

Summary of TAB Resources

TAB Query Response Flexibility

Clarification on use of the Return a List of Candidates (Z31 RSP) response is provided, with indication that a Z31 RSP MAY be returned in response to a Request Evaluated Immunization History and Forecast (Z44 QBP) query. With this clarification, a Z31 RSP MAY be returned in response to a Z44 QBP and in response to a Request a Complete Immunization History (Z34 QBP).

TAB Additional “Unknown” Race and Ethnicity Codes

An extension of the CDCREC value set is indicated, with additional codes to represent unknown race and/or ethnicity:

- UNK – Unknown
- ASKU – Asked but unknown
- PHC1175 – Refused to answer

Submitting systems MAY submit these codes in a VXU to represent an unknown race and/or an unknown ethnicity, as appropriate. Receiving systems SHOULD process these codes and MAY translate to another value representing a similar concept for storage/saving. Additionally, receiving systems SHALL process VXU messages with or without valid race and/or ethnicity codes, unless prohibited by law or policy.

TAB System Entry Date/Time (RXA-22) Definition

A definition of the optional RXA-22 System Entry Date/Time field is provided for when an RXA is used to message an administered or historical immunization(s). In these instances, RXA-22 is defined as the most recent date/time when the administered or historical immunization information was last entered/updated in the submitting system.

TAB Messaging Phone and Email; Telecommunication Use Code and Equipment Type Values

Specifications for the representation of patient and next-of-kin phone numbers and email addresses in VXU and QBP messages are provided.

- The patient's primary phone number, if known, shall be submitted in the first sequence of the PID-13, QPD-9, or NK1-5 with a telecommunication use code from HL70201 and a telecommunication equipment type code from HL70202.
- An email address, if known, shall be submitted in a subsequent sequence in PID-13, QPD-9, or NK1-5 using the telecommunication use code 'NET' (network email

address) from HL70201 (no telecommunication equipment type code is needed for an email address).

- The telecommunication use code values 'PRN' and 'NET' from HL70201 shall be supported.
- The telecommunication equipment type values 'PH' and 'CP' from HL70202 shall be supported. Additional details on the PID-13 field definition, telecommunication use code value set, and telecommunication equipment type value set is also provided.

TAB Returning IIS Patient Immunization Record Information in a Z32 and Z42 RSP

This TAB reviews expectations for IIS for return of patient and immunization record information in a Z32 and Z42 response message, indicating information that shall/should/may/should not/shall not be returned, when a single patient match is found in response to a query request. For example, an IIS shall return 'completed' immunizations but shall not return 'deleted' immunizations. Updated Z32 and Z42 RSP specifications are provided in alignment with the return expectations.

TAB Messaging Non-patient Person Names in HL7

Updated specifications for messaging non-patient person names in HL7 v2.5.1 messages are provided, building on the IIS community work to update specifications for PID-5, patient name field. Non-patient person name fields addressed include:

- PID-6/QPD-5, Mother's Maiden Name
- NK1-2, Responsible Person Name
- ORC-10, Entered By
- ORC-12, Ordering Provider
- RXA-10, Administering Provider

For these non-patient person names, key specifications are as follows:

- Systems SHALL preserve space(s) and hyphen(s) in a person's name.
- Systems SHALL support commonly used special characters in name components by storing as is or, if necessary, downgrading commonly used special characters according to transliterations provided for storage.

In addition, for the NK1-2 responsible person name field:

- Submitting systems SHOULD send the most reliable and commonly used responsible person name, preferably the responsible person's official registry name (name type code 'L'). Sending systems SHALL populate the name type component (NK1-2.7) to accurately reflect the type of name provided for the person responsible.

TAB Submission of Self-Administered FluMist Vaccine to IIS

FluMist will be available for self- or caregiver-administration for the 2025-2026 influenza season. This document details expected specifications for the reporting of these doses from the Asembia Specialty Pharmacy Network (ASPN) to IIS, as facilitated by STChealth. Specifications are provided to support onboarding and ongoing interface monitoring. A summary of key specifications follows with additional detail provided below.

- The vaccine ship-to-address will inform routing for data submission to the appropriate IIS.
- IIS will provide identifier values, as needed, including:
 - MSH-4, MSH-5, MSH-6, and MSH-22
 - ORC-17, RXA-11
- Patient-related information
 - PID-3, Patient identifier to represent an identifier from the ASPN system, with identifier type 'MR' for medical record number
 - PD1-12, Patient protection indicator to be populated as per jurisdictional requirements
- Vaccine-related information
 - ORC-10, Entered by, will not be populated
 - RXA-5, Administered code expected to be populated as per jurisdictional preferences for CVX and/or NDC
 - RXA-9, Immunization Information Source will be coded as administered (00)
 - RXA-10, Administering provider expected to represent the patient, if self-administered, and the caregiver, if caregiver-administered, with identifier type 'MR'
 - RXA-20, Completion status: only complete (CP) administrations are expected
 - RXA-21, Action code expected to be add ('A'), update ('U'), or delete ('D') as needed
 - VIS information is expected to be submitted using three OBX segments
 - Vaccine funding source and vaccine funding program eligibility are expected to be submitted as 'PHC70' and 'V01'
 - Contraindications and adverse reactions to FluMist are not expected

TAB CDS in RSP Alignment (September 2025)

This technical advisory bulletin (TAB) provides refined guidance for encoding Clinical Decision Support (CDS) information within HL7 v2 query response (RSP) messages. Building on the original Implementation Guide and LOINC guidance, this document reduces variability by establishing a more specific structure and encoding for immunization evaluations and forecasts. The key changes IIS and receiving systems should be aware of include:

- **Standardized grouping of forecast information:** All forecast data must now be grouped under a single ORC/RXA order group, eliminating the practice of sending each forecast in separate order groups.
- **Constrained OBX codes for evaluations and forecasts:** The guidance standardizes the observation/results (OBX) codes used, reducing variability and aligning with the current practices of most IIS.
- **Use of LOINC 59783-1 answer codes:** This critical field or a local equivalent must be used to signal immunization status, clarifying whether the next dose is due or if all necessary doses have been completed.
- **Specific guidance for M&I readiness:** Systems should implement these specifications to ensure readiness for AIRA's Measurement and Improvement (M&I) program testing.
- **Future adjustments expected:** While this TAB establishes a consistent baseline, further refinements will be introduced as CDS standards continue to evolve.

These updates are essential for ensuring accurate encoding and reliable reading of immunization recommendations.

TAB Patient Name (PID-5) Updates to Support Patient Matching

Updated specifications for PID-5, patient name, are provided to support improved representation of patient names in messaging and improved patient matching between systems. Specifications include the usage of coded values within the HL70200 value set, clarification on data type specifications by name type code, clarifications on what name type codes should be used in different circumstances, and requirements related to components within a patient name. Key requirements for patient name include:

- Systems SHALL support name type code 'L', i.e., submitting/querying systems SHALL support population and submission of the 'L' name type code in VXU and QBP messages and receiving/responding systems SHALL support recognition of this name type code. Additionally,
 - Systems SHALL send the closest representation of the patient's legal name with name type code 'L'. I.e., systems SHALL NOT send a name that does not reflect the patient's legal name with the name type code 'L'.
 - Submitting/querying systems SHOULD send the 'L' name type in the first repetition of PID-5; however, receiving/responding systems SHALL accept this name in any repetition.
- Systems SHOULD support name type codes 'M', 'NB', and 'N'.
- Systems SHALL follow data type specifications for the name code used.
- Systems SHALL strive to accurately record and transmit patient name, e.g.:
 - Systems SHALL preserve space(s) and hyphen(s) in a patient's name.
 - Systems SHALL support commonly used special characters in name components by storing as is or, if necessary, downgrading commonly used special characters according to transliterations provided for storage.

TAB Acknowledgment (ACK) Messaging: Updated Specifications and Guidance

This Technical Advisory Bulletin (TAB) clarifies and expands specifications for HL7 v2.5.1 immunization Acknowledgment (ACK) messaging in response to a submitted Unsolicited Vaccination Record Update (VXU) message. Specifically, this TAB addresses key concepts and provides definition for terms related to VXU message acceptance and processing by an immunization information system (IIS), as relayed in ACK messages, including:

- **Core Intent:** At their most fundamental level, IIS provide consolidated patient immunization records, i.e., what shots were received and when for a given patient. A submitted VXU serves to electronically update a patient's immunization record within an IIS. This TAB provides a baseline definition of core intent to mean whether the submitted patient and their shot history could be associated/recorded in the IIS, which serves as a framing to inform acknowledgment messaging:
 - Core intent fulfilled: patient and their shot record(s) updated
 - Core intent not fulfilled: patient and/or their shot record(s) not updated
- Whether the core intent was fulfilled informs **acceptance** and **rejection** of a submitted VXU.
 - **Accept:** The IIS received the message; the submitted patient was associated/recorded and their shot(s), if submitted, were associated/recorded (core intent fulfilled). The submitted patient and their shot(s) are in the IIS.
 - **Reject:** The IIS received the message; however, the patient was not associated/recorded and/or one or more submitted shot(s) were not associated/recorded (core intent not fulfilled), warranting resubmission of a corrected message.
- An accepted VXU may be further characterized as successful or qualified successful:
 - **Successful:** Core intent fulfilled. No further action is required.
 - **Qualified Successful:** Core intent fulfilled; however, issue(s) requiring correction.
- A rejected VXU may also be referred to as an 'unsuccessful' submission:
 - **Unsuccessful:** Core intent not fulfilled; correction and resubmission are required.

Additionally, the TAB clarifies specifications and guidance for ACKs, with key specifications as follows:

- IIS SHALL return MSA-1 Acknowledgment Code value 'AE' to convey VXU message acceptance as a qualified successful transmission, (i.e., the ACK contains one or more severity level 'W' error(s) but no severity 'E' error(s)).
- IIS SHALL return 'AR' to convey VXU rejection, i.e., unsuccessful processing of a submitted VXU due to one or more severity 'E' error(s).

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