



April 14, 2021

Micky Tripathi  
Department of Health and Human Services,  
National Coordinator for Health Information Technology  
Mary E. Switzer Building, Mail Stop: 7033A  
330 C St. SW  
Washington, DC 20201

RE: **USCDI Version 2**

Dear Dr. Tripathi -

On behalf of the American Immunization Registry Association (AIRA) we are pleased to submit comments on the Office of the National Coordinator's (ONC's) recently released documents related to United States Core Data for Interoperability, Version 2. These comments are a compilation of the input of our members which include over 80 organizations representing Public Health Immunization Information Systems (IIS), IIS implementers and vendors, non-profit organizations and partners. Immunization Information Systems interface with a broad range of stakeholders, including providers, pharmacists, schools, child care facilities, health plans and payers, among others.

IIS and our partners are, quite obviously, very invested in promoting smooth interoperability to ensure broad data use. At the point of clinical care, an IIS provides consolidated immunization records and forecasts to support clinical decisions. At the population level, an IIS provides aggregate data and information on vaccinations for surveillance, program operations and public health action. It is critical that the role of Public Health is recognized as a key part of health IT strategy moving forward.

To that end, we have specific input on those data elements selected for inclusion in ONC's USCDI Version 2, and those not currently included.

Given the growing importance of health information technology, and the key role vaccine is playing in responding to the COVID-19 global pandemic, we believe that Immunization Information Systems (IIS) are a key part of the health care infrastructure. Incentive programs like Meaningful Use (MU) and Promoting Interoperability (PI) have helped to automate IIS reporting and have improved Electronic Health Record (EHR)-IIS interoperability, thus lowering provider burden and increasing the value and broad use of IIS data. We want to ensure that future strategies for health IT continue to support the important role IIS play in consolidating



and sharing immunization information. IIS, or immunization registries, are available and highly utilized in every state across the US. They support provider access to the most complete, timely and accurate immunization information available.

AIRA provides suggestions on the ONC draft USCDI Version 2 in our comments presented on the following pages, organized by section where appropriate. Please feel free to contact me with any questions: [mbkurilo@immregistries.org](mailto:mbkurilo@immregistries.org).

We greatly appreciate the opportunity to comment on these resources, and we look forward to continuing to collaborate to ensure high-value health IT interoperability with our many partners.

Sincerely,

Mary Beth Kurilo, MPH, MSW  
Senior Director of Health Informatics



## Comments: USCDI Version 2 and Related Materials

Section and page number (where relevant)	Excerpt	Comment
Draft USCDI V2, page 4	Immunizations <ul style="list-style-type: none"><li>Record of an administration of a vaccination or a record of a vaccination as reported by a patient, a clinician, or another party.</li></ul>	We appreciate that ONC recognizes the shortcomings of the minimal immunization information included in the draft USCDI V2, and is beginning to expand the information in Level 2 data elements. That being said, the sooner the interoperability community can move toward the inclusion of a broader set of data elements to communicate immunization information, the better interoperability and data quality will become.
Draft USCDI V2, page 9	CDC IIS: Current HL7 Standard Code Set, CVX – Vaccines Administered, updates through January 31, 2020  CDC National Drug Code (NDC) Directory – Vaccine NDC Linker Table, updates through January 31, 2020	In the current draft V2, both code sets are timestamped, but probably shouldn't be. These code sets are regularly updated (at least quarterly, sometimes monthly) with new vaccine products. Systems need to be up-to-date with releases as quickly as possible.  It may also be worthwhile to add the CDC IIS MVX code set ( <a href="https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=mvx">https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=mvx</a> ). These are used in conjunction with CVX. Further codes are also part of the broad term "immunizations" such as route of administration and body site. Those aren't within the listing (and probably shouldn't be), but this listing of bullets might be a bit confusing since there are many more vocabulary sets than just the code. Proposed elements which also have vocabulary sets include immunization status, reason immunization not performed, and vaccination record type.





Section and page number (where relevant)	Excerpt	Comment
Level 2 Data Elements for Consideration	<b>Patient Demographics</b>  Birth time Deceased date Gender Identity <u>Identifier</u> Medicare Patient Identifier <u>Mother's Maiden Name</u> Multiple Birth Order Sexual Orientation	<p>We would strongly advocate for Mother's Maiden Name and Identifier to be included USCDI V2. Both are heavily used by the IIS community in patient matching efforts and are already readily captured and exchanged as part of EHR, Pharmacy, and IIS exchanges. Until a national Patient Identifier is created, this identifier field should be better defined. At present it is unclear who the assigning authority is and how unique it must be within a creating system. The most usable identifier for a receiving system is one that comes from the sending system that is unique and stable (as much as possible) over time.</p> <p>Mother's maiden name is also heavily leveraged as one more data point on which to perform patient matching. This can help disambiguate two similar records.</p>
Level 2 Data Elements for Consideration	<b>Immunizations</b>  <u>Immunization Code</u> Immunization Status Reason Immunization Not Performed <u>Vaccination Administration Date</u> <u>Vaccination Event Record Type</u>	<p>Although all of these elements would be beneficial, recognizing the goal of a minimum data set, we would advocate for Immunization Code, Vaccination Administration Date, and Vaccination Event Record Type. These are all heavily exchanged today and would enable the exchange of true "vaccination events" (e.g., those that resulted in a needle in the arm).</p> <p>The remaining two data elements (Immunization Status, Reason Immunization Not Performed) would enable reporting records that were entered in error and/or the reason a dose was not given. Those are not heavily exchanged today.</p>

