

# Virginia Immunization Information System – Flat File Specification Version 2.3 (Revised 01/29/2018)

Immunization data is passed to the central registry using three flat files containing client, immunization, and comment information (optional) respectively. The files will be linked via a 24-character Record Identifier supplied by the provider of the file. This identifier will uniquely identify each client and will appear in each immunization and comment (optional) record to link the immunization and comment (optional) to the client. Character fields need to be left justified and blank-filled, number fields right justified and blank-filled, and date fields in format MMDDYYYY with leading zeroes. If a site is unable to supply any information for a specified field, the entire field needs to be filled with blanks.

Every client record must be associated with immunization data in order to be accepted by VIIS. Below are the fields to include in each of the files. Files need to be generated using the ASCII character set (UNIX / ANSI). Records will be fixed length and need to be terminated with a carriage return/line feed.

When submitting data, please submit as many of the elements listed below as possible for completeness. **At a minimum, fields identified with a ‘Y’ in the Required column must be submitted in order for the file to be processed by VIIS. Preferred fields (“P”) are indicated as well.** These fields are important as they play a role in the de-duplication of clients and immunizations in VIIS.

WE STRONGLY SUGGEST that you please include these ‘preferred fields’ whenever possible, to help avoid de-duplication errors.

**The required and preferred fields are indicated in RED BOLD.**

## File 1-Client Data

Column	Data type	Required	Default	Notes
<b>Record Identifier</b>	<b>Char(24)</b>	<b>Y</b>		Supplied by sender, used to link a Client to Immunization records.
Client Status	Char(1)	*	A	<ul style="list-style-type: none"> <li>Use the VIIS code set for <b>Client Status</b>.</li> <li><i>This field is required to be sent as ‘P’ if sending a Death Date.</i></li> <li><i>A = Active, N= Inactive, P=Permanently Inactive Deceased Clients</i></li> </ul>
<b>First Name</b>	<b>Char(25)</b>	<b>Y</b>		<ul style="list-style-type: none"> <li><b>Client first name must not be BLANK.</b></li> <li><b>If client does not have a first name, “NO FIRST NAME” must be entered in this field.</b></li> <li><b>BABY, BABY BOY, BABY GIRL IS not Acceptable.</b></li> <li><b>Client First Name must be greater than one character length.</b></li> <li><b>First Name must NOT contain any characters other than: a-z, A-Z, "-", "" to be accepted.</b></li> </ul>
<b>Middle Name</b>	<b>Char(25)</b>	<b>P</b>		<b>Middle Name must not contain any characters other than: a-z, A-Z, "-", "", or "." to be accepted.</b>
<b>Last Name</b>	<b>Char(35)</b>	<b>Y</b>		<ul style="list-style-type: none"> <li><b>Client last name must not be BLANK</b></li> <li><b>If client does not have last name, “NO LAST NAME” must be entered in field</b></li> <li><b>BABY, BABY BOY, BABY GIRL is not acceptable.</b></li> <li><b>Client last name must be greater than one character length.</b></li> <li><b>Last Name must not contain any characters other than: a-z, A-Z, "-", "", or "." to be accepted.</b></li> </ul>
Name Suffix	Char(10)			JR, III, etc.
<b>Birth Date</b>	<b>Date(8)</b>	<b>Y</b>		<b>MMDDYYYY</b>

# Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

Death Date	Date(8)	*		<ul style="list-style-type: none"> <li>o MMDDYYYY</li> <li>o Make sure to include the Client Status value of 'P' if sending a Death Date.</li> </ul>
<b>Mothers First Name</b>	<b>Char(25)</b>	<b>P</b>		These are mandatory fields in VIIS. However, if the information is unavailable for historical records, fill

Column	Data type	Required	Default	Notes
<b>Mothers Maiden Last Name</b>	<b>Char(35)</b>	<b>P</b>		these fields with blanks.
<b>Sex (Gender)</b>	<b>Char(1)</b>	<b>P</b>		Use the VIIS code set for <b>Sex (Gender)</b> .
Race	Char(1)			Use the VIIS code set for <b>Race</b> .
Ethnicity	Char(2)			Use the VIIS code set for <b>Ethnicity</b> .
SSN	Char(9)			<ul style="list-style-type: none"> <li>o Must be a valid SSN to load. o Invalid SSN's are considered to be any SSN with all of the same numbers (999999999), all consecutive numbers (123456789 or 987654321 or 098765432, etc.), any SSN containing nonnumeric characters, any SSN beginning with '000' or ending with '0000', and any SSN beginning in the range of '700 – 728'.</li> <li>o A record with an invalid SSN will not be rejected itself, but the invalid SSN will be rejected and this will be noted in the response file.</li> </ul>
Contact Allowed	Char(2)		02	<ul style="list-style-type: none"> <li>o Controls whether notices are sent. o Use the VIIS code set for <b>Contact</b>. o If &lt;null&gt; default to 02 (Contact is Allowed).</li> </ul>
Consent to Share	Char(1)		<null>	<ul style="list-style-type: none"> <li>o Controls visibility of records to other organizations.</li> <li>o Use Y, N, or &lt;null&gt;. o If incoming value is null, database will store as 'U' and UI will store as "Unknown". Null will be sent back on bidirectional and VIIS to PO exchanges.</li> </ul>
Chart Number	Char(20)			<ul style="list-style-type: none"> <li>o Identifier within the sending organization's system. o Can be used for client lookup, specific to each provider.</li> </ul>
Responsible Party First Name	Char(25)			
Responsible Party Middle Name	Char(25)			
Responsible Party Last Name	Char(35)			
Responsible Party Relationship	Char(2)			Use the VIIS code set for <b>Relationship</b> .
<b>Street Address</b>	<b>Char(55)</b>	<b>P</b>		
<b>PO Box Route Line</b>	<b>Char(55)</b>	<b>P</b>		
<b>Other Address Line</b>	<b>Char(55)</b>	<b>P</b>		
<b>City</b>	<b>Char(52)</b>	<b>P</b>		
<b>State</b>	<b>Char(2)</b>	<b>P</b>		

**Virginia Immunization Information System – Flat File Specification Version 2.3**  
**(Revised 01/29/2018)**

<b>Zip</b>	<b>Char(9)</b>	<b>P</b>		If +4 zip is used, the first 5 characters and second 4 characters are concatenated into a single value, without separators.
County	Char(5)			Use the VIIS code set for <b>County</b> .
Phone	Char(17)			Format as digits only starting with the area code, ex. 6081234567.
<b>Sending Organization</b>	<b>Char(5)</b>	<b>R</b>		<ul style="list-style-type: none"> <li>○ This field is required for both flat and HL7 files.</li> <li>○ This field is provided to you by VDH and identifies the organization that is sending data.</li> <li>○ It is used to input the code of the provider organization that owns this client and corresponding immunization records.</li> </ul>
<b>Column</b>	<b>Data type</b>	<b>Required</b>	<b>Default</b>	<b>Notes</b>
				○ The code to use is the organization short name which is the same code used to login to the system. <b>Contact the VIIS Help Desk</b> if you need assistance locating the appropriate organization short name.

\*This field is optional if an organization is sending all of its own records. This field is **required** if an organization other than the organization that owns the record(s) is transmitting this file. **Contact the VIIS Help Desk** for more information.

**File 2 - Immunization Data**

<b>Column</b>	<b>Data type</b>	<b>Required</b>	<b>Default</b>	<b>Notes</b>
<b>Client Record Identifier</b>	<b>Char(24)</b>	<b>Y</b>		Supplied by sender, used to link Immunizations to a Clients record.
<b>Vaccine Group</b>	<b>Char(16)</b>	<b>P</b>		<b>Either Vaccine Group or CPT Code is required. If possible, please send both. Use the VIIS code set for Vaccine Codes. For the purposes of decrement of inventory, a CPT code or Vaccine Group may be used. For inventory to be deducted, the matching CPT or vaccine group code will be found in the provider's inventory in conjunction with a matching lot number and VIIS Organization Code.</b>
<b>CPT Code</b>	<b>Char(5)</b>	<b>P</b>		
Trade Name	Char(24)			Use the VIIS code set for <b>Vaccine Codes</b> . For the purposes of decrement of inventory, a Trade Name may be used. For inventory to be deducted, this trade name will be found in the provider's inventory in conjunction with a matching lot number and VIIS Organization Code.
<b>Vaccination Date</b>	<b>Date(8)</b>	<b>Y</b>		<b>MMDDYYYY</b>
Administration Route Code	Char(2)			Use the VIIS code set for <b>Administration Route</b> .
Body Site Code	Char(4)			Use the VIIS code set for <b>Body Site</b> .
Reaction Code	Char(8)			Use the VIIS code set for <b>Reaction</b> .
Manufacturer Code	Char(4)			Use the VIIS code set for <b>Manufacturers</b> .
Immunization Information Source	Char(2)		01	<ul style="list-style-type: none"> <li>○ Indicates whether this immunization was administered by your organization or the immunization information is historical from client record.</li> <li>○ Use the VIIS code set for <b>Immunization Information Source</b>.</li> </ul>

## Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

				<ul style="list-style-type: none"> <li>For the purposes of decrement of inventory, the immunizations source will be new “00”</li> </ul>
Lot Number	Char(30)			<p>Converted records will be stored in VIIS as historical records, so the Lot Number will not correspond to inventory tracked in VIIS, but Lot Number can still be stored as historical information. For the purposes of decrement of inventory, a lot number will be present. For inventory to be deducted, a matching lot number will be found in the participating provider’s inventory in conjunction with matching vaccine information and VIIS Organization Code.</p>
Provider Name	Char(50)			The historical provider name.
Administered By Name	Char(50)			The name of the person who administered the vaccination.
Site Name	Char(30)			For decrement of inventory to occur, use the Site
				Inventory ID provided by VIIS Help Desk or VIIS Staff .
<b>Sending Organization</b>	<b>Char(5)</b>	<b>R</b>		<ul style="list-style-type: none"> <li>This field is required for both flat and HL7 files.</li> <li>This field is provided to you by VDH and identifies the organization that is sending data.</li> <li>It is used to input the code of the provider organization that owns this client and corresponding immunization records.                             <ul style="list-style-type: none"> <li>The code to use is the organization short name which is the same code used to login to the system.</li> </ul> <b>Contact the VIIS Help Desk</b> if you need assistance locating the appropriate organization short name.                         </li> <li>For the purposes of decrement of inventory, the sending organization will be present. For inventory to be deducted, the participating provider’s VIIS Organization code will exist in VIIS, a match will be found.</li> </ul>
<b>Financial Class Eligibility</b>	<b>Char(4)</b>	Required for participants in the VFC program		Populate with appropriate HL7 table 0064 values
<b>Vaccine Purchased With</b>	<b>Char(3)</b>	Required for participants in the VFC program		<p>Populate with appropriate value from HL7 NIP008 – Valid Values PVF (private funds) or PBF (public funds)</p> <ul style="list-style-type: none"> <li>For the purpose of exact lot matching for decrement from inventory, it is helpful to include the correct funding the vaccine was purchased with.</li> </ul>

**Virginia Immunization Information System – Flat File Specification Version 2.3**  
 (Revised 01/29/2018)

**File 3 - Comment Code (Optional File – Not Required)**

Column	Data type	Required	Default	Notes
Client Record Identifier	Char(24)	Y		Supplied by sender, used to link Comments to a Clients record. This field is required if a comment code is being sent.
Comment Code	Char(2)	Y		Use the VIIS code set for <b>Comments</b> .
Applies to Date	Date(8)			The date to which the comment applies. MMDDYYYY

**Examples**

Records need to be **blank** filled. In the following example, blanks are represented with the '\*' character for illustrative purposes.

**Client Record**

```
12345*****AMELANA*****RAE*****MAERZ*****
*****08141985*****MARY*****CARPENTER*****FWN
H*****02Y*****33DAVID*****RAPHAEL*****MAERZ*****
*****33125*WEST*STREET*****
*****DANE*****
*****WI535291234WI025*****6085556543*****
```

**Immunization Record**

```
12345*****DTAP*****TETRAMUNE*****10091985*****00*****
*****
*****
```

**Comment Code Record**

```
12345*****3110091985
```

Table Item	Code	Description
<b>Administration 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>	Multiple Puncture (Small Pox)
<b>Body Site</b>	<b>LA</b>	Left Arm
	<b>LG</b>	Left Gluteous Medius
	<b>LT</b>	Left Thigh
	<b>LD</b>	Left Deltoid
	<b>LVL</b>	Left Vastus Lateralis
	<b>LLFA</b>	Left Lower Forearm
	<b>NOSE</b>	NOSE
	<b>RA</b>	Right Arm
	<b>RG</b>	Right Gluteous Medius

**Virginia Immunization Information System – Flat File Specification Version 2.3**  
**(Revised 01/29/2018)**

	<b>RT</b>	Right Thigh
	<b>RD</b>	Right Deltoid
	<b>RVL</b>	Right Vastus Lateralis
	<b>RLFA</b>	Right Lower Forearm
<b>Client Status</b>	<b>A</b>	Active
	<b>N</b>	Inactive
	<b>P</b>	Permanently Inactive – Deceased Clients
<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) MMR & IPV
	<b>07</b>	Allergy to Streptomycin (anaphylactic)
	<b>08</b>	Allergy to Thimerosal (anaphylactic)
	<b>22</b>	Chronic illness
	<b>21</b>	Current acute illness, moderate to severe
	<b>14</b>	Current diarrhea, moderate to severe
	<b>15</b>	Encephalopathy within 7 days of previous dose of DTP
	<b>16</b>	Current fever with moderate-to-severe illness
	<b>18</b>	Guillain-Barre Syndrome (GBS) within 6 weeks after vaccine containing Tetanus Toxoid Containing Vaccine DTaP/Tdap/TT/DTP/DT.
	<b>26</b>	Hepatitis B titer – immune
	<b>29</b>	History of Pertussis
	<b>31</b>	History of Rubella
	<b>49</b>	History of Varicella/chicken pox
	<b>24</b>	Immunity: diphtheria
	<b>H1</b>	Immunity: hepatitis A
	<b>26</b>	Immunity: hepatitis B
	<b>27</b>	Immunity: measles
<b>28</b>	Immunity: mumps	
<b>30</b>	Immunity: poliovirus	
<b>31</b>	Immunity: rubella	

<b>Table Item</b>	<b>Code</b>	<b>Description</b>
	<b>33</b>	Immunity: varicella (chicken pox)
	<b>23</b>	Immune globulin(IG) administration, recent or simultaneous
	<b>34</b>	Immunodeficiency (family history)OPV & VZV
	<b>35</b>	Immunodeficiency (household contact) OPV
	<b>36</b>	Immunodeficiency (in recipient) OPV & MMR & VZV
	<b>PW</b>	Guillain-Barre Syndrome (GBS) within 6 weeks after influenza vaccine
	<b>M1</b>	Medical Exemption: Hib
	<b>M2</b>	Medical Exemption: Hep A
	<b>M3</b>	Medical Exemption: Hep B
	<b>M4</b>	Medical Exemption: HPV
	<b>M5</b>	Medical Exemption: Influenza
	<b>M6</b>	Medical Exemption: Meningo
	<b>M7</b>	Medical Exemption: Pneumococcal

## Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

<b>M8</b>	Medical Exemption: Pneumo-Poly
<b>MB</b>	Medical Exemption: Td
<b>MC</b>	Medical Exemption: Tdap
<b>M9</b>	Medical Exemption: Polio
<b>MD</b>	Medical Exemption: Zoster
<b>27</b>	Measles titer – immune
<b>28</b>	Mumps titer – immune
<b>37</b>	Neurologic disorders, underlying (seizure disorder)
<b>38</b>	Otitis media (ear infection) moderate to severe
<b>50</b>	History of: Vaccinia (small pox)
<b>51</b>	History of: Yellow Fever
<b>52</b>	History of: Pneumococcal
<b>53</b>	History of: Rotavirus
<b>54</b>	History of: Meningococcal
<b>55</b>	History of: Human Papilloma Virus
<b>56</b>	History of: Viral Hepatitis, type A
<b>57</b>	History of: Antrax
<b>58</b>	History of: Typhoid
<b>59</b>	History of: Japanese Encephalitis
<b>66</b>	Allergy to Alum (anaphylactic)
<b>67</b>	Allergy to Polymyxin
<b>PA</b>	Refusal of All Childhood Vaccines
<b>P1</b>	Refusal of DT
<b>P2</b>	Refusal of DtaP
<b>P3</b>	Refusal of HepB
<b>P4</b>	Refusal of Hib
<b>P5</b>	Parental refusal of MMR
<b>P6</b>	Refusal of Pneumococcal
<b>P7</b>	Refusal of Polio
<b>P8</b>	Refusal of TD
<b>P9</b>	Refusal of Varicella
<b>PX</b>	Refusal of Smallpox
<b>PB</b>	Refusal of HepA
<b>PC</b>	Refusal of Influenza
<b>PD</b>	Refusal of HPV
<b>PE</b>	Refusal of Meningitis
<b>PS</b>	Religious Exemption – All Childhood Vaccines
<b>39</b>	Pregnancy (in recipient)
<b>31</b>	Rubella titer – immune
<b>40</b>	Thrombocytopenia
<b>41</b>	Thrombocytopenia purpura (history)

<b>Table Item</b>	<b>Code</b>	<b>Description</b>
	<b>33</b>	Varicella titer – immune
	<b>PF</b>	Vaccine not available - DT
	<b>PG</b>	Vaccine not available - DTaP
	<b>PH</b>	Vaccine not available - HepA
	<b>PI</b>	Vaccine not available - HepB
	<b>PJ</b>	Vaccine not available - Hib
	<b>PK</b>	Vaccine not available - HPV
	<b>PL</b>	Vaccine not available - Meningitis

# Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

	<b>PM</b>	Vaccine not available - MMR
	<b>PN</b>	Vaccine not available - Pneumococcal
	<b>PO</b>	Vaccine not available - Polio
	<b>PP</b>	Vaccine not available - Td
	<b>PQ</b>	Vaccine not available - Varicella
	<b>PR</b>	Vaccine not available - Influenza
	<b>PT</b>	Refusal of Tdap
	<b>PU</b>	Refusal of Zoster
	<b>PV</b>	Vaccine not available: Tdap
<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>	VA001	Accomack
	VA003	Albemarle
	VA005	Alleghany
	VA007	Amelia
	VA009	Amherst
	VA011	Appomattox
	VA013	Arlington
	VA015	Augusta
	VA017	Bath
	VA019	Bedford
	VA021	Bland
	VA023	Botetourt
	VA025	Brunswick
	VA027	Buchanan
	VA029	Buckingham
	VA031	Campbell
	VA033	Caroline
	VA035	Carroll
	VA036	Charles City
	VA037	Charlotte
	VA041	Chesterfield
	VA043	Clarke
	VA045	Craig
	VA047	Culpeper
	VA049	Cumberland
	VA051	Dickenson
	VA053	Dinwiddie
	VA057	Essex
	VA059	Fairfax
	VA061	Fauquier
	VA063	Floyd
	VA065	Fluvanna
VA067	Franklin	
VA069	Frederick	

<b>Table Item</b>	<b>Code</b>	<b>Description</b>
	VA071	Giles
	VA073	Gloucester
	VA075	Goochland



# Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

	VA077	Grayson	
	VA079	Greene	
	VA081	Greensville	
	VA083	Halifax	
	VA085	Hanover	
	VA087	Henrico	
	VA089	Henry	
<b>County</b>	VA091	Highland	
	VA093	Isle of Wight	
	VA095	James City	
	VA097	King and Queen	
	VA099	King George	
	VA101	King William	
	VA103	Lancaster	
	VA105	Lee	
	VA107	Loudoun	
	VA109	Louisa	
	VA111	Lunenburg	
	VA113	Madison	
	VA115	Mathews	
	VA117	Mecklenburg	
	VA119	Middlesex	
	VA121	Montgomery	
	VA125	Nelson	
	VA127	New Kent	
	VA131	Northampton	
	VA133	Northumberland	
	VA135	Nottoway	
	VA137	Orange	
	VA139	Page	
	VA141	Patrick	
	VA143	Pittsylvania	
	VA145	Powhatan	
	VA147	Prince Edward	
	VA149	Prince George	
		VA153	Prince William
		VA155	Pulaski
VA157		Rappahannock	
VA159		Richmond	
VA161		Roanoke	
VA163		Rockbridge	
VA165		Rockingham	
VA167		Russell	
VA169		Scott	
VA171		Shenandoah	
VA173		Smyth	
VA175		Southampton	
VA177		Spotsylvania	
VA179		Stafford	
VA181		Surry	
VA183	Sussex		

**Virginia Immunization Information System – Flat File Specification Version 2.3**  
**(Revised 01/29/2018)**

<b>Table Item</b>	<b>Code</b>	<b>Description</b>
	VA185	Tazewell
	VA187	Warren
	VA191	Washington
	VA193	Westmoreland
	VA195	Wise
	VA197	Wythe
	VA199	York
	VA510	Alexandria (city)
	VA515	Bedford (city)
	VA520	Bristol (city)
	VA530	Buena Vista (city)
	VA540	Charlottesville (city)
	VA550	Chesapeake (city)
	VA560	Clifton Forge (city)
	VA570	Colonial Heights (city)
	VA580	Covington (city)
	VA590	Danville (city)
	VA595	Emporia (city)
	VA600	Fairfax (city)
	VA610	Falls Church (city)
	VA620	Franklin (city)
	VA630	Fredericksburg (city)
	VA640	Galax (city)
	VA650	Hampton (city)
	VA660	Harrisonburg (city)
	VA670	Hopewell (city)
	VA678	Lexington (city)
	VA680	Lynchburg (city)
	VA683	Manassas (city)
	VA685	Manassas Park (city)
	VA690	Martinsville (city)
	VA700	Newport News (city)
	VA710	Norfolk (city)
	VA720	Norton (city)
	VA730	Petersburg (city)
	VA735	Poquoson (city)
	VA740	Portsmouth (city)
	VA750	Radford (city)
	VA760	Richmond (city)
	VA770	Roanoke (city)
	VA775	Salem (city)
	VA780	South Boston (city)
	VA790	Staunton (city)
	VA800	Suffolk (city)
	VA810	Virginia Beach (city)
	VA820	Waynesboro (city)
	VA830	Williamsburg (city)
	VA840	Winchester (city)

**Virginia Immunization Information System – Flat File Specification Version 2.3**  
**(Revised 01/29/2018)**

<b>Ethnicity</b>	<b>NH</b>	Non-Hispanic
	<b>H</b>	Hispanic
<b>Immunization Information Source</b>	<b>00</b>	Administered Vaccine by providing organization
	<b>01</b>	Historical recorded from client record

<b>Table Item</b>	<b>Code</b>	<b>Description</b>
<b>Manufacturers</b>	AB	Abbott Laboratories (includes Ross Products Division, Solvay)
	ACA	Acambis, Inc (acquired by Sanofi Pasteur in Sept 2008)
	AD	Adams Laboratories
	AKR	Akorn, Inc.
	ALP	Alpha Therapeutic Corporation
	AR	Armour (Inactive use AVB)
	AP	Sanofi Pastuer
	AVB	Aventis Behring LLC
	AVI	Aviron (Aquired by Medimmune)
	BA	Baxter Healthcare Corporation (Inactive use BAH)
	BAH	Baxter Healthcare Corporation (Hyland, Immuno Intl. AG, and N. Amer. Vac)
	BAY	Bayer ( Acquired by Talecris)
	BP	Berna Products (Inactive use BPC)
	BPC	Berna Products Corporation (Includes Swiss Serum And Vaccine Institute Berne (Vib)
	BRR	Barr Laboratories (Subsidiary of Teva Pharmaceuticals)
	CEN	Centeon LLC (Inactive use AVB)
	CHI	Chiron Corporation (Part of Novartis)
	CNJ	Cangene Corporation
	CON	Connaught (inactive use PMC)
	CRU	Crucell
	CSL	BioCSL
	DVC	DynPort Vaccine Company, LLC
	DVX	Dynavax, Inc.
	EVN	Evans Medical Limited (Part of Novartis)
	GEO	GeoVax Labs, Inc.
	GRE	Greer Laboratories, Inc.
	GRF	Grifols
	IAG	Immuno International Ag (Inactive use BAH)
	IDB	ID Biomedical (GSK)
	INT	Intercell Biomedical
	IUS	Immuno-U.S., Inc.
	JPN	Research Foundation for Microbial Diseases of Osaka University (BIKEN)
	KGC	Korea Green Cross Corporation
	LED	Lederle (inactive use WAL)
	MA	Massachusetts Public Health Biologic Laboratories (Inactive use MBL)
	MBL	Massachusetts Biologics Laboratories
MED	Medimmune, Inc. (acquisitions of U.S. Bioscience in 1999 and Aviron in 2002, as well as the integration with Cambridge Antibody Technology and the strategic alignment with our new parent company, AstraZeneca, in 2007.)	
MIP	Emergent BioDefense Operations Lansing (Formerly Bioport renamed. Formerly Michigan Biologic Products Institute	
MSD	Merck & Co., Inc.	
NAB	NABI (formerly North American Biologicals)	

## Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

NAV	North American Vaccine, Inc. (Inactive use BAH)
NOV	Novartis Pharmaceutical Corporation. (includes Chiron, PowderJect Pharmaceuticals, Celltech Medeva Vaccines and Evans Limited, Ciba-Geigy Limited and Sandoz Limited.)
NVX	Novavax, Inc
NYB	New York Blood Center
ORT	Ortho-Clinical Diagnostics (a J & J company, formerly Ortho Diagnostic Systems, Inc.)
OTC	Organon Teknika Corporation
OTH	Other manufacturer
PD	Parkedale Pharmaceuticals (formerly Parke-Davis)
PFR	Pfizer

Table Item	Code	Description
	PMC	Sanofi Pasteur (formerly Aventis Pasteur, Pasteur Merieux Connaught; includes Connaught Laboratories and Pasteur Merieux. Acquired ACAMBIS.)
	PRX	Praxis Biologics (inactive use WAL)
	PSC	Protein Sciences
	PWJ	Powerject Pharmaceuticals (Celltech Medeva and Evans Medical, see Novartis)
	SA	Us Army Med Research (use USA)
	SCL	Sclavo, Inc.
	SI	Swiss Serum and Vaccine Insti. (inactive use BPC)
	SKB	GlaxoSmithKline (includes SmithKline Beecham and Glaxo Wellcome)
	SOL	Solvay Pharmaceuticals (Part of Abbott)
	TAL	Talecris Biotherapeutics (includes Bayer Biologicals)
	UNK	Unknown Manufacturer
	USA	United States Army Medical Research and Material Command
	VAL	Valneva
	VXG	VaxGen
	WA	Wyeth-Ayerst (Became WAL, now owned by Pfizer.)
	WAL	Wyeth (acquired by Pfizer 10/15/2009)
	ZLB	ZLB Behring (includes Aventis Behring and Armour Pharmaceutical Company)
<b>Race</b>	<b>I</b>	American Indian or Alaska Native
	<b>A</b>	Asian or Pacific Islander
	<b>B</b>	Black or African-American
	<b>W</b>	White
	<b>H</b>	Hispanic
	<b>O</b>	Other
<b>Race</b>	<b>U</b>	Unknown
<b>Relationship</b>	<b>18</b>	Self
	<b>61</b>	Aunt
	<b>62</b>	Brother
	<b>33</b>	Father
	<b>87</b>	Foster Father
	<b>88</b>	Foster Mother
	<b>97</b>	Grandfather
	<b>98</b>	Grandmother
	<b>26</b>	Guardian
	<b>32</b>	Mother
	<b>B7</b>	Sister

# Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

	<b>64</b>	Spouse
	<b>48</b>	Stepfather
	<b>49</b>	Stepmother
	<b>D3</b>	Uncle
<b>Reaction Codes</b>		
	<b>10</b>	Anaphylactic reaction
	<b>CRYING</b>	Persistent crying lasting >= 3 hours within 48 hours of immunization
	<b>ERVISIT</b>	Emergency room/doctor visit required
	<b>FEVER105</b>	Temperature >= 105 (40.5 C) within 48 hours of immunization
	<b>HYPOTON</b>	Hypotonic-hyporesponsive collapse within 48 hours of immunization
	<b>PERTCONT</b>	Pertussis allergic reaction
	<b>REDNESS</b>	Redness or swelling at vaccination site
	<b>SEIZURE</b>	Seizure occurring within 3 days
	<b>TETCONT</b>	Tetanus allergic reaction
<b>Table Item</b>		
	<b>Code</b>	<b>Description</b>
<b>Sex (Gender)</b>	<b>F</b>	Female
	<b>M</b>	Male
	<b>U</b>	Unknown

## CPT Codes (CPT) and CVX Codes

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG
90476	54	Adeno	Adeno T4	Adeno T4	Adenovirus type 4, live oral	BRR
90477	55		Adeno T7	Adeno T7	Adenovirus type 7, live oral	BRR
	82		Adeno, NOS		Adenovirus vaccine, unspecified	
90581	24	Anthrax	Anthrax	Anthrax	Anthrax	MIP
90585	19	BCG	BCG-TB	BCG-TB	Bacillus Calmette-Guerin TB	OTC
			BCG-BC	BCG-BC	Bacillus Calmette-Guerin bladder cancer	OTC
90728			BCG, NOS		BCG, NOS	
90725	26	Cholera	Cholera-Injectable	Cholera-I	Cholera injectable	NOV
90592			Cholera-Oral	Cholera-O	Cholera Oral	NOV
90719		Diphtheria	Diphtheria	Diphtheria	Diphtheria	PD
90700	20	DTP/aP	DTaP	Acel-Imune	Diphtheria, tetanus, acellular pertussis	PFR
				Certiva		NAV
				Infanrix		SKB
				Tripedia		PMC
90701	01		DTP	DTP	Diphtheria, tetanus, whole cell pertussis	PMC
90702	28		DT	DT	Diphtheria tetanus pediatric	PMC

# Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG
90720	22		DTP-Hib	Tetramune	DTP – Hib combination	PFR
90721	50		DTaP-Hib	TriHIBit	DTaP-Hib combination	PMC
90723	110		DTAP-HepB-Polio	Pediarix	DTAP-HepB-Polio combination	SKB
90698	120		DTAP-Hib-IPV	Pentacel	DTAP-Hib-Polio combination	PMC
90696	130		DTAP-IPV	KINRIX	DTAP-Polio combination	SKB
				Quadracel	DTAP-Polio combination	PMC
	102		DTP-Hib-Hep B	Pentavalente	DTP-Hib-Hep B combination	
	106		DTAP, 5 pertussis antigens	DAPTACEL	Diphtheria, tetanus, acellular pertussis, 5 antigens	PMC
	107		DTaP, NOS		DTaP, unspecified	
90630	166			Influenza, Intradermal, Quad P-Free	Fluzone Quad Intrad P-Free	Influenza Intradermal, quadrivalent, preservative free, injectable
90654	144	Influenza Intradermal, P-Free		Fluzone Intrad P-Free	Seasonal, Intradermal, preservative free	PMC
90655	140	Influenza	Influenza, Preservative-Free	AFLURIA-PF	Influenza preservative free	CSL
				Agriflu		
Fluvirin P-Free				SEQ		
Fluzone P-Free				PMC		
AFLURIA-PF				CSL		
Agriflu				SEQ		
Fluarix P-Free				SKB		
Flurivin P-Free				SEQ		
Fluzone P-Free				PMC		
90657						Influenza
	Flu-Immune	PFR				
	Flu-Shield	PFR				
	FluLaval	SKB				
	Fluogen	PD				
	Fluvirin	SEQ				
	Fluzone	PMC				
	Afluria	CSL				
90658	141			Flu-Immune		PFR

# Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG
				Flu-Shield		PFR
				FluLaval		SKB
				Fluogen		PD
				Fluvirin		SEQ
				Fluzone		PMC
90659	16		Influenza, Whole virus		Influenza whole virus	
90660	111		Flu-nasal	Flu-Mist	Influenza live, for intranasal use	MED
90661	153		Influenza MDCK Cell-Culture Der P-Free	Flucelvax P-Free	Influenza, injectable, MDCK, preservative free	SEQ
90662	135		Influenza High-Dose Preservative Free	Fluzone High-Dose P-Free	High-Dose Preservative Free	PMC
90687	158		Influenza Quadrivalent	Flulaval Quadrivalent	Influenza, Injectable, quadrivalent	IDB
		Fluzone Quadrivalent		PMC		
90688	158			Flulaval Quadrivalent		IDB
		Fluzone Quadrivalent		PMC		
90672	149		Flu-Nasal Quadrivalent	Flumist Quadrivalent	Influenza, quadrivalent, live for intranasal use	MED
90673	155		Influenza Recombinant P-Free	Flublok P-Free	Recombinant, injectable, preservative free	PSC
90682	185		Influenza Quad Recombinant P-Free	Flublok Quad. P-Free	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	PSC
90685	150		Influenza Quadrivalent P-Free	Fluzone Quad P-Free	Quadrivalent, split virus, preservative free, intramuscular use	PMC
		Fluarix Quad P-Free		SKB		
90686		Fluzone Quad P-Free		PMC		
		Fluarix Quad P-Free		SKB		
90674	171		Influenza MDCK Quadrivalent P-free	Flucelvax Quad P-Free	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	SEQ
90756	186		Influenza, MDCK, quadrivalent	Flucelvax Quadrivalent	Influenza, injectable, Madin Darby Canine Kidney, quadrivalent	SEQ
90653	168		Influenza Trivalent Adjuvanted P-Free	Fluad P-Free	Seasonal trivalent influenza vaccine, adjuvanted, preservative free	SEQ

# Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG
90724	88		Influenza, NOS	Flu-Unspecified	Influenza, NOS	
	151		Influenza Nasal, Unspecified Formulation		Influenza Nasal, Unspecified Formulation	
90663	125	Flu H1N1-09	Novel Influenza-H1N1-09, nasal	H1N1 Flu-Nasal	Novel Influenza-H1N1-09, nasal	MED
	126		Novel Influenza-H1N1-09, preserve-free	H1N1 Afluria, P-free	Novel Influenza-H1N1-09, preserve-free	CSL
				H1N1 Fluvirin, P-free		NOV
				H1N1 Fluzone, P-free		PMC
	127		Novel Influenza-H1N1-09	H1N1 Afluria	Novel Influenza-H1N1-09	CSL
				H1N1 Fluvirin		NOV
		H1N1 Fluzone		PMC		
	128		Novel Influenza-H1N1-09 all formulations		Novel Influenza-H1N1-09 all formulations	
	128	Flu H1N1-09	Novel Influenza-H1N1-09 all formulations	H1N1 Flu-Nasal	Novel Influenza-H1N1-09, live virus for nasal administration	MED
				H1N1 Afluria, P-free	Novel Influenza-H1N1-09, preservative -free	MED
				Novel influenza-H1N1-09, -I	Novel influenza-H1N1-09, injectable	
	90632	52		HepA adult	Havrix adult	Hepatitis A adult
				VAQTA adult	MSD	
90633	83	HepA	HepA ped-2 dose	Havrix ped/adol 2 dose	Hepatitis A pediatric/adolescent 2 dose	SKB
						VAQTA ped-2
90634	84		HepA ped-3 dose	Havrix ped/adol 3 dose	Hepatitis A pediatric/adolescent 3 dose	SKB
						VAQTA ped-3
90636	104		HepA-HepB Adult	Twinrix	Hepatitis A & Hepatitis B adult	SKB
90730	85		Hep A, NOS		Hep A, NOS	
	31		Hep A, Ped, NOS		Recorded as CVX 85	
90636	104	HepB	HepA-HepB Adult	Twinrix	Hepatitis A and hepatitis B (HepA-HepB), adult dosage, for intramuscular use	SKB
90723	110		DTAP-HepB-Polio	Pediarix	DTAP/Polio/Hep B	
90731	45		Hep B, NOS		Hepatitis B, NOS	



# Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG
90740	44		Hep B-dialysis 3 dose		Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	MSD
90743	43		HepB adult	Recombivax-Adult	Hepatitis B adult dose 1ml	MSD
				Engerix-B-Adult		SKB
90744	08		HepB pediatric	Recombivax-Peds	Hepatitis B pediatric/adolescent .5ml	MSD
				Engerix-B-Peds		SKB
90745	42		Hep B, adolescent/high risk infant		Hep B, adolescent/high risk infant	
90746	43		HepB adult	Recombivax-Adult	Hepatitis B adult dose 1ml	MSD
				Engerix-B-Adult		SKB
90747	44		HepB-dialysis 4 dose	Recombivax-dialysis	Hepatitis B Dialysis 4 dose	MSD
				Engerix-B dialysis		SKB
90748	51		HepB-Hib	Comvax		MSD
	102		DTP-Hib-Hep B	Pentavalente	DTP-Hib-Hep B Combination	
90739	189		Hep B, adjuvanted,	Hepisav-B	Hepatitis B, adult dosage (2 dose schedule), for intramuscular use	DVX
			HepB-Unspecified			
90644	148	Hib	Hib-MenCY-TT	Menhibrix	Meningococcal Groups C and Y and Haemophilus b	SKB
90645	47		Hib-HbOC	HibTITER	Hemophilus influenza b HbOC 4 dose	PFR
90646	46		Hib-PRP-D	ProHIBit	Hemophilus influenza b PRP-D booster	PMC
90647	49		Hib-OMP	PedvaxHIB	Hemophilus influenza b OMP 3 dose	MSD
90648	48		Hib-PRP-T	OmniHib	Hemophilus influenza b PRP-T 4 dose	SKB
				ActHib		PMC
				Hiberix		SKB
90720	22		DTP-Hib	Tetramune	DTP – Hib combination	PFR
90721	50		DtaP-Hib	TriHIBit	DtaP-Hib combination	PMC
90737	17				Hib, NOS	
90748	51		HepB-Hib	Comvax	HepB-Hib Combination	MSD
90698	120		DtaP-Hib-IPV	Pentacel	DtaP-Hib-IPV combination	PMC
	102		DTP-Hib-Hep B	Pentavalente	DTP-Hib-Hep B combination	
			Hib-Unspecified			

# Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG	
90649	62	HPV	HPV, Quadrivalent	Gardasil	Human Papilloma Virus, Quadrivalent	MSD	
90650	118		HPV, Bivalent	Cervarix	Human Papilloma Virus, Bivanet	SKB	
90651	165		HPV 9 Valent	Gardasil 9	Human Papilloma Virus, Valent	MSD	
	137		HPV, NOS				
90281	86	Ig	Ig	Ig	Ig human		
90283	87		IgIV	IgIV	Flebogamma	Ig IV human	GRF
90287	27		Botulinum-antitoxin	Botulinum-antitoxin	Botulinum antitoxin equine		
90288			Botulism	BabyBIG	Botulism	Botulism Immune Globulin	
				Botulism			
				BIG			
90291	29		CMV-IgIV	CMV-IgIV	Cytomegalovirus Ig IV human		
90741	14		Immune Globulin(ISG)				
90399			Ig	Ig	Unlisted immune globulin		
90296	12		Diphtheria-antitoxin	Diphtheria-antitoxin	Diphtheria antitoxin, equine		
90371	30		HB Ig	HB Ig	Hepatitis B Ig human		
90375	34		R Ig	R Ig	Rabies Ig human		
90376	34		R Ig-HT	R Ig-HT	Rabies Ig heat treated human		
90378	93		RSV-IgIM	RSV-IgIM	Respiratory syncytial virus Ig		
90379	71		RSV-IgIV	RSV-IgIV	Respiratory syncytial virus Ig IV		
90384			Rho(D)Full	Rho(D)Full	Rho(D)Ig Rhlg human full-dose		
90385			Rho(D)Mini	Rho(D)Mini	Rho(D)Ig Rhlg human mini-dose		
90386			Rho(D)IV	Rho(D)IV	Rho(D)Ig Rhlg human IV		
90389	13		TiG	BayTet	TiG	Tetanus Ig human	
				TiG			
90393	79		Vaccinia immune globulin	Vaccinia-Ig	Vaccinia Ig human		
90396	36		VZ Ig	VariZIG	Varicella-zoster Ig human	MIP	
90665	66	Lyme	Lyme	LYMERix	Lyme disease	SKB	
90735	39	Encephalitis	Japanese encephalitis - SC	JE-Vax	Japanese encephalitis - SC	JPN	
90738	134		Japanese encephalitis - IM	Ixiaro	Japanese encephalitis - IM	VAL	
90705	05	Measles	Measles	Measles	Measles live 1964-1974 (Eli Lilly)	MSD	
			Attenuvax	Attenuvax	Measles live	MSD	
90708	04	Measles-Rubella	M-R-VAX	Measles and rubella live	MSD		

# Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG
				Measles-Rubella (MERU)		MSD
90704	07	Mumps	Mumps	Mumpsavax	Mumps live	MSD
90709			Rubella-Mumps, NOS		Rubella and mumps live	
	38		Rubella-Mumps	Mumps-Rubella (MURU) Biavax II	mumps and rubella live	MSD MSD
90707	03	MMR	MMR	MMR II	Measles, mumps, rubella, live	MSD
90710	94		MMRV	Proquad	Measles, mumps, rubella, and varicella vaccine (MMRV), live	MSD
90733	32	Meningo	Meningococcal MPSV4	Menomune	Meningococcal Polysaccharide Vaccine, Groups A, C, Y, W-135 Combined	PMC
	114		Meningococcal MCV4P	Menactra	Meningococcal Groups (A, C, Y, and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine	PMC
90734	136		Meningococcal MCV4O	Menveo	Meningococcal (Groups A, C, Y, and W-135) Oligosaccharide Diphtheria CRM197 Conjugate Vaccine	SKB
	147		Meningococcal MCV4		Meningococcal, MCV4, unspecified formulation (groups A, C, Y and W- 135) This CVX should only be used for historical doses of meningococcal conjugate vaccine where the formulation is unknown.	
	108		Meningococcal, NOS		meningococcal vaccine, unspecified formulation	
90620	163	Meningococcal B	Meningococcal B, OMV	Bexsero	Meningococcal B, OMV	SKB
90621	162		Meningococcal B, Recombinant	Trumenba	Meningococcal B vaccine, fully recombinant	PFR
	164		Meningococcal B, NOS		Meningococcal B, NOS	
90715	115	Pertussis	TdaP > 7 Years	Boostrix	TdaP > 7 years	SKB
				Adacel		PMC
90712	02	Polio	Polio oral	ORIMUNE	Poliovirus OPV live oral	PFR
90713	10		Polio injectable	IPOL	Poliovirus inactivated IPV	PMC
90698	120		DTaP-Hib-IPV	Pentacel	DtaP-Hib-IPV combination	SKB
90723	110		DTAP-HepB-Polio	Pediarix	DTAP-HepB-Polio combination	SKB
90696	130		DTAP-IPV	KINRIX	DTAP-Polio combination	SKB

# Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG
				Quadracel		PMC
	89		Polio-Unspecified		Polio, NOS	GRE
90727	23	Plague	Plague	Plague	Plague Pneumococcal polysaccharide 23 valent	PFR
90732	33	Pneumo-Poly	Pneumococcal 23	PNU-IMUNE23	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use	MSD
				Pneumovax23		MSD
90669	100	Pneumococcal	Pneumo-conjugate	Prevnar 7		PFR
90670	133		Pneumococcal conjugate, 13 valent	Prevnar 13	Pneumococcal conjugate , 13 valent	PFR
	109		Pneumococcal-Unspecified			
	152		Pneumococcal Conjugate, NOS		Pneumococcal Conjugate, Unspecified	
90675	18	Rabies	Rabies-intramuscular	RabAvert	Rabies intramuscular	SKB
				Imovax Rabies I.M.		PMC
90676	40		Rabies-intradermal	Imovax Rabies I.D.	Rabies intradermal	PMC
90726	90		Rabies-NOS		Rabies not otherwise specified	
90680	74	Rotavirus	Rotavirus, Tet	RotaShield	Rotavirus tetravalent (before 01/01/2000)	
	122		Rotavirus		Rotavirus between 01/02/2000 and 12/31/2004)	MSD
	116		Rotavirus, Pent	RotaTeq	Rotavirus pentavalent (after 01/01/2005)	MSD
90681	119		Rotavirus-monovalent	Rotarix	Rotavirus-monovalent, live	SKB
90706	06		Rubella	Rubella	Rubella live	MSD
				Meruvax II		MSD
90708	04	Rubella	Measles-Rubella	Measles-Rubella (MERU)	Measles and rubella virus vaccine, live, for subcutaneous use	MSD
				M-R-VAX		
90709			Rubella-Mumps NOS		Rubella-Mumps, NOS	MSD
	38		Rubella-Mumps	Mumps-Rubella (MURU)		MSD

# Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG	
				Biavax II	Rubella and mumps live	MSD	
	75	Smallpox	Smallpox	ACAM2000	Vaccinia(Smallpox)	PMC	
				ACAM2000		ACA	
				Dryvax		PFR	
	105		Vaccinia (Smallpox), diluted	Vaccinia (smallpox), diluted	Vaccinia (smallpox), diluted	PMC	
90718	09	Td	Td		Tetanus and diphtheria adult		
90714	113		Td preservative free	Td	Td preservative free – CPT code is effective 7/1/2005	MBL/GRF/ AKR	
90714	113		Td preservative free	Decavac Tenivac	Td preservative free – CPT code is effective 02/01/2012	PMC	
90715	115		TdaP > 7 Years	Adacel Boostrix	TdaP > 7 years	PMC SKB	
	138		Td Adult, Not Adsorbed		Td Adult	PMC	
	139		Td Adult, NOS		Td Adult unspecified formulation		
90703	35		Tetanus	Tetanus	TT	Recorded as CVX 35	PMC
	112			Tetanus Toxoid, NOS			
90690	25	Typhoid	Typhoid-oral	Vivotif	Typhoid oral	CRU/PAX	
90691	101		Typhoid-ViCPs	Typhim Vi	Tyroid VI capsular polysaccharide	PMC	
90692	41		Typhoid-H-P	Typhoid	Typhoid heat and phenol inactivated		
90693	53		Typhoid-AKD	Typhoid-AKD	Typhoid acetone-killed, dried (military)	UUSA	
90714	91		Typhoid-NOS		Typhoid not otherwise specified (after 7/1/2005, no CPT code is associated with this vaccine group)	MSD	
90710	94	Varicella	MMRV	Proquad	Measles, mumps, rubella, varicella live	MSD	
90716	21		Varicella	Varivax	Varicella live	MSD	
90717	37	Yellow Fever	Yellow Fever	YF-VAX	Yellow Fever	PMC	
90750	187	Zoster	Zoster Vaccine Subunit	Shingrix	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular use	SKB	

## Virginia Immunization Information System – Flat File Specification Version 2.3

(Revised 01/29/2018)

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG
90736	121		Zoster (shingles), live	Zostavax	Zoster (shingles), live	MSD

### Decrement of Inventory Requirements

Below is the criteria required in a flat file to deduct inventory via data exchange. The sending organization must already exist in VIIS at the time the flat file is submitted. The vaccine being submitted must be new/administered and a matching lot number and vaccine information must appear in the provider's inventory for deduction to occur.

Column	Description	Notes
41	CPT Code	At a minimum, one of these three vaccine codes is required. These values are entered in the immunization file.
46	Vaccine Group	
46	Trade Name	
96	Immunization Information Source	Immunization source must be new, not historical '00.' This value is entered in the immunization file.
98	Lot number	This value is entered in the immunization file.
570	Sending organization	This value is entered in the patient file.
	Vaccine Purchased With	This value is helpful for exact lot matching