

KIDS PLUS FIELD SPECIFICATION LIST

Field Name	Field Requirement	Description	HL7 Field (with component when applicable)
	R = Required PR = Preferred (but field can be empty) O = optional		
Field Separator	R	Registry expects that incoming messages will use the pipe character (“ ”) as the field separator for all messages.	MSH 1
Encoding Characters	R	Registry expects that incoming messages will contain the recommended value of “^~\&” in this field.	MSH 2
Sending Facility	R	The KIDS Plus clinic ID where the vaccine was administered.	MSH 4
Receiving Facility	R	KIDS Plus ID = PH0000	MSH 6
Date/Time of Message	R	Date and time message generated	MSH 7
Message Type	R	Should always be VXU^V04	MSH 9
Message Control ID	R	Unique local ID (system generated from sending facility)	MSH 10
Processing ID	R	Should be ‘P’	MSH 11
Version ID	R	Indicates HL7 version used	MSH 12
Social Security Number	PR	Patient’s unique identifier at the provider site – SS or MR number	PID 3
Mother’s Maiden Name	O	Patient’s mother’s maiden name	PID 6
Race	R	Patient’s race	PID 10
Street Address	R	Patient’s Street Address	PID 11.1
Apt #	R	Patient’s apartment # (if applicable)	PID 11.2
City	R	Patient’s city of residence	PID 11.3
State	R	Patient’s state of residence	PID 11.4
Zip Code	R	Patient’s zip code	PID 11.5
Phone Number	R	Patient’s phone number (10 digits)	PID 13
Email Address	PR	Patient’s email address	PID 13
Primary Language	O	Patient’s primary language	PID 15
Ethnicity	R	Patient’s ethnicity	PID 22
Multiple	PR	If patient is part of a multiple birth	PID 24

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Birth Order	PR	Number indicating birth order if part of a multiple birth	PID 25
Deceased Status	O	Indicates that patient is deceased	PID 30
Date of Death	O	Patient's date of death	PID 29
Parent or guardian's Name	PR	Parent or guardian's last name	NK1 2.1
Parent or Guardian's First Name	PR	Parent or guardian's first name	NK1 2.2
Parent or Guardian's Middle Name	O	Parent or guardian's middle name	NK1 2.3
Relationship	R (if any data submitted in the NK1 segment field 2)	Defines relationship to the patient	NK1 3
Parent/Guardian Phone Number	PR	Parent or guardian's phone number	NK1 5
Parent/Guardian Email Address	O	Parent or guardian's email address	NK1 5.4
Contact Reason	PR	Identifies the primary contact	NK1 29
Medicaid ID	O	Patient's Medicaid ID	IN1
Insurance Type	O	Type of Insurance	IN1 2
Financial Class (VFC Eligibility)	PR	Patient's financial class to determine VFC Eligibility	PV1 20
Vaccine Given Date	R	Date the vaccination was administered (yyyymmdd)	RXA 3
Vaccination Code	R	CVX code	RXA 5.1
Vaccination Short Description	PR	Description of vaccination	RXA 5.2
Name of Coding System	R	Should be 'CVX' to indicate that a valid CVX code was used	RXA 5.3
Dosage	PR	Vaccination dosage / administered amount	RXA 6
Record type	R	Indicates whether immunizations are new or historical data.	RXA 9
Vaccine Lot Number	R	Vaccination lot number	RXA 15
Vaccine NDC Code	PR	Vaccine NDC Code (This value should follow the vaccination lot number with a	RXA 15

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		tilde (~) separating the two values.)	
Vaccine Expiration Date	O	Date the vaccine expires	RXA 16
Vaccine Manufacturer	R	Manufacturer for the vaccine administered (valid MVX code)	RXA 17
Injection Route	PR	Injection route	RXR 1
Injection Site	PR	Injection site	RXR 2
Contraindication	PR	Vaccination for which the contraindication applies	OBX 3
Contraindication Type	PR	Type of contraindication	OBX 5
Adverse Event	PR	Indicates if adverse event occurred upon vaccination	OBX 3
Reaction Type	PR	Type of adverse reaction	OBX 5

NOTES:

1. Fields marked required (R) are data elements that the Philadelphia Department of Public Health - Immunization Program want routinely reported to the KIDS Plus Registry.
2. Fields highlighted in yellow are the absolute minimum requirement for reporting to KIDS Plus. If those fields are missing, the HL7 message will be rejected by the KIDS Plus HL7 engine.