

Attachment 3

Form Approved
OMB No. 0920-0007

NETSS FORMAT (INDIVIDUAL) CASE RECORDS SPECIFICATIONS

All fields should be completed. Fields should not be blank or contain missing values '!'. To avoid blanks and missing values refer to the unknown values for each field. Records with errors in REQUIRED fields will not be added to the database. Records with errors in all other fields should be corrected and the record re-sent to CDC/EPO. (a= alphanumeric char, n=numeric char)

FIELD	COLUMNS	VALID VALUES	DESCRIPTION
REC-TYPE	1	M	Rec-Type will determine how the record is to be handled when it arrives at CDC. REQUIRED value for single case records is >M=.
UPDATE	2	9	Currently not used. Please enter 9.
STATE*	3 - 4		Standard State FIPS codes. REQUIRED. Format (nn) e.g. 01
YEAR*	5 - 6		The 2-digit year of report for the case. States cannot add or edit records for finalized years. Field must correspond with the given WEEK. REQUIRED. Format (nn) e.g. 92

***NOTE:** These fields are non-modifiable once record has been created. To edit these fields you must transmit a deletion record and then a new record to CDC.

This report is authorized by law (Public Health Service Act, 42 USC 241) and is also recommended by the Council of State and Territorial Epidemiologists. While your response is voluntary, your cooperation is necessary for the understanding and control of this public health problem.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer: ATTN: PRA (0920-0007), Hubert H. Humphrey Bg. Room 737-F; 200 Independence Ave., SW, Washington, DC 20201.

FIELD	COLUMNS	VALID VALUES	DESCRIPTION
CASEID*	7 - 12		Unique case ID as assigned by the state. REQUIRED. Format (999999) e.g. 2020200
SITE*	13 - 15		Location code used by the state to indicate where the report originated and who has responsibility for maintaining the record. Must be unique to that site. Other values may be assigned by states. REQUIRED Format (ann,aan,nnn), e.g. A99,AA9, 999.
		S01 or 101	State Epidemiologist; General Epidemiology Office.
		S02	State STD Program.
		#01-#99	State STD Program.
		S03	State Chronic Diseases Program.
		S04 - S99	Other State Offices.
		R01 - R99	Regional or District Offices.
		600	State TB Program.
		701 - 710	State VPD Program.
		001 - 999	County Health Departments, using standard FIPS codes (Site codes 600 & 701-710 should be reserved, if possible, for use by TB and VPD programs.)
		L01 - L99	Laboratories within the State.
		CD1-CD9	Reserved for CDC/EPO use.

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FIELD	COLUMNS	VALID VALUES	DESCRIPTION
WEEK	16 - 17		MMWR week of report, according to CDC/EPO surveillance calendar. Note: Always refer to the calendar before allowing week 53. Format (nn) e.g. 01
EVENT	18 - 22		5-digit code for the disease or injury being reported. REQUIRED
COUNT	23 - 27		For individual cases this field will always contain 00001. REQUIRED
COUNTY	28 - 30		Standard FIPS codes for county. Use '999' for unknown. Format (nnn) e.g. 001
BIRTHDATE	31 - 38		Date of Birth. Field may be all '9', indicating missing values. Must be a valid date form (YYYYMMDD), must be greater than '18751231', and must be before or equal to event date and MMWR week
AGE	39 - 41		Age of patient in years, weeks, months, days, or an age code, as indicated in the AGE TYPE field. Must be a valid numeric field. Suggested Format (nnn) e.g. 036, 100. Age value if the age is unknown=999 (agetype = 9).

FIELD	COLUMNS	VALID VALUES	DESCRIPTION
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The following are the valid values for the age field with the given AGE TYPE:

VALUE	WHERE AGE TYPE =
0-120 Years	0
0- 11 Months	1
0- 52 Weeks	2
0- 28 Days	3

For age type = 4 (i.e. coded age group) see values below

<u>Age Value</u>	<u>For age =</u>
0	<1 years
2	0 - 4 years
7	5 - 9 years
12	10-14 years
17	15-19 years
22	20-24 years
27	25-29 years
32	30-34 years
37	35-39 years
42	40-44 years
47	45-49 years
52	50-54 years
57	55-59 years
62	60-64 years
67	65-69 years
72	70-74 years
77	75-79 years
82	80-84 years
87	85-89 years
95	≥ 90 years

AGE-TYPE	42
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Indicates the units such as years, months, etc. for the age field. Can also indicate that the age field contains codes for age groups.

0	Code for years
1	Code for months
2	Code for weeks
3	Code for days
4	Indicates code for an AGE group.
9	Age unknown (AGE value must be >999')

FIELD	COLUMNS	VALID VALUES	DESCRIPTION
SEX	43	1 2 9	GENDER OF PATIENT. Male Female Unknown
RACE	44	1 2 3 4 5 8 9	Race of Patient. American Indian/Alaskan Native Asian or Pacific Islander Black Not used (formerly used to indicate Hispanic origin). White Other Unknown
HISPANIC	45	1 2 9	Indicator for Hispanic ethnicity. Hispanic Not of Hispanic origin. Unknown
EVENT-DATE	46-51		<u>Earliest</u> known date associated with this case. This might be date of onset of symptoms, date of diagnosis, date of laboratory result. Format: (YYMMDD). Must be less than or equal to week-ending date of MMWR week.
DATE-TYPE	52	1 2 3 4 5 9	Describes the type of date provided in event-date. Onset date Date of diagnosis Date of laboratory result Date of first report to community health system State/MMWR report date Unknown.

FIELD	COLUMNS	VALID VALUES	DESCRIPTION
CASE-STATUS	53	1 2 3 9	Status of the case as reported by state. Confirmed case Probable case Suspect case Unknown case status
IMPORTED	54	1 2 3 9	Indicates whether the case was imported into the state or into the United States. Acquired in USA in the reporting state International (acquired outside USA) Out of State (acquired in USA, but outside the reporting state) Unknown
OUTBREAK	55	1 2 9	Indicates whether the case was associated with an outbreak. Yes, case associated with special investigation of an outbreak. No, case not associated with special investigation of an outbreak. Unknown
FUTURE	56 - 60		Reserved for future use.
CDC PROGRAM DATA	61 - 1060		Event-Specific data area. This varies in size and content depending on the event being reported.

NETSS FORMAT SUMMARY RECORDS

FIELD	COLUMNS	VALID VALUES	DESCRIPTION
REC-TYPE	1	S	Summary records. REQUIRED
UPDATE	2		Currently not implemented.
STATE*	3 - 4		Standard state FIPS codes. REQUIRED. Format (nn) e.g. 01
YEAR*	5 - 6		The 2-digit year of report for the case. States cannot add or edit records for finalized years. Field must correspond with the given WEEK. REQUIRED Format (nn) e.g. 92
CASEID*	7 - 12		Unique case ID as assigned by the state. REQUIRED. Format (nnnnnn) e.g. 202020
SITE*	13 - 15		Location code used by the state to indicate where the report originated and who has responsibility for maintaining the record. Other values may be assigned by states. See individual case record format for suggested values. REQUIRED. Format (ann,aan,nnn) e.g. A99, AA9, 099
WEEK	16 - 17		MMWR week on CDC/EPO Surveillance calendar. Note: Always check calendar before allowing week 53. Format (nn) e.g. 01

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FIELD	COLUMNS	VALID VALUES	DESCRIPTION
EVENT	18 - 22		Event code for the disease or injury being reported. REQUIRED
COUNT	23 - 27		REQUIRED. Format (nnnnn) e.g. 00001. Value for event code 10570 (flu activity) only must be:
		<u>Flu activity</u>	
		00000	No cases
		00005	Sporadic
		00006	Local
		00007	Regional
		00008	Widespread
		00009	No report
FILLER	28 - 60		Filler only.

NETSS FORMAT DELETION RECORD

FIELD	COLUMNS	VALID VALUES	DESCRIPTION
REC-TYPE	1	D	Deletion records. REQUIRED
UPDATE	2		Currently not implemented.
STATE*	3 - 4		Standard state FIPS codes. REQUIRED Format (nn) e.g. 01
YEAR*	5 - 6		The 2-digit year of report for the case. States cannot add or edit records for finalized years. Field must correspond with the given WEEK. REQUIRED. Format (nn) e.g. 92
CASEID*	7 - 12		Unique case ID as assigned by the state. REQUIRED. Format (nnnnnn) e.g. 02020
SITE*	13 - 15		Location code used by the state to indicate where the report originated and who has responsibility for maintaining the record. Other values may be assigned by states. See individual case record format for suggested values. REQUIRED. Format (ann,aan,nnn) e.g. A99, AA9, 99
WEEK	16 - 17		MMWR week on CDC/EPO surveillance calendar. Note: Always check calendar before allowing week 53. Format (nn) e.g. 01
FILLER	18 - 57		Filler may be 0 filled or blank to indicate record.

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NETSS FORMAT VERIFICATION RECORD

FIELD	COLUMNS	VALID VALUES	DESCRIPTION
REC-TYPE	1	V	Verification records. REQUIRED
STATE	2 - 3		Standard state FIPS codes. REQUIRED Format (nn) e.g. 01
EVENT	4 - 8		Event code for the disease or injury. REQUIRED
COUNT	9 - 13		The count indicates the year to date count for the given event code. Format (nnnnn) e.g. 00001
YEAR	14 - 15		The 2-digit year of report for the year to date count. Format (nn) e.g. 91