**Please provide the following information on any comments provided on the published USCDI Version 2 data classes and data elements.**

**1. Data Class:** \*Immunization Data Class

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| --- |
| **Data Element: All** |
| **Level of Data Element (Level 1 or Level 2): Level 2** |
| **URL link to the submission you are referencing:** |

**Comments**: USCDI defines this as “the record of an administration of a vaccination or a record of a vaccination as reported by a patient, a clinician, or another party.” The HL7 Event code DE Immunization Status addresses a single visit that is fulfilled by the following value set:

• completed

• entered-in-error

• not-done

The last valid value “not-done” might benefit from having a reason why not done and offering ‘entered-in-error’ as one of the reasons. The expanded valid values in the HL7 Immunization Status Reason Codes for the reason immunization not performed does not capture most reasons why the patient might have declined the vaccine. The CDC message mapping guide (MMG) for case notifications uses a larger value set as seen in this [here](https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.931).

Additionally, the USCDI Immunization Data Class does not capture critical information regarding a vaccine series or booster status which are available in immunization registries. MMGs with vaccine information captures a patient’s vaccine history including booster shots, dose number, and whether a series was completed by the appropriate date. These vaccine data elements used by CDC for case notification include:

• Vaccine Dose Number

• Vaccine Manufacturer

• Vaccine Lot Number

• Vaccine Expiration Date

We recommend assessing if more information such as boosters and additional series information can be captured to fulfill a more complete use case for Immunization Status. The other DEs from this data class are compatible with the current DEs CDC requests for case notifications.

**Question**: Is there any effort to try and capture vaccine history a provider may have received at an encounter or ONLY when the dose was given? E.g. there are many situations where someone may move and bring their vaccine history to the provider, but since the move was across state lines or even from another country there would not be an alternate source and the information, if can’t be verified by a vaccine registry, may be of benefit to management of a reported case of the disease and subsequent management.