



Immunization Data Submission and Response Guidelines

Version 7.2

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For further information on the use of this guideline contact:

Health.CD@gov.ab.ca

Health and Wellness Promotion Branch

Public Health and Compliance Division

Alberta Health

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Contents

INTRODUCTION	7
REPORTING REQUIREMENTS	7
CONTENT OVERVIEW.....	7
Terms Used in This Document.....	7
CONTACT INFORMATION FOR ALBERTA HEALTH STAFF	8
SECTION 1: IMMUNIZATION DATA SUBMISSION GUIDELINE	9
SUBMISSION FILE OVERVIEW	9
Naming Convention.....	9
File Structure and Record Types.....	9
SUBMISSION BUSINESS RULES	9
Submission Type.....	10
Add Data	11
Change Data.....	11
Delete Data.....	11
RECORD DESCRIPTIONS	12
Version Record (IV).....	12
Data Elements	12
Record Type	12
DSG Version Number.....	13
Header Record (IH)	13
Data Elements	13
Record Type	13
Submitter Prefix.....	13
Batch Number.....	16
Patient Record (IP).....	17
Data Elements	18
Record Type	18
Record Number.....	18
Unique Lifetime Identifier.....	18
Provincial Health Number Type	18
Provincial Health Number.....	19
Alternate Person Identifier Type	19
Alternate Person Identifier	20
Last Name	20
Given Name.....	20
Middle Name.....	20
Address Type.....	20
Street Address 1	21
Street Address 2	21
Street Address 3	21
Street Address 4	21
City Name	22
Province Code	22
Country Code.....	22
Postal Code	26
Quarter Section Code.....	26
Section.....	27
Township	27
Range.....	27

Meridian.....	27
Birth Date.....	28
Gender Code	28
Homeless/Indigent Flag.....	28
Immunization Record (II).....	29
Data Elements	30
Record Type	30
Record Number.....	30
Unique Lifetime Identifier.....	30
Submission Type.....	30
Historical Indicator.....	31
Immunization Date	31
Partial/Estimated Date Indicator	31
Vaccine Code.....	32
Vaccine Site Code.....	36
Administering Method Code	37
Reason for Immunization Code	38
Dosage	54
Dosage Type Code	54
Manufacturer.....	54
Lot Number	56
Delivery Organization of Service.....	57
Delivery Management Site.....	60
Delivery Province Code.....	69
Delivery Country Code	69
Delivery Continent Code.....	70
Grade Code	70
Comment	71
Antigen Count Record (IE).....	73
Data Elements	73
Record Type	73
Record Number.....	73
Unique Lifetime Identifier.....	73
Antigen Code	74
Antigen Count	81
Not Immunized Record (IN)	82
Data Elements	82
Record Type	82
Record Number.....	82
Unique Lifetime Identifier.....	82
Submission Type.....	83
Interview Date.....	83
Reason Not Immunized Code.....	83
Delivery Organization of Service.....	84
Grade Code	84
Antigen Not Administered Record (IA).....	85
Data Elements	85
Record Type	85
Record Number.....	85
Unique Lifetime Identifier.....	85
Antigen Not Administered Code.....	86
Footer Record (IF).....	86
Data Elements	86
Record Type	86
Total Record Count	86
Checksum	87

DATA SUBMISSION SAMPLES	88
Sample 1 – File With Immunization Record For One Patient	88
Sample 2 – File With Immunization Record For One Patient With Multiple Lot Numbers	88
Sample 3 – File With One Patient With Historical and Partial/Estimated Dates	88
Sample 4 – File With One Patient With Multiple Immunization Records	88
Sample 5 – File With One Patient And Different Addresses At Multiple Events	89
Sample 6 – File For One Patient With an Out Of Province Immunization	89
Sample 7 – File With Immunization Record For One Patient With a Flag Removal Code	89
Sample 8 – File With Two Different Patients.....	90
SECTION 2: DATA SUBMISSION RESPONSE GUIDELINE	91
INTRODUCTION.....	91
DSG RESPONSE FILE OVERVIEW.....	91
Naming Convention.....	91
File Structure.....	91
DSG RESPONSE FILE BUSINESS RULES	92
RECORD DESCRIPTIONS	92
Immunization Response Version Record (IRV)	92
Immunization Response Header Record (IRH).....	92
Immunization Response Summary Record (IRS)	93
Immunization Response DSG File Failure Record (IRD)	93
Immunization Response Business Rule Failure Record (IRB).....	93
Immunization Response Program Validation Rule Failure Record (IRP)	94
Immunization Response Footer Record (IRF)	94
APPENDIX 1 – PROGRAM VALIDATION RULES.....	95
PROGRAM VALIDATION RULES BY VACCINE CODE	95
PROGRAM VALIDATION RULES BY ANTIGEN.....	96
APPENDIX 2: GLOSSARY	97
APPENDIX 3 – DOCUMENT REVISIONS	98

Data Element Tables

Note: Codes that are end-dated are shaded and/or included at the bottom of the respective table.

TABLE 1 – SUBMITTER PREFIX CODES	14
TABLE 2 – PROVINCIAL HEALTH NUMBER TYPE CODES	19
TABLE 3 – ALTERNATE PERSON IDENTIFIER TYPE CODES.....	19
TABLE 4 – ADDRESS TYPE CODES	20
TABLE 5 – PROVINCE CODES	22
TABLE 6 – COUNTRY CODES	23
TABLE 7 – QUARTER SECTION CODES.....	26
TABLE 8 – GENDER CODES.....	28
TABLE 9 – HOMELESS/INDIGENT FLAG CODES	28
TABLE 10 – SUBMISSION TYPE CODES	30
TABLE 11 – HISTORICAL INDICATOR CODE	31
TABLE 12 – PARTIAL/ESTIMATED DATE CODES.....	31
TABLE 13 – VACCINE CODES	32
TABLE 14 – VACCINE SITE CODES	36
TABLE 15 – ADMINISTERING METHOD CODES	37
TABLE 16 – REASON FOR IMMUNIZATION CODES	38
TABLE 17 – VACCINE-REASON FOR IMMUNIZATION ASSOCIATIONS.....	41
TABLE 18 – DOSAGE TYPE CODES.....	54
TABLE 19 – MANUFACTURER CODES.....	55
TABLE 20 – DELIVERY ORGANIZATION OF SERVICE CODES.....	58
TABLE 21 – DELIVERY MANAGEMENT SITE CODES	60
TABLE 22 – DELIVERY CONTINENT CODES	70
TABLE 23 – GRADE CODES.....	71
TABLE 24 – FLAG REMOVAL CODES (COMMENT)	72
TABLE 25 – ANTIGEN CODES	74
TABLE 26 – VACCINE-ANTIGEN ASSOCIATIONS	76
TABLE 27 – REASON NOT IMMUNIZED CODES.....	84

Introduction

Immunization services regarding provincially recommended and funded vaccines may be provided by Alberta Health Services (AHS) or by other health care providers external to the public health system, such as physicians, occupational health staff, and pharmacists.

An **immunization event** is the provision of an immunization service to a recipient by a provider at a given time when one of the following occurs:

- an assessment with the intention of immunizing,
- the administration of a vaccine, or
- a past unreported immunization.

A **not immunized event** is the provision of an immunization service to a recipient by a provider at a given time where a vaccine is not administered.

Reporting Requirements

All immunization events must be submitted to Alberta Health, regardless of whether the:

- vaccine is provincially funded or purchased privately;
- service is offered/provided by AHS public health or an external provider; and
- client resides within Alberta or outside of the province.

In compliance with the [Immunization Regulation](#) immunization events are to be reported by electronic means to Alberta Health no later than seven days after the immunization. For further information, see [Immunization Reporting by Electronic Means](#).

Immunization data is analyzed provincially and used to assess the efficacy of provincially funded vaccines and to analyze the immunization programs. Non identifiable summary data is forwarded to Health Canada and included in the national summary data used for analysis of immunization programs.

Content Overview

This document is divided into two sections, each with a set of business rules.

- Section 1: [Immunization Data Submission Guideline](#) (DSG) – a technical reference that defines the requirements for the electronic submission of immunization data to Alberta Health.
- Section 2: [Data Submission Response Guideline](#) – defines the machine-readable Immunization DSG Response File layout, which identifies validation errors for submitted immunization data.

Additional information is included in the Appendices:

- a glossary;
- a comprehensive list of all [program validation rules](#) specific to the immunization programs established in Alberta, and
- a list of [document revisions](#) to assist in identifying changes since the previous version of the document.

Adherence to the guidelines in this document will ensure minimal data rejections due to incorrect or improper data structure and format.

Terms Used in This Document

The terms immunization service recipient, service recipient, patient, and client are used synonymously in this document and refer to the immunization service recipient.

Contact Information for Alberta Health Staff

If you have any questions about this document or require assistance, please contact one of the individuals listed below.

ROLE (IMM TEAM)	NAME	PHONE	FAX	E-MAIL
Business Analyst	Jill Svenson	780-422-4770	780-415-9609	jill.svenson@gov.ab.ca
Manager, Public Health Operations	Hager Birhane	780-644-7402	780-415-9609	hager.birhane@gov.ab.ca
Director, Immunization	Céline O'Brien	780-415-1101	780-415-9609	celine.obrien@gov.ab.ca
Manager, Immunization Business	Kari Bergstrom	780-644-0004	780-422-6663	kari.bergstrom@gov.ab.ca
Manager, Immunization Policy	Amy Elefson		780-415-6663	amy.elefson@gov.ab.ca

Section 1: Immunization Data Submission Guideline

This guideline identifies the business rules for the submission of each immunization record – file naming convention, the submission file structure and the specific data elements.

Submission File Overview

Naming Convention

Submission files may be compressed or uncompressed. The naming convention for the submitted file must take one of the following forms.

- IMMXXXBBBBBBBBBB.TXT – This is an uncompressed submission file.
 - ‘XXX’ corresponds to the Submitter Prefix Code.⁽¹⁾
 - ‘BBBBBBBBBB’ corresponds to the Batch Number for the batch submission. The delivery organization that submits the file to the Department defines the batch number for each submission file.
- IMMXXXBBBBBBBBBBB.ZIP – This is a compressed submission file.
 - ‘XXX’ corresponds to the Submitter Prefix Code.⁽¹⁾
 - ‘BBBBBBBBBB’ corresponds to the Batch Number for the batch submission, which is defined by the submitter.

File Structure and Record Types

The submission file structure consists of eight record types, and each record consists of a number of data elements (or fields). The record types are as follows and must occur in this order.

- IV – Version record
- IH – Header record
- IP – Patient record
- II – Immunization record
- IE – Antigen Count record
- IN – Not Immunized record
- IA – Antigen Not Administered record
- IF – Footer record

Note: The Record Type Codes contain the upper-case letter “I”, not the number “1”.

Submission Business Rules

The business rules related to the record structure of the submission file are as follows.

- Each submission file must have one Version record and must be the **first** record in the submission file.
- Each submission file must have one Header record and must be the **second** record in the submission file.
- Each submission file must have one Footer record and must be the **last** record in the submission file.
- For each Patient record there must be one or more Immunization records and/or one or more Not Immunized records submitted.
- For each Immunization record there must be one or more Antigen Count records submitted.

¹ See Table 1 in the *Immunization Data Standard Code Tables* for a list of acceptable values.

- For each Not Immunized record there must be one or more Antigen Not Administered records submitted.
- All Patient, Immunization, Antigen Count, Not Immunized and Antigen Not Administered records must be reported between the Header and Footer records.
- Report all Immunization and related Antigen Count records, as well as all Not Immunized and related Antigen Not Administered records for a Patient record before a different Patient record is submitted. One full patient information should contain a set of IP, II, IE, IN, and IA records.
- Report all related Antigen Count records for an Immunization record before another Immunization record for the same patient is submitted. Report all related Antigen Not Administered records for a Not Immunized record before another Not Immunized record for the same patient is submitted.
- Each field within each record type is to be delimited.
 - The only delimiter accepted is the pipe symbol (|).
 - The first pipe delimiter signals the beginning of the field. The second pipe delimiter signals the end of the field (e.g., the Last Name and Given Name fields in the Patient record would be represented in the submission file as |Smith|John|).
 - The exception to the delimiter rule is the first field in each submission record. The first field of a record should not include a delimiter at the beginning of the field. For example, a Header record is to be submitted as IH|10|000001|.
 - The last field of a record should always include a delimiter at the end of the field.
 - Fields that do not always have values (called NULL) must still be included in the record. NULL fields are represented as one delimiter followed by another, that is, ||.
- The uncompressed submission file must not exceed 5 Mbytes.
 - If file compression is used, the limit of 5 Mbytes applies to the submission file before compression is applied.
 - Uncompressed submission files that are larger than this must be split up into multiple files prior to submission.
- Codes that have an end date can be used only if:
 - reporting a past unreported immunization event (Historical Indicator set to “H”); and
 - the code was valid when the immunization event occurred.
- See [Data Submission Samples](#) for various submission scenarios.

Submission Type

A Submission Type classifies data transactions as either Add, Change or Delete. Submitters must use the three submission types correctly when submitting immunization data to Alberta Health.

An immunization event is the provision of an immunization service to a recipient by a service provider when a vaccine is administered. Therefore, an immunization event is made up of one Patient record, one Immunization record and one or more Antigen Count records.

A not immunized event is the provision of an immunization service to a recipient by a service provider when a vaccine is not administered. Therefore, a not immunized event is made up of one Patient record, one Not Immunized record and one or more Antigen Not Administered records.

Submission Types are only reported for Immunization and Not Immunized records.

- Antigen Count records inherit the Submission Type of the Immunization record to which they pertain.
- Antigen Not Administered records inherit the Submission Type of the Not Immunized record to which they pertain.

Note: All business rules must be adhered to, whether the record is an original submission or an amendment.

ADD DATA

- The Immunization or Not Immunized record must have a Submission Type of 'A' – Add Record/Transaction.
- When adding immunization and not immunized events, a strict hierarchy must be followed.
 - After a Patient record, the Immunization or Not Immunized records that follow must refer to that patient.
 - When an Immunization record is added, the Antigen Count record(s) that follow must refer to that immunization event.
 - When a Not Immunized record is added, the Antigen Not Administered record(s) that follow must refer to that not immunized event.
- If more than one event (immunization or not immunized) is being reported for a patient, and the patient has a different address at the time of each event, a new Patient record containing the new address should be reported before the events to which the new address applies.

CHANGE DATA

- If changing the Unique Lifetime Identifier (ULI), Immunization Date or Vaccine Code for a previously submitted and accepted immunization event, the immunization event can be deleted and resubmitted within the same file or in a separate file. The following rules apply.
 - Resubmit the previously submitted Patient record and Immunization record. The Patient record must contain the same ULI as in the original submission. The Immunization record must contain the same Immunization Date and Vaccine Code as in the original submission. The Immunization record must have a Submission type of 'D' – Delete Record/Transaction.
 - Submit an updated Patient record, Immunization record and its associated Antigen Count record(s) with the corrected ULI, Immunization Date or Vaccine Code. The Immunization record must have a Submission Type of 'A' – Add Record/Transaction.
- If changing data other than the ULI, Immunization Date or Vaccine Code within a previously submitted and accepted immunization event, all records associated with the event must be resubmitted. This includes the Patient record, the Immunization record and all Antigen Count records. The Immunization record must have a Submission type of 'C' – Change Record/Transaction.
- If changing the ULI or Interview Date for a previously submitted and accepted not immunized event, the not immunized event can be deleted and resubmitted within the same file or a separate file. The following steps apply.
 - Resubmit the previously submitted Patient record and Not Immunized record. The Patient record must contain the same ULI as in the original submission. The Not Immunized record must contain the same Interview Date as in the original submission. The Not Immunized record must have a Submission type of 'D' – Delete Record/Transaction.
 - Submit an updated Patient record, Not Immunized record and its associated Antigen Not Administered record(s) with the corrected ULI or Interview Date. The Not Immunized record must have a Submission Type of 'A' – Add Record/Transaction.
- If changing data other than the ULI or Interview Date within a previously submitted and accepted not immunized event, all records associated with the event must be resubmitted. This includes the Patient record, the Not Immunized record and all Antigen Not Administered records. The Not Immunized record must have a Submission type of 'C' – Change Record/Transaction.

DELETE DATA

- The Immunization or Not Immunized record must have a Submission type of 'D' – Delete Record/Transaction.
- When an Immunization record is deleted, the provincial Imm/ARI application will delete all Antigen Count records that refer to it.
- When a Not Immunized record is deleted, the provincial Imm/ARI application will delete all Antigen Not Administered records that refer to it.

Record Descriptions

Every record contains one or more data elements (or fields). For each data element the following information is provided:

- A narrative description of the field
- Format (Length)
 - Identifies if the field is:
 - alpha only – alphabetic characters only, plus any special characters as specified in the Business Rule component of the field definition
 - alphanumeric – alphabetic and numeric characters, plus any special characters as specified in the Business Rule component of the field definition
 - numeric – numeric value, either:
 - an integer if the format has a single value in parenthesis, e.g., Numeric (2) or
 - a decimal value if the format has two values, separated by a comma, in parenthesis, e.g., Numeric (8,2)
 - Identifies the maximum length of the field, and in the case of a numeric decimal value field, how many digits are to the right of the decimal point. For example, the Dosage field, defined as Numeric (8,2), may have a maximum of six digits to the left of the decimal point, and two to the right of the decimal point, e.g., 123456.78
- Mandatory
 - Identifies ‘Yes’ if the field must always be submitted and ‘No’ if the field does not have to be submitted
 - Identifies ‘Conditional’ if the field may have to be submitted under some circumstances
- Business Rules (not included under the data element if there are none)
 - Identifies rules applicable to both the field and related fields
- Program Validation Rules (not included under the data element if there are none)
 - Identifies rules applicable to the event
- Reformatting (not included under the data element if there are none)
 - Identifies if the submitted field will be reformatted upon processing of the file

Version Record (IV)

The Version record must be the first record and cannot recur elsewhere in the submission file. The Version record contains the DSG version number that identifies the version of the DSG the reported file adheres to. This field will accommodate any changes to the DSG record layouts in the future. Listed below is the layout of the record.

#	FIELD	FORMAT	MANDATORY RULE
1	Record Type	Alpha Only (2)	Mandatory
2	DSG Version Number	Numeric (2)	Mandatory

Example: IV|01|

DATA ELEMENTS

Record Type

The Record Type field identifies the type of record within a data submission.

Format (Length): Alpha only (2)

Mandatory: Yes

Business Rule: For the Version record, the Record Type code must be ‘IV’ – Version record

DSG Version Number

The DSG Version Number field identifies the version of the DSG to which the reported file adheres. This field will allow for changes to the DSG record layouts in the future by ensuring files are validated against the correct version of the Data Submission Guideline.

Format (Length): Numeric (2)

Mandatory: Yes

Business Rule: The DSG Version Number must be a valid value as defined by Alberta Health

- 01 is the only value that has been defined

Header Record (IH)

The Header record must be the second record, and cannot recur elsewhere in the submission file. It contains information that is used to identify the submitter and batch number of the submitted data. The Header record is used in conjunction with the Footer record to ensure that Alberta Health has received a complete submission, which helps in the follow up and tracking of invalid or rejected data.

The combination of the Submitter Prefix and the Batch Number must be unique for each immunization batch submission. Duplicate batch submissions will be rejected if found. Listed below is the layout of the record.

#	FIELD	FORMAT	MANDATORY RULE
1	Record Type	Alpha Only (2)	Mandatory
2	Submitter Prefix	Numeric (4)	Mandatory
3	Batch Number	Numeric (10)	Mandatory

Example: IH|10|000001|

DATA ELEMENTS

Record Type

The Record Type field identifies the type of record within a data submission.

Format (Length): Alpha only (2)

Mandatory: Yes

Business Rule: For the Header record, the Record Type code must be 'IH' – Header record

Submitter Prefix

The Submitter Prefix field identifies the delivery organization that submits the file to Alberta Health.

Format (Length): Numeric (4)

Mandatory: Yes

Business Rule: Must be a valid Submitter Prefix Code

Reformatting: Incoming value will be right justified and any leading blanks will be replaced with zeros

Table 1 – Submitter Prefix Codes

CODE	DESCRIPTION	END DATE
20	First Nations and Inuit Health Branch	
21	Chinook Regional Health Authority	
22	Palliser Health Region	
23	Calgary Health Region	
24	David Thompson Regional Health Authority	
25	East Central Health	
26	Capital Health	
27	Aspen Regional Health Authority	
28	Peace Country Health	
29	Northern Lights Health Region	
30	Pharmacies	
31	University of Alberta	
32	Atlas Immunization Services	
33	Workplace Health and Safety – AHS	
34	Workplace Health and Safety – Covenant Health	
35	University of Calgary	
36	Southern Alberta Institute of Technology	
37	International Paper Grande Prairie Health Department	
38	MaKami College Inc.	
45	Fort McKay First Nation	
46	Alexis First Nation	
47	Beaver First Nation	
48	Lubicon Lake Nation	
49	Swan River First Nation	
50	Nunee Health Board Society	
51	Paul First Nation	
52	Dene Tha' - Chateh	
53	Driftpile First Nation	
55	AH	
56	Saddle Lake Cree Nation	
57	Sunchild First Nation	
58	Alexander First Nation	
59	Enoch Cree Nation	
60	Beaver Lake Cree Nation	
61	Little Red River Cree Nation - John D'or Prairie	
62	Little Red River Cree Nation - Fox Lake	
63	Little Red River Cree Nation - Garden River	
64	Duncan's First Nation	
65	Wesley First Nation-Bighorn	
66	Maskwacis Health Services	
67	Whitefish Lake First Nation - Atikameg	
68	Woodland Cree First Nation	
69	Loon River First Nation	

CODE	DESCRIPTION	END DATE
70	Tallcree First Nation	
71	Heart Lake First Nation	
72	Blood Tribe Department of Health	
73	Sturgeon Lake Cree Nation	
74	Sucker Creek First Nation	
75	Kapawe'no First Nation	
76	Dene Tha' - Bushe River	
77	Dene Tha' - Meander River	
78	O'Chiese First Nation	
79	Tsuu Tina Nation	
80	Whitefish Lake First Nation - Goodfish	
81	Aakom Kiyii Health Services - Piikani	
82	Bigstone Health Commission - Calling Lake	
83	Bigstone Health Commission - Bigstone	
84	Cold Lake First Nations	
85	Stoney Trail Wellness Centre - Eden Valley	
86	Morning Sky Health & Wellness Society - Frog Lake	
87	Kehewin Cree Nation	
88	Stoney Health Services - Morley	
89	Siksika Health Services	
90	OKAKI Community Clinic	
91	OKAKI Virtual Care Clinic	
99	Unknown	
100	Direct Form Submitter	
101	AH ABC	
102	Physician Clinic	
103	Community Pharmacy	
104	Corrections	
105	Post-Secondary	
106	Long Term Care (Supportive Living)	
107	Private/Travel Clinic	
108	Occupational Health	
109	First Nations	
416	Connect Care	
00	Out of Province	2004/01/01
01	Chinook Regional Health Authority	2004/01/01
02	Palliser Health Region	2004/01/01
03	Headwaters Health Authority	2004/01/01
04	Calgary Health Region	2004/01/01
05	Health Authority 5	2004/01/01
06	David Thompson Regional Health Authority	2004/01/01
07	East Central Regional Health Authority	2004/01/01
08	Westview Regional Health Authority	2004/01/01
09	Crossroads Regional Health Authority	2004/01/01
10	Capital Health Authority	2004/01/01

CODE	DESCRIPTION	END DATE
11	Aspen Regional Health Authority	2004/01/01
12	Lakeland Regional Health Authority	2004/01/01
13	Mistahia Regional Health Authority	2004/01/01
14	Peace Health Region	2004/01/01
15	Keeweenok Lakes Regional Health Authority	2004/01/01
16	Northern Lights Regional Health Authority	2004/01/01
17	Northwestern Health Services Region	2004/01/01
413	Calgary Zone	2019/01/01
417	North Zone	2019/01/01
418	South Zone	2019/01/01
419	Central Zone	2019/01/01

Batch Number

The Batch Number field is used with the Submitter Prefix to uniquely identify each batch submission. The submitter defines the Batch Number for each submission file.

Format (Length): Numeric (10)

Mandatory: Yes

- Business Rule:
- The combination of the Submitter Prefix and the Batch Number must be unique for each immunization batch submission
 - The Batch Number must increase sequentially by one within the delivery organization
 - The first submission file sent by a delivery organization should have a Batch Number of '1'
 - Must be greater than or equal to 1

Patient Record (IP)

For each Patient record there must be one or more Immunization records and/or one or more Not Immunized records submitted. The Patient record contains all the required demographic data for the immunization service recipient. Listed below is the layout of the record.

#	FIELD	FORMAT	MANDATORY RULE
1	Record Type	Alpha Only (2)	Mandatory
2	Record Number	Numeric (5)	Mandatory
3	Unique Lifetime Identifier	Numeric (9)	Mandatory
4	Provincial Health Number Type	Alpha Only (2)	Conditional
5	Provincial Health Number	Alphanumeric (15)	Conditional
6	Alternate Person Identifier Type	Alpha Only (4)	Non-mandatory
7	Alternate Person Identifier	Alphanumeric (15)	Non-mandatory
8	Last Name	Alpha Only (50)	Mandatory
9	Given Name	Alpha Only (50)	Mandatory
10	Middle Name	Alpha Only (50)	Non-mandatory
11	Address Type	Alpha Only (4)	Mandatory
12	Street Address 1	Alphanumeric (35)	Conditional
13	Street Address 2	Alphanumeric (35)	Conditional
14	Street Address 3	Alphanumeric (35)	Conditional
15	Street Address 4	Alphanumeric (35)	Conditional
16	City Name	Alphanumeric (60)	Conditional
17	Province Code	Alpha Only (3)	Conditional
18	Country Code	Alpha Only (2)	Mandatory
19	Postal Code	Alphanumeric (12)	Conditional
20	Quarter Section Code	Alpha Only (2)	Conditional
21	Section	Numeric (2)	Conditional
22	Township	Numeric (3)	Conditional
23	Range	Numeric (2)	Conditional
24	Meridian	Numeric (1)	Conditional
25	Birth Date	Numeric (8)	Mandatory
26	Gender Code	Alpha Only (1)	Mandatory
27	Homeless/Indigent	Alpha Only (1)	Conditional

Example:

IP|1|890980089|AB|890980089|||Reed|Steve|Allan|MAIL|5334 103 Avenue|||Edmonton|AB|CA|T5J3G2|||||19831028|M|Y|

DATA ELEMENTS

Record Type

The Record Type field identifies the type of record within a data submission.

Format (Length): Alpha only (2)

Mandatory: Yes

Business Rule: For the Patient record, the Record Type code must be 'IP' – Patient record

Record Number

The Record Number field is used to sequentially number each Patient, Immunization, Antigen Count, Not Immunized and Antigen Not Administered record submitted.

Format (Length): Numeric (5)

Mandatory: Yes

Business Rule: Must be greater than or equal to 1

Unique Lifetime Identifier

The ULI field identifies a unique and permanent number assigned to all persons with a vested interest in the health system of Alberta. This includes all Alberta residents and any non-Alberta residents who receive health services in Alberta.

The ULI identifies the service recipient.

Format (Length): Numeric (9)

Mandatory: Yes

Business Rule:

- Must be a valid ULI on the Provincial Client Registry
- Must be a Primary ULI on the Provincial Client Registry

Provincial Health Number Type

The Provincial Health Number Type field identifies the province that assigned the Provincial Health Number to the service recipient.

Format (Length): Alpha only (2)

Mandatory: Conditional

Business Rule:

- Must be reported if a Provincial Health Number is submitted
- Must be a valid Provincial Health Number Type Code

Table 2 – Provincial Health Number Type Codes

CODE	DESCRIPTION
AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NL	Newfoundland and Labrador
NS	Nova Scotia
NT	Northwest Territories
NU	Nunavut
ON	Ontario
PE	Prince Edward Island
QC	Quebec
SK	Saskatchewan
YT	Yukon Territory

Provincial Health Number

The Provincial Health Number field is the identifier assigned to the service recipient by a province. It presumes eligibility for basic health services for the service recipient from the designated province.

Format (Length): Alphanumeric (15)

Mandatory: Conditional

Business Rule:

- Must be reported if a Provincial Health Number Type is submitted
- If the Provincial Health Number Type equals 'AB' the Provincial Health Number must equal the ULI

Alternate Person Identifier Type

The Alternate Person Identifier Type field identifies the purpose or jurisdiction of the Alternate Person Identifier.

Format (Length): Alpha only (4)

Mandatory: No

Business Rule: Must be a valid Alternate Person Identifier Type Code

Table 3 – Alternate Person Identifier Type Codes

CODE	DESCRIPTION
ABC	Alberta Blue Cross
CF	Canadian Armed Forces
FP	Federal Penitentiary
RCMP	RCMP Collator Regional Number
TRTY	Treaty Number
VAC	Veteran Affairs Canada
WCB	Workers Compensation Board

Alternate Person Identifier

The Alternate Person Identifier field identifies personal identification codes assigned by jurisdictions other than the provincial health ministries and is another identifier for the service recipient.

Format (Length): Alphanumeric (15)

Mandatory: No

Business Rule: None

Last Name

The Last Name field identifies the full surname or family name of the service recipient.

Format (Length): Alpha only (50)

Mandatory: Yes

Given Name

The Given Name field identifies the first name of the service recipient.

Format (Length): Alpha only (50)

Mandatory: Yes

Middle Name

The Middle Name field identifies the other given name of the service recipient.

Format (Length): Alpha only (50)

Mandatory: No

Address Type

The Address Type field identifies the type of address or location reported for the service recipient.

Format (Length): Alpha only (4)

Mandatory: Yes

Business Rule:

- Must be a valid Address Type Code
- If the Quarter Section Code, Section, Township, Range and Meridian are reported, Address type must be 'PHYS' – Physical Address

Table 4 – Address Type Codes

CODE	DESCRIPTION
MAIL	Mailing Address
PHYS	Physical Address

Street Address 1

The Street Address 1 field identifies line 1 of the street or mailing address of the service recipient at the time of the immunization or not immunized event.

Format (Length): Alphanumeric (35)

Mandatory: Conditional

Business Rule: Either Street Address **OR** Quarter Section Code, Section, Township, Range and Meridian must be reported

Example: Suite 2101

Street Address 2

The Street Address 2 field identifies line 2 of the street or mailing address of the service recipient at the time of the immunization or not immunized event.

Format (Length): Alphanumeric (35)

Mandatory: Conditional

Business Rule: Either Street Address **OR** Quarter Section Code, Section, Township, Range and Meridian must be reported

Example: Telus Plaza North Tower

Street Address 3

The Street Address 3 field identifies line 3 of the street or mailing address of the service recipient at the time of the immunization or not immunized event.

Format (Length): Alphanumeric (35)

Mandatory: Conditional

Business Rule: Either Street Address **OR** Quarter Section Code, Section, Township, Range and Meridian must be reported

Example: 10025 Jasper Avenue

Street Address 4

The Street Address 4 field identifies line 4 of the street or mailing address of the service recipient at the time of the immunization or not immunized event.

Format (Length): Alphanumeric (35)

Mandatory: Conditional

Business Rule: Either Street Address **OR** Quarter Section Code, Section, Township, Range and Meridian must be reported

City Name

The City Name field identifies the city, town or village where the service recipient resided at the time of the immunization or not immunized event.

Format (Length): Alphanumeric (60)

Mandatory: Conditional

Business Rule: Must be reported if Province Code equals 'AB' – Alberta

Province Code

The Province Code field is a standard abbreviation for a Canadian province or territory. It identifies the province or territory where the service recipient resided at the time of the immunization or not immunized event.

Format (Length): Alpha only (3)

Mandatory: Conditional

Business Rule:

- Must be reported if Country Code equals 'CA' – Canada
- Must be a valid Province Code

Table 5 – Province Codes

CODE	DESCRIPTION
AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NL	Newfoundland and Labrador
NS	Nova Scotia
NT	Northwest Territories
NU	Nunavut
ON	Ontario
PE	Prince Edward Island
QC	Quebec
SK	Saskatchewan
YT	Yukon

Country Code

The Country Code field identifies the country where the service recipient resided at the time of the immunization or not immunized event.

Format (Length): Alpha only (2)

Mandatory: Yes

Business Rule:

- Must be a valid Country Code
- These ISO alpha-2 codes follow the ISO 3166-1 standard, and are internationally recognized

Table 6 – Country Codes

CODE	DESCRIPTION (A to L)	CODE	DESCRIPTION (M to Z)
AF	Afghanistan	MO	Macau
AL	Albania	MK	Macedonia, The Former Yugoslav Republic of
DZ	Algeria	MG	Madagascar
AS	American Samoa	MW	Malawi
AD	Andorra	MY	Malaysia
AO	Angola	MV	Maldives
AI	Anguilla	ML	Mali
AQ	Antarctica	MT	Malta
AG	Antigua and Barbuda	MH	Marshall Islands
AR	Argentina	MQ	Martinique
AM	Armenia	MR	Mauritania
AW	Aruba	MU	Mauritius
AU	Australia	YT	Mayotte
AT	Austria	MX	Mexico
AZ	Azerbaijan	FM	Micronesia, Federated States of
BS	Bahamas	MD	Moldova, Republic of
BH	Bahrain	MC	Monaco
BD	Bangladesh	MN	Mongolia
BB	Barbados	MS	Montserrat
BY	Belarus	MA	Morocco
BE	Belgium	MZ	Mozambique
BZ	Belize	MM	Myanmar
BJ	Benin	NA	Namibia
BM	Bermuda	NR	Nauru
BT	Bhutan	NP	Nepal
BO	Bolivia	NL	Netherlands
BA	Bosnia and Herzegovina	AN	Netherlands Antilles
BW	Botswana	NC	New Caledonia
BV	Bouvet Island	NZ	New Zealand
BR	Brazil	NI	Nicaragua
IO	British Indian Ocean Territory	NE	Niger
BN	Brunei Darussalam	NG	Nigeria
BG	Bulgaria	NU	Niue
BF	Burkina Faso	NF	Norfolk Island
BI	Burundi	MP	Northern Mariana Islands
KH	Cambodia	NO	Norway
CM	Cameroon	OM	Oman
CA	Canada	PK	Pakistan
CV	Cape Verde	PW	Palau
KY	Cayman Islands	PA	Panama

CODE	DESCRIPTION (A to L)	CODE	DESCRIPTION (M to Z)
CF	Central African Republic	PG	Papua New Guinea
TD	Chad	PY	Paraguay
CL	Chile	PE	Peru
CN	China	PH	Philippines
CX	Christmas Island	PN	Pitcairn
CC	Cocos (Keeling) Islands	PL	Poland
CO	Colombia	PT	Portugal
KM	Comoros	PR	Puerto Rico
CG	Congo	QA	Qatar
CD	Congo, the Democratic Republic of the	RE	Reunion
CK	Cook Islands	RO	Romania
CR	Costa Rica	RU	Russian Federation
CI	Cote D'Ivoire	RW	Rwanda
HR	Croatia (local name: Hrvatska)	KN	Saint Kitts and Nevis
CU	Cuba	LC	Saint Lucia
CY	Cyprus	VC	Saint Vincent and the Grenadines
CZ	Czech Republic	WS	Samoa
DK	Denmark	SM	San Marino
DJ	Djibouti	ST	Sao Tome and Principe
DM	Dominica	SA	Saudi Arabia
DO	Dominican Republic	SN	Senegal
TP	East Timor	RS	Serbia
EC	Ecuador	SC	Seychelles
EG	Egypt	SL	Sierra Leone
SV	El Salvador	SG	Singapore
GQ	Equatorial Guinea	SK	Slovakia (Slovak Republic)
ER	Eritrea	SI	Slovenia
EE	Estonia	SB	Solomon Islands
ET	Ethiopia	SO	Somalia
FK	Falkland Islands (Malvinas)	ZA	South Africa
FO	Faroe Islands	GS	South Georgia and the South Sandwich Islands
FJ	Fiji	ES	Spain
FI	Finland	LK	Sri Lanka
FR	France	SH	St. Helena
FX	France, Metropolitan	PM	St. Pierre and Miquelon
GF	French Guiana	SD	Sudan
PF	French Polynesia	SR	Suriname
TF	French Southern Territories	SJ	Svalbard and Jan Mayen Islands
GA	Gabon	SZ	Swaziland
GM	Gambia	SE	Sweden

CODE	DESCRIPTION (A to L)	CODE	DESCRIPTION (M to Z)
GE	Georgia	CH	Switzerland
DE	Germany	SY	Syrian Arab Republic
GH	Ghana	TW	Taiwan, Province of China
GI	Gibraltar	TJ	Tajikistan
GR	Greece	TZ	Tanzania, United Republic of
GL	Greenland	TH	Thailand
GD	Grenada	TG	Togo
GP	Guadeloupe	TK	Tokelau
GU	Guam	TO	Tonga
GT	Guatemala	TT	Trinidad and Tobago
GN	Guinea	TN	Tunisia
GW	Guinea-Bissau	TR	Turkey
GY	Guyana	TM	Turkmenistan
HT	Haiti	TC	Turks and Caicos Islands
HM	Heard and Mc Donald Islands	TV	Tuvalu
VA	Holy See (Vatican City State)	UG	Uganda
HN	Honduras	UA	Ukraine
HK	Hong Kong	AE	United Arab Emirates
HU	Hungary	GB	United Kingdom
IS	Iceland	US	United States
IN	India	UM	United States Minor Outlying Islands
ID	Indonesia	UY	Uruguay
IR	Iran (Islamic Republic of)	UZ	Uzbekistan
IQ	Iraq	VU	Vanuatu
IE	Ireland	VE	Venezuela
IL	Israel	VN	Viet Nam
IT	Italy	VG	Virgin Islands (British)
JM	Jamaica	VI	Virgin Islands (U.S.)
JP	Japan	WF	Wallis and Futuna Islands
JO	Jordan	EH	Western Sahara
KZ	Kazakhstan	YE	Yemen
KE	Kenya	YU	Yugoslavia
KI	Kiribati	ZR	Zaire
KP	Korea, Democratic People's Republic of	ZM	Zambia
KR	Korea, Republic of	ZW	Zimbabwe
KW	Kuwait		
KG	Kyrgyzstan		
LA	Lao People's Democratic Republic		
LV	Latvia		
LB	Lebanon		

CODE	DESCRIPTION (A to L)	CODE	DESCRIPTION (M to Z)
LS	Lesotho		
LR	Liberia		
LY	Libyan Arab Jamahiriya		
LI	Liechtenstein		
LT	Lithuania		
LU	Luxembourg		

Postal Code

The Postal Code field identifies the postal code where the service recipient resided at the time of the immunization or not immunized event.

Format (Length): Alphanumeric (12)

Mandatory: Conditional

Business Rule:

- Must be reported if Province Code equals 'AB' – Alberta
- If Country Code equals 'CA' – Canada, the postal code format will be validated as ANANAN
- If Homeless/Indigent flag is set to "Y" the Postal Code must be blank

Program Validation Rules:

- If Postal Code is reported, must match Postal Code for the reported ULI on the Provincial Client Registry
- If Province Code equals 'AB' – Alberta, the Postal Code will be verified against information provided by Canada Post to ensure it is a valid Alberta Postal Code

Reformatting: Blank spaces will be removed

Example: T6L5R9

Quarter Section Code

The Quarter Section Code field describes one quarter of a Section. The Quarter Section Code is one component of the legal land description where the rural service recipient physically resided at the time of the immunization or not immunized event. Reporting the legal land description provides more information about the service recipient's physical location than a mailing address.

Format (Length): Alpha only (2)

Mandatory: Conditional

Business Rule:

- Either Street Address **OR** Quarter Section Code, Section, Township, Range and Meridian must be reported
- Must be a valid Quarter Section Code

Table 7 – Quarter Section Codes

CODE	DESCRIPTION
SE	South East
SW	South West
NE	North East
NW	North West

Section

The Section field identifies one thirty-sixth of a Township. The Section is one component of the legal land description where the rural service recipient physically resided at the time of the immunization or not immunized event. Reporting the legal land description provides more information about the service recipient's physical location than a mailing address.

Format (Length): Numeric (2)

Mandatory: Conditional

- Business Rule:
- Either Street Address **OR** Quarter Section Code, Section, Township, Range and Meridian must be reported
 - Must be greater than or equal to 1 and less than or equal to 36

Township

The Township field identifies a row, which crosses both Meridians and Ranges. The Township is one component of the legal land description where the rural service recipient physically resided at the time of the immunization or not immunized event. Reporting the legal land description provides more information about the service recipient's physical location than a mailing address.

Format (Length): Numeric (3)

Mandatory: Conditional

- Business Rule:
- Either Street Address **OR** Quarter Section Code, Section, Township, Range and Meridian must be reported
 - Must be greater than or equal to 1 and less than or equal to 126

Range

The Range field identifies a numbered column that falls between an identified Meridian. The Range is one component of the legal land description where the rural service recipient physically resided at the time of the immunization or not immunized event. Reporting the legal land description provides more information about the service recipient's physical location than a mailing address.

Format (Length): Numeric (2)

Mandatory: Conditional

- Business Rule:
- Either Street Address **OR** Quarter Section Code, Section, Township, Range and Meridian must be reported
 - Must be greater than or equal to 1 and less than or equal to 30

Meridian

The Meridian field identifies a north-south line used for longitudinal orientation. The Meridian is one component of the legal land description where the rural service recipient physically resided at the time of the immunization or not immunized event. Reporting the legal land description provides more information about the service recipient's physical location than a mailing address.

Format (Length): Numeric (1)

Mandatory: Conditional

- Business Rule:
- Either Street Address **OR** Quarter Section Code, Section, Township, Range and Meridian must be reported
 - Must be either 4, 5 or 6

Birth Date

The Birth Date field identifies the calendar date on which the service recipient was born as reported upon registration.

Format (Length): Numeric (8)

Mandatory: Yes

Business Rule:

- Must be in format YYYYMMDD
- Must be less than or equal to today's date
- Must be greater than or equal to 18700101

Program Validation Rules: • Must match the birth date for the reported ULI on the Provincial Client Registry

Example: A person born December 1, 1965 should have a reported Birth Date of 19651201

Gender Code

The Gender Code field identifies the biological sex of the service recipient as reported upon registration.

Format (Length): Alpha only (1)

Mandatory: Yes

Business Rule: Must be a valid Gender Code

Program Validation Rules: If 'F' – Female or 'M' – Male is reported, must match the gender for the reported ULI on the Provincial Client Registry

Table 8 – Gender Codes

CODE	DESCRIPTION
F	Female
M	Male
O	Other
U	Unknown

Homeless/Indigent Flag

The Homeless/Indigent Flag field identifies a service recipient with no fixed address.

Format (Length): Alpha only (1)

Mandatory: Conditional

Business Rule:

- If service recipient has a fixed address default the Homeless/Indigent Flag to "N"
- If service recipient has no fixed address set Homeless/Indigent Flag to "Y"

Table 9 – Homeless/Indigent Flag Codes

CODE	DESCRIPTION
N	No
Y	Yes

Immunization Record (II)

The Immunization record contains data related to the vaccine administered to the immunization service recipient. For each Immunization record there must be one or more Antigen Count Record submitted. Listed below is the layout of the record.

#	FIELD	FORMAT	MANDATORY RULE
1	Record Type	Alpha Only (2)	Mandatory
2	Record Number	Numeric (5)	Mandatory
3	Unique Lifetime Identifier	Numeric (9)	Mandatory
4	Submission Type	Alpha Only (1)	Mandatory
5	Historical Indicator	Alpha Only (1)	Conditional
6	Immunization Date	Numeric (8)	Mandatory
7	Partial/Estimated Date Indicator	Alpha Only (1)	Conditional
8	Vaccine Code	Alphanumeric (15)	Mandatory
9	Vaccine Site Code ⁽¹⁾	Alpha Only (4)	Mandatory ⁽²⁾
10	Administering Method Code ⁽¹⁾	Alpha Only (3)	Mandatory ⁽²⁾
11	Reason For Immunization Code	Numeric (2)	Conditional ⁽³⁾
12	Dosage ⁽¹⁾	Numeric (8,2)	Mandatory ⁽²⁾
13	Dosage Type Code	Alpha Only (4)	Mandatory ⁽²⁾
14	Manufacturer	Alpha Only (3)	Mandatory ⁽²⁾
15	Lot Number ⁽¹⁾	Alphanumeric (20)	Mandatory ⁽²⁾
16	Delivery Organization of Service	Numeric (4)	Conditional ⁽³⁾
17	Delivery Management Site	Alphanumeric (5)	Conditional ⁽³⁾
18	Delivery Province Code	Alpha Only (3)	Conditional
19	Delivery Country Code	Alpha Only (2)	Conditional
20	Delivery Continent Code	Alpha Only (3)	Conditional
21	Grade Code	Alphanumeric (2)	Conditional
22	Comment	Alphanumeric (1600)	Non-Mandatory

(1) Immunizations with multiple Lot Numbers can be submitted (refer to [Multiple Lot Number Considerations](#)).

(2) Not mandatory for out-of-province or historical events

(3) Not required for out-of-province or historical events

Example: II|2|145261314|A|H|20220310|E|FLU|RA|IM|03|0.5|ML|MF|NE09150|55|899|AB|CA|NA|NG||

To accurately calculate childhood immunization coverage rates within the province, Alberta Health requires immunization events for children less than or equal to 15 years of age who move to Alberta. It is recognized that when children move to the province, their parent or guardian may not provide the delivery organization with all details pertaining to each immunization event. Therefore, for immunization events that occur outside of Alberta for children less than or equal to 15 years, a subset of all mandatory data elements will be accepted.

Out-of-province example: II|2|145261314|A||20220422||HBV|||50|0.5|ML|||55|899|BC|CA|NA||

DATA ELEMENTS

Record Type

The Record Type field identifies the type of record within a data submission.

Format (Length): Alpha only (2)

Mandatory: Yes

Business Rule: For the Immunization record, the Record Type code must be 'II' – Immunization record

Record Number

The Record Number field is used to sequentially number each Patient, Immunization, Antigen Count, Not Immunized and Antigen Not Administered record submitted.

Format (Length): Numeric (5)

Mandatory: Yes

Business Rule: Must be greater than or equal to 1

Unique Lifetime Identifier

Must match the ULI reported in the preceding Patient record. Refer to the [ULI data element](#) in that subsection for format and business rules.

Submission Type

The Submission Type field identifies the type of data transaction.

Format (Length): Alpha only (1)

Mandatory: Yes

Business Rule:

- Must be a valid Submission Type Code
- Cannot be 'C' – Change Record/Transaction if not previously submitted and accepted as 'A' – Add Record/Transaction
- Cannot be 'D' – Delete Record/Transaction if not previously submitted and accepted as 'A' – Add Record/Transaction
- Cannot be 'A' – Add Record/Transaction if already previously submitted and accepted as 'A' – Add Record/Transaction or 'C' – Change Record/Transaction

Table 10 – Submission Type Codes

VALUE	DESCRIPTION
A	Add Record/Transaction
C	Change Record/Transaction
D	Delete Record/Transaction

Historical Indicator

The Historical Indicator field identifies an immunization event that was previously administered but not reported.

Format (Length): Alpha only (1)

Mandatory: Conditional

Business Rule: If an immunization event that was not previously reported is submitted, the Historical Indicator must be “H” – Historical Immunization

Table 11 – Historical Indicator Code

VALUE	DESCRIPTION
H	Historical Immunization

Immunization Date

The Immunization Date field identifies the date the immunization event occurred.

Format (Length): Numeric (8)

Mandatory: Yes

Business Rule:

- Must be in format YYYYMMDD
- Must be greater than or equal to the service recipient’s Birth Date
- Must be less than or equal to today’s date
- Must be less than or equal to the service recipient’s Date of Death in the Provincial Client Registry

Program Validation Rules: For Program Validation Rules by Vaccine Code and Program Validation Rules by Antigen Code, see [Appendix 1](#)

Partial/Estimated Date Indicator

The Partial/Estimated Date field identifies an immunization date reported with inadequate immunization documentation. The immunization date will be submitted as a complete date following Alberta Health Services “Standards for Individuals Presenting with Inadequate Immunization Documentation Policy”.

Format (Length): Alpha only (1)

Mandatory: Conditional

Business Rule: If a client presents with inadequate immunization documentation, “E” – Partial/Estimated Date Indicator must be reported

Table 12 – Partial/Estimated Date Codes

VALUE	DESCRIPTION
E	Partial/Estimated Date

Vaccine Code

The Vaccine Code field identifies the vaccine administered to the service recipient.

Format (Length): Alphanumeric (15)

Mandatory: Yes

Business Rule:

- Must be a valid Vaccine Code
- Must be an active Vaccine Code for the reported Immunization Date

Program Validation Rules:

- For Program Validation Rules by Vaccine Code, see [Appendix 1](#)
- All reported vaccine codes must conform to the capitalization convention (e.g., report Hib, not HIB)

Table 13 – Vaccine Codes

Note:

1. The Vaccine Code column identifies the vaccine or other immunobiological agent.
2. The Type column identifies the type of immunobiological agent:
 A = Active immunization
 P = Passive immunization
 CP = Chemoprophylaxis or test
3. The Active column identifies the status of the immunobiological agent:
 Y = Active, immunobiological agent in current use
 N = Inactive, historic immunobiological agent not in current use
 H = Historical, generic code created to document historical events where the vaccine type is unknown
 U = Unavailable, code may exist in legacy data but is no longer available for use when documenting historical events

All reported vaccine codes must conform to the capitalization convention (e.g., report Hib, not HIB).

VACCINE CODE ¹	TYPE ²	VACCINE NAME/DESCRIPTION	ACTIVE ³	START	END DATE	NOTES
Anth	A	Anthrax	Y	1996/01/01		
BA	P	Botulism Antitoxin	Y	1962/06/12		
BA-7	P	Botulism Antitoxin Heptavalent	Y	2016/12/15		
BCG	A	Bacillus Calmette Guerin (TB)	Y	1956/01/01		
BAIg	P	Botulism Antitoxin Immune Globulin	Y	2013/05/27		
CH	A	Cholera (unspecified)	H	1900/01/01		ONLY used when documenting historical records where the type of vaccine is unknown
Chol-Ecol-O	A	Cholera - E.coli (oral)	Y	2003/02/21		
COVAUVec	A	AZ-COVID-19 ChAdOx1 - NR viral Vector (Vaxzevria)	Y	2020/12/01		
COVAXIN	A	COVID-19 Covaxin	H	2021/11/12		
COVBIBPVer	A	SinoPharm BIBP Vero Cell	H	2020/02/01		
COVCanSinoRe	A	CanSinoBIO (Convidecia) COVID-19 Recombinant	H	2022/05/19		
COVCVASub	A	Covovax NVX-CoV2373 Recomb Nanoparticle	Y	2022/01/01		
COVJANVec	A	COVID-19 Ad26 SARS - NR viral Vector	Y	2020/12/01		
COVMGOVLP	A	COVID-19 Virus Like Partical, Unspecified (Covifenz)	Y	2020/12/01		
COVMOD6m-5ymRNA	A	PEDS 6mos-5yrs COVID-19 mRNA 1273 – mRNA (Moderna/SpikeVax)	Y	2022/01/01		

VACCINE CODE ¹	TYPE ²	VACCINE NAME/DESCRIPTION	ACTIVE ³	START	END DATE	NOTES
COVMODmRNABA1	A	COVID-19 Moderna (Spikevax) Bivalent Vaccine-BA1	Y	2022/09/01		
COVMODmRNABA45	A	COVID-19 Moderna (Spikevax) Bivalent Vaccine-BA4/5	H	2022/09/01		
COVMODmRNA	A	COVID-19 mRNA 1273 - mRNA (SpikeVax)	Y	2020/12/01		
COVNVASub	A	Recombinant spike protein, unspecified (Nuvaxovid)	Y	2022/01/01		
COVPB5y-11ymRNA	A	PEDIATRIC COVID19 BNT162b2-mRNA 5 yrs to 11 yrs (Cominarty)	Y	2021/11/12		
COVPB6m-4ymRNA	A	PEDS 6mos-4 yrs COVID19 BNT162b2 - mRNA (Pfizer/Cominarty)	Y	2022/01/01		
COVPBmRNA	A	COVID-19 BNT162b2 - mRNA (Cominarty)	Y	2020/12/01		
COVPBmRNABA1	A	COVID-19 Pfizer-BioNTech (Comirnaty) Bivalent Vaccine-BA1	H	2022/09/01		
COVPBmRNABA45	A	COVID-19 Pfizer-BioNTech (Comirnaty) Bivalent Vaccine-BA4/5	H	2022/09/01		
COVSIIVec	A	SII - COVID-19 ChAdOx1 - NR viral Vector	Y	2020/12/01		
COVSVACVer	A	SinoVac Vero Cell	H	2020/12/01		
DA	P	Diphtheria Antitoxin	Y	1895/01/01		
dTap (also known as Tdap)	A	Diphtheria/Tetanus/Acellular Pertussis	Y	2004/02/01		When documenting trivalent acellular pertussis events and the vaccine type is UNKNOWN use this code if the age of the client at immunization is ≥ 12 yrs
dTap-IPV	A	Diphtheria/Tetanus/Acellular Pertussis/IPV	Y	2008/06/12		
DTaP-HB-IPV	A	Diphtheria/Tetanus/Acellular Pertussis/Hepatitis B/IPV	Y	2008/08/13		
DTaP-IPV	A	Diphtheria/Tetanus/Acellular Pertussis/IPV	Y	1997/07/01		
DTaP-IPV-Hib	A	Diphtheria/Tetanus/Acellular Pertussis/IPV/Hib	Y	1997/07/01		
DTaP-IPV-Hib-HB	A	Diphtheria/Tetanus/Acellular Pertussis/IPV/Hib/Hepatitis B	Y	2004/05/28		
DTwP-Hib-HB	A	Diphtheria/Tetanus/Whole Cell Pertussis/Hib/Hepatitis B	H	1900/01/01		
DTwP-IPV-Hib	A	Diphtheria/Tetanus/Whole Cell Pertussis/IPV/Hib	H	1900/01/01		
FLU	A	Influenza Standard Dose	Y	1939/01/01		
FLU-HD	A	Influenza High Dose	Y	2021/08/01		
HABV	A	Hepatitis A and B	Y	1997/01/01		
HA-Typh-I	A	Hepatitis A and Typhoid	Y	2003/10/29		
HAV	A	Hepatitis A	Y	1994/01/01		
HBIG	P	Hepatitis B Immune Globulin	Y	1971/01/01		
HBV	A	Hepatitis B	Y	1983/01/01		
HBVD	A	Hepatitis B for Dialysis	Y	1983/01/01		
Hib	A	Haemophilus Influenza b	Y	1993/02/01		
HPV-9	A	Human Papillomavirus (Nonavalent)	Y	2015/02/05		
HPV-U	A	Human Papillomavirus (unspecified)	H	1900/01/01		ONLY used when documenting historical records where the type of vaccine is unknown

VACCINE CODE ¹	TYPE ²	VACCINE NAME/DESCRIPTION	ACTIVE ³	START	END DATE	NOTES
IG	P	Immune Globulin (human intramuscular)	Y	1987/02/18		
IPV	A	Inactivated Polio	Y	1956/01/01		
JEV	A	Japanese Encephalitis	Y	1990/01/01		
MenC-ACYW	A	Meningococcal Conjugate (A, C, Y, W-135)	Y	2006/05/03		
MenconC	A	Meningococcal Conjugate Monovalent (C)	Y	2001/06/15		
Men-B	A	Meningococcal B (4C, OMV recombinant absorbed)	Y	2013/12/09		
MenB-FHbp	A	Meningococcal B FHbp (recombinant)	Y	2017/10/05		
MenB-U	A	Meningococcal B (unspecified)	H	1900/01/01		ONLY used when documenting historical records where the type of vaccine is unknown
MENING-C	A	Meningococcal Conjugate (unspecified)	H	1900/01/01		ONLY used when documenting historical records where the type of vaccine is conjugate but unknown serotype
MENING-P	A	Meningococcal Polysaccharide (unspecified)	H	1900/01/01		ONLY used when documenting historical records where the type of vaccine is polysaccharide but unknown serotype
MMR	A	Measles/Mumps/Rubella	Y	1982/01/01		
MMR-Var	A	MMR and Varicella	Y	2007/07/30		
PPD	CP	Purified Protein Derivative 5TU (Mantoux - TB Test)	Y	1960/01/05		
PNEU-C13	A	Pneumococcal (13 conjugate)	Y	2009/12/21		
PNEU-C15	A	Pneumococcal (15 conjugate)	Y	2022/07/19		
PNEU-C20	A	Pneumococcal (20 conjugate)	Y	2022/07/08		
PNEU-CON	A	Pneumococcal Conjugate (unspecified)	H	1900/01/01		ONLY used when documenting historical records where the type is conjugate but the serotype is unknown
PNEUMO-P	A	Pneumococcal (23 polysaccharide)	Y	1983/01/01		
RAB	A	Rabies	Y	1980/01/01		
RIG	P	Rabies Immune Globulin	Y	1983/09/16		
Rot	A	Rotavirus	Y	2006/08/16		
Rot-5	A	Rotavirus (pentavalent)	Y	2006/08/01		
Rot-U	A	Rotavirus (unspecified)	H	1900/01/01		
RSVlg	P	Respiratory Syncytial Virus	Y	2002/06/01		
SMAMONV	A	Smallpox-Monkeypox Orthopoxvirus – Imvamune Vaccine	Y	2022/06/06		
Td	A	Tetanus/Diphtheria Toxoids (adult)	Y	1980/07/09		
Td-IPV	A	Tetanus/Diphtheria/IPV	Y	1984/01/10		
TIG	P	Tetanus Immune Globulin	Y	1963/12/09		
TY	A	Typhoid (unspecified)	H	1900/01/01		ONLY used when documenting historical records where the type of vaccine is unknown
TYO	A	Typhoid Ty21a (oral)	Y	1992/01/01		
TYVI	A	Typhoid (injectable)	Y	1993/11/01		

VACCINE CODE ¹	TYPE ²	VACCINE NAME/DESCRIPTION	ACTIVE ³	START	END DATE	NOTES
Var-S	A	Shingles Live	Y	2008/08/22		
Var-SI	A	Shingles Inactivated	Y	2016/09/01		
Var-SU	A	Shingles (unspecified)	H	1900/01/01		
VZ	A	Varicella Zoster	Y	1998/12/01		
VZIG	P	Varicella Zoster Immune Globulin	Y	1985/01/01		
VZU	A	Varicella Zoster (unspecified)	H	1900/01/01		ONLY used when documenting historical records where the type of vaccine is unknown
YF	A	Yellow Fever	Y	1935/01/01		
aP	A	Acellular Pertussis	N	1997/07/01	2001/10/31	
CHI	A	Cholera (injectable)	N	1970/01/01	1999/01/01	
CHO	A	Cholera (oral)	N	1997/01/01	2010/09/23	
D	A	Diphtheria Toxoid (fluid)	N	1954/04/01	1994/08/01	
DD	A	Diphtheria Toxoid (fluid-diluted)	U	1954/04/01	1994/08/01	No longer available for historical documentation as of 2011/05/01
DPT	A	Diphtheria/whole cell Pertussis/ Tetanus	N	1948/01/01	1997/06/30	
DPTP	A	Diphtheria/whole cell Pertussis/ Tetanus/ IPV	N	1994/08/02	1997/06/30	
DPTPHib	A	Diphtheria/whole cell Pertussis/ Tetanus/ IPV/Hib	N	1994/08/02	1997/06/30	
DRT	CP	Diphtheria Reaction Test	N	1923/01/01	1996/01/01	
DT	A	Diphtheria/Tetanus toxoids (pediatric)	N	1948/01/01	1998/12/31	
DTaP	A	Diphtheria/Tetanus/Acellular Pertussis	U	1997/07/01	1999/01/01	When documenting trivalent acellular pertussis events and the vaccine type is UNKNOWN use this code if the age of the client at immunization is < 12 yrs
DT-IPV	A	Diphtheria/Tetanus/IPV (pediatric)	N	1996/07/01	2005/10/31	
EZM	A	E/Z Measles	U	1969/01/01	1971/01/01	No longer available for historical documentation as of 2011/05/01
H1N1-09-AD	A	Adjuvanted Pandemic 2009 Influenza	N	2009/10/19	2010/10/01	
H1N1-09	A	Non-Adjuvanted Pandemic 2009 Influenza	N	2009/10/19	2010/10/01	
HbOC	A	Haemophilus Influenza b	U	1992/05/19	1993/02/01	No longer available for historical documentation as of 2011/05/01
HBTmf	A	Hepatitis B Thimerosal Free	U	2003/04/16	2011/05/01	No longer available for historical documentation as of 2011/05/01
Hib-MenC	A	Haemophilus Influenza b/ Meningococcal Conjugate	H	2010/08/01	2015/02/05	
HPV	A	Human Papillomavirus (Quadravalent)	Y	2006/07/11	2019/06/30	
HPV-2	A	Human Papillomavirus (Bivalent)	Y	2010/02/09	2019/06/30	
KMEA	A	Killed Red Measles	N	1963/01/01	1970/12/31	
Lym	A	Lymerix	N	1998/12/02	2002/07/30	
MEA	A	Measles (red)	N	1970/07/01	1998/12/31	
MenACs	A	Meningococcal Polysaccharide Bivalent (A, C)	U	2001/01/01	2002/03/01	No longer available for historical documentation as of 2011/05/01
MeninAC	A	Meningococcal Polysaccharide Bivalent (A, C)	N	2001/01/01	2002/03/01	
MENING	A	Meningococcal Polysaccharide Quadravalent (A, C, Y, W-135)	Y	1983/05/04	2012/01/18	

VACCINE CODE ¹	TYPE ²	VACCINE NAME/DESCRIPTION	ACTIVE ³	START	END DATE	NOTES
MENOTET	A	Meningococcal Polysaccharide Quadravalent (A, C, Y, W-135)	U	1983/05/04	2000/11/01	No longer available for historical documentation as of 2011/05/01
MONM	A	Measles (Red)	U	1997/04/01	1998/06/30	No longer available for historical documentation as of 2011/05/01
MR	A	Measles/Rubella	N	1997/01/01	1999/12/31	
MU	A	Mumps	N	1982/01/01	2004/02/08	
OMP	A	Haemophilus Influenza b	U	1990/01/01	1994/08/02	No longer available for historical documentation as of 2011/05/01
OPV	A	Oral Polio	N	1962/01/01	1994/07/31	
P	A	Whole Cell Pertussis	N	1939/01/01	1997/06/30	
PNEU-C	A	Pneumococcal (7 conjugate)	N	2001/01/16	2010/07/01	
PNEU-C10	A	Pneumococcal (10 conjugate)	Y	1923/01/01	2008/12/11	
POL	A	Polio (unspecified)	Y	1994/08/02	1998/12/31	
PRPD	A	Haemophilus Influenza b	U	1988/03/16	1992/05/18	No longer available for historical documentation as of 2011/05/01
RUB	A	Rubella	N	1971/01/01	1998/10/01	
Sma	A	Smallpox	N	1870/01/01	2015/06/01	
SNAKE	P	Snakebite Antivenom	N	1980/01/01	2002/02/03	
TBEV	A	Tick-Borne Encephalitis Virus	N	1995/06/01	2014/03/03	
TdP	A	Tetanus/Diphtheria/IPV (adult)	N	1984/01/10	2015/03/01	
TP	A	Tetanus Polio	N	1959/01/01	1994/08/01	
TT	A	Tetanus Toxoid	N	1947/01/01	2000/12/31	

Vaccine Site Code

The Vaccine Site Code field identifies the anatomical site into which the vaccine is administered into the service recipient.

Format (Length): Alpha only (4)

Mandatory: Yes

- Business Rule:
- Not mandatory for out-of-province or historical immunization events
 - Must be reported if Administering Method Code is reported
 - Must be a valid Vaccine Site Code
 - If Administering Method Code equals 'PO' – Oral, Vaccine Site Code must be 'MO' – Mouth
 - If Administering Method Code equals 'IN' – Intranasal, Vaccine Site Code must be 'NO' – Nose

Table 14 – Vaccine Site Codes

CODE	DESCRIPTION
LA	Left Arm
LAF	Left Arm - Forearm
LAL	Left Arm – Lower (The lower site of two injections given in the left deltoid)
LAU	Left Arm – Upper (The upper site of two injections given in the left deltoid)
LDG	Left Dorsogluteal
LG	Left Gluteal
LL	Left Leg (Left vastus lateralis)

CODE	DESCRIPTION
LLL	Left Leg – Lower (The lower site of two injections given in the left vastus lateralis)
LLU	Left Leg – Upper (The upper site of two injections given in the left vastus lateralis)
LVG	Left Ventrogluteal
MO	Mouth
MS	Multiple Sites (For IG products)
NO	Nose
OTH	Other
RA	Right Arm
RAF	Right Arm - Forearm
RAL	Right Arm – Lower (The lower site of two injections given in the right deltoid)
RAU	Right Arm – Upper (The upper site of two injections given in the right deltoid)
RDG	Right Dorsogluteal
RG	Right Gluteal
RL	Right Leg (Right vastus lateralis)
RLL	Right Leg – Lower (The lower site of two injections given in the right vastus lateralis)
RLU	Right Leg – Upper (The upper site of two injections given in the right vastus lateralis)
RVG	Right Ventrogluteal
VE	Vein
WO	Wound
UNK	Unknown

Administering Method Code

The Administering Method Code field identifies the route of administration of the vaccine into the service recipient.

Format (Length): Alpha only (3)

Mandatory: Yes

- Business Rule:
- Not mandatory for out-of-province or historical immunization events
 - Must be reported if Vaccine Site Code is reported
 - Must be a valid Administering Method Code
 - If Vaccine Site Code equals 'MO' – Mouth, Administering Method Code must be 'PO' – Oral
 - If Vaccine Site Code equals 'NO' – Nose, Administering Method Code must be 'IN' – Intranasal

Table 15 – Administering Method Codes

CODE	DESCRIPTION
G	Gastric
ID	Intradermal
IM	Intramuscular
IN	Intranasal
INF	Infiltrate
IV	Intravenous Infusion
PO	Oral

CODE	DESCRIPTION
SC	Subcutaneous
OTH	Other
UNK	Unknown

Reason for Immunization Code

The Reason for Immunization Code field identifies the reason why the vaccine was administered into the service recipient.

Format (Length): Numeric (2)

Mandatory: Conditional

- Business Rule:
- Not required for out-of-province or historical immunization events
 - Must be reported for all administered immunization events
 - Must be a valid Reason for Immunization Code
 - Must be a valid Reason Code within the reported Vaccine Code – See [Table 17](#)

Reformatting: Incoming value will be right justified and any leading blanks will be replaced with zeros

Table 16 – Reason for Immunization Codes

Note: Codes that are end-dated can be used if a previously “not-reported” immunization occurred before the end date.

CODE	DESCRIPTION	END DATE
02	Advanced Age (65+)	
03	Health Care Workers not including LTC/DSL	
22	LTC/DSL Resident	
39	Household or Close Contacts of individuals in the 46, 02, 67, and 68 reason codes categories	
44	LTC/DSL Staff	
46	Pregnant Women	
50	Routine Recommended Immunization	
51	Post Exposure	
52	Outbreak	
54	Occupational	
58	Treatment	
65	Endemic HBV	
66	Other Risk	
67	Children 6 months to 59 months of age	
68	5 years to 64 years of age with an eligible chronic condition	
69	5 years to 64 years (routine) with no individual risk/not a household contact of an individual in a high-risk population	
70	Other Congregate Living Settings (e.g., senior lodges, corrections, group homes)	
72	12 years to 64 years of age	
73	COVID-19 In-school Immunization Program	

CODE	DESCRIPTION	END DATE
74	COVID-19 Additional Dose for Travel	
75	5 years to 11 years of age	
76	6 months to 4 years of age	
98	Research	
99	Non Provincially Funded	
01	Less Than 65 Years With an Eligible Chronic Condition	2015/09/01
04	Hemophilia	1923/01/01
05	Outbreak Control	1923/01/01
06	Infant Born to HBsAg Positive Mother	1923/01/01
07	Infant With a HBsAg Positive Caregiver	1923/01/01
08	Post Exposure Management – Non-responder to Vaccine	1923/01/01
09	Post Exposure Management – Community Needlestick/Sexual Assault	1923/01/01
10	Post Exposure Management – Unimmunized/Partially Immunized	1923/01/01
11	From Endemic Area	1923/01/01
13	Household &/or Sexual Contacts of Cases/Carriers	1923/01/01
14	Eligible Adults	2012/03/31
15	Dialysis Patients	1923/01/01
16	Universal School Program	1923/01/01
17	Laboratory Workers	1923/01/01
18	Health Care Students	2012/03/31
19	Other Eligible Children/Adolescents	2012/03/31
20	Asplenia	1923/01/01
21	Medically at Risk	1923/01/01
23	Pre-exposure Primary Series – Animal Health	1923/01/01
24	Pre-exposure Primary Series – Animal Control	1923/01/01
25	Pre-exposure Primary Series – Wildlife Worker	1923/01/01
26	Pre-exposure Primary Series – Animal Research	1923/01/01
27	Pre-exposure Primary Series – Spelunker	1923/01/01
28	Pre-exposure Booster – Animal Health	1923/01/01
29	Pre-exposure Booster – Animal Control	1923/01/01
30	Pre-exposure Booster – Wildlife Worker	1923/01/01
31	Pre-exposure Booster – Animal Research	1923/01/01
32	Post Exposure – Series	1923/01/01
33	Post Exposure – Booster (previously immunized)	1923/01/01
34	Pre-exposure Booster – Spelunker	1923/01/01
35	Post Exposure	1923/01/01
36	Universal Immunization Program (including persons born in 1981 or later)	1923/01/01

CODE	DESCRIPTION	END DATE
37	Post-natal	1923/01/01
38	Other Unique Cases	1923/01/01
40	Pre-schoolers	1923/01/01
41	Alternate Vaccine Preparation Contraindicated	1923/01/01
42	Risk Behaviour	1923/01/01
43	Student in Dormitory/Residence Accommodation	1923/01/01
45	Children 6-23 months	2020/04/30
47	Workers Directly Involved in Culling Operations	2012/03/31
48	Transplant Candidate/Recipient – HSCT (Hematopoietic Stem Cell Transplant)	1923/01/01
49	Transplant Candidate/Recipient – SOT (Solid Organ Transplant)	1923/01/01
53	Post-natal	2019/06/30
55	Medically at Risk	2019/06/30
56	High Risk Behaviour	2015/09/30
57	High Risk	2019/06/30
59	Healthy Less than 65 Years Old	2015/09/01
60	Children 24-59 months	2020/04/30
61	Refugees Less than 50 Years Old	2019/06/30
62	Recently Immigrated 6 months to 20 Year Olds	2019/06/30
63	5 years to 8 years	2020/04/30
64	9 years to 64 years	2020/04/30
71	Essential Services Workers (not including health care workers)	2022/06/22

Table 17 – Vaccine-Reason for Immunization Associations

Note:

1. Vaccine codes that are end-dated can be used if a previously “not-reported” immunization occurred before the end date.
2. Historical vaccines do not require a reason code.

VACCINE CODE	REASON FOR IMMUNIZATION		END DATE for Reason with Vaccine Code	NOTES
	CODE	DESCRIPTION		
Anth	99	Non Provincially Funded		Client does not meet provincial eligibility criteria
BA	58	Treatment		Treatment of a case under the direction of the CMOH
	51	Post-Exposure		
BA-7	58	Treatment		Treatment of a case under the direction of the CMOH
BAIg	51	Post-exposure		
	58	Treatment		Treatment of a case under the direction of the CMOH
BCG	66	Other Risk		Communities that have been identified as having high TB infection rates
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	57	High Risk	2019/06/30	
Chol-Ecol-O	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
COVAUVec	03	Health Care Workers not including LTC/DSL		Health Care Workers not including LTC/DSL
	44	LTC/DSL Staff		Staff providing seniors care in Long Term Care and Designated Supportive Living Facilities
	22	LTC/DSL Resident		Residents living in Long Term Care and Designated Supportive Living Facilities (all residents not just those residents who have a provincially funded bed)
	70	Other Congregate Living Settings		Residents living in congregate living sites (e.g., senior lodges, non senior lodges, group homes, corrections)
	02	Advanced Age (65+)		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
	66	Other risk		Individuals with underlying health conditions
	72	12 years to 64 years		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
	98	Research		Approved research projects
	71	Essential Services Workers (not including HCWs)	2022/06/21	
	74	COVID-19 Additional Dose for Travel		Individuals who received a vaccine series not recognized by the travel destination and require an mRNA series
COVCVSub	03	Health Care Workers not including LTC/DSL		
	44	LTC/DSL Staff		
	22	LTC/DSL Resident		
	70	Other Congregate Living Settings		
	02	Advanced Age (65 plus)		
	66	Other Risk		Individuals with underlying health conditions
	72	12 years to 64 years		
COVJANVec	03	Health Care Workers not including LTC/DSL		Health Care Workers not including LTC/DSL
	44	LTC/DSL Staff		Staff providing seniors care in Long Term Care and Designated Supportive Living Facilities

VACCINE CODE	REASON FOR IMMUNIZATION		END DATE for Reason with Vaccine Code	NOTES
	CODE	DESCRIPTION		
	22	LTC/DSL Resident		Residents living in Long Term Care and Designated Supportive Living Facilities (all residents not just those residents who have a provincially funded bed)
	70	Other Congregate Living Settings		Residents living in congregate living sites (e.g., senior lodges, non senior lodges, group homes, corrections)
	02	Advanced Age (65+)		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
	66	Other Risk		Individuals with underlying health conditions
	72	12 years to 64 years		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
	71	Essential Services Workers (not including HCWs)	2022/06/22	
COVMGOVLP	03	Health Care Workers not including LTC/DSL		
	44	LTC/DSL Staff		
	66	Other Risk		Individuals with underlying health conditions
	70	Other Congregate Living Settings		
	72	12 years to 64 years		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
COVMOD6m-5ymRNA	76	6 months to 4 years of age		
	75	5 to 11 years of age		
COVMODmRNABA1	03	Health Care Workers not including LTC/DSL		Health Care Workers not including LTC/DSL
	44	LTC/DSL Staff		Staff providing seniors care in Long Term Care and Designated Supportive Living Facilities
	22	LTC/DSL Resident		Residents living in Long Term Care and Designated Supportive Living Facilities (all residents not just those residents who have a provincially funded bed)
	70	Other Congregate Living Settings		Residents living in congregate living sites (e.g., senior lodges, non senior lodges, group homes, corrections)
	02	Advanced Age (65+)		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
	66	Other Risk		Individuals with underlying health conditions
	72	12 years to 64 years		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
COVMODmRNA	03	Health Care Workers not including LTC/DSL		Health Care Workers not including LTC/DSL
	44	LTC/DSL Staff		Staff providing seniors care in Long Term Care and Designated Supportive Living Facilities
	22	LTC/DSL Resident		Residents living in Long Term Care and Designated Supportive Living Facilities (all residents not just those residents who have a provincially funded bed)
	70	Other Congregate Living Settings		Residents living in congregate living sites (e.g., senior lodges, non senior lodges, group homes, corrections)
	02	Advanced Age (65+)		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
	66	Other Risk		Individuals with underlying health conditions
	72	12 years to 64 years		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes

VACCINE CODE	REASON FOR IMMUNIZATION		END DATE for Reason with Vaccine Code	NOTES
	CODE	DESCRIPTION		
	74	COVID-19 Additional Dose for Travel		Individuals who received a vaccine series not recognized by the travel destination and require an mRNA series
	98	Research		Approved research projects
	75	5 to 11 years		
	71	Essential Services Workers (not including HCWs)	2022/06/21	
COVNVASub	03	Health Care Workers not including LTC/DSL		Health Care Workers not including LTC/DSL
	44	LTC/DSL Staff		Staff providing seniors care in Long Term Care and Designated Supportive Living Facilities
	22	LTC/DSL Resident		Residents living in Long Term Care and Designated Supportive Living Facilities (all residents not just those residents who have a provincially funded bed)
	70	Other Congregate Living Settings		Residents living in congregate living sites (e.g., senior lodges, non senior lodges, group homes, corrections)
	02	Advanced Age (65+)		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
	66	Other Risk		Individuals with underlying health conditions
	72	12 years to 64 years		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
	74	COVID-19 Additional Dose for Travel		Individuals who received a vaccine series not recognized by the travel destination and require an mRNA series
	71	Essential Services Workers (not including HCWs)	2022/06/22	
COVPB5y-11ymRNA	66	Other Risk		Individuals with underlying health conditions
	75	5 years to 11 years		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
COVPB6m-4ymRNA	76	6 months to 4 years of age		
COVPBmRNA	03	Health Care Workers not including LTC/DSL		Health Care Workers not including LTC/DSL
	44	LTC/DSL Staff		Staff providing seniors care in Long Term Care and Designated Supportive Living Facilities
	22	LTC/DSL Resident		Residents living in Long Term Care and Designated Supportive Living Facilities (all residents not just those residents who have a provincially funded bed)
	70	Other Congregate Living Settings		Residents living in congregate living sites (e.g., senior lodges, non senior lodges, group homes, corrections)
	02	Advanced Age (65+)		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
	66	Other Risk		Individuals with underlying health conditions
	72	12 years to 64 years		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
	73	COVID-19 In-school Immunization Program		Individuals who received COVID-19 immunization in a school setting
	74	COVID-19 Additional Dose for Travel		Individuals who received a vaccine series not recognized by the travel destination and require an mRNA series
	98	Research		Approved research projects
	71	Essential Services Workers (not including HCWs)	2022/06/22	
COVSIIVec	03	Health Care Workers not including LTC/DSL		Health Care Workers not including LTC/DSL

VACCINE CODE	REASON FOR IMMUNIZATION		END DATE for Reason with Vaccine Code	NOTES
	CODE	DESCRIPTION		
	44	LTC/DSL Staff		Staff providing seniors care in Long Term Care and Designated Supportive Living Facilities
	22	LTC/DSL Resident		Residents living in Long Term Care and Designated Supportive Living Facilities (all residents not just those residents who have a provincially funded bed)
	70	Other Congregate Living Settings		Residents living in congregate living sites (e.g., senior lodges, non senior lodges, group homes, corrections)
	02	Advanced Age (65+)		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
	66	Other Risk		Individuals with underlying health conditions
	72	12 years to 64 years		Age based reason codes – Note that the clients date of birth will be used to further break down age based reason codes
DA	58	Treatment		Treatment of a case under the direction of the CMOH
dTap	46	Pregnant Women		Pregnant women
	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility, refer to the AHS standards
	51	Post-exposure		Individuals seven years of age and older who sustain a tetanus prone injury
	52	Outbreak		Includes outbreak control: An identified regional and/or provincial public health response
	54	Occupational		
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	55	Medically at Risk	2019/06/30	
DTaP-HB-IPV	55	Medically at Risk	2019/06/30	
	57	High Risk	2019/06/30	
DTaP-IPV-Hib	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility, refer to the AHS standards
	51	Post-exposure		
	55	Medically at Risk	2019/06/30	
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines
DTaP-IPV	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility, refer to the AHS standards
	51	Post-exposure		
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines
	55	Medically at risk	2019/06/30	
	57	High Risk	2019/06/30	
dTap-IPV	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility, refer to the AHS standards
	54	Occupational		Eligible individuals are defined by provincial criteria for each vaccine. Refer to the AHS standards
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines

VACCINE CODE	REASON FOR IMMUNIZATION		END DATE for Reason with Vaccine Code	NOTES
	CODE	DESCRIPTION		
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	46	Pregnant Women	2019/06/30	
	55	Medically at Risk	2019/06/30	
	57	High Risk	2019/06/30	
DTaP-IPV-Hib-HB	50	Routine Recommended Immunization		<ul style="list-style-type: none"> Routine program for a specific group based on provincial eligibility, refer to the AHS standards Eligible infants that started with Infanrix-hexa® in another jurisdiction as part of a universal program
	65	Endemic HBV		Infants 0 to 23 months of age whose parents are from an endemic area
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	51	Post-exposure	2019/06/30	
	57	High Risk	2019/06/30	
FLU	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility, refer to the AHS standards
	98	Research		Approved research projects
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	44	Long Term Care Staff	2014/10/01	
	03	Health Care Workers	2021/08/01	
	02	Greater Than or Equal to 65	2021/08/01	
	64	9 years to 64 years	2020/04/30	
	63	5 years to 8 years	2020/04/30	
	60	Children 24-59 months	2020/04/30	
	45	Children 6-23 months	2020/04/30	
	22	Resident in Long Term Care Facility	2014/10/01	
	01	Less Than 65 years With an Eligible Chronic Condition	2015/09/01	
	14	Eligible Adults	2012/03/31	
	18	Health Care Students	2012/03/31	
	19	Other Eligible Children Adolescent (24-59 mos)	2012/03/31	
	67	Children 6 months to 59 months of age	2021/08/01	
	68	5 years to 64 years of age with an eligible chronic condition	2021/08/01	
	39	Household or Close Contact of individuals in the 46, 02, 67, and 68 reason codes categories	2021/08/01	
	69	5 years to 64 years (routine) with no individual risk or not a household contact of an individual in a high-risk population	2021/08/01	
	47	Workers Directly Involved in Culling Operations	2012/03/31	
59	Healthy Less than 65 Years Old	2015/09/01		
FLU-HD	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility, refer to the AHS standards

VACCINE CODE	REASON FOR IMMUNIZATION		END DATE for Reason with Vaccine Code	NOTES
	CODE	DESCRIPTION		
HABV	66	Other Risk		<p>Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards</p> <ul style="list-style-type: none"> • Individuals who are at risk of exposure because of their contact with individuals or materials from individuals with infections both diagnosed and undiagnosed • Lifestyle risks of infection (e.g., engaging in oral sex, using illicit drugs (injectable and non-injectable), and males having sex with other males)
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	55	Medically at Risk	2019/06/30	
	56	High Risk Behaviour	2015/09/30	
	57	High Risk	2019/06/30	
HA-Typh-I	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
HAV	51	Post-exposure		<p>Given under the direction of the CD Unit</p> <ul style="list-style-type: none"> • Contacts of persons with specific disease • Includes outbreak control: an identified regional and/or provincial public health response
	66	Other Risk		<p>Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines</p> <ul style="list-style-type: none"> • Residents of communities with high rates of hepatitis A infection, including inmates of provincial correctional facilities • Household or close contacts of children adopted from hepatitis A endemic countries • Lifestyle risks of infection (e.g., engaging in oral sex; using illicit drugs (injectable and non-injectable) in unsanitary conditions; and males having sex with other males, particularly when there is a likelihood of oral-anal contact)
	54	Occupational		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	55	Medically at Risk	2019/06/30	
	57	High Risk	2019/06/30	
	56	High Risk Behaviour	2015/09/30	
HBIG	51	Post Exposure		<ul style="list-style-type: none"> • Given under the direction of the CD Unit • Includes infants whose mothers are HBsAg positive or mother's status is unknown at time of delivery • Post exposure – community <ul style="list-style-type: none"> - Individuals with a significant blood/body fluid exposure (community needlestick or sexual assault) • Post exposure – non-responder <ul style="list-style-type: none"> - Individuals who have had a previous vaccine series who are non-responders • Post exposure – unimmunized <ul style="list-style-type: none"> - Includes individuals who only have had none or a partial vaccine series

VACCINE CODE	REASON FOR IMMUNIZATION		END DATE for Reason with Vaccine Code	NOTES
	CODE	DESCRIPTION		
HBV	51	Post Exposure		<ul style="list-style-type: none"> • Given under the direction of the CD Unit • Contacts of persons with specific disease <ul style="list-style-type: none"> - Contacts of a case/carrier - Individuals with a significant blood/body fluid exposure (community needle stick or sexual assault) - Individuals with a significant blood/body fluid exposure at work and the employer does not offer occupational health and safety services - Individuals who have had a previous vaccine series who are non-responders - Post exposure including individuals who only have had none or a partial vaccine series - Infants whose mothers are HBsAg positive or mother's status is unknown - Infants whose caregiver is HBsAg positive
	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility, refer to the AHS standards
	66	Other Risk		<p>Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines</p> <ul style="list-style-type: none"> • Children and staff in child care settings in which there are exceptional circumstances (as per MOH/designate) • Non-immune individuals with lifestyle risks for infection • Inmates in provincial correctional facilities who will be incarcerated for a sufficient length of time to complete series
	54	Occupational		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards
	65	Endemic HBV		<ul style="list-style-type: none"> • Children younger than seven years of age whose families are from endemic areas • Non-immune adults who are from endemic areas
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine for any reason
	55	Medically at Risk	2019/06/30	
	56	High Risk Behaviour	2015/09/30	
	57	High Risk	2019/06/30	
HBVD	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines
	55	Medically at Risk	2019/06/30	
Hib	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility; refer to the AHS standards
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines
	55	Medically at Risk	2019/06/30	
HPV-9	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility; refer to the AHS standards
	66	Other Risk		<ul style="list-style-type: none"> • Individuals 9 to 17 years of age who are recipients of an HSCT • Individuals 9 to 26 years of age who are candidates/recipients of a SOT • Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards <ul style="list-style-type: none"> - Individuals with lifestyle risks for infection

VACCINE CODE	REASON FOR IMMUNIZATION		END DATE for Reason with Vaccine Code	NOTES
	CODE	DESCRIPTION		
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	55	Medically at Risk	2019/06/30	
	57	High Risk	2019/06/30	
IG	51	Post Exposure		
IPV	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility; refer to the AHS standards
	66	Other Risk		<ul style="list-style-type: none"> Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards and the SOT guidelines. Eligible travelers as per Alberta Health guidelines Reinforcing dose for eligible individuals as per provincial eligibility: <ul style="list-style-type: none"> Members of communities or specific population groups as directed by MOH/designate Close contacts to those who may be excreting polio virus Family members or close contacts of internationally adopted infants who may have been immunized with OPV Individuals receiving travelers from areas where polio is circulating
	54	Occupational		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	55	Medically at Risk	2019/06/30	
	57	High Risk	2019/06/30	
JEV	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
MenconC	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility; refer to the AHS standards
	51	Post Exposure		Given under the direction of the CD Unit Contacts of persons with specific disease
	52	Outbreak		Includes outbreak control: an identified regional and/or provincial public health response
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	54	Occupational	2014/09/01	
	55	Medically at Risk	2019/06/30	
MenC- ACYW	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility; refer to the AHS standards
	51	Post Exposure		Given under the direction of the CD Unit Contacts of persons with specific disease
	52	Outbreak		Includes outbreak control: an identified regional and/or provincial public health response
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards
	54	Occupational		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards <ul style="list-style-type: none"> Specified laboratory workers
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine

VACCINE CODE	REASON FOR IMMUNIZATION		END DATE for Reason with Vaccine Code	NOTES
	CODE	DESCRIPTION		
	55	Medically at Risk	2019/06/30	
Men-B	51	Post Exposure		Given under the direction of the CD Unit Contacts of persons with specific disease
	52	Outbreak		Includes outbreak control: an identified regional and/or provincial public health response
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards
	54	Occupational		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards <ul style="list-style-type: none"> Research, industrial and clinical laboratory personnel routinely exposed
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	55	Medically at Risk	2019/06/30	
MenB-FHbp	51	Post Exposure		Given under the direction of the CD Unit Contacts of persons with specific disease
	52	Outbreak		Includes outbreak control: an identified regional and/or provincial public health response
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards
	54	Occupational		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards <ul style="list-style-type: none"> Research, industrial and clinical laboratory personnel routinely exposed
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	55	Medically at Risk	2019/06/30	
MMR	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility; refer to the AHS standards
	51	Post Exposure		Given under the direction of the CD Unit Contacts of persons with specific disease
	52	Outbreak		Includes outbreak control: an identified regional and/or provincial public health response <ul style="list-style-type: none"> Susceptible individuals 6 months up to and including 11 months of age who are living in areas where measles is circulating
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines <ul style="list-style-type: none"> Travellers
	54	Occupational		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards
	98	Research		MMR Studies
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	53	Post-natal	2019/06/30	
	55	Medically at Risk	2019/06/30	
	57	High Risk	2019/06/30	

VACCINE CODE	REASON FOR IMMUNIZATION		END DATE for Reason with Vaccine Code	NOTES
	CODE	DESCRIPTION		
MMR-Var	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility; refer to the AHS standards
	52	Outbreak		Includes outbreak control: an identified regional and/or provincial public health response
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines • Travellers
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	51	Post Exposure	2019/06/30	
	54	Occupational	2019/06/30	
	55	Medically at Risk	2019/06/30	
	57	High Risk	2019/06/30	
PNEU-C13	50	Routine Recommended Immunization		<ul style="list-style-type: none"> • Routine program for a specific group based on provincial eligibility; refer to the AHS standards, eligible individuals are defined by provincial criteria for each vaccine • Refer to the AHS standards, the hematopoietic stem cell transplant and the solid organ transplant guidelines
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines <ul style="list-style-type: none"> • Resident long term care facility where 24 hour nursing care is provided • Homeless/chronically disadvantaged • Illicit drug use
	98	Research		Pneumococcal vaccine studies
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	55	Medically at Risk	2019/06/30	
PNEU-C15	99	Non Provincially Funded		
PNEU-C20	99	Non Provincially Funded		
PNEUMO-P	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility; refer to the AHS standards
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines <ul style="list-style-type: none"> • Resident long term care facility where 24 hour nursing care is provided • Homeless/chronically disadvantaged • Illicit drug use
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	55	Medically at Risk	2019/06/30	
	56	High Risk Behaviour	2015/09/30	
	57	High Risk	2019/06/30	
PPD	51	Post Exposure		Given under the direction of the TB Services Contacts of persons with specific disease
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines
	54	Occupational		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine

VACCINE CODE	REASON FOR IMMUNIZATION		END DATE for Reason with Vaccine Code	NOTES
	CODE	DESCRIPTION		
	55	Medically at Risk	2019/06/30	
	57	High Risk	2019/06/30	
	61	Refugees Less than 50 Years Old	2019/06/30	
	62	Recently Immigrated 6 months to 20 Years Olds	2019/06/30	
RAB	51	Post Exposure		Given under the direction of the CD Unit <ul style="list-style-type: none"> • Post exposure series • Post exposure booster
	54	Occupational		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	56	High Risk Behaviour	2015/09/30	
RIG	51	Post Exposure		Given under the direction of the CD Unit
Rot	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility; refer to AHS standards
	99	Non Provincially Funded	2019/06/30	
Rot-5	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility; refer to AHS standards
	99	Non Provincially Funded	2019/06/30	
RSVlg	66	Other Risk		Targeted program for a specific group based on the Alberta RSV prevention program eligibility criteria
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
SMAMONV	51	Post Exposure		
	66	Other Risk		
	52	Outbreak		
Td	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility; refer to the AHS standards
	51	Post Exposure		Individuals 18 years of age or older who sustain a wound
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards and the SOT guidelines
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	55	Medically at Risk	2019/06/30	
Td-IPV	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility; refer to the AHS standards
	66	Other Risk		Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards <ul style="list-style-type: none"> • Travellers
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	54	Occupational	2019/06/30	
	55	Medically at Risk	2019/06/30	
	57	High Risk	2019/06/30	
TIG	51	Post Exposure		Given under the direction of the CD Unit
TYO	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine

VACCINE CODE	REASON FOR IMMUNIZATION		END DATE for Reason with Vaccine Code	NOTES
	CODE	DESCRIPTION		
TYVI	51	Post Exposure		<ul style="list-style-type: none"> Given under the direction of the CD Unit Contacts of persons with specific disease <ul style="list-style-type: none"> Contacts of a chronic carrier
	54	Occupational		<p>Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards</p> <ul style="list-style-type: none"> Specified lab workers
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
Var-S	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
Var-SI	66	Other Risk		<p>Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines</p> <ul style="list-style-type: none"> Household/close contact of immunocompromised/high risk
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
VZ	50	Routine Recommended Immunization		Routine program for a specific group based on provincial eligibility, refer to the AHS standards
	51	Post Exposure		<p>Given under the direction of the CD Unit</p> <p>Contacts of persons with specific disease</p>
	66	Other Risk		<p>Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards, the HSCT, and the SOT guidelines</p> <ul style="list-style-type: none"> Household/close contact of immunocompromised/high risk
	54	Occupational		<p>Eligible individuals are defined by provincial criteria for each vaccine; refer to the AHS standards</p> <ul style="list-style-type: none"> Health care worker, student, volunteer Daycare worker
	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
	53	Post-natal	2019/06/30	
	55	Medically at Risk	2019/06/30	
	57	High Risk	2019/06/30	
VZIG	51	Post Exposure		<p>Given under the direction of the CD Unit</p> <ul style="list-style-type: none"> Contacts of persons with specific disease
YF	99	Non Provincially Funded		Client does not meet provincial eligibility criteria but wishes to purchase vaccine
CHO	99	Non Provincially Funded	2010/09/23	
HBTmf	50	Routine Recommended Immunization	2011-05-01	
	51	Post Exposure	2011-05-01	
	54	Occupational	2011-05-01	
	55	Medically at Risk	2011-05-01	
	56	High Risk Behavior	2011-05-01	
	57	High Risk	2011-05-01	
	99	Non Provincially Funded	2011-05-01	
HPV (Quadravalent)	50	Routine Recommended Immunization	2019/06/06	
	55	Medically at Risk	2019/06/30	
	99	Non Provincially Funded	2019/06/30	
HPV-2	99	Non Provincially Funded	2019/06/30	

VACCINE CODE	REASON FOR IMMUNIZATION		END DATE for Reason with Vaccine Code	NOTES
	CODE	DESCRIPTION		
H1N1-09-AD	01	Less Than 65 Years With an Eligible Chronic Condition	2010/10/01	
	02	Greater than or Equal to 65	2010/10/01	
	03	Health Care Workers	2010/10/01	
	39	Household /Close Contacts of Immunocompromised/High Risk	2010/10/01	
	46	Eligible Pregnant Women	2010/10/01	
	59	All Other (Healthy Less Than 65 Years Old)	2010/10/01	
H1N1-09	01	Less Than 65 Years With an Eligible Chronic Condition	2010/10/01	
	02	Greater than or Equal to 65	2010/10/01	
	03	Health Care Workers	2010/10/01	
	39	Household /Close Contacts of Immunocompromised/High Risk	2010/10/01	
	46	Eligible Pregnant Women	2010/10/01	
	59	All Other (Healthy Less Than 65 Years Old)	2010/10/01	
KMEA	97	Unknown	1970/12/31	
Lym	99	Non Provincially Funded	2007/07/30	
MENING	51	Post Exposure	2002/03/01	
	52	Outbreak	2012/01/08	
	54	Occupational	2002/03/01	
	55	Medically at Risk	2012/01/08	
	99	Non Provincially Funded	2012/01/18	
PNEU-C	50	Routine Recommended Immunization	2010/07/01	
	55	Medically at Risk	2010/07/01	
	98	Research	2010/07/01	
	99	Non Provincially Funded	2010/07/01	
PNEU-C10	50	Routine Recommended Immunization	2008/12/11	
	55	Medically at Risk	2008/12/11	
	98	Research	2008/12/11	
	99	Non Provincially Funded	2008/12/11	
Sma	99	Non Provincially Funded	2015/01/01	
TBEV	99	Non Provincially Funded	2014/03/03	
TdP	54	Occupational	2015/03/01	
	55	Medically at Risk	2015/03/01	
	57	High Risk	2015/03/01	
	99	Non Provincially Funded	2015/03/01	

Dosage

The Dosage field identifies the amount of the vaccine administered into the service recipient.

Format (Length): Numeric (8,2)

Mandatory: Yes

- Business Rule:
- Not mandatory for out-of-province or historical immunization events
 - Must be reported if Dosage Type Code is reported
 - Must be greater than 0 and less than or equal to 999999.99

Dosage Type Code

The Dosage Type Code field identifies the units in which the dosage of the vaccine was administered into the service recipient.

Format (Length): Alpha only (4)

Mandatory: Yes

- Business Rule:
- Not mandatory for out-of-province or historical immunization events
 - Must be reported if Dosage is reported
 - Must be a valid Dosage Type Code

Table 18 – Dosage Type Codes

CODE	DESCRIPTION	END DATE
CAP	Capsules	
ML	Milliliters	
PKG	Package	
UNIT	Units	
UNK	Unknown	
DROP	Drops	2015/12/01
GTTS	Drops	2015/12/01
IU	International Units	2015/12/01
MCG	Micrograms	2015/12/01
MG	Milligrams	2015/12/01

Manufacturer

The Manufacturer field identifies the company that makes the vaccine that was administered into the service recipient.

Format (Length): Alpha only (3)

Mandatory: Yes

- Business Rule:
- Not mandatory for out-of-province or historical immunization events
 - Must be a valid Manufacturer Code

Table 19 – Manufacturer Codes

CODE	DESCRIPTION	END DATE
ABV	AbbVie Corporation	
AL	Abbott Laboratories	
AU	AstraZeneca/University of Oxford	
BAV	Bavarian Nordic	
BAX	Baxter	
BB	Bharat Biotech	
BGP	BGP Pharma ULC	
BIB	Beijing Bio-Institute of Biological Products	
BP	Berna Biotech	
CBS	Canadian Blood Services	
CGC	Cangene Corporation	
CHI	Chiron	
CRU	Crucell	
CS	CanSino Biologics Inc.	
CSL	CSL Limited	
EME	Emergent Biosolutions	
GRF	Grifols	
GSK	Glaxo-SmithKline	
IDB	ID Biomedical	
IIC	Institute of Immunology Inc. Croatia	
INB	Instituto Butantan	
JAN	Janssen/Johnson and Johnson	
KAM	Kamada Limited	
MGO	Medicago	
MF	Merck Frosst	
MOD	Moderna	
MYL	Mylan	
NB	Nuron Biotech	
NOV	Novartis	
NVA	Novavax	
PFZ	Pfizer	
PB	Pfizer/BioNTech	
SG	Sanofi/GSK	
SAO	SAOL Therapeutics Research Limited	
SEQ	Seqirus	
SF	Sanofi Pasteur	
SII	Serum Institute of India	
SP	Solvay Pharma	
SVA	SinoVac	
TAL	Talecris	
VAL	Valneva	

CODE	DESCRIPTION	END DATE
VIN	ViNS Bioproducts Limited	
WA	Wyeth-Ayerst	
UNK	Unknown	
AP	Aventis Pasteur	2008/01/01
AZC	AstraZeneca	2021/05/01
BA	Bayer	2008/01/01
BC	Biochem Pharma Inc	2008/01/01
CON	Connaught	2008/01/01
SH	Shire Biologies	2008/01/01
SKB	SmithKline Beecham	2008/01/01

Lot Number

The Lot Number field identifies the manufacturer's lot number for the vaccine administered into the service recipient. It represents a code assigned to a package of several individual doses of a particular vaccine comprising a manufacturer's unit of production.

Format (Length): Alphanumeric (20)

Mandatory: Yes

Business Rule: • Not mandatory for out-of-province or historical immunization events
 • Include dashes (-) in the Lot Number where appropriate

Examples: PO-454, N-120025-1

Multiple Lot Number Considerations

A record with multiple lot numbers can be submitted and must follow these rules.

- Any number of Immunization/Antigen Count (II/IE) records can be submitted, provided they are placed consecutively as a single block. If an additional immunization event is submitted elsewhere in the file, it is considered a duplicate and will be rejected.
- The Antigen count must be the same for all the events that are on the same day for that vaccine. Otherwise the whole block will be rejected.
- The normal rule for rejections/flags applies but is applicable to the whole block of immunization events that occurs on the same day. If one is rejected/flagged, the whole block will be rejected/flagged.
- If one part of the event is submitted elsewhere in the file or in a different batch, it will be considered as a duplicate and will be rejected.

For multiple lot submissions, the following rules apply to the fields within the submission file.

FIELD	NEEDS TO BE THE SAME FOR ALL RECORDS FOR SAME EVENT (Y/N)?
Record Type	Y – All are II types
Record Number	N – Each get a different sequence number
Unique Lifetime Identifier (ULI)	Y – Must be the same
Submission Type	Y – Must be the same
Immunization Date	Y – Same for the single event
Vaccine Code	Y – Same for the single event

FIELD	NEEDS TO BE THE SAME FOR ALL RECORDS FOR SAME EVENT (Y/N)?
Vaccine Site Code	N – Can be different
Administering Method Code	N – Can be different
Reason For Immunization Code	Y – Must be the same
Dosage	N – Can be different
Dosage Type Code	Y – Must be the same
Manufacturer	Y – Must be the same
Lot Number	N – Can be different
Delivery Organization of Service	Y – Must be the same
Delivery Management Site	Y - Must be the same
Delivery Province Code	Y – Must be the same
Delivery Country Code	Y – Must be the same
Delivery Continent Code	Y – Must be the same
Comment	Y – Must be the same

The fields ULI, Immunization Date and Vaccine Code are used to identify a unique immunization event; thus if the same combination is submitted again it will be **rejected**.

Example:

IP|1|145261314|AB|145261314||Rosso|Chase||PHYS|47 Sullivan Close|||Red Deer|AB|CA|T5K2C1|||||19430305|F|N|

II|2|145261314|A||20220310||RIG|LA|IM|51|10.00|ML|MF|Y1013-2|55|899|AB|CA|NA|NG||

IE|3|145261314|RIG|2|

II|4|145261314|A||20220310||RIG|RA|SC|51|1.3|ML|MF|X0980-3|55|899|AB|CA|NA|NG||

IE|5|145261314|RIG|2|

Delivery Organization of Service

The Delivery Organization of Service field identifies the service provider of the immunization service.

Format (Length): Numeric (4)

Mandatory: Conditional

- Business Rule:
- Not required for out-of-province immunization events)
 - **One** of the following must be reported:
 - Delivery Organization of Service **and** Delivery Management Site
 - Delivery Province Code
 - Delivery Country Code
 - Delivery Continent Code
 - Must be reported if Delivery Management Site is reported
 - Must be reported if Delivery Province Code equals 'AB' – Alberta
 - Must be a valid Delivery Organization of Service Code

Reformatting: Incoming value will be right justified and any leading blanks will be replaced with zeros

Table 20 – Delivery Organization of Service Codes

CODE	DESCRIPTION	END DATE
20	First Nations and Inuit Health Branch	
21	Chinook Regional Health Authority	
22	Palliser Health Region	
23	Calgary Health Region	
24	David Thompson Regional Health Authority	
25	East Central Health	
26	Capital Health	
27	Aspen Regional Health Authority	
28	Peace Country Health	
29	Northern Lights Health Region	
30	Pharmacies	
31	University of Alberta	
32	Atlas Immunization Services	
33	Workplace Health and Safety – AHS	
34	Workplace Health and Safety – Covenant Health	
35	University of Calgary	
36	Southern Alberta Institute of Technology	
37	International Paper Grande Prairie Health Department	
38	MaKami College Inc.	
45	Fort McKay First Nation	
46	Alexis First Nation	
47	Beaver First Nation	
48	Lubicon Lake Nation	
49	Swan River First Nation	
50	Nunee Health Board Society	
51	Paul First Nation	
52	Dene Tha'- Chateh	
53	Driftpile First Nation	
56	Saddle Lake Cree Nation	
57	Sunchild First Nation	
58	Alexander First Nation	
59	Enoch Cree Nation	
60	Beaver Lake Cree Nation	
61	Little Red River Cree Nation - John D'or Prairie	
62	Little Red River Cree Nation - Fox Lake	
63	Little Red River Cree Nation - Garden River	
64	Duncan's First Nation	
65	Wesley First Nation-Bighorn	
66	Maskwacis Health Services	
67	Whitefish Lake First Nation - Atikameg	
68	Woodland Cree First Nation	
69	Loon River First Nation	
70	Tallcree First Nation	

CODE	DESCRIPTION	END DATE
71	Heart Lake First Nation	
72	Blood Tribe Department of Health	
73	Sturgeon Lake Cree Nation	
74	Sucker Creek First Nation	
75	Kapawe'no First Nation	
76	Dene Tha' - Bushe River	
77	Dene Tha' - Meander River	
78	O'Chiese First Nation	
79	Tsuu Tina Nation	
80	Whitefish Lake First Nation - Goodfish	
81	Aakom Kiyii Health Services - Piikani	
82	Bigstone Health Commission - Calling Lake	
83	Bigstone Health Commission - Bigstone	
84	Cold Lake First Nations	
85	Stoney Trail Wellness Centre - Eden Valley	
86	Morning Sky Health & Wellness Society - Frog Lake	
87	Kehewin Cree Nation	
88	Stoney Health Services - Morley	
89	Siksika Health Services	
90	OKAKI Community Clinic	
91	OKAKI Virtual Care Clinic	
99	Unknown	
100	Other	
101	AH ABC	
102	Physician Clinic	
103	Community Pharmacy	
104	Corrections	
105	Post-Secondary	
106	Long Term Care (Supportive Living)	
107	Private/Travel Clinic	
108	Occupational Health	
109	First Nations	
110	Dental Office	
416	Connect Care	
01	Chinook Regional Health Authority	2004/01/01
02	Palliser Health Region	2004/01/01
03	Headwaters Health Authority	2004/01/01
04	Calgary Health Region	2004/01/01
05	Health Authority 5	2004/01/01
06	David Thompson Regional Health Authority	2004/01/01
07	East Central Regional Health Authority	2004/01/01
08	Westview Regional Health Authority	2004/01/01
09	Crossroads Regional Health Authority	2004/01/01
10	Capital Health Authority	2004/01/01

CODE	DESCRIPTION	END DATE
11	Aspen Regional Health Authority	2004/01/01
12	Lakeland Regional Health Authority	2004/01/01
13	Mistahia Regional Health Authority	2004/01/01
14	Peace Health Region	2004/01/01
15	Keeweenaw Lakes Regional Health Authority	2004/01/01
16	Northern Lights Regional Health Authority	2004/01/01
17	Northwestern Health Services Region	2004/01/01
413	Calgary Zone	2019/01/01
417	North Zone	2019/01/01
418	South Zone	2019/01/01
419	Central Zone	2019/01/01

Delivery Management Site

The Delivery Management Site field identifies the location (public health office, pharmacy, etc.) where the immunization was administered.

Format (Length): Alphanumeric (5)

Mandatory: Conditional

- Business Rule:
- Not required for out-of-province immunization events)
 - **One** of the following must be reported:
 - Delivery Organization of Service **and** Delivery Management Site
 - Delivery Province Code
 - Delivery Country Code
 - Delivery Continent Code
 - Must be reported if Delivery Organization of Service is reported
 - Must be reported if Delivery Province Code equals 'AB' – Alberta
 - Must be a valid Delivery Management Site Code – See Table 21 in the *Immunization Data Standard Code Tables*

Reformatting: Incoming value will be right justified and any leading blanks will be replaced with zeros

Table 21 – Delivery Management Site Codes

CODE	DESCRIPTION	END DATE
001	Fort McLeod	
002	Pincher Creek	
003	Crowsnest Pass	
004	Cardston	
005	Magrath	
006	Coaldale	
007	Taber	
008	Vauxhall	
009	Picture Butte	
010	Milk River	
011	Raymond	
012	Lethbridge	

CODE	DESCRIPTION	END DATE
013	Brooks	
014	Bow Island	
015	Medicine Hat	
016	Oyen/Empress	
017	High River	
018	Black Diamond	
019	Okotoks	
020	Vulcan	
021	Nanton	
022	Claresholm	
023	Canmore	
024	Banff	
025	North Hill CHC	
026	Thornhill CHC	
027	Northwest CHC	
028	8th & 8th Health Centre	
029	Communicable Disease	
030	East Edmonton CHC	
032	Acadia CHC	
033	South CHC	
034	Scarboro CHC	
035	Shaganappi CHC	
036	Village Square CHC	
037	Airdrie Regional CHC	
038	Cochrane CHC	
040	Drumheller	
041	Three Hills	
042	Strathmore	
043	Hanna	
044	Didsbury	
045	Red Deer Bremner CHC	
046	Innisfail	
047	Rocky Mountain House	
048	Lacombe	
049	Olds	
050	Eckville	
051	Ponoka	
052	Sylvan Lake	
053	Rimbey	
054	Elnora/Delburne	
055	Sundre	
056	Camrose HLTH	
057	Sedgewick HLTH	
058	Tofield HLTH	

CODE	DESCRIPTION	END DATE
059	Holden/Viking HLTH	
060	Vermilion HLTH	
061	Wainwright HLTH	
062	Kitscoty HLTH	
063	Provost HLTH	
064	Stettler HLTH	
065	Castor HLTH	
066	Coronation HLTH	
067	Consort HLTH	
068	Stony Plain (Westview HC)	
069	Hinton	
070	Edson	
071	Jasper Public Health	
072	Evansburg	
073	Devon	
074	Spruce Grove	
075	Wetaskiwin	
076	Winfield	
077	Drayton Valley	
078	Travellers	
079	Woodcroft	
081	Bonnie Doon	
082	West Jasper Place	
083	Twinbrooks	
084	Millwoods	
086	Northeast Community	
087	St. Albert	
089	Strathcona County	
090	Beaumont	
091	Thorsby	
092	Leduc	
093	Athabasca	
094	Calling Lake	
095	Whitecourt	
096	Fox Creek	
097	Swan Hills	
098	Morinville	
099	Smith	
100	Boyle	
101	Flatbush	
102	Barrhead	
103	Westlock	
104	Mayerthorpe	
105	Onoway	

CODE	DESCRIPTION	END DATE
106	Redwater	
107	Fort Saskatchewan	
108	Lac La Biche	
109	St. Paul	
110	Smoky Lake	
111	Bonnyville	
112	Elk Point	
113	Cold Lake	
114	Lamont	
115	Two Hills	
116	Vegreville	
117	Grande Prairie	
118	Beaverlodge	
119	Spirit River	
120	Valleyview	
121	Fairview	
122	Worsley	
123	Grande Cache	
124	Grimshaw	
125	Peace River	
126	McLennan	
127	Manning	
128	Cadotte Lake	
129	High Prairie	
130	Kinuso	
131	Slave Lake	
132	Wabasca	
133	Gift Lake	
134	Northern Communities	
135	Fort McMurray	
136	Anzac	
137	Conklin	
138	Ft. McKay	
139	High Level Public Health	
140	LaCrete	
141	Fort Vermilion	
142	Rainbow Lake	
143	Paddle Prairie	
144	Gibbons	
145	Thorhild	
146	Mannville	
147	Elizabeth	
148	Fishing Lake	
149	Kikino	

CODE	DESCRIPTION	END DATE
150	Buffalo Lake	
151	Red Deer 49 Street Community Health Centre	
152	Occupational Health and Safety	
153	Lloydminster	
154	Boyle McCauley	
155	STD Clinic Edmonton	
156	Birth Control Clinic Edmonton	
157	IBU (Immunization Business Unit) Edmonton	
158	TB Clinic Edmonton	
159	McLennan Public Health (Sacred Heart CHC)	
160	Travellers - St Albert	
161	Travellers - Strathcona	
162	New Canadian Clinic	
163	Red Deer Johnstone Crossing CHC	
164	South Urgent Care Health Centre	
165	Sheldon M Chumir Urgent Care Health Centre	
166	Community Outreach	
167	Clinical Trial	
168	Northgate Health Centre	
169	Rutherford Health Centre	
170	East Calgary CHC	
171	Westend Seniors Activity Centre	
172	Jewish Community Centre	
173	CDI College South Campus	
174	Grandin Park Plaza - St Albert	
175	Westmount Shopping Centre	
176	Millborne Market Mall	
177	Avenida Village	
178	Brentwood Village Mall	
179	EMS Whitehorn, North Side Entrance	
180	Richmond Road Diagnostic Treatment Centre	
181	Stampede Park	
182	Bonnie Doon Shopping Centre	
183	Airdrie Urgent Care	
184	Cochrane Urgent Care	
185	Okotoks Urgent Care	
186	Calgary International Travel Clinic	
187	Vaccine Depot Edmonton	
188	Chinook Regional Hospital	
189	University of Alberta Clinic	
190	Chestermere CHC	
191	SMCHC	
192	Red Earth Creek	
193	Peerless/Trout Lake	

CODE	DESCRIPTION	END DATE
194	Atlas Travel Clinic	
195	Workplace Health and Safety – AHS	
196	Workplace Health and Safety – Covenant Health	
197	Calgary Southport	
198	Telus Convention Centre	
199	Expo Centre	
200	Acute Care Calgary Zone	
201	Acute Care Edmonton Zone	
202	Acute Care Central Zone East	
203	Acute Care Central Zone West	
204	Acute Care North Zone Aspen	
205	Acute Care North Zone Northern Lights	
206	Acute Care North Zone Peace	
207	Deerfoot North	
301	Winters Pharmacy (Drayton Valley)	
302	Safeway 8844 Dalhousie Station (Calgary)	
303	Safeway 8906 Windermere (Edmonton)	
304	Safeway 2243 Thorncliffe (Calgary)	
306	Winters Pharmacy North (Drayton Valley)	
307	University of Alberta Pharmacy	
308	Safeway 8898 Bonnie Doon (Edmonton)	
309	Pharmasave 367 Heritage Pointe (De Winton)	
310	Sobeys 1129 Royal Oak (Calgary)	
311	Sobeys 5191 Nolan Hill (Calgary)	
312	Safeway 8903 Aspen (Calgary)	
313	Sobeys 3194 Lewis Estates (Edmonton)	
314	Sobeys 3143 Millwoods (Edmonton)	
315	Sobeys 1110 Tuscany (Calgary)	
316	Rita's Apothecary and Home Healthcare (Barrhead)	
317	Polaris Travel Clinic and Pharmacy (Airdrie)	
318	Safeway 8857 (Leduc)	
319	Sobeys 5190 (Walker)	
320	Safeway 8863 (St. Albert)	
321	Safeway 8830 (Airdrie)	
322	Safeway 8897 (Spruce Grove)	
323	Safeway 8886 Callingwood (Edmonton)	
324	Safeway 8912 Garrison Woods (Calgary)	
325	Safeway 8877 (Red Deer)	
326	Safeway 8894 (Fort Saskatchewan)	
327	Safeway 8885 (Stoney Plain)	
328	Safeway 8842 (Glenmore Landing)	
329	Discovery Ridge Compounding Pharmacy Travel Clinic	
330	Safeway 8833 Crowfoot (Calgary)	
331	Two Pharmacy (Cochrane)	

CODE	DESCRIPTION	END DATE
332	University of Calgary Staff Wellness	
333	Medicine Shoppe 365 Sherwood Park	
350	Safeway 8841 South Centre	
351	University of Calgary Staff Wellness Health Sciences	
352	Safeway 8924 Sherwood Park Mall	
353	SAIT Health Services	
354	International Paper Grande Prairie	
355	AHS Calgary Zone	
356	AHS Edmonton Zone	
357	AHS North Zone	
358	AHS South Zone	
359	AHS Central Zone	
360	South Calgary Health Centre	
361	South Park Center (Leased)	
362	Brooks Health Centre Hospital	
363	Cardston Health Centre Hospital	
364	Fort McMurray Wolverine Community Health Centre	
365	Medicine Hat Regional Hospital	
366	North Gate Village Mall	
367	Oyen Big Country Hospital	
368	Pincher Creek Health Centre Hospital	
369	Skyview Power Center	
370	Taber Health Centre Hospital	
371	Wainwright COVID Testing Site	
372	Medicine Place	
373	Bow trail	
374	Macleod South	
375	Safeway 8803 Northgate	
376	Safeway 8816 Market Mall	
377	Safeway 8879 Manning Crossing	
378	Safeway 8891 Westmount Centre	
379	Safeway 8892 Northgate Centre	
380	Safeway 8904 Southgate	
381	Safeway 8905 Jasper Gates	
382	Safeway 8913 North Hill Centre	
383	Safeway 8916 Montgomery	
384	Safeway 8928 Abbotsfield Mall	
385	Edmonton West Centre	
386	Genesis Centre	
387	Guardian Drugs Medicine Chest	
388	Safeway 8989 South Trail	
389	Carebridge RemedyRx	
390	Wabamun Pharmacy	
391	Health Net Pharmacy	

CODE	DESCRIPTION	END DATE
392	Medicine Shoppe 170	
393	Medicine Shoppe 225	
394	Londondale Guardian Pharmacy	
395	Medicine Shoppe 398	
396	Elixir Pharmacy	
397	Excel Health Pharmacy	
398	Wembley RemedyRx	
399	Nolan Drugs	
400	Medicine Place 1	
401	Medicine Place 3	
402	Glenbrook Pharmacy (Edmonton)	
403	Tofield Pharmacy	
404	Guardian Pharmacy Tofield	
405	ARx Pharmacy and Homecare	
406	Co-op Pharmacy Trader Ridge (Grande Prairie)	
407	Co-op Pharmacy Downtown (Grande Prairie)	
408	MaKami College Inc. (Calgary)	
409	(APL) Alberta Precision Lab	
410	FreshCo Pharmacy 4303	
411	Sunridge Mall	
412	Safeway 8914 Cochrane	
413	Safeway 8858 Riverbend Square	
856	Fort McKay Health Centre	
857	Alexis Health Services	
858	Beaver First Nation Health Centre	
859	Lubicon Lake Health Centre	
860	Swan River Health Centre	
862	Chateh Health Centre	
863	Maggie Willier Wellness - Driftpile	
864	Fort Chipewyan Health & Wellness Centre	
865	Paul Band Health Centre	
866	Saddle Lake Health Care Centre	
867	Sunchild Health Centre	
868	Alexander Health Services	
869	Enoch Health Services	
870	Beaver Lake Health Services	
871	John D'or Prairie Health Centre	
872	Fox Lake Nursing Station	
873	Garden River Health Centre	
874	Duncan's FN Health Centre	
875	Kiska Waptin Health Centre - Bighorn	
876	Maskwacis Health Services	
877	Atikameg Health Centre	
878	Woodland Cree Health Centre	

CODE	DESCRIPTION	END DATE
879	Loon River Health Centre	
880	Tallcree Health Services	
881	Heart Lake Health Centre	
882	Blood Tribe Department of Health	
883	Sturgeon Lake Health Centre	
884	Sucker Creek Health Centre	
885	Kapawe'no First Nation Health Centre	
886	Four Chiefs Complex - Bushe River	
887	Meander River Health Centre	
888	O'Chiese Health Centre	
889	Tsuu Tina Health and Wellness Centre	
890	Goodfish Lake Health Centre	
891	Aakom Kiyii Health Services - Piikani	
892	Calling Lake Health Centre	
893	Bigstone Health Centre	
894	Cold Lake First Nations Health Centre	
895	Stoney Trail Wellness Centre - Eden Valley	
896	Morning Sky Health and Wellness Centre - Frog Lake	
897	Kehewin Health Services	
898	Stoney Health Services - Morley	
899	Siksika Health & Wellness Centre	
900	Not Administered at Submitting Facility	
901	OKAKI Community Clinic	
902	AFCC	
903	Siksika Rural	
904	Siksika Drive Thru	
905	OKAKI Virtual Care Clinic	
906	OKAKI Walk-In	
907	Montana Integrated Human and Health Services	
908	Oasis Medical Clinic Sunridge	
909	FreshCo Pharmacy 4301	
910	Chappelle Medical Clinic	
995	Administered outside of AHS Public Health	
996	Rapid Response	
997	Non AHS Immunizers	
998	Unknown	
999	Flu Campaign - Calgary	
9997	First Nations and Inuit Health Branch	
99009	Direct Form Immunizers	
031	Forest Lawn CHC	2010/05/22
039	Millican Ogden Sub Office	2007/12/01
080	Eastwood	2010/01/28
085	Castledowns	2009/04/23
088	North Central	2009/04/23

CODE	DESCRIPTION	END DATE
334	EDM Royal Alexandra Hospital - Pharmacy	2020/11/30
335	EDM WMC Kaye Edmonton Clinic – 3A Medical Clinic	2020/11/30
336	EDM Edmonton General Continuing Care Centre – NARP	2020/11/30
337	EDM RAH Community Services Centre – HIV	2020/11/30
338	EDM WMC Stollery Children's Hospital	2020/11/30
339	EDM RAH Community Services Centre – NARP	2020/11/30
340	EDM WMC Health Sciences Centre – NARP Unit 5C2	2020/11/30
341	EDM WMC Health Sciences Centre - NARP Unit 5B1	2020/11/30
342	STO Westview Health Centre - Pharmacy	2020/11/30
343	EDM Alberta Hospital Edmonton - Pharmacy	2020/11/30
344	STA Sturgeon Community Hospital - Pharmacy	2020/11/30
345	EDM WMC Health Sciences Centre - Pharmacy	2020/11/30
346	EDM Lynnwood Family Medicine Clinic	2020/11/30
347	EDM RAH Anderson Hall- Indigenous Wellness Clinic	2020/11/30
348	EDM WMC Stollery Children's Hospital-Pediatric Clinical Investigation Unit-Pharmacy	2020/11/30
349	EDM WMC Kaye Edmonton Clinic - Research Pharmacy	2020/11/30

Delivery Province Code

The Delivery Province Code field identifies the province where the immunization was administered to the service recipient if it was administered in Canada, but outside of Alberta.

Format (Length): Alpha only (3)

Mandatory: Conditional

- Business Rule:
- **One** of the following must be reported:
 - Delivery Organization of Service **and** Delivery Management Site
 - Delivery Province Code
 - Delivery Country Code
 - Delivery Continent Code
 - Must be reported if Delivery Country Code equals 'CA' – Canada
 - Must be a valid Delivery Province Code – See [Table 5](#)

Delivery Country Code

The Delivery Country Code field identifies the country where the immunization was administered to the service recipient if it was administered outside of Canada.

Format (Length): Alpha only (2)

Mandatory: Conditional

- Business Rule:
- **One** of the following must be reported:
 - Delivery Organization of Service **and** Delivery Management Site
 - Delivery Province Code
 - Delivery Country Code
 - Delivery Continent Code
 - Must be 'CA' – Canada if Delivery Province Code is reported
 - Must be a valid Delivery Country Code – See [Table 6](#)

Delivery Continent Code

The Delivery Continent Code field identifies other geographical regions (continents) to describe where the immunization was administered if the Delivery Country Code is unknown and the immunization was administered to the service recipient outside of Canada.

Format (Length): Alpha only (3)

Mandatory: Conditional

Business Rule:

- **One** of the following must be reported:
 - Delivery Organization of Service **and** Delivery Management Site
 - Delivery Province Code
 - Delivery Country Code
 - Delivery Continent Code
- Must be a valid Delivery Continent Code

Table 22 – Delivery Continent Codes

CODE	DESCRIPTION
AFR	Africa
AS	Asia
EUR	Europe
NA	North America (including Central America and Caribbean)
OC	Oceania (including Australia)
SA	South America

Grade Code

The Grade Code field depicts a class organized for a particular year of school courses. It identifies the grade the service recipient was in at the time of the immunization event.

Format (Length): Alphanumeric (2)

Mandatory: Conditional

Business Rule:

- Must be a valid Grade Code
- If a vaccine has been administered, the Grade Code must be reported if the Vaccine Code is 'HBV' – Hepatitis B and the Reason for Immunization Code is '16' – Universal School Program

Reformatting: Incoming value will be right justified and any leading blanks will be replaced with zeros

Table 23 – Grade Codes

CODE	DESCRIPTION
01	Grade 1
02	Grade 2
03	Grade 3
04	Grade 4
05	Grade 5
06	Grade 6
07	Grade 7
08	Grade 8
09	Grade 9
10	Grade 10
11	Grade 11
12	Grade 12
13	Grade 13
EC	Early Childhood
HS	Home School
NG	Not Graded
PK	Pre-Kindergarten

Comment

The Comment field is specific to the immunization event or a particular antigen. Where the vaccine (or antigen) does not meet the guidelines, the reason for administration can be entered in the comment field and sent to Alberta Health to assist in removing the flag on the event.

The Code in the format outlined in Table 24 (below) must be submitted in order for the flag to be removed. *A flagged event is an immunization or not immunized event that has been flagged for investigation and review. All flagged events are communicated back to the submitter for their action.*

Format (Length): Alphanumeric (1600), Flag Removal Code must be submitted within "<>" (e.g., <1>)

Mandatory: No

Business Rule: Spaces, alphabets, numbers and the following special characters are allowed:
 ~ ` ! @ # \$ % ^ & * () _ - + = \ { } [] ; : " ' ? / > . <

Table 24 – Flag Removal Codes (Comment)

Yes = this flag can be removed or overridden if the flag removal code is used

No = this flag cannot be removed or overridden if the flag removal code is used

CODE	COMMENT	VALID DEMOGRAPHIC	VALID DOSE	EFFECTIVE FLAG	END DATE
13	Invalid Dose – MOH determined that the dose is an invalid dose and should be repeated	No	Yes	No	
14	Invalid Error/System Fix	Yes	Yes	No	
17	Vaccine Shortage	Yes	Yes	No	
18	RHA Data Fix	Yes	Yes	No	
20	Valid Dose – MOH determined that the dose is a valid dose and does not need to be repeated	No	Yes	Yes	
21	Valid Demographic	Yes	No	No	
22	Invalid Dose, Valid Demographic	Yes	Yes	No	
23	Valid Dose, Valid Demographic	Yes	Yes	Yes	
1	MOH or Designate Override – Vaccine schedule/type has been approved or recommended by the MOH or his/her designate, considering extenuating factors such as: history of adverse reaction, or unusual exposure situations	No	No	No	2009/09/17
2	Contact with Disease/Outbreak Situation – Vaccine given early due to high number of disease reports in area where client is living, usually declared necessary by MOH	No	No	No	2009/09/17
3	Parent Request of Specific Vaccine – Vaccine type is not the appropriate choice but is the one accepted and requested by the parents (e.g., DTP given as parents refuse Pertussis vaccine)	No	No	No	2009/09/17
4	Repeat Series Due to Immunosuppression – Received documentation of medical protocol (eg., stem cell, splenectomy, cancer)	No	No	No	2009/09/17
5	Travel Purposes – When vaccine is given out of schedule due to travel, either to High Risk area for actual disease or, when extensive travel will occur at time of next regularly scheduled dose	No	No	No	2009/09/17
6	Previous Dose(s) Insufficient Amount or Ineffective – When partial dose has already been given, previous schedule (possibly from another country), inadequate for Canadian standards; dose repeat due to ineffectiveness of previous dose	No	No	No	2009/09/17
7	Catch Up Immunization(s) ⁽²⁾ – When infants and children have missed scheduled vaccine doses, or started late, a catch-up schedule should be commenced	No	No	No	2009/09/17
8	Required for Educational/Mission Program – Given to satisfy requirements of an outside agency who will not accept client into program or country without documented proof of vaccine administration	No	No	No	2009/09/17
9	Dose Believed to be Final in Series or a Reinforcing One – Verbal history from client/parent indicates all previous immunizations up to date, no written record available	No	No	No	2009/09/17
10	Cold Chain Break or Vaccine Recall – Vaccine affected by a known Cold Chain Break or Vaccine Recall; reimmunization necessary	No	No	No	2009/09/17
11	Accelerated Schedule – When a vaccine is given on an accepted accelerated schedule	No	No	No	2009/09/17
12	PHO Override	No	No	No	2009/09/17
15	Client Refusal	No	No	No	2009/09/17
16	FLU	No	No	No	2009/09/17
19	Out of Region	No	No	No	2009/09/07

² Australian Immunisation Handbook, 8th Ed. 2003

Antigen Count Record (IE)

The Antigen Count record contains the number of valid doses given of each antigen. There must be one or more Antigen Count records submitted for each Immunization record submitted. Listed below is the layout of the record.

#	FIELD	FORMAT	MANDATORY RULE
1	Record Type	Alpha Only (2)	Mandatory
2	Record Number	Numeric (5)	Mandatory
3	Unique Lifetime Identifier	Numeric (9)	Mandatory
4	Antigen Code	Alphanumeric (15)	Mandatory
5	Antigen Count	Numeric (2)	Mandatory

Example:

IE|3|890980089|HAV|1|

IE|4|890980089|HBV|1|

DATA ELEMENTS

Record Type

The Record Type field identifies the type of record within a data submission.

Format (Length): Alpha only (2)

Mandatory: Yes

Business Rule: For the Antigen Count record, the Record Type code must be 'IE' – Antigen Count record

Record Number

The Record Number field is used to sequentially number each Patient, Immunization, Antigen Count, Not Immunized and Antigen Not Administered record submitted.

Format (Length): Numeric (5)

Mandatory: Yes

Business Rule: Must be greater than or equal to 1

Unique Lifetime Identifier

Must match the ULI reported in the preceding Patient record. Refer to the [ULI data element](#) in that subsection for format and business rules.

Antigen Code

The Antigen Code field identifies the antigen(s) administered to the service recipient within the vaccine. Several vaccines have more than one antigen. An Antigen Count record must be submitted for each antigen within an administered vaccine.

Format (Length): Alphanumeric (15)

Mandatory: Yes

- Business Rule:
- Must be a valid Antigen Code
 - Must be a valid Antigen Code within the reported Vaccine Code – See [Table 26](#)
 - All reported antigen codes must conform to the capitalization convention

- Examples:
- If the 'MMR' – Measles/Mumps/Rubella vaccine is administered, three Antigen Count records must be submitted – one for the 'MEA' – Measles antigen, one for the 'MU' – Mumps antigen and one for the 'RUB' – Rubella antigen
 - If the 'MU' – Mumps vaccine is administered, one Antigen Count Record must be submitted for the 'MU' – Mumps antigen

Table 25 – Antigen Codes

ANTIGEN CODE	ANTIGEN DESCRIPTION	END DATE	NOTES
ANTH	Anthrax		
BA	Botulism Antitoxin		
BAIG	Botulism Antitoxin Immune Globulin		
BCG	Bacillus Calmette Guerin (TB)		
CH	Cholera		
COVID-19-1	Novel Coronavirus 2019		
COVID-19-2	Novel Coronavirus 2019		
COVID-19-3	Novel Coronavirus 2019		
COVID-19-4	Novel Coronavirus 2019		
COVID-19-5	Novel Coronavirus 2019		
COVID-19-6	Novel Coronavirus 2019		
COVID-19-7	Novel Coronavirus 2019		
COVID-19-8	Novel Coronavirus 2019		
COVID-19-9	Novel Coronavirus 2019		
COVID19-10	Novel Coronavirus 2019		
COVID-19-11	Novel Coronavirus 2019		
COVID19-12	Novel Coronavirus 2019		
COVID-19-13	Novel Coronavirus 2019		
COVID-19-14	Novel Coronavirus 2019		
COVID-19-15	Novel Coronavirus 2019		
COVID-19-16	Novel Coronavirus 2019		
COVID-19-17	Novel Coronavirus 2019		
COVID-19-18	Novel Coronavirus 2019		
COVID-19-19	Novel Coronavirus 2019		
COVID-19-20	Novel Coronavirus 2019		
D	Diphtheria Toxoid		
DA	Diphtheria Antitoxin		

ANTIGEN CODE	ANTIGEN DESCRIPTION	END DATE	NOTES
ECOLI	Ecoli		
FLU	Influenza		
HAV	Hepatitis A		
HBIG	Hepatitis B Immune Globulin		
HBV	Hepatitis B		
Hib	Haemophilus Influenza type b		
HPV	Human Pappilomavirus		
HZ	Herpes Zoster		
IG	Immune Globulin (human intramuscular)		
JEV	Japanese Encephalitis Virus		
MEA	Measles		
MENING	Meningococcal		
MENING-C	Meningococcal Conjugate		
MENING-B	Meningococcal Recombinant		
MU	Mumps		
P	Pertussis		
PNEUMO-C	Pneumococcal (conjugate)		
PNEUMO-P	Pneumococcal (polysaccharide – 23)		
POL	Polio		Combination antigen code used only for mixed OPV/IPV records to assess dose count
PPD	Purified Protein Derivative 5TU–TB Test		
RAB	Rabies		
RIG	Rabies Immune Globulin		
ROT	Rotavirus		
RSV	Respiratory Syncytial Virus		
RUB	Rubella		
SMA-1	Monkeypox and Smallpox		
T	Tetanus Toxoid		
TIG	Tetanus Immune Globulin		
TY	Typhoid		
VZ	Varicella Zoster		
VZIG	Varicella Zoster Immune Globulin		
YF	Yellow Fever		
aP	Acellular Pertussis	2008/09/30	
DD	Diphtheria Toxoid (fluid-diluted)	2008/09/30	
DRT	Diphtheria Reaction Test	1996/01/01	
HBVD	Hepatitis B for Dialysis	2008/03/05	
IPV	Polio (inactivated)	2008/09/30	
KMEA	Killed red measles	1970/12/31	
LYM	Lymerix	2002/07/30	
OPV	Polio (oral)	2008/09/30	
PFLU	Pandemic Influenza	2010/10/01	
SMA	Smallpox	2015/06/01	
SNAKE	Snakebite antivenin	2002/02/03	
TBEV	Tick-Borne Encephalitis Virus	2014/03/03	

Table 26 – Vaccine-Antigen Associations

Note: All reported vaccine and antigen codes must conform to the capitalization convention.

VACCINE CODE	ANTIGEN CODE	ANTIGEN DESCRIPTION	END DATE for antigen with Vaccine Code	NOTES
Anth	ANTH	Anthrax		
BA	BA	Botulism Antitoxin		
BA-7	BA	Botulism Antitoxin		
BAIg	BAIG	Botulism Antitoxin Immune Globulin		
BCG	BCG	Bacillus Calmette Guerin (TB)		
CH	CH	Cholera		
Chol-Ecol-O	CH	Cholera		
	ECOLI	Ecoli		
COVPBmRNA	COVID-19-1	Novel Coronavirus 2019		
COVMODmRNA	COVID-19-2	Novel Coronavirus 2019		
COVNVASub	COVID-19-3	Novel Coronavirus 2019		
COVAUVec - AZ	COVID-19-5	Novel Coronavirus 2019		
COVJANVec	COVID-19-6	Novel Coronavirus 2019		
COVMGOVLP	COVID-19-7	Novel Coronavirus 2019		
COVSIIVec	COVID-19-8	Novel Coronavirus 2019		
COVBIBPVer	COVID-19-9	Novel Coronavirus 2019		
COVSVACVer	COVID19-10	Novel Coronavirus 2019		
COVPB5y-11ymRNA	COVID-19-11	Novel Coronavirus 2019		
COVAXIN	COVID19-12	Novel Coronavirus 2019		
COVCVASub	COVID-19-13	Novel Coronavirus 2019		
COVPB6m-4ymRNA	COVID-19-14	Novel Coronavirus 2019		
COVMOD6m-5ymRNA	COVID-19-15	Novel Coronavirus 2019		
COVCanSinoRe	COVID-19-16	Novel Coronavirus 2019		
COVMODmRNABA1	COVID-19-17	Novel Coronavirus 2019		
COVPBmRNABA1	COVID-19-18	Novel Coronavirus 2019		
COVMODmRNABA45	COVID-19-19	Novel Coronavirus 2019		
COVPBmRNABA45	COVID-19-20	Novel Coronavirus 2019		
DA	DA	Diphtheria Antitoxin		
dTap-IPV	D	Diphtheria Toxoid		
	T	Tetanus Toxoid		
	P	Acellular Pertussis		
	POL	Polio (inactivated)		
DTaP-HB-IPV	D	Diphtheria Toxoid		
	T	Tetanus Toxoid		
	P	Acellular Pertussis		
	HBV	Hepatitis B		
	POL	Polio (inactivated)		

VACCINE CODE	ANTIGEN CODE	ANTIGEN DESCRIPTION	END DATE for antigen with Vaccine Code	NOTES
DTaP-IPV	D	Diphtheria Toxoid		
	T	Tetanus Toxoid		
	P	Acellular Pertussis		
	POL	Polio (inactivated)		
DTaP-IPV-Hib	D	Diphtheria Toxoid		
	T	Tetanus Toxoid		
	P	Acellular Pertussis		
	POL	Polio (inactivated)		
	Hib	Haemophilus Influenza type b		
DTaP-IPV-Hib-HB	D	Diphtheria Toxoid		
	T	Tetanus Toxoid		
	P	Acellular Pertussis		
	POL	Polio (inactivated)		
	Hib	Haemophilus Influenza type b		
	HBV	Hepatitis B		
DTwP-Hib-HB	D	Diphtheria Toxoid		
	T	Tetanus Toxoid		
	P	Pertussis		
	Hib	Haemophilus Influenza type b		
	HBV	Hepatitis B		
DTwP-IPV-Hib	D	Diphtheria Toxoid		
	T	Tetanus Toxoid		
	P	Pertussis		
	POL	Polio (inactivated)		
	Hib	Haemophilus Influenza type b		
FLU	FLU	Influenza		
FLU-HD	FLU	Influenza		
HABV	HAV	Hepatitis A		
	HBV	Hepatitis B		
HA-Typh-I	HAV	Hepatitis A		
	TY	Typhoid		
HAV	HAV	Hepatitis A		
HBIG	HBIG	Hepatitis B Immune Globulin		
HBV	HBV	Hepatitis B		
HBVD	HBV	Hepatitis B		
Hib	Hib	Haemophilus Influenza type b		
HPV-9	HPV	Human Papillomavirus		
HPV-U	HPV	Human Papillomavirus		
IG	IG	Immune Globulin (human intramuscular)		
IPV	POL	Polio (inactivated)		
JEV	JEV	Japanese Encephalitis Virus		
MenC-ACYW	MENING-C	Meningococcal Conjugate		
Men-B	MENING-B	Meningococcal Recombinant		

VACCINE CODE	ANTIGEN CODE	ANTIGEN DESCRIPTION	END DATE for antigen with Vaccine Code	NOTES
MenB-FHbp	MENING-B	Meningococcal Recombinant		
MenB-U	MENING-B	Meningococcal Recombinant		
MenconC	MENING-C	Meningococcal Conjugate		
MENING-C	MENING-C	Meningococcal Conjugate		
MENING-P	MENING	Meningococcal		
MMR	MEA	Measles		
	MU	Mumps		
	RUB	Rubella		
MMR-Var	MEA	Measles		
	MU	Mumps		
	RUB	Rubella		
	VZ	Varicella Zoster		
PPD	PPD	Purified Protein Derivative 5TU–TB Test		
PNEU-CON	PNEUMO-C	Pneumococcal (conjugate)		
PNEU-C13	PNEUMO-C	Pneumococcal (conjugate)		
PNEU-C15	PNEUMO-C	Pneumococcal (conjugate)		
PNEU-C20	PNEUMO-C	Pneumococcal (conjugate)		
PNEUMO-P	PNEUMO-P	Pneumococcal (polysaccharide 23)		
RAB	RAB	Rabies		
RIG	RIG	Rabies Immune Globulin		
Rot	ROT	Rotavirus		
Rot-5	ROT	Rotavirus		
Rot-U	ROT	Rotavirus		
RSVlg	RSV	Respiratory Syncytial Virus		
SMAMONV	SMA-1	Monkeypox and Smallpox		
Td	T	Tetanus Toxoid		
	D	Diphtheria Toxoid		
Td-IPV	T	Tetanus Toxoid		
	D	Diphtheria Toxoid		
	POL	Polio (inactivated)		
TIG	TIG	Tetanus Immune Globulin		
TYO	TY	Typhoid		
TY	TY	Typhoid		
TYVI	TY	Typhoid		
Var-S	VZ	Varicella Zoster		
Var-SU	HZ	Herpes Zoster		
Var-SI	HZ	Herpes Zoster		
VZ	VZ	Varicella Zoster		
VZU	VZ	Varicella Zoster		
VZIG	VZIG	Varicella Zoster Immune Globulin		
YF	YF	Yellow Fever		
aP	P	Acellular Pertussis	2008/09/30	
CHI	CH	Cholera	1999/01/01	

VACCINE CODE	ANTIGEN CODE	ANTIGEN DESCRIPTION	END DATE for antigen with Vaccine Code	NOTES
CHO	CH	Cholera	2010/09/23	
D	D	Diphtheria Toxoid	1994/08/01	
DD	D	Diphtheria Toxoid (fluid-diluted)	1994/08/01	No longer available for historical documentation as of 2011/05/01
DPT	D	Diphtheria Toxoid	1997/06/30	
	P	Pertussis	1997/06/30	
	T	Tetanus Toxoid	1997/06/30	
DPTP	D	Diphtheria Toxoid	1997/06/30	
	P	Pertussis	1997/06/30	
	T	Tetanus Toxoid	1997/06/30	
	POL	Polio (inactivated)	1997/06/30	
DPTPHib	D	Diphtheria Toxoid	1997/06/30	
	P	Pertussis	1997/06/30	
	T	Tetanus Toxoid	1997/06/30	
	POL	Polio (inactivated)	1997/06/30	
	Hib	Haemophilus Influenza type b	1997/06/30	
DRT	DRT	Diphtheria Reaction Test	1996/01/01	
DT	D	Diphtheria Toxoid	1998/12/31	
	T	Tetanus Toxoid	1998/12/31	
DTaP	D	Diphtheria Toxoid	1999/01/01	
	T	Tetanus Toxoid	1999/01/01	
	P	Acellular Pertussis	1999/01/01	
DT-IPV	D	Diphtheria Toxoid	2005/10/31	
	T	Tetanus Toxoid	2005/10/31	
	P	Acellular Pertussis	2005/10/31	
EZM	MEA	Measles	1971/01/01	No longer available for historical documentation as of 2011/05/01
HbOC	Hib	Haemophilus Influenza type b	1993/02/01	No longer available for historical documentation as of 2011/05/01
HBTmf	HBV	Hepatitis B	2011/05/01	No longer available for historical documentation as of 2011/05/01
Hib-MenC	Hib	Haemophilus Influenza type b	2015/02/05	
	MENING-C	Meningococcal Conjugate	2015/02/05	
HPV	HPV	Human Papillomavirus	2019/06/30	
HPV-2	HPV	Human Papillomavirus	2019/06/30	
H1N1-09	PFLU	Pandemic Influenza	2010/10/01	
H1N1-09-AD	PFLU	Pandemic Influenza	2010/10/01	
KMEA	KMEA	Killed red measles	1970/12/31	
Lym	LYM	Lymerix	2002/07/30	
MEA	MEA	Measles	1998/12/31	
MenACs	MENING	Meningococcal	2002/03/01	No longer available for historical documentation as of 2011/05/01
MeninAC	MENING	Meningococcal	2002/03/01	
MENING	MENING	Meningococcal	2012/01/18	
MENOTET	MENING	Meningococcal	2000/11/01	No longer available for historical documentation as of 2011/05/01

VACCINE CODE	ANTIGEN CODE	ANTIGEN DESCRIPTION	END DATE for antigen with Vaccine Code	NOTES
MONM	MEA	Measles	1998/06/30	No longer available for historical documentation as of 2011/05/01
MR	MEA	Measles	1999/12/31	
	RUB	Rubella	1999/12/31	
MU	MU	Mumps	2004/02/08	
OMP	Hib	Haemophilus Influenza type b	1994/08/02	No longer available for historical documentation as of 2011/05/01
OPV	POL	Polio (oral)	1994/07/31	
P	P	Pertussis (whole cell)	1997/06/30	
POL	POL	Polio	1998/12/31	Combination antigen code used only for mixed OPV/IPV records to assess dose count
PNEU-C	PNEUMO-C	Pneumococcal (conjugate)	2010/07/01	
PNEU-C10	PNEUMO-C	Pneumococcal (conjugate)	2008/12/11	
PRPD	Hib	Haemophilus Influenza type b	1992/05/18	No longer available for historical documentation as of 2011/05/01
RUB	RUB	Rubella	1998/10/01	
Sma	SMA	Smallpox	2015/06/01	
SNAKE	SNAKE	Snakebite antivenin	2002/02/03	
TBEV	TBEV	Tick-Borne Encephalitis Virus	2014/03/03	
TdP	T	Tetanus Toxoid	2015/03/01	
	D	Diphtheria Toxoid	2015/03/01	
	POL	Polio (inactivated)	2015/03/01	
TP	T	Tetanus Toxoid	1994/08/01	
	POL	Polio (inactivated)	1994/08/01	
TT	T	Tetanus Toxoid	2000/12/31	

Antigen Count

The Antigen Count field identifies the number of valid doses of each antigen administered to date for the service recipient. The count includes any valid doses previously administered.

Format (Length): Numeric (2)

Mandatory: Yes

Business Rule: Must be greater than or equal to 1

Program Validation Rules:

- The program performs this calculation before submitting this field – the age of the patient is compared to the age according to the program validation rules for each vaccine; if the age of the patient is greater than the age in the program rules, the antigen count is equal to one
- For Program Validation Rules by Vaccine Code and Program Validation Rules by Antigen Code, see [Appendix 1](#)

Examples:

- If antigen code = FLU and age is greater than or equal to nine years then antigen count = 1
- If a child at one year of age received a 'MMR' – Measles/Mumps/Rubella vaccine, the Antigen Counts at the time of submission would be:
 - 'MEA' – Measles = 1
 - 'MU' – Mumps = 1
 - 'RUB' – Rubella = 1
- If the same child later received a single antigen 'MEA' – Measles (Red) vaccine, the Antigen Counts at the time of submissions would be:
 - 'MEA' – Measles = 2
 - 'MU' – Mumps = 1
 - 'RUB' – Rubella = 1

Not Immunized Record (IN)

The Not Immunized record identifies situations where an antigen was offered but not administered to the service recipient. For each Not Immunized record there must be one or more Antigen Not Administered records submitted. Listed below is the layout of the record.

#	FIELD	FORMAT	MANDATORY RULE
1	Record Type	Alpha Only (2)	Mandatory
2	Record Number	Numeric (5)	Mandatory
3	Unique Lifetime Identifier	Numeric (9)	Mandatory
4	Submission Type	Alpha Only (1)	Mandatory
5	Interview Date	Numeric (8)	Mandatory
6	Reason Not Immunized Code	Alpha Only (3)	Mandatory
7	Delivery Organization of Service	Numeric (4)	Mandatory
8	Grade Code	Alphanumeric (2)	Non-mandatory

Example: IN|5|890980089|A|19990801|AR|10|05|

DATA ELEMENTS

Record Type

The Record Type field identifies the type of record within a data submission.

Format (Length): Alpha only (2)

Mandatory: Yes

Business Rule: For the Not Immunized record, the Record Type code must be 'IN' – Not Immunized record

Record Number

The Record Number field is used to sequentially number each Patient, Immunization, Antigen Count, Not Immunized and Antigen Not Administered record submitted.

Format (Length): Numeric (5)

Mandatory: Yes

Business Rule: Must be greater than or equal to 1

Unique Lifetime Identifier

Must match the ULI reported in the preceding Patient record. Refer to the [ULI data element](#) in that subsection for format and business rules.

Submission Type

The Submission Type field identifies the type of data transaction.

- Format (Length): Alpha only (1)
- Mandatory: Yes
- Business Rule:
- Must be a valid Submission Type Code – See Table 10 in the *Immunization Data Standard Code Tables*
 - Cannot be 'C' – Change Record/Transaction if not previously submitted and accepted as 'A' – Add Record/Transaction
 - Cannot be 'D' – Delete Record/Transaction if not previously submitted and accepted as 'A' – Add Record/Transaction
 - Cannot be 'A' – Add Record/Transaction if already previously submitted and accepted as 'A' – Add Record/Transaction or 'C' – Change Record/Transaction

Interview Date

The Interview Date field identifies the date the antigen was offered but not administered to the service recipient.

- Format (Length): Numeric (8)
- Mandatory: Yes
- Business Rule:
- Must be in format YYYYMMDD
 - Must be greater than or equal to the patient's Birth Date
 - Must be less than or equal to today's date
 - Must be less than or equal to patient's Date of Death in the Provincial Client Registry

Reason Not Immunized Code

The Reason Not Immunized Code field provides the explanation as to why the antigen was not administered to the service recipient.

- Format (Length): Alpha only (3)
- Mandatory: Yes
- Business Rule: Must be a valid Reason Not Immunized Code – See Table 26 in the *Immunization Data Standard Code Tables*

Table 27 – Reason Not Immunized Codes

CODE	DESCRIPTION	END DATE
AR	Adverse Reaction – Previous	
CF	Consent Form Not Returned	
DEF	Deferred	
HD	History of Disease	
NR	Not Recommended	
REF	Refusal	
SC	Series Complete (Alternate Schedule)	
UNK	Unknown	
VNA	Vaccine Not Available	
MC	Medical Contraindication	2009/09/17
NS	No Show/Cancellation (reason other than illness)	2009/09/17
OTH	Other	2009/09/17
PE	Philosophical Exemption (against immunization for reasons other than religious)	2009/09/17
PS	Positive Serology	2009/09/17
PVR	Previous Vaccine Recipient	2009/09/17
REL	Religious Objection	2009/09/17
RSP	Receiving Services Out of Province	2009/09/17
RSR	Receiving Services Out of Region	2009/09/17
TI	Temporary Illness Deferring Immunization	2009/09/17
UC	Unable to Contact (preschool)	2009/09/17

Delivery Organization of Service

The Delivery Organization of Service field identifies the service provider that offered the immunization service.

Format (Length): Numeric (4)

Mandatory: Yes

Business Rule: Must be a valid Delivery Organization of Service Code – See [Table 20](#)

Reformatting: Incoming value will be right justified and any leading blanks will be replaced with zeros

Grade Code

Refer to the [Grade Code](#) data element in the Immunization Record subsection for definition, format and business rules.

Antigen Not Administered Record (IA)

The Not Immunized record identifies the antigen that has not been administered to the service recipient. There must be one or more Antigen Not Administered records submitted for each Not Immunized record submitted. Listed below is the layout of the record.

#	FIELD	FORMAT	MANDATORY RULE
1	Record Type	Alpha Only (2)	Mandatory
2	Record Number	Numeric (5)	Mandatory
3	Unique Lifetime Identifier	Numeric (9)	Mandatory
4	Antigen Not Administered Code	Alphanumeric (15)	Mandatory

Examples:

IA|6|890980089|MEA|

IA|7|890980089|MU|

IA|8|890980089|RUB|

DATA ELEMENTS

Record Type

The Record Type field identifies the type of record within a data submission.

Format (Length): Alpha only (2)

Mandatory: Yes

Business Rule: For the Antigen Not Administered record, the Record Type code must be 'IA' – Antigen Not Administered record

Record Number

The Record Number field is used to sequentially number each Patient, Immunization, Antigen Count, Not Immunized and Antigen Not Administered record submitted.

Format (Length): Numeric (5)

Mandatory: Yes

Business Rule: Must be greater than or equal to 1

Unique Lifetime Identifier

Must match the ULI reported in the preceding Patient record. Refer to the [ULI data element](#) in that subsection for format and business rules.

Antigen Not Administered Code

The Antigen Not Administered Code field identifies the antigen that has not been administered to the service recipient. A Not Immunized record must be submitted for each antigen within the vaccine not administered.

Format (Length):	Alphanumeric (15)
Mandatory:	Yes
Business Rule:	Must be a valid Antigen Code – See Table 25

Footer Record (IF)

The Footer record provides summary information on the submitted data. The Footer record must be the last record and cannot recur elsewhere in the submission file. In conjunction with the Header record, the Footer record completes the submission of immunization data. The Footer record must also provide a total count of the Patient, Immunization, Antigen Count, Not Immunized and Antigen Not Administered records submitted (Total Record Count). Listed below is the layout of the record.

#	FIELD	FORMAT	MANDATORY RULE
1	Record Type	Alpha Only (2)	Mandatory
2	Total Record Count	Numeric (5)	Mandatory
3	Checksum	Numeric (6)	Mandatory

Example: IF|8|999999|

DATA ELEMENTS

Record Type

The Record Type field identifies the type of record within a data submission.

Format (Length):	Alpha only (2)
Mandatory:	Yes
Business Rule:	For the Footer record, the Record Type code must be 'IF' – Footer record

Total Record Count

The Total Record Count field identifies the total number of Patient, Immunization, Antigen Count, Not Immunized and Antigen Not Administered records included in the submission file.

Format (Length):	Numeric (5)
Mandatory:	Yes
Business Rule:	Must be greater than or equal to 1

Checksum

The Checksum field is the remainder that results from adding up the ASCII value of every character in all records between the Header and Footer records, and then dividing by 1,000,000. When Alberta Health receives a submission file, the Checksum will be recalculated and compared to the one submitted in the Footer record. If the submitted Checksum does not match the Alberta Health calculated Checksum, the submission file will be rejected.

Format (Length): Numeric (6)

Mandatory: Yes

Business Rule:

- The Version record, Header record and Footer records are excluded from this calculation
- For all other records, every character, including the pipe delimiters "|", is included in the calculation, with the following exception:
 - carriage return (CR) or lines feed (LF) characters are not included in the calculation
- Must match the Alberta Health calculated Checksum

Example: The addition of the ASCII value of all characters between the Header and Footer records is 2,935,171. This sum is then divided by 1,000,000. The quotient (or answer) is 2 with a remainder of 935,171, thus the remainder of 935,171 is the Checksum for the submission file.

Data Submission Samples

Sample 1 – File With Immunization Record For One Patient

IV|01|
IH|55|0185|
IP|1|935201314|AB|935201314|||Rosso|Chase||PHYS|47 Sullivan Close|||Red Deer|AB|CA|T5K2C1|||||19700101|M|N|
II|2|935201314|A||20091021||FLU|RA|IM|03|0.5|ML|MF|NE09150|55|899|AB|CA|NA|NG||
IE|3|935201314|FLU|1|
IF|3|17128|

Sample 2 – File With Immunization Record For One Patient With Multiple Lot Numbers

IV|01|
IH|55|0224|
IP|1|145261314|AB|145261314|||Rosso|Chase||PHYS|47 Sullivan Close|||Red Deer|AB|CA|T5K2C1|||||19430305|F|N|
II|2|145261314|A||20220310||RIG|LA|IM|51|10.00|ML|MF|Y1013-2|55|899|AB|CA|NA|NG||
IE|3|145261314|RIG|2|
II|4|145261314|A||20220310||RIG|RA|SC|51|1.3|ML|MF|X0980-3|55|899|AB|CA|NA|NG||
IE|5|145261314|RIG|2|
IF|5|24806|

Sample 3 – File With One Patient With Historical and Partial/Estimated Dates

IV|01|
IH|55|0225|
IP|1|145261314|AB|145261314|||Rosso|Chase||PHYS|47 Sullivan Close|||Red Deer|AB|CA|T5K2C1|||||19430305|F|N|
II|2|145261314|A|H|20220310|E|FLU|RA|IM|03|0.5|ML|MF|NE09150|55|899|AB|CA|NA|NG||
IE|3|145261314|FLU|1|
IF|3|17199|

Sample 4 – File With One Patient With Multiple Immunization Records

IV|01|
IH|55|0185|
IP|1|935201314|AB|935201314|||Rosso|Chase||PHYS|47 Sullivan Close|||Red Deer|AB|CA|T5K2C1|||||19700101|M|N|
II|2|935201314|A||20091021||FLU|RA|IM|03|0.5|ML|MF|NE09150|55|899|AB|CA|NA|NG||
IE|3|935201314|FLU|1|
II|4|935201314|A||20091021||HAV|RA|IM|04|0.5|ML|MF|NE09150|55|899|AB|CA|NA|NG||
IE|5|935201314|HAV|1|
IF|5|17128|

Sample 5 – File With One Patient And Different Addresses At Multiple Events

If more than one event (immunization or not immunized) is being reported for a patient, and the patient has a different address at the time of each event, a new Patient record containing the new address should be reported before the events to which the new address applies.

```
IV|01|
IH|55|0230|
IP|1|145261314|AB|145261314|||Hunt|Peggy||PHYS|47 Sullivan Close|||Red Deer|AB|CA|T5K2C1|19430305|F|N|
II|2|145261314|A||20220421||RAB|RA|IM|54|0.5|ML|MF|NE09150|55|899|AB|CA|NA|NG||
IE|3|145261314|RAB|1|
IP|4|145261314|AB|145261314|||Hunt|Peggy||PHYS|1914 Jasper Avenue|||Edmonton|AB|CA|T5K0K8|19430305|F|N|
II|5|145261314|A||20220422||MMR|RA|IM|51|0.5|ML|MF|NE09150|55|899|AB|CA|NA|NG||
IE|6|145261314|MEA|1|
IE|7|145261314|MUA|1|
IE|8|145261314|RUB|1|
IF|8|37072|
```

Sample 6 – File For One Patient With an Out Of Province Immunization

```
IV|01|
IH|55|0232|
IP|1|145261314|AB|145261314|||Hunt|Peggy||PHYS|47 Sullivan Close|||Red Deer|AB|CA|T5K2C1|19430305|F|N|
II|2|145261314|A||20220422||HBV||50|0.5|ML||55|899|BC|CA|NA|NG||
IE|3|145261314|HBV|1|
IF|3|16111|
```

Sample 7 – File With Immunization Record For One Patient With a Flag Removal Code

This record would have generated a flag “Age must be greater than or equal to 42 days and less than 7 years for DTaP-IPV-Hb vaccine. However, since the comment inside the Immunization Record (II) contains code flag removal code <13>, the flag will not generate after the application processes it.

```
IV|01|
IH|55|0488|
IP|1|965231314|AB|965231314|||Scott|Flynn||PHYS|47 Sullivan Close|||St.Albert|AB|CA|T5K2C1|19711115|M|N|
II|2|965231314|A||20000101||DTaP-IPV-Hib|RA|IM|97|1|ML|MF|NE09150|55|899|AB|CA|NA|NG|<13>|
IE|3|965231314|D|1|
IE|4|965231314|Hib|1|
IE|5|965231314|P|1|
IE|6|965231314|POL|1|
IE|7|965231314|T|1|
IF|7|23934|
```

Sample 8 – File With Two Different Patients

The first patient has an immunization record for flu. The second patient has immunization record for flu.

IV|01|

IH|89|1778|

IP|1|223391314|AB|223391314|||Sanjay|Pat||PHYS|47 Sullivan Close|||Red Deer|AB|CA|T4R0P8|||19850113|M|N|

II|2|223391314|A||20201011||FLU|RA|IM|03|0.5|ML|MF|NE09150|89|995|AB|CA|NA|NG||

IE|3|223391314|FLU|1|

IP|4|633331314|AB|633331314|||Sanjay|Shauna||PHYS|47 Sullivan Close|||Red Deer|AB|CA|T4R0P8|||19860113|F|N|

II|5|633331314|A||20201011||FLU|RA|IM|03|0.5|ML|MF|NE09150|89|995|AB|CA|NA|NG||

IE|6|633331314|FLU|1|

IF|6|36470|

Section 2: Data Submission Response Guideline

Introduction

The Imm/ARI Application will apply program validation rules to immunization and not immunized events submitted. If an event does not meet the criteria of the program validation rules, it will be flagged and sent back to the submitter for investigation. Until all immunization and not immunized events meet program validation rule requirements, Point of Service systems must have the ability to update and resubmit records to Alberta Health.

Imm/ARI generates the immunization validation reports in two formats: a human readable format and a machine-readable file, the DSG Response File. The DSG Response File combines the human readable File Rejection and File Validation reports into a machine-readable file. This document only describes the machine-readable DSG Response File layout, which identifies validation errors for submitted immunization data.

After an Immunization DSG file is submitted, it is validated by the Imm/ARI application and a machine-readable DSG Response File is generated. The purpose of the DSG Response File is to provide the submitter with feedback regarding their DSG file. In particular, the DSG Response File lists errors found with the file or the data elements (fields) within it.

During validation of the submitted file, Imm/ARI verifies both the file and the individual fields within it. If there are serious errors in the structure of the Immunization DSG file submitted, the entire file could fail, in which case no fields are processed. If the file structure passes validation, then as many individual fields are processed as possible. If a field does not comply with the Immunization DSG business rules, the entire event will be rejected. If an event does not comply with the immunization program validation rules, the event will be flagged for investigation. However, neither case will prevent other fields and events in the submitted file from being validated.

If an event is rejected or flagged for investigation, it will be fully validated to provide the submitter with as much information as possible about the issues identified. Thus, an event may contain one or more error records. This will allow the submitter to correct all known errors, increasing the likelihood that the event will be error-free when it is resubmitted.

DSG Response File Overview

Naming Convention

The naming convention for DSG Response Files is IMMXXXXBBBBBBBBBBB-RSP.ZIP.

- The 'XXXX' corresponds to the Submitter Prefix Code.
- The 'BBBBBBBBBBB' corresponds to the Batch Number for the batch submission.
- The '-RSP' appended to the file name distinguishes the file as a DSG Response File.

File Structure

The structure of the DSG Response File is very similar to that of the DSG files submitted. It is a text file that contains a number of different record types, and each record consists of a number of pipe-delimited (|) fields. The DSG Response File consists of the following record types, and they must occur in this order:

- IRV – Immunization Response Version record
- IRH – Immunization Response Header record
- IRS – Immunization Response Summary record
- IRD – Immunization Response DSG File Failure record
- IRB – Immunization Response Business Rule Failure record
- IRP – Immunization Response Program Validation Rule Failure record
- IRF – Immunization Response Footer record

The Immunization Response Summary, Immunization Response DSG File Failure, Immunization Response Business Rule Failure and Immunization Response Program Validation Rule Failure records in the DSG Response File all have a counter field called Record Number that enumerates these records in the batch, beginning at 1. This Record Number does not occur in the Immunization Response Version, Immunization Response Header or Immunization Response Footer records.

DSG Response File Business Rules

The record structure of the submission file must follow these business rules:

- Each response file must have only one Immunization Response Version record and must be the **first record** in the response file.
- Each response file must have only one Immunization Response Header record and must be the **second record** in the response file.
- The record following the Immunization Response Header record must be an Immunization Response Summary record that provides summary information about the DSG file processed.
- Each response file must have only one Immunization Response Footer record and must be the **last record** in the response file.
- If the file structure of the incoming DSG file is invalid, so that the validation engine is unable to process any Immunization or Not Immunized events, the Immunization Response Summary record will be followed by one or more Immunization Response DSG File Failure records. These specify the error(s) that prevented the DSG file from being processed.
- If the file structure of the incoming file is valid, the Immunization Response Summary record will be followed by:
 - zero or more Immunization Response Business Rule Failure records, and
 - zero or more Immunization Response Program Validation Rule Failure records.

Note: Listings of error codes and descriptions (for the field 'Error Code') and field codes and descriptions (for the field 'Field with Error') are available as separate documents available [online](#) or by emailing health.immdataquery@gov.ab.ca.

Record Descriptions

Immunization Response Version Record (IRV)

The Immunization Response Version record must be the first record in the response file, and there should only be one such record. It identifies the version of the response file to follow.

FIELD	FORMAT	DESCRIPTION OF CONTENTS
Record Type	Alpha Only (3)	This field must be 'IRV'
Response File Version Number	Numeric (2)	Version number of the response file must be '01'

Example: IRV|01|

Immunization Response Header Record (IRH)

The Immunization Response Header record must be the second record in the response file, and there should only be one such record. It contains details of the file submitted, and is used in conjunction with the Footer record to ensure that the submitter has sent a complete response submission.

FIELD	FORMAT	DESCRIPTION OF CONTENTS
Record Type	Alpha Only (3)	This field must be 'IRH'
Submitter Prefix	Numeric (4)	Identifies the delivery organization that submitted the DSG file
Batch Number	Numeric (10)	Batch number, from the DSG file submission

Example: IRH|03|555555|

Immunization Response Summary Record (IRS)

The Immunization Response Summary record will be the third record in the response file. It details when the DSG file was submitted and processed, and provides aggregate results of the processing.

FIELD	FORMAT	DESCRIPTION OF CONTENTS
Record Type	Alpha Only (3)	This field must be 'IRS'
Record Number	Numeric (9)	Record number, must be 1 for this record
Date Submitted	Numeric (8)	Submission date of the DSG file, in format YYYYMMDD
Time Submitted	Numeric (6)	Submission time of the DSG file, in format HHMMSS
Date Processed	Numeric (8)	Processing date of the DSG file, in format YYYYMMDD
Number of File Errors	Numeric (6)	Number of IRD records to follow; if DSG validation failed to process the file, either this field or the DSG Records Processed should be 0
DSG Records Processed	Numeric (9)	Number of records in the DSG file submitted that were processed; either this field or the Number of File Errors should be 0
Number of Business Rule Errors	Numeric (6)	Number of IRB records to follow; if DSG validation failed to process the file, this field should be 0
Number of Program Validation Rule Errors	Numeric (6)	Number of IRP records to follow; if DSG validation failed to process the file, this field should be 0

Example: IRS|1|20001217|151539|20001217|0|27|9|4|

Immunization Response DSG File Failure Record (IRD)

If the DSG file has serious errors in its structure and cannot be processed, then a minimum of one IRD records will follow the IRS record. Each one identifies a problem with the incoming DSG file. These must followed immediately by the Immunization Response Footer (IRF) record.

FIELD	FORMAT	DESCRIPTION OF CONTENTS
Record Type	Alpha Only (3)	This field must be 'IRD'
Record Number	Numeric (5)	Record number, in sequence
DSG Record Number	Numeric (5)	DSG file record number which caused the fatal error
Error Code	Numeric (6)	The error code that identifies the file failure condition

Example: IRD|2|345|1005|

Immunization Response Business Rule Failure Record (IRB)

One or more Business Rule Failure records appear for each field with an error. This record identifies the patient, the event and additional details, including the error that caused the event to be rejected. Rejected events are not written to the provincial Imm/ARI Application Event Registry.

FIELD	FORMAT	DESCRIPTION OF CONTENTS
Record Type	Alpha Only (3)	This field must be 'IRB'
Record Number	Numeric (5)	Record number, in sequence
Unique Lifetime Identifier	Numeric (9)	ULI for the patient to which the event pertains
Event Type	Alpha Only (1)	Type of event, one of 'I' (Immunization) or 'N' (Not Immunized)
Immunization Date/Interview Date	Numeric (8)	Immunization Date (Event Type 'I') or Interview Date (Event Type 'N') in format YYYYMMDD
Vaccine Code	Alphanumeric (15)	The Vaccine Code (only applicable to Event Type 'I')
DSG Record Number	Numeric (5)	The DSG record number where the error occurred
DSG Record Type	Alpha Only (2)	The DSG record type where the error occurred

Field with Error	Alpha Only (6)	The field code that identifies the name of the field in the DSG record where the error occurred
Reported Field Value	Alphanumeric (40)	The contents of the field in the DSG record where the error occurred, truncated if necessary
Error Code	Numeric (6)	The error code that identifies why the event was rejected

Example: IRB|4|123456789|||20001217|DtaP|37|IP|30 |Smith|10052|

Immunization Response Program Validation Rule Failure Record (IRP)

One or more Program Validation Rule Failure records appear for each event that is flagged for investigation by the submitter. These events are written to the provincial Imm/ARI Application Event Registry.

FIELD	FORMAT	DESCRIPTION OF CONTENTS
Record Type	Alpha Only (3)	This field must be 'IRP'
Record Number	Numeric (5)	Record number, in sequence
Unique Lifetime Identifier	Numeric (9)	ULI for the patient to which the event pertains
Event Type	Alpha Only (1)	Type of event, one of 'I' (Immunization) or 'N' (Not Immunized)
Immunization Date/Interview Date	Numeric (8)	Immunization Date (Event Type 'I') or Interview Date (Event Type 'N') in format YYYYMMDD
Vaccine Code	Alphanumeric (15)	The Vaccine Code (only applicable to Event Type 'I')
Error Code	Numeric (6)	The error code that identifies why the event was flagged for investigation

Example: IRP|7|123123123|||20010121|MMR|20078|

Immunization Response Footer Record (IRF)

The Response Footer record must be the last record in the response file, and there should only be one such record. It marks the end of the DSG Response File.

FIELD	FORMAT	DESCRIPTION OF CONTENTS
Record Type	Alpha Only (3)	This field must be 'IRF'
Time Processed	Numeric (6)	Processing time of the DSG file, in format HHMMSS
Total Record Count	Numeric (5)	The total number of IRS, IRD, IRB and IRP records in the batch
Checksum	Numeric (6)	A checksum for the response file. It is calculated by adding the ASCII value of all characters in all IRS, IRD, IRB and IRP records, then taking the remainder when the total is divided by 1,000,000 (see the example in Checksum field Section 1)

Example: IRF|235859|7|999999|

Appendix 1 – Program Validation Rules

Definitions for Age and Month Calculations

- **Age:** Age is calculated using date of birth. For example if the rule states “less than or equal to six years”, the child’s age is six years until the day of their seventh birthday.
- **Month:** Month in program validation rules is defined as 28 days for immunization administration purposes.

Program Validation Rules by Vaccine Code

VACCINE CODE	NAME/DESCRIPTION	PROGRAM VALIDATION RULE(S)
COVMODmRNA	COVID-19 mRNA 1273 - mRNA	<ul style="list-style-type: none"> • Date of Immunization (DOI) for dose 2 minus DOI for dose 1 must be greater than or equal to 21 days
COVPBmRNA	COVID-19 BNT162b2 - mRNA	<ul style="list-style-type: none"> • DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 19 days
DTaP-IPV-Hib	Diphtheria/Tetanus/Acellular Pertussis/IPV/Hib	<ul style="list-style-type: none"> • Age must be greater than or equal to 42 days and less than 7 years
DTaP-IPV-Hib-HB	Diphtheria/Tetanus/ Acellular Pertussis/ IPV/Hib–Hepatitis B	<ul style="list-style-type: none"> • Age must be greater than or equal to 42 days and less than 2 years
FLU	Influenza	<ul style="list-style-type: none"> • If Age is greater than or equal to 6 months and less 9 years, DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 28 days
HBV	Hepatitis B	<ul style="list-style-type: none"> • If Age is less than 10 years OR Age is greater than 15 years of age DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 28 days • If Age is less than 10 years OR Age is greater than 15 years of age DOI for dose 3 minus DOI for dose 2 must be greater than or equal to 56 days • If Age is less than 10 years OR Age is greater than 15 years of age DOI for dose 3 minus DOI for dose 1 must be greater than or equal to 4 months (112 days) • If Age is greater than or equal to 10 years of age and Age is less than or equal to 15 years of age DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 6 months (168 days)
HPV-9	Human Papillomavirus-Nonavalent	<ul style="list-style-type: none"> • If Age is greater than or equal to 15 years of age DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 28 days • If Age is greater than or equal to 15 years of age DOI for dose 3 minus DOI for dose 2 must be greater than or equal to 3 months (84 days) • If Age is greater than or equal to 15 years of age DOI for dose 3 minus DOI for dose 1 must be greater than or equal to 6 months (168 days) • If Age is less than or equal to 14 years of age DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 6 months (168 days)
IPV	Inactivated Polio	<ul style="list-style-type: none"> • Age must be greater than or equal to 42 days
MenconC	Meningococcal, conjugate, monovalent (C)	<ul style="list-style-type: none"> • DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 28 days • DOI for dose 3 minus DOI for dose 2 must be greater than or equal to 28 days • Age at immunization for dose 3 must be greater than or equal to 1 year
MenC-ACYW	Meningococcal, polysaccharide, (A, C, Y, W-135)	<ul style="list-style-type: none"> • Age must be greater than or equal to 42 days • If Reason Code is equal to 66 (Other risk) age must be greater than or equal to 8 weeks 56 days)
MMR	Measles/Mumps/Rubella	<ul style="list-style-type: none"> • DOI for MMR minus DOI for the most recent IG immunization must be greater than or equal to 11 months (308 days) • DOI for MMR minus DOI for the most recent MMR-Var immunization must be greater than or equal to 28 days
MMR-Var	MMR and Varicella	<ul style="list-style-type: none"> • DOI for MMR-Var minus DOI for the most recent IG immunization must be greater than or equal to 11 months (308 days) • DOI for MMR-Var minus DOI for the most recent MMR immunization must be greater than or equal to 28 days
PPD	Purified Protein Derivative 5TU (Mantoux – TB Test)	<ul style="list-style-type: none"> • PPD must be administered same day or greater than or equal to 28 days as most recent MMR, MMR-Var, YF or VZ

VACCINE CODE	NAME/DESCRIPTION	PROGRAM VALIDATION RULE(S)
VZ	Varicella Zoster	<ul style="list-style-type: none"> • DOI for VZ minus DOI for the most recent IG immunization must be greater than or equal 11 months (308 days) • If Age is greater than or equal to 13 years, DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 28 days

Program Validation Rules by Antigen

ANTIGEN CODE	NAME/DESCRIPTION	PROGRAM VALIDATION RULE(S)
FLU	Influenza	<ul style="list-style-type: none"> • Age must be greater than or equal to 6 months • If Age is greater than or equal to 6 months and less than 9 years, DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 28 days
HBV	Hepatitis B	<ul style="list-style-type: none"> • If Age is less than 10 years OR Age is greater than 15 years of age DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 28 days • If Age is less than 10 years OR Age is greater than 15 years of age DOI for dose 3 minus DOI for dose 2 must be greater than or equal to 56 days • If Age is less than 10 years OR Age is greater than 15 years of age DOI for dose 3 minus DOI for dose 1 must be greater than or equal to 4 months (112 days) • DOI for dose 3 minus DOI for dose 2 must be greater than or equal to 6 months (168 days) • If Age is greater than or equal to 10 years and Age is less or equal to 15 years of age DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 6 months (168 days)
HPV	Human Papillomavirus	<ul style="list-style-type: none"> • Age must be greater than or equal to 9 years • If Age is greater than or equal to 15 years of age DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 28 days • If Age is greater than or equal to 15 years of age DOI for dose 3 minus DOI for dose 2 must be greater than or equal to 3 months (84 days) • If Age is greater than or equal to 15 years of age DOI for dose 3 minus DOI for dose 1 must be greater than or equal to 6 months (168 days) • If Age is less than or equal to 14 years of age DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 6 months (168 days)
MU	Mumps	<ul style="list-style-type: none"> • DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 28 days
RUB	Rubella	<ul style="list-style-type: none"> • DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 28 days
VZ	Varicella Zoster	<ul style="list-style-type: none"> • DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 28 days

Appendix 2: Glossary

Effective Antigen	A valid antigen of a vaccine administered to a client that counts towards their complete immunization for a particular disease. For example, MMR vaccine given one day before first birthday is not valid. Only effective antigens are included in the calculation of immunization coverage rates.
Flagged Event	An immunization or not immunized event that has been flagged for investigation and review. All flagged events are communicated back to the submitter for their action.
Immunization Event	The provision of an immunization service to a recipient by a provider at a given time when one of the following occurs: <ul style="list-style-type: none">• an assessment with the intention of immunizing,• the administration of a vaccine, or• a past unreported immunization is reported/submitted.
Not Immunized Event	The provision of an immunization service to a recipient by a provider at a given time where a vaccine is not administered.

Appendix 3 – Document Revisions

VERSION	DATE	SECTION	SUMMARY OF CHANGES
7.2	Sept. 2022	General	<ul style="list-style-type: none"> Minor edits to provide clarity of requirements for out-of-province and historical immunization events Code tables added back into the document Added Program Validation Rules by Vaccine and by Antigen back into the document as Appendix 1 Added Glossary as Appendix 2 Renumbered Appendices Deleted codes with same start/end date (codes were never used and have been deleted from Imm/ARI)
		Data Element Revisions	Alternate Person Identifier Type and Alternate Person Identifier: <ul style="list-style-type: none"> Changed to non-mandatory Revised business rules
		Submitter Prefix (Table 1)	End dated codes: <ul style="list-style-type: none"> 413 Calgary Zone 417 North Zone 418 South Zone 419 Central Zone
		Vaccines (Table 13)	Added codes: <ul style="list-style-type: none"> COVMODmRNABA1 COVID-19 Moderna (Spikevax) Bivalent Vaccine-BA1 COVMODmRNABA45 COVID-19 Moderna (Spikevax) Bivalent Vaccine-BA4/5 COVPBmRNABA1 COVID-19 Pfizer-BioNTech (Comirnaty) Bivalent Vaccine-BA1 COVPBmRNABA45 COVID-19 Pfizer-BioNTech (Comirnaty) Bivalent Vaccine-BA4/5
		Vaccine-Reason Association (Table 17)	Added codes: <ul style="list-style-type: none"> COVMODmRNABA1 03 Health Care Workers not including LTC/DSL 44 LTC/DSL Staff 22 LTC/DSL Resident 70 Other Congregate Living Settings 02 Advanced Age (65+) 66 Other Risk 72 12 years to 64 years Removed historical vaccines that do not require a reason code
		Delivery Organization of Service (Table 20)	Changed description: <ul style="list-style-type: none"> 100 Other Added codes: <ul style="list-style-type: none"> 101 AH ABC 102 Physician Clinic 103 Community Pharmacy 104 Corrections 105 Post-Secondary 106 Long Term Care (Supportive Living) 107 Private/Travel Clinic 108 Occupational Health 109 First Nations 110 Dental Office
		Delivery Management Sites (Table 21)	Added codes: <ul style="list-style-type: none"> 411 Sunridge Mall 412 Safeway 8914 Cochrane 413 Safeway 8858 Riverbend Square 908 Oasis Medical Clinic Sunridge 909 FreshCo Pharmacy 4301 910 Chappelle Medical Clinic
		Antigens (Table 25)	Added codes: <ul style="list-style-type: none"> COVID-19-17 Novel Coronavirus 2019 COVID-19-18 Novel Coronavirus 2019 COVID-19-19 Novel Coronavirus 2019 COVID-19-20 Novel Coronavirus 2019

VERSION	DATE	SECTION	SUMMARY OF CHANGES
		Vaccine-Antigen Association (Table 26)	<p>Added codes:</p> <ul style="list-style-type: none"> • COVMODmRNABA1 COVID-19-17 - Novel Coronavirus 2019 • COVMODmRNABA45 COVID-19-19 - Novel Coronavirus 2019 • COVPBmRNABA1 COVID-19-18 - Novel Coronavirus 2019 • COVPBmRNABA45 COVID-19-20 - Novel Coronavirus 2019 <p>End dated associations for all vaccine codes that were previously end dated</p>
7.1	July 2022	General	Separated the code tables (1-27) and Appendix 1 tables from the content of the DSG for ease of maintenance
7.0	June 2022	General	<ul style="list-style-type: none"> • Added General Introduction to provide clarity and to incorporate general information in previous Appendices • Edits throughout document to provide clarity and update terminology (e.g., use of RHA) • Inserted links where appropriate and updated existing links • Renumbered Appendices
		Section 1 Introduction	Moved to General Introduction
		Record Type Codes (Table 1)	Information is in Submission File Structure (Section 1); table not required
		Tables 1-27	Tables revised to reflect data in Imm/ARI; end-dated codes shaded and/or moved to end of the table
		Submission Type Usage Subsection	Moved to Business Rules subsection
		Section 1 Data Elements	Combined with the respective Record Description
		Section 3	Removed from the DSG; no longer required
		Appendices	<ul style="list-style-type: none"> • General Reporting Guidelines (Appendix I), Process Overview (Appendix II), and Contact Information (Appendix IV) moved to the General Introduction • Glossary (Appendix III) definitions for terms used in document moved into the document where they appear and glossary removed • DSG File Format for Submission of Multiple Lot Numbers (Appendix VI) - pertinent information moved to Lot Number Data Elements under Immunization Record; remainder outdated so deleted • Reason Code for Immunization Events (Appendix VII) combined with Table 18: Vaccine-Reason for Immunization Associations
6.7	August 2021	Submitter Codes (Table 2)	<p>Added Submitter Code:</p> <ul style="list-style-type: none"> • 91 OKAKI Virtual Care Clinic
		Vaccine Codes (Table 14)	<ul style="list-style-type: none"> • Added Vaccine Codes for Out of Country Records: <ul style="list-style-type: none"> - COVBIBPVer SinoPharm BIBP Vero Cell - COVSVACVer SinoVac Vero Cell - FLU-HD Influenza High Dose • Change description of current FLU vaccine code: <ul style="list-style-type: none"> - Influenza Standard Dose • Changed wording for which vaccine to use when type is unknown for DTaP and dTap: <ul style="list-style-type: none"> - DTaP – When documenting trivalent acellular pertussis events and the vaccine type is UNKNOWN use this code if the age of the client at immunization is < 12 years - dTap – 2004/02/01-When documenting historical trivalent acellular pertussis events and the vaccine type is UNKNOWN use this code if the age of the client at immunization is ≥ 12 years
		Administering Method Codes (Table 16)	<p>Added Administering Code:</p> <ul style="list-style-type: none"> • G Gastric

VERSION	DATE	SECTION	SUMMARY OF CHANGES
		Reason for Immunization Codes (Table 17)	<ul style="list-style-type: none"> • Changed Description of Reason Code: <ul style="list-style-type: none"> - 72 12 Years to 64 Year • Added Reason Codes: <ul style="list-style-type: none"> - 73 COVID-19 In-school Immunization Program - 74 COVID-19 Additional Dose for Travel
		Reason for Immunization Associations (Table 18)	<p>Added Vaccine Reason Code Associations:</p> <ul style="list-style-type: none"> • COVSIIVec <ul style="list-style-type: none"> - 02 Advanced Age (65+) - 03 Health Care Workers (not including LTC/DSL) - 22 LTC/DSL Resident - 44 LTC/DSL Staff - 66 Other Risk - 70 Other Congregate Living Settings (e.g., senior lodges, corrections, group homes) • FLU and FLU-HD <ul style="list-style-type: none"> - 50 Routine Recommended Immunization • COVPBmRNA <ul style="list-style-type: none"> - 73 COVID-19 In-school Immunization Program - 74 COVID-19 Additional Dose for Travel • COVMODmRNA <ul style="list-style-type: none"> - 74 COVID-19 Additional Dose for Travel • Var-SI <ul style="list-style-type: none"> - 66 Other Risk • End Dated FLU reason Codes: <ul style="list-style-type: none"> - 02 Greater Than or equal to 65 - 03 Health Care Workers - 39 Household Close Contacts of individuals in the 46, 02, 67, and 68 reason code categories - 46 Pregnant Women - 67 Children 6 months to 59 months of age - 68 5 years to 64 years of age with an eligible chronic condition - 69 5 years to 64 years (routine) with no individual risk or not a household contact of an individual in a high risk population
		Manufacturer Codes (Table 20)	<ul style="list-style-type: none"> • Added Manufacturer Code: <ul style="list-style-type: none"> - BIB Beijing Bio-Institute of Biological Products - SVA SinoVac • End Dated Manufacturer: <ul style="list-style-type: none"> - NVA Novavax
		Delivery Organization of Service Codes (Table 21)	<p>Added Delivery Organization Code:</p> <ul style="list-style-type: none"> • 91 OKAKI Virtual care Clinic
		Delivery Management Sites (Table 22)	<p>Added Delivery Management Sites:</p> <ul style="list-style-type: none"> • 199 Expo Centre • 200 Acute Care Calgary Zone • 201 Acute Care Edmonton Zone • 202 Acute Care Central Zone East • 203 Acute Care Central Zone West • 204 Acute Care North Zone Aspen • 205 Acute Care North Zone Northern Lights • 206 Acute Care North Zone Peace • 207 Deerfoot North • 395 Medicine Shoppe 398 • 396 Elixir Pharmacy • 397 Excel Health Pharmacy • 398 Wembley RemedyRx

VERSION	DATE	SECTION	SUMMARY OF CHANGES
			<ul style="list-style-type: none"> • 399 Nolan Drugs • 400 Medicine Place 1 • 401 Medicine Place 3 • 402 Glenbrook Pharmacy (Edmonton) • 403 Tofield Pharmacy • 404 Guardian Pharmacy Tofield • 405 ARx Pharmacy and Homecare • 406 Co-op Pharmacy Trader Ridge (Grande Prairie) • 407 Co-op Pharmacy Downtown (Grande Prairie) • 903 Siksika Rural • 904 Siksika Drive Thru • 905 OKAKI Virtual Care Clinic
		Antigen Codes (Table 26)	Added Antigen Codes: <ul style="list-style-type: none"> • COVID-19-9 Novel Coronavirus 2019 • COVID19-10 Novel Coronavirus 2019
		Vaccine Antigen Association (Table 27)	Added Vaccine Antigen Associations for: <ul style="list-style-type: none"> • COVBIPVer COVID-19-9 • COVSACVer COVID19-10 • FLU-HD FLU
		Appendix V – Program Validation Rules	<ul style="list-style-type: none"> • End dated Validation Rules by Vaccine Code for: <ul style="list-style-type: none"> - COVMODmRNA – Age must be greater than or equal to 17 years - COVPBmRNA – Age must be greater than or equal to 11 years • Added Description in Appendix VII - Reason Code for Immunization Events: <ul style="list-style-type: none"> - 73 COVID-19 In-school Immunization Program – Individuals who received COVID-19 immunization in a school setting - 74 COVID-19 Additional Dose for Travel – Individuals who received a vaccine series not recognized by the travel destination and require an mRNA series
6.6	March 2021	Submitter Codes (Table 2)	<ul style="list-style-type: none"> • Added Submitter Code: <ul style="list-style-type: none"> - 90 OKAKI Community Clinic • End dated Submitter Codes: <ul style="list-style-type: none"> - 413 Calgary Zone - 417 North Zone - 418 South Zone - 419 Central Zone • Changed Description for Submitter Code 416 Edmonton Zone to Connect Care • Corrected Typo for Sunchild First Nation to Submitter code 57
		Vaccine Codes (Table 14)	Added Vaccine Code: <ul style="list-style-type: none"> • COVSIIVec SII-COVID-19 ChAdOx1-NR viral Vector
		Reason for Immunization Codes (Table 17)	<ul style="list-style-type: none"> • Changed Reason Code Descriptions: <ul style="list-style-type: none"> - 02 Advanced Age (65+) - 03 Health Care Workers not including LTC/DSL - 70 Other Congregate Living Settings (e.g., senior lodges, corrections, group homes) • Removed Reason Code: <ul style="list-style-type: none"> - 71 Essential Services Workers (not including HCW's)
		Reason for Immunization Associations (Table 18)	<ul style="list-style-type: none"> • Added Vaccine Reason Code Association: COVID-19, (COVNVASub, COVSGSub, COVAUVec, COVJANVec, COVMODmRNA, COVPBmRNA, COVMGOVLP, COVSIIVec): <ul style="list-style-type: none"> - 66 Other risk • Changed Reason Code Association Descriptions : <ul style="list-style-type: none"> - 02 Advanced Age (65+) - 03 Health Care Workers not including LTC/DSL - 70 Other Congregate Living Settings (e.g., senior lodges, corrections, group homes)
		Manufacturer Codes (Table 20)	Added Manufacturer Code: <ul style="list-style-type: none"> • SII Serum Institute of India

VERSION	DATE	SECTION	SUMMARY OF CHANGES
		Delivery Organization of Service Codes (Table 21)	<ul style="list-style-type: none"> • Added Delivery Organization Code: <ul style="list-style-type: none"> - 90 OKAKI Community Clinic • End dated Delivery Organization of Service Codes: <ul style="list-style-type: none"> - 413 Calgary Zone - 417 North Zone - 418 South Zone - 419 Central Zone • Changed Description for Submitter Code 416 Edmonton Zone to Connect Care • Corrected Typo for Sunchild First Nation to Submitter code 57
		Delivery Management Sites (Table 22)	<p>Added Delivery Management Sites:</p> <ul style="list-style-type: none"> • 198 Telus Convention Centre • 372 Medicine Place • 373 Bow Trail • 374 Macleod South • 375 Safeway 8803 Northgate • 376 Safeway 8816 Market Mall • 377 Safeway 8879 Manning Crossing • 378 Safeway 8891 Westmount Centre • 379 Safeway 8892 Northgate Centre • 380 Safeway 8904 Southgate • 381 Safeway 8905 Jasper Gates • 382 Safeway 8913 North Hill Centre • 383 Safeway 8916 Montgomery • 384 Safeway 8928 Abbotsfield Mall • 385 Edmonton West Centre • 386 Genesis Centre • 387 Guardian Drugs Medicine Chest • 388 Safeway 8989 South Trail • 389 Carebridge RemedyRx • 390 Wabamun Pharmacy • 391 Health Net Pharmacy • 392 Medicine Shoppe 170 • 393 Medicine Shoppe 225 • 394 Londondale Guardian Pharmacy • 901 OKAKI Community Clinic • 902 AFCC
		Antigen Codes (Table 26)	<p>Added Antigen Codes:</p> <ul style="list-style-type: none"> • COVID-19-8 Novel Coronavirus 2019
		Vaccine Antigen Association (Table 27)	<p>Added Vaccine Antigen Associations for:</p> <ul style="list-style-type: none"> • COVSIIVec COVID-19-8
		Appendix V – Program Validation Rules	<p>Added Validation Rules by Vaccine Code:</p> <ul style="list-style-type: none"> • COVMODmRNA <ul style="list-style-type: none"> - Age must be greater than or equal to 18 years - DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 21 days • COVPBmRNA <ul style="list-style-type: none"> - Age must be greater than or equal to 16 years - DOI for dose 2 minus DOI for dose 1 must be greater than or equal to 19 days
6.5	December 2020	Vaccine Codes (Table 14)	<p>Added Vaccine Codes:</p> <ul style="list-style-type: none"> • COVNVASub COVID-19 Sub Unit/Nano part • COVSGSub COVID-19 Recomb - Sub Unit/Protein Nano • COVAUVec COVID-19 ChAdOx1 - NR viral Vector • COVJANVec COVID-19 Ad26 SARS - NR viral Vector • COVMODmRNA COVID-19 mRNA 1273 – mRNA • COVPBmRNA COVID-19 BNT162b2 – mRNA • COVMGOVLP COVID-19 Virus Like Partical

VERSION	DATE	SECTION	SUMMARY OF CHANGES
		Reason for Immunization Codes (Table 17)	<p>Added/Changed Reason Codes:</p> <ul style="list-style-type: none"> • 03 Health Care Workers (not including LTC/DSL) • 44 LTC/DSL Staff • 22 LTC/DSL Resident • 02 Recommended Based on Advanced Age (e.g., 75+, 70+. 65+) • 70 Other Congregate Living Environments (e.g., senior lodges, corrections, group homes)
		Reason for Immunization Associations (Table 18)	<p>Added Vaccine Reason Code Associations for COVID-19, (COVNVASub, COVSGSub, COVAUVec, COVJANVec, COVMODmRNA, COVPBmRNA, COVMGOVLP):</p> <ul style="list-style-type: none"> • 03 Health Care Workers (not including LTC/DSL) • 44 LTC/DSL Staff • 22 LTC/DSL Resident • 02 Recommended Based on Advanced Age (e.g., 75+, 70+. 65+) • 70 Other Congregate Living Environments (e.g., senior lodges, corrections, group homes)
		Manufacturer Codes (Table 20)	<p>Added Manufacturer Codes:</p> <ul style="list-style-type: none"> • JAN Janssen/Johnson and Johnson • MGO Medicago • MOD Moderna • NVA Novavax • AU AstraZeneca/University of Oxford • PB Pfizer/BioNTech • SG Sanofi/GSK
		Delivery Management Sites (Table 22)	<ul style="list-style-type: none"> • Added Delivery Management Sites: <ul style="list-style-type: none"> - 355 AHS Calgary Zone - 356 AHS Edmonton Zone - 357 AHS North Zone - 358 AHS South Zone - 359 AHS Central Zone - 360 South Calgary Health Centre - 361 South Park Center (Leased) - 362 Brooks Health Centre Hospital - 363 Cardston Health Centre Hospital - 364 Fort McMurray Wolverine Community Health Centre - 365 Medicine Hat Regional Hospital - 366 NorthGate Village Mall - 367 Oyen Big Country Hospital - 368 Pincher Creek Health Centre Hospital - 369 Skyview Power Centre - 370 Taber Health Centre Hospital - 371 Wainwright COVID Testing Site • End Dated Delivery Management Sites: <ul style="list-style-type: none"> - 334 EDM Royal Alexandra Hospital - Pharmacy - 335 EDM WMC Kaye Edmonton Clinic – 3A - 336 EDM Edmonton General Continuing Care Centre - NARP - 337 EDM RAH Community Services Centre - HIV - 338 EDM WMC Stollery Children's Hospital - 339 EDM RAH Community Services Centre - NARP - 340 EDM WMC Health Sciences Centre - NARP Unit 5C2 - 341 EDM WMC Health Sciences Centre - NARP Unit 5B1 - 342 STO Westview Health Centre - Pharmacy - 343 EDM Alberta Hospital Edmonton - Pharmacy - 344 STA Sturgeon Community Hospital - Pharmacy - 345 EDM WMC Health Sciences Centre - Pharmacy

VERSION	DATE	SECTION	SUMMARY OF CHANGES
			<ul style="list-style-type: none"> - 346 EDM Lynnwood Family Medicine Clinic - 347 EDM RAH Anderson Hall - Indigenous Wellness Clinic - 348 EDM WMC Stollery Children's Hospital - Pediatric Clinical Investigation Unit - 349 EDM WMC Kaye Edmonton Clinic– Research Pharmacy
		Antigen Codes (Table 26)	Added Antigen Codes: <ul style="list-style-type: none"> • COVID-19-1 Novel Coronavirus 2019 • COVID-19-2 Novel Coronavirus 2019 • COVID-19-3 Novel Coronavirus 2019 • COVID-19-4 Novel Coronavirus 2019 • COVID-19-5 Novel Coronavirus 2019 • COVID-19-6 Novel Coronavirus 2019 • COVID-19-7 Novel Coronavirus 2019
		Vaccine Antigen Association (Table 27)	Added Vaccine Antigen Associations for: <ul style="list-style-type: none"> • COVPBmRNA COVID-19-1 • COVMODmRNA COVID-19-2 • COVNVASub COVID-19-3 • COVSGSub COVID-19-4 • COVAUVec COVID-19-5 • COVJANVec COVID-19-6 • COVMGOVLP COVID-19-7
6.4	August 2020	Submitter Prefix Code (Table 2)	Added Submitter Prefix Code: <ul style="list-style-type: none"> • 36 Southern Alberta Institute of Technology • 37 International Paper Grande Prairie Health Department • 413 Calgary Zone • 417 North Zone • 418 South Zone • 419 Central Zone • 100 Direct Form Submitter
		Vaccine Codes (Table 14)	Added Historical Vaccine Code: <ul style="list-style-type: none"> • Var-SU Shingles (unspecified)
		Reason for Immunization Codes (Table 17)	<ul style="list-style-type: none"> • Added Reason Code: <ul style="list-style-type: none"> - 67 Children 6 months to 59 months of age - 68 5 years to 64 years of age with an eligible chronic condition - 69 5 years to 64 years (routine) with no individual risk or not a household contact of an individual in a high-risk population • Changed Description of Reason Code: <ul style="list-style-type: none"> - 39 Household or close contacts of individuals in the 46, 02, 67, and 68 reason codes categories • End dated Reason Codes: <ul style="list-style-type: none"> - 45 Children 6-23 months - 60 Children 24-59 months - 63 5 years to 8 years - 64 9 years to 64 years
		Reason for Immunization Associations (Table 18)	Added Reason Code Associations for FLU: <ul style="list-style-type: none"> • 67 Children 6 months to 59 months of age • 68 5 years to 64 years of age with an eligible chronic condition • 69 5 years to 64 years (routine) with no individual risk or not a household contact of an individual in a high-risk population
		Manufacture Codes (Table 20)	Added Manufacturer Code: <ul style="list-style-type: none"> • BGP BGP Pharma ULC • KAM Kamada Limited

VERSION	DATE	SECTION	SUMMARY OF CHANGES
		Delivery Organization of Service (Table 21)	Added Delivery Organization Code: <ul style="list-style-type: none"> • Southern Alberta Institute of Technology • 37 International Paper Grande Prairie Health Department • 413 Calgary Zone • 417 North Zone • 418 South Zone • 419 Central Zone • 100 Direct Form Submitter
		Delivery Management Site Codes (Table 22)	<ul style="list-style-type: none"> • Added Delivery Management Site Code: <ul style="list-style-type: none"> - 353 SAIT Health Services - 354 International Paper Grande Prairie - 99009 Direct Form Immunizers • Removed End date of Delivery Management Site: <ul style="list-style-type: none"> - 151 Red Deer 49 Street Community Health Centre
		Vaccine Antigen Association (Table 27)	Added Vaccine Antigen Association <ul style="list-style-type: none"> • Var-SU HZ Herpes Zoster
		Data Elements	<ul style="list-style-type: none"> • Removed Business rules for First Name, Middle Name and Last Name • Updated Batch Number Reformatting
		General Updates	<ul style="list-style-type: none"> • Data Submission Guideline <ul style="list-style-type: none"> - Introduction - Submission File Naming Convention • Appendix B Introduction <ul style="list-style-type: none"> - DSG Response File Naming Convention • Appending C <ul style="list-style-type: none"> - Immunization Region of Residence Report File Naming Convention • Appendix II - Process Overview • Appendix VII - Reason Code for Immunization Events
6.3	January 2020	Field Formats	Changed field lengths: <ul style="list-style-type: none"> • Batch Number (10) • Submitter Prefix Numeric (4) • Delivery Organization of Service (4) • Delivery Management Site (5)
		Submitter Prefix Code (Table 2)	Added Submitter Prefix Code: <ul style="list-style-type: none"> • 416 Edmonton Zone
		Vaccine Codes (Table 14)	Added Historical Vaccine Code: <ul style="list-style-type: none"> • DTaP-Hib-HB Diphtheria/Tetanus/Whole Cell Pertussis/Hib/Hepatitis B
		Manufacturer Codes (Table 20)	Added Manufacturer Code: <ul style="list-style-type: none"> • SAO SAOL Therapeutics Research Limited
		Delivery Organization of Service (Table 21)	Added Delivery Organization Code: <ul style="list-style-type: none"> • 416 Edmonton Zone
		Delivery Management Sites (Table 22)	<ul style="list-style-type: none"> • Added Delivery Management Sites: <ul style="list-style-type: none"> - 333 Medicine Shoppe 365 Sherwood Park - 334 EDM Royal Alexandra Hospital - Pharmacy - 335 EDM WMC Kaye Edmonton Clinic – 3A - 336 EDM Edmonton General Continuing Care Centre - NARP - 337 EDM RAH Community Services Centre - HIV - 339 EDM RAH Community Services Centre - NARP - 340 EDM WMC Health Sciences Centre - NARP Unit 5C2 - 341 EDM WMC Health Sciences Centre - NARP Unit 5B1 - 342 STO Westview Health Centre - Pharmacy - 343 EDM Alberta Hospital Edmonton - Pharmacy

VERSION	DATE	SECTION	SUMMARY OF CHANGES
			<ul style="list-style-type: none"> - 344 STA Sturgeon Community Hospital - Pharmacy - 345 EDM WMC Health Sciences Centre - Pharmacy - 346 EDM Lynnwood Family Medicine Clinic - 347 EDM RAH Anderson Hall - Indigenous Wellness Clinic - 348 EDM WMC Stollery Children's Hospital - Pediatric Clinical Investigation Unit - 349 EDM WMC Kaye Edmonton Clinic- Research Pharmacy - 350 Safeway 8841 South Centre - 351 University of Calgary Staff Wellness Health Sciences - 352 Safeway 8924 Sherwood Park Mall • Corrected typos for Delivery Management Sites: <ul style="list-style-type: none"> - 157 IBU (Immunization Business Unit) Edmonton - 857 Alexis Health Services
		Vaccine Antigen Association (Table 27)	<p>Added Vaccine Antigen Association for DTaP-Hib-HB:</p> <ul style="list-style-type: none"> • D - Diphtheria • T - Tetanus • P - Pertussis • Hib - Haemophilus Influenza b
		Appendix V	Updated Program Validation Rules