a	String	Smith
8 Recipient date of birth	recip_dob	recip_dob	Recipient's date of birth. Recipient's date of birth should be before the administration date.	Required	Required	n/a	Date	1968-05-27
9 Recipient sex	recip_sex	recip_sex	Recipient sex	Required	Required	HL7 User Defined table 0001 M (Male) F (Female) U (Unknown/undifferentiated)	Coded Value	F
10 Recipient address: street	recip_address_street	recip_address_street	The street component of the recipient's address. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required. Set to the value "Redacted"	Required. Set to the value "Redacted"	n/a	String	123 Main Street
12 Recipient address: city	recip_address_city	recip_address_city	The city component of the recipient's address. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required. Set to the value "Redacted"	Required. Set to the value "Redacted"	n/a	String	Springfield
16 Recipient race 1	recip_race_1	recip_race_1	Patient's race	Required	Required	HL7 User Defined table 0005 1002-5 (American Indian or Alaska Native) 2028-9 (Asian) 2076-8 (Native Hawaiian or Other Pacific Islander) 2054-5 (Black or African American) 2106-3 (White) 2131-1 (Other Race) UNK (Unknown) POL (Unable to report due to policy/law)	Coded Value	1002-5
22 Recipient ethnicity	recip_ethnicity	recip_ethnicity	The ancestry of the patient	Required	Required	HL7 User Defined table 0189 2135-2 (Hispanic or Latino) 2186-5 (Not Hispanic or Latino) UNK (Unknown ethnicity) POL (Unable to report due to policy/law)	Coded Value	2135-2
23 Administration date	admin_date	admin_date	The date the vaccination event occurred (or was intended to occur). Administration dates should not be dated before the recipient's Date of Birth, should not be dated after the date of record submission, and should not be in 2019 or earlier.	Required	Required. This will represent the date the vaccine was refused.	n/a	Date	2020-12-15
24 CVX	cvx	cvx	The vaccine type that was administered. Note: CVX code 213 "SARS-COV-2 (COVID-19) vaccine, UNSPECIFIED" may only be used for vaccination refusals where the vaccination type is unspecified.	Required	Required	For CVX codes, source data can be found at the following weblink: <a href="https://www2.cdc.gov/vaccines/is/iisstandards/vaccines.asp?pt=cvx">https://www2.cdc.gov/vaccines/is/iisstandards/vaccines.asp?pt=cvx</a>	Coded Value	901
31 Dose number	dose_num	dose_num	Dose # in vaccination series provided dose is considered valid (e.g., counts towards immunity).	Required	Do not populate	Locally Defined Value Set: 1 (Valid first dose) 2 (Valid second dose) 3 (Valid third dose) 4 (Valid fourth dose) 5 (Valid fifth dose) 6 (Valid sixth dose) INV (Invalid dose) UNK (Unknown validity)	Coded Value	2
32 Vaccination series complete	vax_series_complete	vax_series_complete	Report if the vaccination series is complete. Select "YES" when the recipient has completed the required doses for the specific vaccine product. If more doses are required select "NO." If unknown, or cannot be calculated, select "UNK."	Required	Do not populate	Locally Defined Value Set: YES (Yes) NO (No) UNK (Unknown)	Coded Value	YES
33 Responsible organization	responsible_org	responsible_org	The name of the parent organization or health system that originated and is accountable for the content of the record. If an organization has several clinics or facilities, this would be the organization that represents all of the clinics/facilities. (The "Administered at location" field is the name of individual physical location.)	Required	Required	n/a	String	Emory Hospital
34 Administered at location	admin_name	admin_name	The name of the physical clinic or facility that reported the vaccination or refusal. In some cases, this could be the same as the responsible organization. For historical records where specific clinic location information is not available, please populate this data element with information from the "Responsible Organization" data element above. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required	Required	n/a	String	Hope Clinic
36 Administered at location: type	admin_type	admin_type	The characteristic of the provider site that reported the vaccination, refusal, or missed appointment. Provider Submitters please refer to the additional guidance given in the "Provider Submitter Instructions" tab.	Required	Required	Locally Defined Value Set: 1 (Commercial vaccination service provider) 2 (Correction/detention health services) 3 (Health center – community) 4 (Health center – migrant or refugee) 5 (Health center – occupational) 6 (Health center – STD/HIV clinic) 7 (Health center – student) 8 (Home health care provider) 9 (Hospital) 10 (Indian Health Service) 11 (Tribal health) 12 (Medical practice – family medicine) 13 (Medical practice – pediatric) 14 (Medical practice – internal medicine) 15 (Medical practice – OB/GYN) 16 (Medical practice – other specialty) 17 (Pharmacy – chain) 18 (Pharmacy – independent) 19 (Public health provider – public health clinic) 20 (Public health provider – Federally Qualified Health Center) 21 (Public health provider – Rural Health Clinic) 22 (Long-term care – nursing home, skilled nursing facility, federally certified) 23 (Long-term care – nursing home, skilled nursing facility, non-federally certified)	Coded Value	17
43 Vaccination refusal	vax_refusal	vax_refusal	Vaccination was refused, select 'Yes'. If the vaccine was administered, select 'No'	Required. Set to the value 'No'	Required. Set to the value 'Yes'	Locally Defined Value Set: YES (Yes) NO (No)	Coded Value	NO
44 Comorbidity status	cmorbid_status	cmorbid_status	Report if the recipient has a comorbidity. Recipients are a member of a special risk group that are at increased risk of severe illness. If the recipient has at least one of the conditions listed on <a href="https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html">https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html</a> CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html for "are at increased risk", select Yes. If they do not have any of those conditions or have "No Existing Conditions" then select No. Example conditions for CDC as of October 23,2020: Cancer, Chronic Kidney Disease, Immunocompromised, Chronic Lung Disease, Obesity, Sickle Cell Disease, Diabetes If unknown or you do not collect this information, please select "UNK"	Required	Required	Locally Defined Value Set: YES (Yes) NO (No) UNK (Unknown)	Coded Value	YES
45 Serology results	serology	serology	Report if there was a positive Serology (Antibody test) result. If the provider knows of any positive serology results, they should report it regardless of if they conducted the test. If you do not collect, please populate with UNK	Required	Required	Locally Defined Value Set: YES (Yes) NO (No) UNK (Unknown)	Coded Value	UNK

## Instructions for Provider Submitters

The COVID-19 Vaccination Reporting Specification (CVRS) defines the data elements needed for reporting vaccination administration data to Centers for Disease Control and Prevention (CDC). The CVRS is meant to apply to a variety of reporters of vaccination administration data, but there are some provider submitter specific data population requirements, which are described in this document.

Do NOT follow these instructions if your organization is not a provider submitter. If you have questions regarding if your organization is a provider submitter please contact the CDC.

Data Element	Variable Name	Provider Type	Instructions
Administered at location	Admin_name	Long-term Care Facilities	For residents of long-term care facilities certified by the Centers for Medicare and Medicaid Services (CMS), enter:  oThe facility's CMS Certification number (CCN#)
		Dialysis Centers	oDo NOT enter the name of the physical clinic or facility that reported the vaccination or refusal. Do
Recipient address: street	recip_address_street	Long-term Care Facilities	Recipient Street Address should be the facility where the individual lives and identical to the administration address
Recipient address: street 2	recip_address_street_2	Long-term Care Facilities	Recipient Street Address 2 should be the facility where the individual lives and identical to the administration address
Recipient address: city	recip_address_city	Long-term Care Facilities	Recipient Address City should be the facility where the individual lives and identical to the administration address
Recipient address: county	recip_address_county	Long-term Care Facilities	Recipient Address County Code should be the facility where the individual lives and identical to the administration address
Recipient address: state	recip_address_state	Long-term Care Facilities	Recipient Address State should be the facility where the individual lives and identical to the administration address
Recipient address: zip code	recip_address_zip	Long-term Care Facilities	Recipient Address Zip Code should be the facility where the individual lives and identical to the administration address
Administration address: street	admin_address_street	Long-term Care Facilities	Administration Street Address should be the facility where the individual lives and identical to the administration address
Administration address: street 2	admin_address_street_2	Long-term Care Facilities	Administration Street Address 2 should be the facility where the individual lives and identical to the administration address
Administration address: city	admin_address_city	Long-term Care Facilities	Administration Address City should be the facility where the individual lives and identical to the administration address
Administration address: county	admin_address_county	Long-term Care Facilities	Administration Address County Code should be the facility where the individual lives and identical to the administration address
Administration address: state	admin_address_state	Long-term Care Facilities	Administration Address State should be the facility where the individual lives and identical to the administration address
Administration address: ZIP code	admin_address_zip	Long-term Care Facilities	Administration Address Zip Code should be the facility where the individual lives and identical to the administration address
VTrckS Provider PIN	vtrcks_prov_pin	Long-term Care Facilities Pharmacies Dialysis Centers	oVTrckS Provider PIN is required for submission. oThis should be the full 9-character Provider PIN available in both VTrckS and in your final Pharmacy Enrollment file from the IZ Data Lake (e.g., CV1654321). oIn the Pharmacy Enrollment file, this field is called [loc_provider_pin].
Administered at location: type	admin_type	Long-term Care Facilities	If you are administering vaccinations at a long-term care facility (LTCF), please select the most applicable administration type based on whether the LTFC was federally certified, the vaccination was given to a resident or staff member, or if the LTFC fits into the expanded list of LTCFs. Please select a response based on codes 22–26 or 29–42 listed in the "Provider Submitter Admin Types" tab.
		Pharmacies	If you are administering vaccinations at a pharmacy or off-site location, please select the most applicable administration type based on whether the vaccination was given by a retail pharmacy, to a pharmacy staff member, a teacher, or a person in the general population. Please select a response based on codes 17, 18, 43–46, 50, 51 listed in the "Provider Submitter Admin Types" tab.
		Dialysis Centers	If you are administering vaccinations at a dialysis center, please note whether the vaccination was given to a patient, a staff member or a person in the general population using options 47–49 from the "Provider Submitter Admin Types" tab.

## Expanded Administration Types for Provider Submitters

This is a value set that Provider Submitters should use when reporting vaccination administration records:

Locally Defined Value Set:

- 1 (Commercial vaccination service provider)
- 2 (Corrections/detention health services)
- 3 (Health center – community)
- 4 (Health center – migrant or refugee)
- 5 (Health center – occupational)
- 6 (Health center – STD/HIV clinic)
- 7 (Health center – student)
- 8 (Home health care provider)
- 9 (Hospital)
- 10 (Indian Health Service)
- 11 (Tribal health)
- 12 (Medical practice – family medicine)
- 13 (Medical practice – pediatrics)
- 14 (Medical practice – internal medicine)
- 15 (Medical practice – OB/GYN)
- 16 (Medical practice – other specialty)
- 17 (Pharmacy – chain)
- 18 (Pharmacy – independent)
- 19 (Public health provider – public health clinic)
- 20 (Public health provider – Federally Qualified Health Center)
- 21 (Public health provider – Rural Health Clinic)
- 22 (Long-term care – nursing home, skilled nursing facility, federally certified)
- 23 (Long-term care – nursing home, skilled nursing facility, non-federally certified)
- 24 (Long-term care – assisted living)
- 25 (Long-term care – intellectual or developmental disability)
- 26 (Long-term care – combination)
- 27 (Urgent care)
- 28 (Other)
- 29 (Long-term care facility resident – nursing home, skilled nursing facility, federally certified)
- 30 (Long-term care facility staff – nursing home, skilled nursing facility, federally certified)
- 31 (Long-term care facility resident – nursing home, skilled nursing facility, non-federally certified)
- 32 (Long-term care facility staff – nursing home, skilled nursing facility, non-federally certified)
- 33 (Long-term care facility resident – assisted living)
- 34 (Long-term care facility staff – assisted living)
- 35 (Long-term care facility resident – intellectual or developmental disability)
- 36 (Long-term care facility staff – intellectual or developmental disability)
- 37 (Long-term care facility resident – low-income senior housing)
- 38 (Long-term care facility staff – low-income senior housing)
- 39 (Long-term care facility resident – state veterans' home)
- 40 (Long-term care facility staff – state veterans' home)

41 (Long-term care facility resident – other)  
42 (Long-term care facility staff – other)  
43 (Pharmacy chain general population)  
44 (Pharmacy chain staff)  
45 (Pharmacy independent general population)  
46 (Pharmacy independent staff)  
47 Dialysis Center Patient  
48 Dialysis Center Staff  
49 Dialysis Center Other  
50 Pharmacy chain teacher  
51 Pharmacy independent teacher  
UNK (Unknown)