



# CAIR2 Health Plan Flat File Transfer Specification

(for Health Plans, Medical Groups, IPAs only)

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**Note: The file specifications outlined in this document have not yet been implemented so this document is being 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, this document will henceforth refer to the health plan, medical group, or independent practice association that will either upload data or run patient match queries as a 'Health Plan' (from now on abbreviated 'HP').

A first step in either the data submission or patient query process is login to the CAIR HP 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 HP data, CAIR2 accepts only fixed length flat text files formatted as described below. Please share this document with your technical staff.

## CAIR2 HP Flat File Transfer Specification

### 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.

CAIR2 accepts five flat files for immunization data:

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 along with their associated HP Member ID.
2. *Immunization File* (required for immunization updates). 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). 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 patient match/HEDIS queries) Uploading this file initiates a patient match query that retrieves immunization histories for any matching HP patients in CAIR2. Note: a required first step is to upload a *Patient File* containing a unique HP Member ID for each patient that is then assigned to each matching patient found in CAIR2.

### Files

When HP users submit vaccinations, CAIR2 must receive data in two separate files: a *Patient File* and an *Immunization File*. The patient information in the files will be linked via a unique HP Member ID that uniquely identifies each patient and so must appear in both files to link the patient information.

When submitting each file type, minimum required fields are listed below:

#### Patient File (required fields)

- Record Identifier (use HP Member Code)
- First Name
- Last Name
- Birth Date
- At least two additional identifying demographic fields

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### Immunization File (required fields)

- Record Identifier (use **HP Member ID**)
- Vaccine Code
- Vaccination Date
- Information Source (value for each record must be set to '01')
- Sending Organization (**HP CAIR2 Org Code**)

### Comment File (required fields)

- Record Identifier (Use **HP Member ID**)
- Comment Code

### Query File Required Fields

- Record Identifier (Use **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 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.

### Performance Measures

In addition, your HP may want to send elements that you can use for performance measurements. For example, you may want to consider sending CAIR2 Org Codes, which would allow you to receive performance reports on practices/providers (see *Immunizations File* 'Provider Name or CAIR2 Org Code' field (position 152). Please include as much information as possible.

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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<sup>3</sup>. 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, 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 HP Flat File Transfer Specification

### Patient File (Required)

Column	Data Length	Pos #	R/SE	Default	Notes
Record Identifier	32	1	R		Use unique <b>HP Member ID</b> in this field.
Patient Status	1	33	R	A	Use the CAIR2 code set for <b>Patient Status</b> . (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		CAIR2 will accept imported data but WILL NOT populate this field on export.
Mother's Maiden Last Name	50	260	SE		CAIR will accept imported data but WILL NOT populate this field on export.
Mother's HBsAg Status	1	310			Use the code set for <b>Mother's HBsAg Status</b> . CAIR2 will accept imported data but WILL NOT populate on export.
Sex (Gender)	1	311	SE		Use the CAIR2 code set for <b>Sex (Gender)</b> .
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			Use the CAIR2 code set for <b>Ethnicity</b> .
Social Security Number	9	320			Leave blank: CAIR does not accept or store SSN .
Contact Allowed	2	329		02	Controls whether notices are sent. Use the CAIR2 code set for <b>Contact</b> . If <null> default to '02' - contact allowed.
Patient ID (MRN, Medicaid ID, Medicare ID, HP Member ID)	32	331	SE		Field can be used to directly access patient records through the user interface.
Medi-Cal ID	20	363	SE		

## CAIR 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			Use the CAIR2 code set for <a href="#">Relationship</a> to the patient.
Street Address Line	55	536	SE		Address is loaded for the patient and the responsible person. Primary address information (i.e. 100 TAFT ST.)
Other Address Line	55	591			Secondary address information (i.e. APT 104, STE 530) Do not place a secondary address in this field. Additional addresses for the patient or responsible parties may be added through the user interface.
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 - 'CA'
Zip Code	9	755	SE		5 or 9 digits without separators (padded with blanks if 5) ex. 97123**** or 971235678.
County	5	764			Use the CAIR2 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? 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</b>
Sharing Status	1	819	R		Has Patient agreed to share? Acceptable Values: 'Y' or 'N'
Effective Date	8	820	R		Acceptable Values: MMDDYYYY
Updated By	12	828	R		Acceptable Values: <b>HP 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>				



## CAIR Flat File Transfer Specification

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

Column	Data Length	Pos #	R/SE	Default	Notes
Record Identifier	32	1	R		Use <b>HP Member ID</b> in this field
NDC Code	13	33	*		<p><b>*At least one code is required.</b></p> <p>See <a href="#">CAIR Vaccine Codes</a></p>
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			Use the CAIR2 code set for <a href="#">Administration Route</a> .
Body Site Code	4	104			Use the CAIR2 code set for <a href="#">Body Site</a> .
Reaction Code	8	108			Use the CAIR2 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 <a href="#">CAIR2 Vaccine Codes</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 will not impact any to inventory tracked in CAIR2, but can be associated with the patient record stored as historical information
Provider Name or CAIR2 Org Code	50	152			If known, enter the provider name or CAIR2 Org Code 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 <b>HP CAIR2 Org Code</b> here
Vaccine Eligibility	1	264	SE		Populate with California <a href="#">Vaccine Eligibility Codes</a> .
<b>Total</b>	<b>264</b>				

## CAIR Flat File Transfer Specification

### Comment File (Optional)

Column	Data Length	Pos #	R/SE	Default	Notes
Record Identifier	32	1	R		Use <b>HP Member ID</b> in this field
Comment Code	6	33	R		Use the CAIR 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 reporting)

Column	Data Length	Pos #	R/SE	Notes
Patient Type	1	1	R	'C' for Commercial, 'M' for Medicaid
Record Identifier	32	2	R	Use <b>HP Member ID</b>
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 ID ( <b>HP Member ID</b> ):	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
Patient ID:	CHART33321
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 ( <b>HP CAIR2 Org Code</b> ):	ACMEHP
Disclosed?:	Y
Disclosed Date:	9/10/1994
Disclosed By ( <b>HP CAIR2 Org Code</b> ):	ACMEHP
Sharing Status:	Y
Sharing Date:	9/10/1994
Updated By ( <b>HP CAIR2 Org Code</b> ):	ACMEHP

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

```
17727736*****ACOURTNEY*****
*LEE*****BROWN*****
*****09101994*****ANNE*****
*****GREEN*****3F***Y*NH11122333302CH
ART33321*****MEDID11011*****TIM*****
*****DANIEL*****BROWN*****
*****FTH1234*Test*Street*****
*****Apt*491*****PO*Box*740***
*****RICHMOND*****
*****CA94804***CA013510555555*****ACMEHP*****Y09101994ACMEHP*****Y091
01994ACMEHP*****
```

## CAIR Flat File Transfer Specification

### Immunization File Example Record

This information:

Record ID ( <b>HP Member ID</b> ):	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 (HP CAIR Org Code):	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 ID:	17727736
Comment Code:	33A (see CAIR2 Code Sets; Patient had Varicella)
Begin Date:	10/1/1999
End Date:	not applicable

**Results in the following Comment record:**

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

### Event File Example Record

This information:

Record ID (HP Member ID):	17727736
Event Code:	DAX2008
Priority Group:	General Population, Tier 5

**Results in the following Event record:**

```
17727736*****DAX2008*****GPT5*****
```

**CAIR Flat File Transfer Specification**

***Query Input File Example Record***

*This Information:*

Record ID (**HP Member ID**): 17727736  
First Name: Courtney  
Middle Name: Lee  
Last Name: Brown  
Birth Date: 9/10/1994

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

17727736*****COURTNEY*****
LEE*****BROWN*****
*****09101994

## CAIR Flat File Transfer Specification

### CAIR 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		
<b>10_24</b>	PRIOR doses OF TYPHOID caused anaphylactic reaction		

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Table Item	Code	Description
	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
	56	Eczema or atopic dermatitis

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Table Item	Code	Description
	<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
	<b>DPERM9</b>	Permanent-Deferral of HepA
	<b>DPHY1</b>	Physician-Deferral of DT/DTaP



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Table Item	Code	Description
	<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
	<b>PE</b>	Refusal of Rotavirus
	<b>PF</b>	Refusal of HPV

## CAIR Flat File Transfer Specification

Table Item	Code	Description
	<b>PG</b>	Refusal of Pertussis
	<b>PLYB_A</b>	Allergy to POLYMYXIN B
	<b>RABEXP</b>	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
	<b>CA077</b>	San Joaquin
	<b>CA079</b>	San Luis Obispo

## CAIR Flat File Transfer Specification

Table Item	Code	Description
	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
	Y	Native Hawaiian or Other Pacific Islander
	Y	Black or African-American

## CAIR Flat File Transfer Specification

Table Item	Code	Description
	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
	<b>P</b>	Resulted in prolongation of hospitalization
	<b>PERTCONT</b>	Pertussis allergic reaction

## CAIR Flat File Transfer Specification

Table Item	Code	Description
	<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
	<b>MA</b>	MASSACHUSETTS
	<b>MI</b>	MICHIGAN
	<b>MN</b>	MINNESOTA

## CAIR Flat File Transfer Specification

Table Item	Code	Description
	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>	

## CAIR Flat File Transfer Specification

### Change History

Published / Revised Date	Version #	Author	Section / Nature of Change
09/03/2015	1.0	HP	CAIR version based on Oregon ALERT versions 1.5. ALERT references changed, California counties added.
11/02/2015	1.1	HPE	CAIR Vaccine Eligibility Codes, CA Counties added.
11/24/2015	1.2	HPE	TB Test file spec. added. Disclosure and Sharing fields added to Patient File spec.
12/01/2015	1.3	HPE	Update the Manufacturer listing in the IIS Codes Sets table.
12/3/2015	1.4	HPE	Add the new Disclosure and Consent fields to the example file.
1/5/2016	1.5	HPE	Fix Sending Org. data length in Immunization file spec. (12)
2/1/2016	1.6	HPE	Fixed the Immunization specification. The dose eligibility field position was incorrect.
3/3/2016	1.7	HPE	Added regional CAIR 1 code to file specification.
3/8/2016	1.8	HPE	Comment and Reaction Codes updated.
3/29/2016	1.9	HPE	Comment Codes updated. CAIR 1 Patient ID added to Patient file.
04/28/2016	1.10	HPE	Changed field descriptions. Added more Comment Codes from CAIR 1.
5/19/2016	1.11	HPE	Added more Comment Codes and Descriptions.
5/27/2016	1.12	HPE	Added Vaccine Names, CVX Codes and CAIR 1 Vaccine Codes to Appendix A.
6/6/2016	1.13	HPE	Single digit CVX codes have been fixed to display a leading zero.
6/9/2016	1.14	HPE	TB Test file requirements modified.
6/27/2016	1.15	HPE	Clarified TB Test file specifications. Added detail for fields associated with specific tests. Added Manufacturer mapped values.