



## Preparing for COVID-19 Vaccination Data Reporting to imMTrax from a Facility's EHR (via HL7)

*This is NOT a technical guide. Refer to the CDC HL7 Specification Guide and Addendum for technical guidance.*

This document was created by the Montana Immunization Program as a tool to assist facilities as they prepare for future COVID-19 vaccination data reporting. The Immunization Program strongly encourages facilities review expected data elements and implement any changes in data collection practices prior to a COVID-19 vaccine becoming available. The data elements displayed below are specific to CDC required fields for COVID-19 vaccine administration reporting only.

As part of the *CDC COVID-19 Vaccination Program Provider Agreement*, participating facilities are required to report required information within 24 hours of administering a dose of COVID-19 vaccine.

Note: Required data elements are defined by the CDC.

### --The Basics--

Data Element	Example	Notes
Administering Facility/Organization	ABC County Health Department	imMTrax provided IDs sent from EHR based on location.
Administration Date	12/15/2020	
Vaccine Administered	COVID-19 vaccine, specific type	EHR reports CVX code specific to vaccine selected.
Vaccine NDC	XXXXX-XXXX-XX	NDC to be reported where known or available.
Vaccine Lot Number	QRV123	
Manufacturer	PMC	
Vaccine Expiration Date	06/30/2021	
Vaccinator	Susan Miller, RN	
Administering Site (on the body)	Right Arm	
Vaccine Administered Route	Intramuscular	
Recipient First Name	Mary	
Recipient Last Name	Smith	
Recipient DOB	01/15/1950	
Recipient Sex	F	
Recipient Race	White	
Recipient Ethnicity	Hispanic or Latino	
Recipient Street Address	555 Ave L	
Recipient City	Butte	
Recipient State	MT	
Recipient Zip Code	59701	
Recipient Phone Number	406-444-4444	NOT required by CDC. Strongly encourage for Reminder/Recall.