Attachment 8: Vaccine Data

Data Element Name	Data Element Description	Value Set Code
Vaccine administered product type	Indicates which product (vaccine) was administered	PHVS_VaccinesAdministered_VZ
Vaccine administered date	Indicates the date that the vaccine was administered.	N/A
Vaccine dose number	Indicates the dose number in series	N/A
Vaccine product manufacturer	Indicates the company which manufactured the vaccine	PHVS_ManufacturersOfVaccinesMVX_CDC_NIP
Vaccine Lot Number	Indicates the lot number for the vaccine administered	N/A
Vaccine Lot Expiration Date	Indicates the expiry date for the vaccine administered	N/A
Vaccine Event information source	Indicates whether the vaccine was administered by the provider organization recording the immunization or obtained from a historical record	PHVS_VaccineEventInformation Source_NND
Immunization Schedule used	Identifies the schedule used for immunization evaluation and forecast.	N/A
Exemption/refusal reason	Indicates the reason the patient is either exempt from the immunization or refuses the immunization	N/A
National Drug Code (NDC)	NDC from the vaccine's bar code can be used to obtain vaccine brand name and manufacturer.	N/A
Vaccination Record Identifier	Vaccination record identifier	N/A
Did the Subject Ever Receive a Vaccine Against This Disease	**Did the subject ever receive a vaccine against this disease?**	**PHVS_YesNoUnknown_CDC**
Vaccination Doses Prior to Onset	**Number of vaccine doses against this disease prior to illness onset**	**N/A**
Date of Last Dose Prior to Illness Onset	**Date of last vaccine dose against this disease prior to illness onset**	**N/A**
Vaccinated per ACIP Recommendations	**Was subject vaccinated as recommended by the Advisory Committee on Immunization Practices (ACIP)?**	**PHVS_YesNoUnknown_CDC**
Reason Not Vaccinated Per ACIP Recommendations	**Reason subject not vaccinated as recommended by ACIP**	**PHVS_VaccineNotGivenReasons_CDC**
Vaccine History Comments	**Comments about the subject's vaccination history**	**N/A**

Number of Doses Received Before 1st Birthday	**The number of vaccine doses against this disease which the subject received before their first birthday.**	**N/A**
Number of Doses Received On or After 1st Birthday	**The number of vaccine doses against this disease which the subject received on or after their first birthday**	**N/A**
Did Mother Ever Receive a Vaccine Against This Disease	**Was the mother immunized with Rubella vaccine?**	**PHVS_YesNoUnknown_CDC**
Source of Mother's Vaccine Information	**Source of mother's Rubella-containing vaccine information**	**PHVS_ImmunizationInformationSource_CRS**
12/28/2020		