



April 26, 2022

Dr. 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 3**

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 3. 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 3, and those not currently included.

AIRA provides suggestions on the ONC draft USCDI Version 3 in our comments presented on the following pages, organized by the specific questions asked by





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ONC in the draft USCDI version 3. 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

1. Are there any improvements needed in the data classes or elements included in Draft USCDI v3, including:
  - a. Appropriate and meaningful data class and element names and definitions?

**AIRA Comments**

We request consideration for renaming the current Immunizations data class containing one data element with the same name as the data class. This is in part to separate the notion of class from element, but also to improve clarity when other elements in level 2 are brought forward into USCDI. This renaming could take a few different forms so long as it is clear the class is about an aggregation of various data elements by a common theme or use case and the element is the most granular level at which a piece of data is exchange as defined by USCDI. This could be Immunization and Immunization Code as one other commenter has suggested.

In the Patient Demographics Data Class, it is unclear why Occupation and Occupation Industry Data Elements are included given the new Work Information Data Class which also contains these elements.





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While Work Information only contains Level 2, it is confusing to have this represented in both places. Could Work Information be included in USCDI v3 with the first two data elements being those from Patient Demographics which are already part of USCDI v3?

- b. Representative examples or value sets used by health IT developers and implementers to fully understand the intent of the data element?

**AIRA Comments**

The Immunizations (Data Element) references CVX and NDC which are appropriate, but this may be a good spot to link to ISA

Vocabulary/Code Set/Terminology which has great information on these value sets, adoption, and usage.

<https://www.healthit.gov/isa/section/immunizations>

- 2. Should other data elements classified as Level 2 be added to USCDI v3 instead, or in addition to those included in Draft USCDI v3? If so, why?

**AIRA Comments**

**Immunizations**

We strongly recommend Vaccine Administration Date and Vaccination Event Record Type be added to USCDI v3. Both elements are required for immunization exchange and always have been. Each year, IIS respond to CDC's annual report (IISAR). At the end of calendar year 2019, IIS records contained vaccine administration date 99.9% of the time with only 1 IIS reporting less than 100%. With these lacking from USCDI v3 it would be possible to list only the immunization code a patient received, but not the date the patient received the dose or if the vaccination event originated in the source system. Vaccine Administration Date enables accurate record evaluation (e.g., were doses given at the proper age and at a proper interval) while Vaccination Event Record Type enable accurate inventory decrementing by public health and aids in vaccine matching/deduplication.

A Level 2 element that is unnecessary is "Immunization Code", but it is only unnecessary because it is already in USCDI v3 as the data element "Immunizations" (See comments in 1a for renaming suggestion of that element to Immunization Code).





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### Patient Demographics Class

We believe MRN (and other IDs) along with Mother's Maiden Name should be moved into USCDI v3. These elements can be leveraged in patient matching and greatly improve match rates when compared to records void of these extra data elements. MRN is heavily implemented in many exchanges today and Mother's Maiden Name is heavily used in pediatric/adolescent use cases such as EHR to IIS exchange.

3. Are there significant barriers to development, implementation, or use of any of the Draft USCDI v3 data elements that would warrant not including them in USCDI v3?

### AIRA Comments

None at this time.

