

### Description

In Step 3.14.2, Dr. Ramon Bradshaw recommends that Deborah McKay receive a hepatitis A vaccine. Deborah's mother, Angeline McKay declines the recommendation and refuses the vaccine for Deborah. The Administering practitioner incorrectly documents the administration of the Hep A vaccine in the SUT instead of a refusal in Step 3.14.3.

The SUT generates an unsolicited vaccine update (VXU - Z22 profile message) correctly and without omission according to supplied test data in the 'Test Data Specification' section of this test step.

### Pre-condition

Deborah McKay exists in the SUT and the practitioner pre-documents the vaccine administration.

Daniela Jennifer Wyatt is the practitioner.

### Post-Condition

Hep A Vaccine Administration is visible in the SUT and the IIS.

Go to step 5.5.2 to receive and process ACK from this step.

### Test Objectives

To test the ability that the SUT is able to send newly administration vaccine doses to the IIS that will later be deleted.

The SUT links standard codes (i.e., LOINC for tests or evaluation tools, NDC codes for current immunizations, CVX for historical immunizations, MVX manufacturer codes, VIS codes, and appropriate codes for administration site, route, method, etc.) to discrete data elements associated with an immunization. Both NDC and CVX are required for new immunizations and CVX is required for historical.

Support for multiple birth indicator and birth order.

### Evaluation Criteria

The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content.

This IIP test plan tests clients with NDC as the primary code set and CVX as an alternate code set. Please note that this configuration may vary among jurisdictions. NDC is required for all new administrations and CVX for historical but can include NDC if known.

| Patient Information               |  |
|-----------------------------------|--|
| Element                           | Data                                     |
| Patient Name                      | Deborah Charlotte McKay                  |
| Mother s Maiden Name              | Schroeder                                |
| ID Number                         | 4444                                     |
| Date/Time of Birth                | 02/05/2023                               |
| Administrative Sex                | Female                                   |
| Patient Address                   | 600 Cherry Rd. Springfield OR, 97477 USA |
| Phone Number                      | (541) 555-1236 (Telephone=PH)            |
| Race                              | Black or African American                |
| Ethnic Group                      | Not Hispanic or Latino                   |
| Multiple Birth Indicator          | Yes                                      |
| Birth Order                       | 2  |
| Immunization Registry Information |  |

|   |  |
|---|--|
| Element                                     | Data                                     |
| Immunization Registry Status                | Active                                   |
| Immunization Registry Status Effective Date | 1/26/2024                                |
| Publicity Code                              | Reminder/recall - any method             |
| Publicity Code Effective Date               | Today's date                             |
| Protection Indicator                        | No                                       |
| Protection Indicator Effective Date         | Today's date                             |
|   |  |
| Guardian or Responsible Party - 1           |  |
| Element                                     | Data                                     |
| Name  | Angeline Ingrid McKay                    |
| Relationship                                | Mother                                   |
| Address                                     | 600 Cherry Rd. Springfield OR, 97477 USA |
| Phone Number                                | (541) 555-1236 (Telephone=PH)            |
|   |  |
|   |  |
| Vaccine Administration Information - 1      |  |
| Element                                     | Data                                     |
| Administered Vaccine                        | HAVRIX 58160-0825-43                     |
| Date/Time Start of Administration           | Today's date                             |
| Administered Amount                         | 0.5                                      |
| Administered Units                          | mL                                       |
| Administration Notes                        | New immunization record                  |
| Administering Provider                      | Daniela Jennifer Wyatt                   |
| Substance Lot Number                        | IIPVAXN11                                |
| Substance Expiration Date                   | 09/27/2029                               |
| Substance Manufacturer Name                 | SKB                                      |
| Substance/Treatment Refusal Reason          |  |
| Completion Status                           | Complete                                 |
| Action Code                                 | Add/Insert                               |
| Route                                       | INTRAMUSCULAR                            |
| Administration Site                         | Left Vastus Lateralis                    |
| Entering Organization                       | Oregon Family Medicine                   |
| Entered By                                  | Daniela Jennifer Wyatt                   |
| Ordered By                                  | Ramon Michael Bradshaw                   |

#### Notes

The VIS encoded value that is associated with the most current VIS for the vaccines and evaluated in the transmit message, can be found in the CDC VIS Lookup Table located here:

<https://www.cdc.gov/vaccines/programs/iis/code-sets/vis-barcode-lookup-table.html>