Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

UPIF Provider's Guide

Citywide
Immunization
Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC
Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Table of Contents

Introduction

Overview

The Department of Health and Mental Hygiene's Citywide Immunization Registry (CIR) is designed to serve as a repository of immunization information for individuals residing in New York City. The repository will function as an information source for staff members of the DOHMH Bureau of Immunization and for NYC health care providers and agencies concerned with health who have regular contact with individuals requiring immunizations.

CIR patient data will come from a variety of existing information systems, most of which will provide ongoing data feeds. These existing systems include large hospitals in New York City, both those that are part of the NYC Health and Hospitals Corporation, as well as private hospitals, clinics, and medical offices. In addition, plans are currently in place to link immunization registries throughout New York state to simplify tracking of individuals who move within the state, or who cross jurisdictional boundaries to obtain medical care.

The integrity and security of CIR patient data is critical. Input data quality will be reviewed, and data may be edited before it is inserted into the database. Access to the data will be restricted, so that immunization providers and agencies concerned with health can get the information that they need to correctly vaccinate an individual, while limiting their ability to get residential and demographic information. The system will also restrict the ability for unauthorized personnel to randomly access patient information.

UPIF

The CIR Universal Provider Interface Format (UPIF) has been defined to provide a standard mechanism for the batch transfer of information between immunization providers and the CIR. UPIF batch files should be submitted electronically. Each facility using UPIF to submit patient immunization data may submit their files on a different schedule, although the Health Code requires that immunizations be reported within 14 days of administration. For the 2020-21 COVID-19 vaccination campaign, COVID-19 immunizations must be reported to the CIR within 24 hours of vaccine administration.

Immunization providers will be able to perform the following CIR transactions through the submission of UPIF files:

- Add a new patient to CIR.
- Update a patient's residence and demographic information.
- Add a new immunization event for a patient.

The UPIF contains four basic record types, which are used to identify the source of the file, perform add and update patient transactions, insert immunization events, and check file consistency.
The two principal record types have a similar structure, with an identical patient identification block followed by the appropriate data. The identification block includes universal patient ID numbers (e.g., Medicaid), facility patient identification numbers, and primary and auxiliary key data. There are several advantages to this approach:

- Patient transactions and immunization event transactions are completely independent.

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

- If an immunization event arrives for a patient who does not yet exist in the CIR, sufficient information is available to create a new patient record.

- Support of a single patient identification mechanism.

UPIF Record Structure

Source Record

Header	Sender Identification

Patient Record

Header	Patient Identification	Residential and Demographic Information

Immunization Event Record

Header	Patient Identification	Immunization Event Data

Trailer Record

Header	File Statistics

A facility can use the UPIF to *register* a patient with the facility's own medical record number. Once a patient has been registered by a facility, the medical record number can be used as an identification key.

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Reporting Requirements — NYC Health Code Mandate

The New York City Health Code mandates the following:

- Information for new patients and immunization events shall be reported within 14 days of administration of the immunizations (i.e., report at least bi-weekly, or more frequently).
- Reporting of all immunizations administered to all patients under the age of nineteen years is required (effective August 18, 2005).
- Reporting of immunizations administerd to patients age nineteen years and over, and administerd by registered nurses and pharmacies must be reported to the CIR with patient's consent (October 2017)
- For the 2020-21 COVID-19 campaign, consent requirement for individuals 19 and older is suspended; immunizations administered to adults can be reported to the CIR without patient's consent. (December 13, 2020- Governor's executive order).
- For the 2020-21 COVID-19 campaign, COVID-19 and influenza immunizations must be reported to the CIR within 24 hours of vaccine administration (December 13, 2020- Governor's executive order).
- Reporting of immunizations administered to patients age nineteen years and over, outside the COVID-19 campaign, and not administered by registered nurses or pharmacies is voluntary with patient's consent. (effective August 18, 2005).
- If an immunization history is maintained for a patient, it should be reported at the same time the patient is initially reported to CIR.

Reporting Requirements — UPIF Processing

- Each UPIF batch file must contain a Sender Record to identify the source of the batch submission. The Sender Record must be the first record in the file.
- Each UPIF batch file must contain a Trailer Record to indicate the end of file, and the number of records that the file contains. The Trailer Record must be the last record in the file.
- If a facility wishes to use its own patient number for patient identification, it must submit a Patient Record that provides all available primary and auxiliary key information for the patient, *prior* to the use of that patient identification number in reporting immunization events.
- A facility using their own patient number to identify a patient must still provide the First Name, Last Name, Date of Birth, and Gender as corroborating patient identification information.
- A facility using a NYS Medicaid number to identify a patient must still provide the First Name, Last Name, Date of Birth, and Gender as corroborating patient identification information.
- If a facility wishes to submit multiple files in the same batch submission, a Sender Record and a Trailer Record must be indicated for each subsequent file and/or facility code.

Sample:
```
1|S|N|9999X01|Facility_SiteA|06/25/2008|
2|M|S|||||……..
3|M|S|||||……..
4|M|S|||||……..
5|U
1|S|N|9999X02|Facility_SiteB|06/25/2008|
2|M|S|||||……..
3|M|S|||||……..
4|M|S|||||……..
5|U
1|S|N|9999X03|Facility_SiteC|06/25/2008|
2|M|S|||||……..
3|M|S|||||……..
4|M|S|||||……..
5|U|
```

Reporting Process

Each facility will need to review their options for reporting immunization information. Facilities that wish to use the UPIF for batch file transfer will submit that file to a secure web file transfer system, maintained by the Department of Health and Mental Hygiene, named Web File Repository (WFR) (see more information below under "Online Submission").

Certification

Before the UPIF can be used to submit patient information to the CIR, a facility must undergo a DOHMH certification process. The purpose of certification is to qualify the facility's own processes for generating the UPIF from their medical record systems.

Test Runs

The certification process is focused on the submission of test batches of UPIF data to the CIR. Each test batch will be validated at the field and record level to insure conformance to the UPIF specification. Problems in the test batch will be logged in a test report, and returned to the facility.
It is strongly recommended that a facility reapply for certification if they make changes to their medical records system that could affect the generation of UPIF files.

Regular Reporting

At the end of each reporting period, a facility will go through the following process:

1. Prepare the file. Provide information for all patients who have been added to the system (or whose records have been modified), and all immunization events that have taken place during the reporting period.
2. Transfer file. Send the UPIF batch file to the CIR for processing via the WFR.
3. Review batch processing report. Determine whether errors occurred during batch file processing, and whether resubmission of information is necessary.

Online Submission

The CIR will support the online submission of UPIF batch files via the Web File Repository (WFR). This is a secure and simple tool used for transferring (uploading) files from your computer to the CIR via the Internet. WFR encrypts patient data for electronic transfer to the CIR, in accordance with the HIPAA Security Rule. For more information on submitting UPIF files through the WFR, please call the CIR at (347) 396-2400 or email Rezaul Kabir at rkabir@health.nyc.gov.

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

UPIF Processing Flow

Patient Identification

The CIR uses several different identification strategies to correlate each input record with the appropriate patient in the system. Among the strategies used are:

- Medicaid Number - NYS Medicaid identification numbers can be used to identify patients in CIR. For security purposes, the primary identification elements (i.e., First Name, Last Name, Date of Birth, and Gender) must also be provided to corroborate the use of the Medicaid number.
- Patient Medical Record System Number - A facility's own patient identification number (e.g., medical record number, chart number) can be used to identify patients in the Registry. For security purposes, the primary identification elements (i.e., First Name, Last Name, Date of Birth, and Gender) must also be provided to corroborate the use of the Medical Record System number.
- Primary Identification Elements - Many patients can be identified through the use of a small set of data elements (i.e., First Name, Last Name, Date of Birth, and Gender).
- Primary and Auxiliary Identification Elements - In addition to the primary data elements listed above, the CIR will use a number of additional data elements (e.g., telephone number, address, mother's maiden name) to identify unique record matches.
- Partial Matching - If the CIR fails to identify an exact match, a partial matching scheme between subsets of specified fields will be used.

It is strongly recommended that each UPIF record contain as many of the primary and auxiliary identification elements as are known to the facility. This increases the likelihood of a match, as well as helping to maintain the accuracy and completeness of CIR patient data.

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

UPIF Record Formats

This section specifies the details of the UPIF record structure. It describes both the structure of the record and the specific data elements.

File Name

A single UPIF file will contain sender, patient, and immunization data.

NAME	DESCRIPTION
Uxxxxxxx.nnn	*xxxxxxx* is the seven-character institution code (provided by the DOHMH during registration). *nnn* is the sequence number. Initially 0, incremented (by one) as each UPIF file is submitted.

Record Format

There are four record types used in the UPIF format. Two of the record types contain patient information, the other two identify the source of the data and provide essential consistency checking. The four record types use a common structure to simplify generation and loading.

Data Types

DATA TYPE	DESCRIPTION
(x)	Maximum length is *x*.
Char (x)	Text value is blank padded to fixed length *x*.
Varchar (x)	Text value is variable length.
Date	Date value must be in the format *MM/DD/YYYY*.
Number (x)	Numeric value must be a whole number.

Separators and Delimiters

The UPIF specifies a small number of characters to be used as separators between fields and records.

TYPE	SYMBOL	HEX VALUE	WHERE USED
Field	|	7C	Between two fields in the same record
Record	<carriage return>	0D	At the end of each record
End of file	(platform specific)	<end of file>	At the end of the file

A null field in a record should be represented by placing nothing at all (i.e., neither text nor blanks) between the field separators.

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Sender Record

The sender record is always the first record in the file.

FIELD NUMBER	DATA ELEMENT	DATA TYPE	REQUIRED?	DESCRIPTION
1	Sequence Number	Number (7)	Yes. First record in file, so the value must be **1**.	Identifies the position of the record in the file. Used in error reporting to indicate where a problem occurred.
2	Record Type	Char (1)	Yes. Always **S**.	Sender record.
3	Record Action	Char (1)	Yes. Either **T** or **N**.	**T** identifies a Test Run (for use during certification); **N** identifies a normal batch.
4	Facility Code	Varchar (7)	Yes	Your facility ID as registered with the CIR system. Recorded during registration by the DOHMH.
5	Facility/Unit Name	Varchar (40)	Yes	Your facility name as registered with the CIR system. Provided during registration by the DOHMH.
6	Batch Date	Date	Yes. Please use MM/DD/YYYY date format.	Date the UPIF file was produced.
7	Contact Information	Varchar (40)	Yes	Name and/or phone number for contact if a problem occurs during processing.

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Patient Information Record

FIELD NUMBER	DATA ELEMENT	DATA TYPE	REQUIRED?	DESCRIPTION
Record Header				
1	**Sequence Number**	Number (7)	Yes	Identifies the position of the record in the file. Used in error reporting to indicate where a problem occurred.
2	**Record Type**	Char (1)	Yes. Must be **P**.	**P**atient Record
3	**Reserved**	Char (1)	Yes. Must be **S**.	Reserved for future use.
Identification Numbers				
4	**Patient Number**	Varchar (15)	Strongly Recommended	Patient identification number (e.g., medical record number, chart number) the sending facility uses to identify the patient. Used as a key value for patient search. If provided, the primary key values (first and last name, gender, DOB) must also be provided for corroboration.
5	**NYS Medicaid Number**	Char (8)	Strongly Recommended	Used as a key value for patient search. If provided, the primary key values (first and last name, gender, DOB) must also be provided for corroboration.
Primary Key Fields				
6	**Date of Birth**	Date	Yes. Please use MM/DD/YYYY date format	Patient's date of birth. Primary search key.
7	**Administrative Sex**	Char (4)	Yes	Patient's administrative Sex. Primary search key. Refer to Administrative Sex table.
8	**First Name**	Varchar (25)	Yes	Patient's first name. Primary search key.
9	**Last Name**	Varchar (25)	Yes	Patient's last name. Primary search key.
Auxiliary Key Fields				
10	**Multiple Birth Indicator**	Char (1)	Strongly Recommended	Was patient part of a multiple birth event (e.g., twins). **Y** if true, **N** otherwise.

Citywide Immunization Registry		
We help you call the shots!	Mar. 2021	Email: cir@health.nyc.gov
www.nyc.gov/health/cir		Phone: (347) 396-2400

11	**Mother's Maiden Name**	Varchar (25)	Strongly Recommended	
12	**Mother's Date of Birth**	Date	Strongly recommended. Please use MM/DD/YYYY date format	
13	**Patient's Middle Name**	Varchar (25)	No	
14	**Patient's Alternate First Name**	Varchar (25)	No	Patient's other first name (e.g., Nickname)
15	**Patient's Alternate Last Name**	Varchar (25)	No	Patient's other last name (e.g., Stepparent's name)
16	**Birth Facility Code**	Varchar (5)	No	The facility within NYC where the patient was born. Refer to the Birth Facility reference table.
17	**House Number**	Varchar (10)	Yes	
18	**Street Name**	Varchar (40)	Yes	
19	**Apt. Number**	Varchar (5)	Yes	The numbers and/or letters designating the apartment.
20	**City**	Varchar (40)	Yes	The city/town/community in which the patient resides.
21	**State**	Char (2)	Yes	Refer to State Code reference table
22	**Zip Code**	Char (5)	Yes	
23	**Zip4**	Char (4)	No	
24	**Telephone Number**	Char (10)	Strongly Recommended	Full telephone number (including area code)
Residential and Demographic Information				
25	**Mother's First Name**	Varchar (25)	No	
26	**Mother's Last Name**	Varchar (25)	No	
27	**Father's First Name**	Varchar (25)	No	
28	**Father's Last Name**	Varchar (25)	No	

Citywide
Immunization
Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC
Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

29	Guardian's First Name	Varchar (25)	No	
30	Guardian's Last Name	Varchar (25)	No	
31	Hispanic	Char (1)	Yes	Must be **Y** (yes), **N** (no), **U** (unknown) or **P** (prefer not to answer)
32	Race Code	Number (2)	Yes	Refer to Race Code reference table.
33	Language Spoken at Home	Char (2)	No	Refer to Language code reference table.
34	Birth Country Code	Char (3)	No	The country code where the patient was born. Refer to the Country reference table.
35	Birth State Code	Char (2)	No	The state code where the patient was born. Refer to the State reference table.
36	VFC Eligibility	Number (1)	Yes, for children < 19 yrs	Refer to the VFC Eligibility reference table.
37	Gender Identity	Varchar (10)	Strongly Recommended	Refer to Gender Identity table

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Immunization Event Record

FIELD NUMBER	DATA ELEMENT	DATA TYPE	REQUIRED?	DESCRIPTION
Record Header				
1	**Sequence Number**	Number (7)	Yes	A sequence number for the record within the file.
2	**Record Type**	Char (1)	Yes. Must be **M**.	I**m**munization Record.
3	**Reserved**	Char (1)	Yes. Must be **S.**	Reserved for future use.
Identification Numbers				
4	**Patient Number**	Varchar (15)	Strongly Recommended	Patient identification number (e.g., medical record number, chart number) the sending facility uses to identify the patient. Used as a key value for patient search. If provided, the primary key values (first and last name, gender, DOB) must also be provided for corroboration.
5	**Medicaid Number**	Char (8)	Strongly Recommended	Used as a key value for patient search. If provided, the primary key values (first and last name, gender, DOB) must also be provided for corroboration.
Primary Key Fields				
6	**Date of Birth**	Date	Yes. Please use MM/DD/YYYY date format	Patient's date of birth. Primary search key.
7	**Administrative Sex**	Char (4)	Yes	Patient's administrative Sex. Primary search key. Refer to Administrative Sex table.
8	**First Name**	Varchar (25)	Yes	Patient's first name. Primary search key.
9	**Last Name**	Varchar (25)	Yes	Patient's last name. Primary search key.
Auxiliary Key Fields				
10	**Multiple Birth Indicator**	Char(1)	Strongly Recommended	Was patient part of a multiple birth event (e.g., twins). **Y** if true, **N** otherwise.
11	**Mother's Maiden Name**	Varchar (25)	Strongly Recommended	

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC
Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

12	Mother's Date of Birth	Date	Strongly Recommended. Please use MM/DD/YYYY date format	
13	Patient's Middle Name	Varchar (25)	No	
14	Patient's Alternate First Name	Varchar (25)	No	Patient's other first name (e.g., Nickname)
15	Patient's Alternate Last Name	Varchar (25)	No	Patient's other last name (e.g., Stepparent's name)
16	Birth Facility Code	Varchar (5)	No	The facility within NYC where the patient was born. Refer to the Birth Facility reference table.
17	House Number	Varchar (10)	Yes	
18	Street Name	Varchar (40)	Yes	
19	Apt. Number	Varchar(5)	Yes	
20	City	Varchar (40)	Yes	The city/town/community in which the patient resides.
21	State	Char(2)	Yes	Refer to State Code reference table
22	Zip Code	Char(5)	Yes	
23	Zip4	Char(4)	No	
24	Telephone Number	Char(10)	Strongly Recommended	Full telephone number (including area code)
Vaccine Information				
25	Vaccination Date Or Disease/Titer Date	Date	Yes. Please use MM/DD/YYYY date format	Date vaccination was administered, disease occurred or titers reported
26	Vaccine Code Or Disease Code	Char (4) Varchar (12)	Yes	Refer to Vaccine reference table. Refer to Disease reference table
27	Immunization Information Source Or Evidence of Immunity Type	Char (1)	Yes	The original source of information about the event. Refer to Immunization Information Source / Evidence of Immunity Type reference table
28	Provider First Name	Varchar (25)	Yes	

Citywide
Immunization
Registry
We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

Email: cir@health.nyc.gov
Phone: (347) 396-2400

29	Provider Last Name	Varchar (25)	Yes	
30	Provider License Number	Varchar (6)	Yes	Provider's six-character license number
Additional Information				
31	Dose Number	Number (2)	No	Dose number is used for reference purposes only.
32	Vaccine Lot Number	Varchar (16)	Yes	Lot number of vaccine.
33	Manufacturer Code	Varchar (6)	Yes	Refer to Manufacturer reference table.
34	VFC Eligibility	Number (1)	Yes, for children <19 yrs	Refer to VFC Eligibility reference table.
35	Health Plan Code	Varchar (2)	No	Refer to Health Plan reference table.
36	Medicare Number	Char (10)	No	
37	OSIS Number	Char (9)	No	
38	School ID	Char (12)		
39	Lot Expiration Date	Date	Yes. Please use MM/DD/YYYY date format	
40	Lot Funding Source	Char (12)	Yes	Refer to Lot Funding Source table
41	Vaccine Administering Site	Varchar (4)	Strongly Recommended	Refer to Vaccine Administering Site table
42	Vaccine Route of Administration	Varchar (6)	Strongly Recommended	Refer to Vaccine Route of Administration table
43	Provider NPI	Varchar (10)	Strongly Recommended	Provider's NPI number
44	Priority Group	Varchar (10)	Strongly Recommended	Refer to Priority Group table

Trailer Record

FIELD NUMBER	DATA ELEMENT	DATA TYPE	REQUIRED?	DESCRIPTION
1	**Sequence Number**	Number (7)	Yes	Record count number. Represents total number of records in this file.
2	**Record Type**	Char (1)	Yes. Must be **U**	**U**PIF Trailer Record

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Questions and Answers

What is UPIF?

UPIF stands for the Universal Provider Interface Format. The purpose of the UPIF is to permit providers with existing medical record systems to submit information to the Citywide Immunization Registry in a batch file format.

What is the CIR?

The Citywide Immunization Registry is a computer system operated by the Bureau of Immunization of the NYC Department of Health and Mental Hygiene. The purpose of the CIR is to track immunizations received by individuals in NYC. The information will be used to identify under-immunized individuals, as well as to serve as a source of data for authorized immunization providers and agencies concerned with health.

Why should I tell the CIR about my patients?

The New York City Health Code, effective August 18, 2005, mandates reporting of immunizations administered to all people age eighteen years and younger, and allows for voluntary reporting of immunizations administered to people age nineteen years and older, with consent. Immunizations administered by registered nurses and pharmacists to people age nineteen and over must be reported to the CIR, with consent. For the 2020-2021 COVID-19 immunization campaign, the consent requirement was suspended for adults. All doses of COVID-19 and influenza vaccine given to adults must be reported to the CIR within 24 hours of administration. Health care providers authorized to administer immunizations report the immunizations to the CIR.

Do I have to use the UPIF to inform the CIR about my patients?

No. The CIR allows providers to use two other methods to report immunizations.

- If you deliver all of your immunizations under the auspices of a clinic or hospital, you should determine whether the immunizations are being reported to the CIR for you through the facility's own information system.

- If you have a computer with Internet access available, you may report immunizations to the CIR through the Online Registry. You may also look up, and print out, the immunization records of your patients through the Online Registry and see recommendations of immunizations due.

Do I have to tell you about all my patients?

You are required to report all immunizations administered to all individuals age 18 years and under. As of December 2020 and until further notice, you are also required to report all COVID-19 and influenza immunizations administered to adult patients. You may also report all other immunizations administered to adult patients.

Do I have to have a Sender Record in each file?

Yes. The Sender Record is necessary for the CIR to determine the source of patient immunization information.

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Do I have to send a Patient Record for each patient?

Yes. P records were not required prior to the COVID-19 immunization campaign. However, for COVID-19 vaccines, CDC and New York State require reporting of patient race and ethnicity which are captured only in the Patient Record. Reporting of this information will help us ensure equitable distribution and administration of COVID-19 vaccine.

Do I have to send an Immunization Record for each immunization I deliver?

You must send an Immunization Record for each immunization you provide to an individual. Please note that fields 3-24 must match exactly for P and M records for each patient.

Do I have to send a Trailer Record?

Yes. The Trailer Record is used to indicate that there are no more records to be processed. The Trailer Record is also used for consistency checking.

Do I have to send information for all of the fields that are required?

Yes.

Does the order in which I send you the records matter?

Yes. The Sender Record must be the first record in the file, and the Trailer Record must be the last record in the file. The Patient and Immunization Records may be sent in any order, and even intermixed.

How frequently do I need to send information to the CIR?

The NYC Department of Health and Mental Hygiene mandates that the CIR be informed within 14 days for all patient immunizations. We strongly encourage you to send information more frequently, as it will help to keep the CIR current. For the 2020-2021 COVID-19 immunization campaign, COVID-19 immunizations must be reported to the CIR within 24 hours of administration.

Do I need to send the CIR historical information about my patients?

If your medical record system contains immunization histories for individuals under nineteen years of age, then you should report this information to the CIR. If your medical record system contains immunization histories for patients nineteen years of age and over, then you must get consent from the patient before reporting this information to the CIR.

Do I need to report VFC eligibility and Child Health Plus B status?

For providers who participate in the Vaccines for Children Program (VFC), The VFC Eligibility status (field 34 in the Immunization Event Record) must be reported. Please refer to page 41 for a list of VFC Eligibility and Child Health Plus B status codes.

When would the Immunization Source be anyone other than myself?

If you did not give the immunizations yourself and are reporting the patient's immunization history, then the Immunization Source field should indicate where the information about the event came from. The fields should be used as follows:

Code   **Description**

Citywide Immunization Registry		**NYC Health**
We help you call the shots!	Mar. 2021	Email: cir@health.nyc.gov
www.nyc.gov/health/cir		Phone: (347) 396-2400

V	Vaccinator. Used if the physician identified in the immunization event was responsible for giving the immunization.
	The Provider First Name, Provider Last Name, and Provider License Number fields refer to the physician who gave the immunization and is reporting it.
D	Document. Used if the information in the immunization event was taken from the yellow card or Lifetime Health Record.
	The Provider First Name, Provider Last Name, and Provider License Number fields refer to the reporting physician, and not the physician who gave the immunization.
O	Other Provider. Used if the information about the event came from another provider.
	The Provider First Name, Provider Last Name and Provider License number fields refer to the reporting physician, and not the physician who gave the immunization.
S	System. Used if the information came from another immunization registry system.
	It is expected that this code will generally be used for transfer of information between registries, and not by reporting providers.

If you have additional questions about this, contact the CIR.

What will happen if I send duplicate records to the CIR?

Duplicate records will be processed, and discarded if no new information is found.

We realize that it will be difficult for some medical record systems to keep track of whether they have already sent information about a particular patient to the CIR. To address these problems, the following is suggested:

- When you are ready to begin sending information to the CIR, send Patient and Immunization records for all current patients who are less than nineteen years of age.

- Send a Patient record to the CIR for each new patient who is added to the CIR during a reporting period.

- Send an Immunization record to the CIR for each immunization that you deliver during a reporting period.

CIR Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

- To ensure that the CIR is aware of all patient updates, send a new Patient record for each current patient in your system once every six months.

What if my medical records system does not contain all of the required UPIF information?

You should contact the Bureau of Immunization to discuss the situation. They will determine if an exception is warranted, or if you should use one of the alternate mechanisms (described above) to submit patient immunization data.

How do I get started providing information to the CIR with UPIF?

Assuming that you have already created a UPIF file, contact the CIR at (347) 396-2400 to arrange for certification testing. We will set up a time for you to submit your data, and you will receive timely feedback on whether it conforms to the UPIF guidelines. UPIF certification can often involve several iterations as errors in the records are corrected and the file is resubmitted. Once all of the problems have been resolved, you can begin submitting information to the CIR.

How will I find out if there are problems with the data I have submitted?

Immunization providers who upload their UPIF files using the Web File Repository (WFR) will be able to view and print a feedback report through WFR after the file is processed.

Where do I send the UPIF file?

To send the file using WFR: Please call (347) 396-2400 and ask to speak to Rezaul Kabir, or email rkabir@health.nyc.gov to set up an account. Please visit: http://www1.nyc.gov/assets/doh/downloads/pdf/cir/wfr.pdf to view and download the WFR Guide.

Who should I contact for additional information?

By mail:
NYC Department of Health and Mental Hygiene
Citywide Immunization Registry
42-09 28th Street, 5th Floor, CN 21
Long Island City, New York 11101-4132
cir@health.nyc.gov

Voice: (347) 396-2400
Fax: (347) 396-2559

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Examples

This section provides several fictitious examples of how the record format is populated.

The **|** symbol is used in these examples as a field separator. The ⏎ symbol is used to indicate where a carriage return (normally an invisible character) is placed. The record length in several of the records exceeds the line length of this document, so the records have been split across multiple lines.

Sender Record

The sender record is expected as the first element in a UPIF file, so the record number should always be 1. The last field, which contains contact information, is for human use should a problem occur during file processing.

```
1|S|N|1020021|Bronx General|07/19/1996|C.P. Wong
(212)555-1212⏎
```

Patient Information Record

The first example offers a fairly complete patient record. Patient information records will seldom be completely populated, since some elements may not apply or may not be tracked by the sending facility.

```
5|P|S|||02/01/1996|M|Harry|Riff||||L|Lee||13103|45|Broad
way|15C|New
York|NY|10006||2128096600|Judy|Riff|Ralph|Riff|||U|2|01|
USA|NY|2⏎
```

The second example of a patient information record demonstrates how a facility's patient identification number can be provided to the CIR. When the number is provided for the first time by a facility (along with all known identification elements), it will be recorded within the CIR. Subsequent uses of the patient identification number (such as that shown in the immunization event record section below), can be provided with a minimum of identification information and still have a very high probability of getting a unique match with a patient record.

```
9|P|S|YOU2917B||6/14/95|M|Woody|You|Y|||||||41609|158-
01|Sanford
Avenue|2B|Flushing|NY|11358||7184451111|||||||N|4|03||NY
|1⏎
```

Note that the null fields in each record are represented through adjacent field separators with no intervening text of blank spaces.

Immunization Event Record

This immunization event record uses the same patient identification block as the first patient information record shown above.

```
13|M|S|||02/01/1996|M|Harry|Riff||||L|Lee||13103|45|Broa
dway|15C|New
York|NY|10006||2128096600|04/30/1996|01|V|Connie|Cristan
tiello|000084||LOTNO|PFR|5|OX||||05/10/1996||LA|C28161|2
312323222|W29-1⏎
```

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Trailer Record

The trailer record is straightforward and requires little explanation. The record number field is checked against the total number of records read from the file in an attempt to determine if a transmission error occurred.

```
21|U↵
```

*An example of a complete UPIF file can be found on page 53.

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Tables

Citywide Immunization Registry
We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

Email: cir@health.nyc.gov
Phone: (347) 396-2400

NYC Health

Administrative Sex

Code	Name	Definition
F	Female	Person reports that she is female
M	Male	Person reports that he is male
U	Unknown	Unknown
UND	Undetermined / Undifferentiated	No assertion is made about the gender of the person
NFNM	Neither Female nor Male	Person reports as neither female nor male
PNTA	Prefer Not to Answer	Person prefers not to answer
OTH	Other	Person reports as other
NA	Not Asked	Person was not asked about administrative sex

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Birth Facility

Code	Name
11215	ALLEN PAVILION
42601	ASTORIA GENERAL HOSPITAL*
31350	BAPTIST HOSPITAL*
51719	BAYLEY SETON HOSPITAL*
11102	BEEKMAN DOWNTOWN HOSPITAL / NY DOWNTOWN
13103	BELLEVUE HOSPITAL
11107	BETH ISRAEL HOSPITAL
42604	BOULEVARD HOSPITAL*
21427	BRONX LEBANON
23463	BRONX MUNICIPAL HOSPITAL / JACOBI
24403	BRONX STATE HOSPITAL*
31507	BROOKDALE HOSPITAL
30005	BROOKLYN BIRTHING CENTER
31510	BROOKLYN HOSPITAL
34516	BROOKLYN STATE HOSPITAL*
31520	CALEDONIAN HOSPITAL*
17126	CARDINAL COOKE HEALTH CARE CNTR*
43634	CITY HOSPITAL AT ELMHURST
11191	COLUMBIA PRESBYTERIAN HOSPITAL
11116	COLUMBUS HOSPITAL*
31545	COMMUNITY HOSPITAL*
33522	CONEY ISLAND HOSPITAL
44607	CREEDMOOR STATE HOSPITAL*
33524	CUMBERLAND HOSPITAL*
42660	DEEPDALE HOSPITAL*
11121	DOCTORS HOSPITAL – MANHATTAN*
52709	DOCTORS HOSPITAL - STATEN ISLAND*
32349	FLATBUSH HOSPITAL
41609	FLUSHING HOSPITAL*
41618	FLUSHING HOSPITAL (NORTH DIV)*
28000	FOUNDLING - BRONX*
38000	FOUNDLING - BROOKLYN*
18000	FOUNDLING - MANHATTAN*
48000	FOUNDLING - QUEENS*
58000	FOUNDLING - STATEN ISLAND*
33529	GREENPOINT HOSPITAL*
13134	HARLEM HOSPITAL
26000	HOME - BRONX
36000	HOME - BROOKLYN
16000	HOME - MANHATTAN
46000	HOME - QUEENS
56000	HOME - STATEN ISLAND
31540	INTERFAITH HOSPITAL

Citywide Immunization Registry
We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Birth Facility continued

Code	Name
41612	JAMAICA HOSPITAL
11154	JEWISH MEMORIAL HOSPITAL*
42656	KEW GARDENS GENERAL HOSPITAL*
33538	KINGS COUNTY HOSPITAL
32503	KINGS HIGHWAY HOSPITAL*
41619	LAGUARDIA HOSPITAL / N. SHORE UNIV HOSP
11157	LE ROY HOSPITAL*
11156	LENOX HILL HOSPITAL
23428	LINCOLN HOSPITAL
31542	LONG ISLAND COLLEGE HOSPITAL
41626	LONG ISLAND JEWISH HOSPITAL
31550	LUTHERAN MED CNTR (SIS ELIZ DIV)
31535	MAIMONIDES HOSPITAL
14163	MANHATTAN STATE HOSPITAL*
41615	MARY IMMACULATE HOSPITAL*
10002	MATERNITY CENTER ASSOCIATION*
31547	METHODIST HOSPITAL
13165	METROPOLITAN HOSPITAL
21483	MISERICORDIA HOSP. / OUR LADY OF MERCY
21429	MONTEFIORE HOSPITAL*
11171	MOUNT SINAI HOSPITAL
13231	NEW GOUVERNIER HOSPITAL*
23475	NORTH BRONX CENTER HOSPITAL
11147	NORTH GENERAL*
41647	NY HOSPITAL MED CNTR OF QUEENS
11178	NYPH/WEILL CORNELL MED CENTER
41658	OSTEOPATHIC HOSPITAL
27000	OTHER PLACE - BRONX*
37000	OTHER PLACE - BROOKLYN*
17000	OTHER PLACE - MANHATTAN*
47000	OTHER PLACE - QUEENS*
57000	OTHER PLACE - STATEN ISLAND*
22402	PARKCHESTER GENERAL HOSPITAL*
42659	PARKWAY HOSPITAL*
22459	PELHAM BAY GENERAL HOSPITAL*
41625	PENINSULAR HOSPITAL*
42635	PHYSICANS HOSPITAL*
22432	PROSPECT HOSPITAL*
43620	QUEENS GENERAL HOSPITAL
11196	ROOSEVELT HOSPITAL
51714	SI UNIV HOSPITAL, NORTH
51707	SI UNIV HOSPITAL, SOUTH*
21422	ST. BARNABAS
11199	ST. CLARES HOSPITAL*

Citywide Immunization Registry
We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health
Email: cir@health.nyc.gov
Phone: (347) 396-2400

Birth Facility continued

Code	Name
41610	ST. JOHNS EPIS (SOUTH SHORE DIV)
41629	ST. JOHNS HOSPITAL
11203	ST. LUKE'S HOSPITAL*
11223	ST. LUKE'S/WOMANS HOSPITAL
31559	ST. MARYS HOSPITAL
11207	ST. VINCENTS – MANHATTAN
51711	ST. VINCENTS - STATEN ISLAND
42675	TERRACE HGTS HOSPITAL*
11189	TISCH HOSPITAL / RUSK / UNIV. HOSP
55716	U.S. PUBLIC HEALTH*
21439	UNION HOSPITAL*
31514	UNIV HOSPITAL OF BROOKLYN
90000	UNKNOWN
29000	UNKNOWN - BRONX*
39000	UNKNOWN - BROOKLYN*
19000	UNKNOWN - MANHATTAN*
49000	UNKNOWN - QUEENS*
59000	UNKNOWN - STATEN ISLAND*
31569	VICTORY MEMORIAL HOSPITAL
21413	WEILER HOSPITAL
22443	WESTCHESTER SQUARE HOSPITAL*
54722	WILLOW BROOK SCHOOL*
20003	WOMEN'S HEALTH & BIRTHING CENTER
33539	WOODHULL CARE CENTER
31573	WYCKOFF HEIGHTS HOSPITAL

Borough

Code	Name
3	BROOKLYN
1	MANHATTAN
6	NEW YORK STATE (OUTSIDE NYC)
8	OUTSIDE NEW YORK STATE
4	QUEENS
5	STATEN ISLAND
2	THE BRONX
9	UNKNOWN OR NOT STATED

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Country

Code	Name
AFG	AFGHANISTAN
ALB	ALBANIA
ALG	ALGERIA
AND	ANDORRA
ANG	ANGOLA
ANT	ANTIGUA & BARBUDA
ARG	ARGENTINA
ARM	ARMENIA
ARU	ARUBA
AUL	AUSTRALIA
AUS	AUSTRIA
AZE	AZERBAIJAN
AZO	AZORES ISLANDS
BAH	BAHAMAS
BHR	BAHRAIN
BAL	BALEARIC ISLANDS
BAN	BANGLADESH
BAR	BARBADOS
BAS	BASQUE
BLA	BELARUS
BEL	BELGIUM
BEZ	BELIZE
BEN	BENIN
BER	BERBER
BEM	BERMUDA
BHU	BHUTAN
BOL	BOLIVIA
BON	BONAIRE
BOS	BOSNIA (HERCEGOVINA)
BOT	BOTSWANA
BRA	BRAZIL
BRE	BRETON
BRU	BRUNEI
BUL	BULGARIA
BUK	BURKINA FASO
BUR	BURMA
BUI	BURUNDI
CAM	CAMBODIA
CAO	CAMEROON
CAN	CANADA
CAZ	CANAL ZONE
CAY	CANARY ISLANDS
CAP	CAPE VERDES ISLANDS

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Country, continued

Code	Name
CAR	CAROLINA ISLANDS
CAI	CAYMON ISLANDS
CEN	CENTRAL AFRICAN REPUBLIC
CEY	CEYLON
CHA	CHAD
CHL	CHILE
CHI	CHINA
COL	COLOMBIA
COM	COMORO ISLANDS
CON	CONGO
COS	COSTA RICA
CRO	CROATIA
CUB	CUBA
CUR	CURACAO
CYP	CYPRUS
CZE	CZECH REPUBLIC
DEN	DENMARK
DJI	DJIBOUTI
DOC	DOMINICA
DOM	DOMINICAN REPUBLIC
EAS	EAST INDIES (NOT SPECIFIED)
ECU	ECUADOR
EGY	EGYPT
ELS	EL SALVADOR
EQU	EQUATORIAL GUINEA
EST	ESTONIA
ETH	ETHIOPIA
FAL	FALKLAND ISLANDS
FIJ	FIJI
FIN	FINLAND
FRA	FRANCE
FRE	FRENCH GUIANA
GAB	GABON
GAL	GALAPAGOS ISLANDS
GAM	GAMBIA
GEO	GEORGIA
GER	GERMANY
GHA	GHANA
GIB	GIBRALTAR
GRE	GREECE
GRL	GREENLAND
GRD	GRENADA
GUP	GUADELOUPE

Citywide Immunization Registry
We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Country, continued

Code	Name
GUM	GUAM
GUA	GUATEMALA
GUI	GUINEA
GUB	GUINEA BISSAU
GUY	GUYANA
HAI	HAITI
HON	HONDURAS
HOK	HONG KONG
HUN	HUNGARY
IBE	IBERIA
ICE	ICELAND
IND	INDIA
INO	INDONESIA
IRN	IRAN
IRQ	IRAQ
IRE	IRELAND
ISR	ISRAEL
ITA	ITALY
IVO	IVORY COAST
JAM	JAMAICA
JAP	JAPAN
JOR	JORDAN
KAS	KASHMIR
KAZ	KAZAKHSTAN
KEN	KENYA KIR KIRIBATI
KOR	KOREA
KUW	KUWAIT
KYR	KYRGYZSTAN
LAO	LAOS
LAT	LATVIA
LEB	LEBANON
LES	LESOTHO
LIB	LIBERIA
LBY	LIBYA
LIE	LIECHTENSTEIN
LIT	LITHUANIA
LUX	LUXEMBOURG
MAC	MACAO
MAE	MACEDONIA
MAD	MADAGASCAR
MAW	MALAWI
MAY	MALAYSIA
MAV	MALDIVES

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Country continued

Code	Name
MAL	MALI
MAT	MALTA
MAN	MARIANA ISLANDS
MAS	MARSHALL ISLANDS
MAQ	MARTINIQUE
MAU	MAURITANIA
MAR	MAURITIUS
MEL	MELNESIA
MEX	MEXICO
MIC	MICRONESIA
MID	MIDWAY ISLAND
MOD	MOLDOVA
MOC	MONACO
MON	MONGOLIA
MOT	MONTSERRAT
MOR	MOROCCO
MOZ	MOZAMBIQUE
MYA	MYANMAR (FORMERLY BURMA
NAM	NAMIBIA (SOUTH WEST AFRICA)
NAU	NAURU
NEP	NEPAL
NET	NETHERLANDS
NEV	NEVIS & ST. CHRISTOPHER (ST. KITTS)
NWC	NEW CALEDONIA
NWG	NEW GUINEA
NWZ	NEW ZEALAND
NIC	NICARAGUA
NIG	NIGER
NGA	NIGERIA
NOR	NORWAY
OKI	OKINAWA
OMA	OMAN
XAF	OTHER AFRICAN
XAS	OTHER ASIAN
XCA	OTHER CENT. AMERICAN (CARIBBEAN)
XEU	OTHER EUROPEAN
XNA	OTHER NORTH AMERICAN
XPI	OTHER PACIFIC ISLANDER
XSA	OTHER SOUTH AMERICAN
XSP	OTHER SPANISH
PAK	PAKISTAN
PAL	PALESTINE
PAN	PANAMA

Country, continued

Code	Name
PAP	PAPUA NEW GUINEA
PAR	PARAGUAY
PER	PERU
PHI	PHILIPPINES
POL	POLAND
POR	PORTUGAL
PUE	PUERTO RICO
QAT	QATAR
RHO	RHODESIA
RUM	ROMANIA
RUS	RUSSIA
RWA	RWANDA
SMA	SAMOA (AMERICAN)
SMW	SAMOA (WESTERN)
SAN	SAN MARINO
SAO	SAO TOME & PRINCIPE
SAU	SAUDI ARABIA
SCA	SCANDINAVIA
SEN	SENEGAL
SER	SERBIA
SEY	SEYCHELLES
SIE	SIERRA LEONE
SIN	SINGAPORE
SLV	SLOVAK REPUBLIC
SOL	SOLOMON ISLANDS
SLO	SOLVENIA
SOM	SOMALL REPUBLIC
SOU	SOUTH AFRICA
SPA	SPAIN
SRI	SRI LANKA
STB	ST. BARTHOLEMY
STL	ST. LUCIA
STM	ST. MAARTIN (DUTCH)
STN	ST. MAARTIN (FRENCH)
STV	ST. VINCENT & GRENADINES
STA	STATELESS PERSON
SUD	SUDAN
SUR	SURINAM
SWA	SWAZILAND
SWE	SWEDEN
SWI	SWITZERLAND
SYR	SYRIA
TAH	TAHITI
TAI	TAIWAN

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Country continued

Code	Name
TAJ	TAJIKISTAN
TAN	TANZANIA
TAT	TATAR
THA	THAILAND
TIB	TIBET
TOG	TOGO
TON	TONGO
TOR	TRTOLA
TRI	TRINIDAD & TOBAGO
TRU	TRUK ISLANDS
TUN	TUNISIA
TUR	TURKEY
TRK	TURKMENISTAN
TUK	TURKS & CALCOS
UGA	UGANDA
UKR	UKRAINE
UAE	UNITED ARAB EMIRATES
UKG	UNITED KINGDOM
USA	UNITED STATES
XXX	UNKNOWN OR NOT STATED
URU	URUGUAY
USR	USSR
UZB	UZBEKISTAN
VAN	VANUATU
VAT	VATICAN CITY
VEN	VENEZUELA
VIE	VIETNAM
VIR	VIRGIN ISLANDS
WAL	WALLOON
WES	WEST INDIES (NOT SPECIFIED)
YAP	YAP ISLANDS
YEM	YEMEN (ARAB REPUBLIC)
YMA	YEMEN (PEOPLES DEM. REP)
YUG	YUGOSLAVIA
ZAI	ZAIRE
ZAM	ZAMBIA
ZIM	ZIMBABWE

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

County

Code	Name
02	BRONX
03	KINGS
01	NEW YORK
06	NEW YORK STATE (OUTSIDE NYC)
08	OUTSIDE NEW YORK STATE
04	QUEENS
05	RICHMOND
99	UNKNOWN

Disease

Code	Name
070.1	Hepatitis A
070.30	Hepatitis B
052.9	Varicella
055.9	Measles
072.9	Mumps
056.9	Rubella

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Mar. 2021

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Gender Identity

Code	Name	Definition
W	Woman	Person identifies as woman
M	Man	Person identifies as man
TW	Transgender woman (MTF)	Person identifies as transgender woman (MTF)
TM	Transgender man (FTM)	Person identifies as transgender man (FTM)
NB	Non-binary person	Person identifies as non-binary
GQ	Genderqueer person	Person identifies as genderqueer
OTH	A gender identity not listed above	Person identifies as gender identity not listed above
UNK	Unknown	Unknown
PNTA	Prefer Not to Answer	Person prefers not to answer

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Health Plan

Code	Name
AB	ABC HEALTH PLAN
AE	AETNA U.S. HEALTHCARE
BH	BETTER HEALTH PLAN
CP	CAREPLUS
CC	CENTERCARE
CI	CIGNA HEALTH CARE OF NEW YORK
CH	COMMUNITY CHOICE HEALTH PLAN
CW	COMMUNITY CHOICE HEALTH PLAN OF WESTCHESTER
CO	COMMUNITY PREMIER PLUS
BC	EMPIRE BLUE CROSS BLUE SHIELD
FI	FIDELIS
GE	GENESIS
GH	GHI/PARTNERS IN HEALTH
HF	HEALTHFIRST
HE	HEALTHPLUS
HP	HIP
MA	MAGNAHEALTH
MP	METROPLUS
MH	MHSNY (MANAGED HEALTH SYSTEMS OF NEW YORK)
NH	NEIGHBORHOOD HEALTH PROVIDERS
NY	NEW YORK HOSPITAL
NL	NYL CARE HEALTH PLANS OF NEW YORK
XX	OTHER PLAN
OX	OXFORD
PA	PARTNERS IN HEALTH
PH	PHS (PHYSICIANS HEALTH SERVICES OF NEW YORK)
PR	PRUDENTIAL HEALTH CARE PLAN OF NEW YORK
QE	QUESTMORE (EMPIRE)
BX	THE BRONX HEALTH PLAN
UH	UNITED HEALTHCARE OF NEW YORK
UP	UNIVERSAL HEALTH PLAN
US	US HEALTH CARE
VY	VYTRA HEALTHCARE
WE	WELLCARE
WT	WESTCHESTER PHSP
99	UNKNOWN
-1	NO HEALTH PLAN

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Immunization Information Source / Evidence of Immunity Type

Code	Name
D	DOCUMENT
O	OTHER PROVIDER
S	OTHER SYSTEM
V	VACCINATOR
H	HISTORY OF DISEASE
T	TITER

Note: See pages 21-22.

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Language

Code	Name
07	ARABIC
03	CHINESE
01	ENGLISH
06	HAITIAN-CREOLE
04	KOREAN
09	OTHER
05	RUSSIAN
02	SPANISH

Email: cir@health.nyc.gov
Phone: (347) 396-2400

www.nyc.gov/health/cir

Lot Funding Source

Code	Name	Definition
PHC70	Private	Vaccine stock used was privately funded
VXC50	Public	Vaccine Stock used was publicly funding

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Manufacturer

Code	Name
AB	ABBOTT
AD	ADAMS
ALP	ALPHA THERAPEUTIC CORPORTATION
AR	ARMOUR [Inactive –use AVB]
AVB	AVENTIS BEHRING, L.L.C [Inactive –use ZLB]
AVI	AVIRON
BA	BAXTER [Inactive –use BAH]
BAH	BAXTER HEALTHCARE CORPORATION
BAY	BAYER CORPORATION
BP	BERNA [Inactive –use BPC]
BPC	BERNA PRODUCTS CORPORATION
BRR	BARR LABORATORIES
CEN	CENTEON L.L.C. [Inactive –use AVB]
CHI	CHIRON CORPORATION [Inactive- use NOV]
CMP	CELLTECH MEDEVA PHARMACEUTICALS [Inactive –use NOV]
CNJ	CANGENE CORPORATION
CON	CONNAUGHT (Inactive-use PMC)
CSL	bioCSL
DVC	DYNPORT VACCINE COMPANY
EVN	EVANS MEDICAL LIMITED (Inactive-use CHI)
GEO	GEOVAX LABS, INC.
GRE	GREER LABOROTORIES, INC.
IAG	IMMUNO INTERNATIONAL AG [Inactive—use BAH]
IM	MERIEUX [inactive –Use PMC]
IUS	IMMUNO -US , INC.
JPN	THE RESEARCH FOUNDATION FOR MICROBIAL DISEASES /OSAKA UNIV (BIKEN)
KGC	KOREA GREEN CROSS CORPORATION
LED	LEDERLE [Inactive –Use WAL]
MA	MASSACHUSETTS PH [Inactive –Use MBL]
MBL	MASSACHUSETTS BIOLOGIC LABORATORIES
MED	MEDIMMUNE, INC.
MIL	MILES [Inactive—use BAY]
MIP	BIOPORT CORPORATION
MOD	MODERNA
MSD	MERCK
NAB	NABI
NAV	NORTH AMERICAN VACCINE, INC. [Inactive--use BAH]
NOV	NOVARTIS PHARMACEUTICAL CORPORATION
NVX	NOVAVAX, INC.
NYB	NEW YORK BLOOD CENTER
ORT	ORTO-CLINICAL DIAGNOSTICS
OTC	ORGANON TEKNIKA CORPORATION

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Manufacturer continued

Code	Name
OTH	OTHER MANUFACTURER
PD	PARKEDALE PHARMACEUTICALS
PFR	PFIZER
PMC	SANOFI PASTEUR
PRX	PRAXIS BIOLOGICS [Inactive –Use WAL]
PWJ	POWDERJECT PHARMACEUTICALS [Inactive—useNOV]
SCL	SCLAVO
SI	SWISS SERUM AND VACCINE INST. [Inactive –Use BPC]
SKB	GLAXOSMITHKLINE
SOL	SOLVAY PHARMACEUTICALS
TAL	TALECRIS BIOTHERAPEUTICS
UNK	UNKNOWN
USA	UNITED STATES ARMY MEDICAL RESEARCH AND MATERIAL COMMAND
VXG	VAXGENE
WA	WYETH-AYERST [Inactive –Use WAL]
WAL	WYETH-AYERST
ZLB	ZLB BEHRING

For an updated list, please go to: https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=mvx

We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Priority Group

As of 01/14/21, CIR is also accepting use of NYSIIS codes for priority group. Accepted NYSIIS codes for priority group are provided in the Priority Group Code (NYSIIS Codes) table. Reporters can choose to either send SOC codes or NYSIIS codes for priority group.

Priority group values below are as of 03/18/2021. **New Priority Categories will be added in the course of the vaccination campaign.**

Visit page: https://www1.nyc.gov/site/doh/covid/covid-19-vaccine-eligibility.page for updates.

LIST IS SUBJECT TO CHANGE

Priority Group Code (SOC Codes)	Priority Group Description
W29-1	Health Care/Hospital Staff
G1	Long-term care facility residents
W29-2	Long-Term Care Health Care Staff
W29-4	Hospital Care Provider - Emergency Medical Staff
W39-4	Medical examiners and coroners
W39-5	Funeral workers-direct contact -infectious material/bodily fluids
W29-3	Health care provider staff (worker), Other
W29-5	Heath Care Provider Ambulatiory
W33	First Responders (fire, police)
W39-1	Childcare workers
W25	Teachers and Staff
W45	Food and Agriculture
W53-1	Public Transit
W33-1	Corrections Workers
W35-1	Grocery Workers
W51-3	Manufacturing Workers
W43-5	U.S. Postal Workers
G3	Age 75 years and older
G7	Experiencing homelessness/living in shelters
W31	Public Health Workers
W21-1	Shelter and Housing Workers
W35	Food Service Workers
W53-2	Taxi/Car Service
W51-2	Water and Wastewater Workers
W51-1	Energy Workers

![CIR Citywide Immunization Registry]

We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

W49	Communications
W47-2	Construction
W15	IT
W23	Legal Workers
W47	Public Safety Works
W27-2	News Media
W53-3	Trucking
W13-1	Finance Workers
G3-2	Age 65 – 74 years old
G2	Persons aged 16–64 years with high-risk medical conditions
G10	Living and working in other congregate settings
G6	Incarcerated/detained in correctional facilities
G4	From racial and ethnic minority groups
G8	Attending colleges/universities
G12	With disabilities
G13	Under- or uninsured
W17	Architecture and Engineering Occupations
W37	Building and Grounds Cleaning and Maintenance Occupations
W21-4	Clergy
W13-2	e-commerce
W27-1	Entertainment and Media Workers
W41-3	Financial Institution
W19	Life, Physical, and Social Science Occupation
W11-1	Management Occupations
W55	Military
W43	Office and Administrative Support Occupations
W39-2	Personal Care (Salon, gym, nail)
W41-2	Real Estate
W39-3	Recreation
W41-1	Retail
W21-2	Social Services
G99	General Public

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Priority Group Code (NYSIIS Codes)	Priority Group Description
HCPHOSP	HealthCare providers Hospital staff
LTCFRES	Long term care facility residents
LTCFHCP	LongTermCare Health Care providers
HCPEMS	HCP EMS
HCPME	HCP - medical examiner, coroners, morticians
HCPOTHER	Health care provider – other
HCPAMB	HCP ambulatory
75+	Those 75 years of age and older not in LTCF
PubSaf	Frontline - fire police corrections
FRONTLINE	Frontline essential workers (food/ agricultural, USPS, manufacturing, grocery, public transit, educational (teachers, support staff, and daycare workers.)
65-74	Those between 65-74 who are not in LTCF
U65HEALTH	Those under 65 years of age with underlying health conditions at high risk of hospitalization
OTHESSENTIAL	Other essential workers (transportation and logistics, food service, housing construction and finance)
RESCONG	Residents in congregate settings other than LTCF or NH (eg., shelters, group homes, treatment facility, behavioral health facility, correctional facility)
PREGNANT	Pregnant
AGE	Eligible age at time of visit per current NYS guidelines

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Race

Code	Name
1	BLACK OR AFRICAN AMERICAN
2	WHITE
3	AMERICAN INDIAN OR ALASKA NATIVE
4	ASIAN
5	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
7	TWO OR MORE RACES
6	PREFER NOT TO ANSWER
8	OTHER
9	UNKNOWN / UNDETERMINED
0	NOT INDICATED

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

State

Code	Name
AL	ALABAMA
AK	ALASKA
AZ	ARIZONA
AR	ARKANSAS
CA	CALIFORNIA
CO	COLORADO
CT	CONNECTICUT
DE	DELAWARE
DC	DISTRICT OF COLUMBIA
FL	FLORIDA
FN	FOREIGN
GA	GEORGIA
HI	HAWAII
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
IA	IOWA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
ME	MAINE
MD	MARYLAND
MA	MASSACHUSETTS
MI	MICHIGAN
MN	MINNESOTA
MS	MISSISSIPPI
MO	MISSOURI
MT	MONTANA
NE	NEBRASKA
NV	NEVADA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NY	NEW YORK
NC	NORTH CAROLINA
ND	NORTH DAKOTA
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

State Continued

Code	Name
XX	UNKNOWN, NOT STATED OR OUT OF COUNTRY
UT	UTAH
VT	VERMONT
VI	VIRGIN ISLANDS
VA	VIRGINIA
WA	WASHINGTON
WV	WEST VIRGINIA
WI	WISCONSIN
WY	WYOMING

Vaccine

For a complete, updated list of CVX codes and additional notes:
https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=tradename

For an updated list of CPT codes and additional notes:
https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cpt

Citywide Immunization Registry
We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Vaccine Administering Site

Code	Name
LT	Left Thigh
LA	Left Arm
LD	Left Deltoid
LG	Left Gluteous Medius
LVL	Left Vastus Lateralis
LLFA	Left Lower forearm
RA	Right Arm
RT	Right Thigh
RVL	Right Vastus Laterlis
RG	Right Gluteous Medius
RD	Right Deltoid
RLFA	Right Lower Forearm
OTH	Other / Miscellaneous

Citywide
Immunization
Registry

We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Vaccine Route of Administration

Code	Name	Definition
C38238	Intradermal	Within or introduced between the layers of the skin
C28161	Intramuscular	Within or into the substance of a muscle
C38284	Nasal	Given by nose
C38276	Intravenous	Administered into a vein
C38288	Oral	Administered by mouth
	Other/Miscellaneous	
C38676	Percutaneous	Made, done, or effected through the skin.
C38299	Subcutaneous	Under the skin or between skin and muscles.
C38305	Transdermal	Describes something, especially a drug, that is introduced into the body through the skin
OTH	Other	Other or Miscellaneous

Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

Feb 2021

NYC Health

Email: cir@health.nyc.gov
Phone: (347) 396-2400

VFC Eligibility

Code	Name
1	MEDICAID
2	UNINSURED
3	INSURANCE DOES NOT COVER VACCINE
4	NATIVE AM/ALASKAN ESKIMO
5	NOT ELIGIBLE
6	CHILD HEALTH PLUS B
9	REPORT AS UNKNOWN

Email: cir@health.nyc.gov
Phone: (347) 396-2400

Sample UPIF File

1|S|N|5678C04|MyPracticeName|05/07/2006|MyFirstName MyLastName (718) 555-1212

2|P|S|4321|XY56789A|01/30/1994|F|JANE|DOE|N|||||||| 111 AVENUE A. ||BROOKLYN|NY|11207||7180000000|JILL|HILL|||||Y|1||||1

3|M|S|4321| XY56789A |01/30/1994|F|JANE|DOE|N||||||||111 AVENUE A. ||BROOKLYN|NY|11207||7180000000|02/12/2006|15|V|FEMALE |DOCTOR|11111|||PFR|1|AE|||12/31/2021/||LA|

C28161|5555555555|W29-1

4|P|S|1112|AB23456Z|02/13/1959|F|JILL|DOE|N||||||||222 AVENUE B APT 5-H||BROOKLYN|NY|11206||7180000000|MARY|HILL|||||N|2||||1

5|M|S|1112|AB23456Z |02/13/1959|F|JILL|DOE|N||||||||222 AVENUE B |APT 5-H|BROOKLYN|NY|11206||7180000000|12/16/2020|208|V|FEMALE |DOCTOR|222222|||PFR|9|AE|||03/31/2021/||RA|C28161|6666666666|W29-1

6|U