HEALTH INFORMATION STANDARDS COMMITTEE FOR ALBERTA

ADVERSE EVENTS FOLLOWING IMMUNIZATION MINIMUM DATA SET

Status: Approved
Version: 2.1
Status Date: May 30, 2017

Revision History

Version	Revision Date	Summary of Changes
0.0	**JAN 19, 2000**	First Issue – draft presented to HISCA
0.1	**FEB 10, 2000**	Draft distributed to Regional Health Authorities
0.2	**MAR 15, 2002**	Final Draft
1.0	**MAR 15, 2002**	Approved
1.1	**JAN 17, 2006**	Amendment
1.2	**FEB 09, 2010**	Amendment
1.3	**MAY 31, 2013**	Amendment
2.0	**DEC 03, 2013**	Major Amendment: based on Data Submission Guidelines v6.0
2.1	**MAY 30, 2017**	Added permissible values - Manufacture, Submitter Prefix, Delivery Management Sites, Vaccine, Antigen, Administering Method and Dosage Codes Updated Description of Delivery Management Site

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Introduction

The Adverse Reaction to Immunization (ARI) Data Set, now referred to as Adverse Events Following Immunization (AEFI) was approved as a provincial standard by the Health Information Standards Committee for Alberta (HISCA) in June of 2002. As part of the HISCA process, all approved standards are reviewed on a predetermined schedule (or sooner if industry changes deem it necessary). This review determines whether an approved standard should be confirmed, revised or withdrawn. If revisions are required, an amendment is prepared and resubmitted to HISCA for approval. This document has been updated with the changes that have occurred. The purpose of this document is to define the reporting requirements for the collection of AEFI. The Reporting Requirements include data elements that describe the related immunizations and adverse events for the service recipient.

Requirement for Amendment

As data is reported sequentially, gaps in the Adverse Events Following Immunization Data Set became apparent. To improve the quality and consistency of the data, new data elements were introduced, revised and removed to add value to the analysis. The Report of Adverse Events Following Immunization was updated in order for it to:

- Align with the AEFI data elements on the National form
- Align with the evidence on immunization safety surveillance and applying lessons learned over time, including those from the 2009-2010 H1N1 pandemic influenza campaign
- Separate all case definitions as individual numbered adverse events in order to provide accurate monitoring and surveillance
- Incorporate the standardized AEFI case definitions developed by the Brighton Collaboration (an international voluntary group whose goal is to facilitate the development, evaluation, and dissemination of high quality information about the safety of vaccines)

Changes include new vaccine manufacturers as new vaccine programs were introduced. Adverse event detail codes no longer reportable were removed. Adverse event detail codes were added and revised. Adverse Events following immunization data elements were added revised or removed.

In response, the system for Alberta Health will need to be modified so that data collected is current and meets Alberta Health and Alberta Health Services' needs. This information is used to monitor vaccine safety, determine if there is health threats to those immunized or vaccine failures which would require re-immunization.

Background

Business Case for the Health System

In late 1997, as part of phase one of the Public Health Information System (PHIS) Project, Alberta Health and Wellness[1] conducted a review of the data that was currently being reported in several public health areas including adverse reactions to immunization. The intent of the review was to ensure that the data being requested from the Regional Health Authorities[2] (RHAs) supported Alberta Health and Wellness' current mandate. The review also looked at alternatives that would support a move towards electronic submission of the required public health data.

The first step in the review was to work with members of the Disease Control and Prevention Branch, the Health Surveillance Branch and the Population Health Strategies Branch to define the data and information required to meet their needs. That step resulted in a draft list of required data elements, data definitions and proposed uses of the data. The next step was to explore with other areas within Alberta Health and Wellness of their requirement for additional data in the specific public health areas under review. Based on the feedback received from Disease Control and Prevention and Health Surveillance of Alberta Health and Wellness, the list of required data was updated.

The final step in the review process was to meet with representatives from all stakeholders including the RHAs and the First Nations & Inuit Health Branch to obtain their feedback on the list of required data and the data definitions. The review with the stakeholders was conducted through a one-day work session held February 23, 1998. In regards to adverse reactions to immunization, the purpose of the session was to:

1. *Review the adverse reaction to immunization data required by Alberta Health and Wellness.* This involved outlining the adverse reaction to immunization data Alberta Health and Wellness required, the reasons why the data was needed and how the data was to be used. The review was used to confirm with the stakeholder representatives that the data being requested:
    - was either already being collected by the stakeholders or needed to be collected;
    - had the broadest possible use for both Alberta Health and Wellness and the RHAs; and
    - was clearly understood and could reliably be collected.

2. *Prepare for implementation.* Prior to submission of the required adverse reaction to immunization data, Alberta Health wanted to work with the stakeholder representatives to determine:
    - if there were any issues associated with collection of the required data; and
    - viable alternatives for supplying the required data to Alberta Health and Wellness in an electronic format.

The results of this one day work session were documented in the April 30, 1998 Public Health Information System – Reporting Requirements External Review – Final Report which was distributed to all of the stakeholders. The Adverse Reaction to Immunization (ARI) Reporting Requirements documented all of the ARI fields agreed upon by the stakeholders. The report also provided the definition, the allowable values, the rationale for the reporting requirement, the business rules, and the format of each field.

In early 1999, Alberta Health and Wellness implemented the Adverse Reaction to Immunization (ARI) System. The ARI System was developed primarily for the Department's data entry of Report of Adverse Reaction to Immunization Agent forms. The ARI System currently has no ability to electronically receive ARI events.

[1] Current name at the time.
[2] Current name at the time.

In mid 1999, Alberta Health and Wellness developed a draft Adverse Reaction to Immunization Data Submission Guideline. The draft ARI Data Submission Guideline defined the required file layout, record structure and field lengths for the electronic submission of ARI data. The guideline was meant to serve as a technical guide for stakeholder technical staff required to develop an extract of ARI data for submission to the Department. This draft was produced primarily for the three Alberta we//net Common Opportunities vendors who had starting building components of their ARI module for RHA information systems. A copy of this draft version was distributed for review within Alberta Health and Wellness, to the Alberta we//net Common Opportunities Team Leader, and business representatives from Calgary Regional Health Authority, Headwaters Health Authority, Lakeland Regional Health Authority, and Chinook Regional Health Authority.

In January 2000, the proposed draft minimum data set were presented to the Health Information Standards Committee for Alberta (HISCA). At that time, HISCA gave Alberta Health and Wellness authorization to distribute these standards via Alberta we//net Common Opportunities to the Regional Health Authorities for information purposes. It was noted that these standards were not yet an approved "Draft" standard", pending the completion of the following:

1. HISCA had the opportunity to review the proposed draft standard.
2. The Privacy Impact Assessments (PIA) for the Immunization/ARI project was completed and accepted by the Office of Information and Privacy Commissioner.

In November 2001, the Office of Information and Privacy Commissioner accepted the PIA for Immunization/ARI. In January 2003, the Immunization/ARI system was moved into production and began accepting electronic submissions from the Regional Health Authorities.

Impact on Privacy, Confidentiality and Security

Alberta Health conducted a Privacy Impact Assessment (PIA) regarding their requirement to receive adverse events following immunization data in accordance with the proposed standard. The Office of the Privacy Commissioner accepted the original PIA in November 2001.

Relationship to Existing Standards and/or Legislation

Currently, stakeholders are required to report adverse events following immunization via the Report of Adverse Events Following Immunization form. The form contains fields that are similar to the proposed data standard for AEFI. Upon implementation of the AEFI data standard, stakeholders will submit AEFI data in an electronic format. Currently South Zone is reporting AEFIs electronically to ARI.

Results of the Literature Review

The Adverse Reaction to Immunization Reporting Requirements and the draft Adverse Reaction to Immunization Data Submission Guideline were used to develop the draft Adverse Reaction to Immunization Minimum Data Set. Both documents were beneficial in developing the proposed standard. It was useful having the fields identified and defined by the stakeholders. As well, it was helpful having the rationale for the requirement to understand why the field had been requested to become part of the ARI Minimum Data Set.

Existing provincial data standards were also reviewed and used where applicable. This included utilizing HISCA data standards and data standards from other Alberta government departments. The HISCA data standard is based on the approved Stakeholder Basic Demographic Data Standard and the documented changes in the draft version from November 28, 2000.

While there was some review of the data and elements currently captured in the ARI System, the emphasis when creating the ARI Minimum Data Set was to prepare for the future state.

Users/Sharers and Usage of the Standard

The following key stakeholder groups will use the Adverse Events Following Immunization Reporting Requirements:

- Alberta Health Services

- Alberta Health
- First Nations & Inuit Health Branch

AHS and the First Nations & Inuit Health Branch (in the longer term once the Sharing of Information Agreement is complete) will be responsible for capturing and reporting the adverse events following immunization events to the Department using the standard. Regardless of where an adverse event patient resides, AHS or FNIHB representative who sees the patient is accountable to report the event to the Department.

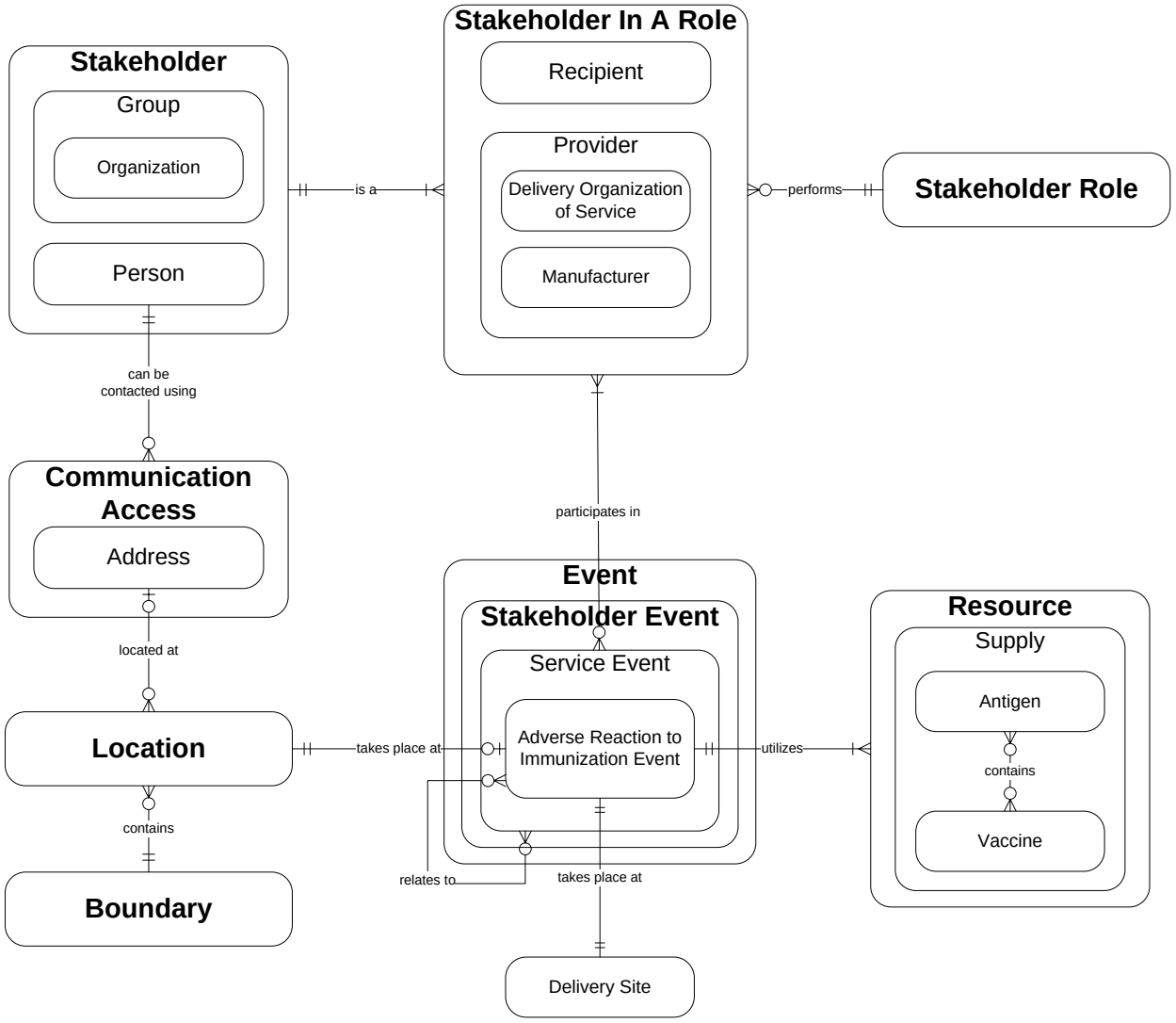
Alberta Health is the recipient of reported adverse events following immunization events from AHS and FNIHB (in the longer term once the Sharing of Information Agreement is complete). The Department will use this data for the case management of the reported events. As well, the data will be used to monitor, analyze and report on the incidents of adverse events within the province. To ensure that all data is reported in a consistent and uniform manner, the Department will only accept data that meets the proposed standard.

Affected Systems

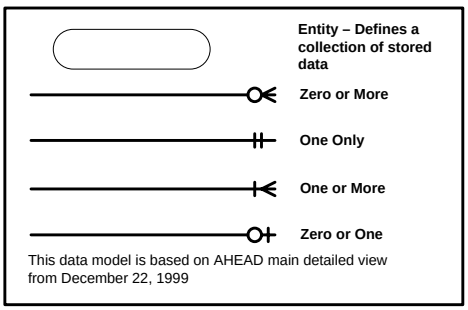
AHS implemented an adverse events following immunization module in their information systems. Vendors must conform to the AEFI defined data standards at that time.

Alberta Health has modified the existing ARI now called AEFI system functionality to electronically receive, validate and store AEFI data from AHS and FNIHB (in the longer term once the Sharing of Information Agreement is complete). The system must conform to the AEFI Minimum Data Set.

Conceptual Data Model



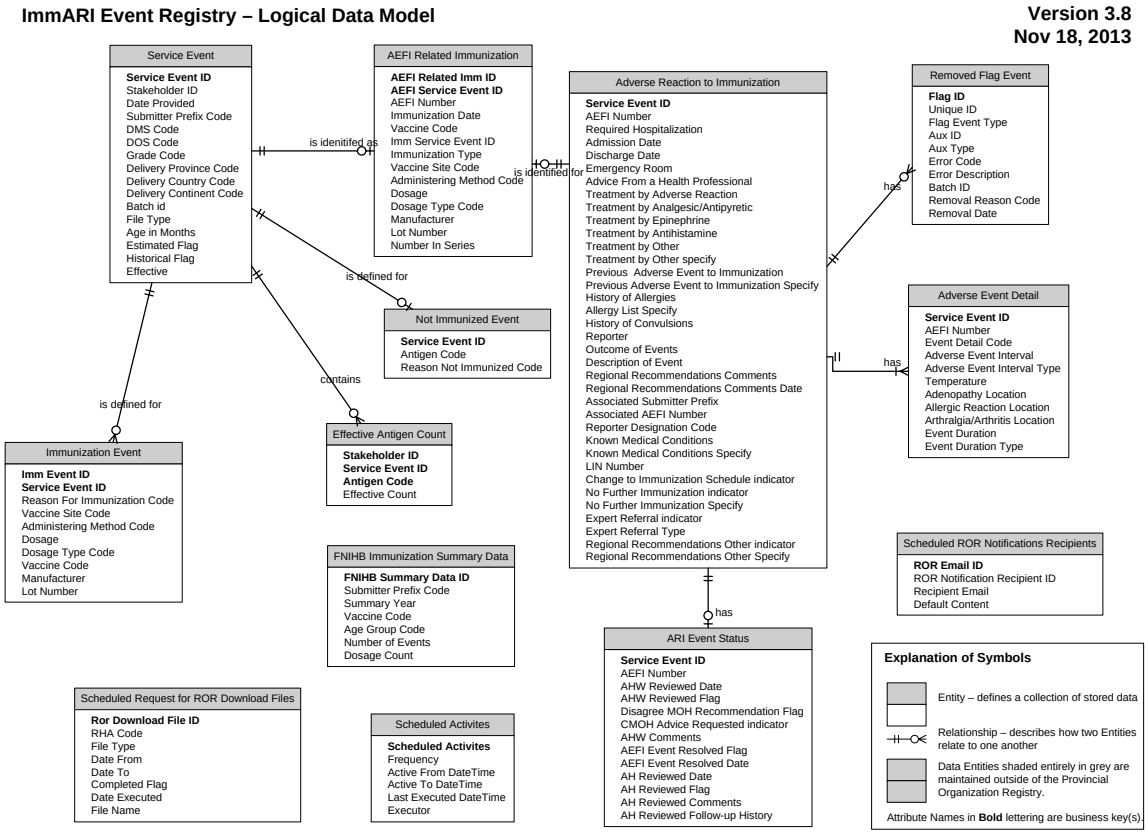
Legend



Logical Data Model

The following logical data model was produced for two HISCA datasets - the Immunization and Adverse Event Following Immunization. Therefore, the same logical data model is used in both HISCA documents. Implementers can ignore the extra information when working with the respective dataset. In order to better fit in the printing format of this document, the data model is broken into four subject areas - Event Registry, Geographic Registry, Program/Service Registry, and Stakeholder Registry.

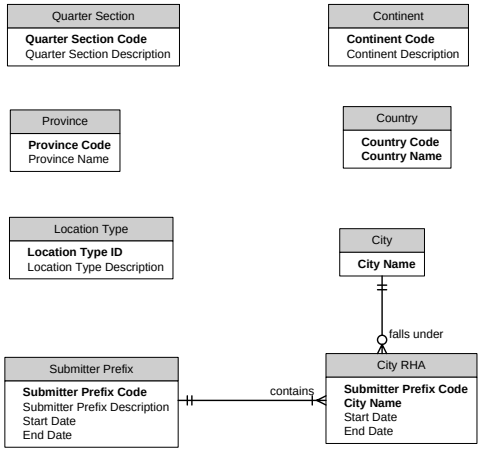
Event Registry

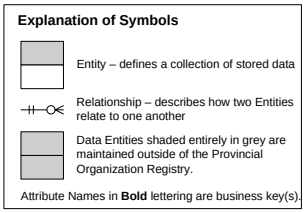


Geographic Registry

ImmARI Geographic Registry – Logical Data Model

Version 3.3
Jan 13, 2012

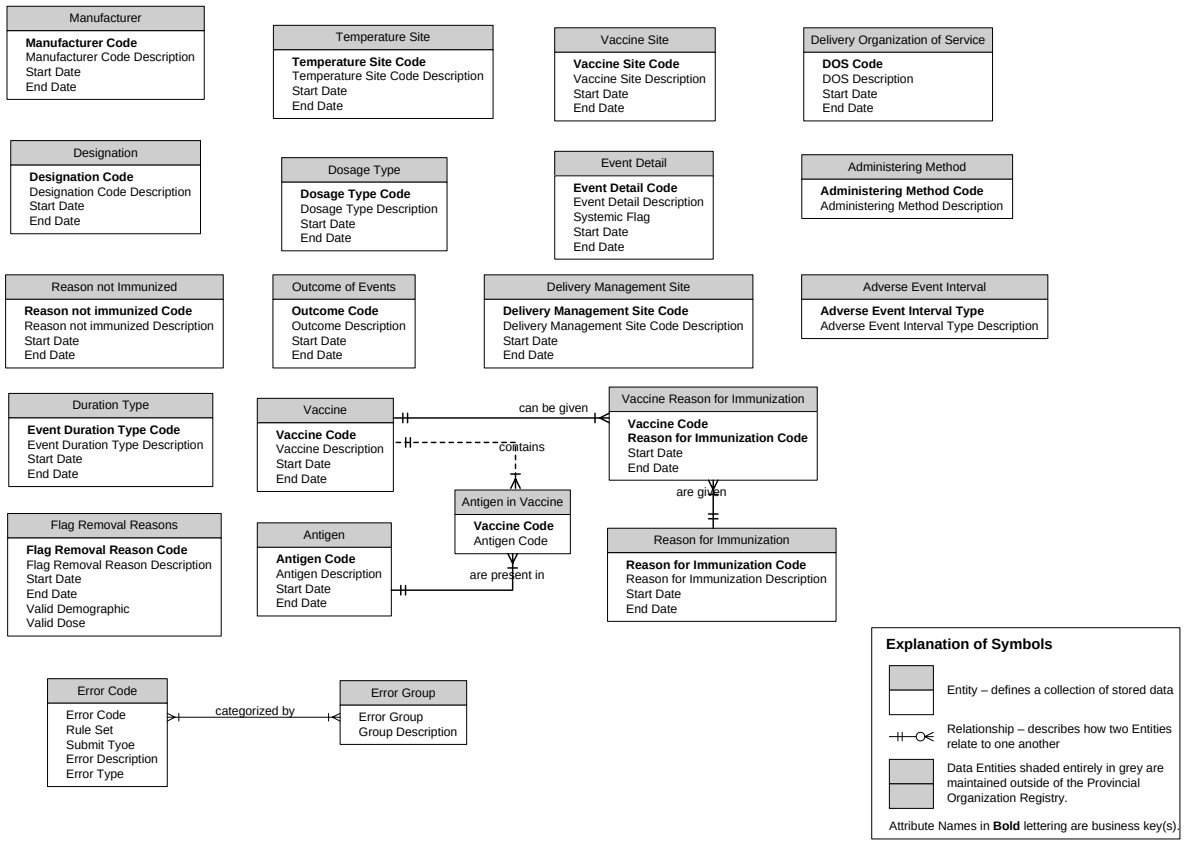




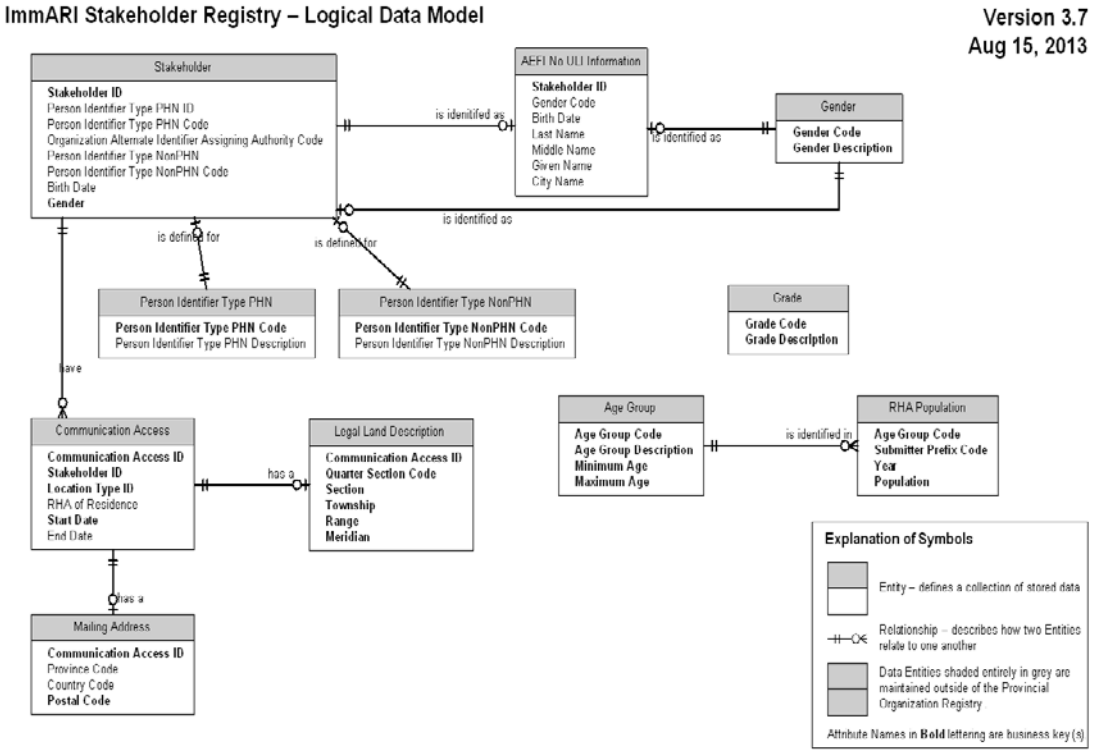
Program/Service Registry

ImmARI Service/Program Registry – Logical Data Model

Version 3.4
Sep 5, 2012



Stakeholder Registry



Data Standards

Compound Name	Adverse Event Following Immunization Minimum Data Set
Parent Compound Name	
Component Name	ARI Stakeholder Information
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	For case management purposes, Alberta Health Services report adverse events to immunizations to the Department. In order for the Department to effectively manage each adverse event case, a consistent and standard way of reporting adverse event to immunization events to the Department is required.
Obligation	
Cardinality	
Submitting Organization	Alberta Health
Standard Reference	
Definition	An adverse event following immunization is an instance of an immunization service recipient having an adverse reaction to the immunization they were administered.
Business Rule/Coding Guideline	

Compound Name	ARI Stakeholder Information
Parent Compound Name	Adverse Event Following Immunization Minimum Data Set
Component Name	Stakeholder Unique Lifetime Identifier (ULI) Public Health Person Identification
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	Stakeholder identification information provides a means to uniquely identify each stakeholder.
Obligation	M
Cardinality	1:1
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	A stakeholder is a person or group of interest to the health system of Alberta or the business of Alberta's health system. A stakeholder can assume many roles in the health system including the role of a recipient and a provider. The stakeholder is the adverse event patient.
Business Rule/Coding Guideline	

Data Element Name	Stakeholder Unique Lifetime Identifier (ULI)
HISCA Alias	
Compound Name	ARI Stakeholder Information
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The ULI is the means by which clients/stakeholders (persons and organizations) are identified. Rigorous standards on the definition and use of the ULI will improve the quality of the data in the stakeholder registry and other applications. The ULI will improve the accuracy and efficiency of stakeholder identification.
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	A Unique Lifetime Identifier (ULI) is a unique and permanent number assigned to all persons and organizations with a vested interest in the health system of Alberta. This includes all Alberta residents, residents of other provinces who receive health services in Alberta, service providers (in province and out of province or country) who provide health services and in some cases non-Alberta residents.
Information Exchange Format Type	N
Information Exchange Length	9
Information Exchange Format Mask	99999-9999
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid ULI in the Alberta Health Provincial Client Registry. Must be a Primary ULI in the Alberta Health Provincial Client Registry.
Implementation Consideration	Alberta Health Services require a timely and efficient process for looking up, verifying and/or obtaining immunization service recipient ULIs.
Permissible Data Element Value	

Compound Name	Public Health Person Identification
Parent Compound Name	ARI Stakeholder Information
Component Name	Provincial Health Number Type Provincial Health Number
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The provincial health number is a primary means by which individuals are identified, but in the absence of such a unique identifier, personal identification information such as name, birth date and gender are sufficient to provide accurate and positive identification.
Obligation	
Cardinality	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	A person is a human being, alive or not, of interest to the health system. Each person has personal identification information, which helps to uniquely identify him or her. Person identification information is required to identify the immunization service recipient.
Business Rule/Coding Guideline	

Data Element Name	Provincial Health Number Type
HISCA Alias	
Compound Name	Public Health Person Identification
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	This is required to distinguish Provincial Health Numbers from different provinces.
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	The Provincial Health Number Type is a code that identifies the province that assigned the provincial health number to the person.
Information Exchange Format Type	C
Information Exchange Length	2
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if a Provincial Health Number is submitted. Must be a valid Provincial Health Number Type Code.
Implementation Consideration	Since this standard is from a health system perspective, it was decided to keep provincial health number data elements separate from other person identifiers.
Permissible Data Element Value	Provincial Health Number Type Code Table

Data Element Name	Provincial Health Number
HISCA Alias	
Compound Name	Public Health Person Identification
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	Since inter-provincial exchange of health services (Medical-Reciprocal billing services) is an integral part of the health system, it is important that representation of provincial health numbers be standardized.
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	The Provincial Health Number is the identifier assigned to a person by a province. It presumes eligibility for basic health services for the person from the designated province.
Information Exchange Format Type	C
Information Exchange Length	15
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if a Provincial Health Number Type is submitted. If the Provincial Health Number Type equals 'AB' – Alberta, the Provincial Health Number must equal the ULI.
Implementation Consideration	For Alberta, valid Provincial Health Numbers are the set of ULIs that have been assigned to stakeholder persons upon registration in Alberta Health Provincial Client Registry. For all other Provincial Health Numbers, the valid set of identifiers are not available, however, their authenticity can be verified using the specific provincial health number validation algorithms. Different provincial health jurisdictions have different algorithms for assigning unique identification for clients in their health systems. The procedures for validating these provincial health numbers will be maintained centrally.
Permissible Data Element Value	

Data Element Name	Alternate Person Identifier Type
HISCA Alias	
Compound Name	Public Health Person Identification
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	The Alternate Person Identifier Type is a code that identifies the purpose or jurisdiction of the Alternate Person Identifier.
Information Exchange Format Type	C
Information Exchange Length	4
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if an Alternate Person Identifier is submitted. Must be a valid Alternate Person Identifier Type Code.
Implementation Consideration	This data element permissible values set includes value ABC. This value is a known deviation from the HISCA values list that contains value TPIP - Third Party Insurance Plan Number that would supplant value 'Alberta Blue Cross'.
Permissible Data Element Value	Alternate Person Identifier Type Code Table

Data Element Name	Alternate Person Identifier
HISCA Alias	
Compound Name	Public Health Person Identification
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	Other identifiers are used to support specific elements of business within the health system.
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	Alternate Person Identifiers are personal identification codes assigned by jurisdictions other than the provincial health ministries.
Information Exchange Format Type	C
Information Exchange Length	15
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if an Alternate Person Identifier Type is submitted.
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Homeless/Indigent Flag
HISCA Alias	
Compound Name	Public Health Person Identification
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Homeless flag identifies clients with no fixed address
Information Exchange Format Type	
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	If Client has a fixed address default the Homeless/Indigent Flag to "N". If client has no fixed address set Homeless/Indigent Flag to "Y"
Implementation Consideration	
Permissible Data Element Value	Y/N

Compound Name	Public Health Person Name
Parent Compound Name	ARI Stakeholder Information
Component Name	
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Obligation	
Cardinality	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	The Person Name is the label by which a person is known and spoken to.
Business Rule/Coding Guideline	

Data Element Name	Last Name
HISCA Alias	
Compound Name	Public Health Person Name
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	The Last Name is the full surname or family name of a person.
Information Exchange Format Type	C
Information Exchange Length	50
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Hyphens (-), apostrophes (‘), periods (.), and spaces are allowed
Implementation Consideration	Hyphens are also commonly known as ‘dashes’.
Permissible Data Element Value	

Data Element Name	Given Name
HISCA Alias	
Compound Name	Public Health Person Name
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	The Given Name is the first name of a person.
Information Exchange Format Type	C
Information Exchange Length	50
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Hyphens (-), apostrophes (‘), periods (.), and spaces are allowed
Implementation Consideration	Hyphens are also commonly known as ‘dashes’.
Permissible Data Element Value	

Data Element Name	Middle Name
HISCA Alias	
Compound Name	Public Health Person Name
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	The Middle Name is the other given name of a person.
Information Exchange Format Type	C
Information Exchange Length	50
Information Exchange Format Mask	
Obligation	O
Cardinality	0:1
Business Rule / Coding Guideline	Non-mandatory Hyphens (-), apostrophes (‘), period (.), and spaces are allowed
Implementation Consideration	Hyphens are also commonly known as ‘dashes’.
Permissible Data Element Value	

Data Element Name	Gender Code
HISCA Alias	
Compound Name	ARI Stakeholder Information
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	Gender Code is code depicting the biological sex of the person as reported upon registration.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Gender Code
Implementation Consideration	A system does not need to implement all four possible values defined for the gender, as long as the value for a gender code in any data/report to be exchanged takes on one of the four values defined above. This is based on Health Level Seven (HL7) standards.
Permissible Data Element Value	Gender Code Table

Data Element Name	Birth Date
HISCA Alias	
Compound Name	ARI Stakeholder Information
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	The Birth Date is the calendar date on which a person was born as reported upon registration.
Information Exchange Format Type	C
Information Exchange Length	8
Information Exchange Format Mask	YYYYMMDD
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be less than or equal to today's date. Must be greater than or equal to 18700101
Implementation Consideration	This is based on HL7 standards.
Permissible Data Element Value	

Compound Name	Stakeholder Location
Parent Compound Name	ARI Stakeholder Information
Component Name	
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	Communication with stakeholders is a vital process in the health system. Therefore, a consistent and standard way of specifying an address is not only necessary, but also required.
Obligation	
Cardinality	
Submitting Organization	Alberta Health
Standard Reference	
Definition	A location is a name and set of coordinates, which allows any point or area to be represented in space, that is of interest to the health system. A location identifies a place where a person or organization can be located or communicated with via postal services. The location is the address at which the notifiable disease patient receives mail and/or the location where the immunization service recipient normally resides.
Business Rule/Coding Guideline	

Data Element Name	Address Type
HISCA Alias	
Compound Name	Stakeholder Location
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	The Address Type is a code that identifies the type of address or location reported for a person.
Information Exchange Format Type	C
Information Exchange Length	4
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	
Implementation Consideration	Must be a valid Address Type Code. If Quarter Section Code, Section, Township, Range and Meridian are reported, Address Type must be 'PHYS' – Physical Address
Permissible Data Element Value	Address Type Code Table

Compound Name	Mailing Address
Parent Compound Name	Stakeholder Location
Component Name	
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Obligation	
Cardinality	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	A mailing address is a place where a person can be located and/or communicated with via postal services. The person is the immunization service recipient. The total length of an address exceeds the 106 characters specified by HL7 for data interchange across systems, especially given that the 106 characters include a total of 5 separators. In reality, fields are almost always truncated (taking out trailing blanks) before being transmitted, and the likelihood of the total length of the truncated components of the address exceeding 106 characters is extremely low. HL7's address structure is being proposed here with the exception of a Country Code as opposed to a Country Name as specified by HL7.
Business Rule/Coding Guideline	

Data Element Name	Street Address
HISCA Alias	
Compound Name	Mailing Address
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	Street Address is a description of location within a community or municipality, which specifies the destination for mail delivery, and/or the location of a stakeholder.
Information Exchange Format Type	C
Information Exchange Length	140
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	
Implementation Consideration	Either Street Address or Quarter Section Code, Section, Township, Range and Meridian must be reported.
Permissible Data Element Value	

Data Element Name	City Name
HISCA Alias	
Compound Name	Mailing Address
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	City Name is a geographical location that has a name and operates as a community of stakeholders. They may or may not be legally incorporated locations and may or may not be Canada Post delivery destinations.
Information Exchange Format Type	C
Information Exchange Length	60
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	The Alberta Government employs a 60 character standard for City Name rather than the 30 character limit used by Canada Post to accommodate all municipal names approved by Alberta's Geographic Names Board. These municipal names are published in the Alberta Gazette.
Implementation Consideration	Must be reported if Province Code equals 'AB' – Alberta.
Permissible Data Element Value	

Data Element Name	Province Code
HISCA Alias	
Compound Name	Mailing Address
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	The Province Code is a standard abbreviation for a Canadian province or territory.
Information Exchange Format Type	C
Information Exchange Length	3
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	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. If Postal Code is reported, must match Postal Code for the reported ULI on the Alberta Health Provincial Client Registry. If Homeless/Indigent flag is set to "Y" the Postal Code must be blank.
Implementation Consideration	Must be reported if Country Code equals 'CA' – Canada Must be a valid Province Code.
Permissible Data Element Value	Province Code Table

Data Element Name	Country Code
HISCA Alias	
Compound Name	Mailing Address
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	The Country Code is a code that identifies the full name of the country associated with the address.
Information Exchange Format Type	C
Information Exchange Length	2
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	ISO 3166 is the international standard for the representation of country names. It is also the standard used by the Alberta Government Integrated Management Information System (IMAGIS) and the Information Technology Advisory Committee (ITAC). The two-character country code has been chosen over the three-character code for compatibility with IP Host Name and Domain Name schemas and the Internet Engineering Task Force RFCs (Request For Comments).
Implementation Consideration	Must be a valid Country Code – A detailed listing of valid values for 2 character alpha codes can be found in the International Country Codes table complied by the International Organization for Standardization (ISO) at the web site: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm
Permissible Data Element Value	ISO 3166 2-character alpha codes

Data Element Name	Postal Code
HISCA Alias	
Compound Name	Mailing Address
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	HISCA: Stakeholder Basic Demographic Data Set
Definition	The Postal Code is a code defined by Canada Post (and other national postal services) used to expedite the delivery of mail.
Information Exchange Format Type	C
Information Exchange Length	12
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	The 12 character standard for Postal Code is compatible with the IMAGIS standard.
Implementation Consideration	Must be reported if Province Code equals 'AB' – Alberta and must match Postal Code for the reported ULI on the Alberta Health Provincial Client Registry. If Country Code equals 'CA' – Canada, the postal code format will be validated as ANANAN and verified against information provided by Canada Post to ensure it is a valid Alberta Postal Code.
Permissible Data Element Value	

Compound Name	Legal Land Description
Parent Compound Name	Stakeholder Location
Component Name	
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Obligation	
Cardinality	
Submitting Organization	Alberta Health
Standard Reference	Stakeholder Demographic Data Set v2.2
Definition	The Legal Land Description is the method by which a parcel of land is measured and located by the reference to meridian, range, township, etc. For people who live in rural areas, the Legal Land Description provides more information about their physical location than a mailing address (post office box number). The Legal Land Description identifies the legal land description where the immunization service recipient physically resided at the time of the immunization event. The Legal Land Description should not include the plan, block or lot for city, town or village settings. The Legal Land Description should be displayed as follows: Quarter Section Code – Section – Township – Range – Meridian NW – 16 – 126 – 15 – 4 Land surveying in Alberta is based upon the Third System of Township Surveys. Land is designated as being west of either the fourth, fifth or sixth meridian. Townships are numbered from the south of the province at the Alberta / United States border, starting at 1 and proceeding to 126 at the northern border of the province. Sections are numbered starting at the southeast corner of a township. Legal subdivision allows a section to be divided into parts for land patenting purposes.
Business Rule/Coding Guideline	

Data Element Name	Quarter Section Code
HISCA Alias	
Compound Name	Legal Land Description
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	Stakeholder Demographic Data Set v2.2
Definition	The Quarter Section Code is a code that describes one quarter of a Section.
Information Exchange Format Type	C
Information Exchange Length	2
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Although the standard for the Legal Land Description has been taken from Government of Alberta data standards, Alberta Health will utilize the above compound element order for reporting and displaying the Legal Land Description.
Implementation Consideration	Either Street Address or Quarter Section Code, Section, Township, Range and Meridian must be reported Must be a valid Quarter Section Code.
Permissible Data Element Value	SE = South East SW = South West NE = North East NW = North West

Data Element Name	Section
HISCA Alias	
Compound Name	Legal Land Description
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	Stakeholder Demographic Data Set v2.2
Definition	A Section is one thirty-sixth of a Township.
Information Exchange Format Type	N
Information Exchange Length	2
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Although the standard for the Legal Land Description has been taken from Government of Alberta data standards, Alberta Health will utilize the above compound element order for reporting and displaying the Legal Land Description.
Implementation Consideration	Either Street Address or Quarter Section Code, Section, Township, Range and Meridian must be reported. Must be a valid Section value.
Permissible Data Element Value	1 - 36

Data Element Name	Township
HISCA Alias	
Compound Name	Legal Land Description
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	Stakeholder Demographic Data Set v2.2
Definition	The Township is a row which crosses both Meridians and Ranges.
Information Exchange Format Type	N
Information Exchange Length	3
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Although the standard for the Legal Land Description has been taken from Government of Alberta data standards, Alberta Health will utilize the above compound element order for reporting and displaying the Legal Land Description.
Implementation Consideration	Either Street Address or Quarter Section Code, Section, Township, Range and Meridian must be reported. Must be a valid Township value.
Permissible Data Element Value	1 - 126

Data Element Name	Range
HISCA Alias	
Compound Name	Legal Land Description
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	Stakeholder Demographic Data Set v2.2
Definition	The Range is a numbered column which falls between an identified Meridian.
Information Exchange Format Type	N
Information Exchange Length	2
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Although the standard for the Legal Land Description has been taken from Government of Alberta data standards, Alberta Health will utilize the above compound element order for reporting and displaying the Legal Land Description.
Implementation Consideration	Either Street Address or Quarter Section Code, Section, Township, Range and Meridian must be reported. Must be a valid Range value.
Permissible Data Element Value	1 - 30

Data Element Name	Meridian
HISCA Alias	
Compound Name	Legal Land Description
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	Stakeholder Demographic Data Set v2.2
Definition	The Meridian is a north-south line used for longitudinal orientation.
Information Exchange Format Type	N
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Although the standard for the Legal Land Description has been taken from Government of Alberta data standards, Alberta Health will utilize the above compound element order for reporting and displaying the Legal Land Description.
Implementation Consideration	Either Street Address or Quarter Section Code, Section, Township, Range and Meridian must be reported. Must be a valid Meridian value.
Permissible Data Element Value	4, 5, 6

Compound Name	ARI Service Event
Parent Compound Name	Adverse Event Following Immunization Minimum Data Set
Component Name	
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Obligation	
Cardinality	
Submitting Organization	Alberta Health
Standard Reference	
Definition	A consistent and standard way of reporting adverse reaction service events to the Department is required.
Business Rule/Coding Guideline	

Data Element Name	Report Date
HISCA Alias	
Compound Name	ARI Service Event
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Report Date is the date when the primary recipient of the Adverse Reaction to Immunization receives notification (verbal, written or electronic) from a parent, guardian, physician, hospital, lab, clinic or other source. The primary recipient is the Medical Officer of Health or their designate of Alberta Health Services or the First Nations & Inuit Health Branch.
Information Exchange Format Type	N
Information Exchange Length	8
Information Exchange Format Mask	YYYYMMDD
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be greater than or equal to the Immunization Date (of the related immunization) Must be less than or equal to the MOH Comments Date Must be less than or equal to today's date
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Submitter Prefix Code
HISCA Alias	
Compound Name	ARI Service Event
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Submitter Prefix is the delivery organization who reported the Adverse Reaction to Immunization to the Department.
Information Exchange Format Type	N
Information Exchange Length	2
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Submitter Prefix Code
Implementation Consideration	This element matches the proposed Submitter Prefix standard outlined in the Immunization Reporting Requirements.
Permissible Data Element Value	Submitter Prefix Code Table

Compound Name	ARI Service Provider
Parent Compound Name	ARI Service Event
Component Name	
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Obligation	
Cardinality	
Submitting Organization	Alberta Health
Standard Reference	
Definition	A provider is a person or organization in a role that provides goods or services in (to or on behalf of) the health system.
Business Rule/Coding Guideline	

Data Element Name	Delivery Management Site
HISCA Alias	
Compound Name	ARI Service Provider
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	For comparison purposes, information about who is providing the goods or services must be consistently reported.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Delivery Management Site is a public health office that administers immunization services for a geographic region. It is the public health office within the Delivery Organization of Service that administered the immunization service to the immunization service recipient. The Delivery Management Site field identifies the clinic location where the immunization service was administered, or the clinic location where the adverse event following immunization was reported.
Information Exchange Format Type	N
Information Exchange Length	3
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be a valid Delivery Management Site Code
Implementation Consideration	Delivery Management Sites Codes will be changed to the Canadian Institute for Health Information (CIHI) standardized delivery site codes once they become available.
Permissible Data Element Value	Delivery Management Site Code Table

Compound Name	ARI Related Immunization
Parent Compound Name	ARI Service Event
Component Name	
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	If an adverse reaction patient has had a previous reaction to an immunization, the ARI events should be linked for comparison and analysis purposes.
Obligation	
Cardinality	
Submitting Organization	Alberta Health
Standard Reference	
Definition	Adverse Reaction Event Linkage is an explicit acknowledgement that two or more events are related to each other. The relationship may be causal, occurring concurrently, occurring in pre-defined sequence, or one event being the trigger to other events. Whenever a change in jurisdiction is required, an Adverse Reaction Event Linkage recognizes the nature of the transfer of control. Adverse Reaction Event Linkage can be pre-defined, retroactively recognized or explicitly acknowledged during a related event.
Business Rule/Coding Guideline	

Data Element Name	Immunization Date
HISCA Alias	
Compound Name	ARI Related Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Service Event cluster.
Submitting Organization	Alberta Health
Standard Reference	Standard: Service Event Data Concept Data Element: Service Event Start Date/Time
Definition	The Immunization Date is the date when the vaccine was administered to the adverse reaction patient for either: The related immunization or associated historical immunizations
Information Exchange Format Type	N
Information Exchange Length	8
Information Exchange Format Mask	YYYYMMDD
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be greater than or equal to the adverse reaction patient's Birth Date Must be less than or equal to the Report 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 Alberta Health Provincial Client Registry In the Immunization record all related Immunization records within a single Adverse Reaction Event, must have the same Immunization Date.
Implementation Consideration	The related immunization is the immunization that is either temporally or causally related to the Adverse Reaction to Immunization being reported. Associated historical immunizations are previous immunizations containing the same vaccine or related antigens as those contained in the related immunization; or any immunizations administered within one month (30 days) prior to the Immunization Date of the related

	immunization. This element matches the proposed Immunization Date standard outlined in the Immunization Reporting Requirements.
Permissible Data Element Value	

Data Element Name	Vaccine Code
HISCA Alias	
Compound Name	ARI Related Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	Vaccine Code identifies the vaccine administered to the adverse reaction patient during a related immunization or an associated historical immunization.
Information Exchange Format Type	C
Information Exchange Length	15
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Vaccine Code. Must be an active Vaccine Code for the reported Immunization Date. The same description may apply to multiple codes for historical vaccines. These codes are implemented with a start and end date.
Implementation Consideration	This element matches the proposed Vaccine Code standard outlined in the Immunization Reporting Requirements.
Permissible Data Element Value	Vaccine Code Table

Data Element Name	Immunization Type
HISCA Alias	
Compound Name	ARI Related Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Vaccine Administered cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Immunization Type identifies if the reported immunization is a related immunization or an associated historical immunization. A related immunization is the immunization event that is either temporally or causally related to the adverse reaction. All vaccines given on the Immunization Date that is thought to be related to the adverse reaction being reported are related immunizations. An associated historical immunization is a previous immunization containing the same vaccine or related antigens as those contained in the related immunization; or any immunization administered within one month (30 days) prior to the Immunization Date of the related immunization. Not all adverse reactions will have associated historical immunizations.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Immunization Type.
Implementation Consideration	
Permissible Data Element Value	Immunization Type Code Table

Data Element Name	Vaccine Site Code
HISCA Alias	
Compound Name	ARI Related Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Vaccine Administered cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Vaccine Site Code is the anatomical site into which the vaccine was administered into the adverse reaction patient during a related immunization or an associated historical immunization.
Information Exchange Format Type	C
Information Exchange Length	4
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if Immunization Type equals 'R' – Related Immunization (non-mandatory, if Immunization Type equals 'H' – Associated Historical Immunization). 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
Implementation Consideration	This element matches the proposed Vaccine Site Code standard outlined in the Immunization Reporting Requirements.
Permissible Data Element Value	Vaccine Site Code Table

Data Element Name	Administering Method Code
HISCA Alias	
Compound Name	ARI Related Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Vaccine Administered cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Administering Method Code is the route of administration of the vaccine administered into the adverse reaction patient during a related immunization or an associated historical immunization.
Information Exchange Format Type	C
Information Exchange Length	3
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if Immunization Type equals 'R' – Related Immunization (non-mandatory if Immunization Type equals 'H' – Associated Historical Immunization). Must be reported if Vaccine Site Code is reported. Must be a valid Administering Method Code. If Vaccine Site equals 'MO' – Mouth , Administering Method Code must be 'PO' – Oral. If Vaccine Site equals 'NO' – Nose, Administering Method Code must be 'IN' – Intranasal.
Implementation Consideration	The above business rules that incorporate the Vaccine Site only apply to the related immunization. This element matches the proposed Administering Method standard outlined in the Immunization Reporting Requirements.
Permissible Data Element Value	Administering Method Code Table

Data Element Name	Dosage
HISCA Alias	
Compound Name	ARI Related Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Vaccine Administered cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Dosage is the amount of the vaccine administered into the adverse reaction patient during a related immunization or an associated historical immunization.
Information Exchange Format Type	N
Information Exchange Length	8,2
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if Immunization Type equals ‘R’ – Related Immunization (non-mandatory if Immunization Type equals ‘H’ – Associated Historical Immunization). Must be reported if Dosage Type Code is reported.
Implementation Consideration	
Permissible Data Element Value	0 – 999999.99

Data Element Name	Dosage Type Code
HISCA Alias	
Compound Name	ARI Related Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Vaccine Administered cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Dosage Type Code is the units in which the dosage of the vaccine was administered into the adverse reaction patient during a related immunization or an associated historical immunization.
Information Exchange Format Type	C
Information Exchange Length	4
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if Immunization Type equals 'R' – Related Immunization (non-mandatory if Immunization Type equals 'H' – Associated Historical Immunization). Must be reported if Dosage is reported. Must be a valid Dosage Type Code.
Implementation Consideration	This element matches the proposed Dosage Type standard outlined in the Immunization Reporting Requirements.
Permissible Data Element Value	Dosage Type Code Table

Data Element Name	Manufacturer
HISCA Alias	
Compound Name	ARI Related Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Provider cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Manufacturer is the company that made the vaccine that was administered into the adverse reaction patient during a related immunization or an associated historical immunization.
Information Exchange Format Type	C
Information Exchange Length	3
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if Immunization Type equals ‘R’ – Related Immunization (non-mandatory if Immunization Type equals ‘H’ – Associated Historical Immunization). Must be a valid Manufacturer Code.
Implementation Consideration	This element matches the proposed Manufacturer standard outlined in the Immunization Reporting Requirements.
Permissible Data Element Value	Manufacturer Code Table

Data Element Name	Lot Number
HISCA Alias	
Compound Name	ARI Related Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Vaccine Administered cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Lot Number is the manufacturer's lot number for the vaccine administered into the adverse reaction patient during a related immunization or an associated historical immunization. It represents a code assigned to a package of several individual doses of a particular vaccine comprising a manufacturer's unit of production.
Information Exchange Format Type	C
Information Exchange Length	20
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if Immunization Type equals 'R' – Related Immunization (non-mandatory if Immunization Type equals 'H' – Associated Historical Immunization). Include dashes (-) in the Lot Number where appropriate.
Implementation Consideration	This element matches the proposed Lot Number standard outlined in the Immunization Reporting Requirements.
Permissible Data Element Value	

Data Element Name	Number in Series
HISCA Alias	
Compound Name	ARI Related Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Vaccine Administered cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Number in Series is the dose number in a vaccine series administered into the adverse reaction patient to date for the specified vaccine or in a series of related vaccines (which contain similar vaccine components or antigens). The Number in Series applies to a related immunization or an associated historical immunization.
Information Exchange Format Type	N
Information Exchange Length	2
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if Immunization Type equals ‘R’ – Related Immunization (non-mandatory if Immunization Type equals ‘H’ – Associated Historical Immunization)
Implementation Consideration	
Permissible Data Element Value	0 – 99

Compound Name	Adverse Reaction to Immunization
Parent Compound Name	ARI Related Immunization
Component Name	
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	For case management purposes, Alberta Health Services report adverse reactions to immunizations to the Department. In order for the Department to effectively manage each adverse reaction case, a consistent and standard way of reporting Adverse Reaction to Immunizations to the Department is required.
Obligation	
Cardinality	
Submitting Organization	Alberta Health
Standard Reference	
Definition	An Adverse Reaction to Immunization is an instance of an immunization service recipient having an adverse reaction to the immunization they were administered. Adverse Reaction to Immunizations will be captured at the service recipient level (adverse reaction patient).
Business Rule/Coding Guideline	

Data Element Name	AEFI Number
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Reaction to Immunization cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The AEFI Number field identifies a unique number assigned to each Adverse Events case by a delivery organization (Regional Health Authority or First Nations & Inuit Health Branch). When combined with the Submitter Prefix, the AEFI Number identifies a unique adverse Event(s) to immunization event within the province.
Information Exchange Format Type	N
Information Exchange Length	9
Information Exchange Format Mask	1-899999999
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Within each delivery organization, must be unique for each Adverse Events to immunization event submitted to Alberta Health.The ARI Number is generated manually or by the RHA system.
Implementation Consideration	The number range available for RHA use is 1 - 899999999
Permissible Data Element Value	

Data Element Name	Required Hospitalization
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Required by Hospitalization field identifies if the Adverse Event patient was hospitalized as a result of the Adverse Event(s).
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Required Hospitalization Code Must be 'Y' – Yes if Admission Date is reported Must be 'Y' – Yes if Discharge Date is reported
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	Admission Date
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Admission Date is the date when the adverse reaction patient was admitted to the hospital as a result of the Adverse Reaction to Immunization.
Information Exchange Format Type	N
Information Exchange Length	8
Information Exchange Format Mask	YYYYMMDD
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if Hospitalized Indicator equals 'Y' – Yes. Must be greater than or equal to the Immunization Date (of the related vaccine). Must be less than or equal to the Discharge Date. Must be less than or equal to today's date. Must be less than or equal to adverse reaction patient's Date of Death in the Alberta Health Provincial Registry.
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Discharge Date
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Discharge Date is the date when the adverse reaction patient was discharged from the hospital after being hospitalized as a result of the Adverse Reaction to Immunization.
Information Exchange Format Type	N
Information Exchange Length	8
Information Exchange Format Mask	YYYYMMDD
Obligation	O
Cardinality	0:1
Business Rule / Coding Guideline	Non-mandatory Must be greater than or equal to the Admission Date Must be less than or equal to today's date Must be less than or equal to the adverse reaction patient's Date of Death in the Alberta Health Provincial Client Registry.
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Emergency Room
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Emergency Room field identifies if the Adverse Event patient visited and was seen in an emergency department as a result of the Adverse Events.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Emergency Room Code
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	Advice from a Health Professional
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Advice from a Health Professional field identifies if the Adverse Event patient was given advice by a health professional in regards to the patient's Adverse Events.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Advice From a Health Professional Code
Implementation Consideration	
Permissible Data Element Value	Y, N

Data Element Name	Treatment for Adverse Events
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Treatment for Adverse Events field identifies whether treatments are causally related to the patient's Adverse Events.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Treatment for Adverse Events Code
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	Treatment by Analgesic/Antipyretic
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	Treatment by Analgesic/Antipyretic identifies whether or not the adverse reaction patient was treated with an analgesic or antipyretic.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Treatment by Analgesic/Antipyretic Code.
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	Treatment by Epinephrine
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Treatment by Epinephrine field identifies whether or not the Adverse Event patient was treated with Epinephrine.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Treatment by Epinephrine Code
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	Treatment by Antihistamine
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	Treatment by Antihistamine identifies whether or not the adverse reaction patient was treated with an antihistamine.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Treatment by Antihistamine Code.
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	Treatment by Other
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	Treatment by Other identifies whether or not the adverse reaction patient was treated with another method.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Treatment by Other Code. Must be 'Y' – Yes if Treatment by Other Specify is reported.
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	Treatment by Other Specify
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	Treatment by Other Specify describes the other method of treatment given to the adverse reaction patient.
Information Exchange Format Type	C
Information Exchange Length	40
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if Treatment by Other equals 'Y' – Yes. Spaces, periods, parentheses, dashes, commas, colons, slashes and pound signs are allowed
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Previous Adverse Event to Immunization
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Previous Adverse Events to Immunization field identifies whether or not the Adverse Event patient suffered Adverse Events to previous immunization(s)
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Previous Adverse Events to Immunization Code.
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	Previous Adverse Event to Immunization Specify
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Previous Adverse Event to Immunization Specify field identifies if the Adverse Event Patient has had a previous Adverse Event.
Information Exchange Format Type	C
Information Exchange Length	40
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Conditional – must be reported if Previous Adverse Event to Immunization equals "Y" – Yes. Spaces, periods, parentheses, dashes, comas, colons, slashes and pound signs are allowed.
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	History of Allergies
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The History of Allergies field identifies whether or not the adverse event patient has a personal history of allergies.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid History of Allergies Code Must be 'Y' – Yes if Allergy List Specify is reported.
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	Allergy List Specify
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	Allergy List Specify lists the known allergies of the adverse reaction patient.
Information Exchange Format Type	C
Information Exchange Length	1600
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if History of Allergies in Patient equals 'Y' – Yes. Spaces and the following special characters, ~ ` ! @ # $ % ^ & * ( ) _ - + = \ { } [ ] : ; " ' ? / > . < , are allowed
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	History of Convulsions
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The History of Convulsions field identifies whether or not the Adverse Event patient has a history of convulsions.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid History of Convulsions Code.
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	Known Medical Conditions
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Known Medical Conditions field identifies whether or not the adverse event patient has known medical conditions.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Known Medical Conditions Code Must be 'Y' – Yes if Medical Condition Specify is reported
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	Known Medical Conditions Specify
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Known Medical Condition Specify field lists all of the known medical conditions of the Adverse Event patient.
Information Exchange Format Type	C
Information Exchange Length	1600
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Conditional – must be reported if Known Medical Conditions equals 'Y' – Yes Spaces and the following special characters are allowed: ~ ` ! @ # $ % ^ & * ( ) _ - + = \ { } [ ] : ; " ' ? / > . < ,
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Reporter
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Reaction to Immunization cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Reporter is the name of the person who collects the data from an external source and reports the Adverse Reaction to Immunization to the Medical Officer of Health of Alberta Health Services or the First Nations & Inuit Health Branch.
Information Exchange Format Type	C
Information Exchange Length	40
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Spaces, periods, parentheses, dashes, commas, colons, slashes and pound signs are allowed.
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Reporter Designation Code
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Reaction to Immunization cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Reporter Designation Code field identifies a person's education and/or profession designation.
Information Exchange Format Type	C
Information Exchange Length	10
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Reporter Designation Code.
Implementation Consideration	
Permissible Data Element Value	Reporter Designation Code Table

Data Element Name	Outcome of Events
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Reaction to Immunization cluster.
Submitting Organization	Alberta Health
Standard Reference	Notifiable Disease Reporting Requirements Element Outcome Code
Definition	The Outcome of Events field identifies the outcome of the Adverse Events on the patient
Information Exchange Format Type	N
Information Exchange Length	2
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Outcome of Events Code. Incoming value will be right justified and any leading blanks will be replaced with zeros
Implementation Consideration	
Permissible Data Element Value	Outcome Code Table

Data Element Name	Description of Event
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Reaction to Immunization cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Description of Event field identifies details and supplementary information relating to the Adverse Events.
Information Exchange Format Type	C
Information Exchange Length	1600
Information Exchange Format Mask	
Obligation	O
Cardinality	0:1
Business Rule / Coding Guideline	Non-mandatory. Spaces and the following special characters, ~ ` ! @ # $ % ^ & * ( ) _ - + = \ { } [ ] : ; " ' ? / > . < , are allowed
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Regional Recommendations Comments
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Reaction to Immunization cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Regional Recommendations Comments field identifies input and recommendations from the Medical Officer of Health (MOH) or their designate of a Regional Health Authority or the First Nations & Inuit Health Branch regarding the Adverse Events.
Information Exchange Format Type	C
Information Exchange Length	1600
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Spaces and the following special characters, ~ ` ! @ # $ % ^ & * ( ) _ - + = \ { } [ ] : ; " ' ? / > . < , are allowed
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Regional Recommendations Comments Date
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Reaction to Immunization cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Regional Recommendations Comments Date field identifies the date when the Medical Officer of Health (MOH) or their designate of a Regional Health Authority or the First Nations & Inuit Health Branch provided input and recommendations specific to the Adverse Events.
Information Exchange Format Type	N
Information Exchange Length	8
Information Exchange Format Mask	YYYYMMDD
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be greater than or equal to the Report Date. Must be less than or equal to today's date.
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Associated Submitter Prefix
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Associated Submitter Prefix is the delivery organization who reported an associated Adverse Reaction to Immunization to Alberta Health.
Information Exchange Format Type	N
Information Exchange Length	2
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if Associated ARI Number is reported. Must be a valid Associated Submitter Prefix Code.
Implementation Consideration	This element matches the proposed Submitter Prefix standard outlined in the Immunization Reporting Requirements.
Permissible Data Element Value	Submitter Prefix Code Table

Data Element Name	Associated ARI Number
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Associated ARI Number is the unique number assigned to an associated Adverse Reaction to Immunization reported by a delivery organization (Alberta Health Services or the First Nations & Inuit Health Branch). When combined with the Associated Submitter Prefix, the Associated ARI Number identifies a unique associated Adverse Reaction to Immunization within the province.
Information Exchange Format Type	N
Information Exchange Length	9
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if Associated Submitter Prefix is reported.
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	LIN Number
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The LIN number field identifies the case number assigned by the IMPACT centers for the Adverse Event reported to IMPACT.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	O
Cardinality	0:1
Business Rule / Coding Guideline	Dashes accepted.
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Change to Immunization Schedule
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Change to Immunization Schedule field identifies if there is no Regional Recommendation to change the immunization schedule.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Change to immunization Schedule Code
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	No Further Immunization
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The No Further Immunization field identifies if there is a Regional Recommendation to no longer immunize with a particular vaccine or antigen.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid No Further Immunization Codes
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	No Further Immunization Specify
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The No Further Immunization Specify field identifies what vaccines or antigens the Medical Officer of Health (MOH) or their designate of a Regional Health Authority or the First Nations & Inuit Health Branch is recommending that the Adverse Event Patient should no longer receive.
Information Exchange Format Type	C
Information Exchange Length	40
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Conditional – must be reported if No Further Immunization equals "Y" Yes. Spaces, periods, parentheses, dashes, comas, colons, slashes and pound signs are allowed.
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Expert Referral
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Expert Referral field identifies if there is a Regional Recommendation for the Adverse Event Patient to be referred to a Specialist.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Expert Referral Code
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	Expert Referral Type
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Expert Referral Type Field identifies the type of specialist the Medical Officer of Health (MOH) or their designate of a Regional Health Authority or the First Nations & Inuit Health Branch is recommending to the Adverse Event Patient.
Information Exchange Format Type	C
Information Exchange Length	40
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Conditional – must be reported if Expert Referral equals "Y" Yes. Spaces, periods, parentheses, dashes, comas, colons, slashes and pound signs are allowed.
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Regional Recommendations Other
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Regional Recommendations Other field identifies if there is a Regional Recommendation not otherwise specified for the Adverse Event patient.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	O
Cardinality	0:1
Business Rule / Coding Guideline	
Implementation Consideration	
Permissible Data Element Value	Y, N, U

Data Element Name	Regional Recommendations Other Specify
HISCA Alias	
Compound Name	Adverse Reaction to Immunization
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Regional Recommendations Other Specify field describes the other Regional Recommendations given to the Adverse Event patient.
Information Exchange Format Type	C
Information Exchange Length	40
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Conditional – must be reported if Regional Recommendation Other equals "Y" Yes. Spaces, periods, parentheses, dashes, comas, colons, slashes and pound signs are allowed.
Implementation Consideration	
Permissible Data Element Value	

Compound Name	Adverse Event Detail
Parent Compound Name	Adverse Reaction to Immunization
Component Name	
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	There are several adverse events that can result from an Adverse Reaction to Immunization. To assist in subsequent case management and vaccine analysis, adverse event information must be reported using common terminology and descriptions.
Obligation	
Cardinality	
Submitting Organization	Alberta Health
Standard Reference	
Definition	Adverse event detail describes the various adverse events associated with the Adverse Reaction to Immunization including the length of time before the appearance of an adverse event. Adverse event detail also includes additional information including treatment information, patient history and event information. The term 'Adverse Event' is taken from the Report of Adverse Reaction to Immunizing Agent form.
Business Rule/Coding Guideline	

Data Element Name	Event Detail Code
HISCA Alias	
Compound Name	Adverse Event Detail
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Adverse Event is the adverse condition or symptom thought to be associated with the vaccine(s) administered on the Immunization Date (of the related immunization) to the adverse reaction patient.
Information Exchange Format Type	N
Information Exchange Length	2
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid (Adverse) Event Detail Code
Implementation Consideration	An Adverse Reaction to Immunization may have more than one Adverse Event.
Permissible Data Element Value	Event Detail Code Table

Data Element Name	Adverse Event Interval
HISCA Alias	
Compound Name	Adverse Event Detail
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	7
Definition	The Adverse Event Interval field identifies the time interval between the time the vaccine(s) was administered (related immunization) to the adverse event patient and the onset of the adverse event.
Information Exchange Format Type	N
Information Exchange Length	4
Information Exchange Format Mask	0 – 4599.9
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	If the Event Detail Code is ‘17’ – Anaphylaxis, Adverse Event Interval must be less than or equal to 24 or less than or equal to 1440 If the Event Detail Code is ‘18’ – Allergic Events (Severe; Other), Adverse Event Interval must be less than or equal to 72 or less than or equal to 4320 If the Event Detail Code is ‘29’ - Parotitis, Adverse Event Interval must be greater than or equal to 5 and less than or equal to 30 If the Event Detail Code is ‘30’ - Orchitis, Adverse Event Interval must be greater than or equal to 5 and less than or equal to 30 If the Event Detail Code is ‘31’ – Thrombocytopenia, Adverse Event Interval must be less than or equal to 30 or 720 If Adverse Event Interval type is “U” - Unknown, Adverse Event Interval must be ‘999.9’
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Adverse Event Interval Type
HISCA Alias	
Compound Name	Adverse Event Detail
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Adverse Event Interval Type is the unit of time of the adverse event interval.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	If the Event Detail Code is '18' - Allergic Reaction (Severe; Other), Adverse Event Interval Type must be 'H' Hours or 'M Minutes If Event Detail Code is '17' - Anaphylaxis, Adverse Event Interval Type must be must be 'H' Hours or 'M Minutes If the Event Detail Code is ‘29’ - Parotitis, Adverse Event Interval must be greater than or equal to 5 and less than or equal to 30 If the Event Detail Code is ‘30’ - Orchitis, Adverse Event Interval must be greater than or equal to 5 and less than or equal to 30 If the Event Detail Code is ‘31’ – Thrombocytopenia, Adverse Event Interval must be less than or equal to 30
Implementation Consideration	
Permissible Data Element Value	Adverse Event Interval Type Code Table

Data Element Name	Temperature
HISCA Alias	
Compound Name	Adverse Event Detail
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Temperature is the temperature of the adverse reaction patient in degrees Celsius at the time of the Adverse Reaction to Immunization.
Information Exchange Format Type	N
Information Exchange Length	4,1
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	if Event Detail Code equals '01' – Fever, and no other Event Detail Codes are reported, Temperature and Temperature Site Code must be reported if Event Detail Code equals '01' – Fever, and a Systemic Event Detail Code is also reported, one of Temperature and Temperature Site Code or Temperature Not Measured Indicator must be reported Must be reported in degrees Celsius Must be reported if a Temperature Site Code is submitted.
Implementation Consideration	
Permissible Data Element Value	0 – 999.9

Data Element Name	Adenopathy Location
HISCA Alias	
Compound Name	Adverse Event Detail
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Adenopathy Location is the anatomical location of the adenopathy on the adverse reaction patient.
Information Exchange Format Type	C
Information Exchange Length	50
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if the Event Detail Code equals '16' – Adenopathy. Spaces, periods, parentheses, dashes, commas, colons, slashes and pound signs are allowed.
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Allergic Reaction Location
HISCA Alias	
Compound Name	Adverse Event Detail
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Allergic Reaction Location is the site on the adverse reaction patient's body of the allergic reaction.
Information Exchange Format Type	C
Information Exchange Length	50
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if the Event Detail Code equals '18' – Allergic Reaction (Severe; Other), '21' – Other Rash. Spaces, periods, parentheses, dashes, commas, colons, slashes and pound signs are allowed.
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Arthralgia/Arthritis Location
HISCA Alias	
Compound Name	Adverse Event Detail
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Reaction to Immunization cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Arthralgia/Arthritis Location is the adverse reaction patient's area(s) of the body affected by arthralgia or joints of the body affected by arthritis.
Information Exchange Format Type	C
Information Exchange Length	50
Information Exchange Format Mask	
Obligation	C
Cardinality	0:1
Business Rule / Coding Guideline	Must be reported if the Event Detail Code equals '27' – Arthralgia/Arthritis. Spaces, periods, parentheses, dashes, commas, colons, slashes and pound signs are allowed.
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Event Duration
HISCA Alias	
Compound Name	Adverse Event Detail
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Adverse Event Duration indicates the onset of the event until it is resolved.
Information Exchange Format Type	N
Information Exchange Length	4,1
Information Exchange Format Mask	0 - 999.9
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	If the Adverse Event Duration Type is 'P' – Pending, Adverse Event Duration must be '888.8'. If Adverse Event Duration Type is 'U' – Unknown, Adverse Event Duration must be '999.9'
Implementation Consideration	
Permissible Data Element Value	

Data Element Name	Event Duration Type
HISCA Alias	
Compound Name	Adverse Event Detail
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Event Detail cluster.
Submitting Organization	Alberta Health
Standard Reference	
Definition	The Adverse Event Duration Type identifies the unit of time of the Adverse Event Duration.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid Event Duration Type Code.
Implementation Consideration	
Permissible Data Element Value	Adverse Event Duration Type Code Table

Compound Name	ARI Event Status
Parent Compound Name	Adverse Reaction to Immunization
Component Name	
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	The rationale for this standard is described as part of the Adverse Reaction to Immunization cluster.
Obligation	
Cardinality	
Submitting Organization	Alberta Health
Standard Reference	
Definition	

Data Element Name	CMOH Advice Requested Indicator
HISCA Alias	
Compound Name	ARI Event Status
Submission	Adverse Event Following Immunization Minimum Data Set
Requirement for the Standard	
Submitting Organization	Alberta Health
Standard Reference	
Definition	The CMOH (Chief Medical Officer of Health) Advice Requested Indicator field identifies whether or not the Medical Officer of Health (MOH) or their designate of a Regional Health Authority or the First Nations & Inuit Health Branch is requesting advice from the Chief Medical Officer of Health (CMOH) regarding the Adverse Events.
Information Exchange Format Type	C
Information Exchange Length	1
Information Exchange Format Mask	
Obligation	M
Cardinality	1:1
Business Rule / Coding Guideline	Must be a valid CMOH Advice Requested Indicator Code.
Implementation Consideration	
Permissible Data Element Value	Y, N

Permissible Values

Provincial Health Number Type Table			
Code	**Description**	**Start Date**	**End Date**
AB	Alberta Health Number		
BC	British Columbia Health Number		
MB	Manitoba Health Number		
NB	New Brunswick Health Number		
NL	Newfoundland and Labrador Health Number		
NS	Nova Scotia Health Number		
NT	Northwest Territories Health Number		
NU	Nunavut Health Number		
ON	Ontario Health Number		
PE	Prince Edward Island Health Number		
QC	Quebec Health Number		
SK	Saskatchewan Health Number		
YT	Yukon Territory Health Number		

Alternate Person Identifier Type Table			
Code	**Description**	**Start Date**	**End Date**
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		

Gender Code Table

Code	Description	Start Date	End Date
F	Female		
M	Male		
O	Other		
U	Unknown		

Address Type Table

Code	Description	Start Date	End Date
MAIL	Mailing Address		
PHYS	Physical Address		

Province Code Table

Code	Description	Start Date	End Date
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		

Submitter Prefix Table

Code	Description	Start Date	End Date
20	First Nations & 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		
50	Nunee Health Board Society		
51	Paul First Nation		
52	Dene Tha'- Chateh		
53	Driftpile First Nation		
54	Athabasca Chipewyan 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		
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 Health Centre - Goodfish		
81	Aakom Kiyii Health Services - Pikani		
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 Sociery - Frog Lake		
87	Kehewin Cree Nation		
88	Stoney Health Services Morley		
89	Siksika Health Services		

Delivery Management Site Table

Code	Description	Start Date	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		
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	Thorhill CHC		
027	Northwest CHC		
028	8th & 8th Health Centre		

029	Communicable Disease		
030	East Edmonton CHC		
031	Forest Lawn CHC		2010-05-22
032	Acadia CHC		
033	South CHC		
034	Scarboro CHC		
035	Shaganappi CHC		
036	Village Square CHC		
037	Airdrie Regional CHC		
038	Cochrane CHC		
039	Millican Ogden Sub Office		2007-12-01
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		

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		
069	Hinton		
070	Edson		
071	Jasper		
072	Evansburg		
073	Devon		
074	Spruce Grove		
075	Wetaskiwin		
076	Winfield		
077	Drayton Valley		
078	Travellers		
079	Woodcroft		
080	Eastwood		2010-01-28
081	Bonnie Doon		
082	West Jasper Place		
083	Twinbrooks		
084	Millwoods		
085	Castledowns		2009-04-23
086	Northeast Community		
087	St. Albert		
088	North Central		2009-04-23

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		
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		
140	LaCrete		
141	Fort Vermillion		
142	Rainbow Lake		
143	Paddle Prairie		
144	Gibbons		
145	Thorhild		
146	Mannville		
147	Elizabeth		
148	Fishing Lake		

149	Kikino		
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	Sacred Heart CHC		
160	Traveler's – St Albert		
161	Traveler's - Strathcona		
162	New Canadian's 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		
300	Shoppers 2413 Evergreen Village (Calgary)		
301	Winters Pharmacy (Drayton Valley)		
302	Safeway 291 Dalhousie Station (Calgary)		
303	Safeway 887 Windermere (Edmonton)		
304	Safeway 2243 Thorncliffe (Calgary)		
305	Shoppers 2335 Sunpark (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	316 Rita's Apothecary & Home Healthcare Ltd. (Barrhead)		
317	Polaris Travel Clinic and Pharmacy (Airdrie)		
318	Safeway 8857 (Leduc)		
861	Nunee Health & Wellness 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		
879	Loon River Health Centre		
880	Tallcree Health Services		
881	Heart Lake Health Centre		
882	Blood Tribe Department of Health		
883	Sturgeon Lake Heath 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 - Pikani		
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 & Wellness Centre - Frog Lake		
897	Kehewin Health Services		
898	Stoney Health Services - Morley		
899	Siksika Health & Welleness Centre		
996	Rapid Response		
997	Non AHS Immunization		

998	Unknown		

Reporter Designation Table

Code	Description	Start Date	End Date
LPN	Licensed Practical Nurse		
MD	Medical Doctor		
OTH	Other Vaccine Providers		
RN	Registered Nurse		

Outcome Code Table

Code	Description	Start Date	End Date
01	Patient Recovered		
02	Patient Recovered With Residual Effects		2014-01-01
04	Death		
05	Unknown		
06	Not Yet Recovered		
07	Permanent Disability/Incapacity		
08	Lost to Follow-up		

Event Detail Code Table

Code	Description	Start Date	End Date
01	Fever		
02	Infective Abscess		
03	Sterile Abscess or Nodule		2014-01-01
04	Pain and/or Swelling		
05 *	Local Inflammation, Swelling, and/or Pain (Moderate Severity)		2014-01-01
06	Screaming Episode/Persistent Crying		
07	High Pitched Unusual Crying		2014-01-01
08 *	Consolable Cry		2014-01-01

09	Convulsion/Seizure		
10	Encephalopathy		2014-01-01
11	Meningitis and/or Encephalitis		2014-01-01
12	Anesthesia/Paraesthesia Lasting Over 24 Hours		
13	Paralysis		
14	Guillain-Barre Syndrome		
15	Subacute Sclerosing Panencephalitis (SSPE)		
16	Adenopathy		
17	Anaphylaxis		
18	Allergic Reaction		
19 *	Allergic Reaction (Mild)		2014-01-01
20	Erythema Multiforme		
21	Rash		
22	Hypotonic Hyporesponsive Episode		
23 *	Excessive Somnolence		2014-01-01
24 *	Irritability		2014-01-01
25 *	Coma – reported as 32		2014-01-01
26 *	Apnoea – reported as 32		2014-01-01
27	Arthralgia/Arthritis		
28	Severe Diarrhea and/or Vomiting		
29	Parotitis		
30	Orchitis		
31	Thrombocytopenia		
32	Other Severe or Unusual Events		
33	Cellulitis		
34	Sterile Abscess		
35	Nodule		
36	Encephalitis, ADEM, Myelitis		
37	Meningitis		

38	Oculo Respiratory Syndrome (ORS)		
39	Bell's Palsy		
40	Intussusception		
value with *	* No longer reportable as of January 1, 2004		

Adverse Event Interval Type Table

Code	Description	Start Date	End Date
M	Minutes		
H	Hours		
D	Days		
Y	Years		
U	Unknown		

Adverse Event Duration Type Table

Code	Description	Start Date	End Date
M	Minutes		
H	Hours		
D	Days		
Y	Years		
P	Pending		
U	Unknown		

Temperature Site Code Table

Code	Description	Start Date	End Date
R	Rectal		
A	Axillary		
O	Oral		
T	Tympanic		
S	Skin Strips		

Temperature Not Measured Indicator Table

Code	Description	Start Date	End Date
Y	Yes - High Fever, but temperature not measured		

Immunization Type Table

Code	Description	Start Date	End Date
R	Related Immunization		
H	Associated Historical Immunization		

Vaccine Site Code Table

Code	Description	Start Date	End Date
LA	Left Arm (left deltoid area)		
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)		
LL	Left Leg (left vastus lateralus)		
LLL	Left Leg – Lower (the lower site of two injections given in the left vastus lateralus)		
LLU	Left Leg – Upper (the upper site of two injections given in the left vastus lateralus)		
RA	Right Arm (right deltoid area)		
RAF	Right Arm – Forearm		
RAL	Right Arm – Lower (the lower site of two injections given in the left right deltoid)		
RAU	Right Arm – Upper (the upper site of two injections given in the left deltoid)		
RL	Right Leg (right vastus lateralus)		
RLL	Right Leg – Lower (the lower site		

	of two injections given in the right vastus lateralus)		
RLU	Right Leg – Upper (the upper site of two injections given in the right vastus lateralus)		
LG	Left Gluteal		
RG	Right Gluteal		
MO	Mouth		
MS	Multiple Sites (for IG products)		
NO	Nose		
OTH	Other		
UNK	Unknown		

Administering Method Code Table

Code	Description	Start Date	End Date
ID	Intradermal		
IM	Intramuscular		
IN	Intranasal		
IV	Intravenous Infusion		
PO	Oral		
OTH	Other		
SC	Subcutaneous		

Dosage Type Code Table

Code	Description	Start Date	End Date
CAP	Capsules		
GTTS	Drops		2015-12-01
DROP	Drops		2015-12-01
IU	International Units		2015-12-01
UNIT	Units		
MCG	Micrograms		2015-12-01
MG	Milligrams		2015-12-01

ML	Millitres		
PKG	Package		
UNK	Unknown		

Manufacturer Table

Code	Description	Start Date	End Date
ABV	AbbVie Corporation		
AL	Abbott Laboratories		
AZC	AstraZeneca		
BAX	Baxter		
BP	Berna Biotech		
CBS	Canadian Blood Services		
CHI	Chiron		
CSL	CSL Limited		
GRF	Grifols		
GSK	Glaxo-SmithKline		
IDB	ID Biomedical		
INB	Instituto Butantan		
IIC	Institute of immunology Inc., Croatia		
MF	Merck Frosst		
MYL	Mylan		
NB	Nuron Biotech		
NOV	Novartis		
SF	Sanofi Pasteur		
SP	Solvay Pharma		
WA	Wyeth-Ayerst		
TAL	Talecris		
AP	Aventis Pasteur (historical)		2008-01-01
BA	Bayer (Historical)		2008-01-01
BC	Biochem Pharma Inc (historical)		2008-01-01

CGC	Cangene Corporation		
CON	Connaught (historical)		2008-01-01
SH	Shire Biologies (historical)		2008-01-01
SKB	SmithKline Beecham (historical)		2008-01-01
PFZ	Pfizer		
SEQ	Seqirus		
CRU	Crucell		
VAL	Valneva		
VIN	ViNS Bioproducts Limited		
UNK	Unknown		

Vaccine Code Table

Code	Description	Start Date	End Date
aP	Accellular Pertusiis	1997-07-01	2001-10-31
Anth	Anthrax	1996-01-01	
BA	Botulism Antitoxin	1962-06-12	
BA-7	Botulism Antitoxin Heptavalent	2016-12-15	
BAIg	Botulism Antitoxin Immune Globulin	2013-05-27	
BCG	Bacillus Calmette Guerin (TB)	1956-01-01	
CH	Cholera (unspecified)	1899-12-31	
CHI	Cholera – Injectable	1970-01-01	1999-01-01
CHO	Cholera – Oral	1997-01-01	2010-09-23
Chol-Ecol-O	Cholera - E.coli - Oral	2003-02-21	
D	Diphtheria Toxoid (fluid)	1954-04-01	1994-08-01
DA	Diphtheria Antitoxin	1895-01-01	
DD	Diphtheria Toxoid (fluid-diluted)	1954-04-01	1994-08-01
DPT	Diphtheria/whole cell Pertussis/ Tetanus	1948-01-01	1997-06-30
DPTP	Diphtheria/whole cell Pertussis/ Tetanus/ IPV	1994-08-02	1997-06-30
DPTPHib	Diphtheria/whole cell Pertussis/	1994-08-02	1997-06-30

	Tetanus/ IPV/Hib		
DRT	Diphtheria Reaction Test	1923-01-01	1996-01-01
DT	Diphtheria/Tetanus toxoids (pediatric)	1948-01-01	1998-12-31
DTaP	Diphtheria/Tetanus/Acellular Pertussis	1997-07-01	1999-01-01
dTap	Diphtheria/Tetanus/Acellular Pertussis	2004-02-01	
DTaP-HB-IPV	Diphtheria/Tetanus/Acellular Pertussis/Hepatitis B/IPV	2008-08-13	
dTaP-IPV	Diphtheria/Tetanus/Acellular Pertussis/IPV	1997-07-01	
DTaP-IPV	Diphtheria/Tetanus/Acellular Pertussis/IPV	1997-07-01	
DTaP-IPV-Hib	Diphtheria/Tetanus/Acellular Pertussis/IPV/Hib	1997-07-01	
DTaP-IPV-Hib-HB	Diphtheria/Tetanus/Acellular Pertussis/IPV/Hib/Hepatitis B	2004-05-28	
DT-IPV	Diphtheria/Tetanus/IPV (pediatric)	1996-07-01	2005-10-31
EZM	E/Z Measles	1969-01-01	1971-01-01
FLU	Influenza	1939-01-01	
HABV	Hepatitis A and B	1997-01-01	
HA-Typh-I	Hepatitis A and Typhoid	2003-10-29	
HAV	Hepatitis A	1994-01-01	
HBIG	Hepatitis B Immune Globulin	1971-01-01	
HbOC	Haemophilus influenza b	1992-05-19	1993-02-01
HBTmf	Hepatitis B Thimerosal Free	2003-04-16	2011-05-01
HBV	Hepatitis B	1983-01-01	
HBVD	Hepatitis B for Dialysis	1983-01-01	
Hib	Haemophilus influenza b	1993-02-01	
Hib-MenC	Haemophilus influenza b/Meningococcal Conjugate	2010-08-01	
HPV	Human Papillomavirus (Quadravalent)	2006-07-11	
HPV-2	Human Papillomavirus (Bivalent)	2010-02-09	

HPV-9	Human Papillomavirus-(Nonavalent)	2015-02-05	
HPV-U	Human Papillomavirus - (unspecified)	1899-12-31	
H1N1-09-AD	Adjuvanted Pandemic 2009 Influenza	2009-10-19	2010-10-01
H1N1-09	Non-Adjuvanted Pandemic 2009 Influenza	2009-10-19	2010-10-01
IG	Immune Globulin (human, intramuscular)	1987-02-18	
IPV	Inactivated Polio	1956-01-01	
JEV	Japanese Encephalitis	1990-01-01	
KMEA	Killed red measles	1963-01-01	1970-12-31
Lym	Lymerix	1998-12-02	2002-07-30
MEA	Measles (Red)	1971-01-01	1998-12-31
MenACs	Meningococcal, polysaccharide, bivalent (A, C) (single dose)	2001-01-01	2002-03-01
MenC-ACYW	Meningococcal - Conjugate (A, C, Y, W-135)	2006-05-03	
MenconC	Meningococcal, conjugate, monovalent (C)	2001-06-15	
MeninAC	Meningococcal, polysaccharide, bivalent (A, C) (multidose)	2001-01-01	2002-03-01
MENING	Meningococcal, polysaccharide, quadrivalent (A, C, Y, W-135) (single dose)	1983-05-04	
Men-B	Meningococcal B (recombinant, absorbed)	2013-12-09	
MENING-C	Meningococcal Conjugate (unspecified)	1899-12-31	
MENING-P	Meningococcal Polysaccharide (unspecified)	1899-12-31	
MENOTET	Meningococcal, polysaccharide, quadrivalent (A, C, Y, W-135)	1983-05-04	2000-11-01
MMR	Measles/Mumps/Rubella	1982-01-01	
MMR-Var	MMR and Varicella	2007-07-30	
MONM	Measles (Red) (multidose)	1997-04-01	1998-06-30

MR	Measles/Rubella	1997-01-01	1999-12-31
MU	Mumps	1982-01-01	2004-02-08
OMP	Haemophilus influenza b	1990-01-01	1994-08-02
OPV	Oral Polio	1962-01-01	1994-07-31
P	Whole Cell Pertussis	1939-01-01	1997-06-30
PNEUMO-P	Pneumococcal (23 – polysaccharide)	1983-01-01	
POL	Polio	1994-08-02	1998-12-31
PPD	Purified Protein Derivative 5TU (Mantoux – TB Test)	1960-01-05	
PNEU-C	Pneumococcal (7 – conjugate)	2001-01-06	2010-07-01
PNEU-CON	Pneumococcal Conjugate (unspecified)	1899-12-31	
PNEU-C10	Pneumococcal (10 – conjugate)	2008-12-11	
PNEU-C13	Pneumococcal (13 – conjugate)	2009-12-21	
PRPD	Haemophilus influenza b	1988-03-16	1992-05-18
RAB	Rabies	1980-01-01	
RIG	Rabies Immune Globulin	1983-09-16	
Rot	Rotavirus	2006-08-16	
Rot-5	Rotavirus - Pentavalent	2006-08-01	
Rot-U	Rotavirus - Unspecified	1899-12-31	
RSVIg	Respiratory Syncytial Virus Immune Globulin	2002-06-01	
RUB	Rubella	1971-01-01	1998-10-01
Sma	Smallpox	1870-01-01	2015-06-01
SNAKE	Snakebite antivenom	1980-01-01	2002-02-03
TBEV	Tick-Borne Encephalitis Virus	1995-06-01	2014-03-03
Td	Tetanus/Diphtheria toxoids (adult)	1980-07-09	
TdP	Tetanus/Diphtheria/IPV (adult)	1984-01-10	2015-03-01
Td-IPV	Tetanus/Diphtheria/IPV	1984-01-10	
TIG	Tetanus Immune Globulin	1963-12-09	
TP	Tetanus Polio	1959-01-01	1994-08-01

TT	Tetanus Toxoid	1947-01-01	2000-12-31
TY	Typhoid (unspecified)	1899-12-31	
TYO	Typhoid Ty21a – Oral	1992-01-01	
TYVI	Typhoid – Injectable	1993-11-01	
Var-S	Varicella Zoster - Shingles	2008-08-22	
VZ	Varicella Zoster	1998-12-01	
VZU	Varicella Zoster (unspecified)	1899-12-31	
VZIG	Varicella Zoster Immune Globulin	1985-01-01	
YF	Yellow Fever	1935-01-01	