

FHIR TRAINING

CDC FOUNDATION

APRIL-JUNE 2025

Kaminker, Nguyen, Graham

© HL7 INTERNATIONAL, 2025

SESSION  
03

**HL7**<sup>®</sup>  
International

# Instructors



**DIEGO KAMINKER**  
FHL7, FIAHSI,  
HL7 CE, HL7 DCSIO



**VIET NGUYEN, MD**  
HL7 CSIO



**BENJI GRAHAM**  
HL7CE  
FHIR EVANGELIST  
BELLESE  
TECHNOLOGIES

# Session 3

## 1. BLOCK 1

1. Navigating the FHIR 4.0.1 Specification
2. Resources

## 2. BLOCK 2

1. Profiles and Extensions

## 3. BLOCK 3

1. Public Health Use Case: Immunization Data and FHIR

WE WILL ASK SIX QUESTIONS AT THE END OF EACH BLOCK IN THIS SESSION – BE ALERT!

# FHIR defines an API "platform" for exchange

**Transport:** HTTPs / other

**Security:** oAUTHx / other

**Syntax:** XML / JSON (preferred) / RDF

**Structure:** FHIR Resources/Datatypes

**Methods:** HTTP methods / other

**Terminology:** FHIR terminology + other

REST APIs explain how  
99% of the web and the  
clouds services works  
today

FHIR is the  
web, for  
healthcare

# FHIR FOUNDATIONAL BLOCKS

The Specification

Principles

Resources

Exchange Methods

Security

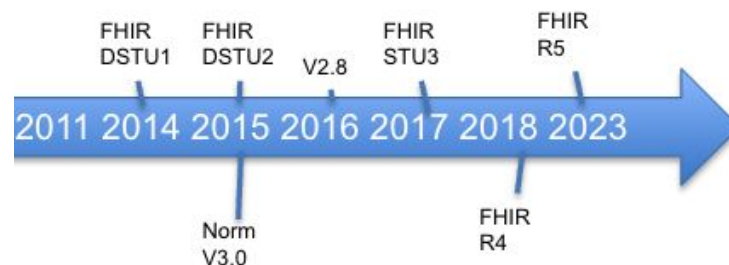
Profiling / Extending

# FHIR as a published standard: the specification

## FHIR: Fast Healthcare Interoperability Resources

Where is it: <http://hl7.org/fhir/>

Current Version: **R5 (2022)**



This page is part of the FHIR Specification (v4.3.0: R4B - STU). This is the current published version. For a full list of available versions, see the [Directory of published versions](#)

# FHIR Principles

**Implementer  
Focus**

**Target the  
80% (common  
scenarios)**

**Use today's  
web  
technologies**

**Support  
human  
readability**

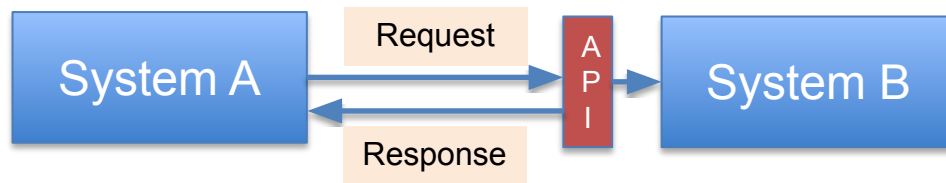
**Paradigm &  
architecturally  
agnostic**

**Open Source**

# Resources: What are they?

- **FHIR:** Fast Healthcare Interoperability Resources
- **Content:** What data to exchange
- **API:** How to exchange the data ('methods')

(API: Application Program Interface: "What Can I Do for You?")



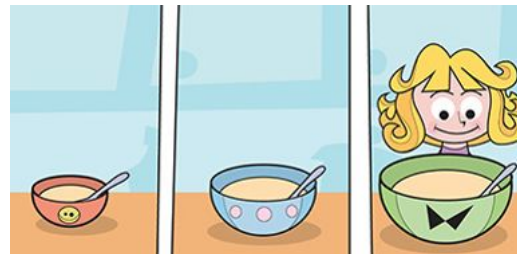
Request, Response: Exchanged Content

Try one:





# Content: What does a Resource represent?



- **The Content model**

- The ‘thing’ that is exchanged
- Informed by much past work inside and outside of HL7

- HL7: version 2, version 3 (RIM), CDA
- Other SDOs: openEHR, CIMI, ISO 13606, IHE, DICOM

- **Clinical Perspective:** The resource content defines a small amount of focused clinical and administrative information
- **Implementer Perspective:** Additional Infrastructural stuff too.

# Which resource to use? Resource index

<http://www.hl7.org/fhir/resourcelist.html>

- Other views:

- Categorized
- Alphabetical
- By Maturity
- By Committee

## 1.2 Resource Index

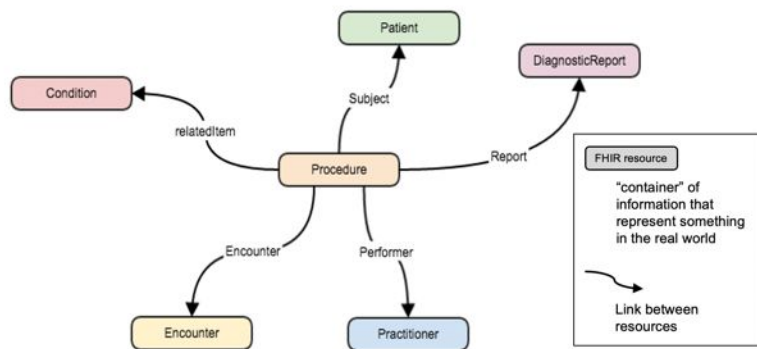
This page is provided to help find resources quickly. There is also a more [detailed classification](#), [ontology](#), and [description](#). For background to the layout on the layers in this page see the [Architect's Overview](#).

		Categorized	Alphabetical	R2 Layout	By Maturity	By Committee				
Foundation	Conformance	<ul style="list-style-type: none"><li>• CapabilityStatement 3</li><li>• StructureDefinition 5</li><li>• ImplementationGuide 1</li><li>• SearchParameter 3</li><li>• MessageDefinition 0</li><li>• OperationDefinition 4</li><li>• CompartmentDefinition 1</li><li>• StructureMap 2</li><li>• GraphDefinition 0</li><li>• DataElement 1</li></ul>	Terminology	<ul style="list-style-type: none"><li>• CodeSystem 5</li><li>• ValueSet 5</li><li>• ConceptMap 3</li><li>• ExpansionProfile 2</li><li>• NamingSystem 1</li></ul>	Security	<ul style="list-style-type: none"><li>• Provenance 3</li><li>• AuditEvent 3</li><li>• Consent 1</li></ul>	Documents	<ul style="list-style-type: none"><li>• Composition 2</li><li>• DocumentManifest 2</li><li>• DocumentReference 3</li></ul>	Other	<ul style="list-style-type: none"><li>• Basic 1</li><li>• Binary 5</li><li>• Bundle 5</li><li>• Linkage 0</li><li>• Media 1</li><li>• MessageHeader 3</li><li>• OperationOutcome 5</li><li>• Parameters 5</li><li>• Subscription 3</li></ul>
	Base	Individuals	<ul style="list-style-type: none"><li>• Patient 5</li><li>• Practitioner 3</li><li>• PractitionerRole 2</li><li>• RelatedPerson 2</li><li>• Person 2</li><li>• Group 1</li></ul>	Entities	<ul style="list-style-type: none"><li>• Organization 3</li><li>• HealthcareService 2</li><li>• Endpoint 2</li><li>• Location 3</li><li>• Substance 2</li><li>• Device 2</li></ul>	Workflow	<ul style="list-style-type: none"><li>• Task 2</li><li>• Appointment 3</li><li>• AppointmentResponse 3</li><li>• Schedule 3</li><li>• Slot 3</li><li>• ProcessRequest 2</li></ul>	Management	<ul style="list-style-type: none"><li>• Encounter 2</li><li>• EpisodeOfCare 2</li><li>• Flag 1</li><li>• List 1</li><li>• Library 2</li></ul>	

# Connecting Resources

- Resource References

- Resources are independent – don't need other resources to correctly interpret a resource
- A single resource doesn't say very much, but a collection of resources taken together creates a useful clinical record.



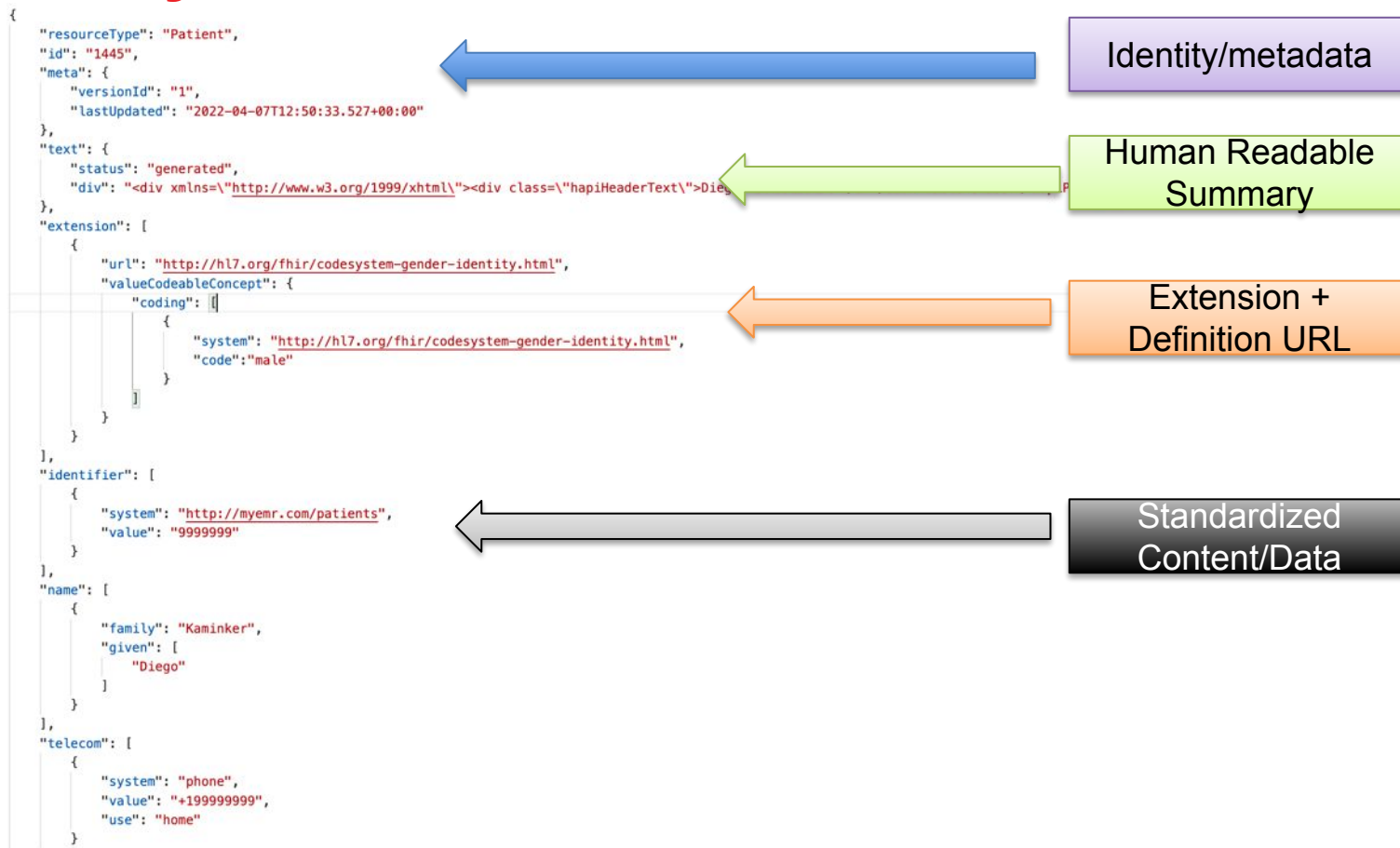
# Live: A tour of a FHIR Resource Definition

- Scope and Usage Notes
- Resource Content (UML and XML)
- Terminology Bindings
- Constraints
- Implementation Issues
- Search Parameters
- Examples, Profiles, Formal Definitions
- Mappings to RIM, CDA, v2, etc

Do it yourself:

<http://hl7.org/fhir/patient.html>

# Anatomy of a FHIR Resource



# Assignment #1

We will proceed to work in groups now, and solve Assignment #1

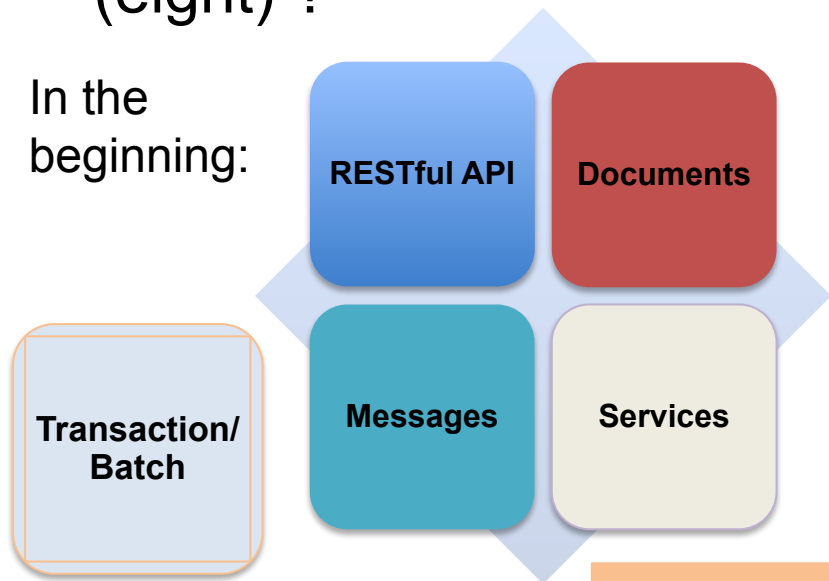
[Assignment #1 - Resource Definition and Example](#)



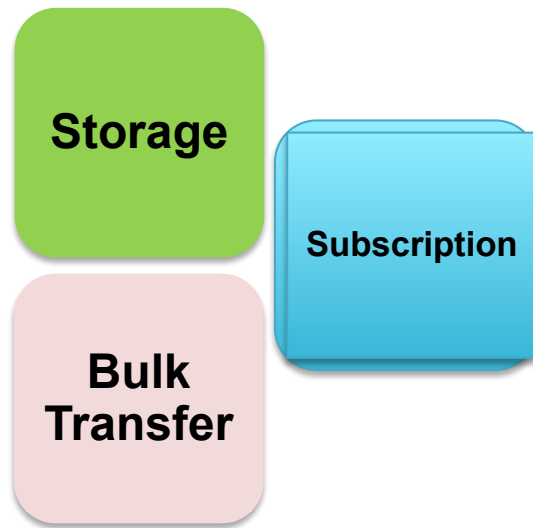
# How to exchange resources?

- FHIR supports 4 exchange mechanisms, or maybe 8 (eight) ?

In the beginning:



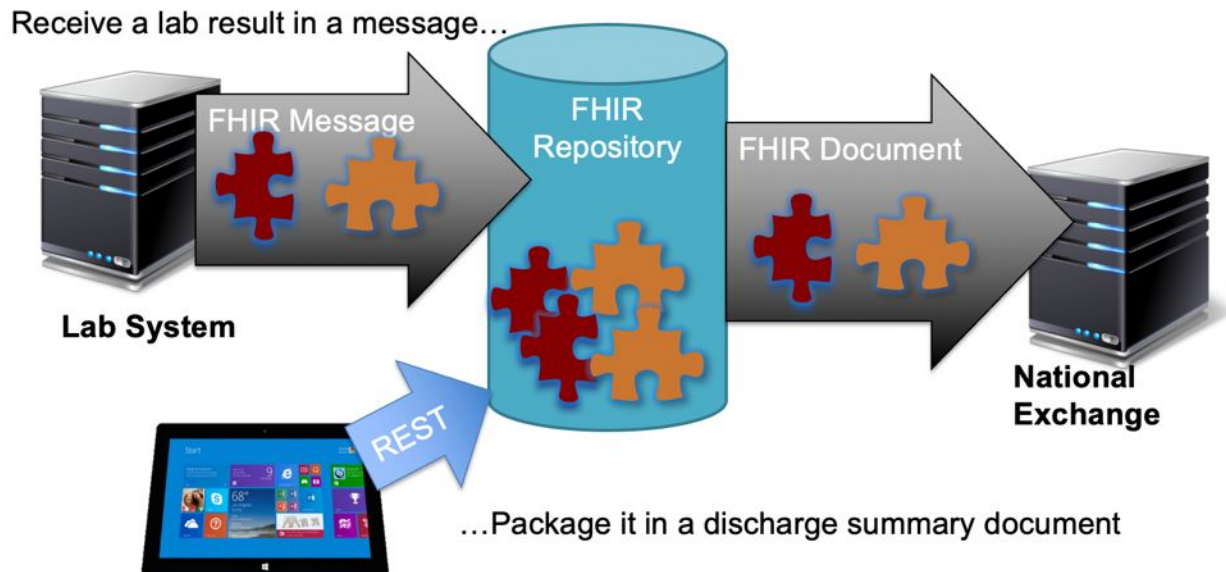
And these emerged (after 2016) because was what the global community needed.



Which one to use?  
Is there a BEST paradigm?

# Remember...same content!

- Regardless of **paradigm/exchange mechanism...**  
the content **is the same**





# Exchange Mechanisms (1)

## REST API: "FHIR is the internet of health"

The same methods everybody uses in Internet: [Create, Read, Update, Delete, Search] **resources** using just http(s) POST/GET/PUT/DELETE

Used in Mobile, Web Portals, Patient Access, Provider Registries

Sometimes "bundling" resources using transactions to reduce calls to the server.

Let's try it: <https://tinyurl.com/cdc24-fhir-rest>

## DOCUMENTS: "Similar to HL7 CDA R2"

HL7 FHIR Composition+Entries. Bundle:"document". "International Patient Summary" / C-CDA mappings

# Exchange Mechanisms (2)

## **MESSAGES: "Similar to HL7 V2.x/V3"**

Sender, Receiver, Event -> Event Based Messages. Content in...resources.

From CPOE to LAB: "A new lab order has been generated"

## **SERVICES: "Logic applied to Resources"**

Something specific (function/method) to do with them. Look for the \$operation

# Exchange Mechanisms (3)

**BULK TRANSFER: "I need the glucose results from 100,000 patients"**

**Asynchronous**, reduced payload, good for initial import or for extracting 'very big data' from EHRs

**SUBSCRIPTIONS: "Let me know when THIS happens"**

Ask a FHIR server to **alert another server** when a **resource of a specific type** (Patient, Observation), changes or is added, and **matches some criteria**

Example: let me know @ myserver.gov whenever a Patient is diagnosed with COVID-19

# Security (from the FHIR Safety Checklist)

**Patient Consent:** The right consent was granted by the patient.

**Accounting of Disclosure:** Sent to the consenter when specific actions on resources are performed. Record using AuditEvent

**Basic Context:** Clock Synchronization (NTP/SNTP), DNS Authentication for the API

**Communications:** Encryption on the wire, https, s-mime, Best Practices in TLS

**Integrity:** Render Narratives Properly/Securely, Validates all input received, Use Provenance statement resource

See <https://www.hl7.org/fhir/safety.html> for the full safety checklist

# Six Questions for this block!

- 1- What is the current version of FHIR?
- 2- When should we use the Bulk Transfer exchange mechanism?
- 3- How much \$\$ do you need to pay HL7 to use FHIR in a product?
- 4- What are the two elements of a web API?
- 5- What does the F in FHIR stand for?
- 6- Which exchange mechanism in FHIR is similar to using CDA R2?

## Block 2 - FHIR profiles and extensions

- Profiling / What is it? Why?
- Profiles in Action
- FHIR Conformance Resources
- FHIR Validation
- Extensions

# Profiling

- <http://hl7.org/fhir/profiling.html>

- More:
  - ImplementationGuide
  - **All of this together +**
  - Security
  - Other technology: SMART, CDS-HOOKS, CQL
  - Packages (npm-like)

## Server Behavior

*GET url/metadata*

Resources?

REST/ /Paradigms?

FHIR Version?

SEARCH parameters?

Extended  
OPERATIONS?

Resource Versioning?

## Specific Use Case

*meta.profile=["..."]*

Mandatory/Unsupported  
elements

Slicing (specific values  
for element repetitions)

Extensions

Terminology for Coded  
elements

MUST-Support  
Elements

# Why? Profiling in Real Life

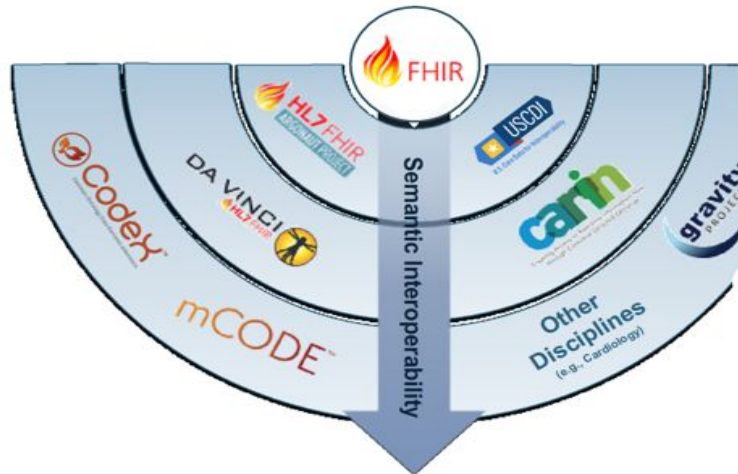
## The Path to Meaningful Interoperability

FHIR establishes the high-level syntax and interfaces for exchange

Argonaut / US Core / USCDI standardize foundational patient data

Da Vinci and Carin formalize targeted exchange frameworks

Discipline focused modeling provide the detail needed for semantic interoperability



**FHIR API Based Interop**  
**\*Everybody\* Knows**  
**What to Expect**  
**Where**  
**How to get it**

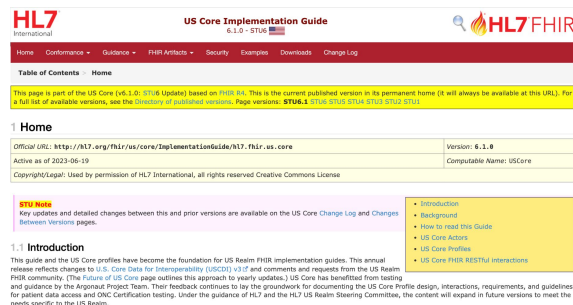


# Profiles in Action: FHIR R4 vs US CORE

- Let's compare:
  - FHIR Patient: <http://hl7.org/fhir/patient.html>
  - US Core Patient: <http://hl7.org/fhir/us/core/structuredefinition-us-core-patient.html>
- And evaluate:
  - Use of Extensions
  - Terminology Restrictions
  - Cardinality
  - Behavior: search parameters

# From US CDI to US CORE FHIR IG

- **US CDI:** Definitions from ONC on what should be shared
- **FHIR US CORE:** FHIR Implementation Guide defining precisely
  - **Content:** what is the MINIMAL content for the US
  - **Methods:** how can be patients, allergies, etc. searched
- <https://hl7.org/fhir/us/core/STU6.1/>



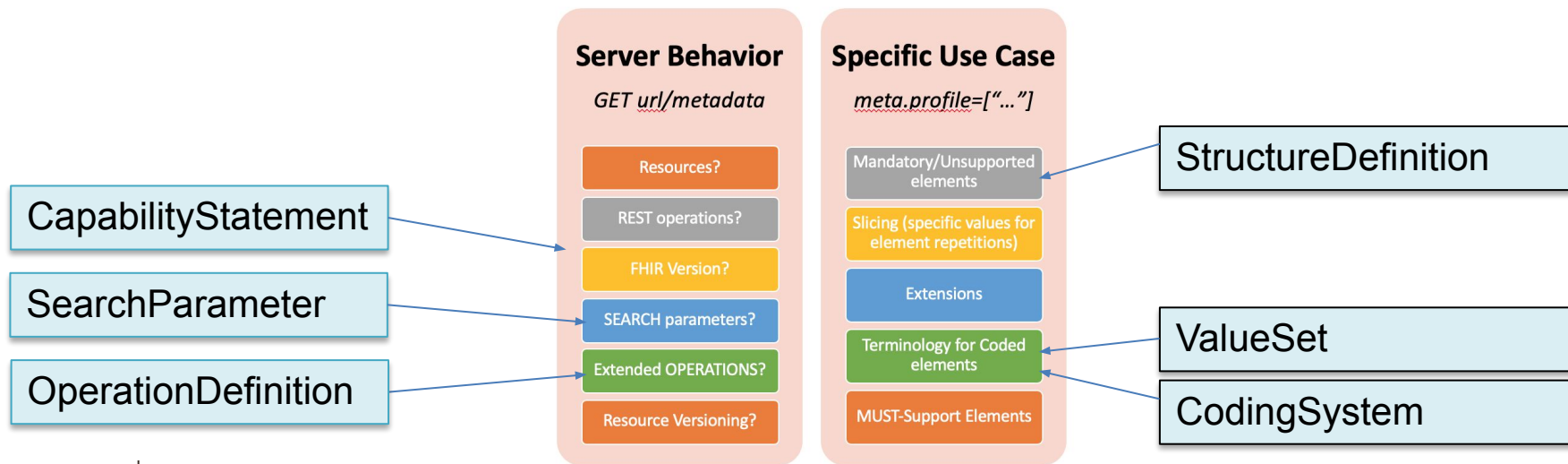
USCDI v3 Summary of Data Classes and Data Elements

<b>Allergies and Intolerances</b> <ul style="list-style-type: none"> <li>• Substance (Medication)</li> <li>• Substance (Drug Class)</li> <li>• Reaction</li> </ul>	<b>Health Status/Assessments</b> <ul style="list-style-type: none"> <li>• Health Concerns</li> <li>• Functional Status</li> <li>• Disability Status</li> <li>• Mental/Cognitive Status</li> <li>• Pregnancy Status</li> <li>• Smoking Status</li> </ul>	<b>Problems</b> <ul style="list-style-type: none"> <li>• Problems</li> <li>• SDOH Problems/Health Concerns</li> <li>• Date of Diagnosis</li> <li>• Date of Resolution</li> </ul>
<b>Assessment and Plan of Treatment</b> <ul style="list-style-type: none"> <li>• Assessment and Plan of Treatment</li> <li>• SDOH Assessment</li> </ul>	<b>Immunizations</b> <ul style="list-style-type: none"> <li>• Immunizations</li> </ul>	<b>Procedures</b> <ul style="list-style-type: none"> <li>• Procedures</li> <li>• SDOH Interventions</li> <li>• Reason for Referral</li> </ul>
<b>Care Team Member(s)</b> <ul style="list-style-type: none"> <li>• Care Team Member Name</li> <li>• Care Team Member Identifier</li> <li>• Care Team Member Role</li> <li>• Care Team Member Location</li> <li>• Care Team Member Telecomm</li> </ul>	<b>Laboratory</b> <ul style="list-style-type: none"> <li>• Tests</li> <li>• Values/Results</li> <li>• Specimen Type</li> <li>• Result Status</li> </ul>	<b>Provenance</b> <ul style="list-style-type: none"> <li>• Author Organization</li> <li>• Author Time Stamp</li> </ul>
<b>Clinical Notes</b> <ul style="list-style-type: none"> <li>• Consultation Note</li> <li>• Discharge Summary Note</li> <li>• History &amp; Physical</li> <li>• Procedure Note</li> <li>• Progress Note</li> </ul>	<b>Medications</b> <ul style="list-style-type: none"> <li>• Medications</li> <li>• Dose</li> <li>• Dose Unit of Measure</li> <li>• Indication</li> <li>• Fill Status</li> </ul>	<b>Unique Device Identifier(s) for a Patient's Implantable Device(s)</b> <ul style="list-style-type: none"> <li>• Unique Device Identifier(s) for a patient's implantable device(s)</li> </ul>
<b>Clinical Tests</b> <ul style="list-style-type: none"> <li>• Clinical Test</li> <li>• Clinical Test Result/Report</li> </ul>	<b>Patient Demographics/Information</b> <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Middle Name (Including middle initial)</li> <li>• Name Suffix</li> <li>• Previous Name</li> <li>• Date of Birth</li> <li>• Date of Death</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Tribal Affiliation</li> <li>• Sex</li> <li>• Sexual Orientation</li> <li>• Patient Goals</li> <li>• SDOH Goals</li> <li>• Preferred Language</li> <li>• Current Address</li> <li>• Previous Address</li> <li>• Phone Number</li> <li>• Phone Number Type</li> <li>• Email Address</li> <li>• Related Person's Name</li> <li>• Related Person's Relationship</li> <li>• Occupation</li> <li>• Occupation Industry</li> </ul>	<b>Vital Signs</b> <ul style="list-style-type: none"> <li>• Systolic Blood Pressure</li> <li>• Diastolic Blood Pressure</li> <li>• Heart Rate</li> <li>• Respiratory Rate</li> <li>• Body Temperature</li> <li>• Body Height</li> <li>• Body Weight</li> <li>• Pulse Oximetry</li> <li>• Inhaled Oxygen Concentration</li> <li>• BMI Percentile (2 - 20 years)</li> <li>• Weight-for-length Percentile (Birth - 24 Months)</li> <li>• Head Occipital-frontal Circumference Percentile (Birth- 36 Months)</li> </ul>
<b>Diagnostic Imaging</b> <ul style="list-style-type: none"> <li>• Diagnostic Imaging Test</li> <li>• Diagnostic Imaging Report</li> </ul>	<b>Encounter Information</b> <ul style="list-style-type: none"> <li>• Encounter Type</li> <li>• Encounter Diagnosis</li> <li>• Encounter Time</li> <li>• Encounter Location</li> <li>• Encounter Disposition</li> </ul>	
<b>Goals</b> <ul style="list-style-type: none"> <li>• Patient Goals</li> <li>• SDOH Goals</li> </ul>	<b>Health Insurance Information</b> <ul style="list-style-type: none"> <li>• Coverage Status</li> <li>• Coverage Type</li> <li>• Relationship to Subscriber</li> <li>• Member Identifier</li> <li>• Subscriber Identifier</li> <li>• Group Number</li> <li>• Payer Identifier</li> </ul>	

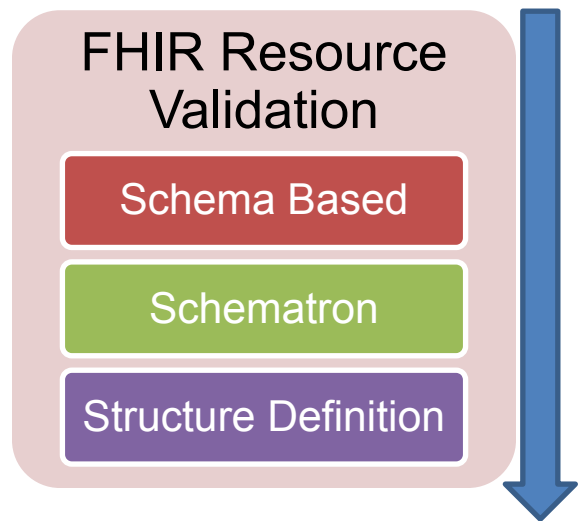
US CDI V3: <https://www.healthit.gov/isa/sites/isa/files/2022-10/USCDI-Version-3-October-2022-Errata-Final.pdf>

# FHIR Conformance Resources

- **Conformance in FHIR** is expressed using...**FHIR resources**
- Advantage: only one 'toolbox' to represent/process everything we need

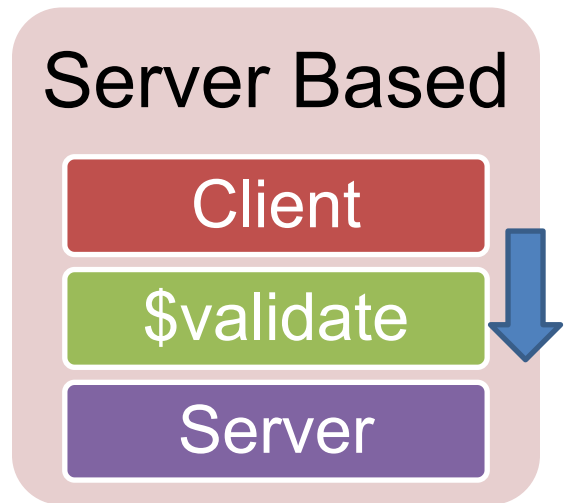


# FHIR Validation



- Follow the blue arrow:
  - ☐ **More Powerful Validation**
- **Schema:** just element name, cardinality (core spec), basic vocabulary : “this is a valid FHIR ... resource”
- **Schematron:** relationship between elements: “invariants”
- **Structure Definition:** Full use-case control as seen before

# How to Validate My Resource



- Most servers support the \$validate operation.
  - POST url:/patient/\$validate
- Schema: Just \$validate, body=your resource
- Profile: Add the meta.profile tag populated with the profiles you want to validate against.
  - "meta":  
{profile:["<http://myproject.gov/structureddefinition/mypatient>"]}

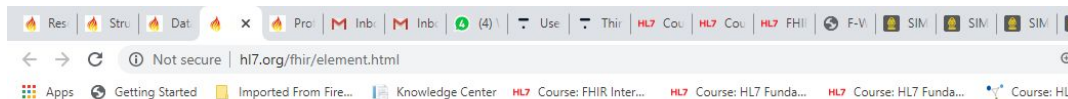
# Extensions

What can be  
Extended

Resource

Element

Data Types



Note that resources themselves all specialize the base type [Resource](#).

## 2.28.0.1 Content

Structure UML XML JSON All

Structure

Name	Flags	Card.	Type	Description & Constraints
Element	I	n/a		Base for all elements All FHIR elements must have a @value or children
id		0..1	string	Unique id for inter-element referencing
extension		0..*	Extension	Additional content defined by implementations

? Documentation for this format

### Constraints

id	Level	Location	Description	Expression
ele-1	Rule	(base)	All FHIR elements must have a @value or children	hasValue() or (children().count() > id.

This constraint exists to reduce syntactical variation in resource contents. If an element has no children, then it is always optional as opposed to optionally present without any content.

## 2.28.0.2 Representation of Element



# Defining Extensions

## Extension Contents

url

Value[x]

Extension?

URL explaining: why was it created?  
how do I understand it? Structure?  
Type? Where to use it? Example:

“url”:

“<http://hl7.org/fhir/StructureDefinition>

Actual Content, depending on the  
extension datatype (can be simple or  
complex)

Only for complex extensions.

First extension: only defining URL

Other: actual content, with local URL

Example: <http://hl7.org/fhir/us/core/StructureDefinition-us-core-race.html>

# Where to find profiles?

## 1. CORE Profiles: FHIR Spec

## 2. Argonaut / US Core

*Patient demographic and clinical data*

<http://hl7.org/fhir/us/core/>



## 3. Da Vinci Project

*Provider-Payor exchange + services*

<https://www.hl7.org/about/davinci/>





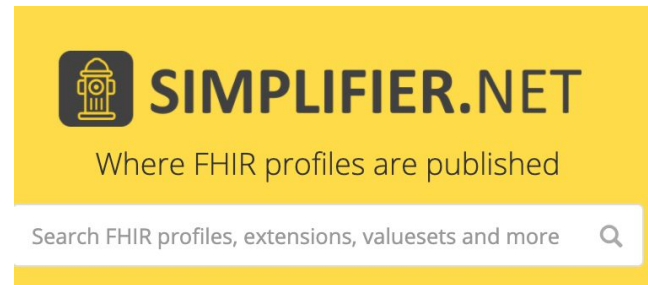
# Where to find MORE profiles?

## 4. Simplifier.NET / FORGE

*Profiles from around the world.*

*Forge: Profile Editor*

<https://simplifier.net/>



## 5. FHIR Registry

<https://registry.fhir.org/guides>



# Tools for Profile Editing

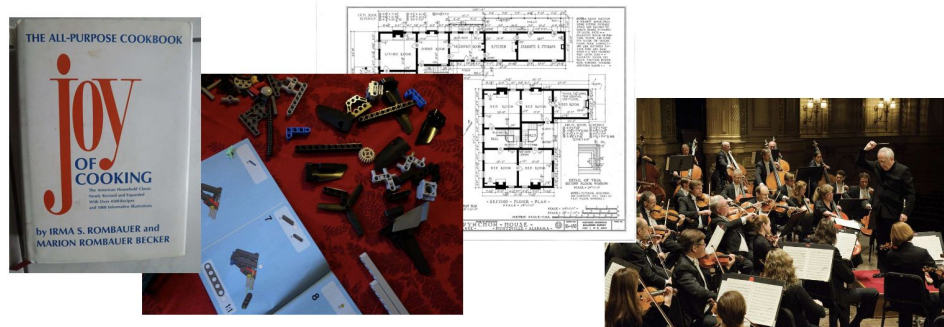
- First version (prehistory):
  - Excel / Word
  - Map our required fields into FHIR resource/elements
- Tools available now:
  - Forge -> Only Windows / Only with Simplifier / Simplifier use costs \$\$\$
    - <https://fire.ly/products/forge/>
  - Trifolia-On-FHIR -> Web. Open Source. Awkard (for me)
    - <https://trifolia-fhir.lantanagroup.com/>
  - FSH -> Text based (trying to move everything there)
    - <http://hl7.org/fhir/uv/shorthand/>

# Why do we need Implementation Guides?

- **What is it?** An implementation guide (IG) is a set of rules about **how FHIR resources are used (or should be used) to solve a particular problem**, with associated documentation to support and clarify the usage. Classically, FHIR implementation guides are published on the web after they are generated using the FHIR Implementation Guide Publisher.

- **Contents**

- Framework/Guidance
- Use Cases and Examples
- FHIR Artifacts
- Conformance Language
- Computable Capability Statement



FHIR Publisher: Gets all your profiles and turns them into a web based implementation guide!

# Six Questions for this block!

- 1- How do we fetch the capability statement of a FHIR server?
- 2- What is the conformance resource for representing extensions and constraints on resources?
- 3- Which resource is used to represent the valid codes for a specific element?
- 4- Which operation can be used to validate a resource in a FHIR Server?
- 5- What can be extended in FHIR?
- 6- What is the minimum validation you can use for a FHIR resource?

## Block 3 – PH Use Case: Immunization

- Public Health FHIR Implementation Guides
- FHIR IGs Specific to Immunization
- FHIR US Core Immunization Profile
- Assignment #2

FHIR IGs @  
HL7 PH WG  
35%  
approximately  
(Jan 2024)

Others: 30%  
CDA, 35%  
HL7V2

(Source:  
[https://confluence.hl7.org  
q/display/PHWG/Public+  
Health+Project+Roadma  
p\)](https://confluence.hl7.org/display/PHWG/Public+Health+Project+Roadmap)

Project	STD FAMILY
<a href="#">CDA IG for Reporting to Central Cancer Registries (PI: 1069)</a>	CDAR2
<a href="#">Healthcare Associated Infections Reports</a>	CDAR2
<a href="#">HL7 CDA Death Reporting (PI: 859)</a>	CDAR2
<a href="#">HL7 CDA for Ambulatory and Hospital Healthcare Provider reporting of Birth Defects (PI: 1112)</a>	CDAR2
<a href="#">HL7 CDA National Medical Care Surveys (PI: 1002)</a>	CDAR2
<a href="#">HL7 CDA R2 Implementation Guide: Reportability Response File, STU 1.0 (PI: 1216)</a>	CDAR2
<a href="#">NHSN Healthcare Associated Infection (HAI) Reports for Long Term Care Facilities (CDA &amp; FHIR) (PI ID: 1511)</a>	CDAR2
<a href="#">ODH in CDA</a>	CDAR2
<a href="#">Public Health Case Report Update (CDA) STU (PI: 1216)</a>	CDAR2
<a href="#">Vital Records Birth and Fetal Death Reporting CDA IG (PI ID: 1474)</a>	CDAR2
<a href="#">Bidirectional Services eReferral (PI ID: 1423)</a>	FHIR
<a href="#">Birth Defects DAM and FHIR IG (PI ID: 1532)</a>	FHIR
CodeX	FHIR
<a href="#">Development and Maintenance of Immunization-related FHIR Resources (PI 1260)</a>	FHIR
<a href="#">FHIR IG for Immunization Forecasting (PI: 1342)</a>	FHIR
<a href="#">HL7 FHIR® Implementation Guide: Electronic Case Reporting (eCR), Release 1 (PI ID: 1366)</a>	FHIR
MedMorph	FHIR
<a href="#">NHSN Healthcare Associated Infection (HAI) Reports for Long Term Care Facilities (CDA &amp; FHIR) (PI ID: 1511)</a>	FHIR
<a href="#">ODH in HL7 v2 and FHIR (PI: 1290)</a>	FHIR
SANER	FHIR
<a href="#">Vital Records Mortality and Morbidity Reporting FHIR IG (PI ID: 1475)</a>	FHIR
Diagnostic Audiology	HL7V2
<a href="#">HL7 v2.5.1 LOI/LRI - Public Health Profile</a>	HL7V2
<a href="#">HL7 v2.5.1 LRI - Newborn Dried Blood Spot (NDBS) Orders</a>	HL7V2
<a href="#">HL7 v2.5.1 Syndromic Surveillance IG (PI ID: 1401)</a>	HL7V2
<a href="#">HL7 v2.6 Critical Congenital Heart Defects (PI: 897)</a>	HL7V2
<a href="#">HL7 v2.6 Early Hearing Detection (PI: 898)</a>	HL7V2
<a href="#">HL7 v2.6 Vital Records Birth and Fetal Death Reporting IG (PI: 816)</a>	HL7V2
<a href="#">HL7 v2.6 Vital Records Death Reporting IG (PI: 1208)</a>	HL7V2
<a href="#">HL7 v2.8.2 Immunization IG (PI: 1293)</a>	HL7V2
<a href="#">ODH in HL7 v2 and FHIR (PI: 1290)</a>	HL7V2
<a href="#">Vital Records Death Reporting V2.6 (PI ID: 1477)</a>	HL7V2

## **FHIR IGs @ HL7 PH WG – IN RED :: IMMUNIZATION!**

(Source: <https://confluence.hl7.org/display/PHWG/Public+Health+Project+Roadmap>)

[Bidirectional Services eReferral \(BSeR\)](#)

[Birth Defects DAM and FHIR IG](#)

[CodeX / mCode](#)

### **[FHIR IG for Immunization Forecasting \(ImmDS\)](#)**

[HL7 FHIR® Implementation Guide: Electronic Case Reporting \(eCR\), Release 1](#)

[NHSN Healthcare Associated Infection \(HAI\) Reports for Long Term Care Facilities](#)

[ODH \(Occupational Data for Health\) in FHIR](#)

[SANER - Situational Awareness for Novel Epidemic Response-COVID 19](#)

[Vital Records Mortality and Morbidity Reporting FHIR IG](#)

[SDOH Clinical Care \(Gravity Project\)](#)

# ImmDS

- IG Site:

<http://hl7.org/fhir/us/immds/>

Focus Resource: **ImmDs Patient/US Core Immunization**  
**ImmDS ImmunizationEvaluation/**  
**ImmunizationRecommendation**

Actors: EHR user, IIS user, HS user proxies / CDS Engine



# FHIR US Core Immunization

- If you followed the link from the previous slide...
- <https://hl7.org/fhir/us/immds/StructureDefinition-immnds-immunization.html>

We have a guest star: in order to ask the public health decision support system, you need to send an Immunization record, but not any FHIR immunization resource: **It requires a US Core Immunization resource linked to a US Core Patient Resource with something additional...**

Content Detailed Descriptions Mappings Examples XML JSON Turtle

### 5.2.1 StructureDefinition: ImmDSImmunization

Immunization event for the patient.

The official URL for this profile is:

<http://hl7.org/fhir/us/immds/StructureDefinition/immds-immunization>

#### 5.2.1.1 Formal Views of Profile Content

Description of Profiles, Differentials, Snapshots and how the different presentations work.

Text Summary Differential Table Snapshot Table All

This structure is derived from USCoreImmunizationProfile

Name	Flags	Card.	Type	Description & Constraints
Immunization		0..*	USCoreImmunizationProfile	Immunization event information
patient		1..1	Reference(Immds Patient)	Who was immunized

Documentation for this format



# Assignment #2

We will proceed to work in groups now, and solve Assignment #2

[Assignment #2 - Create ImmDS Resources](#)



# Six Questions for this block!

- 1- What is the purpose of the ImmDS Implementation Guide?
- 2- Who are the actors of the ImmDS Implementation Guide?
- 3- Which other IG and version does ImmDS depend on?
- 4- Name two code systems defined by the ImmDS IG.
- 5- What is the difference between the Evaluation and the Recommendation resources in the ImmDS IG?
- 6- What are the parameters for invoking the ImmDS operation?