



# CAIR2 HP Flat File Transfer Specification

(for Health Plans, Medical Groups, IPAs only)

Last Updated: August 3, 2017

Note: The file specifications outlined in this document have not been finalized or implemented so this document is provided to HPs for planning purposes only.

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## CAIR2 HP Flat File Transfer Specification

### Introduction

Thank you for your interest in exchanging electronic data with the California Immunization Registry (CAIR2). CAIR2 allows health plans, medical groups, or independent practice associations to either submit electronic billing/encounter/claims data or run patient match queries directly in the CAIR2 user interface. For simplicity's sake, the CAIR2 user role that will be able to upload data for health plans, medical groups or independent practice associations or run patient match queries will be called the 'Health Plan' (from now on abbreviated 'HP') user role.

A first step in either the data submission or patient query process is login to the CAIR2HP account and load a patient demographic data file containing patient demographic information along with a HP Member ID into CAIR2 (see *Patient File* below) effectively assigning that HP Member ID to the matching CAIR2 patient. Member immunization files (also containing the HP Member ID), can also be uploaded (see below). Proper formatting of the required files types are discussed below

### Disclosure

It should be noted that the immunization registry statute in CA requires that patients whose data is being submitted to CAIR2 be disclosed. Therefore, HPs that plan to submit data to CAIR2 must have a process in place that assures only disclosed patient data are being uploaded to CAIR2. If HPs are unsure of the disclosure for identifying disclosed status of their members, such patient data should be excluded from any HP data submissions.

### Data Formats Accepted

For health plan data, CAIR2 accepts fixed length flat text files formatted as described below. Please share this document with your technical staff.

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### Flat Files Defined

A fixed length flat file stores data in a plain text file. Each line of the text file holds one record, with each field being a predetermined fixed length. CAIR2 only accepts fixed length text files that specifically follow these specifications.

A fixed record length file is one where each record is the same length, and each field is also a fixed length. In exporting from your electronic system, padding will be needed to achieve this.

For example, the first two records of a file with First and Last Name fields in a flat file might look like this (do not use \*\* in the file submitted to CAIR2):

```
John****Doe*****  
Roger***Smith*****
```

Note: **The asterisk (\*) is used to represent a space.** Please do not use asterisk in files sent to CAIR2.

The HP user interface in CAIR2 accepts four flat file types:

1. **Patient File** (required). The *Patient File* contains member demographic information and a unique **HP Member ID** for each patient. Matching patients found in CAIR2 are assigned the **HP Member ID** and any non-matched patients in the *Patient File* are added to CAIR2 as new patients along with their associated **HP Member ID**.
2. **Immunization File** (required for submitting immunization data). The *Immunization File* is used to submit claims/billing/encounter vaccinations. It must be submitted along with a *Patient File* containing any patient with vaccinations in the *Immunization File*.
3. **Comment File** (optional when submitting patient immunization data). The *Comment File* is used to report history of disease, refusals, as well as allergies or adverse reactions, and must be submitted along with a *Patient File* containing every patient in the *Comments File*.
4. **Query File** (required for running patient match/HEDIS queries) Uploading this file initiates a patient match query that retrieves immunization histories for any matching HP patients in CAIR. Note: a required first step is to upload a *Patient File* containing a unique **HP Member ID** for each HP patient that is then assigned to each matching patient found in CAIR2.

### File Types

When submitting vaccinations, CAIR2 must receive data in at least two files: a *Patient File* and an *Immunization File*. An optional *Comments File* containing additional patient info like allergies, reactions, etc. can also be submitted. The patient information in these three files is linked by a Record Identifier that uniquely identifies each patient and appears in each file to link the patient information.

Minimum required fields are listed below:

#### **Patient File (required fields)**

- Record Identifier (This ID is used to link patient info in the *Patient*, *Imms*, and *Comments Files*)
- First Name
- Last Name
- Birth Date
- **HP Member ID**
- At least two additional identifying demographic fields (these additional elements assist the matching process)

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### ***Immunizations File (required fields)***

- Record Identifier (This ID is used to link patient info in the *Patient, Imms, and Comments Files*)
- Vaccine Code
- Vaccination Date
- Information Source (value for each record must be set to '01')
- Sending Organization (**HP CAIR2 Org Code**)

### ***Comments File (required fields)***

- Record Identifier (This ID is used to link patient info in the *Patient, Imms, and Comments Files*)
- Comment Code
- Effective Date (if no date, will default to date received)

### ***Query File (required fields)***

- **HP Member ID**
- Patient Type
- Patient First Name
- Patient Last Name
- Patient Date of Birth

## **Strongly Encouraged Data:**

### *Vaccines for Children (VFC) Accountability*

CAIR2 strongly encourages health plans to submit **vaccine eligibility** coding and **lot numbers** if in the *Immunization File* available.

### *Matching Records*

Due to the large volume of records CAIR2 receives from various sources, additional demographic and immunization information is essential to ensure CAIR2 matches immunization records reported from multiple sources appropriately. If you are unable to supply this information, CAIR2 may not be able to merge your data with other sources to compile a single complete immunization record for each client. Complete records benefit your clinic by providing you with the best possible client data. **CAIR2 encourages sites to send other fields such as patient address, mother's first, and mother's maiden name** to improve the probability of appropriate record matching.

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### ***Field Order and Format Requirements***

The following tables describe the fields to include in each of the flat files discussed. Files need to be generated using the American Standard Code for Information Interchange (ASCII) character set. ASCII is a character-encoding scheme based on the ordering of the English alphabet. Special characters should not be included in names. Each line of data needs to be terminated with a carriage return/line feed.

Each table contains Column, Data Type, Pos #, R/SE, Default and Notes information.

- *Column*: The name of the data element.
- *Data length*: Each field's data should be left-justified and padded with blanks to the specified length. If the data in a field is numeric (e.g., dates, zip-code, telephone number, SSN, CVX code) only numeric digits should be entered and padded with blanks as needed.
- *Pos #*: The position of the start of the field in the flat file.
- *R/SE*: R = Required field. SE = Strongly Encouraged field. (see above)
- *Default*: Default value that will appear in CAIR2 if the field is blank.
- *Notes*: Description of the column and code sets to use (where applicable).

### Character Fields

These fields must be left justified and padded with blanks to reach the field length specified.

### Date Fields

Dates must be entered in this format: MMDDYYYY with leading zeroes (e.g., 01012001).

### Null Values

All fields must be present in the flat file with the specified length. If a site is unable to supply information for a specified field, the entire field must be padded with blanks.

CAIR2 recommends submitting as many of the elements listed below for maximum completeness. At a minimum, fields identified with an 'R' in the 'R/SE' column must be submitted for CAIR2 to process the file.

## CAIR2 Flat File Transfer Specification

### Patient File (Required)

| Column                                    | Data Length | Pos # | R/SE | Default | Notes   |
|---|-------------|-------|------|---------|---|
| Record Identifier                         | 32          | 1     | R    |         | This ID is used to link patient info in the <i>Patient, Immunizations, and Comments Files</i>   |
| Patient Status                            | 1           | 33    | R    | A       | Use the CAIR2 code set for <a href="#">Patient Status</a> . (Note: Right click and select 'Open Hyperlink' to view corresponding code sets for all hyperlinks). |
| First Name                                | 50          | 34    | R    |         | Note: Patients with no first name or who have special characters within the name will cause entire patient record not to import                                 |
| Middle Name                               | 50          | 84    | SE   |         |   |
| Last Name                                 | 50          | 134   | R    |         | Patients with no last name or who have special characters within the name will cause entire patient record not to import  |
| Name Suffix                               | 10          | 184   |      |         | JR, III, etc.   |
| Birth Date                                | 8           | 194   | R    |         | MMDDYYYY  |
| Death Date                                | 8           | 202   |      |         | MMDDYYYY  |
| Mother's First Name                       | 50          | 210   | SE   |         |   |
| Mother's Maiden Last Name                 | 50          | 260   | SE   |         |   |
| Mother's HBsAg Status                     | 1           | 310   |      |         | See code set for <a href="#">Mother's HBsAg Status</a> .  |
| Sex (Gender)                              | 1           | 311   | SE   |         | See code set for <a href="#">Sex (Gender)</a> .   |
| American Indian or Alaska Native          | 1           | 312   |      |         | 'Y' if Yes  |
| Asian                                     | 1           | 313   |      |         | 'Y' if Yes  |
| Native Hawaiian or Other Pacific Islander | 1           | 314   |      |         | 'Y' if Yes  |
| Black or African-American                 | 1           | 315   |      |         | 'Y' if Yes  |
| White                                     | 1           | 316   |      |         | 'Y' if Yes  |
| Other Race                                | 1           | 317   |      |         | 'Y' if Yes  |
| Ethnicity                                 | 2           | 318   |      |         | See code set for <a href="#">Ethnicity</a> .  |
| Social Security Number                    | 9           | 320   |      |         | Leave blank   |
| Contact Allowed                           | 2           | 329   |      | 02      | Controls whether notices can be sent. Use the code set for <a href="#">Contact</a> . If <null> default to '02' - contact allowed.                               |
| <b>HP Member ID</b>                       | 32          | 331   | SE   |         | <b>HP Member ID.</b> This ID is assigned to the matching patient for use in queries and can be used to find the patient in the user interface.                  |
| Medi-Cal ID                               | 20          | 363   | SE   |         |   |

## CAIR2 Flat File Transfer Specification

| Column                                 | Data Length | Pos # | R/SE | Default | Notes  |
|--|-------------|-------|------|---------|--|
| Patient's Responsible Party First Name | 50          | 383   |      |         | Responsible party would be a parent or guardian or someone responsible for the care of this patient. |
| Responsible Party Middle Name          | 50          | 433   |      |         |  |
| Responsible Party Last Name            | 50          | 483   |      |         |  |
| Responsible Party Relationship         | 3           | 533   |      |         | See code set for <a href="#">Relationship</a> to the patient.  |
| Street Address Line                    | 55          | 536   | SE   |         | Patient primary address information (i.e. 100 TAFT ST.)  |
| Other Address Line                     | 55          | 591   |      |         | Secondary address information (i.e. APT 104, STE 530)  |
| PO Box Route Line                      | 55          | 646   |      |         | If patient has PO Box mailing address, enter here.   |
| City                                   | 52          | 701   | SE   |         |  |
| State                                  | 2           | 753   | SE   |         | 2 character state abbreviation, e.g. 'CA'  |
| Zip Code                               | 9           | 755   | SE   |         | 5 or 9 digits without separators (padded with blanks if 5) ex. 97123**** or 971235678.               |
| County                                 | 5           | 764   |      |         | See code set for <a href="#">County</a> .  |
| Phone                                  | 17          | 769   | SE   |         | Format as digits only starting with the area code, ex. 6081234567. Extension up to 7 digits allowed. |
| Sending Organization                   | 12          | 786   | R    |         | This is your <b>HP CAIR2 Org Code</b> .  |
| Has Patient Been Disclosed?            | 1           | 798   | R    |         | Has Patient been disclosed?<br>Acceptable Values: 'Y' or 'N'   |
| Disclosed Date                         | 8           | 799   | R    |         | Acceptable Values: MMDDYYYY  |
| Disclosed By                           | 12          | 807   | R    |         | Acceptable Values: <b>HP CAIR2 Org Code or Other CAIR2 Org Code</b>                                  |
| Sharing Status                         | 1           | 819   | R    |         | Has Patient agreed to share?<br>Acceptable Values: 'Y' or 'N'  |
| Effective Date                         | 8           | 820   | R    |         | Acceptable Values: MMDDYYYY  |
| Updated By                             | 12          | 828   | R    |         | Acceptable Values: <b>HP CAIR2Org Code or Other CAIR2 Org Code</b>                                   |
| Filler (required or file will fail)    | 37          | 840   | R    |         | Filler (required or file will fail)  |
| <b>Total</b>                           | <b>877</b>  |       |      |         |  |



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### Immunization File (Required if uploading member immunization data)

| Column                          | Data Length | Pos # | R/SE | Default | Notes  |
|---------------------------------|-------------|-------|------|---------|--|
| Record Identifier               | 32          | 1     | R    |         | This ID is used to link patient info in the <i>Patient</i> , <i>Immunizations</i> , and <i>Comments Files</i>  |
| NDC Code                        | 13          | 33    | *    |         | <b>*At least one vaccine code is required.</b><br>See <a href="#">CAIR2 Vaccine Codes</a>  |
| Trade Name                      | 24          | 46    | *    |         |  |
| CPT Code                        | 5           | 70    | *    |         |  |
| CVX Code                        | 3           | 75    | *    |         |  |
| Vaccine Group                   | 16          | 78    | *    |         |  |
| Vaccination Date                | 8           | 94    | R    |         | MMDDYYYY   |
| Administration Route Code       | 2           | 102   |      |         | See code set for <a href="#">Administration Route</a> .  |
| Body Site Code                  | 4           | 104   |      |         | See code set for <a href="#">Body Site</a> .   |
| Reaction Code                   | 8           | 108   |      |         | See code set for <a href="#">Reaction</a> . Do not place a secondary reaction code in this field - additional reactions for the patient may be added through the user interface. |
| Manufacturer Code               | 4           | 116   | R    |         | See code set for <a href="#">Manufacturers</a> .   |
| Immunization Information Source | 2           | 120   | R    | 01      | Use '01' for 'source unspecified' for billing/encounter/claims data. If left empty, default will be saved.   |
| Lot Number                      | 30          | 122   | SE   |         | Note: Lot Number entered here will not impact inventory tracked in CAIR2..   |
| Provider Name or CAIR2ID        | 50          | 152   |      |         | If known, enter the provider name or CAIR2 ID of the clinic that administered the vaccination.   |
| Administered By Name            | 50          | 202   |      |         | The name of the person who administered the vaccination.   |
| Sending Organization            | 12          | 252   | R    |         | Use the <a href="#">HP CAIR2 Org Code</a> here   |
| Vaccine Eligibility             | 1           | 264   | SE   |         | See code set for <a href="#">Vaccine Eligibility Codes</a> .   |
| <b>Total</b>                    | <b>264</b>  |       |      |         |  |

## CAIR2 Flat File Transfer Specification

### Comment File (Optional)

| Column            | Data Length | Pos # | R/SE | Default | Notes   |
|-------------------|-------------|-------|------|---------|---|
| Record Identifier | 32          | 1     | R    |         | This ID is used to link patient info in the <i>Patient, Immunizations, and Comments Files</i> |
| Comment Code      | 6           | 33    | R    |         | See code set for <b>Comments</b> .  |
| Begin Date        | 8           | 39    | SE   |         | Begin date to which the comment applies. MMDDYYYY   |
| End Date          | 8           | 47    |      |         | End date to which the comment applies. MMDDYYYY   |
| <b>Total</b>      | <b>54</b>   |       |      |         |   |

### Query File (input, required for HEDIS patient match report)

| Column              | Data Length | Pos # | R/SE | Notes                                    |
|---------------------|-------------|-------|------|--|
| Patient Type        | 1           | 1     | R    | 'C' for Commercial, 'M' for Medicaid     |
| <b>HP Member ID</b> | 32          | 2     | R    | Used to identify HP member during query. |
| First Name          | 50          | 34    | R    |  |
| Middle Name         | 50          | 84    | SE   |  |
| Last Name           | 50          | 134   | R    |  |
| Birth Date          | 8           | 184   | R    | MMDDYYYY                                 |
| <b>Total</b>        | <b>192</b>  |       |      |  |

### Query Output Files

Returns two txt files:

#### Patient Return File

| Column            | Data Length | Pos # |
|-------------------|-------------|-------|
| Record Identifier | 32          | 1     |
| First Name        | 50          | 33    |
| Middle Name       | 50          | 83    |
| Last Name         | 50          | 133   |
| Birth Date        | 8           | 183   |
| <b>Total</b>      | <b>191</b>  |       |

#### Immunization Return File

| Column                    | Data Type | Begin Pos # |
|---------------------------|-----------|-------------|
| Record Identifier         | 32        | 1           |
| CPT Code                  | 5         | 33          |
| Vaccine Group             | 16        | 38          |
| Vaccine Date Administered | 8         | 54          |
| <b>Total</b>              | <b>62</b> |             |

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### File Examples

As mentioned previously, each patient records need to be blank filled (i.e., data is left-justified and field is padded with spaces on the right up to the required field length). In the following example, **blanks are represented with the '\*' character for illustrative purposes.**

#### **Patient File** (example record)

##### This Information:

|                                   |  |
|-----------------------------------|--|
| Record Identifier:                | 17727736                                     |
| Status Active:                    | A  |
| Name (F, M, L):                   | Courtney Lee Brown                           |
| Birth Date:                       | 9/10/1994                                    |
| Maiden Name:                      | Anne Green                                   |
| HbsAg Status:                     | Positive                                     |
| Gender:                           | Female                                       |
| Race:                             | White  |
| Ethnicity:                        | Not Hispanic                                 |
| SSN:                              | (do not send)                                |
| Contact Allowed:                  | Yes  |
| <b>HP Member ID:</b>              | ACME33321                                    |
| Medicaid ID:                      | MEDID11011                                   |
| Responsible Party Name (F, M, L): | Tim Daniel Brown                             |
| Relationship:                     | Father                                       |
| Address:                          | 1234 Test Street, Apt 491 Richmond, CA 94801 |
| PO Box:                           | PO Box 740                                   |
| County:                           | Contra Costa                                 |
| Phone:                            | 5105555555                                   |
| Sending Org:                      | ACMEHP                                       |
| Disclosed?:                       | Y  |
| Disclosed Date:                   | 9/10/1994                                    |
| Disclosed By:                     | ACMEHP                                       |
| Sharing Status:                   | Y  |
| Sharing Date:                     | 9/10/1994                                    |
| Updated By:                       | ACMEHP                                       |

#### **Results in the following Patient record:**

```
17727736*****ACOURTNEY*****
*LEE*****BROWN*****
*****09101994*****ANNE*****
*****GREEN*****3F***Y*NH11122333302AC
ME33321*****MEDID11011*****TIM*****
*****DANIEL*****BROWN*****
*****FTH1234*Test*Street*****
*****Apt*491*****PO*Box*740***
*****RICHMOND*****
*****CA94804*****CA013510555555*****ACMEHP*****Y09101994ACMEHP*****Y091
01994ACMEHP*****
```

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### Immunization File Example Record

This information:

|                           |                       |
|---------------------------|-----------------------|
| Record ID:                | 17727736              |
| Vaccine NDC Code:         | Not supported         |
| Vaccine Trade Name:       | ActHib                |
| Vaccine CPT Code:         | 90648                 |
| Vaccine CVX Code:         | 48                    |
| Vaccine Group:            | Hib                   |
| Date Administered:        | 10/13/2003            |
| Admin Route:              | Intramuscular         |
| Body Site Code:           | Left Vastus Lateralis |
| Reaction Code:            | None                  |
| Manufacturer:             | Sanofi Pasteur        |
| Information Source:       | Must be '01'          |
| Lot Number:               | A654321               |
| Provider Name:            | Not known             |
| Administered by:          | Not known             |
| Site Name:                | Not known             |
| Sending Org:              | ACMEHP                |
| Vaccine Eligibility Code: | Not known             |

} At least one of these vaccine fields must be completed

**Results in the following Immunization record:**

```
17727736*****ActHib*****9064848*Hib*****
****10132003IMLVL*****PMC*00abc123**
*****
*****ACMEHP***
```

### Comment File (example record)

This information:

|                    |  |
|--------------------|--|
| Record Identifier: | 17727736   |
| Comment Code:      | 33A (see <a href="#">CAIR2 Code Sets</a> ; 'History of varicella Patient') |
| Begin Date:        | 10/1/1999  |
| End Date:          | not applicable   |

**Results in the following Comment record:**

```
17727736*****33A***10011999*****
```

### Query Input File Example Record

This Information:

|                                    |           |
|------------------------------------|-----------|
| Record ID ( <b>HP Member ID</b> ): | ACME33321 |
| First Name:                        | Courtney  |
| Middle Name:                       | Lee       |
| Last Name:                         | Brown     |
| Birth Date:                        | 9/10/1994 |

**Results in the following Query File Record:**

```
ACME33321*****COURTNEY*****
LEE*****BROWN*****
*****09101994
```

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### CAIR2 Code Sets

| Table Item         | Code  | Description  |
|--------------------|---|--|
| <b>Admin Route</b> | <b>ID</b>   | Intradermal  |
|                    | <b>IM</b>   | Intramuscular  |
|                    | <b>IN</b>   | Intranasal   |
|                    | <b>IV</b>   | Intravenous  |
|                    | <b>PO</b>   | Oral   |
|                    | <b>SC</b>   | Subcutaneous   |
|                    | <b>TD</b>   | Transdermal  |
|                    | <b>MP</b>   | Percutaneous (multiple puncture – Small Pox)   |
|                    |   |  |
| <b>Body Site</b>   | <b>BN</b>   | Bilateral Nares  |
|                    | <b>LA</b>   | Left Arm   |
|                    | <b>LD</b>   | Left Deltoid   |
|                    | <b>LG</b>   | Left Gluteous Medius   |
|                    | <b>LLFA</b>   | Left Lower Forearm   |
|                    | <b>LN</b>   | Left Naris   |
|                    | <b>LT</b>   | Left Thigh   |
|                    | <b>LVL</b>  | Left Vastus Lateralis  |
|                    | <b>MO</b>   | Mouth  |
|                    | <b>RA</b>   | Right Arm  |
|                    | <b>RD</b>   | Right Deltoid  |
|                    | <b>RG</b>   | Right Gluteous Medius  |
|                    | <b>RLFA</b>   | Right Lower Forearm  |
|                    | <b>RN</b>   | Right Naris  |
|                    | <b>RT</b>   | Right Thigh  |
|                    | <b>RVL</b>  | Right Vastus Lateralis   |
|                    |   |  |
| <b>Comments</b>    | <b>03</b>   | Allergy to baker's yeast (anaphylactic)  |
|                    | <b>04</b>   | Allergy to egg ingestion (anaphylactic)  |
|                    | <b>05</b>   | Allergy to gelatin (anaphylactic)  |
|                    | <b>06</b>   | Allergy to neomycin (anaphylactic)   |
|                    | <b>07</b>   | Allergy to streptomycin (anaphylactic)   |
|                    | <b>08</b>   | Allergy to thimerosal (anaphylactic)   |
|                    | <b>10</b>   | Anaphylactic (life-threatening) reaction to previous dose of this vaccine or any of its components |
|                    | <b>10_11</b>  | PRIOR doses OF HEPA caused anaphylactic reaction   |
|                    | <b>10_12</b>  | PRIOR doses OF HEPB caused anaphylactic reaction   |
|                    | <b>10_129</b>   | PRIOR doses OF ZOSTER caused anaphylactic reaction   |
|                    | <b>10_13</b>  | PRIOR doses OF HIB caused anaphylactic reaction  |
|                    | <b>10_130</b>   | PRIOR doses OF HUMAN PAPILLOMA VIRUS caused anaphylactic reaction                                  |
|                    | <b>10_16</b>  | PRIOR doses OF MENINGO caused anaphylactic reaction  |
|                    | <b>10_17</b>  | PRIOR doses OF MMR caused anaphylactic reaction  |
| <b>10_19</b>       | PRIOR doses OF PNEUMOCONJUGATE caused anaphylactic    |  |
| <b>10_20</b>       | PRIOR doses OF POLIO caused anaphylactic reaction     |  |
| <b>10_23</b>       | PRIOR doses OF ROTAVIRUS caused anaphylactic reaction |  |

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| Table Item | Code  | Description  |
|------------|-------|--|
|            | 10_24 | PRIOR doses OF TYPHOID caused anaphylactic reaction                |
|            | 10_26 | PRIOR doses OF VARICELLA caused anaphylactic reaction              |
|            | 10_27 | PRIOR doses OF YELLOW FEVER caused anaphylactic reaction           |
|            | 10_31 | PRIOR doses OF TETANUS caused anaphylactic reaction                |
|            | 10_34 | PRIOR doses OF PNEUMOPOLY 23 caused anaphylactic reaction          |
|            | 10_48 | PRIOR doses OF IG-RSV caused anaphylactic reaction                 |
|            | 10_6  | PRIOR doses OF TD/TDAP caused anaphylactic reaction                |
|            | 10_7  | PRIOR doses OF DTAP caused anaphylactic reaction                   |
|            | 10_8  | PRIOR doses OF ENCEPHALITIS caused anaphylactic reaction           |
|            | 10_9  | PRIOR doses OF INFLUENZA caused anaphylactic reaction              |
|            | 11    | Collapse or shock like state within 48 hours to previous dose of   |
|            | 12    | Convulsions (fits, seizures) within 72 hours of previous dose of   |
|            | 13    | Persistent, inconsolable crying lasting >= 3 hours within 48 hours |
|            | 15    | Encephalopathy within 7 days of previous dose of DTP or DTaP       |
|            | 17    | Fever of 40.5 C (105 F) within 48 hours of previous dose of        |
|            | 18    | Guillain-Barre Syndrome (GBS) within 6 weeks of previous dose of   |
|            | 18A   | History of Guillain-Barre Syndrome (GBS)                           |
|            | 21    | Current acute illness, moderate to severe (with or without         |
|            | 22    | Chronic gastrointestinal disease                                   |
|            | 23    | recent or simultaneous administration of an antibody-containing    |
|            | 26    | Immunity: hepatitis B  |
|            | 27    | Immunity: measles  |
|            | 28    | Immunity: mumps  |
|            | 31    | Immunity: rubella  |
|            | 33    | Immunity: varicella (chicken pox)                                  |
|            | 33A   | History of varicella (chicken pox)                                 |
|            | 36    | Permanent immunodeficiency due to any cause                        |
|            | 36A   | Temporary immunodeficiency caused by immunosuppressive             |
|            | 37    | underlying unstable, evolving neurologic conditions                |
|            | 39    | Pregnancy (in recipient)   |
|            | 40    | Thrombocytopenia   |
|            | 41    | Thrombocytopenia purpura (history)                                 |
|            | 42    | Chronic diseases of cardiovascular and pulmonary systems,          |
|            | 43    | 2phenoxyethanol-Severe allergy                                     |
|            | 44    | Allergic to Ampicillin   |
|            | 45    | Allergic to Penicillin   |
|            | 46    | Allergic to Sulfa  |
|            | 47    | Alum-Severe allergy  |
|            | 48    | Anthrax disease-Previous   |
|            | 49    | BEE STINGS   |
|            | 50    | Cardiomyopathy or coronary artery disease                          |
|            | 51    | Chest pain (angina pectoris)                                       |
|            | 52    | Chlortetracycline - severe allergy                                 |
|            | 53    | Congestive heart failure   |
|            | 54    | Current medications NOS which preclude smallpox vaccination        |
|            | 55    | Current skin conditions with broken skin                           |

## CAIR2 Flat File Transfer Specification

| Table Item | Code           | Description  |
|------------|----------------|--|
|            | <b>56</b>      | Eczema or atopic dermatitis  |
|            | <b>57</b>      | Has at-risk household members or close contacts                      |
|            | <b>58</b>      | Heart conditions NOS that are under medical care                     |
|            | <b>59</b>      | History of adverse reaction to smallpox vaccine                      |
|            | <b>60</b>      | History of Darier's disease, eczema, or atopic dermatitis            |
|            | <b>61</b>      | History of heart attack (mci)  |
|            | <b>62</b>      | Immune globulin - recent admin                                       |
|            | <b>63</b>      | Immunocompromised  |
|            | <b>64</b>      | Long-term aspirin treatment  |
|            | <b>65</b>      | Other current medications  |
|            | <b>66</b>      | Prior Anthrax-Severe allergy   |
|            | <b>67</b>      | Prior DTP-T >=105f w/in 3 days                                       |
|            | <b>68</b>      | Received methotrexate, cyclophosphamide, cyclosporine, etc,          |
|            | <b>69</b>      | Recurrent skin rashes  |
|            | <b>70</b>      | Stroke or transient ischemic attack                                  |
|            | <b>71</b>      | TB - untreated, active   |
|            | <b>72</b>      | Varicella vaccine in past 30 days                                    |
|            | <b>ARTHUS</b>  | Arthus type reaction to previous dose of tetanus containing vaccine. |
|            | <b>DP1</b>     | Parent-Deferral of DT/DTaP   |
|            | <b>DP10</b>    | Parent-Deferral of Influenza   |
|            | <b>DP11</b>    | Parent-Deferral of Meningococcal                                     |
|            | <b>DP12</b>    | Parent-Deferral of Rotavirus   |
|            | <b>DP13</b>    | Parent-Deferral of HPV   |
|            | <b>DP14</b>    | Parent-Deferral of Pertussis   |
|            | <b>DP2</b>     | Parent-Deferral of HepB  |
|            | <b>DP3</b>     | Parent-Deferral of Hib   |
|            | <b>DP4</b>     | Parent-Deferral of MMR   |
|            | <b>DP5</b>     | Parent-Deferral of PneumoConjugate                                   |
|            | <b>DP6</b>     | Parent-Deferral of Polio   |
|            | <b>DP7</b>     | Parent-Deferral of Td/Tdap   |
|            | <b>DP8</b>     | Parent-Deferral of Varicella   |
|            | <b>DP9</b>     | Parent-Deferral of HepA  |
|            | <b>DPERM1</b>  | Permanent-Deferral of DT/DTaP  |
|            | <b>DPERM10</b> | Permanent-Deferral of Influenza                                      |
|            | <b>DPERM11</b> | Permanent-Deferral of Meningococcal                                  |
|            | <b>DPERM12</b> | Permanent-Deferral of Rotavirus                                      |
|            | <b>DPERM13</b> | Permanent-Deferral of HPV  |
|            | <b>DPERM14</b> | Permanent-Deferral of Pertussis                                      |
|            | <b>DPERM2</b>  | Permanent-Deferral of HepB   |
|            | <b>DPERM3</b>  | Permanent-Deferral of Hib  |
|            | <b>DPERM4</b>  | Permanent-Deferral of MMR  |
|            | <b>DPERM5</b>  | Permanent-Deferral of PneumoConjugate                                |
|            | <b>DPERM6</b>  | Permanent-Deferral of Polio  |
|            | <b>DPERM7</b>  | Permanent-Deferral of Td/Tdap  |
|            | <b>DPERM8</b>  | Permanent-Deferral of Varicella                                      |

## CAIR2 Flat File Transfer Specification

| Table Item | Code          | Description                           |
|------------|---------------|---------------------------------------|
|            | <b>DPERM9</b> | Permanent-Deferral of HepA            |
|            | <b>DPHY1</b>  | Physician-Deferral of DT/DTaP         |
|            | <b>DPHY10</b> | Physician-Deferral of Influenza       |
|            | <b>DPHY11</b> | Physician-Deferral of Meningococcal   |
|            | <b>DPHY12</b> | Physician-Deferral of Rotavirus       |
|            | <b>DPHY13</b> | Physician-Deferral of HPV             |
|            | <b>DPHY14</b> | Physician-Deferral of Pertussis       |
|            | <b>DPHY2</b>  | Physician-Deferral of HepB            |
|            | <b>DPHY3</b>  | Physician-Deferral of Hib             |
|            | <b>DPHY4</b>  | Physician-Deferral of MMR             |
|            | <b>DPHY5</b>  | Physician-Deferral of PneumoConjugate |
|            | <b>DPHY6</b>  | Physician-Deferral of Polio           |
|            | <b>DPHY7</b>  | Physician-Deferral of Td/Tdap         |
|            | <b>DPHY8</b>  | Physician-Deferral of Varicella       |
|            | <b>DPHY9</b>  | Physician-Deferral of HepA            |
|            | <b>DS1</b>    | Shortage-Deferral of DT/DTaP          |
|            | <b>DS10</b>   | Shortage-Deferral of Influenza        |
|            | <b>DS11</b>   | Shortage-Deferral of Meningococcal    |
|            | <b>DS12</b>   | Shortage-Deferral of Rotavirus        |
|            | <b>DS13</b>   | Shortage-Deferral of HPV              |
|            | <b>DS14</b>   | Shortage-Deferral of Pertussis        |
|            | <b>DS2</b>    | Shortage-Deferral of HepB             |
|            | <b>DS3</b>    | Shortage-Deferral of Hib              |
|            | <b>DS4</b>    | Shortage-Deferral of MMR              |
|            | <b>DS5</b>    | Shortage-Deferral of PneumoConjugate  |
|            | <b>DS6</b>    | Shortage-Deferral of Polio            |
|            | <b>DS7</b>    | Shortage-Deferral of Td/Tdap          |
|            | <b>DS8</b>    | Shortage-Deferral of Varicella        |
|            | <b>DS9</b>    | Shortage-Deferral of HepA             |
|            | <b>HEPA_I</b> | Immunity: hepatitis A                 |
|            | <b>HIRISK</b> | High Risk Condition(s)                |
|            | <b>LTX_A</b>  | Allergy to latex (anaphylactic)       |
|            | <b>OTH_I</b>  | Immunity: other lab confirmed         |
|            | <b>P10</b>    | Refusal of Smallpox                   |
|            | <b>P2</b>     | Refusal of DT/DTaP                    |
|            | <b>P3</b>     | Refusal of HepB                       |
|            | <b>P4</b>     | Refusal of Hib                        |
|            | <b>P5</b>     | Refusal of MMR                        |
|            | <b>P6</b>     | Refusal of PneumoConjugate            |
|            | <b>P7</b>     | Refusal of Polio                      |
|            | <b>P8</b>     | Refusal of Td/Tdap                    |
|            | <b>P9</b>     | Refusal of Varicella                  |
|            | <b>PALL</b>   | Refusal of All Childhood Vaccines     |
|            | <b>PB</b>     | Refusal of HepA                       |
|            | <b>PC</b>     | Refusal of Influenza                  |
|            | <b>PD</b>     | Refusal of Meningococcal              |



## CAIR2 Flat File Transfer Specification

| Table Item     | Code         | Description                                      |
|----------------|--------------|--|
|                | PE           | Refusal of Rotavirus                             |
|                | PF           | Refusal of HPV                                   |
|                | PG           | Refusal of Pertussis                             |
|                | PLYB_A       | Allergy to POLYMYXIN B                           |
|                | RABEXP       | Patient has been exposed to Rabies               |
|                |              |  |
| <b>Contact</b> | <b>01</b>    | No Contact Allowed – Notices are not to be sent. |
|                | <b>02</b>    | Contact Allowed – Notices will be sent.          |
|                |              |  |
| <b>County</b>  | <b>CA001</b> | Alameda  |
|                | <b>CA003</b> | Alpine   |
|                | <b>CA005</b> | Amador   |
|                | <b>CA007</b> | Butte  |
|                | <b>CA009</b> | Calaveras  |
|                | <b>CA011</b> | Colusa   |
|                | <b>CA013</b> | Contra Costa                                     |
|                | <b>CA015</b> | Del Norte  |
|                | <b>CA017</b> | El Dorado  |
|                | <b>CA019</b> | Fresno   |
|                | <b>CA021</b> | Glenn  |
|                | <b>CA023</b> | Humboldt   |
|                | <b>CA025</b> | Imperial   |
|                | <b>CA027</b> | Inyo   |
|                | <b>CA029</b> | Kern   |
|                | <b>CA031</b> | Kings  |
|                | <b>CA033</b> | Lake   |
|                | <b>CA035</b> | Lassen   |
|                | <b>CA037</b> | Los Angeles                                      |
|                | <b>CA039</b> | Madera   |
|                | <b>CA041</b> | Marin  |
|                | <b>CA043</b> | Mariposa   |
|                | <b>CA045</b> | Mendocino  |
|                | <b>CA047</b> | Merced   |
|                | <b>CA049</b> | Modoc  |
|                | <b>CA051</b> | Mono   |
|                | <b>CA053</b> | Monterey   |
|                | <b>CA055</b> | Napa   |
|                | <b>CA057</b> | Nevada   |
|                | <b>CA059</b> | Orange   |
|                | <b>CA061</b> | Placer   |
|                | <b>CA063</b> | Plumas   |
|                | <b>CA065</b> | Riverside  |
|                | <b>CA067</b> | Sacramento                                       |
|                | <b>CA069</b> | San Benito                                       |
|                | <b>CA071</b> | San Bernardino                                   |
|                | <b>CA073</b> | San Diego  |
|                | <b>CA075</b> | San Francisco                                    |

## CAIR2 Flat File Transfer Specification

| Table Item                             | Code  | Description   |
|--|-------|---|
|  | CA077 | San Joaquin   |
|  | CA079 | San Luis Obispo   |
|  | CA081 | San Mateo   |
|  | CA083 | Santa Barbara   |
|  | CA085 | Santa Clara   |
|  | CA087 | Santa Cruz  |
|  | CA089 | Shasta  |
|  | CA091 | Sierra  |
|  | CA093 | Siskiyou  |
|  | CA095 | Solano  |
|  | CA097 | Sonoma  |
|  | CA099 | Stanislaus  |
|  | CA101 | Sutter  |
|  | CA103 | Tehama  |
|  | CA105 | Trinity   |
|  | CA107 | Tulare  |
|  | CA109 | Tuolumne  |
|  | CA111 | Ventura   |
|  | CA113 | Yolo  |
|  | CA115 | Yuba  |
|  |       |   |
| <b>Ethnicity</b>                       | NH    | Not Hispanic or Latino  |
|  | H     | Hispanic or Latino  |
|  |       |   |
| <b>Immunization Information Source</b> |       |   |
|  | 01    | 'Source Unspecified' ( <b>Only code allowed for HP data</b> ) |
|  |       |   |
| <b>Manufacturers</b>                   |       | See <a href="#">CAIR2 Vaccine Codes</a>                       |
|  |       |   |
| <b>Mother's HBsAg</b>                  | 1     | Negative  |
|  | 2     | Not Screened  |
|  | 3     | Positive  |
|  | 4     | Unknown   |
|  |       |   |
| <b>Patient Status</b>                  | A     | Active  |
|  | I     | Inactive-Other  |
|  | M     | Inactive-MOGE   |
|  | P     | Inactive-Permanently (deceased)                               |
|  | L     | Inactive-Lost to Follow Up                                    |
|  | O     | Inactive-One Time Only  |
|  | S     | Inactive-MOOSA  |
|  | U     | Inactive-Unknown  |
|  |       |   |
| <b>Race</b>                            | Y     | American Indian or Alaska Native                              |
|  | Y     | Asian   |

## CAIR2 Flat File Transfer Specification

| Table Item            | Code       | Description   |
|-----------------------|------------|---|
|                       | Y          | Native Hawaiian or Other Pacific Islander                       |
|                       | Y          | Black or African-American                                       |
|                       | Y          | White   |
|                       | Y          | Other   |
|                       |            |   |
| <b>Relationship</b>   | <b>ASC</b> | Associate   |
|                       | <b>BRO</b> | Brother   |
|                       | <b>CGV</b> | Care giver  |
|                       | <b>CHD</b> | Child   |
|                       | <b>DEP</b> | Handicapped dependent   |
|                       | <b>DOM</b> | Life partner  |
|                       | <b>EMC</b> | Emergency contact   |
|                       | <b>EME</b> | Employee  |
|                       | <b>EMR</b> | Employer  |
|                       | <b>EXF</b> | Extended family   |
|                       | <b>FCH</b> | Foster Child  |
|                       | <b>FND</b> | Friend  |
|                       | <b>FTH</b> | Father  |
|                       | <b>GCH</b> | Grandchild  |
|                       | <b>GRD</b> | Guardian  |
|                       | <b>GRP</b> | Grandparent   |
|                       | <b>MGR</b> | Manager   |
|                       | <b>MTH</b> | Mother  |
|                       | <b>NCH</b> | Natural child   |
|                       | <b>NON</b> | None  |
|                       | <b>OAD</b> | Other adult   |
|                       | <b>OTH</b> | Other   |
|                       | <b>PAR</b> | Parent  |
|                       | <b>SCH</b> | Stepchild   |
|                       | <b>SEL</b> | Self  |
|                       | <b>SIB</b> | Sibling   |
|                       | <b>SIS</b> | Sister  |
|                       | <b>SPO</b> | Spouse  |
|                       | <b>UNK</b> | Unknown   |
|                       | <b>WRD</b> | Ward of court   |
|                       |            |   |
| <b>Reaction Codes</b> | <b>10</b>  | Anaphylactic reaction   |
|                       | <b>11</b>  | Hypotonic-hyporesponsive collapse within 48 hours of            |
|                       | <b>12</b>  | Seizure occurring within 3 days of immunization                 |
|                       | <b>13</b>  | Persistent crying lasting $\geq$ 3 hours within 48 hours of     |
|                       | <b>17</b>  | Temperature $\geq$ 105 (40.5 C) within 48 hours of immunization |
|                       | <b>D</b>   | Patient Died  |
|                       | <b>E</b>   | Emergency room/doctor visit required                            |
|                       | <b>H</b>   | Hospitalization required  |
|                       | <b>J</b>   | Resulted in permanent disability                                |
|                       | <b>L</b>   | Life threatening illness  |

## CAIR2 Flat File Transfer Specification

| Table Item                    | Code            | Description                                     |
|-------------------------------|-----------------|---|
|                               | <b>P</b>        | Resulted in prolongation of hospitalization     |
|                               | <b>PERTCONT</b> | Pertussis allergic reaction                     |
|                               | <b>TETCONT</b>  | Tetanus allergic reaction                       |
|                               |                 |   |
| <b>Reaction Codes (VAERS)</b> | <b>D</b>        | Patient Died                                    |
|                               | <b>L</b>        | Life threatening illness                        |
|                               | <b>E</b>        | Emergency room/doctor visit required            |
|                               | <b>H</b>        | Hospitalization required                        |
|                               | <b>P</b>        | Resulted in prolongation of hospitalization     |
|                               | <b>J</b>        | Resulted in permanent disability                |
|                               |                 |   |
| <b>Sex (Gender)</b>           | <b>F</b>        | Female  |
|                               | <b>M</b>        | Male  |
|                               | <b>U</b>        | Unknown   |
|                               |                 |   |
| <b>Vaccine Eligibility</b>    | <b>N</b>        | VFC Eligible Uninsured = V03                    |
|                               | <b>M</b>        | VFC Eligible Medi-Cal/CHDP = V02                |
|                               | <b>A</b>        | VFC Eligible Native American/AK Native = V04    |
|                               | <b>F</b>        | VFC Eligible Underinsured (FQHC/RHC Only) = V05 |
|                               | <b>O</b>        | 317 Eligible LHD or HDAS Only = V07             |
|                               | <b>S</b>        | State General Funding = CAA01                   |
|                               | <b>B</b>        | Private = V01                                   |
|                               |                 |   |
| <b>State Codes</b>            | <b>AL</b>       | ALABAMA   |
|                               | <b>AK</b>       | ALASKA  |
|                               | <b>AZ</b>       | ARIZONA   |
|                               | <b>AR</b>       | ARKANSAS  |
|                               | <b>CA</b>       | CALIFORNIA                                      |
|                               | <b>CO</b>       | COLORADO  |
|                               | <b>CT</b>       | CONNECTICUT                                     |
|                               | <b>DE</b>       | DELAWARE  |
|                               | <b>DC</b>       | DISTRICT OF COLUMBIA                            |
|                               | <b>FL</b>       | FLORIDA   |
|                               | <b>GA</b>       | GEORGIA   |
|                               | <b>OK</b>       | OKLAHOMA  |
|                               | <b>HI</b>       | HAWAII  |
|                               | <b>ID</b>       | IDAHO   |
|                               | <b>IL</b>       | ILLINOIS  |
|                               | <b>IN</b>       | INDIANA   |
|                               | <b>IA</b>       | IOWA  |
|                               | <b>KS</b>       | KANSAS  |
|                               | <b>KY</b>       | KENTUCKY  |
|                               | <b>LA</b>       | LOUISIANA                                       |
|                               | <b>ME</b>       | MAINE   |
|                               | <b>MD</b>       | MARYLAND  |

## CAIR2 Flat File Transfer Specification

| Table Item                   | Code                 | Description                             |
|------------------------------|----------------------|---|
|                              | MA                   | MASSACHUSETTS                           |
|                              | MI                   | MICHIGAN                                |
|                              | MN                   | MINNESOTA                               |
|                              | MS                   | MISSISSIPPI                             |
|                              | MO                   | MISSOURI                                |
|                              | MT                   | MONTANA                                 |
|                              | NE                   | NEBRASKA                                |
|                              | NV                   | NEVADA                                  |
|                              | NH                   | NEW HAMPSHIRE                           |
|                              | NJ                   | NEW JERSEY                              |
|                              | NM                   | NEW MEXICO                              |
|                              | NY                   | NEW YORK                                |
|                              | NC                   | NORTH CAROLINA                          |
|                              | ND                   | NORTH DAKOTA                            |
|                              | OH                   | OHIO                                    |
|                              | OR                   | OREGON                                  |
|                              | PA                   | PENNSYLVANIA                            |
|                              | RI                   | RHODE ISLAND                            |
|                              | SC                   | SOUTH CAROLINA                          |
|                              | SD                   | SOUTH DAKOTA                            |
|                              | TN                   | TENNESSEE                               |
|                              | TX                   | TEXAS                                   |
|                              | UT                   | UTAH                                    |
|                              | VA                   | VIRGINIA                                |
|                              | WA                   | WASHINGTON                              |
|                              | WV                   | WEST VIRGINIA                           |
|                              | WI                   | WISCONSIN                               |
|                              | WY                   | WYOMING                                 |
|                              | AS                   | AMERICAN SAMOA                          |
|                              | FM                   | FEDERATED STATES OF MICRONESIA          |
|                              | GU                   | GUAM                                    |
|                              | MH                   | MARSHALL ISLANDS                        |
|                              | MP                   | NORTHERN MARIANA ISLANDS                |
|                              | PW                   | PALAU                                   |
|                              | PR                   | PUERTO RICO                             |
|                              | UM                   | US MINOR OUTLYING ISLANDS               |
|                              | VI                   | US VIRGIN ISLANDS                       |
|                              | VT                   | VERMONT                                 |
|                              |                      |   |
| <b>Vaccines Administered</b> | <b>NDC Code</b>      | See <a href="#">CAIR2 Vaccine Codes</a> |
|                              | <b>Trade Name</b>    |   |
|                              | <b>CPT Code</b>      |   |
|                              | <b>CVX Code</b>      |   |
|                              | <b>Vaccine Group</b> |   |

## CAIR2 Flat File Transfer Specification

### Change History

| <b>Published / Revised Date</b> | <b>Version #</b> | <b>Author</b> | <b>Section / Nature of Change</b>      |
|---------------------------------|------------------|---------------|--|
| 7/20/2017                       | 1.1              | SNickell      | First draft                            |
| 8/3/2017                        | 1.11             | SNickell      | Revised to fix HP Member ID definition |