Wyoming Department of Health

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Wyoming Immunization Registry (WyIR) Data Translation Tool (DTT) Implementation Guide

Version 1.0

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1 INTRODUCTION TO THE DATA TRANSLATION TOOL (DTT)

Provider billing systems and patient management systems (PMS) typically store data that Immunization Information Systems (IIS), or immunization registries, require.

Organizations benefit by using the automated processes to move the data from the initial point of entry (i.e., the billing system or PMS) to the immunization registry to minimize manual data entry.

For the purpose of the Wyoming Immunization Registry (WyIR), these data consist of the following record types (e.g., data elements):

- Patient (demographics)
- Vaccinations
- Contraindications

Patient demographics and vaccinations data are the most commonly sent files and are usually sent in one file. Contraindications are only sent when applicable to a patient.

For the purpose of this guide, these record types can be sent in multiple file format (up to three files—one each for Patients, Vaccinations, and Contraindications). The multiple files can be loaded in any order, but vaccinations are not viewable until the associated patients are loaded.

Exports can be created through provider billing or Patient Management Systems (PMS) that can periodically be imported into the WyIR using the DTT Protocol. This tool is used to simplify creation of export files because it has the flexibility to accept files with varied formats.

Creation of a new file format may not be needed if there is an existing export file for available within the Provider's application. Contact your state administrator for clarification. Additionally, if you have an existing export profile that sends multiple files, refer to Appendix K for the DTT Data File Profile Form containing a list of required data elements.

When importing data to the WyIR, it is imperative that the appropriate data elements are provided and in an acceptable format. The order of the elements or fields is not critical; however, once a profile has been defined on the central registry, the file format must remain consistent. In order to expedite the processing and implementation of the data, it is recommended to follow the presented format for each file presented.

This guide was prepared to be used as the specification instructions for setting up a file with the correct data elements (fields) for the DTT. It is not a replacement for the HL7 Specifications Guide, which is the ideal method by sending data to the WyIR. This guide presents an alternative method for getting data from a PMS into the WyIR.

2 FILE FORMAT ELEMENTS

This section of the document discusses the various file formats, file size, and field information.

For additional information, refer to Appendix K for the DTT Data File Profile form.

FORMAT

Character Delimited (**ASCII Text)** – The pipe symbol (|) is the recommended delineator. The use of commas and periods are not recommended within the data fields, as these characters may disrupt the delineation process.

FILE SIZE

The maximum size for import files will vary depending on the Internet connection speed and quality; however, it is preferred to send a data set of 1000 records or more when possible.

FIELDS

The data elements can be referred to as the file content. The file content will contain fields of data.

• Required and optional fields are listed in Appendix K: DTT Data File Profile Form.

• Fields should not be “padded or filled” with the words “Unknown” or “Unreadable.”

• If valid data is not available, leave the field blank or empty.

• Fields have a maximum length. If the data length is larger than the maximum, it will get truncated (cut off at the field’s length).

• The data length can be smaller than the maximum—do not insert spaces after the data to attempt to make the field its maximum length.

3 CREATING A DATA FILE

The process for creating a data file is outlined in this section along with examples.

The fields, length, data type, and whether they are required or not, are listed in the tables located in the Appendix K: DTT Data File Profile Form. Additionally, there are other codes that may be used such as ICD-9 codes and are located in the Appendices section.

THE PROCESS

The process of creating a data file is as follows:

1. Create an initial test data file. Refer to the section below titled, "Instructions" for details.

2. Send the data file to the WyIR Administrator order to test the validity of the data before it goes into a production environment.

3. Once the file is received by the WyIR Administrator, the WyIR Administrator will test the data to determine the validity. The data will be edited, if necessary, and then returned the provider's office with a report indicating whether the data passed or failed. If the data failed, the report will indicate what needs to be corrected before the data file will be ready to be imported into the IWeb application (i.e., production environment) of the WyIR.

COMMON DATA FILE ERRORS

This section will identify some common errors that may occur:

- Records contain duplicate patient IDs.
- Each record is followed by two carriage returns.
- Address is represented by one field value rather than three fields.
    - Street Address, City, Zip Code
    - VERSUS
    - Street Address|City|Zip Code
- First Names and Middle Initial are concatenated on some but not all records.
    - John J|Smith
    - VERSUS
    - John|J|Smith

- Facility or Physicians are not identified by ID in a patient record, resulting in duplicate Physicians or Facilities.
- When composing field values, commas and special characters are used.

ITEMS TO BE SENT TO WyIR ADMINISTRATOR

The items that should be sent to the WyIR Administrator for testing are:

Data File, split into Patient, Vaccination, and Contraindication formats as defined in the DTT Data File Profile Form (Appendix K).

INSTRUCTIONS

The instructions are as follows:

1. Submit, preferably a data set of greater than 1000 records. 50,000 records are committed to the database at one time which is about every 10 minutes (this varies based on machine speed and how many columns are in the DTT profile).

2. Model the data set file to represent one record per line. Refer to the section titled, "DTT Data File Profile Form Example."

3. Use only one carriage return at the end of each record.

4. Use a | delimiter between each field value.

5. Comply with the required mapping of your data file(s) by following the format specified within the "DTT Data File Profile" form located in the Appendix K.

6. Forward the data file and the "DTT Data File Profile" form to the DTT Support Specialist (listed in the "WyIR Contact Information" section below.)

WyIR CONTACT INFORMATION

The following DTT Support Specialist is your point of contact for any questions regarding this process:

Support Specialist: John Anderson

Phone Number: 307-777-5773

Email Address: john.anderson@wyo.gov

Fax Number: 307-777-7996

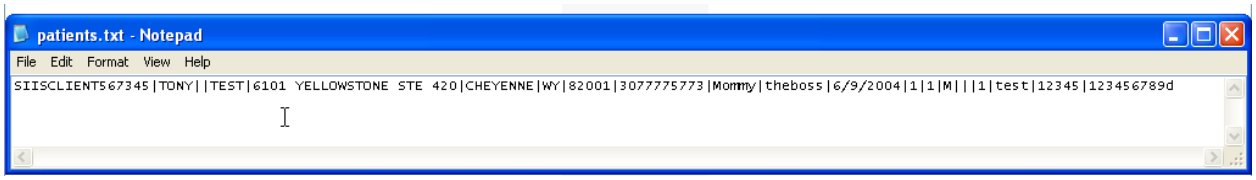
DTT DATA FILE PROFILE - SPECIFICATIONS

Provided within this section are the field specifications, as well as an example of the three formats for submitting data to the WyIR via DTT: Patient, Vaccination, and Contraindication.

Patient Information - Specifications

Field	Length	R=Required O=Optional	Field Position	Data Type	Comments
Medical Record Number	30	R	1	Number	Your unique identifying number for a specific patient. Once you associate a unique identifier with a particular patient, you should always send the same number for that patient.
Patient First Name	48	R	2	String	
Patient Middle Name	48	O	3	String	
Patient Last Name	48	R	4	String	
Patient 1st Address/Street Line 1	45	R	5	String	Use the patient's physical address, if available, avoiding the insertion of commas at all times.
Patient 1st Address/City	30	R	6	String	
Patient 1st Address/State	2	R	7	String	
Patient 1st Address/Zip Code	5	R	8	Number	
Patient Phone Number	10	R	9	Number	Format: 3077775773
Mother Maiden Name	48	R*	10	String	*Either Mother Maiden Name or Guardian First Name Required
Guardian First Name	48	R*	11	String	*Either Mother Maiden Name or Guardian First Name Required
Patient DOB	10	R	12	Date	Format: MM/DD/YYYY
Patient Race Code	1	R	13	Number	Patient Race Codes are located in Appendix B
Patient Ethnicity Code	1	R	14	Number	Patient Ethnicity Codes are located in Appendix A
Patient Gender Code	1	R	15	String	M=Male, F=Female, U=Unknown, O=Other
Patient SSN	11	O	16	Number	Format: 999-99-9999
Comments	254	O	17	String	Appears in patient demographic page
Patient VFC Eligibility Code	1	R	18	Number	Patient VFC Eligibility Codes are locate in Appendix C
Managed Care Plan Name	30	O	19	String	
Managed Care Plan ID	25	O	20	String	Identifying number associated with the patient's health care plan
Patient Medicare ID	16	O	21	String	

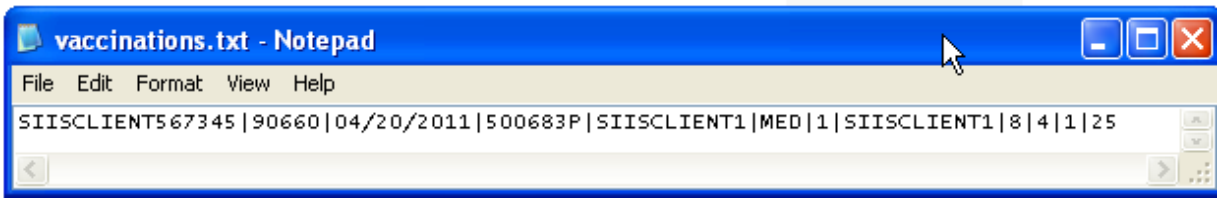
Patient Example Record Type



Vaccination Information - Specifications

Field	Length	R=Required O=Optional	Field Position	Data Type	Comments
Medical Record Number	30	R	1	Number	Your unique identifying number for a specific patient. Once you associate a unique identifier with a particular patient, you should always send the same number for that patient.
CPT Vaccine Code	38	R	2	Number	
Immunization Date	10	R	3	Date	MM/DD/YYYY format
Lot Number	20	O	4	String	Lot number of the vaccine administered. Lot number will not be accepted without an accompanying manufacturer code. NOTE: This field is used when inventory already exists in the WyIR.
Vaccination Facility ID	25	O*	5	String	This facility indicates the facility where the patient was vaccinated; coordinate the creation of this ID with WyIR Staff prior to sending the file.
Manufacturer Code	30	O*	6	String	Manufacturer code for the lot number of the administered vaccine. Manufacturer codes will not be accepted without an accompanying lot number. Acceptable codes are located in Appendix G.
Vaccine is Publicly Supplied	1	R	7	Number	Yes = 1 No=2
Vaccination Physician ID	25	O*	8	String	This physician indicates the vaccinator. Coordinate the creation of this ID with WyIR Staff prior to sending the file.
Anatomical Site	2	R	9	String	See Appendix E
Anatomical Route	1	R	10	String	See Appendix F
Vaccination VFC Eligible	1	R	11	Number	See Appendix D
Vaccine Adverse Reaction	2	O	12	Number	See Appendix J

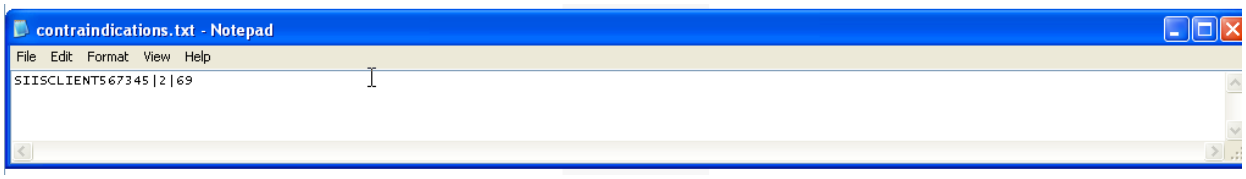
Vaccination Example Record Type



Contraindication Information - Specifications

Field	Length	R=Required O=Optional	Field Position	Data Type	Comments
Medical Record Number	30	R	1	Number	Your unique identifying number for a specific patient. Once you associate a unique identifier with a particular patient, you should always send the same number for that patient.
Contraindication Code	38	R	2	Number	Code of the contraindication; see Appendix H
Contraindication Vaccine Code	38	R	3	Number	Code of the contraindication; see Appendix I

Contraindication Example Record Type



4 APPENDICES

Appendix A: Ethnicity Codes

Patient Ethnicity	Code
Not Hispanic or Latino	1
Hispanic or Latino	2
Unknown	3

Appendix B: Race Codes

Patient Race	Code
White	1
Black or African American	2
Asian	3
American Indian or Alaskan Native	4
Other	5
Native Hawaiian or Other Pacific Islander	6
Multi-racial	7
Unknown	8

Appendix C: Patient WyVIP Eligibility Codes

Patient VFC Eligibility	Code
Medicaid	1
Adult State	2
Uninsured	3
Native American or Alaskan	4
Underinsured	5
KidCare	6

Appendix D: Vaccination WyVIP Eligibility Codes

Vaccination VFC Eligibility Code	Code
Medicaid	1
Adult State	2
Uninsured	3
Native American or Alaskan	4
Underinsured	5
KidCare	6

Appendix E: Anatomical Site Codes

Anatomical Site	Code
Left Deltoid	1
Left Arm	2
Left Gluteus	3
Left Thigh	4
Left Lower Forearm	5
Left Vastus Lateralis	6
Mouth	7
Nose	8
Right Deltoid	9
Right Arm	10
Right Gluteus	11
Right Thigh	12
Right Lower Forearm	13
Right Vastus Lateralis	14

Appendix F: Anatomical Route Codes

Anatomical Route	Code
Intradermal	1
Intramuscular	2
Intravenous	3
Nasal	4
Oral	5
Other Miscellaneous	6
Subcutaneous	7
Transdermal	8

Appendix G: Manufacturer Codes

Manufacturer Name	Code
ABBOT	AB
ADAMS	AD
AKORN, INC	AKR
ALPHA	ALP
BAXTER HEALTHCARE CORPORATION	BAH
Barr Laboratories	BRR
BIOTEST PHARMACEUTICALS	BTP
CANGENE CORPORATION	CNJ

CSL BIOTHERAPIES, INC.	CSL
DYNPORT VACCINE CO., LLC	DVC
ENDO PHARMACEUTICALS	END
FOREST PHARMACEUTICALS	FPI
GEOVAX LABS, INC.	GEO
GREER	GRE
INTERCELL BIOMEDICAL	INT
IMMUNO-US	IUS
JHP PHARMACEUTICALS	JHP
MICROBIAL DIS/OSAKA U	JPN
KOREA GREEN CROSS	KGC
Kitman	KIT
MASSACHUSETTS BIOLOGICAL LABS	MBL
MEDIMMUNE, INC.	MED
BIOPORT CORPORATION	MIP
MERCK	MSD
NABI	NAB
NOVARTIS PHARMACEUTICAL CORP.	NOV
NOVAVAX, INC.	NVX
NEW YORK BLOOD CENTER	NYB
ORTHO-CLINICAL DIAGNOSTICS	ORT
ORGANON TEKNIKA	OTC
OTHER	OTH
PFIZER, INC	PFR
SANOFI PASTEUR	PMC
ROCHE PHARMACEUTICALS	RP
SCLAVO	SCL
sharpsman	SHP
GLAXOSMITHKLINE	SKB
TALECRIS BIOTHERAPEUTICS	TAL
UNKNOWN MANUFACTURER	UNK
U.S. ARMY MEDICAL RESEARCH	USA

Appendix H: Contraindication Codes

Contraindication	Code
Fever of >= 40.5 C (105 F) within 48 hours of previous dose	9
Collapse or shock like state within 48 hours of previous dose	10
Convulsions (seizures) within 72 hours of previous dose1	11
Persistent crying lasting >= 3 hours within 48 hours of prev. dose	12
Guillain-Barre syndrome (GBS) within 6 weeks	13
Symptomatic HIV in recipient	14
Symptomatic HIV in recipient	15
Recent administration of antibody-containing blood products	16
Immunodeficiency (household contact)	17
Immunodeficiency in recipient	18
Laboratory evidence of immunity	1
Underlying unstable, evolving neurologic disorder	19
Thrombocytopenic purpura (history)	20
Pregnancy of recipient	21
Pregnancy of recipient	22
Weight <= 2000 grams	23
Moderate or severe acute illness	24
Anaphylactic reaction to Thimerosal	25
Anaphylactic reaction to Polymixin B	26
Patient or parent report of disease	27
Anaphylactic reaction to Alum	28
Anaphylactic reaction to a previous dose of the vaccine	2
Anaphylactic reaction to 2-Phenoxyethnol (Havrix)	29
TB - untreated, active	30
Previous anthrax disease	31
Age < 18 years	32
Eczema, history of eczema, in self or household contact	33
Parent or Patient Refusal: Religious	34
Moderate or severe illness	35
Medical - Not otherwise specified	36
Deferred pending further medical information	37
Known cardiac disease	38
Anaphylactic reaction to a vaccine component	3
Hypersensitivity/Anaphylactic reaction to eggs/egg products	39
5-17 yrs of age receiving aspirin/aspirin containing therapy	40
History of Gullain Barre syndrome	41
Chronic underlying medical conditions, incl. asthma or reactive airway disease	42
Allergic to Doxycycline	43

Allergic to Ciprofloxacin	44
Hypersensitivity/Anaphylactic reaction dry rubber latex	45
Laboratory evidence of suppression	46
Medical Condition - Immunosuppression	47
Immunodeficient close contacts	48
Anaphylactic reaction to streptomycin	4
Parent or Patient Refusal: Medical	49
Concomitant aspirin therapy in children and adolescents	50
Guillain-Barre syndrome within 6 weeks of prior influenza vaccine	51
Immunodeficiency in recipient	52
Anaphylactic reaction to neomycin	5
Anaphylactic reaction to gelatin	6
Anaphylactic reaction to bakers yeast	7
Encephalopathy within 7 days after a previous dose	8

Appendix I: Contraindication Vaccine Codes

Contraindication Vaccine	Code
DTP1	1
IPV	3
Hep B Ped/Adol - Preserv Free	71
Novel H1N1,Nasal	226
Novel H1N1,Presv Free, 6-35 Mos	227
Novel H1N1,All Formulations	229
Novel H1N1,Presv Free, 36+ Mos	240
Novel H1N1,Presv Free, 48+ Mos	241
Novel H1N1,Presv Free, 18+ Yrs	242
Novel H1N1,Injectable, 36+ Mos	243
Novel H1N1,Injectable, 48+ Mos	244
Novel H1N1,Injectable, 18+ Yrs	245
Hep B Ped/Adol - W/Thimerosal	14
Oseltamivir 75 mg	234
Oseltamivir 45 mg	236
Oseltamivir 30 mg	237
Oseltamivir Oral Suspension	238
Zanamivir	239
Oseltamivir 60 mg	235
Ped prefilled syringe kit, 100 dose pack	228
Adult prefilled syringe kit, 100 dose pack	246
Multi-dose vial kit, 100 dose pack	247
Small sharps container; brands/models vary	248

Pneumococcal(PCV)	72
Medium sharps container; brands/models vary	249
Large sharps container; brands/models vary	250
Ex-large sharps container; brands/models vary	251
Hep A 3 dose - Ped/Adol	73
Hep A/Hep B - Adult	127
Hep A 2 dose - Adult	15
DTP/Hib/Hep B	74
Hep A--unspecified	111
Influenza--unspecified	95
Hepatitis A- pediatric, NOS	115
Pertussis	33
Rotavirus, pentavalent RV5	129
Rotavirus, monovalent RV1	259
Diphtheria Toxoid	34
TIG	35
IG	36
Immune globulin, (IGIV)	25
Influenza Whole	37
Hib--unspecified	4
BCG	38
QuantiFERON-TB Gold test (QFT-G)	255
OPV	27
DTaP	39
PPD Positive Result	75
Adenovirus, NOS	170
Dengue Fever	214
HIV	171
HPV, bivalent	258
Hantavirus	215
Hep C	172
Hep E	216
Herpes Simplex 2	173
Junin Virus	217
Leishmaniasis	174
PPD Negative Result	76
Leprosy	175
Malaria	218
Melanoma	176
No vaccine administered	219

Parainfluenza-3	254
Q Fever	177
Rheumatic Fever	220
Rift Valley Fever	178
Staphylococcus Bacteria Lysate	221
TST-OT Tine Test	179
Hep B 2 dose - Adol/Adult	16
Tick-Borne Encephalitis	180
Tularemia Vaccine	222
VEE, Inactivated	181
VEE, NOS	223
VEE, live	182
DTaP/Hep B/IPV	77
Polio - unspecified	78
Pneumococcal - unspecified	79
DTP - unspecified	17
Smallpox	80
RSV-IgIM (RSV-MAb)	81
RSV-IGIV	82
Varicella	40
DTaP, 5 pertussis antigens	83
VIG Vaccinia IG	18
Smallpox vaccine, diluted	84
Unknown vaccine or IG	85
Smallpox Major Take	86
Smallpox No Take	19
Tetanus toxoids, adsorbed	87
Tetanus toxoids, NOS	88
Smallpox Equivocal Take	20
Prev. Smallpox-Childhood	89
DTP/Hib	41
Prev. Smallpox-Recall Date	90
Prev. Smallpox-Documented Date	91
Diluent	21
Prev. Smallpox-Adulthood	98
Prev. Smallpox-Not Vaccinated/Unknown	114
Lead Blood Draw	213
Hib--PRP-OMP	5
Hib--PRP-T	42
Typhoid, oral	43

Cholera	44
DT (Pediatric)	45
HBIG	46
MMR	28
PPD Test	6
RhIG, full-dose, intramuscular	92
RhIG, mini-dose, intramuscular	22
RhIG, intravenous	93
Pneumococcal(PPSV)	47
Yellow Fever	48
Meningococcal (MPSV4)	49
Hep A 2 dose - Ped/Adol	50
Tetanus Toxoid, adsorbed	7
VZIG	51
Anthrax	52
Rubella/Mumps	53
Japanese Encephalitis	54
M/R	29
Rabies	8
Adenovirus, type 4, live, oral	23
Adenovirus, type 7, live, oral	24
Adenovirus, types 4 and 7	257
Typhoid, ViCPs	55
Hepatitis B--dialysis	56
Hepatitis B--adult	57
Hep B - unspecified	9
Hib-PRP-D	58
Hib--HbOC	59
Botulinum Antitoxin	60
CMVIG	61
Measles	2
Plague	10
Botulism IG, human, intravenous	94
RIG	62
DTaP/Hib	63
MMR/Varicella	64
DTP/IPV	65
Hepatitis B--adolescent, high risk	66
Hep B/Hib	11
Diphtheria antitoxin	67

Rotavirus, tetravalent	68
Rubella	30
Lyme Disease	12
DTaP--unspecified	26
Typhoid, parenteral	96
Influenza split, 6+ months	97
Influ split 36+ mos	128
Typhoid, NOS	99
Influ split 6-35 mos pres free	120
Influ split 36+ mos pres free	121
Zoster, live	165
Rotavirus, NOS	166
Influ Inact 48+ mos pres free	212
Influenza Split	13
Influ Inact 48+ mos w/Thimerosol	169
DTaP/IPV/Hib/HepB Historical	230
Japanese Encephalitis-IM	231
Typhus, Historical	232
Pneumococcal, PCV-13	233
Influenza, High Dose	253
Influ split 18+ yrs	256
Influenza Nasal Spray	69
Rabies Intradermal	70
Td Adult, Preserv Free	123
Mumps	31
Hepatitis B--adol. or pediatric	112
Td (Adult)	32
Doxycycline - Adult	100
Doxycycline - Ped, 0 - 10 lbs	101
Doxycycline - Ped, 11 - 25 lbs	102
Doxycycline - Ped, 26 - 50 lbs	103
Doxycycline - Ped, 50 - 75 lbs	104
Ciprofloxacin - Adult	105
Ciprofloxacin - Ped, 0 - 10 lbs	106
Ciprofloxacin - Ped, 11 - 20 lbs	107
Ciprofloxacin - Ped, 21 - 30 lbs	108
Ciprofloxacin - Ped, 31 - 40 lbs	109
Ciprofloxacin - Ped, 41 - 50 lbs	110
Rabies NOS	113
Botulinum Toxoid	116

Mening. (MCV4P)	122
Meningococcal C Conjugate	117
DTaP/Hib/IPV	118
Tdap	119
Meningococcal, NOS	125
Hep A 2 dose - Ped/Adol 12+ mos.	124
Influ split 18+ yrs pres free	126
HPV, quadrivalent	130
VZIG (IND)	131
Amoxicillin - Adult	197
Amoxicillin - Ped, 0 - 10 lbs	132
Amoxicillin - Ped, 11 - 20 lbs	198
Amoxicillin - Ped, 21 - 30 lbs	133
Amoxicillin - Ped, 31 - 40 lbs	199
Amoxicillin - Ped, 41 - 50 lbs	134
Amoxicillin - Ped, 51 - 60 lbs	200
Amoxicillin - Ped, 61 - 70 lbs	135
Amoxicillin - Ped, 71 - 80 lbs	201
Amoxicillin - Ped, 81 - 90 lbs	136
Septra - Adult	202
Septra - Ped, 0 - 10 lbs	137
Septra - Ped, 11 - 20 lbs	138
Septra - Ped, 21 - 30 lbs	139
Septra - Ped, 31 - 40 lbs	140
Septra - Ped, 41 - 50 lbs	141
Septra - Ped, 51 - 60 lbs	142
Septra - Ped, 61 - 70 lbs	143
Septra - Ped, 71 - 80 lbs	144
Septra - Ped, 81 - 90 lbs	145
Albuterol Metered Dose Inhaler 17 GM	146
Amoxicillin 200mg Chewable	147
Atrophine Sulfate 0.4MG/ML 20ML MDV	148
Bacitracin-Polymixin B Ointment 9 GM	149
Cipro 500mg #100	203
Cipro 500mg Unit of Use #20	150
Cipro 250mg/5ml Suspension 100 ml	204
Ciproflaxacin IV 400MG/200ML DSW	151
Diazepan HCL 10MG Auto-injector CSIV	152
Diazepam 10mg (5mg/ml) for injection	205
Dopamine HCL 400MG (80MG/ML) Vial	153

Doxycycline Hyclate 100MG Tablets No.100	154
Doxycycline Hyclate 100MG Tablets No. 20	206
Doxycycline Hyclate 100MG Tablets No. 500	155
Doxycycline Hyclate Susp 25MG/5ML 60 ML	156
Doxycycline Hyclate 100MG Powder Vial	157
Epi 1:1000 (0.1 mg/ml) 10 ml syringe	207
Epinephrine 1:1000 (0.3MG/ML) Auto-injector	158
Epinephrine 1:2000 (0.15MG/ML) Auto-injector	159
Erythro 500mg vial for injection	208
Gentamicin Sulfate 40MG/ML (20ML) MDV	160
Lorazepam 2mg (2mg/ml) for injection	161
Pralidoxine 600mg/Atropine 2mg Auto-Injector	209
Methylprednisolone 125mg (2 ml) for injection	162
Morphine 10 mg (10mg/ml) for injection	163
Providine Iodine 10% Swab Sticks Triples	210
Pralidoxine 1 gm for injection	164
DTaP/IPV	211
Td-IPV	167
Influenza, H51N-1203	168
Oseltamivir - Ped, 0 - 33 lbs, liquid	224
Oseltamivir - Ped, 0 - 33 lbs, pill	183
Oseltamivir - Ped, 34 - 51 lbs, liquid	225
Oseltamivir - Ped, 34 - 51 lbs, pill	184
Oseltamivir - Ped, 52 - 88 lbs, liquid	185
Oseltamivir - Ped, 52 - 88 lbs, pill	186
Oseltamivir - Adult, liquid	187
Oseltamivir - Adult, pill	188
Relenza, 10mg	189
Zanamivir, inhaled	190
Oseltamivir, tablet	191
Oseltamivir, liquid	192
Amantadine, tablet	193
Amantadine, liquid	194
Rimantadine, tablet	195
Rimantadine, liquid	196
Mening. (MCV4O)	252

Appendix J: Adverse Reaction Code

Adverse Reaction	Code
Adverse reaction occurred. Contact appropriate party to learn details.	1
Paralytic polio in an immunodeficient recipient	2
Paralytic polio in a vaccine-associated community case	3
Vaccine-strain polio viral infection in a non-immunodeficient recipient	4
Vaccine-strain polio viral infection in an immunodeficient recipient	5
Vaccine-strain polio viral infection in a vaccine-associated community case	6
Early on-set HIB disease	7
Inadvertent autoinoculation	8
Eczema vaccinatum	9
Generalized vaccinia	10
Progressive vaccinia	11
Anaphylaxis or anaphylactic shock	12
Erythematous or urticarial rashes	13
Post vaccinial encephalitis	14
Injection site reaction	15
Systemic reactions, e.g. immediate hypersensitivity, fever or muscle aches	16
Fetal vaccinia	17
Death	18
Other	19
Bronchiolitis	20
Gastroenteritis	21
Pneumonia	22
Brachial neuritis	23
Urinary tract infection	24
Seizure	25
Any sequela (including death) of events	26
Encephalopathy (or encephalitis)	27
Chronic arthritis	28
Thrombocytopenic purpura	29
Vaccine-strain measles viral infection in an immunodeficient recipient	30
Paralytic polio in a non-immunodeficient recipient	31

Appendix K : Data Profile Formats

Patient Information

Format: Delimited
Delimiter: |
Field order and mappings:

- Medical Record Number
- Patient First Name
- Patient Middle Name
- Patient Last Name
- Patient 1st Address / Street Line 1
- Patient 1st Address / City
- Patient 2nd Address / State
- Patient 1st Address / Zip Code
- Patient Phone Number
- Mother Maiden Name
- Guardian First Name
- Patient DOB
    - Date Format: MM/DD/YYYY
- Patient Race Code
    - White = 1
    - Black or African American = 2
    - Asian = 3
    - American Indian or Alaska Native = 4
    - Other = 5
    - Native Hawaiian or Other Pacific Islander = 6
    - Multi-racial = 7
    - Unknown = 8
- Patient Ethnicity Code
    - Hispanic or Latino = 2
    - Not Hispanic or Latino = 1
    - UNKNOWN = 3
- Patient Gender Code
    - FEMALE = f
    - MALE = m
    - OTHER = o
    - UNKNOWN = u
- Patient SSN
- Comments
- Patient VFC Eligible Code
    - Medicaid = 1
    - Adult State = 2
    - Uninsured = 3

    - Nat. Amer.or Alaskan = 4
    - Underinsured = 5
    - KidsCare = 6
- Managed Care Plan Name
- Managed Care Plan ID
- Patient Medicare ID

Vaccination Information

Format: Delimited
Delimiter: |
Field order and mappings:

- Medical Record Number
- CPT Vaccine Code
    - Pertussis (11) = 11
    - PPD Positive Result (200) = 200
    - PPD Negative Result (201) = 201
    - Smallpox (207) = 207
    - DTaP, 5 pertussis antigens (210) = 210
    - Influ Inact 48+ mos pres free (609) = 609
    - Influ Inact 48+ mos w/Thimerosol (610) = 610
    - QuantiFERON-TB Gold test (QFT-G) (86480) = 86480
    - PPD Test (86580) = 86580
    - PPD Test (86585) = 86585
    - Diphtheria antitoxin (86648) = 86648
    - IG (90281) = 90281
    - Immune globulin, (IGIV) (90283) = 90283
    - Botulinum Antitoxin (90287) = 90287
    - Botulism IG, human, intravenous (90288) = 90288
    - CMVIG (90291) = 90291
    - Diphtheria antitoxin (90296) = 90296
    - HBIG (90371) = 90371
    - RIG (90375) = 90375
    - RIG (90376) = 90376
    - RSV-IgIM (RSV-MAb) (90378) = 90378
    - RSV-IGIV (90379) = 90379
    - RhIG, full-dose, intramuscular (90384) = 90384
    - RhIG, mini-dose, intramuscular (90385) = 90385
    - RhIG, intravenous (90386) = 90386
    - TIG (90389) = 90389
    - VIG Vaccinia IG (90393) = 90393
    - VZIG (90396) = 90396
    - Unknown vaccine or IG (90399) = 90399
    - Novel H1N1,All Formulations (90470) = 90470
    - Adenovirus, type 4, live, oral (90476) = 90476
    - Adenovirus, type 7, live, oral (90477) = 90477
    - Anthrax (90581) = 90581
    - BCG (90585) = 90585
    - BCG (90586) = 90586
    - Cholera (90592) = 90592
    - Hep A 2 dose - Adult (90632) = 90632
    - Hep A 2 dose - Ped/Adol (90633) = 90633

- Hep A 3 dose - Ped/Adol (90634) = 90634
- Hep A/Hep B - Adult (90636) = 90636
- Hib--HbOC (90645) = 90645
- Hib-PRP-D (90646) = 90646
- Hib--PRP-OMP (90647) = 90647
- Hib--PRP-T (90648) = 90648
- HPV, quadrivalent (90649) = 90649
- HPV, bivalent (90650) = 90650
- Influ split 6-35 mos pres free (90655) = 90655
- Influ split 36+ mos pres free (90656) = 90656
- Influenza split, 6+ months (90657) = 90657
- Influenza split, 6+ months (90658) = 90658
- Influenza Whole (90659) = 90659
- Influenza Nasal Spray (90660) = 90660
- Influenza, High Dose (90662) = 90662
- Novel H1N1,All Formulations (90663) = 90663
- Novel H1N1,Nasal (90664) = 90664
- Lyme Disease (90665) = 90665
- Novel H1N1,Presv Free, 48+ Mos (90666) = 90666
- Novel H1N1,Injectable, 48+ Mos (90667) = 90667
- Novel H1N1,Injectable, 48+ Mos (90668) = 90668
- Pneumococcal(PCV) (90669) = 90669
- Pneumococcal, PCV-13 (90670) = 90670
- Rabies (90675) = 90675
- Rabies Intradermal (90676) = 90676
- Rotavirus, pentavalent RV5 (90680) = 90680
- Rotavirus, monovalent RV1 (90681) = 90681
- Typhoid, oral (90690) = 90690
- Typhoid, ViCPs (90691) = 90691
- Typhoid, parenteral (90692) = 90692
- Typhoid, parenteral (90693) = 90693
- DTaP/IPV (90696) = 90696
- DTaP/Hib/IPV (90698) = 90698
- DTaP (90700) = 90700
- DTP (90701) = 90701
- DT (Pediatric) (90702) = 90702
- Tetanus Toxoid, adsorbed (90703) = 90703
- Mumps (90704) = 90704
- Measles (90705) = 90705
- Rubella (90706) = 90706
- MMR (90707) = 90707
- M/R (90708) = 90708
- Rubella/Mumps (90709) = 90709
- MMR/Varicella (90710) = 90710
- DTP/IPV (90711) = 90711
- OPV (90712) = 90712
- IPV (90713) = 90713

    - Td Adult, Preserv Free (90714) = 90714
    - Tdap (90715) = 90715
    - Varicella (90716) = 90716
    - Yellow Fever (90717) = 90717
    - Td (Adult) (90718) = 90718
    - Diphtheria Toxoid (90719) = 690719
    - DTP/Hib (90720) = 90720
    - DTaP/Hib (90721) = 90721
    - DTaP/Hep B/IPV (90723) = 90723
    - Influenza--unspecified (90724) = 90724
    - Cholera (90725) = 90725
    - Rabies (90726) = 90726
    - Plague (90727) = 90727
    - BCG (90728) = 90728
    - Hep A 2 dose - Ped/Adol (90730) = 90730
    - Hep B - unspecified (90731) = 90731
    - Pneumococcal(PPSV) (90732) = 90732
    - Meningococcal (MPSV4) (90733) = 90733
    - Mening. (MCV4P) (90734) = 90734
    - Japanese Encephalitis (90735) = 90735
    - Zoster, live (90736) = 90736
    - Hib--unspecified (90737) = 90737
    - Japanese Encephalitis-IM (90738) = 90738
    - Hepatitis B--dialysis (90740) = 90740
    - IG (90741) = 90741
    - IG (90742) = 90742
    - Hep B 2 dose - Adol/Adult (90743) = 90743
    - Hepatitis B--adol. or pediatric (90744) = 90744
    - Hepatitis B--adolescent, high risk (90745) = 90745
    - Hepatitis B--adult (90746) = 90746
    - Hepatitis B--dialysis (90747) = 90747
    - Hep B/Hib (90748) = 90748
    - Unknown vaccine or IG (90749) = 90749
    - Zanamivir, inhaled (986) = 986
    - Oseltamivir, tablet (987) = 987
    - Oseltamivir, liquid (988) = 988
    - Amantadine, tablet (989) = 989
    - Amantadine, liquid (990) = 990
    - Rimantadine, tablet (991) = 991
    - Rimantadine, liquid (992) = 992
- Immunization Date
    - Date Format: MM/DD/YYYY
- Lot Number
- Vaccination Facility Id
- Manufacturer Code
    - ABBOT = AB
    - ADAMS = AD

    - AKORN, INC = AKR
    - ALPHA = ALP
    - BAXTER HEALTHCARE CORPORATION = BAH
    - Barr Laboratories = BRR
    - BIOTEST PHARMACEUTICALS = BTP
    - CANGENE CORPORATION = CNJ
    - CSL BIOTHERAPIES, INC. = CSL
    - DYNPORT VACCINE CO., LLC = DVC
    - ENDO PHARMACEUTICALS = END
    - FOREST PHARMACEUTICALS = FPI
    - GEOVAX LABS, INC. = GEO
    - GREER = GRE
    - INTERCELL BIOMEDICAL = INT
    - IMMUNO-US = IUS
    - JHP PHARMACEUTICALS = JHP
    - MICROBIAL DIS/OSAKA U = JPN
    - KOREA GREEN CROSS = KGC
    - Kitman = KIT
    - MASSACHUSETTS BIOLOGICAL LABS = MBL
    - MEDIMMUNE, INC. = MED
    - BIOPORT CORPORATION = MIP
    - MERCK = MSD
    - NABI = NAB
    - NOVARTIS PHARMACEUTICAL CORP. = NOV
    - NOVAVAX, INC. = NVX
    - NEW YORK BLOOD CENTER = NYB
    - ORTHO-CLINICAL DIAGNOSTICS = ORT
    - ORGANON TEKNIKA = OTC
    - OTHER = OTH
    - PFIZER, INC = PFR
    - SANOFI PASTEUR = PMC
    - ROCHE PHARMACEUTICALS = RP
    - SCLAVO = SCL
    - sharpsman = SHP
    - GLAXOSMITHKLINE = SKB
    - TALECRIS BIOTHERAPEUTICS = TAL
    - UNKNOWN MANUFACTURER = UNK
    - U.S. ARMY MEDICAL RESEARCH = USA
- Vaccine is Publicly Supplied
    - No = 2
    - Yes = 1
- Vaccination Physician Id
- Anatomical Site
    - Left Deltoid = 1
    - Left Arm = 2
    - Left Gluteus = 3
    - Left Thigh = 4

    - Left Lower Forearm = 5
    - Left Vastus Lateralis = 6
    - Mouth = 7
    - Nose = 8
    - Right Deltoid = 9
    - Right Arm = 10
    - Right Gluteus = 11
    - Right Thigh = 12
    - Right Lower Forearm = 13
    - Right Vastus Lateralis = 14
- Anatomical Route
    - Intradermal = 1
    - Intramuscular = 2
    - Intravenous = 3
    - Nasal = 4
    - Oral = 5
    - Other Miscellaneous = 6
    - Subcutaneous = 7
    - Transdermal = 8
- Vaccination VFC Eligible
    - Medicaid = 1
    - Adult State = 2
    - Uninsured = 3
    - Nat. Amer.or Alaskan = 4
    - Underinsured = 5
    - KidsCare = 6
- Adverse Reaction Code
    - Adverse reaction occurred. Contact appropriate party to learn details. = 1
    - Paralytic polio in an immunodeficient recipient = 2
    - Paralytic polio in a vaccine-associated community case = 3
    - Vaccine-strain polio viral infection in a non-immunodeficient recipient = 4
    - Vaccine-strain polio viral infection in an immunodeficient recipient = 5
    - Vaccine-strain polio viral infection in a vaccine-associated community case = 6
    - Early on-set HIB disease = 7
    - Inadvertent autoinoculation = 8
    - Eczema vaccinatum = 9
    - Generalized vaccinia = 10
    - Progressive vaccinia = 11
    - Anaphylaxis or anaphylactic shock = 12
    - Erythematous or urticarial rashes = 13
    - Post vaccinial encephalitis = 14
    - Injection site reaction = 15
    - Systemic reactions, e.g. immediate hypersensitivity, fever or muscle aches = 16
    - Fetal vaccinia = 17
    - Death = 18
    - Other = 19
    - Bronchiolitis = 20

- Gastroenteritis = 21
- Pneumonia = 22
- Brachial neuritis = 23
- Unitary tract infection = 24
- Seizure = 25
- Any sequela (including death) of events = 26
- Encephalopathy (or encephalitis) = 27
- Chronic arthritis = 28
- Thrombocytopenic purpura = 29
- Vaccine-strain measles viral infection in an immunodeficient recipient = 30
- Paralytic polio in a non-immunodeficient recipient = 31

Contraindication Information

Format: Delimited
Delimiter: |
Field order and mappings:

- Medical Record Number
- Contraindication Code
    - Fever of >= 40.5 C (105 F) within 48 hours of previous dose = 9
    - Collapse or shock like state within 48 hours of previous dose = 10
    - Convulsions (seizures) within 72 hours of previous dose = 11
    - Persistent crying lasting >= 3 hours within 48 hours of prev. dose = 12
    - Guillain-Barre syndrome (GBS) within 6 weeks = 13
    - Symptomatic HIV in recipient = 14
    - Symptomatic HIV in recipient = 15
    - Recent administration of antibody-containing blood products = 16
    - Immunodeficiency (household contact) = 17
    - Immunodeficiency in recipient = 18
    - Laboratory evidence of immunity = 1
    - Underlying unstable, evolving neurologic disorder = 19
    - Thrombocytopenic purpura (history) = 20
    - Pregnancy of recipient = 21
    - Pregnancy of recipient = 22
    - Weight <= 2000 grams = 23
    - Moderate or severe acute illness = 24
    - Anaphylactic reaction to Thimerosal = 25
    - Anaphylactic reaction to Polymixin B = 26
    - Patient or parent report of disease = 27
    - Anaphylactic reaction to Alum = 28
    - Anaphylactic reaction to a previous dose of the vaccine = 2
    - Anaphylactic reaction to 2-Phenoxyethnol (Havrix) = 29
    - TB - untreated, active = 30
    - Previous anthrax disease = 31
    - Age < 18 years = 32
    - Eczema, history of eczema, in self or household contact = 33
    - Parent or Patient Refusal: Religious = 34
    - Moderate or severe illness = 35
    - Medical - Not otherwise specified = 36
    - Deferred pending further medical information = 37
    - Known cardiac disease = 38
    - Anaphylactic reaction to a vaccine component = 3
    - Hypersensitivity/Anaphylactic reaction to eggs/egg products = 39
    - 5-17 yrs of age receiving aspirin/aspirin containing therapy = 40
    - History of Gullain Barre syndrome = 41
    - Chronic underlying medical conditions, incl. asthma or reactive airway disease = 42
    - Allergic to Doxycycline = 43

    - Allergic to Ciprofloxacin = 44
    - Hypersensitivity/Anaphylactic reaction dry rubber latex = 45
    - Laboratory evidence of suppression = 46
    - Medical Condition - Immunosuppression = 47
    - Immunodeficient close contacts = 48
    - Anaphylactic reaction to streptomycin = 4
    - Parent or Patient Refusal: Medical = 49
    - Concomitant aspirin therapy in children and adolescents = 50
    - Guillain-Barre syndrome within 6 weeks of prior influenza vaccine = 51
    - Immunodeficiency in recipient = 52
    - Anaphylactic reaction to neomycin = 5
    - Anaphylactic reaction to gelatin = 6
    - Anaphylactic reaction to bakers yeast = 7
    - Encephalopathy within 7 days after a previous dose = 8
- Contraindication Vaccine Code
    - DTP = 1
    - IPV = 3
    - Hep B Ped/Adol - Preserv Free = 71
    - Novel H1N1,Nasal = 226
    - Novel H1N1,Presv Free, 6-35 Mos = 227
    - Novel H1N1,All Formulations = 229
    - Novel H1N1,Presv Free, 36+ Mos = 240
    - Novel H1N1,Presv Free, 48+ Mos = 241
    - Novel H1N1,Presv Free, 18+ Yrs = 242
    - Novel H1N1,Injectable, 36+ Mos = 243
    - Novel H1N1,Injectable, 48+ Mos = 244
    - Novel H1N1,Injectable, 18+ Yrs = 245
    - Hep B Ped/Adol - W/Thimerosal = 14
    - Oseltamivir 75 mg = 234
    - Oseltamivir 45 mg = 236
    - Oseltamivir 30 mg = 237
    - Oseltamivir Oral Suspension = 238
    - Zanamivir = 239
    - Oseltamivir 60 mg = 235
    - Ped prefilled syringe kit, 100 dose pack = 228
    - Adult prefilled syringe kit, 100 dose pack = 246
    - Multi-dose vial kit, 100 dose pack = 247
    - Small sharps container; brands/models vary = 248
    - Pneumococcal(PCV) = 72
    - Medium sharps container; brands/models vary = 249
    - Large sharps container; brands/models vary = 250
    - Ex-large sharps container; brands/models vary = 251
    - Hep A 3 dose - Ped/Adol = 73
    - Hep A/Hep B - Adult = 127
    - Hep A 2 dose - Adult = 15
    - DTP/Hib/Hep B = 74
    - Hep A--unspecified = 111

- Influenza--unspecified = 95
- Hepatitis A- pediatric, NOS = 115
- Pertussis = 33
- Rotavirus, pentavalent RV5 = 129
- Rotavirus, monovalent RV1 = 259
- Diphtheria Toxoid = 34
- TIG = 35
- IG = 36
- Immune globulin, (IGIV) = 25
- Influenza Whole = 37
- Hib--unspecified = 4
- BCG = 38
- QuantiFERON-TB Gold test (QFT-G) = 255
- OPV = 27
- DTaP = 39
- PPD Positive Result = 75
- Adenovirus, NOS = 170
- Dengue Fever = 214
- HIV = 171
- HPV, bivalent = 258
- Hantavirus = 215
- Hep C = 172
- Hep E = 216
- Herpes Simplex 2 = 173
- Junin Virus = 217
- Leishmaniasis = 174
- PPD Negative Result = 76
- Leprosy = 175
- Malaria = 218
- Melanoma = 176
- No vaccine administered = 219
- Parainfluenza-3 = 254
- Q Fever = 177
- Rheumatic Fever = 220
- Rift Valley Fever = 178
- Staphylococcus Bacteria Lysate = 221
- TST-OT Tine Test = 179
- Hep B 2 dose - Adol/Adult = 16
- Tick-Borne Encephalitis = 180
- Tularemia Vaccine = 222
- VEE, Inactivated = 181
- VEE, NOS = 223
- VEE, live = 182
- DTaP/Hep B/IPV = 77
- Polio - unspecified = 78
- Pneumococcal - unspecified = 79
- DTP - unspecified = 17

- Smallpox = 80
- RSV-IgIM (RSV-MAb) = 81
- RSV-IGIV = 82
- Varicella = 40
- DTaP, 5 pertussis antigens = 83
- VIG Vaccinia IG = 18
- Smallpox vaccine, diluted = 84
- Unknown vaccine or IG = 85
- Smallpox Major Take = 86
- Smallpox No Take = 19
- Tetanus toxoids, adsorbed = 87
- Tetanus toxoids, NOS = 88
- Smallpox Equivocal Take = 20
- Prev. Smallpox-Childhood = 89
- DTP/Hib = 41
- Prev. Smallpox-Recall Date = 90
- Prev. Smallpox-Documented Date = 91
- Diluent = 21
- Prev. Smallpox-Adulthood = 98
- Prev. Smallpox-Not Vaccinated/Unknown = 114
- Lead Blood Draw = 213
- Hib--PRP-OMP = 5
- Hib--PRP-T = 42
- Typhoid, oral = 43
- Cholera = 44
- DT (Pediatric) = 45
- HBIG = 46
- MMR = 28
- PPD Test = 6
- RhIG, full-dose, intramuscular = 92
- RhIG, mini-dose, intramuscular = 22
- RhIG, intravenous = 93
- Pneumococcal(PPSV) = 47
- Yellow Fever = 48
- Meningococcal (MPSV4) = 49
- Hep A 2 dose - Ped/Adol = 50
- Tetanus Toxoid, adsorbed = 7
- VZIG = 51
- Anthrax = 52
- Rubella/Mumps = 53
- Japanese Encephalitis = 54
- M/R = 29
- Rabies = 8
- Adenovirus, type 4, live, oral = 23
- Adenovirus, type 7, live, oral = 24
- Adenovirus, types 4 and 7 = 257
- Typhoid, ViCPs = 55

- Hepatitis B--dialysis = 56
- Hepatitis B--adult = 57
- Hep B - unspecified = 9
- Hib-PRP-D = 58
- Hib--HbOC = 59
- Botulinum Antitoxin = 60
- CMVIG = 61
- Measles = 2
- Plague = 10
- Botulism IG, human, intravenous = 94
- RIG = 62
- DTaP/Hib = 63
- MMR/Varicella = 64
- DTP/IPV = 65
- Hepatitis B--adolescent, high risk = 66
- Hep B/Hib = 11
- Diphtheria antitoxin = 67
- Rotavirus, tetravalent = 68
- Rubella = 30
- Lyme Disease = 12
- DTaP--unspecified = 26
- Typhoid, parenteral = 96
- Influenza split, 6+ months = 97
- Influ split 36+ mos = 128
- Typhoid, NOS = 99
- Influ split 6-35 mos pres free = 120
- Influ split 36+ mos pres free = 121
- Zoster, live = 165
- Rotavirus, NOS = 166
- Influ Inact 48+ mos pres free = 212
- Influenza Split = 13
- Influ Inact 48+ mos w/Thimerosol = 169
- DTaP/IPV/Hib/HepB Historical = 230
- Japanese Encephalitis-IM = 231
- Typhus, Historical = 232
- Pneumococcal, PCV-13 = 233
- Influenza, High Dose = 253
- Influ split 18+ yrs = 256
- Influenza Nasal Spray = 69
- Rabies Intradermal = 70
- Td Adult, Preserv Free = 123
- Mumps = 31
- Hepatitis B--adol. or pediatric = 112
- Td (Adult) = 32
- Doxycycline - Adult = 100
- Doxycycline - Ped, 0 - 10 lbs = 101
- Doxycycline - Ped, 11 - 25 lbs = 102

- Doxycycline - Ped, 26 - 50 lbs = 103
- Doxycycline - Ped, 50 - 75 lbs = 104
- Ciprofloxacin - Adult = 105
- Ciprofloxacin - Ped, 0 - 10 lbs = 106
- Ciprofloxacin - Ped, 11 - 20 lbs = 107
- Ciprofloxacin - Ped, 21 - 30 lbs = 108
- Ciprofloxacin - Ped, 31 - 40 lbs = 109
- Ciprofloxacin - Ped, 41 - 50 lbs = 110
- Rabies NOS = 113
- Botulinum Toxoid = 116
- Mening. (MCV4P) = 122
- Meningococcal C Conjugate = 117
- DTaP/Hib/IPV = 118
- Tdap = 119
- Meningococcal, NOS = 125
- Hep A 2 dose - Ped/Adol 12+ mos. = 124
- Influ split 18+ yrs pres free = 126
- HPV, quadrivalent = 130
- VZIG (IND) = 131
- Amoxicillin - Adult = 197
- Amoxicillin - Ped, 0 - 10 lbs = 132
- Amoxicillin - Ped, 11 - 20 lbs = 198
- Amoxicillin - Ped, 21 - 30 lbs = 133
- Amoxicillin - Ped, 31 - 40 lbs = 199
- Amoxicillin - Ped, 41 - 50 lbs = 134
- Amoxicillin - Ped, 51 - 60 lbs = 200
- Amoxicillin - Ped, 61 - 70 lbs = 135
- Amoxicillin - Ped, 71 - 80 lbs = 201
- Amoxicillin - Ped, 81 - 90 lbs = 136
- Septra - Adult = 202
- Septra - Ped, 0 - 10 lbs = 137
- Septra - Ped, 11 - 20 lbs = 138
- Septra - Ped, 21 - 30 lbs = 139
- Septra - Ped, 31 - 40 lbs = 140
- Septra - Ped, 41 - 50 lbs = 141
- Septra - Ped, 51 - 60 lbs = 142
- Septra - Ped, 61 - 70 lbs = 143
- Septra - Ped, 71 - 80 lbs = 144
- Septra - Ped, 81 - 90 lbs = 145
- Albuterol Metered Dose Inhaler 17 GM = 146
- Amoxicillin 200mg Chewable = 147
- Atrophine Sulfate 0.4MG/ML 20ML MDV = 148
- Bacitracin-Polymixin B Ointment 9 GM = 149
- Cipro 500mg #100 = 203
- Cipro 500mg Unit of Use #20 = 150
- Cipro 250mg/5ml Suspension 100 ml = 204
- Ciproflaxacin IV 400MG/200ML DSW = 151

- Diazepan HCL 10MG Auto-injector CSIV = 152
- Diazepam 10mg (5mg/ml) for injection = 205
- Dopamine HCL 400MG (80MG/ML) Vial = 153
- Doxycycline Hyclate 100MG Tablets No.100 = 154
- Doxycycline Hyclate 100MG Tablets No. 20 = 206
- Doxycycline Hyclate 100MG Tablets No. 500 = 155
- Doxycycline Hyclate Susp 25MG/5ML 60 ML = 156
- Doxycycline Hyclate 100MG Powder Vial = 157
- Epi 1:1000 (0.1 mg/ml) 10 ml syringe = 207
- Epinephrine 1:1000 (0.3MG/ML) Auto-injector = 158
- Epinephrine 1:2000 (0.15MG/ML) Auto-injector = 159
- Erythro 500mg vial for injection = 208
- Gentamicin Sulfate 40MG/ML (20ML) MDV = 160
- Lorazepam 2mg (2mg/ml) for injection = 161
- Pralidoxine 600mg/Atropine 2mg Auto-Injector = 209
- Methylprednisolone 125mg (2 ml) for injection = 162
- Morphine 10 mg (10mg/ml) for injection = 163
- Providine Iodine 10% Swab Sticks Triples = 210
- Pralidoxine 1 gm for injection = 164
- DTaP/IPV = 211
- Td-IPV = 167
- Influenza, H51N-1203 = 168
- Oseltamivir - Ped, 0 - 33 lbs, liquid = 224
- Oseltamivir - Ped, 0 - 33 lbs, pill = 183
- Oseltamivir - Ped, 34 - 51 lbs, liquid = 225
- Oseltamivir - Ped, 34 - 51 lbs, pill = 184
- Oseltamivir - Ped, 52 - 88 lbs, liquid = 185
- Oseltamivir - Ped, 52 - 88 lbs, pill = 186
- Oseltamivir - Adult, liquid = 187
- Oseltamivir - Adult, pill = 188
- Relenza, 10mg = 189
- Zanamivir, inhaled = 190
- Oseltamivir, tablet = 191
- Oseltamivir, liquid = 192
- Amantadine, tablet = 193
- Amantadine, liquid = 194
- Rimantadine, tablet = 195
- Rimantadine, liquid = 196
- Mening. (MCV4O) = 252