

## 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
<b>Did the Subject Ever Receive a Vaccine Against This Disease</b>	<b>Did the subject ever receive a vaccine against this disease?</b>	<b>PHVS_YesNoUnknown_CD C</b>
<b>Vaccination Doses Prior to Onset</b>	<b>Number of vaccine doses against this disease prior to illness onset</b>	N/A
<b>Date of Last Dose Prior to Illness Onset</b>	<b>Date of last vaccine dose against this disease prior to illness onset</b>	N/A
<b>Vaccinated per ACIP Recommendations</b>	<b>Was subject vaccinated as recommended by the Advisory Committee on Immunization Practices (ACIP)?</b>	<b>PHVS_YesNoUnknown_CD C</b>
<b>Reason Not Vaccinated Per ACIP Recommendations</b>	<b>Reason subject not vaccinated as recommended by ACIP</b>	<b>PHVS_VaccineNotGivenReasons_CDC</b>
<b>Vaccine History Comments</b>	<b>Comments about the subject's vaccination history</b>	N/A

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