

This Quick Reference Guide complements the Data Translation Tool module, specifically focusing on importing files into the system. It highlights key steps to support the efficient transfer and integration of data into the Registry.

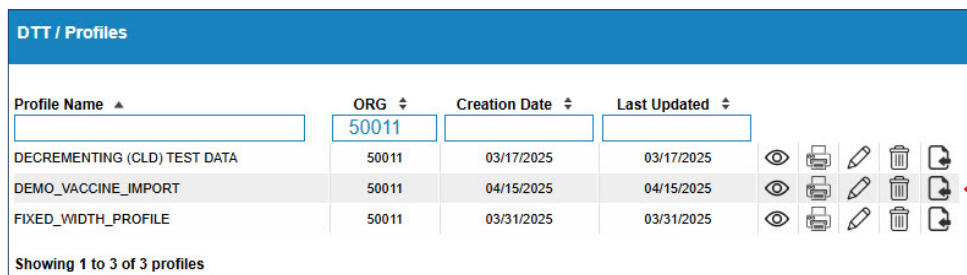
### Steps to Import File

**Note:** Users must have **DTT Import Access** permissions to complete these steps.

1. After logging into the Registry, on the left-side menu, click **DTT** to expand the options.
2. Click **Profiles**.



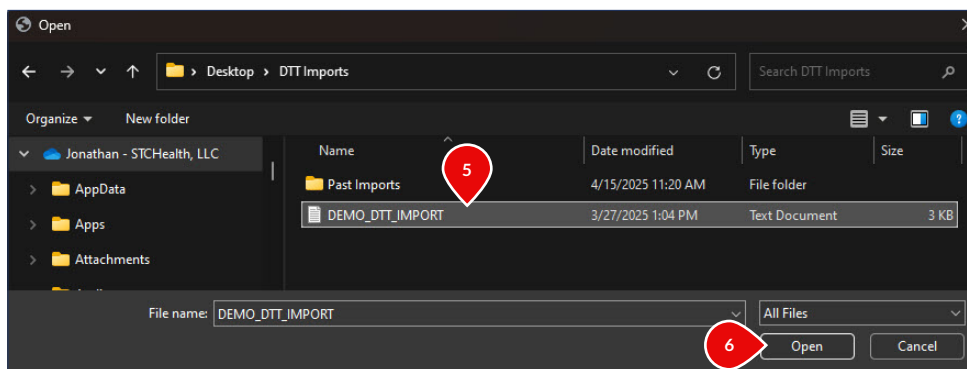
3. On the DTT / Profiles screen, click the import icon for the profile you want to use for your file.



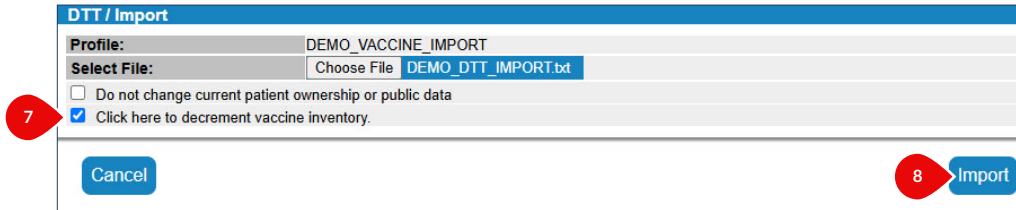
4. On the DTT / Import modal window that appears, click the **Choose File** button.



5. In the file explorer window that appears, locate and select your import file.
6. Click **Open**.



- On the DTT / Import modal window, enable Click here to decrement vaccine inventory.
- Click **Import**.



**DTT / Import**

Profile: DEMO\_VACCINE\_IMPORT

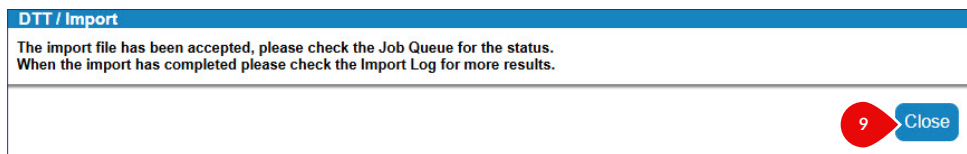
Select File: Choose File DEMO\_DTT\_IMPORT.txt

Do not change current patient ownership or public data

Click here to decrement vaccine inventory.

Cancel 8 Import

- After the system displays the import file acceptance message, click **Close**.

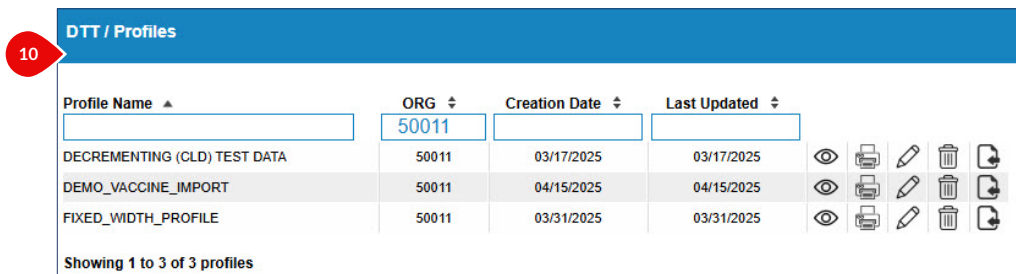


**DTT / Import**

The import file has been accepted, please check the Job Queue for the status. When the import has completed please check the Import Log for more results.

9 Close

- The system returns to the DTT / Profiles screen.



**DTT / Profiles**

Profile Name ▲	ORG ↓	Creation Date ↓	Last Updated ↓	
<input type="text"/>	50011	<input type="text"/>	<input type="text"/>	
DECREMENTING (CLD) TEST DATA	50011	03/17/2025	03/17/2025	
DEMO_VACCINE_IMPORT	50011	04/15/2025	04/15/2025	
FIXED_WIDTH_PROFILE	50011	03/31/2025	03/31/2025	

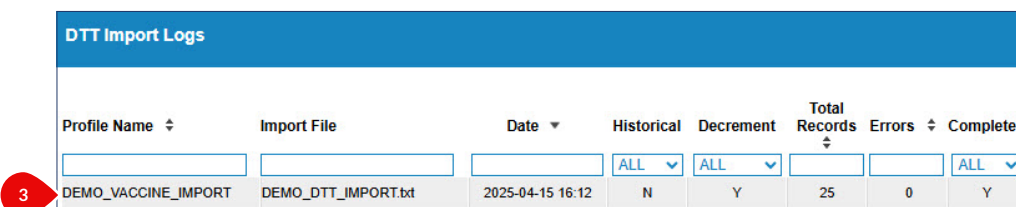
Showing 1 to 3 of 3 profiles

## Steps to View DTT Import Logs

- On the left-side menu, click **DTT** to expand the options.
- Click **Logs**.



- Click the row of the DDT Import for which you want to view the import logs.



**DTT Import Logs**

Profile Name ↓	Import File	Date ▼	Historical	Decrement	Total Records ↓	Errors ↓	Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	ALL ▼	ALL ▼	<input type="text"/>	<input type="text"/>	ALL ▼
DEMO_VACCINE_IMPORT	DEMO_DTT_IMPORT.txt	2025-04-15 16:12	N	Y	25	0	Y

IIS Data Types	
Data Type	Data Type Name
DT	Date
NM	Number
ST	String
TS	Time Stamp

IIS Data Elements Required for Insert	
Value	Explanation
R	Required
O	Optional

### Available Demographic Data Elements

Field	Length	Require	Data Type	Comments
Patient Medical Record Number	100	R	ST	Unique Provider ID for a patient that is stored in the IRMS_PAT_ID field in the DB.
Patient Inactive Code	1	O	ST	See: Patient Inactive Code Mapping section in this guide.
Patient First Name	48	R	ST	First name of patient.
Patient Middle Name	48	O	ST	Middle name/initial of patient.
Patient Last Name	48	R	ST	Last name of patient.
Patient Suffix	5	O	ST	Sr., Jr., etc.
Patient DOB	-	R	DT	Patient birth date. Format: MMDDYYYY
Patient Death Date	-	O	DT	Patient date of death. Format: MMDDYYYY
Patient Mother Maiden Name	48	O	ST	Maiden name of the patient's mother.
Patient Gender Code	1	R	ST	M = Male F = Female U = Unknown
Patient Race Code	20	O	ST	See: Patient Race Code Mapping section in this guide.
Patient Ethnicity Code	-	R	NM	See: Patient Ethnicity Code Mapping section in this guide.
Patient Guardian First Name	48	R	ST	Patient guardian first name.
Patient Guardian Middle Name	48	O	ST	Patient guardian middle name.
Patient Guardian Last Name	48	R	ST	Patient guardian last name.
Patient Phone Number	30	R	ST	When adding a new patient, one piece of address is required, either a complete address or a phone number.
Patient 1st Address / Street Line 1	45	R	ST	When adding a new patient, one piece of address is required, either a complete address or a phone number.
Patient 1st Address / Street Line 2	45	O	ST	
Patient 1st Address / City	30	R	ST	
Patient 1st Address / State	5	R	ST	
Patient 1st Address / Zip Code	-	R	NM	
Patient County FIPS Code	30	O	ST	See: FIPS County Code Mapping section in this guide.
Patient Organization ID	-	O	NM	Organization where the patient data is recorded.

### Available Vaccination Data Elements

Field	Length	Require	Data Type	Comments
Vaccine CVX Code	3	R	NM	CVX vaccine code. See: CVX and CPT Code Mappings section in this guide.
Vaccine CPT Code	-	O	NM	CPT vaccine code. See: CVX and CPT Code Mappings section in this guide.
Vaccination Date	-	R	NM	Date vaccine was administered.
Vaccination Anatomical Route	50	R	ST	See: Anatomical Route Code Mapping section in this guide.
Vaccination Anatomical Site	50	R	ST	See: Anatomical Site Code Mapping section in this guide.
Vaccination Adverse Reaction Code				See: Adverse Reaction Code Mapping section in this guide.
Vaccine Manufacturer Code	50	R	ST	See: Manufacturer Code Mapping section in this guide.
Vaccination Historical Indicator	1	O	ST	Y for historical vaccination.
Vaccine Lot Number	20	R	ST	Lot number of the vaccine administered.
Vaccinator	100		ST	Person administering the vaccine.
Vaccination Facility ID	-	R	NM	Indicates the facility where the patient was vaccinated.
Patient VFC Eligible Code	3	R	ST	See: VFC Eligibility Code Mapping section in this guide.
Vaccination Funding Source	-	R	NM	See: Funding Source Code Mapping section in this guide.

### Sample Line Message

317456,,Johnny,R,Test,Jr,05132006,,Ferguson,M,2,2,Myrtle,B,Lady,3125882300,2300 Jackson Street,,Gary,IN,46401,18089,99,20,,04062025,Intramuscular,Left\_Arm,1,PMC,,456DTAP,,SIISCLIENT12618,V03,VXC51

### Notes on Import File Content

1. In your file, make sure to list data elements in the same order shown in the *Available Demographic Data Elements* and *Available Vaccination Data Elements* sections above.
2. DO NOT include headers in your upload file.
3. A text file (.txt or .csv) must be submitted.
4. Date format is: MMDDYYYY.
5. The zip code must be XXXXX or XXXXX-XXX.
6. Separate data elements using commas.
7. File limit is 50,000 records.

### Patient Inactive Code Mapping

Description	Code
Deceased	D
Inactive	I

### Patient Gender Code Mapping

Description	Code
Female	F
Male	M
Other	O
Unknown	U

### Patient Race Code Mapping

Description	Code
American Indian or Alaska Native	5
Asian	4
Black or African American	2
Multi-racial	8
Native Hawaiian or Other Pacific Islander	7
Not Provided	9
Other	6
White	1

### Patient Ethnicity Code Mapping

Description	Code
Hispanic or Latino	1
Not Hispanic or Latino	2
UNKNOWN	3

### FIPS County Code Mapping

Description	Code
Adams	18001
Allen	18003
Bartholomew	18005
Benton	18007
Blackford	18009
Boone	18011
Brown	18013
Carroll	18015
Cass	18017
Clark	18019
Clay	18021
Clinton	18023
Crawford	18025
Daviess	18027
Dearborn	18029
Decatur	18031
DeKalb	18033
Delaware	18035
Dubois	18037
Elkhart	18039
Fayette	18041
Floyd	18043
Fountain	18045
Franklin	18047
Fulton	18049
Gibson	18051
Grant	18053
Greene	18055
Hamilton	18057
Hancock	18059
Harrison	18061
Hendricks	18063
Henry	18065
Howard	18067
Huntington	18069
Jackson	18071
Jasper	18073
Jay	18075

Description	Code
Jefferson	18077
Jennings	18079
Johnson	18081
Knox	18083
Kosciusko	18085
LaGrange	18087
Lake	18089
LaPorte	18091
Lawrence	18093
Madison	18095
Marion	18097
Marshall	18099
Martin	18101
Miami	18103
Monroe	18105
Montgomery	18107
Morgan	18109
Newton	18111
Noble	18113
Ohio	18115
Orange	18117
Owen	18119
Parke	18121
Perry	18123
Pike	18125
Porter	18127
Posey	18129
Pulaski	18131
Putnam	18133
Randolph	18135
Ripley	18137
Rush	18139
Scott	18143
Shelby	18145
Spencer	18147
St. Joseph	18141
Starke	18149
Steuben	18151
Sullivan	18153
Switzerland	18155

Description	Code
Tippecanoe	18157
Tipton	18159
Union	18161
Vanderburgh	18163
Vermillion	18165
Vigo	18167
Wabash	18169
Warren	18171
Warrick	18173
Washington	18175
Wayne	18177
Wells	18179
White	18181
Whitley	18183

### CVX and CPT Code Mappings

Link: <https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cpt>

### Anatomical Route Code Mapping

Description	Code
Intradermal	INTRADERMAL
Intramuscular	INTRAMUSCULAR
Intravenous	IV
Nasal	NASAL
Oral	ORAL
Other Miscellaneous	OTH
Subcutaneous	SUBCUTANEOUS
Transdermal	TD

### Anatomical Site Code Mapping

Description	Code
Bilateral Nares	BN
Left Arm	Left_Arm
Left Deltoid	LD
Left Gluteus	Left_Gluteus
Left Lower Forearm	LLFA
Left Posterior Chest	LPC
Left Thigh	Left_Thigh
Left Vastus Lateralis	LVL
Mouth	Mouth
Nose	Nose
Right Arm	Right_Arm
Right Deltoid	RD
Right Gluteus	Right_Gluteus
Right Lower Forearm	RLFA
Right Posterior Chest	RPC
Right Thigh	Right_Thigh
Right Vastus Lateralis	RVL

### Adverse Reation Code Mapping

Description	Code
Adverse reaction occurred. Contact appropriate party to learn details.	1
An important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention	48
Anaphylaxis or anaphylactic shock (7 days)	2
Any acute complications or sequelae (including death) of above events (interval - not applicable)	32
Any sequela (including death) of events	4
Brachial neuritis (28 days)	3
Bronchiolitis	27
Cases of COVID-19 that result in hospitalization or death	50
Chronic arthritis (42 days)	6
Congenital anomaly /birth defect	47
Death	25

Description	Code
Disseminated varicella vaccine-strain viral disease - If strain determination is not done or if laboratory testing is inconclusive (42 days)	33
Disseminated varicella vaccine-strain viral disease - Vaccine-strain virus identified (time interval unlimited)	34
Early on-set HIB disease	15
Eczema vaccinatum	17
Encephalopathy or encephalitis (15 days)	43
Encephalopathy or encephalitis (7 days)	5
Erythematous or urticarial rashes	20
Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)	35
Fetal vaccinia	24
Gastroenteritis	28
Generalized vaccinia	18
Guillain-Barr Syndrome (42 days)	36
Inadvertent autoinoculation	16
Injection site reaction	22
Inpatient hospitalization or prolongation of existing hospitalization	45
Intussusception (21 days)	37
Life threatening adverse event	44
Multisystem Inflammatory Syndrome	49
Other	26
Paralytic polio in a non-immunodeficient recipient (30 days)	9
Paralytic polio in a vaccine-associated community case (interval - not applicable)	11
Paralytic polio in an immunodeficient recipient (6 months)	10
Persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions	46
Pneumonia	29
Post vaccinal encephalitis	21
Progressive vaccinia	19
Seizure	31
Serious Adverse Event regardless of causality	51
Shoulder Injury Related to Vaccine Administration (7 days)	38
Systemic reactions, e.g. immediate hypersensitivity, fever or muscle aches	23
Thrombocytopenic purpura (7-30 days)	7
Urinary tract infection	30
Vaccine-strain measles viral infection in an immunodeficient recipient	8
Vaccine-strain measles viral infection in an immunodeficient recipient - If strain determination is not done or if laboratory testing is inconclusive (12 months)	39
Vaccine-strain measles viral infection in an immunodeficient recipient - Vaccine-strain virus identified (interval - not applicable)	40

Description	Code
Vaccine-strain polio viral infection in a non-immunodeficient recipient (30 days)	12
Vaccine-strain polio viral infection in a vaccine-associated community case (interval - not applicable)	14
Vaccine-strain polio viral infection in an immunodeficient recipient (6 months)	13
Varicella vaccine-strain viral reactivation (time interval unlimited)	41
Vasovagal syncope (7 days)	42

### Manufacturer Code Mapping

Link: <https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=mvx>

### Historical Indicator Code Mapping

Description	Code
Administered vaccine by providing organization	N
Historical vaccine	Y

### VFC Eligibility Code Mapping

Description	Code
317/V23 code	V23
American Indian / Alaska Native	V04
CHIP	V22
Ineligible for VFC / Private Insurance	V01
Medicaid	V02
Underinsured	V05
Uninsured	V03

### Funding Source Code Mapping

Description	Code
Privately funded vaccine stock	PHC70
VFC Publicly funded vaccine stock	VXC51
Adult and Bridge Program	VXC52
State funded vaccine stock	VXC51