

Immunization Registry Data Requirements – based on HL7 v2.5.1

The following is a partial list of HL7 elements from the [Maryland Immunet System HL7 v2.5.1 Transfer Specification](#) that MDH requires or would like to receive. Please submit as many of the optional fields as possible to maximize the patient record de-duplication process.

Note that this is only a minimal list of required fields and the full HL7 Implementation Guide with all the other required elements should be followed for MU/MIPS-compliance.

HL7 Segment	HL7 Sequence	HL7 Element Name	HL7 v2.5.1 Requirement	MDH Requirement (Immunet Fields) with examples
MSH	4	Sending Facility	RE	Required (Sending Organization/Org ID) <i>e.g. ABC Clinic^12345 (ID will be assigned)</i>
PID	3	Patient Identifier List	R	Required (Record Identifier) <i>e.g. 45LR999^^^PI</i>
PID	5	Patient Name	R	Required (First, Middle, Last Name) <i>e.g. Dole^John^A^Jr</i>
PID	6	Mother's Maiden Name	RE	Required (Mother's Maiden Name) <i>e.g. Dole^Jane</i>
PID	7	Date/Time Of Birth	R	Required (Birth Date) <i>e.g. 19950227</i>
PID	8	Administrative Sex	RE	Required (Gender) <i>e.g. M or F</i>
PID	10	Race	RE	Required if available (Race) <i>e.g. 2106-3 (ref table 005 in Specs)</i>
PID	22	Ethnic Group	RE	Optional (Ethnicity) <i>e.g. 2135-2 (ref table 0189 in Specs)</i>
PID	29	Patient Death Date	RE	Optional (Death Date) <i>e.g. 19950227</i>
PD1	12	Protection Indicator	RE	Optional (Contact Allowed) <i>e.g. Y or N</i>
PD1	16	Immunization registry status	RE	Optional (Patient Status) <i>e.g. A, N, P, or M (ref table NIP005 in Specs)</i>
NK1	2	Name	R	Required if available (Mother's/Responsible Party Name) <i>e.g. Dole^Jane</i>
NK1	3	Relationship	R	Required if available (Responsible Party Relationship) <i>e.g. MTH^Mother^HL70063</i>
NK1	4	Address	RE	Required if available (Address) <i>e.g. 123 Main St^Baltimore^MD^53000^US^^1843</i>
NK1	5	Phone Number	RE	Optional (Phone) <i>e.g. (123)456-7890</i>
RXR	1	Route	R	Required (Administration Route Code) <i>e.g. IM^Intramuscular^HL70162</i>
RXR	2	Site	RE	Optional (Body Site Code) <i>e.g. LD^Left deltoid^HL70163</i>
RXA	3	Date/Time Start of Administration	R	Required (Vaccination Date) <i>e.g. 19990723</i>
RXA	5	Administered Code	R	Required (CVX Code) <i>e.g. 39^Japanese encephalitis^CVX</i>
RXA	9	Administration Notes	RE	Optional (Immunization Information Source) <i>e.g. 00 to 08 (ref table NIP001 in Specs)</i>
RXA	10	Administering Provider	RE	Optional (Provider Name/Administered By Name) <i>e.g. Dole^Jane^S^RN^MS^VEI^Dole^John^P^MD^DR^OEI^</i>
RXA	11	Administered-at Location	RE	Optional (Site Name) <i>e.g. ^ABC Clinic</i>
RXA	15	Substance Lot Number	RE	Required if available (Lot Number) <i>e.g. BC19487</i>
RXA	17	Substance	RE	Required if available (Manufacturer Code) <i>e.g. AB^Abbott^MVX^^</i>

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		Manufacturer Name		
OBX	3	Observation Identifier	R	<p>Optional (Reaction to Immunization) e.g. 31044-1^Reaction^LN</p> <p>Optional (Vaccine Purchased With (Funding Type)) e.g. 30963-3^Vaccine purchased with^LN^^</p> <p>Required if available (Financial Status) e.g.</p>
OBX	5	Observation Value	R	<p>Optional (Reaction to Immunization) e.g. HYPOTON^hypotonic^IMMUNET^^</p> <p>Optional (Vaccine Purchased With (Funding Type)) e.g. PBF^Public Funds^NIP008/////</p> <p>Required if available (Financial Status) e.g. V05^Underinsured^HL70064</p>
NTE	3	Comment	R	Required (Comment Code)