



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.

Table of Contents

Introduction 3
 Disclosure 3
 Data Formats Accepted 3
Flat Files Defined 4
 File Types 4
 Field Order and Format Requirements..... 6
Patient File (Required) 7
Immunization File (Required if uploading member immunization data) 9
Comment File (Optional) 10
Query File (input, required for HEDIS patient match report) 10
Query Output Files 10
 Patient Return File 10
 Immunization Return File 10
File Examples 11
 Patient File (example record) 11
 Comment File (example record)..... 12
 Query Input File Example Record..... 12
CAIR2 Code Sets..... 13

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.

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.

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)

CAIR2 HP Flat File Transfer Specification

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.

CAIR2 HP Flat File Transfer Specification

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 Patient Status . (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 Mother's HBsAg Status .
Sex (Gender)	1	311	SE		See code set for Sex (Gender) .
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 Ethnicity .
Social Security Number	9	320			Leave blank
Contact Allowed	2	329		02	Controls whether notices can be sent. Use the code set for Contact . If <null> default to '02' - contact allowed.
HP Member ID	32	331	SE		HP Member ID. 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 Relationship 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 County .
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 <u>HP CAIR2 Org Code</u> .
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: <u>HP CAIR2 Org Code or Other CAIR2 Org Code</u>
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: <u>HP CAIR2Org Code or Other CAIR2 Org Code</u>
Filler (required or file will fail)	37	840	R		Filler (required or file will fail)
Total	877				

CAIR2 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		This ID is used to link patient info in the <i>Patient, Immunizations, and Comments Files</i>
NDC Code	13	33	*		*At least one vaccine code is required. See CAIR2 Vaccine Codes
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 Administration Route .
Body Site Code	4	104			See code set for Body Site .
Reaction Code	8	108			See code set for Reaction . 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 Manufacturers .
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 HP CAIR2 Org Code here
Vaccine Eligibility	1	264	SE		See code set for Vaccine Eligibility Codes .
Total	264				

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 Comments .
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
Total	54				

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
HP Member ID	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
Total	192			

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
Total	191	

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
Total	62	

CAIR2 Flat File Transfer Specification

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
HP Member ID:	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*NH1122333302AC
ME33321*****MEDID11011*****TIM*****
*****DANIEL*****BROWN*****
*****FTH1234*Test*Street*****
*****Apt*491*****PO*Box*740***
*****RICHMOND*****
*****CA94804***CA013510555555*****ACMEHP*****Y09101994ACMEHP*****Y091
01994ACMEHP*****
```

CAIR2 Flat File Transfer Specification

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 [CAIR2 Code Sets](#); '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 (**HP Member ID**): 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
```

CAIR2 Flat File Transfer Specification

CAIR2 Code Sets

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

CAIR2 Flat File Transfer Specification

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

CAIR2 Flat File Transfer Specification

Table Item	Code	Description
	DPERM9	Permanent-Deferral of HepA
	DPHY1	Physician-Deferral of DT/DTaP
	DPHY10	Physician-Deferral of Influenza
	DPHY11	Physician-Deferral of Meningococcal
	DPHY12	Physician-Deferral of Rotavirus
	DPHY13	Physician-Deferral of HPV
	DPHY14	Physician-Deferral of Pertussis
	DPHY2	Physician-Deferral of HepB
	DPHY3	Physician-Deferral of Hib
	DPHY4	Physician-Deferral of MMR
	DPHY5	Physician-Deferral of PneumoConjugate
	DPHY6	Physician-Deferral of Polio
	DPHY7	Physician-Deferral of Td/Tdap
	DPHY8	Physician-Deferral of Varicella
	DPHY9	Physician-Deferral of HepA
	DS1	Shortage-Deferral of DT/DTaP
	DS10	Shortage-Deferral of Influenza
	DS11	Shortage-Deferral of Meningococcal
	DS12	Shortage-Deferral of Rotavirus
	DS13	Shortage-Deferral of HPV
	DS14	Shortage-Deferral of Pertussis
	DS2	Shortage-Deferral of HepB
	DS3	Shortage-Deferral of Hib
	DS4	Shortage-Deferral of MMR
	DS5	Shortage-Deferral of PneumoConjugate
	DS6	Shortage-Deferral of Polio
	DS7	Shortage-Deferral of Td/Tdap
	DS8	Shortage-Deferral of Varicella
	DS9	Shortage-Deferral of HepA
	HEPA_I	Immunity: hepatitis A
	HIRISK	High Risk Condition(s)
	LTX_A	Allergy to latex (anaphylactic)
	OTH_I	Immunity: other lab confirmed
	P10	Refusal of Smallpox
	P2	Refusal of DT/DTaP
	P3	Refusal of HepB
	P4	Refusal of Hib
	P5	Refusal of MMR
	P6	Refusal of PneumoConjugate
	P7	Refusal of Polio
	P8	Refusal of Td/Tdap
	P9	Refusal of Varicella
	PALL	Refusal of All Childhood Vaccines
	PB	Refusal of HepA
	PC	Refusal of Influenza
	PD	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
Contact	01	No Contact Allowed – Notices are not to be sent.
	02	Contact Allowed – Notices will be sent.
County	CA001	Alameda
	CA003	Alpine
	CA005	Amador
	CA007	Butte
	CA009	Calaveras
	CA011	Colusa
	CA013	Contra Costa
	CA015	Del Norte
	CA017	El Dorado
	CA019	Fresno
	CA021	Glenn
	CA023	Humboldt
	CA025	Imperial
	CA027	Inyo
	CA029	Kern
	CA031	Kings
	CA033	Lake
	CA035	Lassen
	CA037	Los Angeles
	CA039	Madera
	CA041	Marin
	CA043	Mariposa
	CA045	Mendocino
	CA047	Merced
	CA049	Modoc
	CA051	Mono
	CA053	Monterey
	CA055	Napa
	CA057	Nevada
	CA059	Orange
	CA061	Placer
	CA063	Plumas
	CA065	Riverside
	CA067	Sacramento
	CA069	San Benito
	CA071	San Bernardino
	CA073	San Diego
	CA075	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
Ethnicity	NH	Not Hispanic or Latino
	H	Hispanic or Latino
Immunization Information Source		
	01	'Source Unspecified' (Only code allowed for HP data)
Manufacturers		See CAIR2 Vaccine Codes
Mother's HBsAg	1	Negative
	2	Not Screened
	3	Positive
	4	Unknown
Patient Status	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
Race	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
Relationship	ASC	Associate
	BRO	Brother
	CGV	Care giver
	CHD	Child
	DEP	Handicapped dependent
	DOM	Life partner
	EMC	Emergency contact
	EME	Employee
	EMR	Employer
	EXF	Extended family
	FCH	Foster Child
	FND	Friend
	FTH	Father
	GCH	Grandchild
	GRD	Guardian
	GRP	Grandparent
	MGR	Manager
	MTH	Mother
	NCH	Natural child
	NON	None
	OAD	Other adult
	OTH	Other
	PAR	Parent
	SCH	Stepchild
	SEL	Self
	SIB	Sibling
	SIS	Sister
	SPO	Spouse
	UNK	Unknown
	WRD	Ward of court
Reaction Codes	10	Anaphylactic reaction
	11	Hypotonic-hypo-responsive collapse within 48 hours of
	12	Seizure occurring within 3 days of immunization
	13	Persistent crying lasting \geq 3 hours within 48 hours of
	17	Temperature \geq 105 (40.5 C) within 48 hours of immunization
	D	Patient Died
	E	Emergency room/doctor visit required
	H	Hospitalization required
	J	Resulted in permanent disability
	L	Life threatening illness

CAIR2 Flat File Transfer Specification

Table Item	Code	Description
	P	Resulted in prolongation of hospitalization
	PERTCONT	Pertussis allergic reaction
	TETCONT	Tetanus allergic reaction
Reaction Codes (VAERS)	D	Patient Died
	L	Life threatening illness
	E	Emergency room/doctor visit required
	H	Hospitalization required
	P	Resulted in prolongation of hospitalization
	J	Resulted in permanent disability
Sex (Gender)	F	Female
	M	Male
	U	Unknown
Vaccine Eligibility	N	VFC Eligible Uninsured = V03
	M	VFC Eligible Medi-Cal/CHDP = V02
	A	VFC Eligible Native American/AK Native = V04
	F	VFC Eligible Underinsured (FQHC/RHC Only) = V05
	O	317 Eligible LHD or HDAS Only = V07
	S	State General Funding = CAA01
	B	Private = V01
State Codes	AL	ALABAMA
	AK	ALASKA
	AZ	ARIZONA
	AR	ARKANSAS
	CA	CALIFORNIA
	CO	COLORADO
	CT	CONNECTICUT
	DE	DELAWARE
	DC	DISTRICT OF COLUMBIA
	FL	FLORIDA
	GA	GEORGIA
	OK	OKLAHOMA
	HI	HAWAII
	ID	IDAHO
	IL	ILLINOIS
	IN	INDIANA
	IA	IOWA
	KS	KANSAS
	KY	KENTUCKY
	LA	LOUISIANA
	ME	MAINE
	MD	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
Vaccines Administered	NDC Code	See CAIR2 Vaccine Codes
	Trade Name	
	CPT Code	
	CVX Code	
	Vaccine Group	

CAIR2 Flat File Transfer Specification

Change History

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