



May 12, 2025

Mr. Steve Posnack  
Department of Health and Human Services,  
Acting National Coordinator for Health Information Technology  
Mary E. Switzer Building, Mail Stop: 7033A  
330 C St. SW  
Washington, DC 20201

**RE: USCDI Version 6**

Dear Mr. Posnack -

On behalf of the American Immunization Registry Association (AIRA) we are pleased to submit comments on the Assistant Secretary for Technology and Policy, Office of the National Coordinator's (ASTP/ONC's) recently released documents related to United States Core Data for Interoperability, version 6. These comments are a compilation of the input of our members which include over 100 organizations representing Public Health Immunization Information Systems (IIS), IIS implementers and vendors, non-profit organizations and partners. IIS interface with a broad range of stakeholders, including providers, pharmacists, schools, child care facilities, health plans and payers, among others.

IIS and our partners are, quite obviously, very invested in promoting smooth interoperability to ensure broad data use. At the point of clinical care, an IIS provides consolidated immunization records and forecasts to support clinical decisions. At the population level, an IIS provides aggregate data and information on vaccinations for surveillance, program operations and public health action. It is critical that the role of Public Health is recognized as a key part of health IT strategy moving forward.

To that end, we have specific input on those data elements selected for inclusion in ONC's USCDI Version 6, and those not currently included.

AIRA provides suggestions on the ASTP/ONC draft USCDI Version 6 in our comments presented on the following pages, organized by the specific questions





asked by ASTP/ONC in the draft USCDI version 6. Please feel free to contact me with any questions: [mbkurilo@immregistries.org](mailto:mbkurilo@immregistries.org).

We greatly appreciate the opportunity to comment on these resources, and we look forward to continuing to collaborate to ensure high-value health IT interoperability with our many partners.

Sincerely,

Mary Beth Kurilo, MPH, MSW  
Senior Director of Health Informatics

## Summary Comments

Specifically, we have no concerns about the data elements being proposed to be added to USCDI Version 6, including:

- Facility Information: Facility Address
- Patient Summary and Plan: Care Plan
- Medical Devices: Unique Identifier
- Problems: Date of Onset, Family History
- Orders: Portable Medical Order

In response to the questions the USCDI Version 6 document poses:

1. Suggestions for improvement in the data classes or elements in Draft USCDI v6, including:

- a. Data class and element definitions, usage notes, and examples

### AIRA Comments

As we have commented before, we request consideration for renaming the current Immunizations data class containing a data element with the same name as the data class. This is in part to





separate the notion of class from element, but also to improve clarity when other elements in level 2 are brought forward into USCDI. This renaming could take a few different forms so long as it is clear the class is about an aggregation of various data elements by a common theme or use case and the element is the most granular level at which a piece of data is exchanged as defined by USCDI. This could be Immunization (data class) and Immunization Code (data element).

- b. Examples of code sets used by health IT developers and implementers to communicate

#### AIRA Comments

The Immunizations (Data Element) references CVX and NDC, which are appropriate, but this may be a good location to link to ONC's Interoperability Standards Advisory Vocabulary/Code Set/Terminology which has great information on these value sets, adoption, and usage.

<https://www.healthit.gov/isa/representing-immunizations>

2. Should other data elements, already classified as Level 2 on the USCDI web pages, be added to USCDI v6 instead of, or in addition to, those in Draft USCDI v6? If so, why?

#### AIRA Comments

##### Immunizations

We strongly recommend Vaccine Administration Date and Vaccination Event Record Type be added to USCDI v6. Both elements are required for current EHR-IIS immunization exchange. With these lacking from USCDI v6 it would be possible to list only the immunization code a patient received, but not the date the patient received the dose or if the vaccination event originated in the source system, rendering the immunization report fairly unusable.

The "Vaccination Administration Date" proposed for USCDI v6 is crucial for effective immunization management, facilitating accurate tracking and coordination of vaccination schedules. Standardizing this data element, potentially aligning with established terminology and specifying the date format, will enhance interoperability across systems, supporting unified information exchange and improving population health outcomes. Vaccine





Administration Date enables accurate record evaluation (e.g., were doses given at the proper age and at a proper interval?). We understand that there has been some internal discussion about using Procedure -> Performance Time which has a description of "Examples include but are not limited to vaccine or medication administration times..." We are concerned that this date/time will be much less precise than actually entering a date of administration, and pulling data from different data classes could lead to significant data quality issues.

The "Vaccination Event Record Type" proposed for USCDI v6 enhances immunization data management and provenance by standardizing categorization, promoting adherence to vaccination schedules, and enabling efficient public health monitoring. Its inclusion not only resolves duplicate records but also supports research and streamlines reporting in mass vaccination campaigns, contributing to improved patient care and public health outcomes. Vaccination Event Record Type enables accurate inventory decrementing by public health and aids in vaccine matching/deduplication (e.g., was this an administered dose that needs to be autodecremented, or an historical dose that does not?).

A Level 2 element that is unnecessary is "Immunization Code", but it is only unnecessary because it is already in USCDI v6 as the data element "Immunizations" (See comments in 1a for renaming suggestion of that element to Immunization Code).

#### Patient Demographics Class

We believe that Patient Identifier (MRN or other IDs) and identifier type, along with Mother's Maiden Name should be moved into USCDI v6. These elements can be leveraged in patient matching and greatly improve match rates when compared to records void of these extra data elements. MRN is heavily implemented in many exchanges today and Mother's Maiden Name is heavily used in pediatric/adolescent use cases such as EHR to IIS exchange.

It may also be worth considering moving the Deceased Indicator into V6. This could help improve the accuracy of medical records systems through allowing the inactivation of records for deceased patients.





3. Are there significant barriers to development, implementation, or use of any of these data elements that would warrant a change in definition or removal from Draft USCDI v6?

#### AIRA Comments

We do have some additional concerns about implementation:

- End users/consumers of immunizations do not and likely would not associate an Immunization Date Administered as a Procedure Performance Time
- It's not clear when or how classes should/could/must abstract elements from other classes
  - For example, should medication date reference Procedure Performance Time?
  - Should a medication lot number come from the Immunization Lot Number?

It would be helpful to address/resolve these questions prior to implementation of V6 data classes and data elements.

